

Yukon Government Pandemic Co-ordination Plan



VERSION 3.0

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This Plan is continuously being updated as new information becomes available

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EXECUTIVE SUMMARY

Purpose and Objectives of the Plan

The purpose of the Yukon Government Pandemic Coordination Plan is to facilitate Yukon government pandemic-related preparedness, decision-making and actions to achieve the following objectives:

- The health impact of a pandemic is minimized, people can access the health care they need, and no preventable deaths occur.
- Critical public services and infrastructure are maintained during a pandemic.
- Yukon government workplaces are safe and secure for its employees during a pandemic.
- Yukoners have the information they need to make informed decisions and are confident the Yukon government is effectively managing a pandemic event in Yukon.
- Pandemic-related disruptions to social and economic activity in Yukon are minimized, to the greatest extent possible.

Pandemic preparedness

A pandemic event is unlike most other emergencies in that the onset is gradual. As increasing numbers of people have been affected, families, businesses and governments have been required to adapt and respond to the situation over a prolonged period of time. This Plan lays out the strategy being used by the Yukon government in this situation. It encompasses three distinct but inter-related areas - the health of Yukoners; the continuity of Yukon government operations; and the continuity of activity in communities.

Incident management teams have been established for each area. The teams have taken on increasing levels of responsibility, as required, to complement day-to-day decision-making and communications channels. They continue to plan, refine and implement within the scope of their mandates. Overall coordination is provided by the Yukon Emergency Measures Organization, with policy guidance provided by the Executive Committee on Pandemic Preparedness where required.

Current situation

At the time of release of this version of the plan (late-November 2009), Yukon health facilities (including hospital emergency departments, clinics and health centres) have experienced a significant but manageable surge in patients with influenza like illness (ILI). H1N1 and seasonal vaccines are available for all Yukoners, and there has been a high take up under the vaccination program. Yukon government departments have 'table top' tested their business continuity plans. Staff absentee rates have increased, however departments and agencies continue to provide their full range of

services. Yukon businesses have reported no negative effects on their operations. The availability of critical infrastructure goods and services has been unaffected to date.

Ongoing preparedness planning

In preparation for possible future waves of influenza illness, the preparedness work done to date will be carried forward in a number of areas:

- *Departmental Business Continuity Plans* – ensure consistency in essential service descriptions and classifications, and identification of functional service interdependencies between and within departments.
- *Workplace Health and Safety* – review the workplace pandemic hazard assessment initiative carried out under this plan within the context of the Yukon government’s Corporate Health and Safety Project.
- *Critical Infrastructure* – develop the policy framework for emergency response under an emergency declaration.
- *JEOCC staff functions* – identify and train suitable personnel to assume pandemic-related Joint Emergency Operations Control Centre functions in the case of JEOCC activation.
- *Yukon-wide pandemic exercise* – work with Yukon First Nations, municipalities, government agencies and the private sector to design and conduct a Yukon-wide exercise to test and further upgrade pandemic preparedness.
- *Health Operations* – review and analyze vaccine uptake, flu activity to date, and health operations to inform the health response to any future wave of flu activity.
- *Health Communications* – review and modify communications strategies and tactics to target specific audiences (e.g., youth and young adults), and the upcoming holiday season
- *Emergency Social Services* – continue to support the health response, offer and provide psychosocial support, provide training in Psychological First Aid in early 2010, and explore its role as it relates to the Critical Infrastructure Management Team.

CHAPTER 1.0 OVERVIEW

The Yukon Government Pandemic Coordination Plan is an accompaniment to the Yukon Government Emergency Coordination Plan (YGECP). It provides a co-ordination framework guiding Yukon government preparedness for and response to a health pandemic in or affecting Yukon.

Both the YGECP and this Plan recognize that each Yukon government department and agency is responsible for regularly reviewing, exercising and updating their departmental emergency plans specific to their defined area of responsibility.

1.1 Purpose and Objectives

The purpose of this Plan is to facilitate Yukon government pandemic-related preparedness, decision-making and actions to achieve the following objectives:

- The health impact of a pandemic is minimized, people can access the health care they need, and no preventable deaths occur.
- Critical public services and infrastructure are maintained during a pandemic.
- Yukon government workplaces are safe and secure for its employees during a pandemic.
- Yukoners have the information they need to make informed decisions and are confident the Yukon government is effectively managing a pandemic event in Yukon.
- Pandemic-related disruptions to social and economic activity in Yukon are minimized, to the greatest extent possible.

1.2 Scope of the Plan

Yukon government planning for and response to a pandemic event encompasses three distinct but inter-related areas:

- The health of Yukoners;
- Continuity of Yukon government operations; and
- Yukon community continuity.

Public Health

The Department of Health & Social Services with the expert advice of the Medical Officer of Health is responsible for the direct management of the disease and treatment of the public, and the care and treatment of individuals who are in the care of the Department. This includes information to the public on health issues, care and treatment advice to clinical care providers, the delivery of antiviral and vaccination programs and the coordination and management of health resources.

The Department's Pandemic Health Response Plan is a contingency plan that builds on the Department's basic Emergency Health and Social Services Plan. As the central document guiding the Department's pandemic planning and response effort, Health and Social Services retains sole responsibility for development, maintenance and implementation of its Health Response Plan, which is an accompaniment to the Yukon government Pandemic Coordination Plan.

The Pandemic Health Response Plan does not repeat all of the guidelines and commentary included in the Canadian Pandemic Influenza Plan (CPIP); however, the CPIP was used in its development. The Yukon plan has also been informed by the plans of immediate jurisdictional neighbours such as members of the Pacific Northwest Emergency Management Arrangement (PNEMA), the Northwest Territories and various British Columbia Regional Health authorities.

As new or updated information is obtained from groups such as the Public Health Agency of Canada (PHAC), the Public Health Network and Council, the Pandemic Influenza Oversight Committee (PIOC), Centre for Emergency Preparedness and Response (CEPR) and others, the plan will continually be reviewed and adjustments made to reflect current information and decisions.

The Health Response Plan is attached as Appendix 8 and may be found at:

http://www.hss.gov.yk.ca/programs/health_officer/swine_influenza/

Government Continuity

Pandemic related absentee rates in the workplace may challenge all governments in their ability to deliver services. Governments have a responsibility to ensure that essential services they deliver continue to be provided, to the best of their ability, during a pandemic event. This requires that departments take steps to ensure healthy and safe workplaces for employees and that business continuity plans be in place to address service priorities and workforce challenges. Each level of government in the Yukon is responsible for its own pandemic planning activities.

This Plan focuses on the continuity of essential Yukon government operations during a pandemic. A central feature of this component of the Plan is the establishment of a Yukon government Human Resources Team to facilitate coordinated human resource management decision-making and activities. The Team's approved Terms of Reference and any related decision-documents are an accompaniment to this Plan. See Chapter 4 for details.

Community Continuity

The social and economic disruptions that are potentially caused by a pandemic require a coordinated approach involving citizens, their governments and key private sector representatives.

This Plan outlines the Yukon government's approach to community pandemic planning and preparedness, and how it plans to help support continuity of critical community infrastructure over the course of the pandemic, should this be necessary. A central feature of this component of the Plan is the establishment of a Yukon government Critical Infrastructure Team to facilitate information-sharing, decision-making and co-ordination on matters relating to key infrastructures deemed essential to Yukon. The Team's approved Terms of Reference and any related decision-documents will form an accompaniment to this Plan. See Chapter 4 for details.

In summary, the Yukon government Pandemic Coordination Plan provides:

- the framework through which related planning and response is being coordinated;
- overall direction to those officials responsible for the Yukon government pandemic preparedness and response; and
- protocols for information and communications management.

1.3 Requirement and Responsibility for the Plan

The *Civil Emergency Measures Act* requires the Civil Emergency Planning Officer¹ to formulate and recommend plans for dealing with emergency events and disasters. A Yukon Government Emergency Coordination Group (EGC), comprised of Yukon government department representatives, assists the Planning Officer with this function. The ECG works to address emergency planning issues for the Yukon government and individual departments.

A broader group also involving emergency planning and response representatives of other governments and key infrastructure suppliers in Yukon helps inform and co-ordinate Yukon emergency planning and response activities.

The *Civil Emergency Measures Act* also authorizes the Minister responsible for Yukon EMO to appoint personnel to assist the Civil Emergency Planning Officer to carry out his or her duties.

Building on earlier influenza pandemic planning work undertaken by the Yukon government, this Plan is informed by continuing advancements in pandemic information and understanding, related

¹ The Manager of Yukon EMO is by Order In Council (OIC) designated as the Civil Emergency Planning Officer.

emergency planning and response experience elsewhere, and the invaluable input and contributions of many individuals and agencies within the Yukon government, and Yukon.

1.4 Plan Review² and On-going Pandemic Preparedness Planning

The Civil Emergency Planning Officer will review this Plan as necessary over the life of the H1N1 pandemic, including following any significant events or exercises. Matters for immediate review and ongoing pandemic preparedness planning include:

- *Departmental Business Continuity Plans* – ensure consistency in essential service descriptions and classifications, and identification of functional service interdependencies between and within departments.
- *Workplace Health and Safety* – review the workplace pandemic hazard assessment initiative carried out under this plan within the context of the Yukon government’s Corporate Health and Safety Project.
- *Critical Infrastructure* – develop the policy framework for emergency response under an emergency declaration.
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- *Emergency Social Services* – continue to support the health response, offer and provide psychosocial support, provide training in Psychological First Aid in early 2010, and explore its role as it relates to the Critical Infrastructure Management Team.

Departments, agency representatives, or individuals may propose amendments to this Plan by submitting comments in writing to the Civil Emergency Planning Officer at:

**Emergency Measures Organization,
60 Norseman Road, Whitehorse, Yukon, Y1A 6E6
867-667-5220 Yukon.EMO@gov.yk.ca**

² Yukon Government Emergency Coordination Plan section 2.4.4 “Evaluation of Response”

CHAPTER 2.0 PLANNING FRAMEWORK AND ASSUMPTIONS

2.1 Yukon Government Response Priorities

The YGECP establishes the Yukon government’s emergency response priorities, listed below in descending priority order:

- Protect the health and safety of responders
- Save lives
- Reduce suffering
- Protect public health
- Protect government infrastructure
- Protect property
- Protect the environment
- Reduce economic/social losses
- Resume government services
- Resume business

Pandemic Periods and Phases

Pandemic refers to an epidemic or outbreak that becomes widespread, affecting a whole region, a continent, or the world.

The World Health Organization (WHO) has adopted six phases for influenza pandemic planning and response, spanning from the period when there is the potential for a pandemic, to the actual outbreak of a highly pathogenic virus. Phase 6 is the “pandemic period” during which increased and sustained human-to-human transmission is taking place in the general global population.

In 1918, 1956 and 1968 there were influenza pandemics. On June 11, 2009, the WHO declared a Phase 6 A/H1N1 influenza pandemic.

Pandemic Cycle

It is not clear how many people will ultimately be infected during an influenza pandemic and how severe the disease will be. It is expected that an influenza pandemic will follow a standard ‘wave’ pattern of two or more illness-waves either in the same year, or in successive influenza seasons. Successive waves may occur within three to nine months of each other, and may cause more serious illnesses and deaths than the previous waves. Each wave of illness is likely to last six to eight weeks.

2.2 Implications

In the absence of appropriate planning, co-ordination and response, it is likely that the effects of a pandemic will be worse.

Health Implications for 2009 H1N1 Pandemic

Influenza pandemic is a human health disease. Therefore, the primary planning focus for emergency response is on the health care sector. The Pandemic Health Response Plan outlines the Yukon government's plan for managing H1N1 in Yukon.

The Pandemic Health Response Plan includes projections of possible H1N1 population health impacts in Yukon, ranging from low, medium and severe infections rates involving 15, 35 and 50% of the Yukon population. These projections indicate that between 5,000 and 16,000 Yukoners could potentially become clinically ill with H1N1.

For H1N1 pandemic planning purposes, this Plan assumes low to moderate H1N1 pandemic activity in Yukon. In the absence of an effective H1N1 vaccine and significant population uptake, a moderate 35% infection rate could potentially result in over 11,500 clinically ill Yukoners, with:

- over 5,800 requiring out patient care;
- over 115 requiring hospitalization;
- approximately 700 pneumonia cases; and
- over 45 deaths.

H1N1 vaccine production is underway, and vaccinations are available in Yukon. The Pandemic Health Response Plan discusses the vaccine matter in further detail.

Other Implications

A pandemic could result in many services and facilities being unavailable for the general population. In addition, there is a possibility that while Yukon pandemic activity could be low, significant impacts elsewhere could negatively affect delivery of critical goods and services to Yukon.

Therefore, in addition to measures being taken to mitigate and address the possible direct health impacts, Yukon government planning and co-ordination efforts are being directed to:

- managing possible Yukon government workforce reductions due to employee illness, requirements to care for ill persons, or possible fears of illness;
- encouraging individuals, communities and other governments in Yukon to plan and prepare for a pandemic;
- working with key government and non-government organizations to help ensure continued availability of critical infrastructure goods and services to Yukoners.

Pandemic response activities will take place during each pandemic wave and during inter-wave periods as well. The response timeline could be over a period of one or more years.

2.3 Key Risks

In the process of developing this Plan, Yukon government departments and agencies were tasked with undertaking planning and mitigation activities aimed at minimizing, to the greatest extent possible, key risk exposures facing the Yukon government, and Yukon generally.

This Plan outlines measures the Yukon government is taking to mitigate these risks, such as:

- pre-planning to address increased demands on medical facilities;
- exploring critical infrastructure suppliers' preparedness for dealing with potential human resource shortages and supply-chain vulnerabilities;
- pre-planning and developing approaches toward ensuring continued Yukon government delivery of critical services, despite potential human resource shortages;
- instituting preventative measures and controls in Yukon government workplaces to help reduce risk of Yukon government worker and client infections;
- developing and implementing strategies to ensure continued ability to effectively communicate with the public and disseminate important health and service information.

2.4 Essential Yukon Government Services

The Yukon Government Emergency Coordination plan (YGECP) states in section 2.4.1:

“While specific priorities for the resumption of services will be set based on circumstances and needs at the time of an emergency, as a general rule, essential services to the public have the highest priority. These include hospitals, transportation, utilities, etc. Similarly, internal government operations supporting essential public services have priority.”

Effects of a pandemic could result in above-average Yukon government employee absences from work. In light of that possibility, the Yukon government categorized its services with a view to facilitating appropriate decision-making on programs and services delivery. The Essential Services Matrix utilized by departments in their services analysis is contained as Appendix 1. ***This Plan is focused on ensuring the most essential Yukon government services continue to be delivered***, to the best of the Yukon government's ability, over the course of the pandemic.

The most essential Yukon government services are those that have been assessed as ‘Critical’, and ‘Vital’.

Critical

Services that must be provided immediately or within 48 hours of interruption or will definitely result in or contribute to:

- loss of life, human suffering or highly-adverse public health outcomes;
- significant damage to or total loss of infrastructure; and/or
- a significant loss of revenue and public funds.

Vital

Services that must be provided within 72 hours or will likely result in:

- disruption of delivery of critical services to the public;
- loss of records vital to critical services delivery; and/or
- loss of public confidence in the government.

In view of the Yukon government’s objective to help minimize pandemic disruptions to social and economic activity in Yukon, many financial systems functions have been designated ‘vital’ or ‘critical’, as a default. As well, Yukon government human resource functions have largely been categorized as a ‘vital’ if not ‘critical’ service.

Necessary, Desired and Non-Essential

Other Yukon government programs and services deemed ‘Necessary’, ‘Desired’ or non-essential (in an emergency situation) could potentially be pared back, or possibly suspended, as required. ‘Necessary’ services are those that must be resumed within two weeks in order to avoid defined consequences, while ‘Desired’ services are those that could be delayed for two weeks or longer, but are required in order to return to normal operating conditions.

CHAPTER 3.0 ROLES AND RESPONSIBILITIES

3.1 Overview - Emergency Management Framework

Emergency preparedness, response and recovery are a collective responsibility. Canada's emergency preparedness and management model is similar to that of other developed countries and reflects the distinct social, constitutional and governance characteristics of our nation.

As a global event impacting Canada and Yukon, each person, family, business, non-government organization, and level of government is called upon to do their part in proactively preparing for, mitigating, and appropriately managing potential pandemic impacts on our health, society, and economy.

This Chapter outlines the general roles and responsibilities of all those potentially involved in pandemic events occurring in or affecting Yukon. Chapter 4 details the graduated system of emergency management for response and co-ordination.

3.2 Individuals and Families

Emergency planning and response begins with individuals and families. Typically, this means being prepared to look after our own immediate needs for at least the first 72 hours of an emergency. This includes such things as stocking up on sufficient food, water and other essentials for each family member (including pets), ensuring health and safety supplies and season-appropriate clothing are readily available, having a portable radio, flashlights and 'fresh' batteries on hand, and making and practicing plans for emergency exits and rendezvous with family members.³

A pandemic is a different kind of 'emergency'. Unlike fires, floods and earthquakes which are physical events that may cause human suffering, a pandemic is an evolving biological, human-health event that will cause human suffering. To varying degrees, Yukoners will be affected even if the influenza disease itself only strikes those who live elsewhere.

Therefore, in addition to the standard emergency preparedness measures recommended for individuals and families, Yukoners primary responsibilities are to:

- **stay informed** on the human health and other issues associated with a pandemic;

³ For additional information and resources, visit: <http://www.community.gov.yk.ca/emo/>

- **follow basic health and respiratory etiquette practices** to minimize acquiring and spreading of disease;
- **plan ahead** for how to deal with possible infection and illness. These plans should address not only illness within the immediate or extended family, but also address possible service interruptions in daycare or other needed resources;
- **understand and act** appropriately on the advice of health professionals and emergency officials who are working to help minimize the negative health impacts on all Yukoners.

