

**Department of National Defence  
Canadian Forces  
BUSINESS CONTINUITY PLAN**

**Annex C**

**Appendix 2**

**CDS Supplementary Directive  
Pandemic Influenza**

**DRAFT**

**Version 2  
26 January 09**

## **CDS SUPPLEMENTARY DIRECTIVE - PANDEMIC INFLUENZA**

- Refs: A. CF/DND Contingency Plan for PI Dated 30 Jan 2007  
B. WHO Global Influenza Preparedness Plan, GIP/2005.5, 2005, available at [http://www.who.int/csr/resources/publications/influenza/GIP\\_2005\\_5Eweb.pdf](http://www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf)  
C. Canadian Pandemic Influenza Plan, December 2006, available at [http://www.phac-aspc.gc.ca/influenza/pandemicplan\\_e.html](http://www.phac-aspc.gc.ca/influenza/pandemicplan_e.html)  
D. National Support Plan (DRAFT), Office of Critical Infrastructure Protection and Emergency Preparedness (OCIPEP), October 2, 2001 (PSEPC)  
E. Gani R. et al, Potential Impact of Antiviral Drug Use During Influenza Pandemic, Emerging Infectious Diseases, 11 (9) September 2005  
F. Government of Canada, Emergencies Act, available at <http://laws.justice.gc.ca/en/E-4.5/188903.html>  
G. DM Steering Committee on Pandemic Influenza, 9 Mar 06 meeting  
H. National Defence Act (NDA) s.273.6  
I. Foreign Service Directive, (FSD) 64  
J. Securing an Open Society, Canada's National Security Policy, April 2004  
K. Canada's International Policy Statement, Defence, 2005  
L. CEFCOM CONPLAN 20853/07 (VIRUS)

### **1. Situation**

- a. General. This CDS directive which supplements Ref A is predicated on a moderately severe pandemic and it is estimated that between 15 and 35 percent of Canadians could become clinically ill, the bulk of them during the first two week of the first wave<sup>1</sup>. However, just as we do not know when the next pandemic will strike, we cannot predict how severe it will be. That will depend on the influenza strain that emerges, how easily it spreads, which groups of people are affected, and how effectively we respond.
- b. Scope. The scope of this CDS directive is to provide new planning guidance in the light of developments that have occurred since Ref A was published. In addition to dividing the process into more manageable phases than previously depicted<sup>2</sup>, it confirms the role of Canada COM and CEFCOM as the lead organisations for the coordination, planning and execution of a CF response to a PI respectively on the North American continent or overseas. It should

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<sup>1</sup> The influenza pandemic will occur in two or more waves. In any locality, the length of each wave of illness will be 6 to 8 weeks. The pandemic will last 12 to 18 months and more than one wave may occur within a 12 month period

<sup>2</sup> The WHO has based its preparedness plan based on six phases which are designed to as a system to inform the world of the seriousness of the threat. Each phase of alert coincides with a series of recommended activities to be undertaken WHO, the international community, government and industry but they are not readily adaptable to military planning. [www.who.int](http://www.who.int)

also be noted that the CF phase of operations are different form that of the WHO

2. **Mission.** DND/CF will assist in minimizing, mitigating or preventing the spread and impact of a PI in order to preserve DND/CF operational capabilities and readiness, save lives, and reduce human suffering.

3. **Conduct of Operations.** PI related planning and mission specific tasks will be divided amongst Canada COM for the Canadian AOR and CEFCOM for CF troops on deployed missions overseas, minus CF pers on OUTCAN postings or Embassies. As CEFCOM has already produced its PI Plan at ref L, this document will focus primarily on PI related operation on the continent under the direction of Comd Canada COM:

(a) This will be a five-phase operation.

