British Columbia's Pandemic Influenza Response Plan (2012)

Communication and Education Framework

A STRATEGY TO GUIDE EFFECTIVE AND TIMELY COMMUNICATION FOR BC'S HEALTH CARE WORKFORCE DURING A PANDEMIC PERIOD

September 2012

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EXECUTIVE SUMMARY

The response to the 2009 H1N1 pandemic was recognized as an opportunity for British Columbia to enhance its Pandemic Influenza Communication and Education planning, specifically in regards to health care professionals

Following the 2009 H1N1 pandemic, the Ministry of Health (the Ministry) conducted an After Action Review (AAR) process, led by the Emergency Management Unit, to identify challenges, propose measures to counteract problematic elements, and obtain lessons learned. This review determined the need to increase communication and education to health care workers working in primary care, home and community care, public health, acute care, and critical care. in future emergency response planning efforts. Moreover, it was also recognized that The BC Pandemic Influenza Preparedness Plan require that each health authority develop a "communications plan" or information strategy.

The BC Pandemic Influenza Communication and Education Framework creates an overarching framework that:

1. Provides further clarity as to the roles and responsibilities of the various stakeholders involved in communications and communications planning during a pandemic.
2. Assists the BC Health Care Sector in the preparation of pandemic communication and education plans and ensure these plans contain timely, transparent, accessible, accurate, and concise information for communication to and from health care workers/professionals in the health sector.
3. Assists the Ministry in the establishment of processes to improve information sharing and availability of data among various groups of health care providers.
4. Identifies tools that will guide the Health Authorities in developing communication and education plans in preparation for a future pandemic event.

Building on previous BC Pandemic plans such as the "Pandemic Communications In BC" plan, this framework is designed to ensure a robust communication plan exists to support alignment, coordination of communication and education, and consistent messaging amongst BCs healthcare workforce throughout the phases of a pandemic.

The objective is to create integrated and comprehensive pandemic communications and education strategies that considers the various communication components/stakeholders and the relationships for effective political, media, public, healthcare worker and stakeholder communications management.

Moreover, the framework emphasizes the need to minimize the time required to disseminate information/educational materials during the evolution of a pandemic to ensure that communications flow quickly and effectively. It also recognizes the importance for international, national, and provincial stakeholders to be ready to change communication strategies when new information is provided and/or updated.

1 INTRODUCTION

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available to all British Columbians at all times, especially during emergency or pandemic situations. It is important for the Ministry to act responsively to information from numerous sources including but not limited to: national organizations such as the Public Health Agency of Canada, Health Canada; provincial organizations such as the BC Centre for Disease Control (BCCDC); private and public sector employers; as well as health care workers (HCW). BC's HCWs are those individuals who provide direct and indirect support in the delivery of health care, such as but not limited to; physicians, paramedics, health care assistants, unit clerks, contract food service providers' primary care, public health, acute care, and critical care clinicians (i.e. nurses, pharmacists, physiotherapists), and administrative/managerial staff.

The Ministry must utilize the knowledge gained to produce and shape communication messages and materials for information sharing and educational purposes.

Streamlined, coordinated, consistent, accurate, and timely communications throughout the health care sector and the public in BC will be paramount in ensuring continuity of critical services that are aligned with a coordinated provincial emergency response.

During a pandemic event, an important and vital component of a comprehensive public health response is a fundamental, coordinated response through communication and education to both the public (see "Pandemic Communications In BC" plan at (www.health.gov.bc.ca/pandemic/response) and the healthcare workforce. Although this document will refer to public communication, it has a tailored focus on the communication and education needs for BC's health care workforce during a pandemic.

B.C.'s HCWs have different needs than the general public. They must be informed of what the message is that the Province and the Health Authorities are sending out to the public and how that will change health care protocols and procedures in offices, clinics and hospitals. Our health care workforce must be ready to deal with issues related to a pandemic - such as larger volumes of patients. They also need current and up to-date information on clinical care issues and where they will be receiving this information from.

Effective internal and external communication and education among HCWs and the public can be achieved by integrating communication aspects into all planning, preparedness and response activities.

The creation of a provincial and local communication and education plan(s) will assist to inform and guide health authority staff and HCWs responding to the demands of the pandemic situation.

Multiple communication approaches are needed that consider all levels of the organization (board chair, CEO to front line workers).

Communication needs and inputs will involve numerous partners ranging from national and provincial high-level government and health authority leaders and policy makers to provincial/health authority program area leads, local leaders and stakeholders, as well as Unions and regulatory bodies affected by the pandemic.

1.1 BACKGROUND

Successful communications structures allowed Canada and its provinces/territories to mobilize quickly in response to the 2009 H1N1 threat. As a result, morbidity and mortality were lower than feared, and 45% of the population was vaccinated.

The provincial 2009 H1N1campaign had several successes, including the Provincial Health Officer's Pandemic Influenza Preparedness website

(www.health.gov.bc.ca/pandemic/response)

for physicians, nurses, and pharmacists. However, many physicians identified the need for improved communication and integration. As an example, it was noted that the Pandemic Influenza Preparedness website could be expanded to include information for all HCWs to ensure accurate and timely information is available to the broader workforce.

HCWsalso agreed that a more formalized plan for data reporting requirements across the province could serve to improve efficiencies and reduce duplication of requests.

Following the 2009 H1N1 pandemic, the Ministry of Health conducted an After Action Review (AAR) process, led by the Emergency Management Unit, to identify challenges, propose measures to counteract problematic elements, and obtain lessons learned (refer to Appendix D for a complete listing of projects).

The key communication priority deliverables concluded from the AAR include the following:

- That the overarching BC Pandemic Influenza Preparedness Plan requires each health authority to develop a "communications plan" or information strategy.
- That local government should meet with the health authority and review the health authority's communication plan to ensure the needs of the local government are addressed.
- That processes are established to improve information sharing and availability of data among various groups of health care providers.
- That information available is increased through the development of an influenza information website(s) available for all HCWs.

1.2 PURPOSE

The purpose of this project is to create an overarching high level framework that will assist the BC Health Care Sector in the preparation of pandemic communication and education plans and ensure these plans contain timely, transparent, accessible, accurate, and concise information for communication to and from workers in the health sector.

Objective:

This framework is designed to ensure a robust communication plan - which links all aspects of pandemic planning (e.g. health human resources, immunization, planning assumptions, etc) and the various health care related stakeholders involved during all phases of an influenza pandemic – are contemplated.

The objective is to build on and link to existing pandemic communications and education plans (i.e. "Pandemic Communications In BC" plan) in order to create an integrated and comprehensive pandemic communications and education framework that considers the various communication components/stakeholders and the relationships for effective political, media, public, HCW and stakeholder communications management..

This overarching framework is intended to support alignment, coordination of communication and education, and consistent messaging amongst BCs healthcare workforce, internal services staff, other health sector and public sector stakeholders, and the public, throughout the phases of a pandemic.

Moreover, this framework will emphasize the need to minimize the time required to disseminate educational materials during the evolution of a pandemic situation and the importance for international, national, and provincial stakeholders to be ready to change communication strategies when new information is provided and/or updated.

Framework Audience:

This framework is intended to provide stakeholders with high level guidance for the preparation of communication and education plans for HCWs. Identified key stakeholders include, but at not limited to the following;

- Ministry of Health – for ensuring effective and timely communications strategies exists and communications roles are clearly defined
- Health Authorities - for updating their existing Pandemic Communication Plan in alignment with provincial guidelines
- Other publicly and or privately funded healthcare organizations for understanding how communications flow during a pandemic, as well as for consideration in developing a local communication/education plan.