3.3 Private and Not-For-Profit Sectors

Businesses and non-government organizations have a role and responsibility to prepare for a pandemic.

Workforce and volunteer absences could severely jeopardize organizations' ability to continue delivering goods and services. Similarly, due to workforce reductions elsewhere, supply chain interruptions could result and significantly impair organizations' ability to function.

Depending on the nature of their core business, some organizations can also expect a surge in goods/services demand. For example, pharmacies, and providers of social support services (e.g. pastoral and like community services) are likely to experience increased uptake/client demand as a direct function of pandemic impacts, or as a 'ripple-effect' flowing from the inability of like organizations to deliver their goods/services at usual levels.

Businesses and non-government organizations will need to review and update existing business continuity plans or prepare continuity plans if none now exist.

In addition, businesses and non-government organizations can play a direct role in:

- helping to prevent influenza spread, by applying human resource and health promotion policies and strategies to minimize disease spread in their own organizations and to the public; and
- helping Yukon to best manage the pandemic, through information-sharing and open communication with emergency officials on related issues.

3.4 Municipal Governments

Municipal Governments develop, review and practice their emergency plans so they can continue to deliver their services to their residents in the event of a pandemic. Should they be unable to do so, they can request assistance from other municipal governments and the Yukon government.

3.5 First Nation Governments

Self-governing First Nation governments are responsible for managing a localized emergency event on their First Nation lands. First nations develop, review and practice their emergency plans so they can continue to deliver their services to their citizens in the event of a pandemic. Should they be unable to do so, they can request assistance from nearby municipal governments, other First Nations and the Yukon government.

3.6 Yukon Government Departments

The role and responsibilities of Yukon government departments in dealing with emergencies are defined in detail in their Departmental Emergency Plans (DEP), established under the Yukon Government Emergency Coordination Plan (YGECP). DEPs include business continuity and recovery plans.

DEPs describe the services that each department provides, with a focus on ensuring continued delivery of Essential Services throughout the emergency. As part of their DEP, each department will have established their own internal emergency coordination team involving their Emergency Coordination Group (ECG) representative(s) and other designated personnel.

Departments will carry out systematic pandemic hazards assessments of all workplaces, and where necessary, implement appropriate administrative, engineering and personal protective equipment controls to address identified hazards.

3.7 Emergency Operations – Pandemic Incident Management Teams

Typically, an emergency event like a flood or urban-interface fire has a definable boundary where an incident management team can be established to respond to the event. This incident management team in turn would request assistance through the Yukon Emergency Measures Organization (Yukon EMO) Joint Emergency Operations Coordination Centre (JEOCC). Additionally the JEOCC would coordinate events peripheral to the main event, allowing the incident management team to focus on the event.

To optimize information-sharing and decision-making for pandemic response planning and implementation, the Yukon government has identified specific emergency management areas of responsibility: health – immunization and treatment; Yukon government continuity - human resources management; and community continuity - critical infrastructure.

An incident management team has been established in each area under the leadership of specific departments:

- for the health response, **Health and Social Services** has established the Health Emergency Operations Centre;
- for the human resources aspects of the Yukon government continuity response, **Public Service Commission** has led the establishment of the Human Resources Management Team; and
- for the community continuity response, **Highways & Public Works** has led the establishment of the Critical Infrastructure Team.

Health Emergency Operations Centre

The Health Emergency Operations Centre (HEOC) will provide a coordinated response to pandemic health issues.

Human Resources Management Team

The Human Resources Management Team (HRMT) will provide the mechanism for the allocation/reallocation of human resources across departments and will provide guidance on human resources policy and procedural issues as they arise.

Critical Infrastructure Team

The Critical Infrastructure Team will:

- facilitate the planning of the Yukon government’s response to the effects of a pandemic on critical infrastructure goods and services (the facilities, networks, services and assets which are essential to the health, safety, security or economic well being of Canadians),
- act as the government’s primary communications link with the critical infrastructure providers, and
- through Yukon Emergency Measures Organization, help facilitate the critical infrastructure response.

The Critical Infrastructure areas and the lead department members of the Critical Infrastructure Team are as laid out in the following table:

Critical Infrastructure	Lead Department/Agency	Other(s)
Public Health & Safety	Health & Social Services	- Community Services - Justice - Yukon Workers' Compensation Health and Safety Board - Public Service Commission
Food	Highways and Public Works	- Health & Social Services (Emergency Social Services)
Water	Community Services	- Health & Social Services (Emergency Social Services; Emergency Health Services)
Electricity	Yukon Energy Corporation	- Yukon Electrical Company Limited - Community Services - Yukon EMO
Telecommunications	Economic Development	
Fuel	Highways and Public Works	
Transportation	Highways and Public Works	

Incident Management Teams - Operations

The incident management teams will function as long as deemed necessary by the Executive Committee.

The HRMT and CIT have established Terms of Reference and protocols or policies for implementation when needed. The Terms of Reference are found in Appendices 3 and 4, respectively. The health Emergency Operations Centre Terms of Reference are discussed in the Pandemic Health Response Plan in Appendix 8.

Under the coordination of the Yukon EMO, each incident management team will work from its own Emergency Operations Centre as required.

The Incident Commanders (team leaders) of these teams will provide regular updates (situation reports) to Yukon EMO, who will establish the frequency of the situation reports as the pandemic continues to unfold. The situation reports will allow Yukon EMO to maintain awareness of the situation over time. Yukon EMO will incorporate the individual situation reports into an overall situation report for the Executive Committee, Yukon government departments and other Yukon government emergency management stakeholders.

Please refer to Appendix 7 for a graphic presentation of the emergency operations concept, and Chapter 4 for operational information.

3.8 Emergency Coordination Group (ECG)

To facilitate emergency preparation, co-ordination and management, each Yukon government department designates a representative to serve as member of the Emergency Co-ordination Group. The ECG's role and its members' responsibilities are detailed in Appendix G of the Yukon Government Emergency Coordination Plan (YGECP). Generally, each representative has delegated authority to activate their respective emergency plans, commit resources and coordinate responses to any emergency or disaster situation.

As appropriate to the circumstances, federal, municipal and First Nation governments, as well as utility companies, are also represented on the ECG.

Under this Plan, and working in conjunction with the three incident management teams, the ECG will perform a more narrowly defined emergency response function. See Chapter 4, Response and Co-ordination, for further details.

3.9 Joint Emergency Operations Coordination Centre (JEOCC)

Within the Yukon government's emergency preparedness framework Yukon EMO manages a Joint Emergency Operations Coordination Centre (JEOCC) to coordinate the response to emergency events. The JEOCC's role and responsibilities are defined in Appendix A of the YGECP. Generally, the JEOCC is activated when an emergency event is beyond the capability of one or more 'lead' agencies to manage, or, when the emergency involves or affects many department or agencies.

Under this Plan, the JEOCC will perform its emergency response functions in conjunction with the three incident management teams described above. See Chapter 4, Response and Co-ordination, for further details.

3.10 Executive Committee on Pandemic Preparedness

Under this Plan, the Yukon government has established an Executive Committee to provide policy guidance in support of this Plan.

The Committee is comprised of Deputy Ministers and, relative to the situational need, those Senior Executives appointed by the Deputy Ministers. The Committee may invite other individuals, both internal and external to the Yukon government, to participate as appropriate.

Primary membership consists of the following personnel:

- Deputy Minister of Community Services (Chair);
- Deputy Minister of the Education;
- Deputy Minister of the Executive Council Office;
- Deputy Minister of Health and Social Services;
- Deputy Minister of Highways and Public Works;
- Public Service Commissioner; and
- President of the Yukon Workers' Compensation Health and Safety Board

The Committee provides guidance through policy decisions to assist in determining priorities and objectives based on the Yukon Government Emergency Coordination Plan and this Plan, along with other pandemic preparedness needs. It provides leadership through policy decisions to Yukon EMO, ECG, and the incident management teams. Individual Committee members will ensure that any Committee direction in respect of the Plan will be fully supported by their respective departments.

The Committee supports pandemic preparations by:

- producing appropriate policy prior to a pandemic emergency in Yukon;
- sanctioning terms of reference for pandemic incident management teams;
- sanctioning effective communication strategies relevant to the state of the potential event;
- providing advice on new initiatives that are intended to assist in preparing for or responding to a pandemic event; and
- developing policy to enable the resumption or continuity of Essential Services.

3.11 Pandemic Communications Sub-Committee

Under this Plan, the Yukon government has established a Pandemic Communications Sub-Committee of the Yukon government's Communication Council. It will function as long as deemed necessary by the Executive Committee, and will operate under the terms of reference laid out in Appendix 5 and the protocol to guide information sharing among departmental Communications Coordinators Shown in Appendix 6.

The sub-committee is an information sharing forum for Yukon government communications coordinators. Members provide advice and recommendations that help ensure consistent messages and coordinated communication activities related to the pandemic across government. This includes review of pandemic related

communication strategies and other information to ensure a steady flow of current, consistent communications to the public and employees. The Chair reports to the Executive Committee through the Deputy Minister of Community Services.

3.12 Minister responsible for the Civil Emergency Measures Act

The *Civil Emergency Measures Act* sets out Cabinet's authority to declare states of emergency and the responsible Minister's power during an emergency. In a declared emergency, the Yukon government may take any actions deemed necessary to deal with the emergency.

The Minister responsible for the Department of Community Services is responsible for the administration of the *Act*.

3.13 Government of Canada

The Government of Canada, through the Department of Public Safety Canada (PSC), works with provincial and territorial Emergency Measures Organizations, Departments and Agencies to assist in managing emergency events that are either outside provincial/territorial responsibility and/or beyond their respective emergency response capabilities.

Should an emergency event warrant it, the Department of Defence and /or RCMP would also be called upon for assistance. Both federal agencies are represented on Yukon's Emergency Coordination Group.

CHAPTER 4.0 RESPONSE AND COORDINATION

4.1 Yukon Pandemic Alert and Response Levels

Appendix 2 provides a general overview of the phases and activities that are or may be associated with responding to a pandemic. It is intended solely to illustrate indicators and activities that may be associated with managing a pandemic event in Yukon. Actual events will guide the timing and nature of all Yukon government decisions and actions.

4.2 Health Response

The Department of Health and Social Services through the Health Emergency Operations Centre (HEOC) will provide a coordinated response to pandemic health issues. The HEOC will ensure that the Yukon Emergency Measures Organization (Yukon EMO) is regularly updated on the current and projected situation in order to maintain overall situational awareness.

4.3 Yukon Government Continuity - Human Resources

In the Business Continuity Plan (BCP) component of their Departmental Emergency Plans (DEP), each Yukon government department and agency specifically addresses potential personnel reductions as the outcome of a pandemic or other emergency event. As in the usual course of business, departments might consider various options, such as cross-training, temporary/acting assignments, and/or casual hires, to deal with potential or actual staff shortages.

In the event of a pandemic, actual or anticipated staffing shortages may be such that continued delivery of a department's services may be compromised.

If it becomes necessary to cut back on, or materially alter, the delivery of services, departments will start by considering those which are identified in their BCPs as being “Non-Essential” in times of emergency. **The decision to alter delivery of Non-Essential Services rests with departments using the decision-making framework laid out in their DEPs.**

If the effects of the pandemic continue to escalate, departments may have to consider temporarily suspending or modifying “Desired” or “Necessary” Essential Services. At this point, departments will be required to request staffing assistance from other departments through the Human Resources Management Team (HRMT). **Essential Services are not to be suspended or materially altered until all staffing and service delivery options that may reasonably be available to the affected department have been considered.** In this way it will be possible to maintain a measure of

consistency across departments in the levels of service provided by the Yukon government.

It is imperative that the government maintain its ability to deliver “Vital” and “Critical” Essential Services at all times. As staff who deliver these services are absent from work, designated alternates will assume their duties for as long as required. These alternates are identified in each department’s BCP. Where required, alternate service delivery arrangements will be laid out in the BCPs.

To facilitate planning, preparedness and timely response under this Plan, each Yukon government department and agency will report staffing levels and any staff-related emergency requirements to the HRMT.

The HRMT will regularly advise Yukon EMO of the overall Yukon government staffing situation.

It is the responsibility of each department emergency team to establish its own departmental protocols for internal information-sharing and reporting on their departmental staffing situation and requirements, over time.

4.4 Community Continuity

There are two main components to community continuity planning – critical infrastructure, and continuity of local governments and organizations.

Critical infrastructure

A pandemic will raise concern about issues affecting goods and services that are essential to the wellbeing of people throughout the Yukon such as fuel, food, utilities, transportation, etc. In preparing for a pandemic, the Critical Infrastructure Team will establish and maintain close links with the companies that provide these services.

The Yukon government encourages suppliers to update their business continuity plans to help minimize the effects of possible staff shortages on their operations. The Team will serve as an avenue for communicating with critical infrastructure providers on actions the government takes in dealing with the pandemic.

Using information shared by suppliers and available from other sources, the Team will monitor critical goods and services supply lines for any negative effects arising from the pandemic. Using information from departmental sources and local government emergency coordinators, the Team will also monitor the effects in Yukon communities if they develop. The Team will regularly report its findings through situation reports prepared for the Yukon Emergency Measures Organization. As the pandemic develops, if

problems arise in specific communities, Yukon Emergency Measures Organization will coordinate actions on the part of Yukon government departments. In this situation, Health and Social Services would assist through its Emergency Social Services network.

If the overall pandemic situation warrants, the Yukon government may consider a formal declaration of a State of Emergency under which direct government action could be taken, such as emergency price controls and/or rationing of goods and services. The Team is exploring the policy and procedural requirements for managing the flow of goods and services in these circumstances. The Yukon government may also call upon the federal government to release goods from national stockpiles and make them available to the Yukon, possibly with the assistance of the armed forces.

Continuity of local governments and organizations

The Yukon government through Yukon EMO continues to work with First Nation and municipal governments to plan for and respond to emergencies. An important element of local government emergency planning is preparing for possible personnel shortages, particularly the loss or absence of those staff who deliver essential services. With good planning and advance work undertaken to prepare for this possibility, local governments are better positioned to deal with any emergency that may occur.

However, the Yukon government also recognizes that, despite best local government planning efforts, a significant pandemic in Yukon might still jeopardize continued delivery of essential local government services. In this event a local government might call upon the Yukon government for support.

Typically, emergency requests from a community's emergency coordinator are received and assessed by Yukon EMO, which then works to facilitate provision of appropriate support to the community.

In assessing a local government request for assistance, Yukon EMO will first determine whether the request is service-oriented, or personnel-oriented. A service-oriented request (for example, need for a person to conduct testing of a municipal water supply) would be discussed with the Yukon government department typically responsible for Yukon government delivery of similar services. If direct Yukon government support can be provided, that information will be relayed back to the community. Otherwise, Yukon EMO may suggest options for local government consideration.

A personnel-oriented request would involve a request for temporary transfer (temporary assignment) of a Yukon government staff member to the local government to enable continued delivery of a

particular essential service function. **Under this Plan, any such requests would be channeled from Yukon EMO to the Yukon government Human Resources Team established to coordinate the movement of Yukon government personnel.** If direct Yukon government support can be provided, that information will be relayed back to the community. Otherwise, Yukon EMO may suggest options for local government consideration.

Community Organizations

There are numerous not-for-profit organizations throughout the Yukon that provide services to or on behalf of the Yukon government. As part of their business continuity planning, Yukon government departments that use those services or fund the organizations are expected to liaise with them to make arrangements to minimize service disruptions in the event of a pandemic.

Direct support requests received by a Yukon government department

There may be occasions that a Yukon government department or agency, other than Yukon EMO, is contacted directly by a local government or community organization with a request for Yukon government support or assistance beyond that which is typically provided by that department or agency.

Under this Plan, any such requests should flow from the departmental ECG representative to Yukon EMO, to enable appropriate Yukon EMO assessment and follow-up.

4.5 Emergency Coordination Group / Joint Emergency Operations Coordination Centre

Impacts from the pandemic event that fall outside of the mandates of the three incident management teams, or items that cannot be addressed by the teams, will be coordinated through Yukon EMO/JEOCC. In this role departmental ECG representatives will provide their usual coordination support. These could be requests for assistance from municipal or First Nation governments, or to address other impacts that are not health, Yukon government human resources or critical infrastructure related.

Yukon EMO will maintain a normal operational role during a pandemic in the event of a non-pandemic incident.

4.6 Emergency Declaration and Powers

The Yukon government has additional emergency powers that can be used to deal with an emergency. These powers are legislated by the *Civil Emergency Measures Act* under which a “State of Emergency” may be declared.

Where Cabinet has declared a state of emergency, the Minister responsible for Yukon EMO may, despite any other Act, do all things considered advisable for the purpose of responding to and controlling the emergency.

Specifically, the Minister may do all things considered necessary to:

- protect people and property;
- maintain, clear and control the use of roads and streets;
- requisition or otherwise obtain and distribute accommodation, food, clothing and other welfare services;
- provide and maintain water supplies, electrical power and sewage disposal;
- assist in the enforcement of law;
- fight and prevent fires; and
- protect the health, safety and welfare of local inhabitants.

The use of emergency powers during a pandemic needs to be carefully considered prior to conducting actions under those powers. The powers to conscript people, fix prices, ration supplies and restrict movement are issues of high social and political significance. Use of these powers comes with significant legal, moral and social obligations. Any authority intending to use the extraordinary powers should consult, if time permits, with other orders of government to ensure consistency in approach and policy.

4.7 Managing Yukon Government's Work Force

Principles

As an employer the Yukon government will work to provide the best human resources support that it can to the members of the public service. To cover any shortages due to illness, the government will need every healthy employee it has to be working. The personnel shortages that could be experienced are going to require departments to be vigilant for increased hazards to public safety.

