



DND/CF BUSINESS CONTINUITY PLAN

ANNEX C DND/CF PANDEMIC INFLUENZA PLAN

January 2010

CF/DND CONTINGENCY PLAN FOR THE RESPONSE TO A PANDEMIC INFLUENZA

Approved by DM/CDS on 30 January 2007

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

1. Situation:

- a. **General.** According to the World Health Organization (WHO), it is impossible to anticipate when the next pandemic might occur or how severe its consequences might be. On average, three pandemics per century have been documented since the 16th century, occurring at intervals of 10-50 years. In the 20th century, pandemics occurred in 1918, 1957, and 1968. The pandemic of 1918 is estimated to have killed more than 40 million people in less than one year, with peak mortality rates occurring in people aged 20-45 years. According to U.S. military authorities, the outbreak was especially severe in military recruit camps where personnel assembled from throughout the U.S. The pandemics of 1957 and 1968 were milder (1-4 million estimated deaths, primarily in traditional risk groups such as the elderly). If an influenza pandemic virus were to appear again similar to the one that struck in 1918, even taking into account the advances in medicine since then, unparalleled tolls of illness and death could be expected. Air travel might hasten the spread of a new virus, and decrease the time available for preparing interventions. Health-care systems could be rapidly overburdened, economies strained, and social order disrupted. Although it is not considered feasible to halt the spread of a pandemic virus, it should be possible to minimize its consequences through advance preparation;
- b. The purpose of this CF/DND CONPLAN is twofold. First, it contains direction to preserve operational effectiveness in the continental and international areas of responsibility, through DND/CF health protection measures in the event of a pandemic of influenza (PI). Second, it provides guidance for contingency operations in support of civil authorities in Canada;

c. **Threat Assessment.** The WHO, and Public Health Agency of Canada (PHAC) for Canada, conduct surveillance of influenza virus activity globally in order to guide public health measures for the annual influenza season and to identify viruses that may develop into a potential pandemic strain. There is no mechanism to determine when the next global or national PI will occur. Until the PI virus strain declares itself, it is difficult as well to predict how quickly the virus will spread, what population groups will be most affected, how serious the illness will be, whether antiviral medications will prevent infection and treat patients or develop an effective vaccine. The specialists are anticipating that it will take at least six months to develop a vaccine from the time the outbreak of a pandemic is detected. Consequently, the development of contingency plans to mitigate and prepare for the consequences of such an event must be generic in nature, and will then undergo further detailed planning as the virus characteristics are identified;

d. **Division of Responsibilities:**

(1) **WHO.** The WHO considers that the part played by each national authority towards international harmonization of preparedness measures is the key to success in reducing the risk of the spread of a PI. The WHO pandemic plan accordingly provides guidelines for national and regional planning. In addition, it coordinates global and national response efforts based on a six-phase plan described at ref A;

(2) **Government of Canada (GoC).** The GoC recognizes the need for a broad Canadian Pandemic Influenza Strategy (in addition to the health-specific pandemic plan, ref B, that has been in place for several years). Such a strategy will encompass economic impacts, business continuity planning and federal responsibilities related to borders. In the 2006 budget, the federal government also announced \$1 billion over 5 years in new funding to further improve Canada's pandemic preparedness - \$600 million to be allocated to departments and agencies and \$400 million to be set aside as a contingency. A federal Deputy Ministers Steering Committee on Pandemic Influenza Planning was created in December 2005 and is co-chaired by the DM of Public Safety and Emergency Preparedness Canada (PSEPC) and the Chief Public Health Officer of the PHAC. Under this committee, six working groups are considering issues in the following areas:

- (a) International (including bilateral coordination with the U.S.);
- (b) Federal business continuity and human resources;
- (c) Public health and emergency management;
- (d) Communications (including a risk communications strategy);

- (e) Economic and social impacts;
- (f) Private sector;

While there are multiple federal departments that participate in the Deputies' Committee overseeing pandemic planning, examples of key federal responsibilities in this area are:

