



Pandemic Influenza Plan

Municipality of Northern Bruce Peninsula

Schedule C to By-law 2016-21

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BACKGROUND

Generally, pandemic flu will arise every eleven (11) to forty-four (44) years and it's been thirty-seven (37) years since the last outbreak. The three in the past century include the Spanish (1918), Asian (1957) and Hong Kong (1968). The truth is we have no idea when a pandemic may occur. Pandemic Flu is infection of many people with an influenza virus on an inter-continental basis. Infection may result in serious illness. Since there is little natural immunity in humans, the disease can spread easily from person to person. Currently, there is no Pandemic flu (also known as influenza), however experts, including the World Health Organization (WHO) and Health Canada agree we are overdue for the next Influenza Pandemic.

Pandemic flu occurs every few decades, can occur at any time of the year, and because it is a new virus, most people will have little or no immunity to infection. Vaccines will not be available in advance. The seasonal flu occurs every year, usually in winter months, and annual vaccines and antiviral drugs are readily available.

International health experts are predicting that another pandemic influenza will occur although the timing and pattern of the pandemic is unpredictable. When it does, the impact could be extensive, with millions in Ontario anticipated to be infected and possibly thousands succumbing to the disease. Clearly, it is important for our Municipality to prepare for this possibility.

Work has occurred at the federal level that has resulted in the development of a contingency plan, which reflects the role of the federal government in a pandemic influenza response. Similarly, at the provincial level, the Ministry of Health and Long-Term Care has undertaken a planning process in collaboration with various stakeholders for an Ontario response to a pandemic influenza. The Municipality completed a pandemic influenza plan in 2009 and continues to update this plan accordingly.

Avian influenza is a type of viral infection that occurs naturally among wild birds and is spread through secretions and droppings.

The H5N1 virus is a particular strain of avian influenza which is deadly to most domestic fowl and can be transmitted from birds to humans. There is a chance that the virus can mutate or change, allowing a new virus to form. This virus might spread easily from person to person, resulting in a pandemic influenza, to which humans have little or no immunity.

H1N1 Influenza is a severe respiratory disease of pigs caused by type A influenza viruses. Normally, this type of influenza is limited to pigs; however, cases of H1N1 viruses have been reported in humans and can spread from person-to-person. More than 168 countries have reported cases of H1N1 infection and there are ongoing community level outbreaks of H1N1 influenza in multiple parts of the world. Cases have also been reported in Mexico, the United States, and Canada. Most cases of the human

H1N1 flu cases in Canada and the U.S. have been mild, and people recover fully at home without the need for medical care.

Here is what you should know about an Influenza Pandemic

Ordinary Flu	Influenza Pandemic
Seasonal flu happens every year.	An influenza pandemic happens only two or three times a century.
Seasonal flu is usually around from November to April – and then stops.	An influenza pandemic usually comes in two or even three waves several months apart. Each wave lasts about two months.
About 10% of Ontarians get ordinary seasonal flu each year.	About 35% of Ontarians may get the influenza over the course of the full outbreak.
Most people who get seasonal flu will get sick, but they usually recover within a couple of weeks.	About half of the people who get influenza during a pandemic will become ill. Most will recover, but it may take a long time. And some people will die.
Seasonal flu is hardest on people who don't have a strong immune system: the very young, the very old, and people with certain chronic illnesses.	People of any age may become seriously ill with influenza during a pandemic. This depends on the virus.
In a normal flu season, up to 2,000 Ontarians die of complications from the flu, such as pneumonia.	During an influenza pandemic, Ontario would see many more people infected and possibly many more deaths.
There are annual flu shots that will protect people from seasonal flu.	There is no existing vaccine for an influenza pandemic. It will take four to six months after the pandemic starts to develop a vaccine.
There are drugs that people can take to treat seasonal flu.	These same drugs may also help people but we will not know their full effectiveness until the virus is identified.