It is not possible to determine with certainty the degree to which the workplace might be affected by a pandemic including the H1N1 virus. The operating rule is "business as usual" until circumstances determine otherwise.

HR Policy Guidance

The current collective agreement and General Administration Manual (GAM) policies provide a human resource framework addressing most of the Yukon Government's needs as an employer during a flu pandemic. If changes are required, they will be issued by the Public Service Commission (PSC) and, in the case of the collective agreements, only after consultation with and agreement of unions representing Yukon government employees.

Workplace Health & Safety

The Yukon government is committed to providing a safe work environment for all employees. Those who are healthy are expected to be at work, and employees who are ill should not be at work. All employees are responsible for their own personal health and wellness during a pandemic and need to be proactive in making a decision whether to be at work. Employees who are experiencing flu symptoms should not come to work and will be sent home if they exhibit flu symptoms while at work.

Departments are carrying out systematic pandemic hazards assessments of all workplaces, and where necessary, implementing appropriate administrative, engineering and personal protective equipment controls to address identified hazards.

Workers' Compensation

Workers' Compensation Health and Safety Board has determined that a worker is not entitled to workers' compensation if affected by the H1N1 virus in the course of employment. It will not accept a worker's claim for compensation for illness when an outbreak of flu affects the community at large, since it could not be shown that the virus was contracted in the workplace, or was an undue hazard. The nature of employment involves the risk of contracting any virus, including H1N1. WCB will be reviewing all H1N1 claims on a case-by-case basis.

Managing Employee Absences

Employees who have flu symptoms will be advised about staying away from work based on advice the employer receives from time to time from medical authorities.

Employees who are ill will be granted time off from work. Where necessary, the employer will approve requests for time off from employees who need to be away from work to care for family members who are ill. Other leaves of absence requests are subject to operational requirements. Each department will assess individual requests, balancing the needs of the workplace with the needs of the employee for the leave.

If it becomes necessary to re-assign employees, this will be managed at the discretion of the employer. An employee's pay will not be reduced as a direct result of a re-assignment. As well, employees will not be required to perform a function until they have been given the proper training to do it safely.

Managing Quarantine and Isolation Orders

The Yukon Medical Officer of Health may issue quarantine and isolation orders. If a regular employee is quarantined by such an order, their time off work will be approved as sick leave to the extent of the employee's available sick leave credits. If the order is lifted and employees must remain off work due to illness, their time off will continue to be compensated through their available sick leave. The care of sick dependents is covered by special leave or personal needs leave. Employees are asked to consult with their Human Resources staff for more information.

Managing Time-Limits

Where possible, the employer intends to meet the time limits currently contained in collective agreements and other policies and directives. If it becomes necessary to address the issue of timelines (e.g. for grievances) as a result of a pandemic wave of illness, the PSC will advise departments which timelines may be relaxed, after consultation with and the consent of the unions.

Managing Staffing

Each department has a succession plan in place to ensure the availability of staff from within their own department and/or between departments. During a pandemic wave of illness, management may be required to use different strategies for ensuring workplace coverage: short-term hiring, casual hires, temporary assignments, emergency deployments, or modifying work schedules.

4.8 Communications

The Pandemic Communication Sub-committee of Communication Council will provide advice and recommendations to all departments through their Communications Coordinator in order to ensure consistent messages and coordinated communication activities related to the pandemic across government. Member departments will take lead roles as described in section 3.11 Pandemic Communications Sub-committee, above.

APPENDICES

Appendix 1 – Essential Services Matrix

Purpose: This guide is designed to assist the user in identifying and prioritizing essential services for business continuity. The objective is a single, unified matrix to address all priorities.

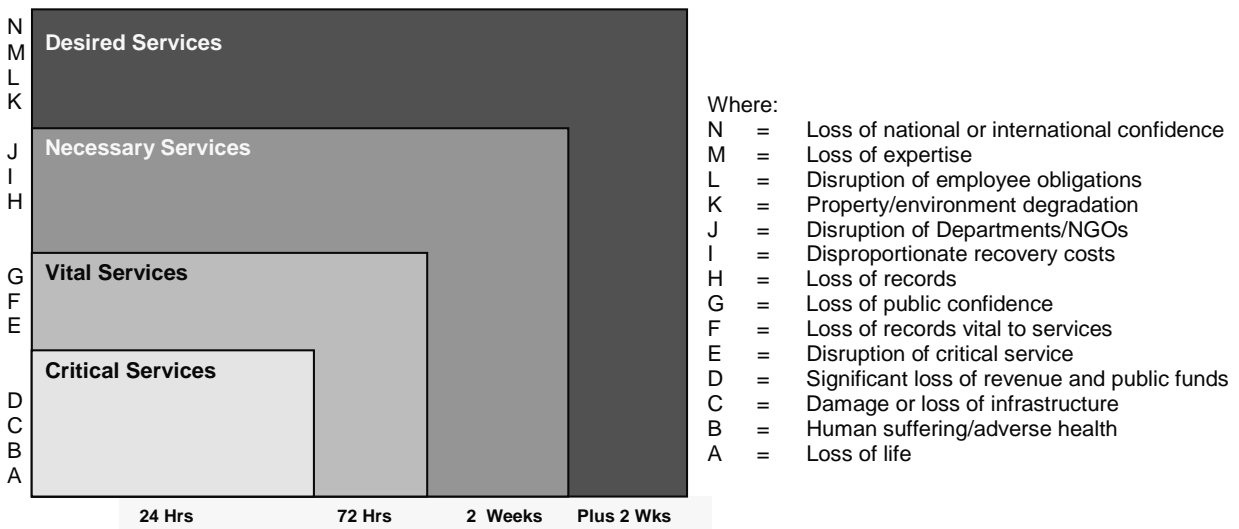
Services Categories: Services are categorized as Critical, Vital, Necessary and Desired. In all four cases, the disruption of operations or services is assumed.

Critical: Services that must be provided immediately or will definitely result in or contribute to loss of life, human suffering or highly-adverse public health outcomes significant damage to or total loss of infrastructure, and/or a significant loss of revenue and public funds. These services normally require resumption within 24-48 hours of interruption.

Vital: Applies to services that must be provided within 72 hours or will likely result in disruption of delivery of critical services to the public, loss of records vital to critical services delivery, and/or loss of public confidence in the government.

Necessary: Services that must be resumed within two weeks or could result in loss of vital records, disproportionate recovery costs, and/or disruption of service to other government departments and non-government organizations.

Desired: Services that could be delayed for two weeks or longer, but are required in order to return to normal operating conditions and alleviate further property or environmental degradation or loss, disruption of obligations to employees, further loss of expertise, loss of national or international confidence, and/or further disruption or disturbance to normal conditions.



Where:

- **Critical** = services that must be provided within 24 hours, otherwise A, B, C and/or D will occur.
- **Vital** = services that must be provided with 72 hours, otherwise E, F and/or G will occur.
- **Necessary** = services that must resumed within two weeks, otherwise H, I, and/or J will occur.
- **Desired** = services that could be delayed but must be resumed eventually.

Appendix 2 – Pandemic Alert and Response Table

Status	Health Response	Government Continuity	Community Continuity	Coordinating Agency (EMO)
<p>An incidence of influenza pandemic flu is confirmed anywhere in the world.</p>	<ul style="list-style-type: none"> • Requires awareness and an attempt to acquire more information as soon as possible. • Health Alert Level 1; health surveillance is enhanced. 	<ul style="list-style-type: none"> • Departments complete their Departmental Emergency Plans (DEP). 	<ul style="list-style-type: none"> • Municipal and First Nations Governments complete / update their continuity plans 	
<p>Cases of pandemic flu influenza are confirmed in Yukon.</p> <ul style="list-style-type: none"> • Increasing numbers of patients seek advice and treatment. • increasing numbers of Yukon government staff are away from work. • No disruption of business / industry operations. 	<ul style="list-style-type: none"> • Incident is manageable by the staff and resources currently in the affected service delivery area(s). • No extra staff or resources are required. • Senior Management Group is notified. • Health Alert Level 2; the H&SS Emergency Operations Centre (HEOC) is activated. • Information & issue advisories are provided. 	<ul style="list-style-type: none"> • Absentee rate climbs above the average baseline level of approximately 10%. • Departments are able to adjust as part of their normal business operations. • No new decision-making processes are needed. • Departments track their absenteeism rates and report to Public Service Commission (PSC) & Emergency Measures Organization (Yukon EMO). 	<ul style="list-style-type: none"> • Local authorities are able to cope with minimal involvement of Yukon EMO staff. 	<ul style="list-style-type: none"> • Yukon EMO Duty Officer is able to respond to all requests. • JEOCC Level 1; JEOCC may be partially activated.

Yukon Government Pandemic Coordination Plan – V3.0

Status	Health Response	Government Continuity	Community Continuity	Coordinating Agency (EMO)
<p>The incidence of pandemic influenza cases escalates.</p> <ul style="list-style-type: none"> • Treatment facilities and resources are overwhelmed. • Yukon government staff absentee rate increases further. 	<ul style="list-style-type: none"> • The resources within affected service areas are overwhelmed, but can be handled by the staff and resources within or available to Health and Social Services; • Health Alert Level 3 • Surveillance is enhanced. • Communications response strategy is implemented. 	<ul style="list-style-type: none"> • Departments are no longer able to continue business as usual. • Departments activate their DEP, start to temporarily suspend Non-Essential Services, and shift resources to ensure on-going delivery of their Essential Services. • Departments manage this process within their internal management structure and decision-making processes. • Departments regularly report appropriate developments to PSC & Yukon EMO. 	<ul style="list-style-type: none"> • Local authorities are no longer fully able to cope. • Local declaration is possible. 	<ul style="list-style-type: none"> • JEOCC Level 1-2; JEOCC partially activated (one or more shifts of staff) or fully activated (numerous shifts)

Yukon Government Pandemic Coordination Plan – V3.0

Status	Health Response	Government Continuity	Community Continuity	Coordinating Agency (EMO)
<p>The incidence and severity of influenza cases escalate further.</p> <ul style="list-style-type: none"> • There are disruptions in the availability of supplies. 	<ul style="list-style-type: none"> • The incident overwhelms the resources of the Lead Department. Requires the coordination of staff and resources from more than one organization. • Activate response controls & countermeasures. 	<ul style="list-style-type: none"> • Departments are no longer able to deliver their full range of Essential Services. • Human Resources staff and PSC identify and reallocate staff resources between departments as required. • Related issues will be referred to JEOCC for resolution at ECG. 		<ul style="list-style-type: none"> • Significant government-wide commitment of resources. • Yukon government emergency declaration is possible • JEOCC Level 3
<p>Pandemic reaches catastrophic proportions.</p>				<ul style="list-style-type: none"> • Federal <i>Emergencies Act</i> declaration possible • Widespread damages and losses require significant commitment of all available resources • JEOCC fully activated for protracted period (numerous days) • JEOCC Level 4

Appendix 3 – Human Resources Management Team: Terms of Reference

Terms of Reference

Human Resources Management Team

Yukon Government H1N1 Pandemic Co-ordination Plan

Principles

- The Yukon Government is committed to providing the best possible services to the Yukon people, and ensuring service continuity during an H1N1 Pandemic.
- Departments have prepared for a possible H1N1 Pandemic by defining their essential services and planning for coverage during employee absences.
- Deputy Ministers will provide a corporate response during an H1N1 Pandemic and contribute to consistent levels of essential service to the extent possible across government.
- Deputy Ministers will assist other departments to provide their essential services to the extent possible.

Mission

The Human Resources Management Team (“HRMT”) provides staffing and employment-relations direction, guidance, leadership and communications in support of Yukon Government continuity during an H1N1 Pandemic.

Role

The HRMT provides direction, guidance, leadership and communication concerning:

- government-wide staffing of essential services; and
- compliance with terms and conditions of employment related to illness and leave.

Accountability and Reporting

HRMT is activated upon execution of these Terms of Reference. Phase I includes contingency planning and reporting. Phase II is activated when the pandemic has reached the stage where central human resource management is required to ensure essential services are maintained.

Policy decisions and disputes that cannot be resolved by HRMT are forwarded to the Chair of the Pandemic Preparedness Executive Committee for discussion and decision.

HRMT reports as required to the Emergency Measures Organization (EMO).

Membership

The HRMT is comprised of

- Martha J. Kenney, Director Corporate Human Resource Services (Chair)
- Megan Slobodin, Director Staff Relations
- Liz McKee Director, Policy Planning and Communications
- Felix Vogt, Director, Human Resource Management Systems
- Each Director of Human Resources

Responsibilities

Human Resources Management Team (HRMT) supports the continuity of Yukon government essential services by:

- collecting and maintaining data and reporting to EMO regarding levels of employee attendance and illness across government;
- collecting and maintaining data and reporting to EMO regarding service levels carried out by departments (based on each department's Essential Services Matrix);
- co-ordinating and making necessary decisions regarding the sharing of staff among departments based on priorities established by EMO to ensure that essential services are adequately staffed and the impact of pandemic across government is minimized to the extent possible;
- assisting departments to determine the most effective staffing process and decisions;
- ensuring timely communications regarding human resources and employment-relations issues that have a government-wide impact;
- receiving and responding to requests from other organizations such as Whitehorse Hospital for human resources and staffing assistance.

Pandemic Preparedness Executive Committee is chaired by the Deputy Minister Community Services and determines when the pandemic has reached the stage where central human resource management is required (or no longer required) and advises the Chair of HRMT to activate (or deactivate) Phase II activities.

Emergency Measures Organization (EMO) coordinates the response to the pandemic and ensures that HRMT is provided with relevant current information to assist in carrying out its role under these terms of reference.

Directors of Human Resources support department and cross government business continuity by:

- collecting and maintaining data regarding levels of employee attendance and illness in their department with the corresponding impact on service levels (based the department’s Essential Services Matrix);
- reporting to HRMT as requested on levels of employee attendance and illness;
- requesting additional resources from other departments (through HRMT) before any essential services are discontinued.

Signed *Original signed*

October 28, 2009

Patricia N. Daws
Public Service Commissioner

Signed *Original signed*

October 28, 2009

Jeff O’Farrell
Chair, Pandemic Preparedness Executive Committee

Appendix 4 – Critical Infrastructure Team: Terms of Reference

Terms of Reference

Critical Infrastructure Team

Yukon Government Pandemic Co-ordination Plan

Role

The Critical Infrastructure Team will facilitate the planning of the Yukon government's response to possible shortages of critical infrastructure goods and services (the facilities, networks, services and assets which are essential to the health, safety, security or economic well being of Canadians), act as the government's primary communications link with the critical infrastructure providers, and through Yukon Emergency Measures Organization help facilitate the critical infrastructure response.

The Critical Infrastructure Team will focus on the following critical infrastructure areas:

- Electricity;
- Food and water;
- Fuel;
- Public health and safety;
- Telecommunications; and
- Transportation.

Activation, Accountability and Reporting

The Critical Infrastructure Team is activated upon execution of these Terms of Reference.

The Critical Infrastructure Team, through the Chair, reports as required to the Yukon Emergency Measures Organization.

Membership

The Critical Infrastructure Team is comprised of the following, or designated alternates:

- Carl Rumscheidt, Director Supply Services Division (Chair);
- Paul Moore, ADM Community Development, Community Services (Co-Chair);
- Bill Stonehouse, Procurement Officer, Supply Services Division;
- Eric Bergsma, Manager, Environmental Health Services;
- Jennifer Magnuson, Communications Analyst, Highways and Public Works;
- Leo Poile, Director of Operations, Yukon Energy Corporation;
- Steve Rose, Director, Policy and Planning, Economic Development;
- Vern Janz, Director, Transport Services;
- Other Yukon government departmental/agency representatives as required; and
- Critical Infrastructure suppliers as required.

Responsibilities

Critical Infrastructure Team supports the Yukon government’s response to a pandemic by:

- collecting and maintaining data and reporting to Yukon Emergency Measures Organization regarding the availability of critical infrastructure goods and services within Yukon;
- acting as the primary communication channel between the Yukon government and critical infrastructure suppliers on matters related to a pandemic in the Yukon;
- through the Yukon Emergency Measures Organization, facilitating the government’s response to the effects of critical infrastructure shortages in Yukon communities; and
- identifying the need, and developing the policy and procedural framework required for action by the government to ensure the continuity of critical infrastructure goods and services in the event of a declaration of a state of emergency in Yukon;

Original signed

November 12, 2009

Mike Johnson
Deputy Minister, Highways and Public Works

Date: _____

Original signed

November 12, 2009

Jeff O’Farrell
Chair, Pandemic Preparedness Executive Committee

Date: _____

Appendix 5 – Pandemic Communications Sub-Committee: Terms of Reference

The Pandemic Communications Sub-Committee of the Yukon government's Communication Council will function as long as deemed necessary by the Executive Committee, and will operate under the following terms of reference and the protocol to guide information sharing among departmental Communications Coordinators.

The sub-committee is an information sharing forum for Yukon government communications coordinators. Members will provide advice and recommendations that will ensure consistent messages and coordinated communication activities related to the pandemic across government. This includes review of pandemic related communication strategies and other information to ensure a steady flow of current, consistent communications to the public and employees. The Chair participates in the Executive Committee

Membership

All Yukon government departments and corporations are to ensure representation.

Key Responsibilities

Community Services (Chair)

- Lead on communicating the Yukon Government Pandemic Coordination Plan.
- Chair of Pandemic Communication Sub-committee; reports to the Executive Committee.

Health & Social Services

- Reports on activities of the Health Emergency Operations Centre.
- Lead on communicating overall health response.
- Liaison with Government of Canada to ensure up-to-date communications and messages related to public health response, vaccinations, and other related issues.
- Undertakes public communication campaigns including seasonal flu campaign; hand hygiene and prevention; tool kits for school, daycares and boarding schools; as appropriate.