- (a) The Public Health Agency of Canada/ Health Canada. PHAC/HC has been engaged in pandemic planning with its provincial and territorial public health counterparts for several years through the Pandemic Influenza Committee (PIC). A comprehensive public health sector national Pandemic Influenza Plan was released in 2004, ref B, and outlines public health actions to be taken by the various levels of government in the event of a pandemic. The PIC continues to review and update ref B as new information becomes available;
 - (b) Public Safety and Emergency Preparedness Canada. PSEPC, in its overall coordination role, has included response to outbreaks like influenza as part of its all hazards approach. PSEPC is leading the effort in developing a whole of government contingency plan or strategy to a PI;
 - (c) The Canadian Food Inspection Agency (CFIA). CFIA is responsible for preventing the importation or spread of foreign animal diseases, such as highly pathogenic avian influenza into Canada and works closely with PHAC;
 - (d) The Canada Border Services Agency (CBSA). CBSA is committed to ensuring that border control measures assist in minimizing the risk of sick birds being imported in the country; and
 - (e) Environment Canada's Canadian Wildlife Service. Actively participates in the monitoring and reporting of avian influenza in Canada among migratory birds;
- (3) **Provincial/Territorial and Local Governments.** Whilst local, provincial/territorial and federal governments will jointly address an influenza pandemic, the province or territory in which an influenza pandemic occurs has primary, overall responsibility for managing its consequences, assisted, as necessary and when requested, by the federal government (PHAC, PSEPC, DND and/or others);

e. National Policy:

(1) Wider Policy Goals or Objectives:

- (a) Protecting Canada and Canadians at home and abroad;
- (b) Defending North America in cooperation with the United states;
- (c) Contributing to international security;
- (d) Enhance the coherence and capacity of the national public health emergency management system; and
- (e) Develop national strategies for managing infectious diseases;

Note: Even though these policy goals and objectives were issued under the previous government, they are still in line with Canada's new government approach.

(2) National Objectives. The GoC has yet to publish a National Strategy on PI. DND/CF assumptions are that National Objectives relevant to this contingency are:

- (a) National, provincial, territorial and local jurisdictions are prepared to respond to a PI so that the consequences of such an event are minimized, from both a public safety and societal/economical perspective;
- (b) Public confidence in the GoC's effectiveness and ability to respond is maintained; and
- (c) WHO norms for dealing with a PI are respected; and

(3) National End State. (DND/CF assumption) Civil authorities and public services are functioning without the support of emergency measures;

f. UN Policy. As stated by the WHO, "Each national authority should play its part towards achieving the international harmonization of preparedness measures, as this is the key to success in reducing the risk of spread of an influenza pandemic";

g. Assumptions:

- (1) In accordance with refs E and G, the CF will be asked to provide public service, including assistance to law enforcement agencies, in support of civil authorities;

- (2) A PI outbreak will require an integrated response from multiple organizations, including but not limited to: on-base, local, provincial, federal, host nation, and international organizations;
- (3) Supplementary federal funding may not be made available to DND for some or all activities in preparing for this contingency;
- (4) 25 percent of personnel that do not receive antiviral prophylaxis or vaccination during an influenza pandemic will become sick and require treatment of their illness with antiviral medication. This treatment has been predicted to reduce the requirement for hospitalization by 50 to 77 percent (ref D);
- (5) Analysis of other countries and organizations' modelling for peak periods indicate a total absenteeism rate, for all reasons, of 20% (ref F);
- (6) Forces engaged on international operations in areas affected by the PI will likely require additional support because of limited local public health and medical systems compared to Canadian systems;
- (7) Civilian health care facilities could be overwhelmed by the PI patient load likely requiring curtailment of elective hospital care and potentially prolonged waiting lists for admission. Given the CF reliance on civilian health care facilities for secondary and tertiary health care, this will significantly impact health services for the CF and require CF H Svcs Gp to reallocate resources to meet operational demands and meet patient care needs;
- (8) There will be global delays and shortages in antiviral medication, vaccine, and personal protective equipment supplies. It is anticipated that it will take at least six months to develop a vaccine from the time the outbreak of a pandemic is declared;
- (9) CF will have adequate stocks of antivirals for the treatment of all CF personnel, including regular force, reserve personnel on Class B or C service who are infected, or likely infected by PI;
- (10) The DND/CF will have a supply of antiviral medications available for use (on order of the CDS and as authorized by the GoC) as prophylaxis to mission critical personnel, including regular force, reserve personnel on Class B and C service, DND and contracted personnel;
- (11) Civilian agencies and host nation (HN) governments will request multiple forms of support in the event of a PI outbreak in their jurisdictions;

