

Ontario Health Plan for an Influenza Pandemic

Chapter 9: Primary Health Care Services

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Chapter 9: Primary Health Care Services

Audience

- primary health care providers such as family physicians, general practitioners, nurses/ nurse practitioners and paediatricians
- health workers and employers in primary health care organizations such as family health teams (FHTs), community health centres (CHCs), Aboriginal health access centres (AHACs), departments of family medicine at hospitals, nurse practitioner-led clinics and individual family physician practices

Chapter objectives

- to provide information on the roles and responsibilities of primary health care providers/ organizations during the response to an influenza pandemic
- to provide guidelines for primary health care providers/ organizations on conducting continuity of operations planning

Primary health care response summary

Response objective: to provide primary health care services throughout an influenza pandemic

PRIMARY HEALTH CARE ACTIVITIES BEFORE SEVERITY IS KNOWN

Primary health care providers/ organizations stay up to date on the latest information about the pandemic, provide influenza care & treatment services, implement effective occupational health & safety (OHS) and infection prevention & control (IPAC) measures, and implement continuity of operations plans

Primary health care providers/ organizations support surveillance and research initiatives led by the Ministry of Health and Long-Term Care (MOHLTC), Public Health Ontario (PHO) and public health units (PHUs)

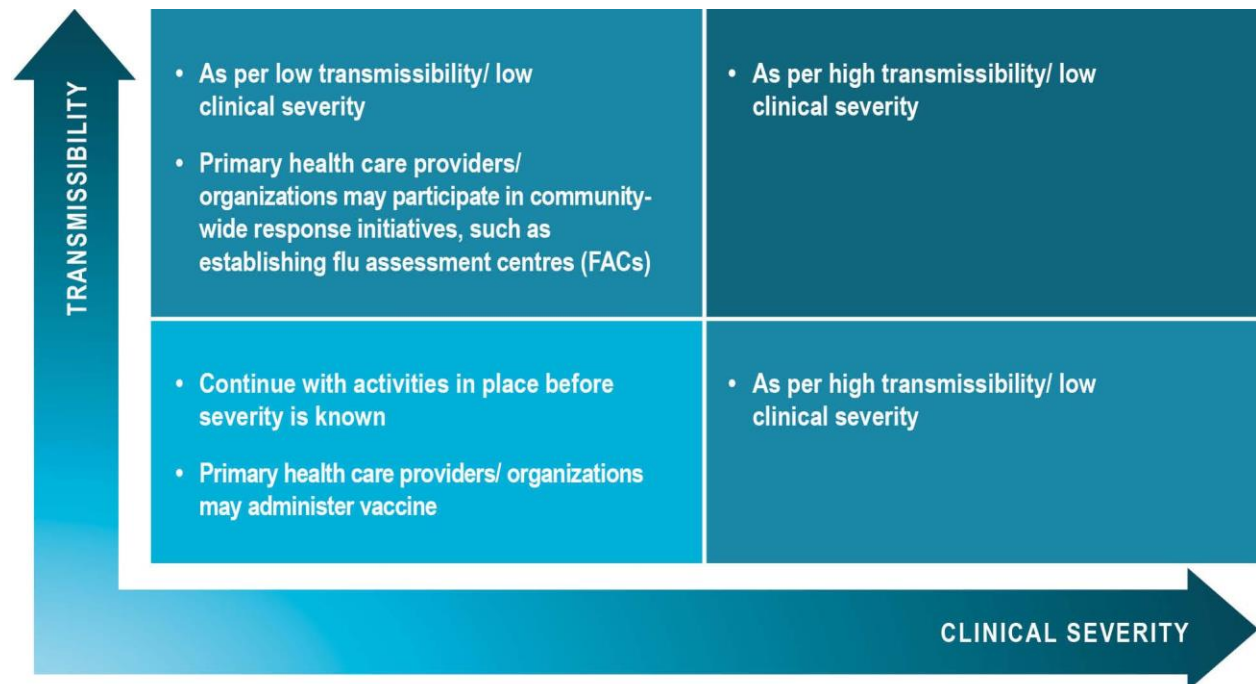


FIGURE 1. PRIMARY HEALTH CARE ACTIVITIES STRATIFIED BY SEVERITY

Introduction

Primary health care providers play pivotal roles in the health system. They are typically a client's/ patient's first point of contact with the health system and have ongoing relationships with their clients/ patients to help them stay healthy, prevent illness and navigate through other parts of the health system.

