

Ontario Health Plan for an Influenza Pandemic

Chapter 4: Public Health Measures

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Ministry of Health and Long-Term Care
Emergency Management Branch
1075 Bay Street, Suite 810
Toronto, Ontario
Canada M5S 2B1
416-212-8022 (local); 1-866-212-2272 (long distance)
emergencymanagement.moh@ontario.ca

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Chapter 4: Public Health Measures

Audience

- individuals responsible for developing, communicating and implementing public health measures within the provincial government, public health units (PHUs) and non-health organizations (e.g., boards of education, schools, summer camps and social service organizations)

Chapter objectives

- to define roles and responsibilities for developing and implementing public health measures during an influenza pandemic
- to describe the framework underlying the public health measures strategy
- to enable the public health sector and non-health organizations to develop and implement public health measures during an influenza pandemic

Public health measures response summary

Response objective: to slow the spread of influenza in Ontario using non-pharmaceutical methods

BEFORE SEVERITY IS KNOWN

Ministry of Health and Long-Term Care (MOHLTC) consults with local, provincial and federal partners to develop and rollout the public health measures strategy

PHUs develop and rollout local public health measures

Voluntary public health measures implemented; of the mandatory public health measures, only case & contact management is implemented



FIGURE 1. PUBLIC HEALTH MEASURES ACTIVITIES STRATIFIED BY SEVERITY

Introduction

Public health measures are non-pharmaceutical interventions that slow the spread of a communicable disease in a community. A key characteristic of public health measures is that they are implemented in non-health settings,¹ such as workplaces, homes, civic spaces (sports arenas, religious institutions), educational settings and community-based social services organizations. Public health measures are individual and group behaviours and the environmental supports that enable and encourage these behaviours. During an influenza pandemic, many people want to play an active role in making their community healthier; by implementing public health measures, everyone can contribute meaningfully to the influenza pandemic response.

Public health measures are commonly used across Ontario during the annual influenza season and other communicable disease outbreaks. Many public health measures used during an influenza pandemic are modifications of existing practices and therefore should be familiar to PHUs, non-health organizations and members of the public.

Roles and responsibilities

[Table 1](#) outlines roles and responsibilities related to public health measures during an influenza pandemic. For a broad overview of roles and responsibilities during an influenza pandemic, see Chapter 1: Introduction.

TABLE 1. PUBLIC HEALTH MEASURES ROLES AND RESPONSIBILITIES

Party	Roles and responsibilities
Public Health Agency of Canada (PHAC)	Provide recommendations on public health measures to provinces and territories Develop and implement public health measures for populations under its jurisdiction (e.g., First Nation communities, members of the Canadian military, federal corrections facilities) Implement travel and border-related public health measures (travel advisories and restrictions, quarantine measures and border closures at international entry points)

¹ When these measures are used in health settings they are termed “infection prevention & control measures”; these measures are discussed in Chapter 5: Occupational Health & Safety and Infection Prevention & Control.

Party	Roles and responsibilities
MOHLTC ² (through the Ministry Emergency Operations Centre (MEOC))	<p>Develop the provincial public health measures strategy based on PHAC’s recommendations and in consultation with provincial and local partners</p> <p>Develop and issue directives,³ orders and requests as per the HPPA and other relevant provincial legislation</p> <p>Communicate the provincial public health measures strategy to PHUs, other health system partners and provincial ministries</p> <p>Communicate information on public health measures with the public</p> <p>Support PHUs and provincial ministries to implement public health measures in a wide range of settings</p> <p>Collaborate with Public Health Ontario (PHO) to evaluate and refine the provincial public health measures strategy</p>
PHO (through the MEOC)	<p>Provide scientific and technical advice to the MOHLTC</p> <p>Provide scientific and technical advice to PHUs to support the implementation of public health measures, such as developing tools and advising on best practices</p>
Ministry of Labour (MOL)	<p>Provide OHS advice to the MOHLTC (through the MEOC)</p> <p>Enforce the OHSA and its regulations</p>
PHUs ⁴	<p>Provide advice to the MOHLTC to support the development, evaluation and refinement of the provincial public health measures strategy</p> <p>Develop, implement and evaluate public health measures based on the provincial strategy</p> <p>Develop and issue orders⁵ as per the HPPA</p>

² Throughout the OHPIP, the MOHLTC includes the [Minister](#), the [Chief Medical Officer of Health \(CMOH\)](#) and the rest of the MOHLTC. For information on how decisions are made in the MOHLTC during an emergency, see the [Ministry Emergency Response Plan](#).