- (12) Due to the highly infectious nature of influenza and global nature of CF troop and unit movements, efforts at quarantine and isolation will be only partially effective (with the possible exception of some afloat Naval populations) at preventing infection by influenza, but may reduce the speed of the spread of the disease;
- (13) To reduce the rapid spread of the disease, various forms of transportation might be controlled, including but not limited to, suspension of, or limitations on, medical evacuation from countries or regions, once an PI outbreak is declared;
- (14) International commercial air and shipping might be severely curtailed, disrupting personnel movement, re-supply efforts, exercises and operations; and
- (15) International organizations and national authorities might impose specific travel restrictions on those infected with or suspected of having PI; and

h. Limitations:

(1) Constraints:

- (a) The CF will continue to conduct current national and international military operations;
- (b) The CF will maintain operational readiness to conduct assigned operations within Canada and abroad; and
- (c) The DND/CF will be responsive to guidance by national (i.e. PHAC, PSEPC) and international (WHO) agencies; and

(2) Restraints:

- (a) The DND/CF shall not procure or maintain any supplies, material, or equipment for providing medical support to civil authorities, except as directed by the Minister of National Defence (MND);
- (b) Preventive or Prophylactic use of antivirals will require GoC authorization; and
- (c) For situations other than “immediate response” of the in-place forces, the CF is not typically a “first responder” and may not begin support operations until the MND has approved a request for support.

2. **Mission.** The 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. **Execution:**

- a. **Intent.** The first priority is to preserve operational effectiveness by protecting the health of both CF service members and DND civilian employees. Health protection of CF members is a command responsibility. The second priority is to respond to requests for assistance in a timely manner, based on well-developed plans and a proactive approach in which predictive analysis, initiative and a willingness to “lead from the rear” figure prominently. As a trusted national institution, the DND/CF will form an important part in the maintenance of public confidence in the government’s ability to deal with the situation. We will thus fully support all consequence management efforts and, in particular, those for which CF involvement aims at solving the problem, such as reducing opportunities for human infection and containing the spread of the disease, as well as assisting with the continuity of government operations and the provision of essential public services. Within capabilities, we will also provide humanitarian relief to Canadians;
- b. **CF Strategic Objectives:**
 - (1) CF operational effectiveness and readiness maintained at near-full operational capacity in Canada and intermediate operational capacity overseas; and
 - (2) Disease, mortality and social disruption reduced or minimized to a level in which public health agencies can manage within their own resources;
- c. **CF Transition Conditions.** The influenza pandemic has been declared over by PHAC and WHO, and indices of influenza activity have reverted to pre-pandemic levels. CF activities can resume at full operational capacity;
- d. **Strategic Centre of Gravity.** Public confidence in the government’s ability to deal with the situation;
- e. **Conduct of Operations:**
 - (1) Phase 1 – Pandemic Alert. This phase corresponds to WHO and PHAC Phases 3, 4 and 5 and, is in effect forthwith. It is characterized by human infection of an influenza virus previously only present in animals. Some

limited human-to-human transmission is possible but the spread of the disease remains localized and not fully transmissible. In this phase, the objective is to contain or delay the spread of the disease to gain time to implement pandemic mitigation measures and to possibly avert a pandemic. Depending on the situation, this phase either transitions back to a pre-alert posture or escalates to Phase 2; and

- (2) **Phase 2 – Pandemic.** This phase corresponds to the WHO and PHAC Phase 6. It is characterized by an increased and sustained transmission of the virus in the general population and imminent risk for all countries. The DND/CF response will be determined primarily by the disease's impact in proximity to the location of CF elements and request for assistance to civil authorities. Preventive or prophylactic use of antivirals, in this phase or phase one, will require GoC authorization. This phase transitions back to the Pandemic Alert Phase when the WHO or Health Canada declares a post-pandemic phase;

f. 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; and

(2) Priority Intelligence Requirements (PIRs):