Most of the roles and responsibilities of primary health care providers during an influenza pandemic are based on routine practices, or are an intensified version of the tasks undertaken during the annual influenza season. Primary health care providers' main responsibility during an influenza pandemic is to continue to provide primary health care services for their clients/ patients, including influenza care & treatment and immunization.

The College of Physicians and Surgeons of Ontario has a [policy on physicians and health emergencies](#) that reaffirms the profession's commitment to the public during an emergency.

Roles and responsibilities

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

TABLE 1. PRIMARY HEALTH CARE ROLES AND RESPONSIBILITIES

Party	Roles and Responsibilities
MOHLTC ¹ (through the Ministry Emergency Operations Centre (MEOC))	Develop recommendations ² and provincial response strategies ³ for the provincial health system Communicate with provincial health system partners through situation reports, Important Health Notices (IHNs) , the Health Care Provider Hotline, the Health Stakeholder Teleconference, the MOHLTC website and other methods Develop and issue directives ⁴ , orders and requests as per the Health Protection and Promotion Act (HPPA) , Long-Term Care Homes Act and other relevant provincial legislation ⁵

¹ 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](#).

² This term refers to best practices as well as guidance on the risk posed by the pandemic. Recommendations related to occupational health and safety (OHS) may be

Party	Roles and Responsibilities
Public Health Ontario (PHO) (through the MEOC)	Provide scientific and technical expertise to the MOHLTC Generate knowledge translation tools and offer training opportunities to supplement the MOHLTC’s recommendations, directives and response strategies
MOL	Provide OHS advice to the MOHLTC (through the MEOC) Enforce the OHSA and its regulations
Primary health care providers	Provide primary health care services to their clients/ patients, including influenza care & treatment and immunization services As possible, provide influenza care & treatment services to non-affiliated clients/ patients If designated to be an antiviral dispensing site, dispense antivirals from the MOHLTC’s stockpile to eligible clients/ patients who face barriers in accessing community-based pharmacies Stay up to date on the latest information communicated by the MOHLTC, PHU, LHIN and health liaison organization (See Chapter 2: Communications) Implement continuity of operations plans to expand surge capacity to provide critical services, such as influenza care & treatment and immunization As possible, participate in surveillance and research If a designated FAC, implement FAC as per guidance from the lead FAC agency and the MOHLTC

considered by health sector employers to be reasonable precautions in the application of the [Occupational Health and Safety Act \(OHSA\)](#).

³ Provincial response strategies include the surveillance strategy, public health measures strategy, outpatient care & treatment strategy, antiviral distribution strategy, immunization strategy and supplies & equipment strategy.

⁴ Directives are sent from the CMOH to health care providers or other health entities as per the HPPA.

⁵ The OHSA continues to apply during an influenza pandemic and prevails when there is a conflict between that act and any other legislation.

Party	Roles and Responsibilities
Primary health care employers, supervisors, health workers, health and safety representatives and joint health and safety committees	Implement effective OHS & IPAC measures (see Chapter 5: Occupational Health & Safety and Infection Prevention & Control)
Lead FAC agency ⁶	Work with local health care providers/ organizations to identify primary health care organizations and emergency departments that could act as FACs Coordinate local implementation of FACs (see Chapter 6: Outpatient Care & Treatment)
PHUs ⁷	In coordination with the RICN(s), support local FACs to implement effective IPAC measures
Health liaison organizations (regulatory colleges, unions and professional associations)	Reinforce MOHLTC recommendations and strategies with members; may provide additional interpretation or targeted information for their sector Liaise between the MOHLTC and members, acting as a conduit for information and communicating member needs and concerns to the MOHLTC (see Chapter 2: Health System Communications)

Providing primary health care services

During an influenza pandemic, primary health care providers continue to provide services to their clients/ patients, including influenza care & treatment and immunization. Depending on the severity of the pandemic and the impact on their

⁶ As the MOHLTC continues to work with Local Health Integration Networks (LHINs) to operationalize their role in emergency management, the role of LHINs in FAC coordination will be clarified. In the event of an influenza pandemic before the role of LHINs is finalized, the MOHLTC will identify lead FAC agencies.