- (1) Phase 1 – Monitoring. This phase is ongoing and is linked to the emergence of possible pandemic virus. There has been only very limited human-to-human transmission thus far. CF and OGDs pandemic contingency planning has been activated and military strategic guidance provided at ref A.
- (2) Phase 2 – Preparation. This phase will begin with the first sign of the PI virus exhibiting itself in Canada or in a Canadian AOR overseas. Situational awareness will be a determinant factor in providing timely and accurate information and warning. Hence liaison with civilian authorities and organisations will have to be ~~stepped-up~~ enhanced
- (3) Phase 3. Pre-deployment. This phase will be activated upon a declaration from Public Health Agency Canada (PHAC) that there is evidence of increased human-to-human transmission of the virus. It may be necessary at this point, based on official requests from OGDs to pre-position CF assets and pers in specific locations to carry out or be prepared to conduct particular tasks.
- (4) Phase 4. Employment. This phase will begin once a request for CF support from an OGD or civil authorities has been approved. This phase will see the employment of assigned CF resources in the affected area(s) to assist civilian

authorities or in response to a public welfare emergency;  
and

- (5) Phase 5. Redeployment. Upon notification to the CDS by the lead government department or agency of the ability of civilian authorities to operate without further CF assistance (WRT PI) CF pers and assets will return to routine operations and C2 relationship. This phase ends with the transition of authority of employed forces to former command relationships (i.e. Force Generator).

b. Initial DM/CDS Critical Information Requirements:

**(1) Friendly Forces Information Requirements (FFIRs):**

- (a) Impact of PI on operational readiness; and
- (b) Severity of PI affecting DND/CF personnel.

**(2) Priority Intelligence Requirements (PIRs):**

- (a) Declaration of Phase 6 by WHO; and
- (b) Identification of likely areas requiring CF assistance, with particular importance to potential vulnerabilities involving national security.

c. **Force Apportionment.** No change. Additional force requirements are to be identified by the supported Comds.

d. **Tasks – Phase 1**

- (1) CEFCOM. Supported Commander for the planning and execution of a CF response to a PI affecting deployed forces.
  - (a) On order be prepared to implement CEFCOM CONPLAN 20853/07 (PI) for deployed forces; and
  - (b) Review the plan on an annual basis in consultation with Canada COM.
- (2) Canada COM. Supported Commander for the planning and execution of a CF response to a PI event within North America.
  - (a) Phase1. Monitoring (ongoing)

- (1) Maintain situational awareness of the worldwide situation regarding a potential PI event
- (2) Liaise with federal and regional civil health authorities as required to coordinate plans in response to a pandemic influenza
- (3) Develop a national PI CONPLAN.
- (4) Based on the CONPLAN developed an exercise program to respond to a national PI event to include:
  - (i) The approval of, and dispensing of antiviral medications for the prophylaxis of high risk and operationally critical DND/CF personnel and contractor support; and
  - (ii) Providing support to civil authorities in the event of a PI.
- (5) Based on a set of criteria to be developed by the Command in consultations with other stakeholders, identify operationally critical DND/CF positions and contractor support on information provided by other Commands, ECS and Level 1's.
  - (i) Develop and implement Command Public Affairs (PA) Plan in coordination with ADM PA
  - (ii) Identify sources for increased requirements for medical supplies.
  - (iii) Establish and coordinate operational guidance for prioritization of limited resources such as antiviral medicines or vaccines.
  - (iv) In consultation with the VCDS organisation complete the review, with the support of H Svcs Gp, of all OUTCAN posts including CF foreign exchange and liaison staff, less forces under command of Comd CEFCOM, to determine those countries' medical level of services to handle serious medical complications of PI. The aim is to identify repatriation requirements, develop a plan and be prepared to execute it in support of our

members and dependants under provisions of MFSI Section 25/FSD 64. The Department of Foreign Affairs and International Trade (DFAIT) has a plan to repatriate high risk staff and/or dependants from regions with restricted health care resources at WHO/PHAC phase 4 under MFSI Section 25/FSD 64. It will be important for DND to be consistent with DFAIT plan and designated regions.