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

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

h. Tasks:

- (1) **All.** Identify DND/CF operationally critical positions and contractor support, defined as being mission crucial in maintaining current operations. This information is to be passed to Canada COM to resolve possible duplications. Personnel and organizations that would not normally meet the above definition would include: training establishments, recruiting, units and personnel not at high readiness, out-of-Canada personnel not deployed on or supporting an operation, administrative and support functions not directly linked/vital to maintaining current operations;

(2) Canada COM:

(a) Phase 1 – Pandemic Alert:

- i. Maintain situational awareness of the worldwide situation regarding a potential PI;
- ii. Liaise with local civil health authorities to coordinate plans in response to an influenza epidemic;
- iii. Develop and exercise region specific contingency plans for response to a PI;
- iv. Identify operationally critical DND/CF positions and contractor support; and based on information provided by other Commands, ECS and Level 1's, identify and resolve possible duplications;
- v. Plan, coordinate and exercise PI response to include:
 - The approval of, and dispensing of antiviral medications for the prophylaxis of high risk and operationally critical DND/CF personnel and contractor support; and
 - Providing support to civil authorities in the event of a PI; and
- vi. Develop and implement Command Public Affairs (PA) Plan in coordination with SJS PA staff and all other supporting Commands through all phases; and

(b) Phase 2 – Pandemic:

- i. Assume responsibility as supported commander for the CF response to a PI within North America;
- ii. Implement CF installation (i.e. Base, Wing, ASU) pandemic control measures throughout your Area of Operations;
- iii. Coordinate the deployment of tasked elements to the crisis area. Be prepared to coordinate CF support to eventual requests from all levels of governments;
- iv. Be prepared to employ the Biological and Aerosol detection and Assessment Team;
- v. Provide limited inpatient care for CF personnel if local civilian

medical facilities are overwhelmed;

- vi. Perform ongoing assessment of the impact of PI on effective CF personnel strength;
- vii. In conjunction with appropriate civil authorities, conduct medical assessment of regions infected with PI in proximity to CF elements and recommend the appropriate force health protection measures;
- viii. Be prepared to respond to a provincial request for assistance in tasks such as:
 - Transport of vaccines/antivirals, human remains and/or specimens in safety packages in compliance with international standards;
 - Support to PHAC or provincial health authority during mass vaccination;
 - Assistance with preparation and operation of alternate care sites, and other “over-flow” facilities;
 - 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;
 - Assistance with mortuary affairs for mass casualties;
 - Any other humanitarian or security tasks; and
- ix. Should a Public Welfare Emergency be declared under the *Emergencies Act* (ref E), be prepared to assist civil authorities in executing the tasks identified in that Act:
 - 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;
 - 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;
 - The requisition, use or disposition of property;
 - 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

- The establishment of emergency shelters and hospitals;

(3) CEFCON:

(a) Phase 1 – Pandemic Alert:

- i. Liaise with host nation, allied, and international health authorities;
- ii. Identify DND/CF operationally critical positions and contractor support;
- iii. Determine supplementary supply stocks requirements for overseas TF in the event of a PI, as well as these requirements' timeline and triggers;
- iv. Plan and exercise PI response to include:
 - The approval of, and dispensing of antiviral medications for the prophylaxis of high risk and operationally critical CF/DND personnel and contracted support;
 - Conduct of mass vaccination clinics;
 - Provision of inpatient treatment capability;
 - Identification of sources for increased requirements for medical supplies; and
 - Developing and exercising mission specific contingency plans for response to a local (host nation) pandemic of influenza;
- v. Develop and implement Command PA Plan in coordination with SJS PA staff and all other supporting Commands through all phases;

(b) Phase 2 – Pandemic:

- i. Assume responsibility as supported commander for the CF response to a PI for operationally deployed forces outside of North America;

