

## **Chapter 16: Health Sector Planning and Preparedness**

### **Continuity of Operations Planning**

*Continuity of Operations* planning, sometimes referred to as Business Continuity Planning (BCP) in the private sector, involves closely examining the key facets of an organization and developing strategies to ensure the continued operation of priority program areas and services during an emergency. Strategies for continuity of operations include a range of planning and assessment activities. The goal of continuity of operations planning is to ensure that an agency is able to maintain, at a minimum, its critical program areas and key deliverables for the duration of an emergency.

A continuity of operations program is a component of an emergency management program that ensures an organization will be able to provide critical functions and services during an emergency. Continuity of operations planning uses a risk management approach to ensure critical functions and services, by identifying and assessing the following:

- Threats and hazards, and the risk and probability of occurrence;
- The impact and consequence of emergencies and other critical incidents; and
- The criticality of program areas and services.

Continuity of operations is an ongoing process that takes organizational changes into consideration. It must be supported by senior management to ensure the planning process is properly resourced. Continuity of operations planning for a pandemic is transferable and will assist organizations in planning and preparing for any other emergency.

For some health sector organizations, the emergency management program will largely focus on the development of a continuity of operations plan, whereas other health sector organizations, that respond directly to incidents in the community, will need their emergency management program to include both emergency response (external operations) and continuity of operations planning (internal functioning). For example, some long term care homes will focus their attention on the development of a continuity of operations plan, as they will not respond to an incident in the community. In other words, a continuity of operations plan focuses on internal operations, whereas emergency management plans focus on a response in the community. In the case of a pandemic, a continuity of operations plan includes the location and amount of stockpiled equipment and resources, how equipment is to be deployed; and identifies the key skills and competencies needed for staff to respond to a pandemic emergency.

This section will provide basic information to assist the health sector in developing and maintaining a continuity of operations program. Specifically, this section will address the following components of continuity of operations:

- Equipment and supplies;

- Human resource planning;
- Volunteers; and
- Occupational health and safety.

Additional information on continuity of operations planning for the health sector may be found at [www.peelpandemic.ca](http://www.peelpandemic.ca).

Peel Health recommends that all health sector stakeholders engage in continuity of operations planning.

## **Equipment and Supplies**

Health sector organizations will require large quantities of equipment and supplies to provide care and to protect health care workers during an influenza pandemic. It is anticipated that supplies, equipment, and medications will be in high demand, and that breakdowns in the supply chain may occur due to a lack of raw materials, personnel or border closures. Health sector organizations must take pro-active steps to ensure that they will have adequate stock to meet the needs of patients and to protect health care workers.

In 2006, the Ministry of Health and Long Term Care (MOHLTC) developed a pandemic procurement strategy that includes building a stockpile of personnel protective equipment (PPE), developing a system for purchasing, storing, and distributing supplies, and a process to manage perishable supplies. At present, MOHLTC is focusing on the procurement of infection control and mass vaccination supplies.

The objective of the MOHLTC strategy is to:

- Have all health care settings and organizations maintain a four-week stockpile of equipment and supplies for use during a pandemic;
- Develop a provincial stockpile to supplement setting and organization stockpiles and provide a source for supplies and equipment when setting stockpiles are depleted or if agencies experience supply-chain failures; and
- Develop an effective system for procuring, storing, and distributing equipment and supplies.

The MOHLTC recommends that all health care settings and providers plan for, and maintain, a four-week stockpile of PPE and other critical supplies. This will provide local organizations with surge capacity, and ensure that they are able to maintain critical operations across the first wave of the pandemic. If depleted, local organizations will be able to access the provincial stockpiles until regular supply chains can be re-established.

According to Peel Health surveys, health care organizations in Peel are in the process of creating the required four-week local stockpiles. To assist small clinical settings, the MOHLTC has already provided emergency infection control kits to physician offices and midwives across the province. These contain a two week supply of basic infection control supplies for the ambulatory care setting.

### *Planning for Generic Supplies*

MOHLTC has developed preliminary templates to assist agencies in estimating their generic equipment and supply stockpile requirements. Preliminary templates will assist agencies in identifying stockpile needs for PPE, diagnostic equipment, and supplies for direct patient care supplies (see Chapter 10A of the Ontario Health Pandemic Influenza Plan). Separate templates are provided for hospitals, community care, and EMS. The formula for estimating stockpile requirements is based on a 35% pandemic attack rate or a 35% surge capacity requirement.

Preliminary templates include:

- Generic equipment and supplies across health sectors that are likely to be in short supply (or unavailable) due to high demand; and
- PPE equipment, based on Provincial Infectious Diseases Advisory Committee recommendations for infection control.

### *Planning for Specialized Equipment*

MOHLTC has identified that some sectors will require specific, or specialized, equipment and supplies. For example, public health laboratories have identified requirements for nucleic acid extractors, liquid handlers, real-time thermocyclers, and reagents and disposables. It is recommended that agencies use the same formula (noted above for generic equipment) to calculate stockpile requirements for specialized equipment. Please note that these lists are not inclusive; for example, medications and antibiotics are not addressed.