INTRODUCTION

The goal of the Municipality of Northern Bruce Peninsula Pandemic Influenza Plan is to provide a series of guidelines that can be utilized in order to minimize service disruptions to the residents while maintaining an environment that is safe for our employees, residents, businesses, and the environment.

The Municipality of Northern Bruce Peninsula works very closely with the Grey-Bruce Medical Officer of Health as well as receiving information from Emergency Management Ontario. The Municipality also has access to information supplied by the Ministry of Health and Long-Term Care, Health Canada, and the World Health Organization (WHO). These agencies monitor the spread and severity of a pandemic influenza outbreak and advise precautionary measures to prevent the spread of disease and to assist the medical community with planning initiatives.

Once a situation has developed the Municipality will focus on monitoring and if necessary, call together key stakeholders to review the global, national, provincial, regional and municipal situation(s). If necessary this plan can be activated whole or in part without the declaration of an emergency.

If a pandemic emergency is declared, the Emergency Operations Control Group (EOCG) will be called together in whole or in part to discuss the implications to the municipality as well as determine what if any portion(s) of this plan need to be activated. The EOCG will work with the guidance of the Medical Officer of Health to determine and if necessary initiate precautionary or control measures.

As the event continues the EOCG will determine if there needs to be any changes to items such as service levels and staffing. In the event of a severe pandemic influenza outbreak the Municipality of Northern Bruce Peninsula may have to limit certain provided. Staff members who are able to report to work may be assigned other work to assist with other municipal services as required.

A careful evaluation of hazards, including the potential for increased exposure to the influenza, will be conducted on behalf of staff that is reassigned. Appropriate health and safety controls and/or personal protective equipment may be provided, if necessary.

The plan will assist and facilitate appropriate planning and response for all Municipality of Northern Bruce Peninsula departments by:

- 1) Developing a Municipal plan that will clearly identify roles, responsibilities, and protective measures;
- 2) Developing a plan that is flexible, to account for the uncertain numbers of loss of staff and resources;
- 3) Recommending planning considerations for appropriate prevention and care during a pandemic influenza;

- 4) Recommending planning considerations for appropriate communications and preventive measures to minimize service disruptions.

The goal of this plan will only be realized through the coordinated efforts of all Municipality of Northern Bruce Peninsula departments. It should be noted that in the case of a Pandemic Influenza outbreak, the Grey-Bruce Health Unit Medical Officer of Health will be the authority and source of advice and information regarding disinfection, personal protective equipment, and other health related issues.

During the phases of the pandemic influenza, Municipality of Northern Bruce Peninsula will be required to provide appropriate materials and protective devices, and employees are required to use the equipment, materials and/or protective devices, as defined by the Occupational Health and Safety Act.

Evaluation and Testing of the Pandemic Influenza Plan

This plan and related activities will be reviewed annually and tested periodically through table-top or other exercises.

Plan Maintenance

It is the responsibility of the Community Emergency Management Coordinator (CEMC) to review and amend the Plan on an annual or as required basis.

DECLARATION OF AN EMERGENCY AND ACTIVATION OF THE PANDEMIC INFLUENZA PLAN

Authority and Declaration

The Emergency Management and Civil Protection Act states:

“The head of council of a municipality may declare that an emergency exists in the municipality or in any part thereof and may take such action and make such orders as he or she considers necessary and are not contrary to law to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area. R.S.O. 1990, c.E.9, s.4 (1).”

For further information regarding the process to declare an emergency refer to the Municipality of Northern Bruce Peninsula Emergency Plan.

Grey-Bruce Medical Officer of Health or alternate may activate this plan.
The Premier of Ontario may declare that a Provincial Pandemic Emergency exists.

See Figure 1 - Activation and Communication Structure During A Pandemic Emergency.

The Health Protection and Promotion Act (HPPA)

The Health Protection and Promotion Act R.S.O. 1990, c.H.7 provides legislative authority for the Public Health Unit and the Medical Officer of Health (MOH) to respond in health emergencies. The Medical Officer of Health (MOH) or designate determines the actions needed to protect the community from a communicable disease as outlined in Chapter H.7.