- ii. Coordinate with the host nation and other international agencies;
- iii. In conjunction with appropriate civil authorities, conduct medical assessment of regions infected with PI in proximity to CF elements and implement, as authorized, the appropriate force health protection measures;
- iv. Implement CF installation pandemic control measures for deployed operations;
- v. Perform ongoing assessment of the impact of PI on effective personnel strength; and
- vi. Within capabilities, respond to a local or host nation request for assistance to civil response efforts;

(4) CANOSCOM:

(a) Phase 1 – Pandemic Alert:

- i. Identify DND/CF operationally critical positions and contractor support to Canada COM; and
- ii. Plan, mount and ship required materiel to CEFCOM TFs in order to set the conditions for their sustained operation in the event of PI triggered disruption;

(b) Phase 2 – Pandemic:

- i. 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;
- ii. Support OGDs/response agencies as directed by Canada COM; and
- iii. Coordinate with H Svcs Gp the provision of additional medical assistance to forces deployed internationally;

(5) ECSs/ CANSOFCOM/ Level 1's:

(a) Phase 1 – Pandemic Alert. In support of Canada COM:

- i. Identify facilities that could serve as expanded military treatment facilities in the event of overwhelming numbers of patients with

severe influenza pneumonia;

- ii. Identify DND/CF operationally critical positions and contractor support to Canada COM;
 - iii. Identify sources for increased requirements for medical supplies;
 - iv. **VCDS.** Carry out a 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 CEFCON, to determine those countries' medical level of services to handle serious medical complications of pandemic flu cases. The aim is to identify repatriation requirements of our members and applicable dependants under provisions of MFSI Section 25/FSD 64. Foreign Affairs and International Trade Canada (FAITC) 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 the FAITC plan and designated regions. Repatriation/ Evacuation Guidance is further characterized in coordination instructions;
- (b) Phase 2 – Pandemic:
- i. Be prepared to generate forces, equipment and installations for Canada COM;
 - ii. Be prepared to dispense antiviral medications for the prophylaxis of DND/CF operationally critical personnel and contractor support as stipulated at para 3. i(2); and
 - iii. Be prepared to conduct mass vaccination clinics;
- (6) **ADM(S&T).** In addition to (5), throughout:
- (a) Continue R&D efforts in the development of medical countermeasures;
 - (b) Be prepared to deploy, on 12 hours notice, the Biological Aerosol Detection and Assessment Team; and
 - (c) Be prepared to provide, on 12 hours notice and on a 24/7 basis, scientific advice, technical support, liaison as well as reach-back into the laboratory in DRDC Suffield;
- (7) **ADM(PA).** In addition to (5), throughout:

- (a) Provide DND/CF coordination with OGDs and agencies for GoC PA effort; and
- (b) Provide PA strategic guidance to DND/CF Senior Management, Commands, ECSs, and L1s;

(8) SJS:

- (a) Phase 1 – Pandemic Alert:
 - i. With the support of the CF H Svcs Gp, coordinate overarching guidance for PI mitigation measures, including measures in support of the WHO and PHAC pandemic plans; and
 - ii. Review, exercise and coordinate, through ADM(POL) where applicable, OGD's strategic PI plans; and
- (b) Phase 2 – Pandemic. Coordinate CDS policy guidance for prioritization of limited resources such as antiviral medicines or vaccines;

(9) CF H Svcs Gp:

- (a) Phase 1 – Pandemic Alert:
 - i. In conjunction with national and international authorities, monitor the sequence of progression of the potential influenza pandemic virus (IAW the PHAC and WHO Influenza Pandemic Plans) and provide advice for the protection of CF personnel;
 - ii. Coordinate the purchase of anti-influenza drugs;
 - iii. Ensure that health care providers at all CF treatment facilities and units are trained in influenza recognition, surveillance and response; and
 - iv. On declaration of Phase 4 of the WHO¹ or PHAC plan, control distribution of antiviral drugs to Base, Wing or ASU pharmacies;
- (b) Phase 2 – Pandemic:
 - i. Coordinate medical reporting through medical and operational chains of command when CF installations or the regions where they are located become affected by a PI;
 - ii. Develop criteria for appropriate triage of persons ill with or that may