1.3 SCOPE

In Scope:

- Developing a scalable and flexible pandemic communications framework that addresses the needs of the Health Care Sector throughout the phases of the pandemic.
- Ensuring the pandemic response structure supports communication and education needs during the pandemic phases.
- Ensuring linkages to all related pandemic plans to the overarching communications framework in order to develop a coordinated communications plan that identifies specific communication requirements for all stakeholders.
- Identifying roles and responsibilities for communication and education for HCWs during an influenza pandemic.
- Identifying the minimum components to be included in health authority communications plans.

Out of Scope:

- Specific communication strategies directed to the general public (Government Communication and Public Engagement functionality- Pandemic Communications in British Columbia Plan)
- Direct communications with staff in regards to operational requirements (health authority/Employer responsibility)
- Direct communications with local government regarding community needs (health authority responsibility)
- The development of a formalized plan for data reporting requirements.

2 INTEGRATED APPROACH TO PANDEMIC COMMUNICATIONS & EDUCATION

2.1 GUIDING PRINCIPLES

During a pandemic event, communications will need to be accurate, timely and consistent so that Employers/HCWscan take appropriate action to help minimize social disruption, illness and death.

Pandemic communications planning is based on a strategic risk communications approach, acknowledging unique stakeholder responsibilities while reflecting the ongoing need to deliver consistent messages during a pandemic. Risk communication allows an organization to respond to rumours, misinformation and inaccuracies and is critical to inform employees regarding changes in the pandemic status.

Using an **Alert** (conveys the highest level of importance; warrants immediate action or attention); **Advisory** (provides key information for a specific incident or situation; might not require immediate action); and **Update** (provides updated information regarding an incident or situation; unlikely to require immediate action) methodology is one approach that can be adopted to quickly advise employees of any changes in status.

In order to build effective communications to respond to a pandemic event, there are principles that should be applied in developing both content and strategy.

In the development of this framework, the following key communication principles are being recommended to ensure the protection of the health for British Columbians:

Accessibility: Communicate clearly and concisely using multiple communication methods.

Accuracy: Communication of accurate information and sharing of resources that supports the coordination and collaboration between partners and stakeholders at all levels

Centralization and Decentralization: Both a centralized (systems approach) and decentralized (regional/local approach) approach to communications delivery is required so that systems needs, as well as local requirements are considered.

Consistency: Consistent and coordinated communications at all levels (national, provincial, regional and local) help build public trust in the information being disseminated.

Flexible: A flexible decision-making process for communications requires accountable decision making based on logic and the best current available information (i.e. contingency planning for future pandemics including backup procedures, emergency response, and post-disaster recovery).

Psycho-social: Communications will need to acknowledge the anxiety, distress and grief that people may experience during a major public health emergency, such as an influenza pandemic.

Regularity: Repeat key messages to keep the issue visible, to make required actions more memorable, and to give them credibility through repetition.

Scalable: The content and intensity of communication and education to health care workers will be dynamic and in a constant state of change as the system moves from one phase to another during the pandemic (communication needs will also need to factor in the severity of the pandemic).

Timeliness: Present information in a timely way that acknowledges the state of information at that time and advises that

updates will follow, allowing workers to perform effectively and responsively.

Transparency: Information conveyed will be transparent, lacking hidden agendas and conditions, accompanied by the availability of full information required for collaboration, cooperation, and collective decision making.

Information to HCWs must emphasize their crucial role in both proactive and reactive responses.

The challenge of being able to communicate to and manage staff during a pandemic is very real for HCWs and employers, To better facilitate this, in a pre-pandemic phase, health authorities should consider increased communications to HCWs around training and education in order to prepare them should a pandemic happen. Interim guidelines around infection prevention and control measures, including the use of masks and personal protective equipment have been established on a national level. Health Authorities and WorkSafe BC will ensure HCWs are made aware of these guidelines and are following them. During a pandemic, if it becomes necessary to change or refine these guidelines, this information must also be communicated to HCWs through the Health Authorities while maintaining alignment with guidelines and protocols set out by the Province.

Health authorities should develop principles for proactively identifying potential learning needs and provide appropriate learning and performance support tools. Educational and training information can be communicated to the HCWs through such mediums as posters, newsletters, share points and internal memos. All educational material should also be in line with guidelines and protocols set out by the Province.

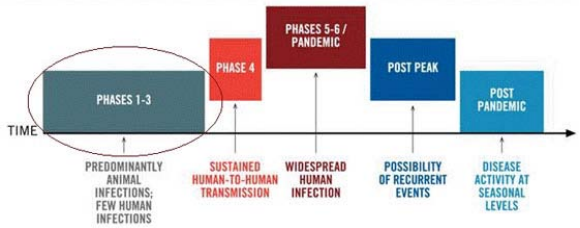
Some potential learning needs may be:

- *Standard Precautions*
- *Respiratory hygiene and cough etiquette*
- *Airborne and contact precautions/prevention practices*
- *Transmission based precautions*
- *Compliance with infection control*
- *Psychological support*
- *Personal Protection*
- *Occupational Protection/work practices*
- *Vaccination*
- *Antiviral prophylaxis*

Both prior to and during a pandemic, it's important that HCWs know their workplace is safe. Education and ongoing communication is essential for them understanding and believing they are safe and that they will not be putting themselves and their families at risk. Continued and regular education of and communication to HCWs may also serve as the basis of a larger proactive campaign to increase the uptake of the pandemic vaccine among HCWs when it is available.

2.2 PANDEMIC PHASES AND COMMUNICATIONS

The World Health Organization has identified a six-phased approach to a pandemic lifecycle, as well as contemplating post peak and post pandemic stages. Each period will have differing levels of communications requirements, needing careful consideration (see Appendix A for details of each phase).



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.

Key Communication Elements of Inter-Pandemic Period Activities (Phases 1, 2)

- Assessing and monitoring readiness to meet communications needs in preparation for an influenza pandemic, including development and routine update of communications plans.
- Participating in provincial and health authority emergency communication activities with the Ministry of Health, BCCDC, other response agencies, private industry, education, and non-profit partners.
- Identifying and training lead subject-specific spokespersons.
- Making available public health communications staff with training on risk communications during an influenza pandemic.
- Developing and maintaining up-to-date communications contacts.
- Participating in tabletop exercises and other collaborative preparations to assess readiness.
- Confirming any contingency contracts needed for communications resources during a pandemic.

Key Communication Elements of Pandemic Alert Period Activities (phases 3, 4, and 5)

- Disseminating messages and materials to increase the knowledge and understanding of the public, HCWs/professionals, policy-makers, media, and others about unique aspects of pandemic influenza that distinguish it from seasonal influenza, and generally what to expect during different phases of an influenza pandemic.
- Educating the public and HCWs/ professionals about rumors and false reports regarding pandemic influenza threats.

Key Communication Elements of Pandemic Period Activities (Phase 6)

- Communicating new recommendations or changes in guidelines that may occur.
- Continuing ongoing education of HCWs (e.g. promoting education and information through posters and brochures available within clinics, hospitals and emergency rooms).
- Contacting key partners and implementing frequent update briefings.
- As appropriate, implementing and maintaining community resources, such as hotlines and websites to respond to local questions from the public and professional groups.
- Tailoring communication services and key messages to specific audiences; utilizing special populations study information to target specific hard to reach populations.
- In coordination with epidemiologic and local medical personnel, obtaining and tracking information daily on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. It is then important that the governments use these reports to determine priorities among community outreach and education efforts, and to prepare for updates to media organizations in coordination with federal partners.

