

Canadian Association of Paediatric Health
Centres (CAPHC)

**Pandemic Planning in Our Paediatric
Communities:
Sharing and Learning from Each Other**
CAPHC National Teleconference

Tuesday, June 27, 2006

Proceedings Paper

About the Canadian Association of Paediatric Health Centres (CAPHC):

The Canadian Association of Paediatric Health Centres (CAPHC) is a national, not-for-profit organization whose members are multi-disciplinary health professionals that provide care for children, youth and families within community, regional and tertiary/quaternary healthcare facilities, rehabilitation centres, community care access centres and home care facilities nationwide. CAPHC is affiliated with the sixteen Health Sciences Centres in Canada providing linkages to clinical care, education and research.

Promoting best practices and optimizing resources are shared goals of member health care facilities across the country. CAPHC is committed to supporting its members by promoting, facilitating and advocating for improved research, ultimately aimed at establishing national health service delivery guidelines for children and youth supported by evidence-based data. CAPHC is committed to an ever-evolving communication network that provides access for our members and their respective stakeholders to the rapidly increasing knowledge arising from various contributors around the globe.

CAPHC's mission is to support the individuals and the organizations that work to improve health care for Canadian children and youth through:

- raising awareness of the unique character and importance of child health
- facilitating collaboration & partnerships
- sharing information, knowledge & expertise
- promoting best practices
- optimizing resources

Supporting Information:

The presentations from the national teleconference and the proceedings paper are available for download on the CAPHC website at www.caphc.org

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Acknowledgement:

These proceedings summarize the national interactive teleconference which was held on June 27, 2006. The teleconference is the result of the on-going commitment, leadership and support of the CAPHC Board of Directors as well as CAPHC members and its partners.

Introduction – Objectives and Context

Elaine Orrbine welcomed the over 100 participants representing health centres and organizations from across the country to the *Pandemic Planning in Our Paediatric Communities Sharing and Learning from Each Other* teleconference.

The purpose of the interactive teleconference was to create an environment for learning and dialogue and to look at pandemic planning activities from some of CAPHC's member hospitals. Key messages from the discussion will be brought to the October 2006 CAPHC annual conference symposium, *Examining Pandemics and Emergency Preparedness – Are We Ready?*

Setting the Context – Expert Speakers

To set the context for the day, several expert speakers were asked to share their respective experiences and learnings with the participants on-line. The teleconference presenters included:

- Anne Matlow, Department of Paediatrics, University of Toronto, Hospital for Sick Children, Toronto, Ontario
Pandemic Influenza Planning: SickKids' Approach
- Lindy Samson, Department of Paediatrics, University of Ottawa, Children's Hospital of Eastern Ontario, Ottawa, Ontario
CHEO's Influenza Pandemic Planning (CHIPP) Process: Lessons Learned
- Cindy Bruce-Barrett, Hospital for Sick Children, Ontario Provincial Paediatric Pandemic Planning (P4) Steering Committee
Provincial Paediatric Pandemic Influenza Planning
- Sandra Rafman, Montreal Children's Hospital, McGill University Health Centre, Montreal, Quebec
Exploring the Unique Needs of our Vulnerable Population: Psychosocial Considerations

**Anne Matlow, Chair, Pandemic Influenza Planning Steering Committee,
Department of Paediatrics, University of Toronto, Hospital For Sick
Children, Toronto, Ontario**

Pandemic Influenza Planning: SickKids' Approach

Anne Matlow presented the Hospital for Sick Children's approach to Pandemic Influenza Planning (PIP). The nature of PIP is on going and therefore, although final plans were presented, they will in fact continue to evolve and adapt as more information is gained and as needs arise.

The PIP Steering Committee was formed as a first step in the planning process. The committee is comprised of key stakeholder groups from across the organization and works both within the hospital and with external stakeholder groups. The Toronto Academic Health Sciences Network (TAHSN) and the Ontario government's provincial body responsible for pandemic planning (OHPIP) are two key partner groups the steering committee collaborated with to ensure pediatric pandemic planning corresponds with the adult healthcare plans. Hospitals in the region have also aligned themselves to ensure there will be consistency in practice during a pandemic influenza. This regional approach has allowed the SickKids' PIP steering group to work with partner organizations to develop strategies for reliable messaging and practice.

Using the TAHSN work in adult pandemic planning as a template, subcommittees of the PIP steering committee were formed and tasked with specific outcomes. Again, the use of the model helped to ensure consistency between adult and pediatric planning while still accounting and accommodating for the unique needs of children and youth.

According to Dr. Matlow, pandemic planning can be divided into pre-pandemic and pandemic planning roles. During the pre-pandemic stage, the infrastructure to enable the system to deal with the pandemic is built and strengthened. Capacity planning is central in this stage. During pandemic, education and communication will play a major role. The World Health Organization (WHO) reports the current phase of pandemic is the *alert* stage (pre-pandemic).