¹ 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.

have early symptoms of influenza;

- iii. Coordinate the reallocation of health services resources to most effectively assist local, regional or international CF medical facilities affected by PI patients;
- iv. In support of Canada COM and in the event local civilian medical facilities are overwhelmed by PI patient loads, be prepared to provide limited inpatient care for CF personnel;
- v. Within capabilities, 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;
- vi. Coordinate the provision of medical advice and technical assistance to the federal technical support committee; and
- vii. Coordinate HSS replenishment; and

i. Coordinating Instructions:

(1) Key dates and triggers:

- (a) 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; and
- (b) Comd Canada COM and Comd CEFCOM to back brief their plans at a date to be determined;

(2) Antiviral. Antiviral use is to be on an informed consent basis. CF H Svcs Gp is to develop a standardized information package on antiviral use, supporting evidence, benefits and risks. The two triggers to dispense antiviral medications to individuals for prophylaxis during Phase 2 are, on order from the CDS following GoC approval, and secondly, laboratory confirmed evidence of PI virus activity in the local civilian or military community:

- (a) Allocation. The CF H Svcs antiviral stockpile aims to be sufficient for prophylaxis (preventive) courses of oseltamivir to cover two 45-day waves of a pandemic for all CF, DND and contracted personnel

designated as high risk for infection or operationally critical, in order to maintain critical operational capabilities. Additional antivirals are stockpiled to treat all remaining CF members that become sick, plus a portion to be held as a strategic reserve for CF contingency operations:

- i. FAITC has procured antiviral medications for foreign missions including the provision for the treatment of CDAO and MSGU, as well as their dependent families; and
 - ii. Applicable CF foreign exchange and liaison staff and their family dependants entitled to CF care, as identified in the results of the VCDS review, are to be allocated sufficient antiviral medications to treat PI illness. (It is estimated that 25% of the susceptible population will become ill.);
- (b) Wave. A wave is an epidemiological term to describe the curve depicting the number of cases diagnosed per day over a period of time, with cases typically increasing over a period of time to a peak and then dropping off over time. In the case of a PI, it is anticipated that the epidemiological curve will have several waves of about 45 days each, with a diminishing magnitude/peak for each wave. Since modelling has shown that it is not practical to attempt to eliminate a pandemic, the aim of any PI intervention is to flatten out the wave over time to ensure that a nation's maximum medical capability is never exceeded;
- (c) Distribution. Distribution of antivirals will be controlled by the CF H Svcs Gp. Initial distribution of antivirals to supporting pharmacies will take place upon declaration of Phase 4 of the WHO plan. Distribution will consist of sufficient antivirals to cover prophylaxis for the first wave for CF, DND and contracted personnel designated as high risk for infection or critical to maintain CF operations and treatment for the estimated number of CF personnel that may become ill from PI infection (25% of CF personnel that have not received prophylaxis).
- Additional antivirals to cover a second pandemic wave will be distributed in the same quantity upon initiation of Phase 2. Access to the strategic reserve will be coordinated by the SJS for CDS decision in consultation with CF H Svcs Gp;
- (d) Special access to antiviral stocks during Phase 1 for the treatment of CF patients in regions affected by case clusters from the pandemic alert virus is to be coordinated through CF H Svcs HQ; and
- (e) Priority of Antiviral Usage. If PI occurs in areas where CF/DND elements have not received their full allocation of antivirals, the following usage prioritization will be in effect:

