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Your file *Votre référence*

Our file *Notre référence*

December 7, 2010

To: Health Directors, NICs, Nurse Managers, CHRs

Hello all,

It is so nice to touch base with you again. We would like to inform you that \$1800 has been transferred via contribution agreement to your community to assist your community to conduct a pandemic H1N1 response evaluation. The deliverables for this funding are:

1. Participate in a pandemic H1N1 response evaluation to produce a draft revision of your pandemic plan this fiscal year. To assist your community further, a template has been enclosed which your community can use as a guidance document. You can use it as is, or modify it to suit your needs.
2. Your community will forward me a copy of the completed template or a summary report of the outcomes of the pandemic H1N1 response evaluation by **January 31, 2011**. Once I receive your information, I will compile four geographic specific (northern remote Ontario, north-western Ontario, north-eastern Ontario and southern Ontario) summary reports identifying strengths, gaps and needs.

The purpose of this undertaking is to:

1. Assist your community to identify the strengths, gaps and needs in your current pandemic plan in order to revise your plan.
2. Make realistic recommendations for the revision of Chapter 20 or Ontario Health Plan for Influenza Pandemic.
3. Make realistic revisions for the FNIH Ontario Region Pandemic Plan.
4. Make realistic revisions for our other planning partner's pandemic plans.

For further information please do not hesitate to contact me at:

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I am looking forward to touching base with you in December.

Thank you.

Sincerely,

Surabhi Patel
Health Emergency Coordinator
FNIH

H1N1 PANDEMIC RESPONSE EVALUATION FOR FIRST NATIONS COMMUNITIES

Community Name: _____

Recorder's name: _____

Date of workshop: _____

I. Communication and Coordination

There were several modalities used to share H1N1 information with the communities:

- First Nations Pandemic Website hosted by KNET (www.pandemic.knet.ca)
- FNIH H1N1 Toll Free Hotline
- Regional updates from FNIH for healthcare providers
- Regular Regional – Zone teleconferences for community leadership (i.e. chiefs and health directors)
- Regular Zone-Community teleconferences; and
- Communication sent to Chiefs, Health Directors and service providers.

Questions:

1. Did your community have a communication protocol?

2. What information blockages or “bottle-necks” were occurring in your community and how did you solve this problem?

3. FNIH used several strategies to communicate with community members. Tell us which strategies worked.

Communication strategy	1 (Least)	2	3	4	5 (most)
First Nations Pandemic Website hosted by KNET (www.pandemic.knet.ca)					
FNIH H1N1 Toll Free Hotline					
Regional updates from FNIH					
Regional – Zone teleconferences for community leadership					
Regular Zone-Community teleconferences					
Communication sent to Chiefs, Health Directors and service providers.					

4. Are there other communication strategies with communities/health care workers that may have been more effective?
5. How would you suggest information be shared with community members in future health emergency situations?
6. What type of ongoing communication processes would assist your community to be better prepared for future emergencies?

II. Surveillance

Background:

Surveillance involved collecting and using information concerning influenza like illness (ILI) symptoms in the community and laboratory confirmed cases. Information collected about people with H1N1 by the health care workers (nurses and CHRs) is confidential.

During the H1N1 response, FNIH used the following types of surveillance. :

- FNIH Influenza Like Illness surveillance in 25 communities with nursing stations/primary care;
- Fluwatch surveillance in 5 communities with primary care;
- Influenza Like Illness surveillance in schools in Southern Ontario; and
- Lab reports of H1N1 cases

Questions:

1. Did your community participate in:

Type of surveillance	Yes	No	Not Applicable
ILI Surveillance in your primary/treatment care health facility			
Monitoring absenteeism in your community school			

2. Would your community have liked to participate in the:

Type of surveillance	Yes	No	Not Applicable
ILI Surveillance in your primary care health facility			
Monitoring absenteeism in your community school			

3. Nurses and health directors, did you receive monthly surveillance reports for your community?

4. Would your nurses and/or health directors have liked to receive the following reports?

Type of surveillance Reports	Yes	No	Not Applicable
ILI Surveillance in your primary/treatment care health facility			
Monitoring absenteeism in your community school			

5. What information did you require to be able to answer questions from your community about Influenza-Like-Illness and H1N1 activity in your community?
6. How useful was the information provided by FNIH for responding to communities' questions about Influenza-Like-Illness and H1N1 activity and severity?
7. Where else did you go to get information you needed to answer community's questions about Influenza-Like-Illness and H1N1 activity and severity?