- (v) Liaise and identify as necessary, ops requirements to ADM (S&T) R&D efforts in the development of medical countermeasures.
- (3) ECS and other Level 1. In consultation/coordination with Canada COM:
- (a) Identify operationally critical DND/CF positions and contractor support.
  - (b) Identify infrastructure that could serve as expanded military treatment facilities in the event of overwhelming numbers of patients with severe complications of influenza ,e.g. pneumonia.
  - (c) Identify increased requirements for medical supplies
- (4) CF H Svcs Gp.
- (a) Provide HSS advice to Commander Canada COM as required.
  - (b) Coordinate, in consultation with Canada COM, CF overarching guidance for PI mitigation measures in Canada, including measures in support of the PHAC pandemic plans.
  - (c) In consultation with ECS and Level 1, identify CF facilities that could serve as expanded military treatment facilities in the event of overwhelming numbers of patients with severe complications of influenza, e.g. pneumonia.
  - (d) Monitor the sequence of progression of the potential influenza pandemic virus (IAW the PHAC and WHO Influenza Pandemic reporting protocols) and provide advice for the protection of CF personnel.

- (e) Ensure that health care providers at all CF treatment facilities and units are trained in influenza recognition, surveillance and response.
  - (f) Identify sources for increased requirements for medical supplies
  - (g) Coordinate the purchase of anti-influenza drugs [to be used in the treatment of, and prophylaxis against influenza](#); and
  - (h) On declaration of Phase 4 of the WHO<sup>3</sup> or PHAC plan, control distribution of antiviral drugs to Base, Wing or ASU pharmacies.
- (5) CANOSCOM
- (a) Identify to Canada COM, CANOSCOM DND/CF operationally critical positions and contractor support.
- (6) ADM PA. – No change
- (7) ADM(S&T)
- (a) Continue R & D efforts in the development of medical countermeasures.
- (e) **Phase 2. Preparation**
- (1) Canada COM. BPT
    - (a) Increase SA and reporting;
    - (b) Deploy CF LOs to pre-identified federal, provincial and municipal health care organisations;
    - (c) Review and adjust Force Protection levels;
    - (d) Conduct missions specific training, including ALEA training; and
    - (e) Be prepared to deploy the ADM (S&T) existing Biological Aerosol Detection and Assessment capabilities if required.

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<sup>3</sup> Phase 4 of the WHO plan is declared under the following conditions: small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

- (2) ECS and Level 1. BPT
  - (a) Support Canada COM; and
  - (b) Increase the NTM of high readiness forces such as IRUs.
  
- (3) CF H Svcs Gp. BPT
  - (a) Pre-position medical material identified in Phase 1 in preparation for subsequent phases.
  - (b) Administer PI prophylaxis to CF members IAW ref A.
  - (c) Coordinate medical reporting through medical and operational chains of command when CF installations or other CF Arera of Operations become affected by a PI.
  - (d) Develop criteria for appropriate triage of persons ill with or that may have early symptoms of influenza
  
- (4) CANOSCOM
  - (a) BPT activate the Logistics Operations Management System (LOMS)/National Emergency Transportation System (NETS) cell as tasked by Canada COM and as per LOMS SOPs. In support of LOMS, coordinate and control the strategic movement of designated material and personnel
  
- (5) ADM PA. – No change
  
- (6) ADM (S&T). BPT
  - (a) Make arrangements for the availability of the Biological Aerosol Detection and Assessment Team be be maintained on 12 hours NTM; and
  - (b) Make arrangements for the provision, on 12 hours notice and on a 24/7 basis, of scientific advice, technical support, liaison as well as reach-back into the laboratory in DRDC Suffield.
  
- (f) Phase 3. **Pre-Deployment**
  - (1) Canada COM. On order from the CDS BPT:

- (a) Pre-deploy forces to respond to approved request for CF support from civilian authorities; and
  - (b) Implement CF installation (i.e. Base, Wing, ASU) pandemic control measures throughout the AOR
- (2) ECS Level 1
  - (a) BPT generate forces to support Canada COM
- (3) CF HS Svcs Group. BPT
  - (a) Support the deployment of medical pers and specialist equipment and supplies as necessary to support deployed CF pers;
  - (b) When authorized, support local, national or international CF Senior Medical Authorities, by providing available health services to civil authorities, including emergency life saving, triage, medical evacuation, and mass vaccination assistance services;
  - (c) Coordinate the provision of medical advice and technical assistance to the federal technical support committee; and
  - (d) Coordinate HSS replenishment
- (4) CANOSCOM
  - (a) BPT support Canada COM as reqr.
- (5) ADM (S & T)
  - (a) No change
- (g) **Phase 4. Employment.** On order from the CDS
  - (1) Canada COM. BPT
    - (a) Coordinate the deployment of tasked elements to the crisis area (s);
    - (b) Coordinate CF support to eventual requests from all levels of governments;
    - (c) To employ the Biological and Aerosol detection and Assessment Team;