- i. Treatment of CF personnel infected or likely infected;
On CDS order and upon GoC authorization prophylaxis for:
 - ii. CF personnel that are in close contacts of those under-going treatment;
 - iii. CF, DND and contracted health care workers who provide direct patient care, provide public health support, or are critical to the proper care of patients;
 - iv. CF and DND members providing a vital protective function on CF establishments (military police, fire fighters, sentries);
 - v. DND/CF personnel and contractor support deemed operationally or mission critical; and
 - vi. Of note, the appropriate provincial health authority provides for treatment of CF members' dependants and DND personnel and families located within Canada;
- (3) **Repatriation/Evacuation Guidance.** While in Phase 1, CF personnel are expected to remain in situ on operations, with no expectation of repatriation of either personnel or authorized dependants, apart from normal medical evacuation or security concerns. Although it is intended that CF operations will continue during Phase 2, decisions on the departure or repatriation of staff, personnel and dependants will be made on case-by-case basis (regional) by the applicable Level 1/ Comd, in consultation with our allies, the UN, FAITC, and other pertinent authorities. Provisions of MFSI Section 25/FSD 64 will apply to foreign service military personnel and dependants ordered or authorized to repatriate;
- (4) **Movement Restrictions.** Within Phase 1 (during Phase 4 and 5 of the WHO Plan) non-essential travel to affected areas is to be minimized. On declaration of Phase 2, CF commanders at all levels are to minimize all non-essential movement of personnel. If movement from pandemic affected areas is not stopped during Phase 2, exit screening of CF/DND personnel departing affected areas may be required. Exit screening criteria will be established and promulgated following consultation between CF H Svcs Gp and PHAC. It is recommended that personnel that are ill defer travel until they are well. Decisions with respect to the curtailment of large public gatherings during a PI will have to be addressed in conjunction with local health authorities and as the nature of the PI is better defined;

Individual Quarantine:

- (a) Quarantine of well individuals who have been exposed to a confirmed case of PI is a disease control measure that may be considered in order

to slow transmission in the local area. If used, it will be most effective in the very early stages of the pandemic entering an area. Individuals identified as close contacts may be asked/ordered to isolate themselves at home/quarters for the incubation period of influenza.² Where possible, the CF will implement this public health measure in accordance with local health authority policy; and

- (b) Once the disease has spread in the local area, quarantine will no longer be effective to slow or contain transmission. At that time, CF/community-wide communication strategies to inform personnel of what to do when they have been exposed to influenza, how to care for themselves and how/when to seek health care services will be instituted;
- (5) **Individual protective equipment.** Specific force health protection measures will be promulgated as the nature of a PI virus is better defined. However, based on what is currently understood about the nature of influenza spread, the use of generic surgical masks to protect the general public settings is not recommended. However, health care providers providing care to PI patients should wear the appropriate surgical masks. If the health care provider is performing procedures that may be expected to produce an aerosol, such as endotracheal intubation, an N95 equivalent mask should be worn;
- (6) **Public Affairs (PA).** The PA approach for DND/CF support to a government response to a PI will be active both internally and externally for all levels of operation in coordination, through the chain of command, with SJS PA staff. SJS PA staff will coordinate the DND/CF PA program with the federal lead departments and Commands:
 - (a) Messages. DND/CF PA messages will be coordinated with the federal leads and reviewed during Phase 1. Provincial/regional/local messages will be added by operational level (Command) PA staffs as needed during Phase 2 in coordination with SJS PA staff;
 - (b) Strategic Messages:
 - i. DND/CF is part of an all-level coordinated Canadian response to the pandemic by providing personnel and resources to assist in minimizing, mitigating or preventing the spread and impact of a PI in order to save lives, and reduce human suffering; and
 - ii. DND/CF will preserve operational effectiveness and readiness for our support efforts at home and for our missions abroad.

² In Canada, during the SARS epidemic public health authorities merely asked people who might have been exposed to SARS to voluntarily quarantine themselves in their homes. Canadian authorities provided food, other supplies, and even compensation for lost wages to people in quarantine. An estimated 20,000 civic-minded Canadians complied. Only 27 people were served with legal quarantine orders after they put up some resistance.

Friel, Brian. National Journal. As cited in http://www.govexec.com/story_page.cfm?articleid=32660&dcn=todaysnews.