- Coordinating all pandemic influenza media messages with the Government Communications and Public Engagement staff and the Provincial Health Officer to ensure consistency with provincial and national messages.
- Promptly responding to rumors and inaccurate information to minimize concern, social disruption, and stigmatization.

3 TARGET AUDIENCES

There are a significant number of groups and individuals influenced by influenza pandemics that may affect or be affected by the actions or policies of a communication plan. It is critical to consider these stakeholders in communications and education throughout all phases of a pandemic.

The target audience will vary depending on the communication and education priorities and the direction of communication. The target audiences will reflect stakeholders that are primarily concerned with and/or affected by pandemic issues.

Although some communications to stakeholders will be general to all groups[1], it is recognized that targeted communications to specific HCWs will likely be necessary at particular times throughout the pandemic period.

3.1 STAKEHOLDERS

As the health system is a highly complex structure, there are many differing stakeholders that have differing roles and differing communication needs. The following section identifies key stakeholders at the national, provincial and regional levels.

3.1.1 NATIONAL

- Health Canada
- Public Health Agency of Canada
- First Nations and Inuit Health

3.1.2 PROVINCIAL

- Provincial government leaders and policy makers
- Ministers
- MLAs and Cabinet
- Premier's Office
- All Ministries
- Government Communication and Public Engagement (GCPE)
- Office of the Provincial Health Officer
- Crown Corporations
- Municipalities

3.1.3 HEALTH AUTHORITIES

- Board Chair
- Board members
- Chief Executive Officer
- Executive members
- Chief Health Officer
- Medical Health Officer
- Chief Nursing Officer

3.1.4 OTHER KEY STAKEHOLDERS

Other key stakeholders include, but are not limited to: unions covered under the Health Employers Association of BC (HEABC), BCCDC, associations, regulatory bodies, as well as other provincial and national organizations, groups, and individuals in the health care industry.

[1] Page 10, External Stakeholders, www.health.gov.bc.ca/pandemic/response/communications

4 ORGANIZATIONAL STRUCTURE, ROLES AND RESPONSIBILITIES

4.1 OVERVIEW

During a pandemic event, a variety of stakeholders and individuals at the international, national, provincial and local levels will share information, resources, and responsibilities regarding communication and education efforts.

It is recommended that during pandemic events, solid structures/organizations are established to handle extra pressure that is placed on communications within the government, health authorities, local health facilities, health professionals and other stakeholders.

There is a need for a clear understanding of communications structures, roles and responsibilities that will facilitate and foster clear and concise communications between internal and external stakeholders.

This section outlines organizational structures/approaches to be considered in effective communications, as well as the roles and responsibilities of the provincial government and its partners with regards to communication and education throughout an influenza pandemic.

Pandemic communications planning is based on a strategic risk communications approach, acknowledging unique stakeholder responsibilities while reflecting the ongoing need to deliver consistent messages during a pandemic. Communication planning needs to factor both centralized, as well as decentralized approaches to information sharing/decision making

With a centralized approach to information sharing, decisions are taken at the most senior and executive central levels (e.g. at a provincial or health authority level). This approach focuses on the sharing of resources, avoiding duplication and fostering environments for learning and education (i.e. contingency planning).

Decentralized delivery recognizes the greater fit between systems and local needs to remove communication gaps and meet the public needs. Decisions are facilitated at stakeholder level typically by individual work units within the organisation or even by individual staff.

4.2 PROVINCIAL COMMUNICATION NETWORK

The Ministry is the provincial lead in the event of a pandemic on all external communications to the public, media, health sector stakeholders, including health authorities2

The Ministry, through Communication and Public Engagement (formerly Public Affairs Bureau,) ensures that processes are in place to minimize the spread of pandemic influenza through ongoing communication with internal and external stakeholders; consistent messaging and education are critical to the successful mitigation of pandemic influenza across the province.

Within the Ministry of Health, the Emergency Management Unit (EMU) is responsible for providing leadership and support to the health sector in the development of emergency management policy, plans, standards and guidelines. In the event of a pandemic, the EMU also facilitates the provision of emergency-related direction and advice to the health authorities and enables inter-regional

[2] Page 12, www.health.gov.bc.ca/pandemic/response/communications

cooperation and coordination in emergency-related health matters.

EMU has adopted the British Columbia Emergency Response Management System (BCERMS) approach.

BCERMS is a comprehensive management system based upon the Incident Command System (ICS) that ensures a coordinated and organized response and recovery to all emergency incidents and disasters.

An ICS is a flexible, scalable response organization providing a common organizational framework within a set of temporary management hierarchies of personnel, policies, procedures, facilities, and equipment, to provide a unified, centrally authorized emergency organization.

In broad terms, there are four types of information functions: direction, situation reporting, resource requests, and general information. Information within the BCERMS four essential management functions must be managed carefully.

In event of a pandemic event, the ministry will re-establish its Health Emergency Control Centre (HECC) adopted in the 2009 H1N1 influenza pandemic. HECC will be activated by the Executive Director of the EMU at the request of Executive and based on an assessment of:

> The ability of the ministry to manage the situation under normal operating procedures; and the likelihood for continued escalation.

HECC provides inter-region policy direction and coordination. It acts as an overall provincial health coordination centre in the event of simultaneous disease outbreak. HECC serves as the coordination and communications link with the provincial emergency management structure, as well as the Federal Health Portfolio (Public Health Agency of Canada / Health Canada). HECC has overall responsibility for the following activities:

- Provide support to the BC Ambulance Service, HealthLink BC and Health Authority Emergency Operations Centres;
- Manage event documentation, situational awareness and reporting;
- Manage health specific media and public information issues with Government Communication and Public Engagement;
- Provide emergency-related direction and advice to BC Health Sector organizations (i.e. acquiring supplies inclusive of contingency sources);
- Ensure that detailed and accurate information is provided to the Ministries' Executive Policy Group and Ministries' Executive for the purposes of situational awareness, strategic and operational policy decisions and direction;
- Provide timely and well-coordinated communication with the Provincial emergency management structure;
- Provide timely and well-coordinated communication to other provincial, national and international health sector entities; and
- Manage, monitor and authorize the deployment of BC health resources, such as those contained in the National Emergency Stockpile System.

In the event of a wide-scale disease outbreak, each health authority will activate its own internal response framework and maintain emergency plans in compliance with BCERMS/HECC. This may include Business Continuity Plans for facilities and/or program areas. To ensure continuity of service, providers need to consider measures such as:

- rosters that give adequate rest breaks for staff

- multi-tasking and training of staff in alternative roles (see Pandemic Influenza Health Human Resources Plan)
- pooling resources with other providers
- providing clear communication to staff to keep them well informed about how they can reduce the risk to themselves and addressing any fears and concerns

Health Authorities need to consider response plans describing the framework for an Emergency Operations Centre (EOC) or Emergency Coordination Centre (ECC) that aligns with BCERMS/HECC.