Under Section 13, the MOH is granted the authority to require a person and or groups of persons to take or refrain from taking any action which is determined by the MOH or health inspector to be a health hazard.

In addition, the Medical Officer of Health has the authority to issue an order under Section 22 of the HPPA with respect to communicable disease if "he or she is of the opinion (upon reasonable and probable grounds) that a communicable disease exists or may exist, or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the Medical Officer of Health".

As stated in the Ontario Health Plan for an Influenza Pandemic, the local MOH can implement national or provincial recommendations regarding containment strategies. These can include but are not limited to cancellation of public gatherings and school closures. The local MOH can also implement national or provincial recommendations for the duration of isolation (e.g. 5 days, 10 days, etc). Influenza is a reportable and communicable disease as defined by the HPPA. Therefore, health professionals must report diagnoses of influenza meeting the case definition to the local Medical Officer of Health or designate.

The Quarantine Act, Bill C-12 chapter 20

An act introduced into law May 13, 2005 (Bill C012) to prevent the introduction and spread of communicable diseases in Canada.

The Occupational Health and Safety Act R.S.O. 1900, c.C.37

States that all employers have the duty to take all reasonable precautions to protect the health and safety of workers.

Activation

Only the Emergency Operations Control Group (EOCG) has the authority to request the activation of the Municipality of Northern Bruce Peninsula Emergency and/or Pandemic Influenza Plan(s). It is to be noted that the EOCG can be called together in whole or in part with or without the declaration of an emergency.

Activation Criteria

Upon notification of the Medical Officer of Health or designated members of the EOCG, the Pandemic Influenza Plan will be activated in whole or in part when:

- 1) An influenza pandemic is declared by the Premier for Ontario or the Ministry of Health and Long-Term Care.

OR

- 2) A local case(s) or outbreak of pandemic strain of influenza is confirmed.

OR

- 3) The Emergency Plan for the Municipality of Northern Bruce Peninsula is implemented as a result of pandemic influenza in the community.

OR

- 4) The World Health Organization has changed the Pandemic Phase. (In this case the members of the EOCG may wish to convene to discuss world, community and work place issues.)

The plan will be activated in a series of phases. These phases are dependent upon the spread of the virus and the severity of the symptoms. In order to remain consistent with World Health Organization (WHO), Health Canada, and Public Health, the phases identified by WHO will be utilized by the Municipality of Northern Bruce Peninsula, see Pandemic Phases.

Termination

The Mayor, or Deputy Mayor, may declare that an emergency has terminated. The Premier of Ontario may at any time declare that a provincial and/or municipal emergency is terminated.

The Head of Council, or designate, shall ensure that Emergency Management Ontario and members of Council are notified forthwith that the emergency has been terminated. Once terminated, the CAO will notify Municipal staff. The Community Emergency Management Coordinator will conduct an internal debriefing process for the EOCG.