³ Directives are sent from the CMOH to health care providers or other health entities as per the [Health Protection and Promotion Act \(HPPA\)](#).

⁴ Throughout the OHPIP, PHU includes boards of health, medical officers of health (MOHs) and other PHU health workers (e.g., public health inspectors, epidemiologists, public health nurses, etc.). See the HPPA and [Ontario Public Health Standards](#) for more information on the roles and responsibilities of various PHU parties.

Party	Roles and responsibilities
Employers in non-health organizations	Implement public health measures Role model public health measures Follow MOHLTC orders and requests Follow PHU orders
Public	Learn about and follow public health measures Follow MOHLTC and PHU orders

Voluntary and mandatory measures

Some public health measures are required under the HPPA and other provincial and federal legislation. Other measures are considered a best practice, but do not have the weight of legislation backing them. Because of this, public health measures can be categorized into two groups: voluntary public health measures (i.e., without the force of legislation) and mandatory public health measures (i.e., with the force of legislation). [Appendix A](#) provides an overview of voluntary and mandatory public health measures that may be implemented during an influenza pandemic.

Regardless of whether they are categorized as voluntary or mandatory, non-health organizations and the public should implement all recommended public health measures during an influenza pandemic.

Preparedness tip

[Appendix B](#) includes an overview of planning considerations for PHUs and non-health organizations to support the implementation of public health measures during an influenza pandemic.

Public health measures strategy

The provincial public health measures strategy cannot be finalized until the time of a pandemic as the type and relative significance of each measure depends upon the following factors:

- Evidence – The MOHLTC considers information on the severity of the pandemic, effectiveness of public health measures and the impact of other pandemic response activities (e.g., vaccine availability, effectiveness and uptake rates).
- Legislation – The strategy is based on legislative requirements and responsibilities.

⁵ This refers to orders made by MOHs and public health inspectors as per the HPPA.

- [Ontario Public Service \(OPS\) values](#) and ethical principles⁶ – The MOHLTC considers the OPS values and other ethical principles during the development of the strategy, including:
 - Proportionality: Restrictions on individual liberty and measures to protect the public from harm should not exceed the minimum required to address the actual level of risk or need in the community. The MOHLTC uses a risk-based approach to consider the proportionality of potential measures to the understood risks and impacts of the pandemic, especially for measures with significant social and economic consequences (e.g., school closures, mass gathering restrictions/bans). Although some public health measures are easy for an individual to implement, others may involve behaviours that are not routine or that have limited direct benefit to an individual but are of benefit to society.
 - Reciprocity: Society has an ethical obligation to support those who face a disproportionate burden in protecting the public good.
- Health Equity – The MOHLTC considers the needs of vulnerable populations⁷ when the public health measures strategy. The strategy strives to reduce or eliminate socially structured differentials in health outcomes, building on broader ideas about fairness, social justice and civil society. For example, the implementation of system-wide school closures has different impacts on groups in society such as single parents/ caregivers, children who participate in school-based nutrition programs, families with low or fixed incomes who cannot afford increased child care costs, and parents who do not have flexible work arrangements, paid vacation or short term leave policies.
- Communication principles – The MOHLTC considers its communication principles when developing the provincial strategy.⁸ More restrictive measures require explanation from public health officials as to the reasons for these measures.

While the specifics of the strategy are not known, the public health measures strategy will include the following components:

⁶ Work is underway federally to develop an ethical framework for the Canadian Pandemic Influenza Plan for the Healthcare Sector (CPIP). Future iterations of the Ontario Influenza Response Plan (OIRP) will include an ethical framework that aligns with the CPIP.

⁷ The OHPIP defines vulnerable populations as a group of people who, because of the determinants of health, are more likely to be exposed to influenza, more likely to experience a serious impact because of exposure, less likely to benefit from response and recovery measures and/ or who may be negatively affected by response and recovery measures.

⁸ The MOHLTC's communication principles include timeliness, transparency, accessibility and credibility.

- Guidance on adapting routine measures – The strategy will include guidance on how PHUs, non-health organizations and members of the public can adapt public health measures they routinely implement during seasonal influenza (see [Table 2](#) for examples of how measures could be adapted).