⁷ Throughout the OHPIP, PHU includes boards of health, medical officers of health (MOH) and other PHU health workers (e.g., public health inspectors, epidemiologists, public health nurses, etc.). See the [Health Protection and Promotion Act \(HPPA\)](#) and [Ontario Public Health Standards](#) for more information on the roles and responsibilities of various PHU parties.

clients/ patients, health care providers may need to adjust the kinds of services and modes of delivery in order to meet the additional burden of influenza care while maintaining critical services (see [Continuity of operations planning](#)).

Influenza care & treatment

As described in Appendix A of Chapter 6: Outpatient Care & Treatment, influenza care & treatment during a pandemic involves the following activities:

- primary health care providers use the MOHLTC's recommendations to assist them in applying clinical judgment when assessing clients/ patients who may have influenza-like illness (ILI)
- primary health care providers treat clients/ patients with ILI by providing guidance on self-care and public health measures and they may prescribe antivirals
- primary health care provider may refer high-risk clients/ patients and clients/ patients with abnormal vital signs and/ or with worsening clinical status to a hospital for further assessment and possible admission

The MOHLTC maintains an antiviral stockpile to provide free treatment for eligible Ontarians during an influenza pandemic.⁸ The primary avenue for dispensing the MOHLTC's antivirals is through community-based pharmacies; however, primary health care organizations such as CHCs and AHACs may also dispense antivirals from the MOHLTC stockpile to facilitate rapid access for the vulnerable populations that they serve.

Clients/ patients that are prescribed antivirals, but don't meet the MOHLTC's eligibility requirements, receive their medication through the existing supply chain at community-based pharmacies (as during seasonal influenza). These clients/ patients pay for the medications or receive reimbursement from their insurance plan.

Primary health care providers should intensify their usual communications on the importance of public health measures to prevent the spread of illness such as cough etiquette, hand hygiene and isolation measures (i.e., staying at home when sick).

Immunization

Vaccines and vaccine packaging for the influenza pandemic strain may differ from conventional influenza vaccines because of the need for rapid response and production. Initial supplies may be limited and key immunization population groups⁹ may need to be

⁸ Once the MOHLTC stockpile is released, the MOHLTC releases guidance that describes eligibility requirements to receive antivirals from its stockpile. This guidance will be communicated through an IHN. For more information on the MOHLTC stockpile, see Chapter 6: Outpatient Care & Treatment.

⁹ The key immunization population groups are those groups that are eligible to receive the pandemic vaccine. Given that vaccine availability increases over time, the key

established. For these reasons, the role of primary health care providers as vaccine delivery agents (VDAs) during a pandemic may differ from their role during the annual influenza season. The MOHLTC develops and communicates the provincial influenza pandemic immunization strategy during an influenza pandemic (See Chapter 7: Immunization). The strategy will outline the roles of primary health care providers and others.

As with the annual influenza season, primary health care providers should be immunized and encourage health workers and clients/ patients to do likewise.

Preparedness tip

Primary health care providers that have effective ways of providing seasonal influenza immunization to clients/ patients will be prepared to provide this service during an influenza pandemic.

Staying up to date

There are several key sources of information for primary health care providers during an influenza pandemic.

The MOHLTC distributes IHNs to notify and keep health workers and health sector employers informed of an evolving emergency, including communicating its recommendations, directives and provincial response strategies. IHNs may link to knowledge translation tools for further information (e.g., guidance documents, strategy documents).

Preparedness tip

Primary health care providers can subscribe to the [IHN distribution list](#).

Associations and regulatory colleges such as the [Ontario College of Family Physicians](#), [College of Physicians and Surgeons of Ontario](#), [Association of Ontario Health Centres](#), [Association of Family Health Teams of Ontario](#), [Nurse Practitioners' Association of Ontario](#) and the [Ontario Medical Association](#) may share information with primary health care providers about provincial and local response activities.