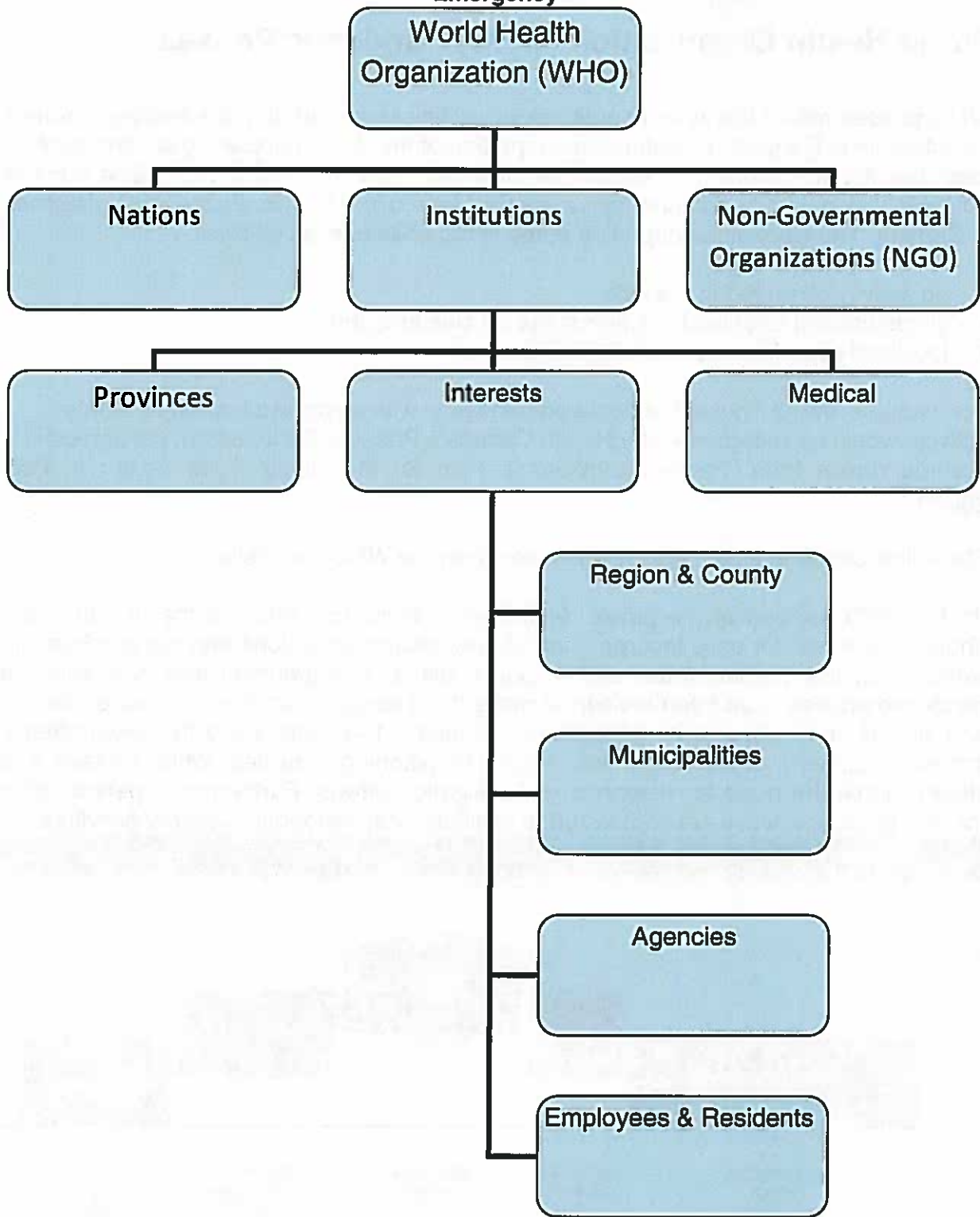
The debriefings should occur within a reasonable period after the termination of the emergency. A copy of the debriefing minutes will be forwarded to the CEMC.

The lessons learned and/or evaluation report (e.g. summarizing all the debriefings) will be prepared by the Community Emergency Management Coordinator.

Roles and Responsibilities in the Emergency Operations Centre

Unless otherwise directed by the Mayor, individuals who comprise the Emergency Operation Control Group (EOCG) will assume the roles and responsibilities as stated in the Municipality of Northern Bruce Peninsula's Emergency Plan. Refer to this document for an in-depth description of these duties.