TABLE 2. EXAMPLES OF ADAPTED PUBLIC HEALTH MEASURES

Activity	Example
Communication	PHUs identify additional public messaging opportunities Employers identify new locations for signage that reinforces specific measures (e.g., hand washing) PHUs make additional media buys to promote public health messages
Role modelling and reinforcement of measures	Boards of education and principals remind parents of the importance of keeping children home when ill Boards of education and principals review and update policies and procedures used when students are ill at school
Modifying and strengthening organization practices	Employers modify sick leave policies to ensure that employees are able to take time off work to care for ill family members Employers ensure there is more frequent cleaning of commonly touched surfaces
Social distancing	Employers extend work from home policies Shelters and daycares modify the placement of sleeping cots to ensure appropriate separation

- Focus on voluntary measures – As possible, the strategy will emphasize voluntary measures; however, mandatory measures may be recommended depending upon the risk posed by the influenza pandemic and the impact of other response activities.
- Environmental supports – The strategy will highlight the importance of ensuring environmental supports are in place to support non-health organizations and the public implement measures.
- Progression of the pandemic – As demonstrated in [Table 3](#), some measures are more likely to be recommended at the beginning stages of an influenza pandemic (before the severity is known), while others are more likely to continue throughout the course of the event.

TABLE 3. ANTICIPATED TIMING OF PUBLIC HEALTH MEASURES

Measure	Beginning stages of the pandemic (before severity is known)	During the pandemic (understanding of severity evolves)
<u>Voluntary public health measures</u>	X	X
<u>Case & contact management</u>	X	
<u>Orders</u>		X

- Recognition of travel restrictions – The strategy will recognize travel restrictions recommended by PHAC, while noting the impact of orders under the HPPA on such restrictions.
- Local variation – The strategy will recognize opportunities for variation in local public health measures because of differences in disease activity, social context (e.g., role of public transit in the local community) and engagement practices (e.g., effective methods of communication for different communities, populations and environments).

Next steps

In the development of the OIRP, the MOHLTC will work with its partners to:

- develop guidance for PHUs on public communications
- engage non-health organizations on implementation of public health measures for influenza
- align the OIRP with the CPIP’s ethical framework for decision-making

Appendix A – Sample public health measures

Influenza pandemic public health measures are a modification and intensification of existing good public health practices. Most measures are routinely implemented by PHUs, non-health organizations and the public during seasonal influenza outbreaks and are supported by the guidance provided in the [Ontario Public Health Standards](#).

Public health measures can be organized into two categories: voluntary measures (i.e., measures without the force of legislation) and mandatory measures (i.e., measures with the force of legislation). All recommended public health measures should be fully implemented during an influenza pandemic.

Voluntary public health measures

Behaviours

Voluntary public health measures include the following individual and group behaviours:

- hand hygiene
- respiratory etiquette
- environmental cleaning, especially of frequently touched surfaces such as door handles
- illness isolation, which includes having individuals stay home when sick and implementing social distancing measures within the home when a household member is ill
- social distancing, which involves separation of people to minimize the likelihood of transmitting influenza
- closure of organizations or programs⁹

Environmental supports

During an influenza pandemic, it is critical to equip non-health organizations and the public with the supports they need to implement voluntary public health measures. Information, supportive workplace policies and role modelling are all important to the successful uptake voluntary measures.

⁹ An organization may choose to suspend a program during an influenza pandemic because disease transmission cannot be adequately controlled and the program is not deemed to be critical.

Information

The information provided to non-health organizations and the public will help them implement voluntary behaviours and understand why these measures are important in helping to stop the spread of the influenza pandemic. Core elements include:

- information about the influenza pandemic, such as modes of transmission, risk and impacts
- information about public health measures, including why they are important and how to implement measures at home, in the workplace and elsewhere in the community

Support

In workplaces, supports may include adjustments to policies and procedures in order to help workers enact public health measures. Flexibility in sick leave policies as well as flexible work arrangements are examples of policies that support social distancing. Communication efforts should also be escalated so that changes to policies and procedures are widely understood and effectively implemented.

Role Modelling

Role modelling involves demonstrating behaviours so that the public can emulate them. Role modelling of public health measures by formal and informal leaders in society supports their adoption by normalizing the desired behaviours. Leaders such as school principals, teachers, employers and coaches should be encouraged to personally and publicly adopt these behaviours.

Mandatory public health measures

Mandatory public health measures are extraordinary actions designed to address and counter specific public health threats. Mandatory measures include case & contact management, orders and travel restrictions.

Case & contact management

Case management describes the method, and often formal protocol, where PHU staff follow-up with individuals ill with influenza (i.e., cases) to provide information and strategies to reduce transmission to others. The syndrome that defines a case is communicated through [Important Health Notices](#). This definition may evolve during the influenza pandemic (e.g., during initial stages of the pandemic, the case definition may include travel history).