Executive Council Office

- Coordinates communication orientation at JEOCC and champions EMO training for communication professionals.
- Coordinates with EMO a communications person to sit on the Incident Command Team at EMO when JEOCC is activated.
- Maintains a current list of YG communications officials trained in emergency communications.

- Maintains up-to-date media contact listing.
- Provides secretariat functions for Pandemic Communications Sub-committee.
- Maintains Pandemic Communication Sub-committee Intranet site and related corporate web pages as tool to facilitate information sharing between departmental communication contacts and with public.
- Reports to Cabinet Communications.

Public Service Commission

- Reports on activities of the Human Resources Management Team.
- Lead on communicating with Yukon government employees through Departmental Human Resource Directors.

Tourism & Culture

- Assist with the dissemination of information to the traveling public on Yukon roads via the fan-out system incorporated into the Departments Emergency Crisis Communications Plan.

Highways & Public Works

- Reports on activities of the Critical Infrastructure Team.

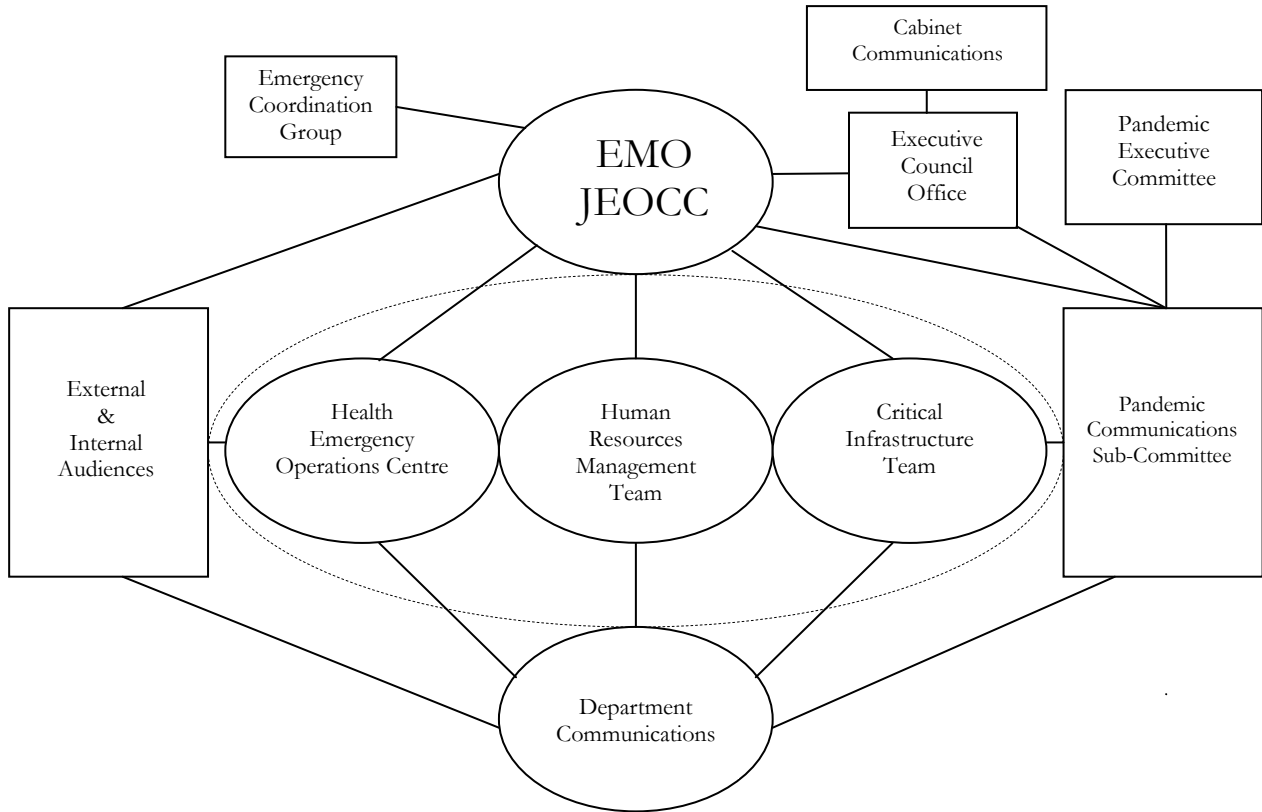
Economic Development

- In conjunction with the Critical Infrastructure Team, assists in communicating with Yukon business community.

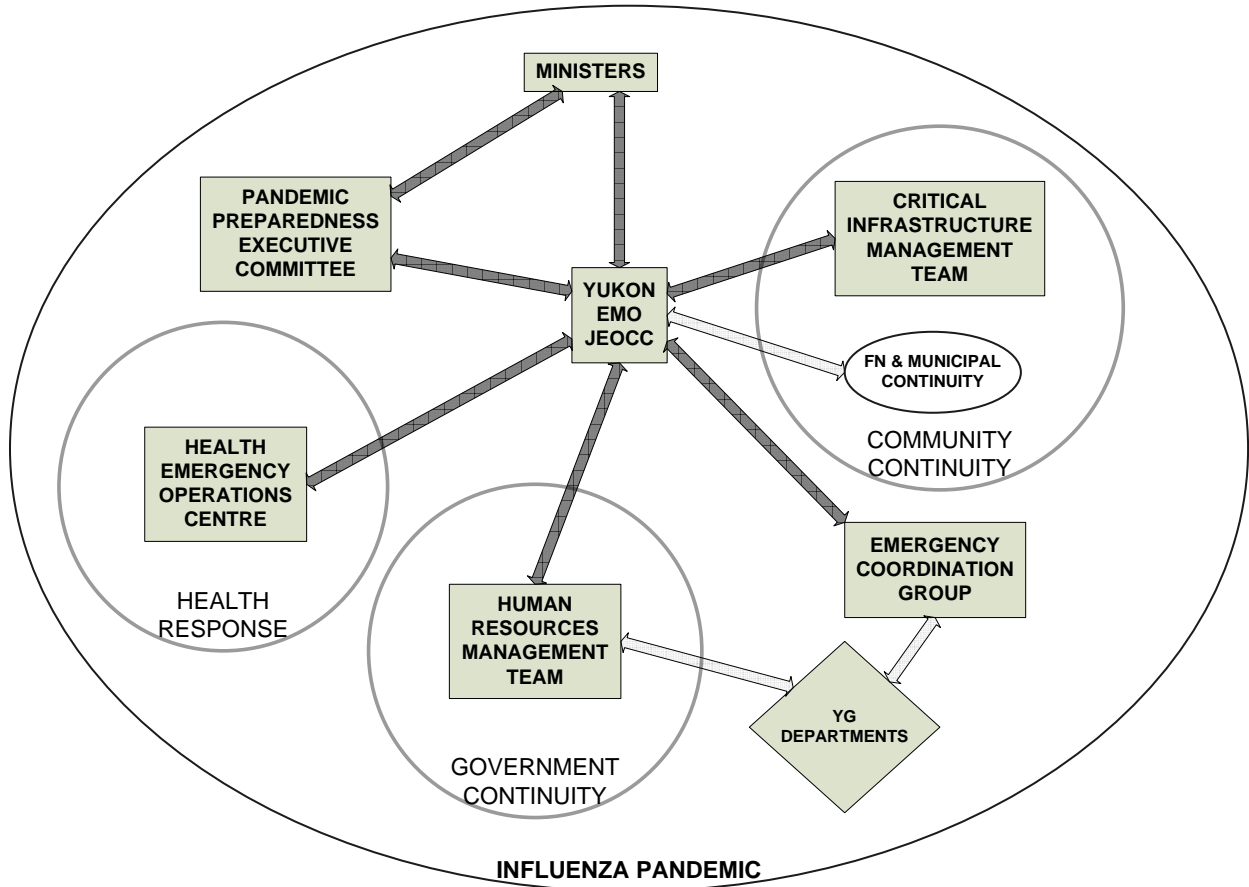
All Departments / Corporations

- Lead on communicating with departmental specific stakeholders on areas of direct responsibility.
- Responsible for communicating department specific continuity plans.

Appendix 6 – Information Sharing Among Departmental Communications Coordinators



Appendix 7 – Emergency Operations Overview



**Department of
Health and Social Services**

Pandemic Health Response Plan

October 2009

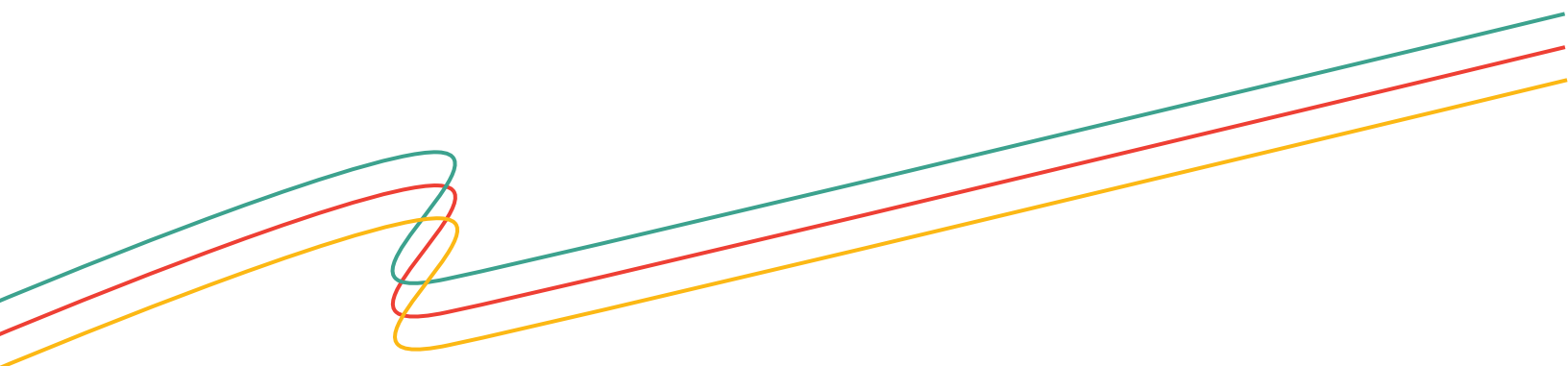


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A MESSAGE FROM THE MINISTER OF HEALTH AND SOCIAL SERVICES

Fellow Yukoners:

This document outlines the Health and Social Services' Health Response plan for responding to pandemic influenza. The overarching goals of this plan are to minimize the impact of the pandemic on individual Yukoners, and on the health care system. The most recent revisions to this plan have been in the works for several months.

The Department of Health and Social Services is committed to ensuring that high standards of care and service to the public continue during the pandemic. We will do this by making decisions based on the expert opinion of health professionals and the best available evidence. Our staff has the knowledge, the skills, the dedication to public service and the collaborative relationships with our health sector partners to manage a pandemic.

No plan is definitive. In fact, the best plans are those that are both robust and flexible. Such plans clearly articulate decision-making, authorities to act and accountability and at the same time are adaptable and able to respond to new and emerging information and changing circumstances. We believe our plan achieves the right balance by providing the guidance and leadership we need to prepare for and respond to a pandemic.

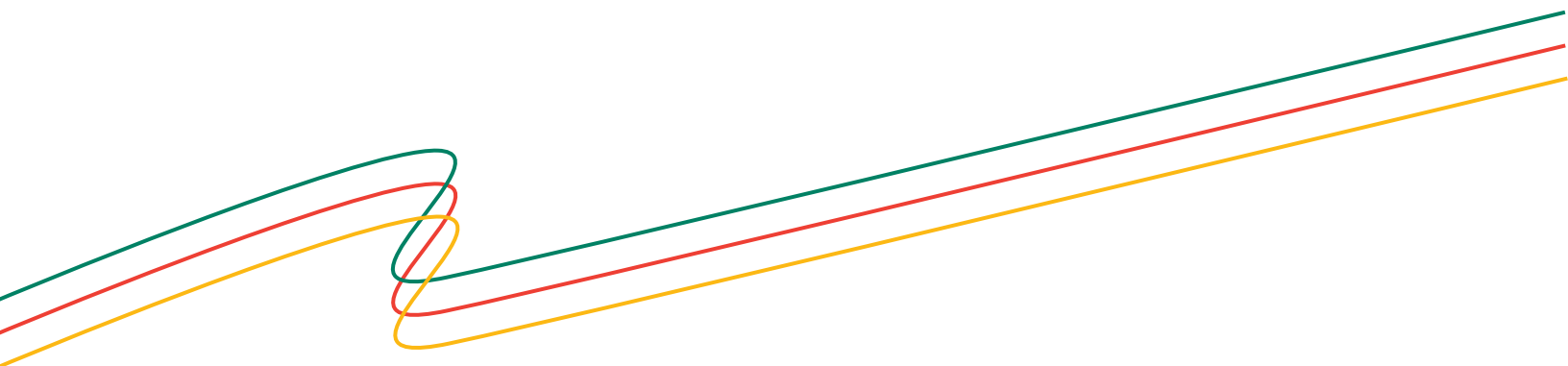
The World Health Organization advocates a "whole of society" approach to pandemic response. Yukoners have a strong tradition of caring for those in need, and this tradition will continue to serve us well. With H1N1 in our communities, this is a time to reach out and offer assistance if needed to our neighbours who live alone. It is a time to make meals, look after children or walk the dog for a friend, neighbour or coworker who is ill or working overtime. It is a time to show a measure of patience and tolerance when services – whether purchasing gas or groceries, registering your vehicle, or accessing a health service – are delayed or reduced. Helping each other makes us the strong and vibrant community where we are all proud to live.

It is a time to bear in mind that we are all in this together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Glenn Hart', with a long horizontal line extending to the right.

Honorable Glenn Hart
Minister of Health and Social Services



SECTION 1: INTRODUCTION

The most likely health event to affect Yukoners across the territory will be pandemic influenza. Pandemics occur when a new type of virus emerges against which people have no immunity, and that has the capability of being spread easily from person to person. Pandemics seem to emerge with some regularity and indeed, there have been three major pandemics in the last century alone: the 1918/19 “Spanish flu”; the 1957/58 “Asian flu”; and 1968/69 “Hong Kong flu”. Over the years, improvements in living conditions, increased knowledge, and better methods in prevention, control and treatment of influenza have led to significantly better outcomes related to pandemic influenza.

Pandemic influenza will impact not only those who are ill, but as well, the functioning of society in general. With 20 per cent to 50 per cent of the population expected to contract influenza, there is the potential that a significant portion of the workforce will not be able to report to work, either because they are ill or because they are caring for family members and friends who are ill. We must be prepared for the social and economic disruption that could result from a significant portion of the workforce being affected.

The Yukon government has coordinated a three-pronged approach to respond to pandemic influenza. This approach comprises the following:

- The Health Response which aims to minimize the health impacts of an influenza pandemic. The Department of Health and Social Services with the expert advice of the Chief Medical Officer of Health (CMOH) is responsible for the direct management of the outbreak, treatment of the public, and the care and treatment of individuals in care of the Department;
- The Government Response which aims to maintain critical public services throughout the pandemic. Because absentee rates in the workplace may challenge the ability of all levels of government to function, business continuity plans must be in place to ensure essential and vital services continue to be delivered.
- The Community Response which aims to minimize social and economic activity disruption in Yukon, and protect vital infrastructure. This involves bringing key community leaders in the public and private sector together to assess situations and make decisions.

The Health Response is presented in this document. While the Health Response has been developed in Yukon to meet the needs of Yukoners, it has been guided by the Canadian Pandemic Influenza Plan. It aligns with the work of our health partners within the territory, with the work of other provinces and territories across Canada and with the work of our jurisdictional neighbours such as members of the Pacific Northwest Emergency Management Arrangement.

In the development of the Health Response we have been guided by several key values:

- we see the protection of the public as a shared responsibility of the community where government plays a key leadership role;
- in recognizing the special needs and geographic considerations of our territory, we strive for an equitable response;
- through transparency we can provide assurance that we have the situation under control, and thus we will gain our citizens' trust.

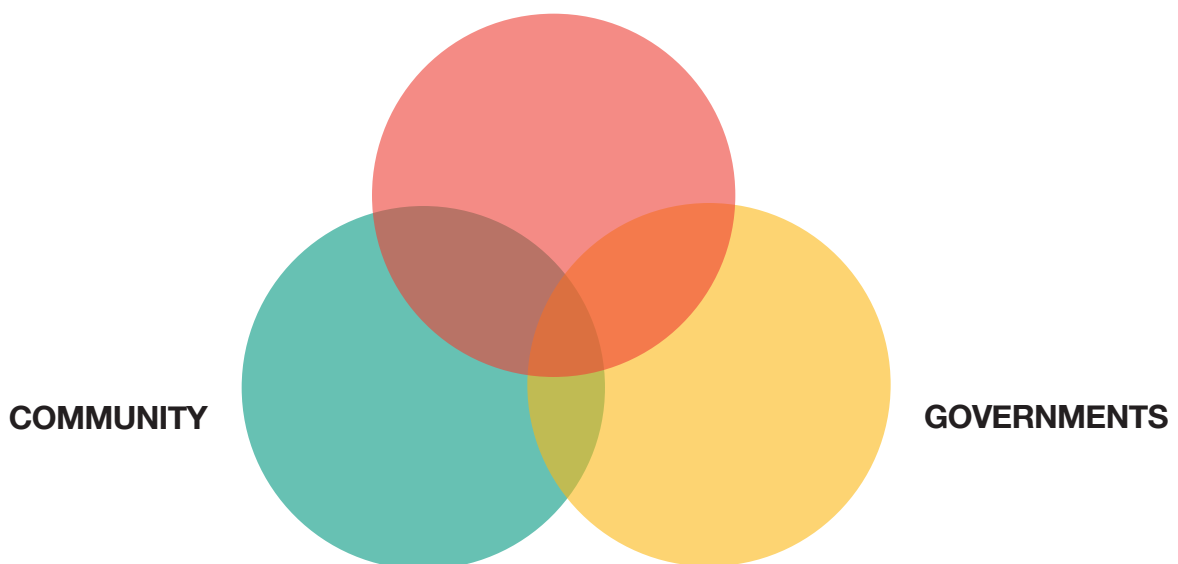
Any response to a pandemic must continually evolve as new information comes to light through research, observation and experience. No less is said of our Health Response – our plan has been developed to be flexible and adaptable in order to incorporate new findings and new approaches. We ask that Yukoners remain cognizant of the fact that pandemic-related information will be updated and reported as new insights arise, and we recognize and acknowledge that Yukoners may feel confused from time to time. We are all in this together, and having patience and trust will help to create calmness through potentially difficult times.