A draft chart of HECC's organization is outlined in Figure 1 below (for more information about BCERMS, EOC, ECC and flow of information through HECC please refer to HECC – H1N1 Fall 2009 Outbreak Operational Guidelines[3]

[3]http://www.health.gov.bc.ca/pandemic/response/pdf/hecc_op_guidelines_h1n1

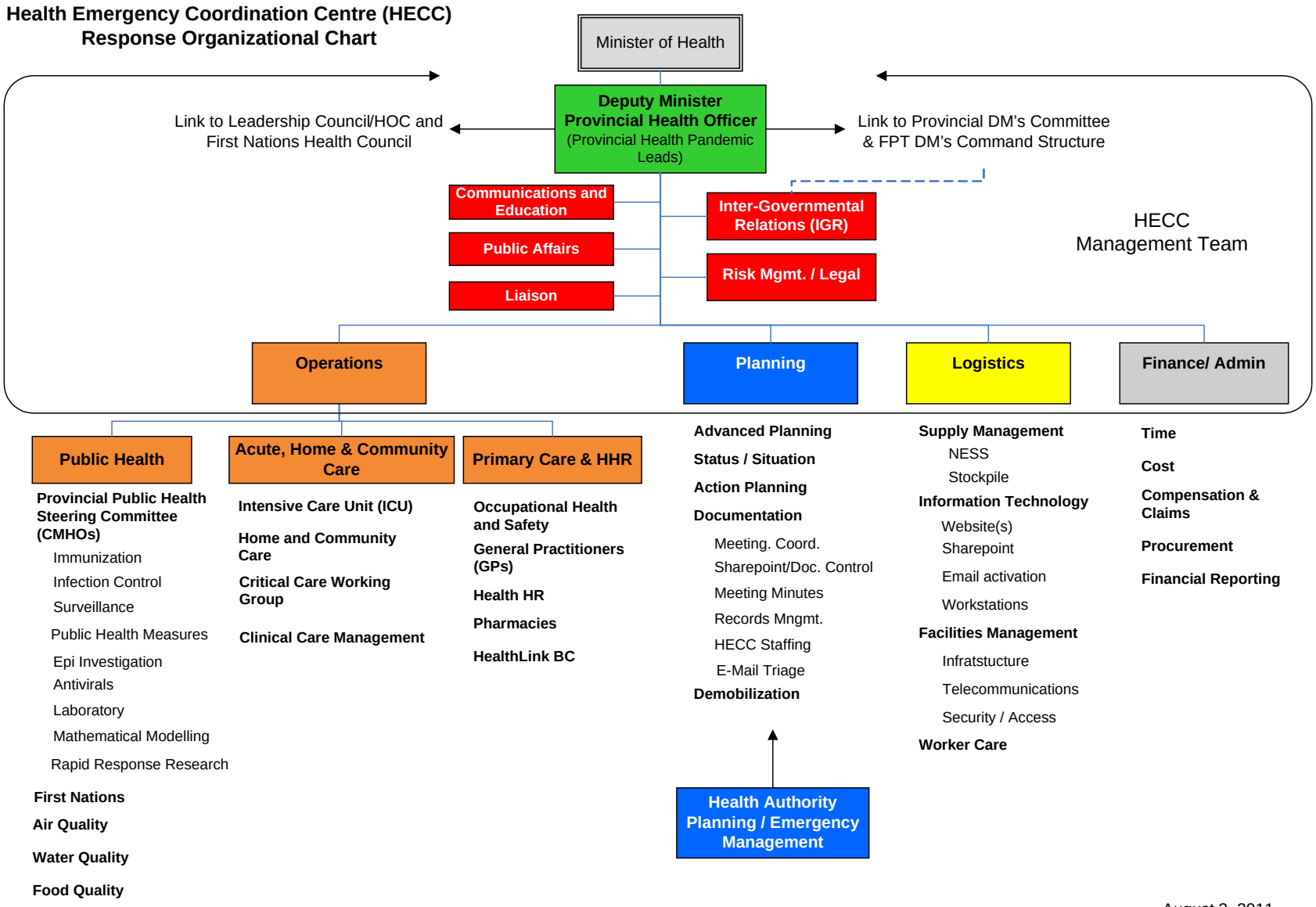

Health Emergency Coordination Centre (HECC)
Response Organizational Chart
Minister of Health
Deputy Minister
Provincial Health Officer
(Provincial Health Pandemic Leads)
Link to Leadership Council/HOC and First Nations Health Council
Link to Provincial DM's Committee & FPT DM's Command Structure
Communications and Education
Public Affairs
Liaison
Inter-Governmental Relations (IGR)
Risk Mgmt. / Legal
HECC Management Team
Operations
Planning
Logistics
Finance/ Admin
Public Health
Provincial Public Health Steering Committee (CMHOs)
Immunization
Infection Control
Surveillance
Public Health Measures
Epi Investigation
Antivirals
Laboratory
Mathematical Modelling
Rapid Response Research
First Nations
Air Quality
Water Quality
Food Quality
Acute, Home & Community Care
Intensive Care Unit (ICU)
Home and Community Care
Critical Care Working Group
Clinical Care Management
Primary Care & HHR
Occupational Health and Safety
General Practitioners (GPs)
Health HR
Pharmacies
HealthLink BC
Advanced Planning
Status / Situation
Action Planning
Documentation
Meeting. Coord.
Sharepoint/Doc. Control
Meeting Minutes
Records Mngmt.
HECC Staffing
E-Mail Triage
Demobilization
Health Authority Planning / Emergency Management
Supply Management
NESS
Stockpile
Information Technology
Website(s)
Sharepoint
Email activation
Workstations
Facilities Management
Infratstucture
Telecommunications
Security / Access
Worker Care
Time
Cost
Compensation & Claims
Procurement
Financial Reporting
August 3, 2011

Figure 1

4.2.1 Key spokespersons

In all phases of a pandemic, key spokesperson(s) or communication lead(s) will be critical in maintaining the confidence of both the public and health care workers.

Key spokespersons for disseminating information need to be identified prior to the pandemic and they need to give clear, consistent and balanced messages.

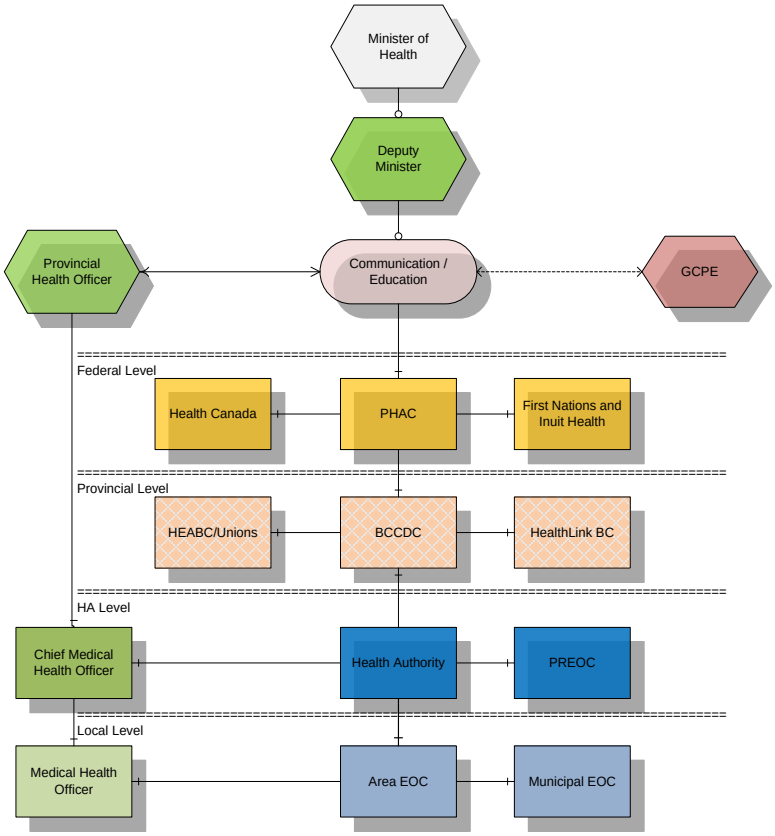
The key Ministry spokespersons for Communication within HECC to the Health Authorities is the Public Health Officer (PHO), and Government Communication and Public Engagement (GCPE) In the event of a pandemic, GCPE will work with a Ministry–led communications working group that will include one representative from each of the Health Authorities, as well as BCCDC. This group will develop messaging going out from Health Authorities, BCCDC, specialist clinician groups in various Health Authorities, etc.