III. pH1N1 Vaccination Program

Background:

People living in remote and isolated communities were considered a priority for receiving the H1N1 immunization by both the Public Health Agency of Canada and the Ministry of Health and Long Term Care. As a result, all Ontario First Nation people living on reserve in remote and isolated communities had access to the H1N1 immunization immediately, while communities that were not considered remote and isolated were required to immunize high risk groups first as outlined by the Ministry of Health and Long Term Care.

H1N1 vaccine specific information and training was shared at various levels by Ontario FNIH Regional office and your Zone. Communication avenues included: regional-zone teleconferences with community leadership, postings on the pandemic knet website and fax-outs to communities, FNIH H1N1 toll free hotline, educational sessions for healthcare providers on nursing education teleconferences, and other various briefings.

Questions:

1. Do you feel community members had an adequate amount of information regarding the H1N1 vaccine in order to make an informed decision to be immunized?

2. What factors lead to your or your family's decision to be vaccinated or not vaccinated?

Mass Immunization:

1. Did your community have Mass Immunization Plan?
2. Regional Office of Nursing Services provided Mass Immunization binder to all communities. Did you find this information useful?
3. Regional Office of Nursing Services had a health human resource plan to assist communities with their mass vaccination clinics. Your community may have a health human resource plan.
 - a) Did your community require assistance for Mass Immunization Clinics?
 - b) Did you receive assistance for your Mass Immunization Clinics?

IV. Antiviral Drugs (Tamiflu)

Background:

Nursing Stations had a stockpile of Tamiflu that healthcare providers were able to dispense to community members as required. In other parts of Ontario, patients were able to access Tamiflu by prescription from their primary care providers (doctors and nurse practitioners). Prior to the Province of Ontario (MOHLTC) releasing their general stockpile to pharmacies, NIHB made Tamiflu an "open benefit", which removed the requirement of prior approval and so that antivirals could be dispensed expediently. Most patients who received Tamiflu had moderate to severe ILI symptoms. Not everyone infected with ILI received Tamiflu.

Questions:

1. Were your community members able to access a primary care provider (doctors and nurse practitioners) to assess influenza-like-illness symptoms and prescribe antivirals (Tamiflu) if appropriate? If not, tell us about your experience.

V. Health Services

Questions:

1. Consider the roles and responsibilities of all your health staff including medical transportation, receptionist, community health nurses and home care nurses in your communities. What worked well? What were the gaps? What recommendation would you put forward?
2. For integrated/transferred communities, what services were affected during the pandemic and what was the impact? What are the gaps and recommendations?
3. What nursing services and health programs were impacted during the H1N1 pandemic?

ENVIRONMENTAL PUBLIC HEALTH SERVICES:

Background:

Environmental Health Officers (EHO) provide public health services related to the general environment. They would be involved in the matters of infection control and prevention.

1. Were the EHOs involved?
2. What environmental health services were impacted during the H1N1 Pandemic?
3. What recommendations would you put forward to enhance environmental health services during a health emergency?

VI. Health Human Resources

SURGE CAPACITY AND EMERGENCY RESPONSE:

Background:

The Office of Nursing Services in Ontario provided extra nurses to assist in giving H1N1 immunizations. Extra nurses were recruited from agencies, the regional office and Ottawa, leaving their regular jobs to assist with the H1N1 immunization in communities. Some nursing programs in your communities may have been put on hold during the immunization clinics. With this in mind, please comment on the following question:

Questions:

1. Did your community receive adequate nursing services during the H1N1 pandemic?
2. Did you ask for nursing assistance? Did you receive it?
3. How could we improve nursing services for communities during the next pandemic?