The Health Response includes the following sections:

- Roles and Responsibilities
- Health Response Management
- Health Response
- Communications
- Emergency Social Services

3 LEVELS OF RESPONSE

HEALTH SECTOR



SECTION 2: ROLES & RESPONSIBILITIES

Management of a pandemic event requires the coordinated efforts of a number of key players and structures within the health sector at both the territorial level and national level.

For Yukon, the Minister of Health and Social Services is responsible for the administration of the *Public Health and Safety Act*, and the management of the health-related aspects of a pandemic. Within government, the Chief Medical Officer of Health, the Department of Health and Social Services and the Department of Community Services support the Minister of Health and Social Services in managing the health-related aspects of a pandemic. Outside government First Nations, Whitehorse General Hospital and private health practitioners are additional key partners in managing the health-related aspects of a pandemic.

2.1 Chief Medical Officer of Health

The Yukon Chief Medical Officer of Health (CMOH) is appointed by Cabinet and acts under the authority of the *Public Health and Safety Act*. The CMOH serves as the chief medical adviser to the Yukon government through the Department of Health and Social Services and acts as the public spokesperson for the Department when responding to a pandemic. Operationally the CMOH reports to the Assistant Deputy Minister of Health and is accountable to Cabinet through the Minister of Health and Social Services.

2.2 Department of Health and Social Services

The Deputy Minister of Health and Social Services is responsible for:

- overseeing the implementation of the pandemic health response for Yukon; and
- ensuring that business continuity plans for the Department address the continued delivery of essential health, continuing care and social services during a pandemic.

The Assistant Deputy Ministers of Health, Continuing Care and Social Services support the Deputy Minister in achieving these goals for the Department. Within the Department other key players include:

a) Yukon Communicable Disease Control (YCDC)

Yukon Communicable Disease Control staff report to the Director of Community Health Programs and are responsible for the surveillance, prevention, monitoring and control of all infectious diseases affecting Yukon. During a pandemic event the Communicable Disease Officer (CDO) works closely in consultation with the CMOH to implement a variety of communicable disease control measures.

b) Community Nursing

Under the direction of the Director of Community Nursing, the Community Nursing Program is responsible for the provision of primary health care, emergency response and community health care programs in each of the rural communities, and community health care programs in Whitehorse. During a pandemic event community nursing will coordinate the emergency health services response in each rural community, including implementing vaccination programs.

c) Continuing Care

Yukon residents who are under the residential or community care programs of the Department may be especially vulnerable to the impacts of a pandemic and may require extraordinary measures to protect their health. Continuing Care Directors will be responsible for adapting and implementing health measures to specifically address the needs of vulnerable populations in the residential facilities and receiving services through the community homecare program.

d) Communications Coordinator

During a pandemic the Communications Coordinator is responsible for coordinating public information strategies regarding self care and access to care, creating and distributing public service announcements and managing information requests from the media.

2.3 Department of Community Services

Two structures under the responsibility of the Department of Community Services provide support to the health response to a pandemic:

a) Emergency Medical Services (EMS)

Emergency Medical Services (EMS) is a Branch of the Protective Services Division of the Department of Community Services. EMS provides emergency medical care as a first responder, both within Whitehorse and in the rural communities and medevac services within Yukon and to care centres outside Yukon. During a pandemic EMS will be responsible for ensuring the continuity and coordination of emergency medical services throughout Yukon including the implementation of personal protective protocols for staff responding to calls.

b) Emergency Measures Organization (EMO)

The EMO, also a Branch of Protective Services Division, has the responsibility to support the health response and address the non-health related impacts of the pandemic. This may require activation of its Joint Emergency Operations Coordination Centre (JEOCC) at Yukon government level. The EMO co-ordinates the Yukon Government Pandemic Response, as outlined in the Yukon Government Pandemic Co-ordination Plan.

2.4 Other Partners

The Whitehorse General Hospital and First Nations Health programs also have key health-related roles in responding to a pandemic:

a) Whitehorse General Hospital

Whitehorse General Hospital, (Yukon Hospital Corporation) is responsible for the provision of in-patient / out-patient hospital services such as surgical procedures, obstetrical care, and acute care and emergency care services. Whitehorse General Hospital (WGH) has its own emergency response contingency plan for a pandemic and works in collaboration with partner agencies including Health and Social Services. During a pandemic event the hospital is represented on the Health Emergency Operations Team and on the Pandemic Advisory Committee. Watson Lake Hospital, will come under the management of the Hospital Corporation, provides a limited range of acute care services and works collaboratively with Whitehorse General Hospital and the Health Centre in Watson Lake.

b) First Nation Health Programs

Implementation and management of the health response to a pandemic in rural communities will be lead by the Community Nurse in charge at the Health Centre for that community. Community nurses will need to rely on the First Nation health workers in their communities to assist them with various aspects of surveillance, reporting, monitoring and treatment of ill members of their community.

c) Private Sector Health Practitioners

Physicians, pharmacists and a myriad of other health care practitioners provide vital services to help in the prevention of illness, promotion of wellness, diagnosis and treatment, psychosocial services and services to assist the ill patient's recovery. These services support the government's efforts in the management of a pandemic.

2.5 Federal Government – The Public Health Agency of Canada (PHAC)

Under the direction of the Chief Public Health Officer, the Agency provides leadership in supporting public health infrastructure, fostering collaboration across and between governments, and in monitoring, investigating and controlling communicable disease events which involve national,

provincial or territorial outbreaks. The Agency assists all jurisdictions in Canada in preparing for and managing a public health emergency. It is the key national coordinating body for managing a pandemic event in Canada and for coordinating efforts within international organizations (eg. World Health Organization) and other countries. PHAC also coordinates, maintains, or manages the Centre for Emergency Preparedness and Response, the National Microbiology Lab and the National Emergency Stockpile as follows:

a) Centre for Emergency Preparedness and Response

Within the Public Health Agency of Canada (PHAC), the Centre for Emergency Preparedness and Response is Canada's central coordinating point for public health security issues including developing and maintaining national emergency response plans, monitoring outbreaks and global disease events, assessing public health risks during emergencies, aligning emergency policies with threats to public health security and being the health authority in the Government of Canada on bioterrorism, emergency health services and emergency response.

b) National Microbiology Lab, Winnipeg

As Canada's leading public health infectious disease laboratory, the National Microbiology Laboratory (NML) is responsible for the identification, control and prevention of infectious diseases. It is recognized as a leading facility in an elite group of 15 centres around the world.

c) National Emergency Stockpile System (NESS)

The Public Health Agency of Canada maintains a National Emergency Stockpile System (NESS) to provide emergency supplies quickly to provinces and territories either when requested or by pre-positioning supplies in anticipation of a large scale emergency such as a pandemic. In Yukon the health components of the NESS are under the control of the Emergency Health Services Director and include: Antiviral medications available for treatment during a pandemic, a 200 bed mobile hospital unit, and personal protective equipment such as N95 masks, hats, gowns, gloves and syringes. The Yukon has its own stockpile of personal protective equipment that must be used before access to the National Stockpile is allowed.

2.6 National

At the national level, public health policy, management, operational issues, and lessons learned are addressed in order that there is a consistent approach to the management of public health events across Canada. The work of these organizations inform decision-making within Yukon. Key organizations at the national level include the Public Health Network, the Public Health Council, and the Forum of Deputy Ministers and Ministers of Health.

a) Public Health Network

The mandate of the Network is multi-faceted, ranging from facilitating the sharing of information among all jurisdictions in Canada, to working with and providing policy and technical advice to Federal/Provincial/Territorial Deputy Ministers of Health on public health matters, to supporting the public health challenges jurisdictions may face during emergencies and/or crises.

The Federal/Provincial/Territorial Public Health Network is comprised of a number of expert and working groups that address specific public health policy, management and operational issues. In most cases the network groups are comprised of federal, provincial and territorial representatives and expert advisors. The Yukon has representation on each of these committees.

b) Public Health Network Council

The Federal/Provincial/Territorial Public Health Network Council has the oversight responsibility for the work that is carried out within the Public Health Network. The Council has senior representation from each jurisdiction and reports directly to the Federal/Provincial/Territorial Council of Deputy Ministers of Health. The Yukon representative on the Council is the Assistant Deputy Minister of Health.

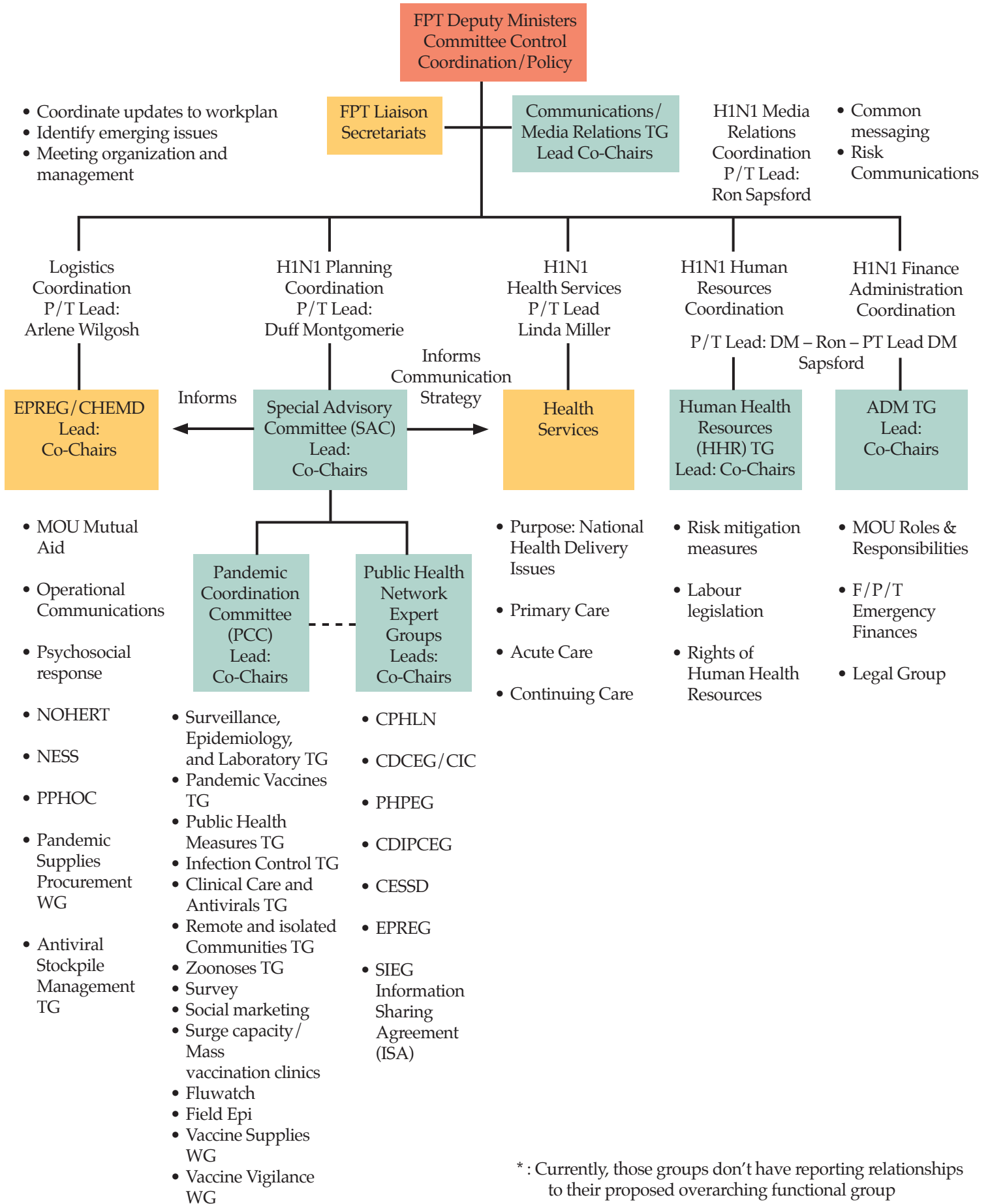
c) Forum of Deputy Ministers and Ministers of Health

Deputy Ministers and Ministers of Health have both a Provincial/Territorial and Federal/Provincial/Territorial forum for directing and addressing health policy issues of national significance. The Deputy Ministers of Health report directly to the Ministers of Health and Yukon is represented in these forums by the Deputy Minister and Minister of Health and Social Services. Federal Health representation at the Deputies forum is shared between the federal Deputy Minister of Health Canada and by the Chief Public Health Officer, both of whom report to the federal Minister of Health.

Please note that for pandemic influenza H1N1, the Federal/Provincial/Territorial H1N1 Emergency Management Response and Organization has been struck as a time-limited entity (see organization chart).

Federal/Provincial/Territorial H1N1 Health Emergency Management Response and Organization

N.B. Time Limited for H1N1 Response



3

SECTION 3: HEALTH RESPONSE MANAGEMENT

Management of the health response to a pandemic event requires the coordination of the activities of key players within the health sector, open and effective communication, and effective and efficient decision making. This section outlines: health response management structures; essential health management staffing; specific responsibilities; and health alert and notification processes.

In the presence of a pandemic influenza, the goals of the Department of Health and Social Services health response are:

- to ensure appropriate care and treatment of those individuals who become ill;
- to implement public health measures to reduce the spread, or effect of the pandemic and to communicate with the public to support informed decision making, self care and access to services;
- to ensure health care providers are appropriately informed, trained and equipped to respond to those who require care
- to maintain essential and vital health services.

To the extent possible, the activities that support these goals will be carried out at all times by the normal operations and processes of the regular health system partners. As a pandemic event unfolds the complexity of the event will require a more centralized and coordinated response to support the normal operations of the health sector.

3.1 Health Response Management Structures

The Department will build on and adapt existing management structures to address the health response issues that will emerge during a pandemic. The overall management of the Health response has four main components:

- The Health Emergency Operations Team
- The Pandemic Management Team
- Health and Social Services Management Team
- Pandemic Advisory Committee

(a) Health Emergency Operations Team (HEOT)

Health care services during a global pandemic will continue to operate and be managed by the regular health sector partners who carry out their normal mandates and responsibilities on a day-to-day basis. Because of the enhanced need to share and coordinate activities during a pandemic, the major health

sector partners form the Health Emergency Operations Team with the addition of Emergency Social Services and the Emergency Measures Organization. The responsibility of the HEOT is to manage the day-to-day operations of the emergency response and implement operational decisions to manage the overall event. The Health Emergency Operations Team consists of:

- Yukon Communicable Disease Control
- Community Nursing
- Continuing Care and Home Care
- Emergency Medical Services
- Whitehorse General Hospital
- Environmental Health Services
- Communications
- Emergency Social Services
- Emergency Measures Organization

Representatives from within the Department of Health and Social Services to the HEOT will include Directors and/or staff appointed by Directors responsible for their program area. Representatives from outside the Department are appointed by their own organization. All appointments identify alternates who can attend meetings and act on behalf of the primary appointment in their absence to ensure that all areas are represented at all meetings and that surge capacity and back up capacity are available during the pandemic event.

The Health Emergency Operations Team is under the leadership and coordination of the Operations Section Coordinator of the Pandemic Management Team. The Operations Section Coordinator will call and chair regular meetings of the Health Emergency Operations Team on a weekly basis or as needed.

(b) The Pandemic Management Team

A Pandemic Management Team will be mobilized when it is clear that a pandemic event is sufficiently complicated to require a coordinated response beyond that which can be provided through the normal operations of the Health Sector partners. The Pandemic Management Team structure and operations are modeled on the Health Emergency *Incident Management System (IMS)*. This approach establishes processes to coordinate and support all the activities within the Health sector and is a common model used throughout emergency management when addressing complicated emergency events.

Implementing the IMS will improve communication, streamline resources, enhance capacity, and facilitate the cooperation and coordination of operational activities between agencies. Because some form of the IMS has been adopted by most jurisdictions across Canada and within Yukon it ensures inter-operability with multiple stakeholders including other emergency response agencies such as Yukon government EMO, City of Whitehorse EMO and Whitehorse General Hospital.

The Pandemic Management Team includes:

- The Pandemic Manager (Incident Commander): responsible for the overall direction, coordination, and management of the Health response.
- The Chief Medical Officer of Health: responsible for providing expert medical information and advice on infection control measures, the clinical care of people who are sick and measures to monitor and manage the spread of influenza in all Yukon communities;
- Operations Section: responsible for supporting and coordinating the day-to-day operational issues of the health sector partners including the normal activities of Yukon Communicable Disease Control (YCDC), Community Nursing, Whitehorse General Hospital, Emergency Medical Services, Continuing Care, Environmental Health and Emergency Social Services;
- Logistics Section: responsible for supporting Operations by obtaining the necessary resources, services and processes to support the day to day or anticipated operational activities;
- Planning Section: responsible for anticipating the future requirements of the Pandemic event and developing plans to respond to these future requirements and any possible contingencies.
- Communications Section: responsible for the overall development and management of communication strategies and materials including working with the media to ensure the public is well informed and current on information, events and activities related to the Health response.
- Policy and Information Coordination: responsible for analyzing, coordinating and documenting information from the national and local level and ensuring that current information is disseminated to health sector partners, the management team, other key players and senior Management within the Departments.