**Figure 1 Activation and Communication Structure during a Pandemic
Emergency**



PANDEMIC PHASES

World Health Organization (WHO) Pandemic Phases

WHO phases reflect the international risk or activity level, but do not necessarily reflect the situation in Canada. Therefore an adaptation of the WHO numbering scheme has been developed nationally to reflect the Canadian situation. The WHO phase number will be followed by a period and then a number from 0 to 2 to indicate the level of activity in Canada. The Canadian adaptation of the WHO phases is as follows:

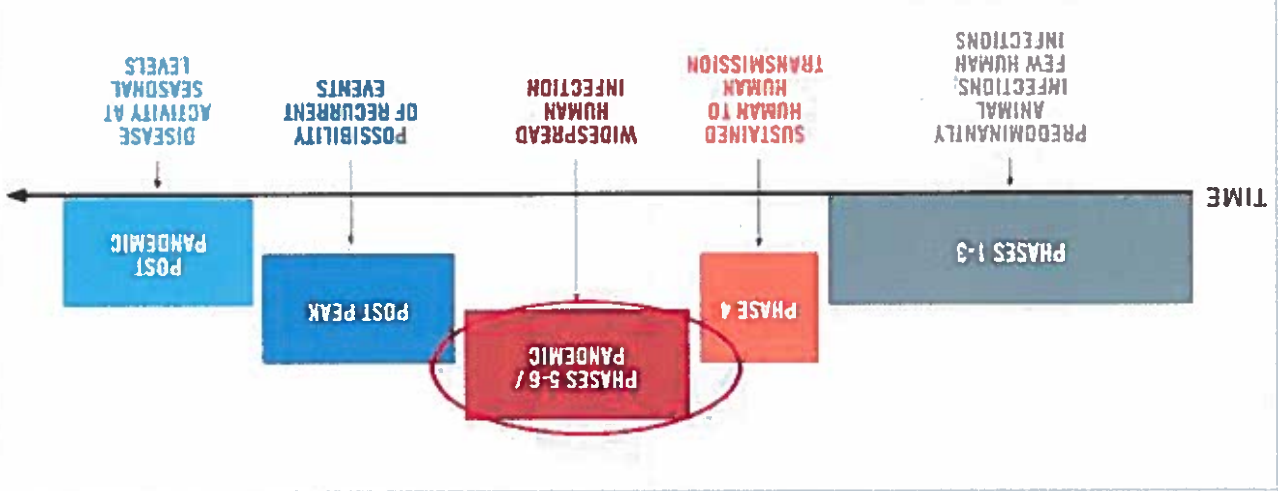
- 0 – no activity observed in Canada
- 1 – single case(s) observed in Canada but no clusters; and
- 2 – localized or wide spread activity in Canada

For example, WHO Phase 6, a declared pandemic with sustained human-to-human activity, would be represented by Health Canada's Phase 6.0 if it has not yet arrived in Canada (taken from "Pandemic Influenza Plan for the Health Care Sector in Peel 2007").

The follow charts and description was taken from the WHO's website.

"In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1-3 correlate with preparedness, including capacity development and response planning activities, while Phases 4-6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

PANDEMIC INFLUENZA PHASES



Communication Phases Chart

WHO Pandemic Influenza Phases (2009)	
Phase	Description
Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	Human-to-human spread of the virus in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus spreads from human-to-human in at least one other country in another WHO region.
Post peak period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Post pandemic period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might ideally develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal influenza reassortant virus (this is what makes some viruses particularly dangerous) has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza "A" virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly.

Pandemic Phases – Municipal's Actions

The actions the Municipality will take are based on the WHO's Pandemic Period descriptions. While Health Canada has also devised a numbering alert system, due to the rapid spread of information and world travel, employees and residents will be well aware of world situations, thus the Municipality will implement, if necessary, the following actions:

Phase 1-3

Establish communications between the County of Bruce Emergency Management Coordinator and Grey-Bruce Medical Officer of Health. Develop a Municipal plan and Departmental procedures and plans.

Potential Community Triggers:

- 1) A new animal virus has been reported by the Ontario Ministry of Agriculture, Food & Rural Affairs Animal Health and Welfare Branch and/or Health Canada.
- 2) Additional information on public health issues released by the Ministry of Health and Long Term Care.
- 3) Local hospitals reporting cases of animal to human transfer.
- 4) Notices from the Grey-Bruce Public Health on general information relating to the new strain.
- 5) Health related items in the media are to be observed.