INFECTION CONTROL:

Background:

Since 2005, communities and health professional staff were provided with Infection Prevention and Control information; Self-Care information; and usage of PPE (for health care workers). During the both waves of pandemic H1N1 additional infection control messages were provided by PHAC and FNIH-OR. FNIH-OR had infection control messages on the K-net pandemic website. Health staff were also provided with Personal Protective Equipment (PPE).

Questions:

1. Were there any gaps in your community member's knowledge of Infection Prevention and Control? If so please describe the gaps and your solutions if possible.
2. Did your community use alcohol hand sanitizers?
3.

PPE for healthcare works (Gloves, gowns, surgical masks and hand sanitizers)	Yes	No
Had adequate supply throughout H1N1 pandemic		
Received supplies in a timely manner		
Received information on how to use the PPE		

4.

N95 Masks for healthcare workers	Yes	No
Your community took responsibility to fit your health professionals		
FNIH took responsibility to fit your health care workers		
Health Care Workers (people who work in the health facility) were fitted for N95 masks.		

5. Please comment on the gaps and recommendations regarding PPE (gloves, gowns, surgical masks and hand sanitizers) for healthcare workers (gloves, gowns, surgical and N95 masks).

6. Please comment on any infection and prevention control issues you experienced when caring for the deceased.

VII. Key questions related to other organizations:

A. PUBLIC HEALTH AGENCY OF CANADA (PHAC)

Background:

The Public Health Agency of Canada (PHAC) exists to strengthen the Federal Government's ability to protect the health and safety of Canadians. PHAC focuses its efforts to the provision of health promotion and information to Canadians, prevention of chronic diseases, prevention of injuries, and responding to health emergencies and infectious disease outbreaks. During the first and second wave of H1N1, one of PHAC's roles was to provide timely and accurate information to the Canadian public on things such as proper health care & flu prevention measures, what to do if you are experiencing flu like symptoms, vaccine safety etc. The delivery of this information was provided through communication strategies such as TV, print ads/posters, radio and internet (example: fightflu.ca).

Questions:

1. Was the information timely and accessible?
2. What would make PHAC's information sharing more effective?

A. EMERGENCY PLANNING AND RESPONSE (INAC)

Background:

Since 2005 FNIH, COO and PTO have worked on pandemic planning with Ontario FN communities. 100% of communities have completed pandemic plans and now have experience to develop an All Hazards Plan. The pandemic plan would be considered an annex to a community all hazards plan.

Questions:

1. What process does your community have in place to transfer the knowledge from your pandemic planning process to complete or create an All Hazards Plan?
2. Has your community received assistance to develop an all hazard plan?
3. What type of assistance would your community like to develop your All Hazard Plan?
4. How do you plan to share your completed All Hazards plan with community members?

B. FIRST NATIONS LIVING OFF RESERVE:

Background:

First Nations and Inuit Health is responsible for On Reserve First Nations; however, a significant number of FN population lives off reserve. A portion of people living off reserve went to their reserves for health care during pandemic H1N1.

Question:

1. Was your community prepared for this influx?
2. How can your community, the Province, INAC, COO and PTOs and FNIH assist this population to be prepared for another pandemic?

C. NON-INSURED HEALTH BENEFITS (NIHB)

Background:

During the planning phase community members raised the concern of transportation during the pandemic. Transportation was identified as an issue in the planning phase.

Questions:

1. Did you encounter any challenges when transporting community members? E.g. did your nearest hospital put a limitation on appointment times or people did not want to travel in a vehicle with other members?
2. Did your medical transportation program have sufficient Infection Control guidelines and personal protective supplies to protect the medical driver and the clients?
3. What recommendations would you make?

General Questions:

1. Did your community feel prepared to deal with the pandemic H1N1?
2. In what of the following areas would you make improvements?

Pandemic Planning Components	Areas of improvement
Surveillance	
Vaccines	
Antivirals	
Health Human Resources	
Public Health – Infection Control	
Communication	
Continuation of Essential Services (Business Continuity)	

3. Other lessons learned to carry forward for next year pandemic program work plan?