## **Workforce and Human Resources**

As estimated by MOHLTC and the Canadian Pandemic Influenza Plan, as many as 20-25% of health sector workers may be absent from the workforce (either due to illness or care-giving responsibilities at home) at the peak of the pandemic (in the absence of vaccine or antivirals). MOHLTC notes in the Ontario Health Pandemic Influenza Plan that the health system will be “hard pressed to maintain its workforce” when the demand for care will be greatest.<sup>22</sup>

MOHLTC recommends that the health sector utilize a competency-based approach to human resource planning, and urges all parts of the health care system to work together to plan a coordinated and comprehensive approach to optimize the workforce during a pandemic. The Peel Health Leaders Forum has begun to address issues, including human resources, which affect various parts of the health care system.

---

<sup>22</sup> Ministry of Health and Long-Term. (2006). *Ontario Health Plan for an Influenza Pandemic 2006*. Retrieved November 29, 2006, from [http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_plan.html](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)

More detailed information on human resource planning for the health sector, including assessment and planning tools, is provided in Chapter 8 of the OHPIP.

### ***Competency-based Approach***

Competencies are defined as the skills, knowledge, and judgment required for the delivery of a particular service. A competency-based approach identifies the competencies required to delivery a particular service, and the competencies available, during an emergency. The objective of this approach is to increase care capacity for a large number of patients by making strategic use of the competencies available in a particular agency or setting. With this approach, planners consider the competencies rather than the profession required to meet the needs of the patients. This allows for more staffing options as based on skills, rather than staying with position title or job description. Planners would use the information collected on the competencies required and available, to redeploy staff to critical areas.

Competency-based planning involves a range of data collection activities. This includes developing data on provider requirements and provider supply. Sample tools are found in Chapter 8A of OHPIP, and include information on population size, attack rates and key planning assumptions, the number of workers available within a particular agency or setting, the competencies of the workers, and the level of production.

### **Volunteers**

Volunteers play an essential role in emergency response by filling in service gaps. MOHLTC recommends that when planners identify a gap between competencies required and those available from existing staff members, organizations should look beyond the traditional workforce and utilize qualified volunteers.

MOHLTC recommends that health care organizations:

- Engage and integrate local volunteer organizations early in the planning process (before an emergency occurs);
- Develop effective working relationships and partnerships with local volunteer agencies rather than national organizations; and
- Develop effective communication among volunteer groups, governments, local communities, and other stakeholders to enhance planning capabilities.

### ***Volunteer Management***

Volunteers are expected to play an important role in the pandemic response. Effective use of volunteers requires advance planning, which includes the following steps:

- Identification of appropriate roles for volunteers;
- Development of volunteer job descriptions;

- Strategy for volunteer recruitment and screening (to include interviews, police check, reference check, testing, and other screening tools, as appropriate); and
- Strategy to train key skills and maintain volunteer involvement in the organization.

To assist planners, MOHLTC provides more detailed guidance and tools in applications form templates in Chapters 8 and 8A of the OHPIP.

## **Occupational Health and Safety**

In Chapter 7 of the OHPIP, MOHLTC identifies that, in Ontario, both workers and employers share the responsibility for occupational health and safety. Chapter 7 of the OHPIP also identifies the purpose of the *Occupational Health and Safety Act* (OHSA), and states that several provisions of the act are designed to foster the internal responsibility system, including the requirement for employers to have a health and safety policy and program.

Under the OHSA, the Joint Health and Safety committees or, in smaller workplaces, the Health and Safety representative, play a key role in monitoring the internal responsibility system. This Act identifies the basic rules of operation for Joint Health and Safety Committees and Health and Safety representatives, and these committees should be involved in pandemic planning and in the pandemic response.

### ***Safety Officer in the Incident Management System***

The Incident Management System (IMS) also provides for a Safety Officer (SO). Ideally, this position should be filled by the organization's Health and Safety representative. As mentioned in Chapter 6, each health organization should utilize the IMS to coordinate emergency response operations.

The Safety Officer is a member of the Command Section, and is responsible for ensuring the safety and well-being of all personnel, including volunteers, involved in emergency operations. The SO is responsible for monitoring and assessing hazardous and unsafe conditions and developing measures for ensuring personnel safety. The SO will correct unsafe acts or conditions through the regular line of authority, although the SO may exercise emergency authority to stop or prevent unsafe acts when immediate action is required. The SO maintains an awareness of active and developing situations, including the development of safety messages for all staff members and volunteers.

Typical activities of the SO include:

- Identifying hazardous situations associated with the incident or emergency operations;
- Identifying PPE requirements and ensuring that PPE is both accessible to, and appropriately used by, staff;
- Conducting site visits and identify potentially unsafe situations;

- Participating in planning meetings;
- Providing safety messaging for all staff members and volunteers;
- Exercising emergency authority to stop and prevent unsafe acts; and
- Investigating accidents that have occurred within the incident area or a part of emergency operations.

### **Next Steps**

All health sector organizations are to:

- Assess and identify supply needs and stockpile requirements to ensure continuity of operations during a pandemic;
- Engage in human resource planning, as based on pandemic key assumptions;
- Develop a volunteer strategy to augment human resource planning, to ensure continued operation during a pandemic; and
- Develop guidelines to ensure health and safety during pandemic emergencies.