The Pandemic Management Team will be supported by a Safety and Quality Assurance function, a Health Human Resource function and an Administrative/ Finance support function. Safety and Quality Assurance will provide oversight of the various activities and advise on safety and risk management issues. The Health Human Resource function will monitor and address health human resource issues as they arise including the monitoring of absenteeism in the health work force and the development of redeployment strategies and decisions. The Administrative support will ensure the smooth operations of any business functions that support the operations of the Pandemic Management Team.

The primary purpose of the Pandemic Management Team will be to coordinate and support the normal front line operations of various health sector players that make up the Health Emergency Operations Team. The Pandemic Management Team may activate a Health Emergency Operations Centre (HEOC) as needed in order to centralize and coordinate the activities that support the Health Response. The HEOC will be expanded or contracted during a pandemic event to respond to the demands of the situation. The HEOC positions will be shared among a number of staff to ensure there is backup capacity in case staff are off work sick or caring for sick dependents.

(c) Health and Social Services Management Team

The normal management structures within the Department will continue to operate and play a roll in a pandemic event in making senior level policy decisions and providing senior level direction when needed. The regular management team structure consists of the Executive Management Committee and the Deputy Ministers Management Committee.

Executive Management Committee (EMC):

This standing committee consists of the following officials:

- Deputy Minister of Health and Social Services
 - Director of Human Resources
 - Director of Policy and Program Development
 - Director of Finance, Systems and Administration
 - Director of Communications and Social Marketing
 - Director of Quality and Risk Management
 - Director of Strategic Planning and Integration
 - Executive Assistant to the Deputy Minister
 - Executive Assistant to EMC
-

- Assistant Deputy Minister Health Services
 - Director of Community Health Programs
 - Director of Community Nursing
 - Director of Insured Health and Hearing Services
-

- Assistant Deputy Minister Social Services
 - Director of Social Services
 - Director of Family and Children's Services
-

- Assistant Deputy Minister Continuing Care
 - Director of Home and Community Care
 - Director of Extended Care
-

EMC is the decision-making body for major policy approvals on operational matters related to the health response that are forwarded from the Pandemic Manager for decision or approval or that have a significant impact on the whole Department, the health sector or other government departments. Given that EMC meets every two weeks, requests for urgent decision making and direction may need to go to the DMC which can be convened more quickly as needed

In addition to the health response, the EMC makes decisions that relate to business continuity issues, staffing redeployment and any program operational issues impacted by the pandemic that fall outside the health response. These issues are brought forward by individual Directors or ADMs and addressed as part of a normal standing item on the agenda during the Pandemic.

Deputy Minister's Committee (DMC)

This standing committee consists of the following officials:

- Deputy Minister of Health and Social Services
- Assistant Deputy Minister Health Services
- Assistant Deputy Minister Social Services
- Assistant Deputy Minister Continuing Care
- Other senior departmental officials as required

During a pandemic this committee will oversee any matters that relate to either the health response or business continuity and the delivery of services by the Department that are of an urgent or vital nature and that require immediate and high level decision making. The Pandemic Manager brings matters requiring urgent decisions or direction to the ADM of Health Services who in turn takes matters to DMC.

(d) Pandemic Advisory Committee

There will be a Pandemic Advisory Committee that will be chaired by the Deputy Minister of Health and Social Services whose primary purpose is to provide a forum for information sharing and updates, issue identification and discussion and that can provide recommendations to the Deputy Minister on any matters affecting the Health response to the pandemic. The membership of the Advisory Committee will consist of:

-
- Deputy Minister of Health and Social Services (chair)
 - Assistant Deputy Minister of Health Services
 - Assistant Deputy Minister of Social Services
 - Assistant Deputy Minister of Continuing Care
 - Director of Communications
 - Pandemic Manager
 - Executive Assistant to the Deputy Minister

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- Chief Medical Officer of Health
 - Assembly of First Nations Yukon Region Chief
 - Council for Yukon First Nations
 - Yukon Medical Association
 - Whitehorse General Hospital
 - Yukon government Emergency Measures Organization
-

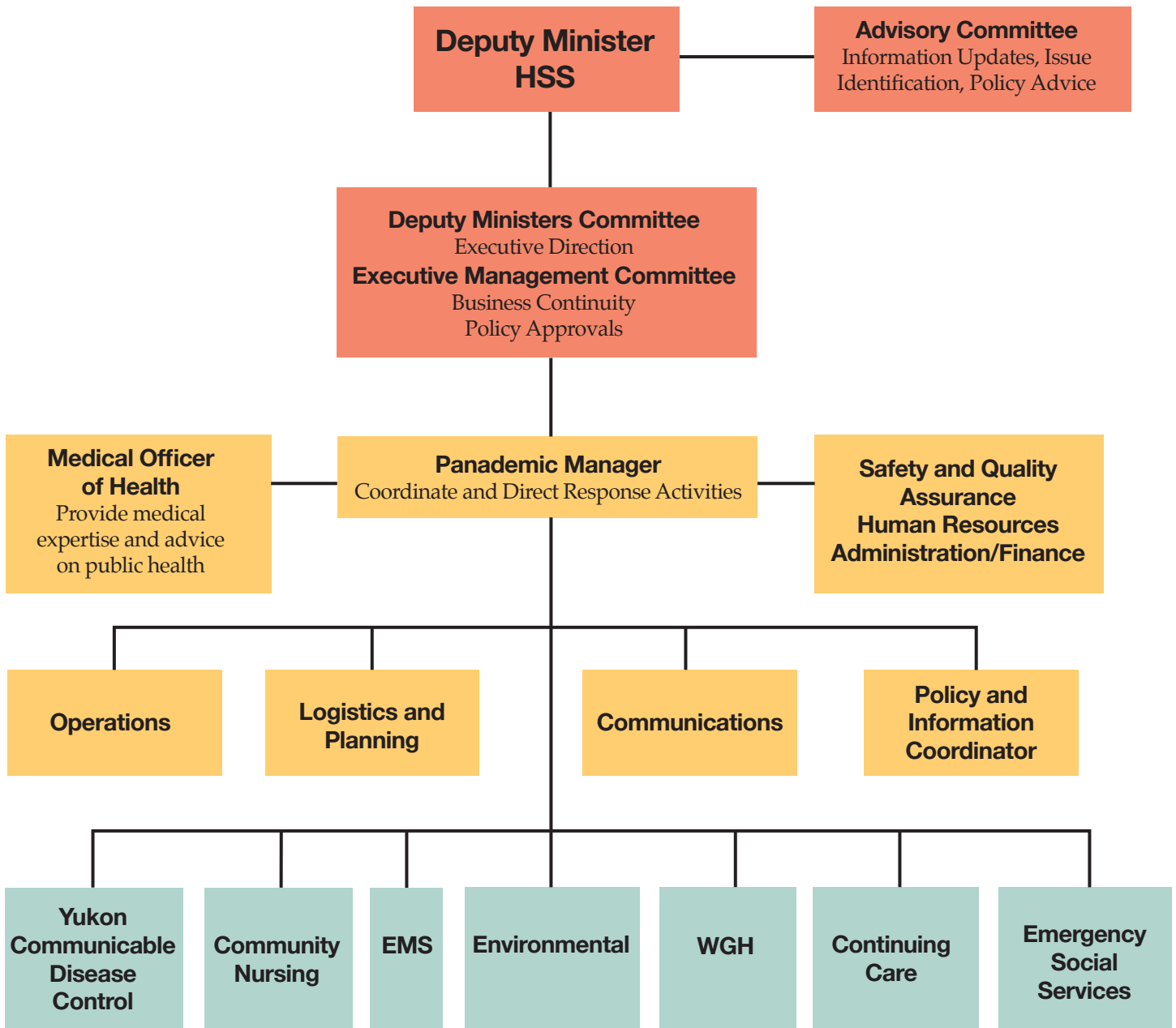
The Pandemic Advisory Committee will meet biweekly or has otherwise called by the Deputy Minister of Health and Social Services may invite other representatives to attend as needed based on specific issues raised for discussion.

Ad Hoc Issue and Task Groups

Any of the above management groups may form work and issue groups with specific time-limited responsibilities for conducting policy research and development, addressing specific issues or challenges, conducting community tours, addressing simultaneous emergency events etc. These groups will be formed by staff with the requisite skills from across the Department and may include non-government participants. Requests for staff representation to any of these groups will go through the relevant Branch Director.

Figure II represents the organizational structure for the Health Response

**Health and Social Services
Panademic Management Structure**



3.2 Yukon government Emergency Management

The Emergency Measures Organization (EMO) within Community Services is responsible for the coordination of Yukon government Pandemic Response. The Yukon government Pandemic Coordination Plan (YGPCP) provides the framework for the coordination of activities that address the Public Health response, Government Continuity and Community Continuity.

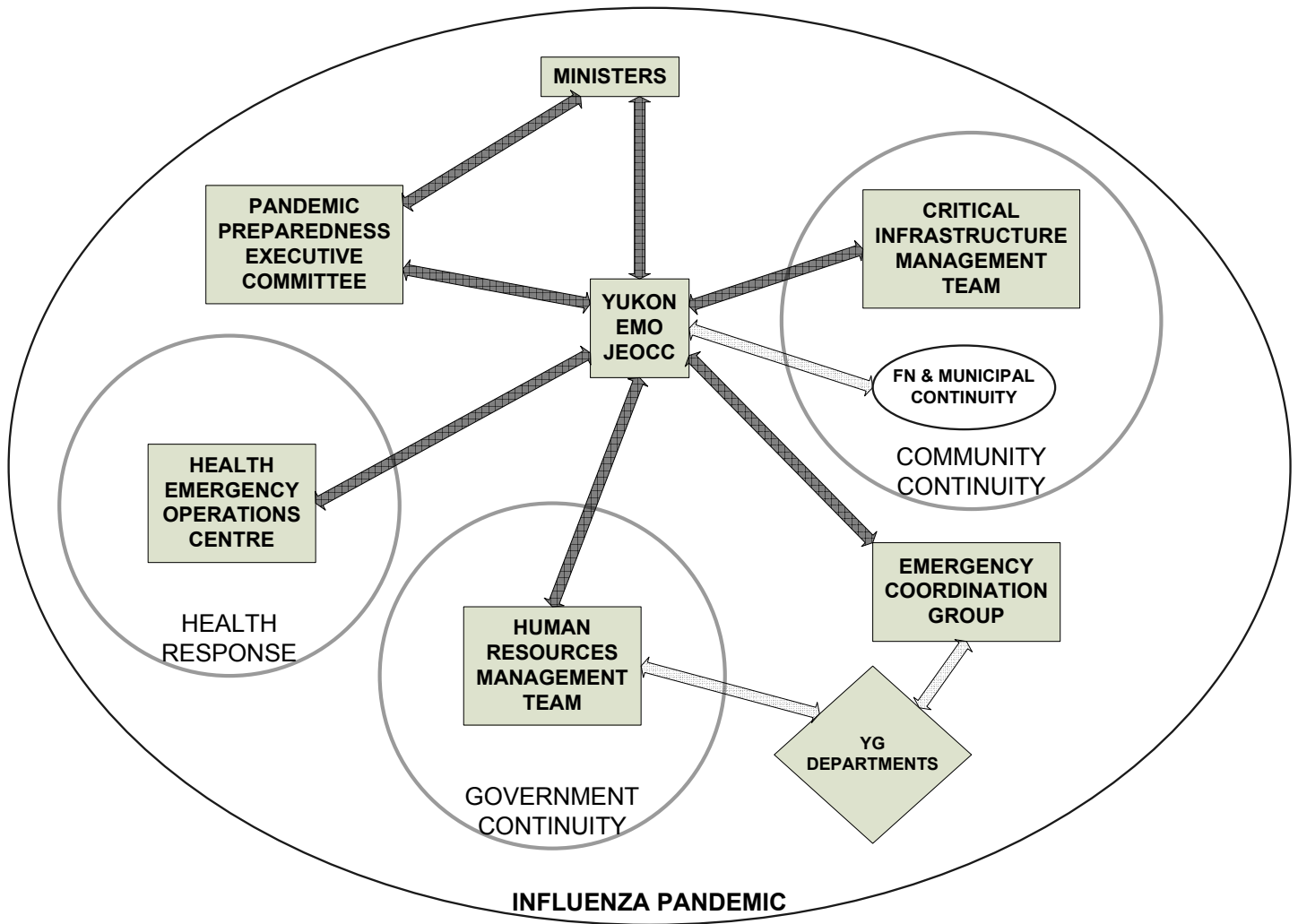
Under the YGPCP, the following government Departments have been identified as lead agencies:

- Health and Social Services for the health response;
- Public Service Commission for the Human Resource aspects of Yukon government continuity response;
- Highways and Public Works for the community continuity response.

To facilitate emergency preparation, coordination and management, each Yukon government department has representation on the Emergency Coordination Group (ECG). Health and Social Services representatives on the ECG include both the Emergency Social Services Director and the Health Operations Coordinator. In addition, the Department's Director of Communications and Social Marketing sits on the pandemic communications subcommittee.

The Yukon government has established an Executive Committee to provide policy guidance in support of the health response, Yukon government continuity and community continuity responses. The Deputy Minister of Health and Social Services sits on the Executive Committee and will assign senior executives to attend on his behalf as needed. Health and Social Services is also represented on the Human Resource Management Team by the Departments Director of Human Resources and on the Critical Infrastructure Management Team by Environmental Health Services and Emergency Social Services.

Figure III provides an overview of the emergency operations structure for Yukon government Pandemic Coordination Plan.



3.4 Health Alerts

(a) International Health Alerts

The World Health Organization’s (WHO) pandemic influenza plan describes six specific alert phases for identifying the spread or potential spread of a novel virus. The Public Health Agency of Canada regularly monitors WHO activities and is responsible for alerting Provinces and Territories through well established and routine communication channels of any significant global events.

(b) National Health Alerts

The Public Health agency of Canada (PHAC) is responsible for national surveillance of influenza. When there is evidence of a novel influenza strain PHAC will immediately inform the Yukon’s Chief Medical Health Officer, the Pandemic Manager and /or the Emergency Measures Duty officer of Yukon EMO.

(c) Yukon Health Alerts

A standard set of Health Alert Levels is in place in Yukon to ensure all health care providers and emergency management organizations are aware of the threat level that an imminent or actual emergency health event may pose to Yukoners. The format is consistent with alert definitions used by the Canadian Network of Public Health Intelligence (CNPHI).

Figure IV Yukon Alert Levels & Management Strategies

Health Alert Level and Level of Response Definitions	
Level 1	<p>Confirmed incident anywhere in the world but no categorical epidemiological information. Requires awareness and an attempt to acquire more information as soon as possible.</p> <ul style="list-style-type: none">• Incident is manageable by the staff and resources currently in the affected service delivery area. No requirement for extra staff or resources.• Notification of Senior Management and Emergency Health Operations Team
Level 2	<p>Confirmed case in Yukon. Incident may overwhelm the resources within an affected service delivery area, but can still be handled by the staff and resources within or available to Health and Social Services.</p> <ul style="list-style-type: none">• A coordinated response is required across the Health sector• Partial activation of the Health Emergency Operations Centre (HEOC) on an as needed basis• Enhanced surveillance and implementation of Communication response strategies
Level 3	<p>Incident overwhelms or has the potential to overwhelm resources of the Department and Health sector.</p> <ul style="list-style-type: none">• Situation requires the coordination of staff, resources and information throughout the local and national health sector and may require assistance from outside the health sector;• Situation may require assistance from neighbouring jurisdictions through mutual aid agreements or other mechanisms to increase capacity;• Full activation of the HEOC;• Recommend the activation of the EMO Joint Emergency Operations Coordination Centre (JEOCC).

The notification process and health alert activation levels are organized to demonstrate a progressive movement from one level of response to another. It is the responsibility of the Pandemic Manager to activate the Health Emergency Operations Team after being notified of the potential or imminent threat of a pandemic.

3.6 Activation of the Health Emergency Operations Center

During health emergency events it may become necessary to centralize management and business functions in one central physical location that is equipped with workstations, communication and meeting facilities. This involves the partial or full activation of a Health Emergency Operations Centre (HEOC).

When a probable or imminent threat of a novel strain of Influenza A or pandemic is identified anywhere in Canada a decision to activate the Health Emergency Operations Centre will be made by the Pandemic Manager based on the level of threat and according to the following model:

Figure 3.4.2 Health Emergency Operations Centre Activation

Health Alert Level and HEOC Activation	
Level 1	Activation of the HEOC is not required and incident is managed within normal arrangements and structures using the Health Emergency Operations Team (HEOT);
Level 2	The HEOC is partially activated by the Pandemic Manager: <ul style="list-style-type: none">• as needed;• when needed;• Pandemic Management Team structure is partially or fully implemented;
Level 3	The HEOC is fully activated by the Pandemic Manger: <ul style="list-style-type: none">• at a minimum operates during regular business hours;• fully staffed by the Pandemic Management Team• Staffing requirements may be expanded or contracted based on the demands of the event;• Hours of operations may be expanded or contracted depending on the demands of the event;

Whenever the HEOC is partially or fully activated the Pandemic Manager will establish a business cycle to ensure the coordination of information, activities and communications among the various health sector partners. The business cycle will include:

- the monitoring and participation in national conference calls;
- regularly scheduled meetings of the Pandemic Management Team, the Health Emergency Operations Team, the Pandemic Advisory Committee and any work or issue groups that may be formed to complement the routine operations of the HEOC;
- regular briefings of various management teams;
- other regularly occurring events and communications with other organizations such as EMO.