Phase 4

Inform employees and the public that the Municipality has a plan and is prepared to provide service with minimal disruptions.

Determine communications protocols for businesses and residents in the event there may be changes to municipal services.

Ensure ongoing communications with the County of Bruce and the Grey-Bruce Health Unit for the latest updates.

Potential Community Triggers:

- 1) Local hospitals and Grey-Bruce Public Health report cluster cases within the community and/or Municipality.
- 2) Local schools report illness and absenteeism.

- 3) Notice a trend in employee absenteeism.
- 4) Decrease in use of Municipal services.
- 5) Increase in Emergency Services calls for respiratory distress and influenza-like illness.
- 6) Monitor Media reports for updates.

Phases 5 - 6

Emergency Operations Control Group will be alerted. This would be either a stand-by or full alert. Emergency Operations Centre may be open if necessary.

Emergency Operations Control Group would convene and have business cycle meetings on a time table as set by the CEMC.

Emergency Operations Control Group discussions and/or decisions would include (but are not limited to):

- 1) Implement vaccination program. (if available and on the recommendations of Public Health)
- 2) Initiate Municipal Contingency plans including employee segregation and/or work shifts (if necessary).
- 3) Initiate comprehensive communication strategy for residents, businesses, media, and employees.

- 4) Monitor staffing levels and adjust services as necessary by the CAO.
- 5) Initiate ongoing liaison protocols with the Emergency Management Office and Grey-Bruce Public Health.
- 6) Initiate hand sanitizer program (Municipality of Northern Bruce Peninsula facilities only) if directed by Grey-Bruce Public Health.
- 7) Initiate Personal Protective Equipment (PPE) if necessary or if directed by Grey-Bruce Public Health.

Potential Community Triggers:

- 1) Local hospitals and Grey-Bruce Public Health report large number of cases within the community.
- 2) Increase in the number of residents that are clinically ill.
- 3) Increase in the number of employees that are not reporting to work.
- 4) Decrease in use of Municipal services that result in service cancellations.
- 5) Travel advisories issued.
- 6) Overwhelming increase in Emergency Services calls for respiratory distress and influenza-like illness.
- 7) Increase demand for burial requirements.

Post Peak and Post Pandemic Period

- 1) Maintain communications with various partners, as required.
- 2) Maintain health messaging as required.
- 3) Prepare status report on all employees, supplies and equipment.
- 4) Evaluate effectiveness of all measures taken and adjust accordingly.

For information on the actions to be taken by the Provincial and Federal Governments for each WHO Pandemic Period refer to the "Ontario Health Pandemic Influenza Plan" Or "The Canadian Pandemic Influenza Plan for the Health Sector".

COMMUNICATIONS

Communication between the Grey-Bruce Health Unit and Municipality EOC

The Medical Officer of Health, or designate, is the official spokesperson for pandemic/ health emergencies. The need to provide immediate public safety directives, the need to provide general public information, and the requirement to provide specific information to targeted groups must all be addressed throughout the emergency. When the Pandemic Influenza Plan is activated the Emergency Information Officer, must work to establish and implement the necessary public communications to ensure the accurate and timely delivery of information related to the emergency.

The Emergency Information Officer (EIO) will establish the necessary communications system with the Mayor and CAO from the Municipality. The objective will be to ensure accurate and timely relay of consistent information.

MITIGATION MEASURES

Purchasing

Prearranged agreements for the purchasing, stockpiling and rotating of supplies are necessary to ensure PPE and disinfectants are readily available. The Emergency Operations Control Group and Municipal staff will ensure that they have current and adequate arrangements to ensure availability of supplies, during the pandemic.

The CEMC and Fire and Emergency Services will continually monitor their inventory levels with regards to PPE and disinfectants. This material is stored in the Lindsay Works shed and the Municipal office.