GCPE will also be responsible for building and maintaining a web presence that will be the main resource for the public and all other stakeholders and partners to link to for the most current and up-to-date information. This site will contain links to all appropriate partners and resources, including HealthLink BC, BCCDC and others.

During a pandemic, the ministry will maintain direct and indirect communication with outside agencies including national emergency management structures, other provincial health emergency management organizations, Health Authorities and municipal governments and, when applicable, appropriate cross-border organizations and agencies.

Figure 2 shows the overarching communication flow and links for the different levels

Figure 2: PROVINCIAL COMMUNICATION AND EDUCATION COORDINATION



4.2.2 Ministry of Health

The Ministry is responsible for a centralized information strategy which should be all-encompassing and include the following elements:

- Consider pre-event, event and post-event phases.
- Be developed in collaboration with other provincial and community stakeholders.
- Be multi-faceted (broadcast media, print media, publications, etc.).
- Be focused on both internal employees, health care professionals, and the general public*.
- Identify what pre-event publications will be available for distribution to the public.
- Identify likely content and methodology for informing the public of risk and mitigation options.
- Be in alignment with all the Provincial Influenza Operational Planning Projects.

*Operational plans for public communications (that are aligned with provincial guidelines and protocols) will reside within the specific

organizations involved in the response to an influenza pandemic, such as each individual health authority.

4.2.3 Office of the Provincial Health Officer (PHO)

In the event of a threat to the health of the public, the PHO provides leadership to pandemic influenza preparedness activities across the health sector and maintains the British Columbia Pandemic Influenza Plan.

The PHO's responsibilities are outlined in the Public Health Act and include:

- Providing independent advice on health issues to the Minister and Ministry;
- Reporting to British Columbians on the health of the population and other health issues;
- Recommending actions to improve health and wellness;
- Reporting on progress towards achieving BC's health goals;
- Working with the British Columbia Centre for Disease Control (BCCDC), Health Authorities, Chief Medical Health Officers and Medical Health Officers to fulfill their legislated mandates on disease control and health protection.
- Stakeholder messaging to HCWs is the responsibility of the PHO and may be developed by BCCDC on the PHO's behalf, but must be vetted through the PHO and ideally the Ministry Communication working group before distribution. Some information may be disseminated to physicians and other HCWs via their respective regulatory colleges (i.e. College of Physicians and Surgeons of BC)

4.2.4 Government Communications and Public Engagement (GCPE)

It is essential that all emergency public information activities be coordinated among stakeholders, the public as well as health care employees. Every effort must be made to coordinate the release of information to the public with Health Authority Emergency Operations Centers (EOC), other government ministries and agencies, local authorities and non-government agencies.

The GCPE within the Ministry of Health will be the lead on all external pandemic-related communications to the public, as they hold primary responsibility to develop the provincial communications strategy to support the provincial emergency management structure once activated.

GCPE is responsible for the release of news releases and regular information bulletins, as well as protocols around timing and method of how and when information will be released publicly.

During a province-wide influenza response, GCPE will work closely in communication with the PHO and HECC. The ministry public affairs staff must work in close cooperation with HECC information officers in order to develop emergency public health information responses at all provincial levels.

GCPE will also lead coordination with national communication partners (PHAC-Public Health Agency of Canada) to ensure messaging in BC is consistent with that being given throughout the country and around the world.

To ensure consistent messaging, communications between the MoH and the Health Authorities and the BC Centre for Disease Control (BCCDC), including those from chief medical health officers, should be shared with GCPE prior to distribution with media or the public.

In the event of a public service campaign, the corporate communications division of GCPE will take the lead on the creation of any public service announcement materials.

GCPE support activities include:

- Assign a senior representative for provincial communication working group ;
- Liaise with Health Canada public information office;
- Activate the BC Crisis Communications Strategy for Major Provincial Emergencies;
- Liaise with HECC Chief Information Officer;
- Brief senior government officials on communications issues; and
- Provide additional Information Officers to work in the Provincial Regional Emergency Operations Centres, EOC or other assignments.
- Liaise with the Ministry, PHO, BCCDC and Health Authority communications departments during a pandemic event.

4.2.5 BC Centre for Disease Control (BCCDC)

During the pandemic influenza period, the BCCDC is responsible for developing guidelines for the distribution and use of vaccines anti-viral medications in BC, as well as the evaluation of use and delivery of these vaccines and medications. The PHO may also delegate certain responsibilities to BCCDC.

GCPE and the PHO work with the BCCDC in the distribution of public information regarding these issues via the news media. The BCCDC will also be responsible for communicating technical updates on the pandemic virus to physicians and other Health Care Workers as necessary.

To ensure consistency in messaging, these communications will be developed in partnership with the PHO and with key messaging developed by GCPE.

In addition, BCCDC will implement an enhanced Public Health surveillance system to provide technical information and monitor influenza activity.

On behalf of the Office of the PHO, the BCCDC provides administration of provincial vaccine and antiviral supply including:

- Distribution to Health Authorities;
- Guidelines and protocols for use;
- Secure storage and transportation;
- Informing public and healthcare providers regarding proper use; and
- Refining priority of vaccine recipient groups according to nature of the virus and consequence management plans.

4.2.6 BC Health Authorities

In the event of an influenza pandemic, information flows from HECC to Health Authorities in order to support pandemic mitigation. This encourages the development of emergency management programs within Health Authorities and facilitates provincial initiatives related to the development of sector-wide plans and protocols.

The health authority will develop and release health information related to the pandemic in consultation with GCPE/HECC[4]

and are responsible for coordination and implementation of education for health care workers within their region (that is aligned with provincial guidelines and protocols).. Responsibilities include development and testing of communication networks and the definition of communication/education roles/responsibilities at the health authority and service site levels. During a Pandemic the health authority must ensure clear provision of direction to health care workers to maintain essential health service delivery levels, as well as ensuring timely regular updates are provided to provincial officials and other stakeholders as required.

Clear communication that incorporates risk principles in all messaging will allow

[4] Page 14, 26, www.health.gov.bc.ca/pandemic/response/communications

healthcare workers to function most effectively.

4.2.7 BC Health Authorities Chief and Medical Health Officers

The official spokespersons during a pandemic are the Chief Medical Health Officers (CMHO) and Medical Health Officers (MHO) in each health authority. The CMHOs and MHOs are the primary designates for speaking to and answering media queries from regional and local perspectives.

The CMHO and MHOs will coordinate activities within their health authority to develop plans and respond to issues. They have responsibility for public health issues and will provide information, recommendations and advice throughout the chain of command. Their advice and input assists both the decision-making process and the maintenance of situational awareness.