Contact management involves PHU staff identifying those who may have had close contact with infectious cases (i.e., contacts), notifying them and providing counselling and information to recognize emerging illness.

PHUs perform case & contact management during an influenza pandemic based on the provincial pandemic health measures strategy.

Orders

Authority exists under provincial and federal legislation to order the closure an organization for a period of time and/ or modify activities within an organization. The federal government may issue the closure of spaces under federal jurisdiction, as well as the exclusion of sick individuals from these spaces. The CMOH and MOHs may do the same for spaces under their jurisdiction as described by the HPPA. Organizations and individuals have the legal responsibility to comply with all orders issued by public health officials and to assist in their implementation.

There is other legislation that confers the responsibility for implementing public health measures to leaders outside of the public health sector. For example, the [Education Act](#) empowers principals to refuse school admission to those infected or exposed to communicable diseases. The [Day Nurseries Act](#) requires daycare operators to note the health status of children in their care, separate sick children from others, and require that parents/ guardians take sick children home.

Appendix B – Selected planning considerations

PHUs should consider in advance of a pandemic how public health measures could be implemented across their jurisdiction. Implementation of public health measures should be based on the PHU's extensive knowledge of their local context and community's needs, existing relationships with local partners, documentation of best practices for implementing public health measures during the annual influenza season and lessons learned from other health promotion activities.

Non-health care settings should similarly consider actions they can take to promote the uptake of public health measures during an influenza pandemic.

Environmental support of voluntary measures

To ensure maximum success, planning for the environmental support of voluntary public health measures should be undertaken by PHUs. This involves:

- audience segmentation and an analysis of appropriate modes of communication (including multilingual and accessible communication tools) for each audience, including vulnerable populations
- identifying the factors that influence and encourage the uptake of public health measures (which can be emphasized in communications)
- applying lessons learned from past experience with public health communications and health promotion programs

Leveraging existing relationships and routine interactions to teach, promote and reinforce the use of public health measures is important. An example is including hand washing lessons as part of a public health nurse's involvement in an Early Years program or as part of an after school program run by a community-based organization.

Closures

Non-health organizations should prepare for the implementation of closures during an influenza pandemic (e.g., school closures, closure of programs in social service organizations). An organization may need to close because of a mandatory public health measure issued by a public health official (e.g., order from the MOH to close the space or program due to the risk posed by the pandemic). However, an organization may also need to close as a result of other events during an influenza pandemic (e.g., the employer decides to close the space or program due to high rates of illness among employees or significant interruptions to public transportation systems).

Regardless of the reason, closures can affect continuity of operations (especially of critical services), employees, the population groups that the organization serves (e.g., students, customers) and secondary populations (e.g., parents of students).

As part of their planning, organizations should work closely with their PHU to better understand the HPPA and how orders under this act would be made and communicated during an influenza pandemic.

Organizations should consider times in the past when they have had to close because of events such as labour disruptions or inclement weather and identify lessons learned that could be applied to an influenza pandemic.

Appendix C – Selected practices from the 2009 influenza pandemic

Public health measures were effectively implemented in a wide range of non-health organizations during the 2009 H1N1 influenza pandemic. Some examples of best practices include the following:

- implementation of hand hygiene stations in arenas and recreation centres
- development of innovative activities to reinforce respiratory etiquette at summer camps and to modify existing policies and procedures to notify parents when campers were ill
- use of internal TV channels by correctional facilities to share and reinforce educational messaging about the importance of implementing public health measures
- development of culturally appropriate education materials by PHUs for different population groups in their community
 - a PHU redeveloped their educational materials for a specific community that does not support the use of photographs of people – in the redeveloped materials, drawings of stick figures demonstrated how to implement public health measures
- development of strategic community-based communication programs by PHUs
 - a PHU intentionally engaged with leaders and ‘information gatekeepers’ to promote information about public health measures within their community more effectively
- development of targeted messaging based on community needs
 - a PHU reframed their educational messaging after engaging members from a migrant farm worker community
- development of strategies to implement public health measures in different business and industry settings, such as washing the steering wheels of delivery and service vans
- temporary suspension of some activities by schools and extracurricular programs, such as encouraging players not to shake hands after sports games - in many settings, the traditional handshake was replaced with a team cheer
- reorganization of programming and activities within social services organizations
 - a shelter for people who are homeless and underhoused encouraged guests and residents to sleep ‘head to toe’ (if in one bed the resident sleeps with their head pointing north, in the next bed, the resident would sleep with their head pointing south) to maintain social distancing measures