- 1) Being in close contact with groups of people
- 2) Using the washroom;
- 3) Eating, handling food or smoking;
- 4) Handling garbage;
- 5) Visiting with ill people;
- 6) Ensure front counters and eating areas are cleaned daily;
- 7) Blowing their nose, coughing or sneezing;
- 8) Hand sanitizers are to be used in areas where hand washing areas are not available.

Thorough and frequent hand washing is the most effective way to prevent infections from spreading. An aggressive program is required to encourage staff to wash their hands before and after any of the following:

Hand Hygiene

- 1) Number of new absences;
- 2) Due to illness;
- 3) Required to provide family support;
- 4) Number of employees returned to work and length of their absence.

Provide daily (unless otherwise directed) absence statistics to include:

Managers will be responsible for tracking and compiling the absentee data and report to the CAO on a daily basis unless otherwise directed.

Tracking of Absenteeism

- 1) Nitrile gloves
- 2) Appropriate Respiratory Protection
- 3) Antiseptic Wipes
- 4) Disinfectant (may include bleach)
- 5) Hand Sanitizers

General supplies required for a pandemic influenza may include the following:

Staff and Visitors to Municipal Properties

Upon direction of Public Health or EOCG, staff and visitors entering Municipal buildings will be required to disinfect their hands. Disinfection stations with a supply of hand sanitizers will be set up at the entrances to all municipal buildings.

Personal Protective Equipment (PPE) Program

Depending on the severity of the virus, recommendations from the Medical Officer of Health, and/or the EOCG may request, certain staff to wear personal protective equipment. This may include nitrile gloves and/or appropriate respiratory protection.

Compensation and Benefits

The CAO will establish any policy regarding any applicable compensation and benefit policies. At this time all Human Resources policies will be followed and may have to be reviewed before or at the time of pandemic influenza onset.

Departmental Contingency Plans

Each Municipal Department has prepared a pandemic, business continuity contingency plan. These plans have been distributed to the appropriate staff members.

Each department will forward a copy of their plan to the Emergency Management Coordinator. It is the responsibility of the manager to ensure that their staff is made aware of their plan and associated procedures.

Service Planning and Adjustments

In the event of flu pandemic in the Municipality of Northern Bruce Peninsula is expected that there will be a loss in workforce across the municipality. The goal is to maintain as much service as practical with minimum inconvenience to residents and businesses. Due to the uncertainty of the workforce resources, it will not likely be possible for all services to be fully scheduled and staffed.

RECOVERY PHASE

The recovery phase starts when the Influenza Pandemic is declared over. This may not take place until all the recurring pandemic influenza wave(s) have passed. It is important to evaluate the Pandemic Influenza Plan in preparation for the next influenza pandemic wave, to return services and infrastructure to normal levels as quickly as possible, and to address long term health and psycho-social needs of the community. Activities will include the following:

- a) Standing down EOC and media information centre.
- b) Preparing a statement for media release.
- c) Evaluating staffing levels, determine area of shortages.
- d) Arranging a debriefing session with key stakeholders from the Municipality.
- e) Assessing remaining and restocking PPE inventories to normal levels.
- f) Evaluating the effectiveness of the Municipality of Northern Bruce Peninsula Pandemic Influenza. Plans will be revised if necessary.

SUMMARY

As the threat of a pandemic influenza outbreak grows, governments, agencies and businesses around the world are preparing for this potential health emergency. This plan has been updated on the basis of a plan that will allow for a timely, coordinated, efficient response in the event of a pandemic influenza outbreak in the Municipality of Northern Bruce Peninsula.

Amendments

Amendments to the Plan require formal Council approval. Formal Council approval is not required for the following:

1. Changes or revisions to the appendices;
2. Or for minor editorial changes such as editorial changes to the text including age numbering, section numbering, reference changes or changes to references to provincial statutes.

This Pandemic Influenza Plan will be made available, upon request, in an accessible manner.