4. **Concept of Support.** CANOSCOM will coordinate and provide General support (GS) to CEFCOM, Canada COM, other CF/DND organizations and OGDs as tasked and in accordance with CDS priorities. CANOSCOM will closely coordinate medical support with CF H Svcs Gp:

a. **International Operations:**

- (1) To maintain support to international operations, CANOSCOM will identify alternate means of transport (eg, commercial courier) to maintain sustainment lines of communications (LOC). A stockpile of 30 days of supply of necessary material will be established by CANOSCOM for each mission to prepare for probable disruption in the LOC due to a pandemic. This stockpile will be established on CDS order, based on CEFCOM's recommendation; and
- (2) The CF/DND is required to provide emergency medical and dental treatment for CANCAP contractor personnel while deployed overseas without compromising the support provided to CF personnel;

b. **NESS Hospital.** PSEPC may be tasked as required to coordinate the move of 200 bed hospitals from the National Emergency Stockpile System (NESS), which is under control of the Public Health Agency Canada (PHAC). These NESS hospitals are located in Ottawa, Chilliwack, Edmonton, Winnipeg, Brampton, Shawinigan, Longue Point (Montreal), Halifax and St. Johns. PHAC has commercial transportation agreements in place to enable them to move NESS assets in response to an emergency, however time and distance may require the use of resources beyond PHAC's capacity. In the event PHAC requires assistance to move the assets, they will request assistance from the GoC who will either contract civilian resources or request assistance from other government departments. DND could be asked to provide lift support, however this would normally be considered as a last resort. A NESS hospital is required to be in location within 24 hours of being mobilized. If military support is required in order to meet the timelines, the NESS hospital would be drawn from one of the warehouses that are within close proximity to Trenton, i.e. Montreal, Ottawa, or Brampton for both time and resource efficiency. It will take anywhere between 16-18 hrs by C150 Airbus or 18-20 hrs by C130 Hercules from APOE Trenton to reach as far as Inuvik NWT Airport. Airlift requirements would be for one C150 Airbus Combi or two C130 Hercules. The load would not include any dangerous goods nor would there be a requirement for temperature control;

c. **H Svcs Support.** CF H Svcs Gp is responsible for distribution of medical supplies and equipment to CF personnel domestically and internationally. The HSCC within CANOSCOM will coordinate distribution of medical supplies and equipment if required, to international and domestic operations. Means of distribution include existing national and international LOCs, commercial resources and CF assets. If required FAITC could also assist with the delivery of medical supplies and equipment through diplomatic Pouches to small missions;

d. **Medical Supply:**

- (3) Control of Antiviral Drugs. The CF H Svcs is responsible for the acquisition, storage and distribution of antiviral drugs such as oseltamivir. Commanders are not to acquire stocks of oseltamivir or other PI drugs through local providers; and
- (4) Medical Shortages. Should an unexpected deterioration of the situation occur, any medical equipment/or supplies shortages assessed as critical to the health of personnel are to be immediately reported to applicable commander;

e. **Medical Regulating**. Medical Regulating Teams are to be established at the JTF level to coordinate casualty tracking, aeromedical evacuation including strategic AME through the AMECO, and liaison with civilian HSS facilities;

f. **Treatment of Civilians:**

- (1) The implementation of this CONPLAN by way of a CDS/DM Directive constitutes authority, under Queen's Regulations and Orders 34.30, (2), (d) to provide vaccination and, if ordered by CDS, provide antiviral prophylaxis to designated DND civilian employees and contracted personnel;
- (2) Queen's Regulations and Orders 34.30 and 35.12 allow for the provision of emergency medical and dental treatment to civilians, on a cost recovery basis, in order to alleviate pain and suffering and to preserve life. Civilian patients will be transferred to civilian agencies as soon as practical based on the patient's condition; and
- (3) Evacuation of injured civilians may be requested. Civilian authorities must authorize all instances of evacuation; and

g. **Mortuary Affairs**. The Funeral Service Association of Canada (FSAC) is prepared to establish three containers to be placed at three military bases across Canada (probably Edmonton, Toronto area and Halifax). Each container would be a fully organized temporary morgue with all necessary equipment.

5. **Command**. Throughout Phase 1 and Phase 2:

- a. **Supported Commander**. Comd Canada COM and Comd CEFCON for their respective Area of Responsibility (AOR);
- b. **Supporting**. ECSs, Level 1s, Comd CANSOFCOM, Comd CANOSCOM; and
- c. **SJS POCs**: Director Continental Plans.