- (d) Perform ongoing assessment of the impact of PI on effective CF personnel strength; and
- (e) Be prepared to respond to a provincial request for assistance in tasks such as:
  - (1) Humanitarian or security tasks;
  - (2) Assist with the transportation of vaccines/antivirals, human remains and/or specimens in safety packages in compliance with international standards;
  - (3) Support to PHAC or provincial health authority during mass vaccination;
  - (4) Assistance with preparation and operation of alternate care sites, and other “over-flow” facilities;
  - (5) Assistance with civilian patient management, including triage, secondary assessment and treatment of influenza patients within capabilities and without detriment to the provision of health care to the CF;
  - (6) Assistance with mortuary affairs for mass casualties;
  - (7) Should a Public Welfare Emergency be declared under the *Emergencies Act* (ref E), be prepared to assist civil authorities in executing orders given by the Governor in Council, via the CD. These orders may include the following tasks:

the tasks identified in that Act:

- (a) The regulation or prohibition of travel to, from or within any specified area, where necessary for the protection of the health or safety of individuals;
- (b) The evacuation of persons and the removal of personal property from any specified area and the making of arrangements for the adequate care and protection of the persons and property;
- (c) The requisition, use or disposition of property;

- (d) The authorization of or direction to any person, or any person of a class of persons, to render essential services of a type that that person, or a person of that class, is competent to provide and the provision of reasonable compensation in respect of services so rendered; and
  - (e) The establishment of emergency shelters and hospitals
  
- (2) ECS and Level 1. BPT
  - (a) Generate forces, equipment and installations in support of Canada COM's mission; and
  - (b) Dispense antiviral medications for the prophylaxis of DND/CF operationally identified critical personnel and contractor support.
  
- (3) CF H Svcs Gp. BPT
  - (a) Coordinate medical reporting through medical and operational chains of command when CF installations or in the regions where they are located become affected by a PI;
  - (b) Conduct medical assessment in conjunction with appropriate civil authorities, of regions infected with PI in proximity to CF elements and recommend the appropriate force health protection measures;
  - (c) Support Canada COM through the provision of limited inpatient care for CF personnel in the event local civilian medical facilities are overwhelmed by PI patient loads; and
  - (d) Coordinate the reallocation of health services resources to most effectively assist local, regional or international CF medical facilities affected by PI patients.
  
- (4) ADM PA.
  - (a) Provide DND/CF coordination with OGDs and agencies in support of the GoC PA effort; and
  - (b) BPT reinforce CEFCOM and Canada COM PA organisations.

- (5) ADM (S &T)
    - (a) BPT support Canada COM in the conduct of operations.
  - (6) CANOSCOM
    - (a) BPT support Canada COM in the conduct of operations.
  - (h) Phase 5. Redeployment.
    - (1) ECS, Level 1, CF H Svcs Gp, ADM PA, ADM(R & T), CANOSCOM
      - (a) Be prepared to support Canada COM in their re-deployment efforts.
4. Coordinating Instructions
- (a) Key Dates and Triggers
    - (1) PHAC declarations of phases will be utilized to initiate actions in domestic operations, where as WHO declarations of phases shall initiate actions in international operations
      - (i) Phase 1- Pandemic Alert. Declaration of Phase 3 up to, and including Phase 5 of the PHAC plan; and
      - (ii) Phase 2 – Pandemic. Declaration of Phase 6 of the PHAC plan.
  - (b) Comd Canada COM and Comd CEFCOM to back brief their plans ~~by 15 Feb 07~~ at a date to be determined;
5. Command
- (a) **Supported Commander.** Comd Canada COM and Comd CEFCOM for their respective Area of Responsibility (AOR);
  - (b) **Supporting Commanders.** ECSs, Level 1s, Comd CANSOFCOM, Comd CANOSCOM; and
  - (c) **SJS POCs:** Director Continental Plans.