4

SECTION 4: HEALTH RESPONSE

This section provides an outline of the Department's health response to the pandemic. The Department of Health and Social Services has overall responsibility for the planning of health services in the territory, and is an important provider of public and primary health care services in Whitehorse and rural Yukon. The Department's response both supports and complements the roles and responsibilities of other health sector partners, including Whitehorse General Hospital, physicians, pharmacists, Kwanlin Dun Health Centre, and First Nations health workers throughout the territory.

The health response outlined below is based on international, national and territorial understanding of pandemic planning, the best available evidence of the nature of H1N1 virus, and expert consensus on effective responses to H1N1.

The health response addresses

- 4.1 Prevention of illness
- 4.2 Surveillance and Reporting
- 4.3 Assessment and treatment of individuals with influenza and influenza-like illness
- 4.4 Hospital Settings and Residential Care Facilities
- 4.5 Legislation
- 4.6 Health Human Resources
- 4.7 Supplies and Transportation
- 4.8 Support to First Nations

4.1 Prevention of illness

Immunization and an informed public practising good hygiene are the two most important means of preventing the occurrence and spread of illness.

The Community Nursing Branch of Health and Social Services manages all aspects of Yukon Vaccine Program including procurement of vaccine products, quality assurance, and the planning and delivery of routine and mass immunization programs throughout the territory. The Kwanlin Dun Health Centre and Whitehorse General Hospital are important partners. The Whitehorse General Hospital is the depot for all pharmaceuticals, including vaccines, and ensures the safe care, custody and distribution of vaccines to all health sector partners who participate in immunization activities.

The Department's Communication and Social Marketing Unit develops, in consultation with public health officials, mass media campaigns and self-care tools to support Yukoners in protecting themselves and their families.

(a) Mass Immunization

The goal of mass immunization is to administer a specific vaccine to the greatest proportion of individuals as quickly as possible while ensuring that the established standards of vaccine administration are followed. The pandemic influenza vaccine (pH1N1) is recommended for all individuals who are at risk for complications from influenza illness. In Canada, the pH1N1 vaccine is available for any person who needs and wants it, and for whom there are no contraindications.

- Mass immunization clinics will be held in all Yukon communities and a robust advertising campaign using multiple tactics is employed to advertise locations and times of clinics in all Yukon communities.
- In addition to offering vaccine at the community health centres, off-site locations are also used to reach as many people as possible. Off-site locations must be able to support the existing safety and documentation standards required by the program.
- Nurses must meet established immunization competence standards before administering any vaccine. These standards include product familiarity, cold chain protocols, administration techniques and documentation.
- An electronic database is used to record the product given, including the lot number. The use of the electronic documentation provides the necessary tools for monitoring the vaccine program, tracking immunization rates, and conducting trace back procedures in the event that there are concerns with the quality, safety or efficacy of a specific vaccine product or lot number.
- Because pH1N1 is a new influenza vaccine, there will be enhanced surveillance for adverse reactions, particularly during the first two weeks following the start of mass immunization.
- Adverse reactions to the pH1N1 vaccine will be reported to the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS) which has been established to ensure the continued safety of vaccines on the Canadian market. This surveillance system gathers the information necessary to monitor adverse reactions and to identify adverse events that may require more in-depth investigation.

(b) Supporting good hygiene practices and respiratory etiquette

Individuals can take steps to reduce their risk of contracting and spreading influenza and influenza-like illness through frequent hand-washing, respiratory etiquette, and cleaning and disinfecting common surfaces in the home which harbour illness-causing viruses and bacteria. A range of educational tools and promotional activities is available to ensure these messages reach as broad an audience as possible. See the Health and Social Services website to obtain these materials at www.hss.gov.yk.ca/.

5.2 Surveillance and Reporting

Surveillance (monitoring) of influenza illness is an important component of the pandemic response. There are territorial, national and international systems in place to monitor the spread of illness, the severity of the illnesses, the characteristics of people who are most at risk of complications, and any adverse reactions to vaccine and anti-viral medication.

Yukon adopts and supports Canada's surveillance objectives which are to monitor:

- the geographical spread of virus
- trends of disease occurrence as it rises and falls within each province and territory
- the intensity, severity and impact of the pandemic (i.e., clinical cases, hospitalizations, and deaths; severe clinical syndromes and their associated risk groups, and demands on the health system); and
- changes in the antigenicity and antiviral sensitivity of the virus.

(a) Surveillance activities in Yukon

Effective surveillance methods are critical to the management of any communicable disease event, including pandemic influenza. Responsibility for surveillance activities in Yukon rests with Yukon Communicable Disease Control, the Communicable Disease Officer, and the Chief Medical Officer of Health. Systems for identifying and reporting on influenza activity in Yukon are in place. The Communicable Disease Officer and the Chief Medical Officer of Health receive and analyze reports of influenza and influenza-like illness on a daily basis from multiple sources and gather additional information as may be needed to understand and refine pandemic response plans on a continual basis.

- Guidelines for assessment and treatment of influenza which are distributed to all primary care providers include reporting requirements. Health care providers are asked to report on severe cases (for example, hospitalizations, occurrence of severe respiratory illness) and on clusters of illness.
- Guidelines for reporting illness have been prepared and distributed for use by Whitehorse General Hospital, closed facilities (e.g., Whitehorse Correctional Centre, Young Offender Facility) and continuing care facilities (e.g., Copper Ridge Place) so that suspected outbreaks are investigated as soon as possible.
- Toolkits prepared for schools and daycares include guidelines on reporting.
- Protocols are in place to collect and analyze specimens to confirm the strain of influenza. Specimens are sent to BC Centre for Disease Control for analysis. Reports of laboratory confirmed influenza are returned to Yukon Communicable Disease Control and to the referring health care provider.
- Laboratory confirmation of all suspected cases is required early in the pandemic to confirm the presence and type of influenza (e.g., H1N1); once there was national consensus among public health officials that individual testing was no longer required, Yukon testing guidelines were revised taking into account such factors as extent and severity of illness, laboratory capacity, and other factors.
- The Yukon contributes to the national surveillance program called FluWatch. This program lies with the Public Health Agency of Canada (PHAC); and PHAC, in turn, contributes to the surveillance activities undertaken by the World Health Organization.

- Systems are in place for the regular reporting on influenza activity to health sector partners and to the Yukon public through regular reports to the media and through reports posted on the Department's website, www.hss.gov.yk.ca/

Indicators of influenza illness which are monitored on a regular basis in Yukon include

- Laboratory-confirmed cases of influenza and other respiratory illnesses
- Number of patients presenting with influenza-like illness at a sample of physician offices and community health centres throughout the territory
- Number of individuals seen at the Emergency Department at Whitehorse General Hospital who present with influenza-like illness and the number of hospital admissions for influenza-like illness and lab confirmed influenza.
- Outbreaks of influenza-like illness in closed facilities (such as Copper Ridge Place)
- Absenteeism attributable to influenza-like illnesses in schools and daycares
- Calls to Yukon HealthLine, 811
- Adverse reactions to the H1N1 vaccine and to antiviral medications

(b) Surveillance activities in Canada

Yukon contributes to FluWatch, a national surveillance program that monitors and reports on the incidence of influenza and influenza-like illness in every province and territory. The system used by FluWatch has been adopted by Yukon for the purposes of reporting influenza-like illness to Yukoners. FluWatch reports are posted every Friday and contain specific information on flu viruses circulating in Canada: <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>, including Yukon. A link to this website is found on the Department's website.

Yukon can also use and contribute to the Canadian Network of Public Health Intelligence (CNPHI) which is a web-based alerting system managed by PHAC. This system allows for the rapid (i.e., real-time) communication with public health officials in all Canadian jurisdictions.

5.3 Assessment and treatment of individuals with influenza and influenza-like illness

In Yukon, universal primary health care services are provided by a range of health care providers in a variety of settings throughout Yukon including physician offices, community health centres, Whitehorse General Hospital, and Watson Lake Hospital. Practitioners and health facilities provide or support non-urgent ambulatory care, acute hospital care, and emergency care.

Emergency Medical Services (provided by the Department of Community Services) provide ground and air transportation and on route care to patients who require transfer from a rural community to Whitehorse General Hospital. When the required care is beyond the services available in Whitehorse, a dedicated air medivac system transfers the patient to advanced hospital care settings in British Columbia and Alberta.

In addition, Yukoners have 24/7 access to the toll-free Yukon HealthLine 811 which provides health care information, including information on self-care measures for symptom relief and way-finding. Self-care is also supported by *Yukon Health Guide* which has been distributed widely throughout Yukon and access to the on-line BC Health Guide at www.healthlinkbc.ca.

These services are available to ensure that Yukoners affected by influenza and influenza-like illness receive the best possible advice and treatment. During a pandemic, most individuals who become ill with influenza will not require assessment or treatment by a primary health care provider. Wherever possible and appropriate, individuals with influenza illness are diverted from seeking care directly from local health care facilities so that these facilities can continue to provide necessary trauma care, obstetrical care, and other acute care services. Similarly wherever possible patients who are ill with influenza will be cared for in their home community.

At the same time, the extent and severity of influenza illness may be such that care facilities become overwhelmed, and additional measures are required to increase capacity for the duration of the pandemic.

During the pandemic, the Department will support the triaging and appropriate care of individuals with influenza and influenza-like illness in a number of ways.

- A public education campaign and a variety of information tools will be used to encourage self-care and support the care of unwell family members and friends, and to advise Yukoners when and where to seek medical care. Current materials are posted on the Department's website at www.hss.gov.yk.ca/;
- Clinical assessment and treatment guidelines developed by the Public Health Agency of Canada are adapted by the Chief Medical Officer of Health for use in Yukon and distributed to primary health care providers.
- Professional development and educational activities are provided to primary health care providers by the Chief Medical Officer of Health, the Communicable Disease Officer, and others in person or via videoconferencing.
- A flu assessment clinic will be established in Whitehorse to alleviate the pressure on physician clinics and the Emergency Department of Whitehorse General Hospital.
- Depending on the extent and severity of illness, the establishment of alternate care sites may be required. The Yukon has a mobile emergency hospital with 200 beds which can be set up within 24 hours to provide additional capacity. While the decision to set up an alternate care site rests with the Department of Health and Social Services, consultation with Whitehorse General Hospital, physicians, and others will inform the decision.

(a) Antiviral Stockpile for Treatment

Antivirals are used to treat individuals with moderate to severe illness within 24-48 hours of symptom onset to reduce the severity and duration of uncomplicated influenza. Two antivirals are recommended for the early treatment of influenza and influenza-like illness: oseltamivir (Tamiflu®) and zanamivir (Relenza®) inhalation.

The Public Health Agency of Canada (PHAC) manages the National Emergency Stockpile System (NESS) which includes the National Antiviral Stockpile (NAS).

The Department of Health and Social Services is the custodian of the NAS antivirals in Yukon and as custodian, is responsible for the procurement, storage, inventory management and distribution of antiviral medications. Appropriate, effective management of the stockpile is essential in order to ensure antiviral treatment is available for the duration of the pandemic.

- The antiviral medications are strategically pre-positioned to ensure easy access to antivirals for early treatment throughout Yukon.
- Obtaining antivirals requires an assessment by a primary health care provider (physicians and primary care nurses in rural communities) and compliance with the public health surveillance directives and treatment protocols developed and distributed by the Chief Medical Officer of Health.
- Individuals, who require antiviral treatment is indicated, will be able to obtain a prescription from their family physician and have that prescription filled by their pharmacy of choice in Whitehorse.
- Pharmacists have been provided with guidelines and information sessions on guidelines for antiviral treatment.
- In the rural communities, the Primary Health Care Nurses (expanded role nurses) are given the authority to initiate antiviral treatment.
- A process is in place to monitor and audit antiviral usage.
- Health care professionals are encouraged to report adverse reactions to antiviral medication to the Canada Vigilance Program of Health Canada which is responsible for the collection and assessment of adverse reaction reports.

5.4 Hospital Settings and Residential Care Settings

Acute care settings, long term care and closed environment settings have isolation protocols to cohort their clients to reduce the spread of disease. This means that those who are ill with similar disease presentations are managed in an area separate from those who are well. Whitehorse General Hospital, Continuing Care (Copper Ridge Place, Macaulay Lodge, MacDonald Lodge), Watson Lake Hospital and groups homes have protocols.

Visitor restriction protocols are implemented during increased respiratory disease activity within the facilities and within the community. This process is intended to protect those patients/residents who are receiving care in the environments described above.

5.5 Legislation

The *Public Health and Safety Act* and regulations provide the legislative framework to prevent and respond to risks to public health, including risks associated with communicable diseases such as pandemic influenza.

A review of the *Public Health and Safety Act* and regulations in preparation for the pandemic identified changes which would enable the Chief Medical Officer of Health to direct and manage actual and potential risks to public health more quickly and more effectively. Amendments to the Act were introduced in the fall 2009 sitting of the legislature which:

- Facilitate the exchange of information so that threats to public health can be identified sooner and responded to more quickly.
- Increase surge capacity by enabling out of territory health professionals to come to our assistance if an emergency overwhelms the capacity of Yukon's health care system.
- Allow urgently needed supplies and medication to be directed to Yukoners most in need.
- Provide liability protection to professionals and volunteers working under the direction of the Chief Medical Officer of Health.
- Amendments to the Act and Regulations passed through Cabinet and the Legislature and became law on November 3, 2009.

5.6 Public Health Measures and Self Care

As noted above, self-care is an important component of an overall response to the pandemic. External communications to the public and internal communications to the employees of the Department will contain common messages to maintain personal, family and workplace health during the presence of influenza to the greatest extent possible.

Examples of healthy self care strategies include keeping immunization status current including being vaccinated for both pH1N1 and seasonal flu, using respiratory etiquette and good hand washing techniques, staying home when ill and avoidance of large group gatherings during the peak periods of influenza activity.

During an outbreak, public service announcements and other communication channels will provide guidance to the public for self-care strategies and both recommended and required public health measures needed to manage an outbreak.

(a) Social Distancing

Social distancing is a term to describe methods to limit the gathering of large numbers of people in confined areas such as schools, arenas, churches or movie theatres in an effort to reduce the transmission of illness.

Since it is not always possible to identify ill individuals in the early stages of influenza before they have self-isolated, members of the public may be encouraged to reduce the number of people that they come into contact with during the time when the pandemic influenza is present in the community by reducing their attendance at large gatherings or their participation in events which place them in contact with large numbers of people.

Current thinking is that except under unusual circumstances, schools and daycares should remain open. Closures may be ordered by the Chief Medical Officer of Health under special circumstances for short periods of time in order to limit the transmission of disease.

In some circumstances, teleconferences or videoconferences can replace face-to-face meetings to reduce close personal contact situations during times of increased influenza activity.

(b) Quarantine

Quarantine is a process of limiting the movement of healthy individuals, who have been exposed to a communicable disease for a period of time to prevent contact with others who have not yet been exposed to the communicable disease.

It is unlikely that quarantine methods will be effective in stopping the spread of pandemic influenza. However, if in the opinion of a Quarantine Officer or the Chief Medical Officer of Health, a person or a group of people pose a risk of infection which would be reduced by quarantine, an order to this effect can be made.

(c) Isolation

Isolation is a method of segregating persons in community living accommodations (e.g., continuing care facilities, correctional centres) who are infectious in order to prevent or reduce the spread of illness to others. Early identification of the infection is key for reducing the spread of illness throughout a facility.

Isolation protocols, plus diligent personal hygiene and housekeeping methods, will assist in the management of closed care facility environment, office settings and other public venues.

5.7 Health Human Resources

Health care workers, like all Yukoners, are at risk of becoming ill with influenza or influenza-like illness. In addition, front-line workers including nurses, physicians, first responders, and support staff, are susceptible to becoming ill due to their proximity or exposure to ill patients and clients. The pandemic may challenge the ability of the Department to maintain health services to the public.

The management and the staff of the Department, as Yukon government employees, are guided and supported by the policies and advice provided by the Public Service Commission who has considered the impact of the pandemic on Yukon government as a whole.

In addition, as an employer of health care providers, the Department is responsible for providing staff with the information, training, and equipment needed to provide high quality services and protect themselves from workplace risks while caring for those who are ill with influenza or influenza-like illness. In turn, employees are responsible for complying with standards of practice in the

management of patients affected by pandemic influenza including practicing good infection control, and wearing appropriate personal protective equipment.

- Personal protective gear in the form of gloves, gowns, goggles, and masks have been purchased in sufficient quantities, and options for re-supply have been identified.
- Work duties have been assessed to determine what type of mask (N95 or surgical) is needed to reduce the risk of exposure.
- Individuals have received training to fit test employees who require N95 masks, and fit testing sessions have been held with those employees.

Business continuity plans within each branch activate protocols on managing absenteeism due to staff illness while continuing to provide essential health care services and maintaining the health and safety status of the workforce.

Business continuity planning has identified positions which are vital to ensuring the care and treatment of individuals ill with influenza illness, maintenance of the public health system, and the management of the health response as well as individuals who are to be deployed and redeployed in the event of critical staff shortages.

Each program branch within Health and Social Services will be required to monitor their own program delivery activities, and adjust program services as required. A number of strategies will be used to maintain critical clinical and support staffing levels.

- Absences attributable to influenza illness (employee illness, care of dependent family members) will be reported on a daily basis to Human Resources, and used to plan for continuous, sustained service delivery and inform decisions regarding reduction in service levels.
- A staff person has been identified to act as a liaison between the Pandemic Management Team and Human Resources.
- Nurses who are recently retired or not currently employed in nursing positions but can be registered to practice have been identified.
- Services and programs are prioritized, and essential competencies identified.
- A redeployment plan will be developed to deploy staff from non-critical or non-vital programs to provide support services such as meal service, personal care, site cleaning and other support services as needed.
- Contingency plans have been developed to address reduced hours or closure of health centres in rural Yukon due to staff illness.
- All residential care facilities will review individual case management plans and notify family and friends who may be able to supplement the level of care during periods of workforce degradation.
- Return to work procedures for employees who have been absent due to influenza-like illness are in place in residential facilities and home care services.
- A psychosocial plan is in place to support staff who may be at risk due to overtime, higher than expected deaths among patients/clients, and other stressful events.