Working in conjunction with the MHO, communications leads will coordinate all information released, ensure key messaging is consistent with the CMHO or designate, recommend appropriate response strategies, approve all written, electronic, or photographic information for use, and identify official spokesperson(s) as needed.

MHOs will work in tandem with communications staff in their regional health authority to ensure they are kept apprised of any public health decisions or events that will impact the greater community. They will work with the CMHO and PHO to ensure the messages delivered on a local level align with both provincial and national messaging.

Working with the PHO, the CHMO/MHO are also responsible for determining response to local outbreaks, including decisions on school, daycare and other closures.

4.2.8 Health Employers Association of British Columbia (HEABC)

HEABC's key role in regards to communications is managing and coordinating employer relations related communications activities with the unions and health authorities to ensure streamlined and consistent messaging goes out to health care workers. HEABC is consulted in the provision of training for affiliate long term care and home and community care organizations not directly served by health authorities

4.2.9 HealthLink BC

HealthLink BC is the gateway to access non-emergency health information and advice in British Columbia. Its phone number (8-1-1) and website (www.HealthLinkBC.ca) can be accessed 24/7/365. It is also a collection of print resources (including the BC Health Guide Handbook) which put services and health know-how into the hands of BC residents. Anyone can call 8-1-1 from anywhere in the province to speak with a registered nurse, dietician or pharmacist or to find a health resource close to their home.

The website provides medically-approved information on more than 4,000 health topics, symptoms and over the counter and prescription drugs and offers tips for maintaining a healthy lifestyle. It also offers an integrated search and mapping function to more than 5,600 health services to help B.C. residents find health services close to their home communities.

4.2.10 UNIONS

Communication, education and collaboration with unions and stakeholder groups during all phases of a pandemic are of utmost importance. Union leaders will be key to assisting in delivering messages to their members.

4.2.11 REGULATORY BODIES

The regulatory system holds primary responsibility for determining competencies and establishing standards for safe care amongst health professionals.

Under provincial legislation (Health Professions Act), it is the duty of regulatory colleges and associations to protect the public through regulation of health professionals (e.g. registered nurses, pharmacists).

During a pandemic, regulatory colleges and associations will continue to work with the Ministry and their key stakeholders to set standards of practice, determine scopes of practice and support interprofessional practice.

(Appendix B – *Professional Communications Matrix* outlines the regulatory bodies and their mandate, as well as the identified contact in the event of a pandemic incident).

4.3 FEDERAL COMMUNICATION NETWORK

If the pandemic moves beyond the province or if a National emergency is declared, the Public Health Agency of Canada is the lead organization for national health communications, providing leadership in coordination of communications strategies and activities and in establishing consistent messaging.

4.3.1 Health Canada

Provincial governments need to communicate and coordinate with the Federal government to address barriers for the movement of health professionals during a public health event, e.g. inter-jurisdictional licenses.

Federal Health communications ensure that public communication efforts during an influenza pandemic prepare Canadians to take appropriate action and build and maintain their confidence in government.

Health Canada support activities include:

- Communication on pan-Canadian emerging issues, concerns and announcements
- Coordination of pan-Canadian outreach and public education efforts

4.3.2 Public Health Agency of Canada

The Public Health Agency of Canada (PHAC) was created to deliver on the Government of Canada's commitment to help protect the health and safety of all Canadians. Its activities focus on preventing chronic diseases, preventing injuries and responding to public health emergencies and infectious disease outbreaks.

PHAC's role is to develop the **Canadian Pandemic Influenza Plan** that maps out how Canada will prepare for and respond to an influenza pandemic. Federal, provincial and territorial governments collaborated on its development, and the plan is designed for:

- federal, provincial and territorial departments of health
- emergency workers,
- public health officials, and
- health care workers

Throughout the pandemic event, PHAC will continue to provide information on overall pandemic impact and infection control measures taken at the national level, while engaging in ongoing communications with key international stakeholders (e.g. the World Health Organization).

(See Appendix C – *Communication Roles/Activities* that outlines the Federal/Provincial/Health Authority communication roles by Pandemic Period/Phase).

4.3.3 First Nations and Inuit Health Branch

The responsibility for delivering health services and communications to First Nations people is divided among the federal government, provincial government, individual bands and Tribal Councils and Regional Health Authorities.

During a pandemic, Health Canada's First Nations and Inuit Health Branch (FNIHB), in collaboration with the provinces, provides health care services and communications to on-reserve First Nation communities.

5 COMMUNICATION TOOLS

Tools and templates for internal and external communications purposes need to be tailored in a scalable and flexible format.

For consistency of messaging, materials will be housed within the Ministry of Health and made available to health authorities and other key stakeholders so that they may be adapted to suit local needs.

The Pandemic Influenza response link is one tool that houses information for Health Care providers. There are pages for physicians and other health care providers. Each page on the site is set up to serve as a single resource portal on pandemic influenza,

www.health.gov.bc.ca/pandemic/response

Optional templates have been created to assist health authorities and other health sector employers in developing their communications plan. See document *Pandemic Influenza Communications Planner* for further details

Examples of other communication tools include but are not limited to the following:

- H1N1 specific information
- Information for Schools
- Information for employers and employees
- Information for sports teams
- Questions and Answers
- Fact Sheets
- Informative websites
- News releases
- Timed Press releases, press conferences
- Backgrounders
- Advertisements, public service announcements
- Toll-free telephone information lines
- Web sites with links to other critical pandemic influenza sites
- Newsletters
- Technical briefings
- Presentations
- Social media

RESOURCES

British Columbia Pandemic Influenza Preparedness Plan Guidelines for Planning, Response and Recovery, 2005
http://www.health.gov.bc.ca/pandemic/pdf/bc_guidelines_pandemicplan.pdf

Ministry of Health, September 2005. Emergency Management Plan.
http://www.health.gov.bc.ca/emergency/pdf/emp.pdf

Ministry of Healthy Living and Sport Ministry of Health Services and Ministry of Public Safety and Solicitor General, 2009. Emergency Management British Columbia. British Columbia Pandemic Influenza Consequence Management plan.
http://www.pep.bc.ca/hazard_plans/Pandemic_Influenza_Conseqence_Management_Plan.pdf

Ontario Health Plan for an Influenza Pandemic August 2008, 12A. Communications Tools
http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_12a.pdf

Pandemic Communications in British Columbia A strategy to guide effective and timely public health communications to all British Columbians during a pandemic period. November 2009.
http://www.health.gov.bc.ca/pandemic/response/pdf/pandemic_communications_in_bc.pdf

Provincial Health Services Authority, Version: 2.4. September 2009. PHSA Pandemic Influenza Preparedness Plan.
http://www.phsa.ca/NR/rdonlyres/C26B3509-C0C7-4F8F-A28A-C1FE0FA5E9A3/0/PHSAPandemicPlanSEPDRAFTVs4POSTED.pdf

Public Health Agency of Canada. Annex K Canadian Pandemic Influenza Plan for the Health Sector: Communications Annex.
http://www.phac-aspc.gc.ca/cpip-pclcpi/ann-k-eng.php

Public Health Agency of Canada, November 2009. Lessons Learned Review: Public Health Agency of Canada and Health Canada Response to the 2009 H1N1 Pandemic.
http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2010-2011/h1n1/pdf/h1n1-eng.pdf