In focusing on the infrastructure and capacity of SickKids, the PIP steering committee has developed plans for pandemic which will create two emergency departments, one housing influenza patients and the other for non-influenza patients. Ambulance care will be coordinated to ensure patients are directed to the appropriate department. In addition, in order to deal with the expected surge, the hospital will reduce routine activities and patient reviews will occur to determine discharge status in order to increase the overall capacity of the hospital.

Another important aspect to the planning process is around maintaining the safety of staff during pandemic. Through collaboration with partnering organizations, PIP has been able to develop consistent policies and procedures for the region and are currently working to enhance employee wellness during the pre-pandemic stages. This will also contribute to staff wellness during pandemic. On-going communication is key in the development of PIP and plans promote dialogue with and among staff.

Hospitals cannot work in isolation in the development of plans for pandemic influenza and must reach out beyond their own walls to ensure consistency in planning. By working within the various departments of the hospitals as well as partnering with other health care centres and government bodies, PIP Steering Committee has been able to build a plan which is coordinated and organic, one which will continue to change and adapt over time to ensure that it meets the needs of the region's children, youth and families during pandemic.

Lindy Samson, Department of Paediatrics, University of Ottawa, Children's Hospital of Eastern Ontario, Ottawa, Ontario
CHEO's Influenza Pandemic Planning (CHIPP) Process: Lessons Learned

Lindy Samson introduced the work of CHEO's Influenza Pandemic Planning (CHIPP) and the importance of integration at all levels in the planning process.

Similar to the Toronto model, the core committee was comprised of representatives from key departments within the hospital and tasked to estimate the burden and surge capacity within the hospital; consult with all areas within the institution and for each area develop specific unit plans and a reporting template; work with each unit to help identify issues and generate solutions; liaison with regional and provincial partners around pandemic planning.

The main goals of CHIPP were to minimize serious illness and mortality from pandemic influenza in children and youth; support staff and physicians during pandemic; continue to serve as the tertiary care facility for children and youth in the region and minimize the impact of pandemic on the delivery of essential health care services at the hospital.

Of the four goals, the support to staff during pandemic was felt to be essential in order to achieve the remaining three and thus a crucial segment of CHIPP. Childcare was discussed as a potential support for staff but ruled out due to cost. The plan does include supports to help staff facilitate personal checklists, expand the EAP program and house staff at the hospital.

Dr. Samson outlined some additional details of CHIPP. During pandemic, a Clinical Care committee chaired by the Chief of Staff and the VP of Patient

Services would be formed to look at bed management and the Emergency Department would be separated into pandemic and non-influenza areas. The plan also deems all employees to be essential, and a redeployment model for pandemic is currently under development. It is also recognized that a new model of care will be required in order to maintain a standard of care. Currently, the committee is investigating alternate models of care to be used during pandemic.

Consistent messaging is vital throughout the planning process and during the development of the CHIPP, all levels of staff within the organization were informed and involved in the process. Through an open communication strategy, staff and physicians have been able to express questions, concerns as well as suggest recommendations for change.

A communication strategy that includes strategies for before, during and after pandemic and is appropriate for a variety of audiences is required. Post-pandemic communication is critical for both staff and the community and should include debriefing and reviews of the overall impact the pandemic has had on the institution, staff and the community.

The CHIPP process has created numerous opportunities for growth for subsequent planning initiatives. The key messages and lessons learned from the process were:

- determine the assumptions and keep the group focused on them while acknowledging that the assumptions will be wrong
- communication, consultation and participation by staff, physicians, partners and the community are essential
- innovative solutions are required to tackle issues including models of care
- involve human resources early in the planning stage
- planning will constantly evolve and adapt
- re-creating plans are not necessary but instead learn from what has already been done
- children and youth are unique and require planning which can compliment adult health plans while still acknowledging the differences

Cindy Bruce-Barrett, Hospital for Sick Children, Member of the Provincial Paediatric Pandemic Planning (P4) Steering Committee
Provincial Paediatric Pandemic Influenza Planning

Cindy Bruce-Barrett reported on the Ontario Provincial Paediatric Pandemic Planning (P4) Steering Committee and it's current work around influenza planning. The mandate of the committee is to identify gaps and propose strategies to ensure a coordinated, comprehensive pandemic plan will meet the unique needs of children, youth and their families in Ontario. The P4 Steering

Committee membership is a broad cross-section of child and youth health and community services and included representatives from the Ministry of Health and Long Term Care, hospitals, school boards, day care, community laboratories, paediatric academic health sciences centres, CCACs and local child health networks.

It was felt that a pediatric-specific plan for pandemic influenza was required because child and youth health and health care have unique considerations and require approaches that are different from adult health in order to achieve positive outcomes. Some of the assumptions which need to be considered in a pediatric plan include:

- children are at greater risk of infection, complications from influenza and of spreading the virus
- influenza may manifest differently in children and may require different treatment than adults
- parents are more likely to seek medical advice through their family physician which will create a surge in capacity for family doctors.

Strategies the steering committee have recommended include building and supporting a health system which: communicates effectively and provides age-appropriate information to children, youth and families; implements infections control measures to reduce the spread of influenza; considers the need for child care services particularly for children of health care workers; provides appropriate care for those infected and support for families of infected children.