5.8 Supplies and Transportation

From a business continuity perspective, the ability to maintain secure sources of food, fuel and water may affect the ability of the health care system to provide care to the public. This falls outside the realm of the health response plan, but is integral to the business continuity planning of all health and social services programs.

Most of the medical supply vendors operate on “just in time” (JIT) ordering systems. This inventory management system ensures rotation of stock to prevent over-ordering and outdated of product. When supply lines are interrupted or stock is in short supply, on site inventory of critical supplies may be compromised. Yukon has a limited medical stockpile system for the necessary items that would be required to assist in the medical management of patients affected by the pandemic influenza.

A variety of supplies are required to respond to any communicable disease emergency, including pandemic influenza. These supplies are categorized and briefly outlined as follows:

Biological

Vaccines

Pharmaceutical

Antibiotics

Antivirals

Medical/Surgical Supplies

Masks, gowns, gloves

Goggles, face shields

Specimen collection

Syringes, needles, swabs,

IV tubing, IV fluids

Patient Care Supplies

Oxygen, masks & tubing

Respirators/oxygen concentrators

Infection control and containment items

Disinfectants

Isolation suit including PAPR

Specimen transportation containers

Body bags or shrouds

The Department of Health and Social Services has protocols in place to:

- restrict access to storage areas,
- monitor inventory of supplies,
- monitor distribution of drugs and supplies
- track transportation of clinical specimens from collection point to laboratory

All program delivery areas have been increasing their reserves of critical and essential supplies in order to meet their client and patient care obligations and the provision of personal protective equipment for staff who are providing care. In the event that local suppliers are unable to meet our needs and our stocks become depleted, the National Emergency Stockpile System (NESS) will be accessed.

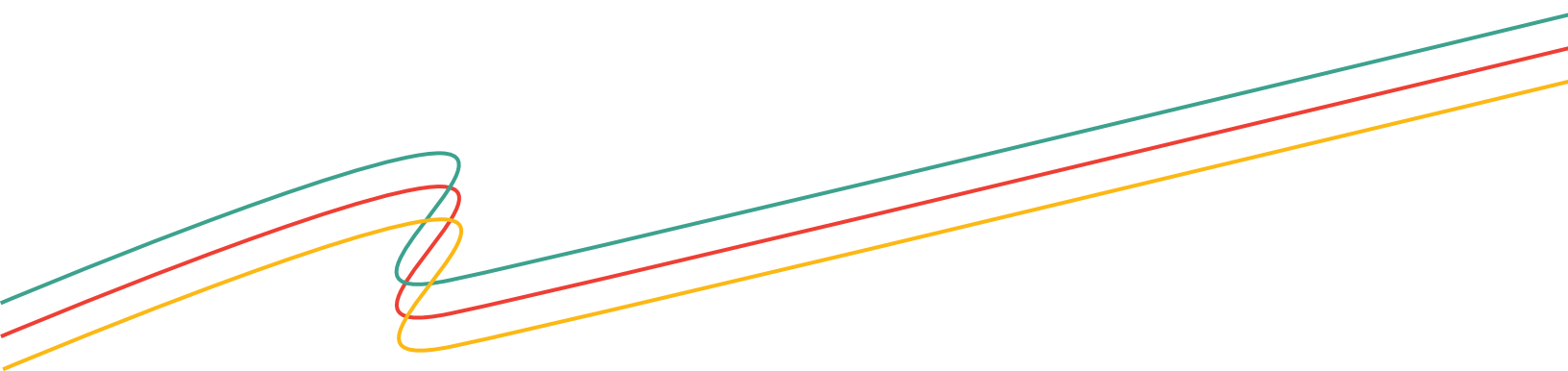
5.9 Support to First Nations

While Yukon Health and Social Services is responsible for the management of the health response to pandemic influenza for all Yukon citizens, the role of Yukon First Nations governments and their health care providers is significant in supporting the Department's health response.

Yukon First Nation governments employ health workers in their Health and Social Departments to provide supportive home-based health services to elders, mothers and babies, and individuals with chronic conditions, among others. In providing these services, First Nations health workers may be exposed to individuals or families who are ill with influenza.

To support First Nations health workers in adopting public health best practices for the management of influenza and in maintaining safe working environments, Health and Social Services has provided personal protective equipment and training for those health care workers who require it in the course of their work.

A community tour was conducted to provide information to First Nation governments, Municipal governments and the public to inform them on the H1N1 virus, the health response, the importance of community-based planning and self-care practices to protect themselves, their families and their workplaces.



5

SECTION 5: COMMUNICATIONS

The preparation of the communication strategies begins during the pre-pandemic period. These strategies lay the foundation to support messaging during a health event. They are intensified during the pandemic response period. Consistent messaging is overseen by the Chief Medical Officer of Health, Communications Director, Communicable Disease Officer and the Pandemic Manager. (See Table 5.0)

Lines of internal and external communication already exist and normal operational communication links remain in place to ensure that personnel receive direction, through the existing chain of command. Critical information is delivered to the designated recipients in a timely and effective manner.

Standard messaging to personnel will be relatively generic until the characteristics of the novel disease are identified. Messaging will include information about prevention and health promotion activities, management of sick leave and other operational protocols and policies, health and safety concerns regarding clinical care of patients, the correct use of Personal Protective Equipment (PPE), and guideline adaptations as required.

Existing communication channels will be augmented with new channels as required, to ensure efficient, inclusive communication within the department, within the health sector, within Yukon government, the federal, provincial and territorial governments, and the public.

Once the pandemic influenza is present in Canada, specific clinical guidance and reporting criteria will be distributed to all care providers to keep them informed. The CMOH is the recognized authority for communicating public health information to staff and to the public.

a) Key messages

- key messages are those approved by;
- the Chief Medical Officer of Health and cover a broad spectrum of topics, such as:
- infection control principles, hand washing techniques, respiratory etiquette, clinical treatment methods.
- self care recommendations - immunization, making a personal preparedness plan for self and family, staying home when ill.

b) Methods of Communication

- Traditional and non-traditional communications tactics will be used to disseminate health alerts and information that is approved by the CMOH and CDO. Communication includes distribution to all primary care providers and health care facilities

- Health alerts through the CNPHI are categorized as green – non critical, yellow- important, and red- action required. Duplicating this system of categorizing health alerts for Yukon health care providers is beneficial
- All Yukon communities are connected by the Telehealth videoconferencing system
- Critical clinical directions or case management discussions during the event can be facilitated with teleconference or Telehealth video conferencing technology
- Routine operational and media briefings will be scheduled to provide status updates to staff and to the public

5.1 Public Communication

Currently, the public receives their health information from a variety of sources today from the Internet, printed material and one-to-one interaction with a health care provider. Working with Communications, the Chief Medical Officer of Health is critically involved in the dissemination of information regarding pandemic influenza events so as to maintain confidence in government.

Media announcements will reflect the current status of pandemic influenza within Yukon, and Canada, with advice for personal health care protection. As the incidence of pandemic influenza increases, the public will be kept informed about service disruptions, locations of immunization clinics, alternate treatment sites and so on.

Public communication will also involve working with the media, establishing regular briefing schedules to keep the media and thus the public well informed.

5.2 Professional Communication

The role of regulated medical health practitioners and their registering bodies are key to supporting a coordinated and consistent approach to the over all pandemic influenza response in Yukon. The Chief Medical Officer of Health will guide the processes for informing physicians.

5.3 Health and Social Services Operational Briefings

The routine lines of communication will apply, from the frontline health care provider to the Deputy Minister.

During the day to day management of influenza illness in Canada and in Yukon, briefings will be scheduled at pre-determined times to ensure an orderly and coordinated response and to provide pertinent and timely information to primary health care providers, health care partners, the media and the public.

These briefings will occur at various levels of program delivery and will require coordination to ensure that all levels of authority are included and informed. Integral to this is clarifying the role that each level of response plays in managing the response.

5.4. Interdepartmental/Intergovernmental Communication

As is the usual process during any emergency event, status reports will be provided to the Emergency Measures Organization and Emergency Coordination Group during pre-scheduled briefing times.

This is also the venue for identification of issues that may be affecting other government departments.

Intergovernmental communication includes municipal governments, First Nation leadership and our territorial, provincial and international neighbours (Alaska).

5.6 Communications Products

All current communications products are posted on the Health and Social Services website and can be found at: www.hss.gov.yk.ca/

These products include:

- H1N1 specific information
- Information for Schools
- Information for employers and employees
- Information for sports teams
- Questions and Answers
- Fact Sheets
- Informative websites
- News releases

Table 5.0 Communications Strategy – Phase Specific

PHASE	MESSAGES AND STRATEGIES	RESPONSIBILITY
<p>Interpandemic Phase 1</p> <ul style="list-style-type: none"> • No new subtypes in humans • Subtypes that have caused human illness may be present in animals, but human risk low 	<p>Promote annual influenza immunization campaign</p> <p>Promote education and awareness campaigns that support regular campaigns.</p> <p>Strategies:</p> <ul style="list-style-type: none"> • Press conference to launch campaign; include external stakeholders • Paid ads in community newspapers with dates and locations of public clinics • Radio, bus, theatre, billboards • H&SS Website: Eligibility groups; scheduled clinics, FAQs 	<p>Communications Director</p> <p>YCDC</p> <p>Employee Engagement</p>

PHASE	MESSAGES AND STRATEGIES	RESPONSIBILITY
	<ul style="list-style-type: none"> • Articles in staff newsletter; prepared articles for inclusion in other newsletters • Social media, Web 2.0 • Letters, policy binder and promotional materials to all residential care facilities • Letters to all physicians • Intranet: Staff immunization policy • Information in pay program and benefit envelopes • Posters, incentives, oral and Braille materials for persons with disabilities and on-site champions within facilities & programs <p>Key Message: Building capacity for a pandemic</p>	
<p>Phase 2 No new subtypes in humans Circulating animal subtype poses substantial human risk</p>	<p>Advise physicians and other stakeholders; promote preparedness Strategies: Promote H&SS Pandemic Plan and post on website Encourage stakeholder pandemic planning</p> <p>Key Message: No human cases, we are preparing</p>	<p>YCDC and CMOH Communications Director Pandemic Manager ESS EMO</p>
<p>PANDEMIC ALERT</p>		
<p>Phase 3</p> <ul style="list-style-type: none"> • Human infections with new subtype • No spread or rare spread to close contacts 	<p>Promote annual influenza immunization campaign; Provide regular updates to physicians and key stakeholders</p> <p><i>Strategies:</i></p> <ul style="list-style-type: none"> • Information on H&SS Website • Press Conferences and Media engagement 	<p>YCDC and CMOH Communications Director Pandemic Manager</p>

6

SECTION 6: EMERGENCY SOCIAL SERVICES

Emergency Social Services (ESS) is an integral part of the health sector's coordinated pandemic influenza response. While many of the traditional Emergency Social Service responses may not be applicable in a pandemic event, trained ESS staff and their expertise are a resource that can support various aspects of the health response and help prepare and mitigate impacts of a pandemic on individuals and their families.

6.1 Role During Pandemic

Traditionally Emergency Social Services addresses the basic non-medical survival needs of individuals and their families impacted by an emergency event through services that include: Emergency Feeding; Emergency Lodging; Emergency Clothing; Personal Services; Registration and Inquiry, Reception Centre Management and Special Care Facilities. During a Pandemic event the role of ESS will focus on:

Personal Services:

- providing a range of psychosocial services that mitigate the impact of the pandemic on the psychosocial aspects of the lives of individuals, families and workers;

Non-traditional care sites:

- support in the provision of non-medical services at non-traditional care sites that may be opened as part of the health response including mass vaccine clinics, flu assessment centres, flu care centres etc.

Vulnerable Populations:

- support for vulnerable populations in meeting basic needs in the event that normal community social services and programs are unable to continue to operate or are overwhelmed.

Emergency Feeding:

- mobilizing emergency food services if basic infrastructure such as transportation are impacted to the extent that food supplies reach critical shortages and threaten people's ability to provide for themselves.

Emergency Social Services personnel will also support the efforts of the emergency health response team to promote personal preparedness plans, self care and the use of universal precautions in mitigating the effects of influenza.

During a pandemic the ESS Director forms part of the Health Emergency Operations Team (HEOT) and will mobilize ESS resources in support of the health response based on operational needs. The ESS Director will also appoint Coordinators as needed to represent ESS in various forums. For

example, ESS will be represented on Yukon government Critical Infrastructure Management Team and on the Emergency Coordination Group.

6.2 Personal Services : Psychosocial Response

Psychosocial services are the primary role of ESS during a pandemic event. People impacted by a pandemic may experience various levels of stress and have to adjust to changes in their lives. The resulting psychological, social and economic disruptions affect the well-being of individuals, families and the community as a whole. Psychosocial Services offers timely and appropriate information and services to help people better understand, express, and manage the psychosocial effects of illness and death and its consequences and facilitate their recovery.

The primary goal of Psychosocial Services is resiliency where resiliency is the ability to recover or to adjust to threats, challenges or change. Psychosocial Services supports the capacity of the public and emergency workers to continue their work and lives by strengthening social systems and by helping individuals to be as effective and as productive as they can be during all phases of the pandemic and post pandemic period.

(a) Psychosocial Response Services:

The psychosocial response provides information and services to the public and to emergency workers aimed at empowering individuals to know what they can do and where they can go to:

- Regain a sense of control
- Diminish psychological arousal
- Manage stress
- Improve adaptive coping strategies

Psychosocial Services are activated when the psychological and social demands of the pandemic exceed the availability of services and the capacity of people affected by the pandemic to cope (public and workers). The ESS Director, in consultation with the Health Emergency Operations Team (HEOT), mobilizes Psychosocial Services through the Coordinator of Personal Services, and the Supervisor of Psychosocial Services who is the Clinical Manager of Mental Health Services.

After determining the levels of services to be provided, the Supervisor of Psychosocial Services contacts, briefs, mobilizes and supervises pre-approved psychosocial responders with the requisite skills to deliver one or more of three levels of psychosocial response as needed including:

- Psychological First Aid
- Critical Incident Stress Management/ Proactive Trauma Management
- Disaster mental health

Health and Social Services co-ordinates with partner agencies to identify, monitor, track and respond to psychosocial needs. Psychosocial responders and expertise are available through a network of government and non-government professionals and organizations including the Critical Incident

Stress Management Coordinating Committee which includes: community professionals with specialized training in Psychological First Aid and Critical Incident Stress Management such as counsellors, psychologists or social workers employed by organizations or in private practice, and lay counsellors such as spiritual care providers and non-professionals.

Psychosocial Services also works collaboratively with other care providers including the Whitehorse General Hospital Pastoral Care Team, Many Rivers Counselling and Support Services, Employee Assistance Programs, and Human Resources regarding the delivery of psychosocial services in the workplace.

(b) Worker Care:

Psychosocial support is available as needed in a variety of forms including; outreach; dissemination of information (pamphlets, information sheets); information exchanges with workers, supervisors, and teams; on-site Critical Incident Stress Management (CISM); spiritual care; triage and treatment; guidance and support for workers with multiple exposure to influenza cases and deaths and for persons with unusual or disturbing disease symptoms; and support for families. When needed, comprehensive, workplace resiliency programs will be developed for select workgroups, such as: health workers; personnel supporting workers; or workers who are self-isolating or quarantined.

(c) Communication:

Communication builds resilience. Timely, effective, and two-way communications on psychosocial concerns and issues will empower the public and workers. This means maintaining a curiosity and inquiry about people's fears and concerns. This will be done, when appropriate, by completing the communication loop during information exchanges, surveys, interviews, feedback at exit interviews or demobilizations, and community input.

(d) Resource Materials:

Critical resources and tools for response continue to be updated and developed, such as lists of responders and planning assessment tool. Psychosocial resources continue to be developed and will be made available in the form of pamphlets, information sheets, Psychosocial First Aid curriculum, and Psychological First Aid training.

(e) Psychosocial Leadership:

Psychosocial leadership ensures that psychosocial expertise is made available throughout the emergency system in support of any of the management and operational activities. Psychosocial personnel are available to provide any emergency management team with on-going psychosocial planning assessments including recommendations for meeting the psychosocial needs wherever they arise in the community or in emergency response system.

Psychosocial planning assessments will be based on the following:

- assessing the key psychosocial factors affecting survivors, emergency and health workers, and the public, with specific attention given to sub-groups such as the frail elderly, caregivers and occupational-groups;
- identifying and anticipating shifting needs such as changes in dominant stressors and effects on specific populations;
- assessing emerging capabilities and vulnerabilities of specific sub-populations, including psychosocial care providers;
- addressing the required, appropriate levels of psychosocial care (Psychosocial First Aider, Psychosocial Responder with specialty areas of expertise such as seniors, children and youth, medical social work, financial, counselling, spiritual, or disaster mental health expertise);
- assessing the ongoing effectiveness and relevance of psychosocial support plans and specific interventions, and identifying and addressing gaps in planning and service delivery during and after emergencies.

(f) Standards of Psychosocial Services:

Standards and competencies of Psychosocial Services during the pandemic response will be based on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and on the Psychosocial Services Competencies adapted from, Cox, R.S. 2009

There are 11 interventions within a flexible and adaptable pandemic psychosocial response that available at any given time:

1. General Systemic Preparedness
2. Psychological First Aid
3. Workforce Resiliency
4. Critical Incident Stress Management
5. Crisis Intervention
6. Community and Family Outreach
7. Mental Health Triage
8. Spiritual Care
9. Death Notification, Bereavement and Grief Support
10. Disaster Psychosocial Organizational Consulting, Coordination, Program Development and Evaluation
11. Disaster Psychosocial Education and Training