Northern Health Authority, December 2006, Northern Health Pandemic Influenza Response Plan.
http://www2.northernhealth.ca/About/NH_Reports/documents/NHPandemicInfluenzaPlan.pdf

Nova Scotia Health System Pandemic Influenza Plan, Province of Nova Scotia. 2007.
http://www.gov.ns.ca/pandemic/docs/plan/nsPlan_Chapter2_Communications.pdf

Saskatchewan Health, March 2006, Public Pandemic Influenza Plan
http://www.health.gov.sk.ca/pandemic-influenza-plan

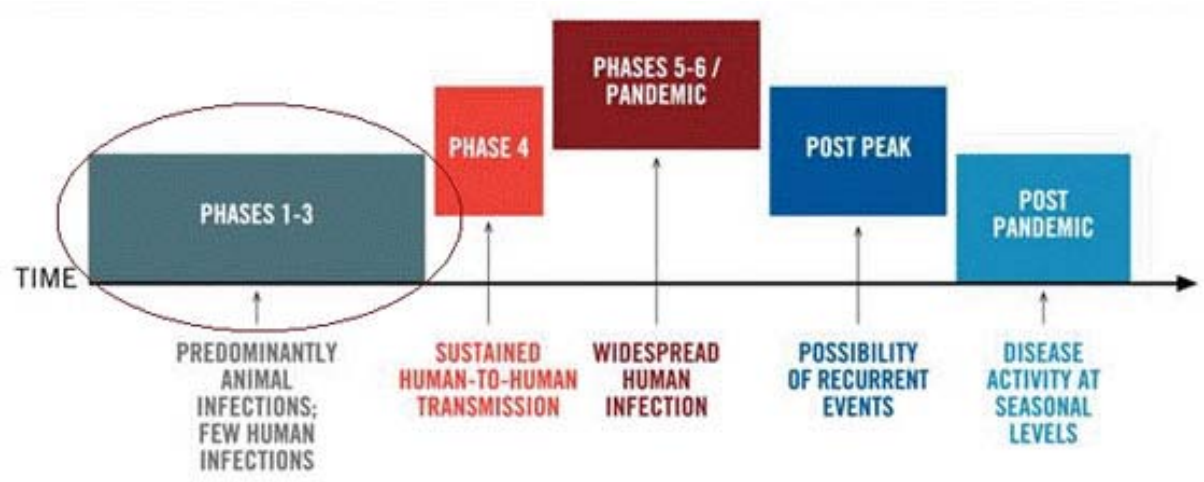
Vancouver Coastal Health Authority, Version 0.2, October 2006. Vancouver Coastal Health Authority Regional Pandemic Influenza Response Plan.
http://www.vch.ca/media/Pandemic%20Regional%20Response%20Plan_web.pdf

Vancouver Island Health Authority, April 2009, Pandemic Influenza Plan. http://www.viha.ca/NR/rdonlyres/7FA16A7B-84CF-485A-886C-A5F0EC03A060/0/panfluplanviha.pdf

A Template for Developing an Influenza Pandemic Response Plan
Guidance for Tribal Governments in Arizona
http://www.azdhs.gov/pandemicflu/pdf/tribal_pandemic_planning.pdf

APPENDICES

Appendix A – WHO Pandemic Phases



Phase 1: No viruses circulating among animals have been reported to cause infections in humans.
Phase 2: Potential pandemic threat (i.e. animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans).
Phase 3: Pre-pandemic period. An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people. Limited human-to-human transmission (however does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic).

Phase 4: Verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks."

Phase 5: Human-to-human spread of the virus into at least two countries.
Phase 6: Pandemic phase

Appendix B – Professional Communication Matrix (see page 37, Pandemic Communications in British Columbia Plan)

Profession	Key Stakeholder	Mandate	Need	Contact
Physicians **see the attached British Columbia Family Physician and Communication Plan*	College of Physicians and Surgeons	Establishing and endorsing high standards of medical practice by licensed physicians.	Technical/ procedural policy updates	President
	BCMA	Voluntary association of British Columbia's physicians, medical residents, and medical students Governed by an elected body of physicians, the BCMA represents the collective view of the medical profession of British Columbia and negotiates for and on behalf of physicians for their compensation. The Association is also responsible for setting medical service fee schedules and negotiating the schedule of benefits paid by the Medical Services Plan as well as representing sessional, salaried, and other alternative payment physicians. The BCMA is separate and distinct from the College of Physicians and Surgeons of British Columbia, which is the body established by the Health Professions Act to oversee the licensing and disciplining of doctors.	Technical/policy/ procedural updates	Senior Manager, Communications & Media Relations
	College of Family Physicians of B.C.	The British Columbia College of Family Physicians (BCCFP) is a Chapter of The College of Family Physicians of Canada, a national	Technical/policy/ procedural updates	Executive Director

		voluntary organization of family physicians that represents family physicians/general practitioners in the discipline of Family Medicine. The BCCFP represents over 3,000 family physicians in British Columbia.		
Nurses (Registered)	College of Registered Nurses	Regulatory body for more than 36000 registered nurses, nurse practitioners and licensed graduate nurses	Technical/policy/ procedural updates	Education Services &Communication Director
Licensed Practical Nurses	College of Licensed Practical nurses of BC	The CLPNBC is responsible for regulating the profession of Licensed Practical Nurses (LPNs) in the public interest.	Technical/policy/ procedural updates	Executive Director
Registered Psychiatric Nurses	College of Registered Psychiatric Nurses of BC	Regulating Registered Psychiatric Nurses Establishing standards of education and practice for registrants; Promoting continuing competence in registrants; and Intervening when practice is unacceptable to maintain public trust in the profession.	Technical/policy/ procedural updates	Executive Director/ Registrar
Midwife	College of Midwives of BC	Regulatory body registers qualified midwives to provide safe, high quality care to women and their families.	Technical/policy/ procedural updates	Registrar and Executive Director
Pharmacist	The College of	The College of Pharmacists of BC is	Technical/policy/	Director of

	Pharmacists of British Columbia	the regulatory body for pharmacy in British Columbia and is responsible for registering pharmacists and pharmacy technicians and licensing pharmacies throughout the province	procedural updates	Communications
Respiratory Therapist	BC Society of Respiratory Therapists	The British Columbia Society of Respiratory Therapists (BCSRT) is a non-profit society dedicated to maintaining and improving the quality and standards of respiratory care in British Columbia.	Technical/policy/ procedural updates	BCSRT President Student representative Educator/practice leader working group
Paramedic	Ambulance Paramedics of British Columbia (APBC)	The Ambulance Paramedics of British Columbia is the union body for Paramedics and Dispatchers within the British Columbia Ambulance Service (BC's primary emergency medical services).	Technical/policy/ procedural updates	HEABC communication
	Paramedic Association of Canada	Canada's only EMS organization of prehospital practitioners that exists to promote quality and professional patient care. Ensuring Competent practitioners through Quality Education; Promoting high standards of practice Promoting a "Best Practices" approach to care; Promoting appropriate Health Human Resource Planning.	Technical/policy/ procedural updates	Government & Media Relations
Physiotherapist	College of Physiotherapists of	A not-for-profit organization responsible for regulating the	Technical/policy/ procedural	Communications Working Group,