Ms. Bruce-Barrett outlined the key areas that require further development. These areas include: providing pediatric influenza care, managing consent, physician support, obstetrical & paediatric care capacity, maintaining education and psychosocial support. The P4 steering committee is working to develop strategies and recommendations to deal with these issues. For more information on the provincial plan and to read the P4 committee report, participants were encouraged to visit the CAPHC website.

Sandra Rafman, Montreal Children's Hospital, McGill University Health Centre, Montreal, Quebec
Exploring the Unique Needs of our Vulnerable Population: Psychosocial Considerations

The intent of Sandra Rafman's presentation was to complement the previous presentations and to highlight the need for pandemic planning to consider the unique psychosocial needs and vulnerabilities of children and youth and the potential long-term negative impacts pandemic influenza may have on them. Although no amount of planning can remove the uncertainty and potential trauma children may experience during pandemic, the inclusion of psychosocial

considerations in planning can help to minimize the negative impacts on children and youth and ensure that their needs are met.

During pandemic, separation from parents is a reality which can deeply impact on children and youth. These potential disruptions need to be addressed and managed. During pandemic, a system of designating a responsible adult to accompany each child through the system is essential. This could help to alleviate some of the trauma experienced. Death, bereavement and mourning practices can also have traumatic impact on children and families and thus, needs to be incorporated into planning.

Dr. Rafman presented the resilience model and suggested this model would help to address some of the perceived gaps in the planning process. Within pediatric settings, there are numerous multidisciplinary teams with training and sensitivity to the particular vulnerabilities of children and youth. These team members are potential resources with vast knowledge and experience which could help address some of the psychological needs during pandemic.

The health and safety of health professionals working during pandemic is crucial. Staff may be preoccupied with their own concerns for their children and family. As well, services staff rely on regularly (e.g. childcare) may not be available creating additional burden. Acknowledgement and assistance for staff to deal with these issues can decrease the stress and pressure.

Culturally competent communication strategies with key messages that are comprehensible are key to informed children and youth. When children and youth are not accurately informed about circumstances, they are more likely to develop an interpretation of events that can be laden with misunderstandings, guilt or anger.

Current influenza pandemic planning also can provide organizations with many opportunities which can help address psychosocial issues in the community in the future regardless of pandemic status. Some of the opportunities created when psychosocial aspects are incorporated into planning include:

- reduction of long-term negative consequences during pandemic
- fostered resilience within the hospital community and the community at-large
- enhanced capacity to screen and treat children and youth at-risk for trauma in a variety of contexts
- occasion to integrate mental health competencies at a general level in pediatrics and public health.

Psychosocial issues are real and need to be part of the influenza pandemic planning process from the onset in order to be truly effective instead of something staff are reacting to. The development and modification of current

tools for health and children services professionals and parents to address issues may help alleviate some of the potential trauma and negative impacts pandemic will have on children and youth. As well, enhancing professional knowledge around developmental stages and how each stage may react to stress could also help target intervention and decrease negative impacts on children.

**Planning for CAPHC 2006 Annual Meeting Symposium
“Examining Pandemics and Emergency Preparedness – Are We Ready?”**

Using the sharing and learning presentations as a springboard, the teleconference lead to rich discussion around pandemic planning and the vision of how CAPHC could contribute and support members in the planning process.

It was recognized that organizations across the country are all working on pandemic planning and that through collaboration and the sharing of resources, consistent messaging and approaches to planning could be development while still acknowledging and valuing regional differences. Through collaboration and sharing, each individual institution would not need to recreate work, but instead as a national body under CAPHC, develop a set of planning principles to build on what has already been accomplished to date.

Recommendations for CAPHC to pursue include the following:

- Facilitate the sharing between centers of templates and individual documents which may act as a foundation for planning
- Approach the Federal government to ensure that pediatrics is entrenched within the Federal plan
- Create a document that integrates the specific unique characteristics and vulnerabilities of children and youth and how it relates to pandemic planning
- Examine best practices for staff support and explore ways in which it can be enhanced
- Investigate and develop obstetrics and neonatal protocols and principles for pandemic planning
- Develop recommendations for bereavement support beyond the pandemic for families who loose children
- Review current research around best practices for the use of masks during pandemic and the current state of supply of masks in Canada

- Determine the feasibility of broadcasting the “*Examining Pandemics and Emergency Preparedness – Are We Ready?*” symposium electronically across the country in order for those unable to attend the annual conference to view the information presented
- Bring the recommendations brought forward on the teleconference to the attention of Health Canada and the Minister of Health staff

Summary

The *Pandemic Planning in Our Paediatric Communities: Sharing and Learning from Each Other* national teleconference was aimed to provide participants with the opportunity to learn from colleagues across the country about pandemic planning activities and begin a dialogue leading up to the symposium, *Examining Pandemics and Emergency Preparedness – Are We Ready?*

The teleconference discussion and the recommendations generated will be used to enhance the upcoming symposium and ensure concerns and issues relevant to the CAPHC membership will be addressed.