PHUs share information on local surveillance information, while PHUs and LHINs may share information about local health system service coordination.

PHO releases a number of reports that primary health care providers may consult to inform their clinical decision-making:

population groups expand during the course of the rollout of the immunization strategy (i.e., additional population groups will be added as more vaccine becomes available).

- the [Ontario Respiratory Virus Bulletin](#), a surveillance report containing a summary of clinical information, laboratory respiratory virus testing results and reports of institutional respiratory infection outbreaks
- the [Monthly Infectious Disease Surveillance Report](#), which provides information on many types of infectious diseases
- [Labstract](#), a guidance document that provides information about testing at the PHOL

Occupational health & safety and infection prevention & control measures

Primary health care employers should establish OHS and IPAC measures based on their responses to seasonal influenza, as outlined in [Provincial Infectious Diseases Advisory Committee's](#) best practice document entitled [Routine Practices and Additional Precautions in All Health Care Settings](#) and the best practice document issued by the College of Physicians and Surgeons of Ontario entitled [Infection Control in the Physician's Office](#).

As described in Chapter 5: Occupational Health & Safety and Infection Prevention & Control, employers in primary health care organizations should implement the RACE approach to manage the risk posted by the influenza pandemic virus.¹⁰ Primary health care employers, primary health care providers and other health workers should also follow any additional Pandemic Precautions recommended by the MOHLTC and communicated through IHNs at the time of a pandemic. This may include the use of fit-tested N95 respirators by health workers when at risk of exposure to a client/ patient with ILI or that client's/ patient's environment.

Preparedness tip

Chapter 5: Occupational Health & Safety and Infection Prevention & Control includes useful information on stockpiling personal protective equipment. Primary health care providers may refer to the [Canadian Standards Association CSA Standard Z94.4 -11 Selection, Use and Care of Respirators](#) or the Public Services Health & Safety Association's [Fast Facts: Respirator Protection](#) for more information on N95 respirators.

¹⁰ RACE stands for recognize, assess, control and evaluate. The RACE approach involves recognizing a hazard; assessing the hazard, controlling the hazard, and evaluating the controls. See Chapter 5: Occupational Health & Safety and Infection Prevention & Control for more information.

Continuity of operations planning

Maintaining critical services may be a challenge for primary health care providers during an influenza pandemic given their important role in the response and the unique challenges and pressures they face – such as a large surge in client/ patient visits and potentially higher than average absenteeism levels. This is particularly challenging for smaller practices.

Primary health care providers identify critical operations (vaccine storage and handling requirements) and services (serving clients/ patients who otherwise have to go to a hospital for care) that must be maintained even during periods of high service demand and high absenteeism. They consider how to modify services and procedures to free up time and resources that could be used to continue providing critical operations and services, as well as potentially helping with the local response to the influenza pandemic or expanding services to see additional, non-affiliated clients/ patients. This includes encouraging clients/ patients to self-assess and use telephone-based services as appropriate, such as Telehealth Ontario.

Preparedness tip

Primary health care providers should conduct continuity of operations planning before the onset of an influenza pandemic in order to develop a strategy to maintain critical services. [Appendix A](#) contains a checklist to assist primary health care providers in ensuring continuity of operations. The checklist addresses the principal threats to business continuity during an influenza pandemic, principally high demand for service and high absenteeism. However, the checklist does not address critical infrastructure failure (e.g., power outage, phone line disruption) that could be created by high absenteeism among critical infrastructure workers during a very serious influenza pandemic.

Just as primary health care organizations vary in size and range of services, they vary in ability to maintain business continuity during an influenza pandemic. The MOHLTC recognizes that some organizations are able to implement the guideline checklist contained in [Appendix A](#), while larger organizations such as departments of family medicine, FHTs, CHCs and AHACs exceed these. Small and large practices are encouraged to link together locally on continuity of operations planning.

Surveillance and research initiatives

Primary health care providers contribute to a range of surveillance and research activities during seasonal influenza and continue to do so during an influenza pandemic

– such as participating in community-based sentinel surveillance programs (e.g., [FluWatch](#), [Sentinel Vaccine Effectiveness Study](#)) and reporting confirmed cases of influenza to their PHU as required under the HPPA.