	BC	practice of physical therapists in the public interest.	updates	Registrant and Chair.
Medical Laboratory Technologist	British Columbia Society of Laboratory Science (BCSLS)	BCSLS is a professional association of Medical Laboratory Technologists and Medical Laboratory Assistants working in public and private medical laboratories throughout British Columbia.	Technical/policy/ procedural updates	Director Marketing & Communications
	Canadian Society of Medical Laboratory Science (CSMLS)	CSMLS is Canada's national certifying body for medical laboratory technologists and medical laboratory assistants.	Technical/policy/ procedural updates	Director of Marketing, Communications and Membership
Dentists	College of Dental Surgeons of British Columbia	Organization governing dentistry in British Columbia. Provides information on registration and licensing requirements, as well as the Dentists Act.	Technical/policy/ procedural updates	Manager of Communications
Occupational Therapist/speech language pathologists	College of Occupational Therapists of British Columbia (COTBC)	Setting standards for practice and ethical conduct, Registering only those occupational therapists who meet established education and practice standards, Responding fairly with concerns and complaints raised about registrants' practice, and Monitoring and supporting registrants' continued competence.	Technical/policy/ procedural updates	Director of Communications and Project Coordinator

Appendix C – Communication Roles/Activities by Pandemic Period and Phase (based upon Ontario Health Plan August 2008)

WHO/Pandemic Phase	Federal Level	Provincial Level	Local Level
Inter-pandemic Period: Phase 1 No new influenza virus sub-types have been detected in humans.	Continue to work with partners to improve the F/P/T communication/information infrastructure. Continue to publish FluWatch Bulletins Continue to provide accurate updates on influenza and the pandemic phase for the public and health care workers/stakeholders.	Work with professional organizations and labour associations to actively promote immunization to the public and health care workers. Ensure all educational materials on influenza and preventive/ protective practices for the public and health care workers/ stakeholders are accurate and up-to-date. Continue to reinforce the importance of prevention/ mitigation activities. Continue to work with federal government and other P/Ts to improve the communication/ information infrastructure. Run annual pandemic simulation exercise and use results to refine MOH Crisis and Risk Communications Response Plan. Work with PHO and GCPE to establish procedures to ensure all information is accurate at the time it is released. Establish performance measures that can be used to evaluate communications activities during a pandemic.	Work with HEABC to actively promote immunization to the public and health care workers. Ensure all educational materials for the public and health care workers/ stakeholders on influenza are accurate, up-to-date and accessible (i.e., languages, literacy levels). Continue to reinforce the importance of prevention/mitigation activities. Continue to work with MOH to improve the communication/information infrastructure. Work with MOH to establish procedures to ensure all information is accurate at the time it is released.

Inter-pandemic Period: Phase 2 A circulating animal influenza virus subtype poses a substantial risk of human disease	Continue Phase 1 activities Respond to any media enquiries about the risk	Continue Phase 1 activities	Continue Phase 1 activities
Pandemic Alert Period: Phase 4 Small cluster(s) with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans	Continue Phase 3 activities	Continue Phase 3 activities Confirm that key stakeholders have appropriate technology to access provincial information. Confirm provincial spokespeople and backup personnel for a pandemic and provide crisis communication training. Verify lists of stakeholder and media contacts Confirm translation requirements Review and, if necessary, revise educational materials about infection control in homes, schools and workplaces. Develop fact sheets, briefing notes and media communications templates in appropriate languages. Work with public health to develop public education messages.	Continue Phase 3 activities Confirm local spokespeople and backup personnel for a pandemic and provide crisis communication training. Verify lists of stakeholder and media contacts. Confirm translation requirements.

Pandemic Alert Period: Phase 5 Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.	Work with provinces to develop key messages. Review and, if necessary, revise educational materials and guidelines for public health partners and the general public. Activate Crisis Communications network.	Work with PHAC to develop key messages. Activate Crisis Communication Plan, Team and network (i.e., MOH, PHAC, public health units, health associations). Provide regular updates using Important Health Notices and website postings, including new/updated case definitions and clinical guidelines. Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders, employees.	Work with MOH to develop public education messages, and define the role of spokespersons. Participate in Crisis Communication network. Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders, and employees.
Pandemic Alert Period: Phase 6 Increased and sustained transmission in general population.	Provide information updates to provinces. Work with BC to hold media and stakeholder briefings with local MOHs, provincial officials and other officials as required.	Provide daily briefings to four key audiences, including in-depth technical briefings for the media when necessary. Initiate regular conference calls with Health Care Stakeholder Council. Continue regular communication with communications partners Work with PHAC to hold media and stakeholder briefings with local MOHs, provincial officials and other officials, including MOH senior management, as required. Provide regular information/updates in real time to healthcare workers, media and the public regarding BC's: • level of readiness	Activate Crisis Communication Plan. Distribute fact sheets. Continue regular communication with communication partners. Provide information in real time to health care workers, media and the public regarding BC's: • level of readiness • possible decreases in service • alternative care sites. Provide regular updates to Joint Health and Safety Committees and receive updates from them as appropriate. Update annual multimedia campaign promoting UIIP, adding

		• possible decreases in service • alternative care sites. Review, and if necessary, revise Telehealth and Info line messages Continually update website information. Update annual multimedia campaign promoting UIIP, adding information about current influenza activity.	information about current influenza activity.
Pandemic Alert Period: Phase 6 cont. Regional and multi-regional epidemics.	Continue to work with P/Ts to provide consistent messages. Monitor effectiveness of communication strategy and modify as required.	Continue to work with PHAC and HUs to provide consistent messages. Continue to implement Crisis and Risk Communication Response Plan. Continue to provide information/ updates to healthcare workers, the media and the public Gather information from the field and use that to inform/refine the communications plans. Monitor effectiveness of provincial communication strategy and modify as required.	Continue to work with MOH to provide consistent messages. Continue to provide information/ updates to healthcare workers, the media and the public. Gather information from the field and use that to inform/refine the communications plan. Monitor effectiveness of local communication strategy and modify as required.
Pandemic Alert Period: Phase 6 cont. End of First Pandemic Wave; Pandemic Subsiding.	Evaluate federal communications response.	Identify lessons learned. Evaluate provincial communications response. Update public and provide education materials, including scripts for Infoline, Telehealth and public advertising.	Identify lessons learned. Evaluate local communications response
Post-pandemic Period: return to Phase 1	Revise pandemic communications plan based on experience. Return to Phase 1 activities.	Revise pandemic communications plan based on experience. Return to Phase 1 activities.	Revise pandemic communications plan based on experience. Return to Phase 1 activities.

Appendix D – Pandemic Influenza Operational Planning Projects (PIOPP)

As a result of the After Action Review (AAR) process, the Ministry identified challenges and determined key priority deliverables, which include the following plans;

- Ministry of Health communications and education plan (this framework)
- Immunization response plan (Ministry led project under final review)
- Canadian Pandemic Influenza plan,
- BC Planning Assumption for Pandemic Preparedness (Project initiated on April 7, 2010)
- Canadian Pandemic Influenza plan, the BC Planning Assumption for Pandemic Preparedness
- BC H1N1 Pandemic Influenza Response Plan (2009) – Human Resources Framework
- Dynamic Modeling/Planning Assumptions (August 2011- work underway)
- Mass Fatality (plan completed)
- Ventilator Decision Support Tool (August 2011 – near completion)
- Family Physicians Communications (plan completed)
- Update PPE Recommendations (August, 2011- work underway on national level)
- Operational Governance Plan (plan completed)
- Management Information and Reporting (work underway)
- General Plan Update (project completed)
- Maintenance Plan for Pandemic Plans (August 2011 – work underway)