

Program Responsibilities for H1N1 Pandemic:

The responsibilities of the program are in accordance with the OHA principles of reciprocity.

Educate/orient learners on:

1. How to use appropriate infection control measures as outlined in the “General” section above. Act as a role model by practicing the infection control measures yourself. These measures help to protect you, your learners, and your patients and help prevent the spread of flu.
2. The use and importance of personal protective equipment.
3. The benefits of the annual influenza vaccination.
4. Who may be a high-risk individuals, from the OHA:

Health care workers with acute respiratory infections other than influenza should refrain from patient care activities, particularly during the first few days of illness when communicability is highest. If the health care worker must continue to work, i.e. if the absence of the health care worker poses a risk to patient safety, they should not work with high risk patients (see below), and must wear a mask and gloves and practice good hand hygiene during patient contact.

High Risk Patients

- People of any age who are residents of nursing homes or chronic care facilities
- People ≥ 65 years of age
- Adults and children with selected chronic health conditions, including, cardiac or pulmonary disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency and immunosuppression, renal disease, anemia or hemoglobinopathy, conditions that predispose to aspiration, and those ≤ 18 years on long term treatment with acetylsalicylic acid
- Healthy children aged 6-23 months
- Pregnant women

Immunization

1. OHA Guidelines require programs to keep records of immunizations, and provide health care facilities with the immunization rates when requested. Each program must set up a system to obtain proof of vaccination from their students (educate students to keep that documentation with them when they go to clinical placement). Immunization against pandemic H1N1 influenza is strongly recommended.
2. Advise students that there may be a restriction of the ability to work if immunization is not completed.

3. Each program must enable students, to the best of its ability, to receive the vaccine. This may be through their clinical setting, if offered, through public health clinics (coordinate class times with clinic times), or a clinic organized by the program or Faculty.
4. If a student is exempt from immunization because of a medical condition (persons who had a serious adverse reaction to a previous dose or any component of the vaccine, or with known anaphylactic hypersensitivity to eggs which is manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension, and shock), obtain medical evidence from the student, and include it in your records.
5. Screen for students who are a high priority for immunization for health care workers, and encourage those students to be vaccinated as a priority (pregnancy, cardiac or pulmonary disease, diabetes mellitus and other metabolic diseases, cancer, immunodeficiency and immunosuppression, renal disease, anemia or hemoglobinopathy, conditions that predispose to aspiration)

*Note on Residency Programs: Record keeping for immunization and mask fit testing are the responsibility of the program (post-graduate education) until the resident enters the hospital. From then, it is the responsibility of the hospital.

Risk Assessment of Clinical Placements

1. Have a tool available to know when to pull students from a clinical placement. This decision is made in collaboration with the clinical facility.
2. If a clinical facility determines that Tamiflu is necessary to work there, and the facility cannot provide it to the students, the programs may need to decide to pull the students out of that placement site.

FHS programs will support our students being a part of the clinical response to a pandemic in accordance with their education and ability.

Remain informed about local circumstances by reviewing healthcare bulletins, memos, and emails from the MOHLTC, clinical site, or educational program. Consider how learners might be affected by local circumstances (e.g. how is the hospital managing antiviral medications and immunizations). Bring concerns to the attention of leaders of your educational program and clinical site.

Know how to get in contact with your learner. Programs must, at any time, be able to inform a facility what students are in any particular location.

Ensure that each faculty member understands the students' responsibilities, and can advise the students of such if required.

Program Pandemic/Emergency Planning:

Educational programs are the primary administrative structures within the Faculty of Health Sciences by which learners can receive consistent information about their roles and responsibilities during a pandemic or outbreak. Faculty and learners participate in clinical educational activities across a broad geographical network within a wide variety of clinical environments. During a pandemic or outbreak, health policy throughout our clinical placement network comes under the jurisdiction of different authorities depending on the location and situation. The variety of clinical environments means that learners will be making contact with individuals with a wide range of clinical presentations. Additionally, as a pandemic or outbreak evolves, recommendations change with respect to the diagnosis and treatment of illness; and the disposition, and expectations placed on individuals involved in healthcare delivery, especially non-essential personnel such as learners. As such, it is not possible to develop a detailed description of how *all* situations should be managed since such management is dependent on the local and current context.

The purpose of this section is to describe a continuum of responsibility within the educational programs from the establishment of generic policies, practices, or recommendations at the Faculty of Health Sciences level to the development of very specific practices in each clinical setting. Below is a list of questions and issues that could be considered by educational programs to ensure that learners are being adequately supported during a possible pandemic or localized outbreak. The responsibilities of individuals within the educational programs will vary by program, right down to the clinical unit level, depending on the administrative structures and policies in place.

The Faculty of Health Sciences has a team that develops and implements the policies and practices to be followed by faculty and learners during a pandemic or outbreak, in consultation with public health and the local hospitals. Decisions made and information collected by this team will be disseminated through the associate and assistant deans, and the Faculty's administrative leadership. Similarly, issues and concerns at the program level will be brought back to this team via the same pathways. This team may consider some of the following issues, but they may also require input from or implementation by the educational programs. For this reason, the educational programs will likely want to begin considering the issues relevant to them and at what level within their program structure the considerations and decisions should be made:

1. What is the plan if learners are removed from one or more clinical environments?
 - a. Are there alternative clinical placement locations?
 - b. Who will be responsible for coordinating the relocation of learners?
2. What is the plan if learners are removed from *all* clinical environments?
 - a. How would this impact your programs?
 - b. What are alternative plans and what are the internal and external barriers to their implementation (i.e. internal barrier – convocation dates; external barrier – date of licensing exams)?
3. What is the policy for learners who miss clinical/academic time due to illness?
 - a. Is the policy consistent with policies in the University, Faculty, accreditation, licensing, and regulatory institutions?
 - b. Do stakeholders know what the policy says and how to reference it?
 - c. How much flexibility exists in the policy?
4. For your program, at each clinical site, consider the roles, responsibilities, policies, and practices of the local public health unit, hospital, ward, or clinic:
 - a. Who is responsible for ensuring learners know how to use personal protective equipment?
 - b. Who is responsible for ensuring that learners use personal protective equipment and appropriate infection control practices?
 - c. Who will make decisions about prophylactic treatment of contacts and how will these decisions be communicated to learners?
 - d. Who will learners notify if they become ill? Are there any hospital or public health requirements to report illness?
 - e. Who could make decisions about allowing learners to remain in the clinical environment and how would these decisions be communicated to the programs and learners?
 - f. Who could make decisions about what types of clinical learning experiences are available to learners? For example:
 - i. Learners at a certain level of training are prevented from working in certain environments by the hospital.
 - ii. A learner at a given site can only work with a certain subgroup of patients if the learner has been vaccinated.
5. How will you manage examinations or other evaluation exercises that have to be cancelled or postponed?
 - a. Is the evaluation exercise necessary?
 - b. Can one form of evaluation be substituted for another?
 - c. Can the evaluation be delivered in another site or format?