Additional responsibilities may be requested or required by the MOHLTC and/ or PHUs during an influenza pandemic. For example, primary health care providers may be asked to perform nasopharyngeal (NP) swabs of clients/ patients presenting with ILI in order to detect the presence of the novel virus, especially early in an influenza pandemic. This will be communicated through an IHN issued by the MOHLTC.

[Directions for obtaining and properly performing NP swab tests](#) are available from PHO.

Primary health care providers should be aware that the province's laboratory system may be strained during an influenza pandemic. Timely laboratory results to inform client/ patient treatment may not be available due to this pressure as well as the need to prioritize testing. The participation of primary health care providers in collecting NP swabs may be to inform surveillance, rather than informing clinical treatment. Given that primary health care providers are typically the client's/ patient's first point of entry into the health system, the data they collect is critical for monitoring the impact of influenza and other respiratory viruses in the community.

Coordinated local care & treatment

In situations where there are large numbers of ill clients/ patients requiring influenza care & treatment services, primary health care providers should enhance their capacity to provide services – for their own clients/ patients and potentially for individuals who do not have access to a primary health care provider. The MOHLTC may modify primary health care funding models to facilitate expanded primary health care capacity to see more clients/ patients; such measures will be conveyed through IHNs and [Bulletins](#).

Primary health care providers should work closely with local planners from PHUs, LHINs, and other organizations to ensure a coordinated, effective local response to an influenza pandemic. This may involve working with their community's lead FAC agency¹¹ that coordinates plans to open FACs in existing primary health care settings and emergency departments. Compensation for participation in FACs is determined early in an influenza pandemic response. Additional information can be found in Chapter 6: Outpatient Care & Treatment.

¹¹ The MOHLTC will identify the lead FAC agency at the time of a pandemic.

Appendix A – Continuity of operations checklist

This checklist outlines strategies that primary health organizations can use to support surge capacity to provide influenza care & treatment services, as well as maintain other critical services.

- Identify critical operations and services that must be maintained even during periods of high service demand and high absenteeism.
- Consider how to modify services and procedures to free up time and resources that could be used to continue providing critical operations and services, as well as potentially helping with the local response to the influenza pandemic. This should include encouraging clients/ patients to self-assess and use telephone-based services as appropriate, such as Telehealth Ontario.
- Review and implement the OHS & IPAC recommendations contained in Chapter 5: Occupational Health & Safety and Infection Prevention & Control. This includes, but is not limited to, stockpiling personal protective equipment and fit-testing health workers for N95 (or better) respirators.
- Use the Federation of Health Regulatory Colleges of Ontario's [Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario](#) to determine which controlled acts can be delegated if required by high absenteeism/ high demand.
- Subscribe to receive the MOHLTC's [IHNs](#) and updates from your PHU and/ or LHIN if available.
- Read and/ or subscribe to receive the following PHO surveillance reports: [Ontario Respiratory Virus Bulletins](#) and [Monthly Infectious Disease Reports](#). Subscribe to PHO's [Lababstracts](#).
- Read the following surveillance websites [FluWatch](#) and [Infection Watch Live](#) (if applicable).
- Coordinate with other local primary health care organizations, your PHU, LHIN and lead FAC agency (to be identified by the MOHLTC at the time of a pandemic) to develop collaborative responses, such as establishing FACs using existing infrastructure and health workers. Chapter 6: Outpatient Care & Treatment, contains more information.
- Identify opportunities to collaborate with other primary health care providers to share resources.
- Maintain an up-to-date staff and business partner directory with all relevant contact information.
- For those organizations that have not implemented advanced access, develop a method for managing appointment scheduling before, during and after a peak in

the pandemic. Prescription duration and renewals should be factored into this method, particularly for vulnerable populations.

- Assess which clinical services could be provided by telephone, particularly for vulnerable populations. The MOHLTC may introduce new fee codes to facilitate this; these changes will be communicated through an IHN and Bulletin.
- Identify how to contact high-risk and vulnerable populations for outreach and care, such as providing them with reminders to receive influenza immunization and increased use of home visits.

