



ADVISORY NO. CPPI – 2

**[Please file in your ACO Practitioner’s Manual in the “Advisories” Section.
Replaces Advisory No. CPPI-1]**

Date: January 1, 2008

**Subject: CONTINGENCY PLAN FOR PANDEMIC
INFLUENZA**

The attached Contingency Plan has been produced by the Alberta College of Optometrists in response to a request from Alberta Health & Wellness.

The Plan reflects the ACO’s response during the course of this emergency and details regulated members’ and their staffs’ roles and responsibilities as well.

Please review this material personally and then with your staff.

Attach.

CONTINGENCY PLAN FOR PANDEMIC INFLUENZA

a. Background

According to health experts, a pandemic influenza is inevitable. Predictions are that it will occur with very short lead-time, anywhere from one to five months to realize a full scale epidemic. Most experts predict that up to 50 million people worldwide could die and many more would be moderately to severely affected.

This past century has seen three flu pandemics. The last one in 1968 was very mild and only killed about 1 million people. The previous one in 1957 was slightly more severe and it killed about 2 million people. The most severe one in 1918 was exceptionally virulent and it resulted in the death of about 40 to 100 million people – most of them young healthy individuals. In fact, it is estimated that at least ½ of all combatant fatalities in World War I were due to the pandemic flu. The recent tsunami in South Asia resulted in tens of thousands of dead bodies piled up and a shattered population in despair. Duplicate that scene in every major urban centre around the planet and it will give you some sense of the potential of pandemic influenza.

Unfortunately, the timing of this event is unknown. Alberta Health & Wellness estimates that in Alberta, within a six to eight week period, we will have a 50% casualty rate which will place increased pressure on health care providers, hospitals, regional health authorities and governments to respond. Unfortunately, the lead time to develop a proper vaccine is approximately 8 to 12 months. As such, we are presently ill prepared for a pandemic flu. For this reason, health-related organizations need to develop a proactive response to this anticipated epidemic so that we are prepared in advance.

The Alberta College of Optometrists is preparing to carry on operations during a pandemic influenza crisis in Alberta. As a strategic partner in the Albertan and Canadian health care systems, the ACO has an important role to play as the sole regulatory authority for Alberta's optometrists. The ACO, the Canadian Optometric Regulatory Authority (CORA), Regional Health Authorities, Alberta Health & Wellness, the Alberta Association of Optometrists (AAO) and the Canadian Association of Optometrists (CAO) all possess strategically valuable resources that could be essential in a coordinated and effective response to a pandemic.

The following is the ACO business contingency plan to address internal and external operations during a pandemic.

b. Goal

The goal of this plan is to enable the ACO to maximize support to the Alberta health care system by retaining core capacities to function in critically essential roles during a pandemic.

The ACO will accomplish this goal by:

1. Clearly identifying the critical services to be maintained during a pandemic emergency within the ACO office.
2. Preparing a surge capacity to maintain resources including human resources for those critical areas to account for sudden decreases in staffing numbers in the ACO office.
3. Preparing to support staff required to change or expand job responsibilities in response to the emergency.
4. Assisting in the mobilization of a potential workforce that is appropriately educated and trained to respond to the crisis.

c. Assumptions

This emergency pandemic plan was developed with the following assumptions stated in the resources that are referenced at the end of this document:

1. Timelines will be very short. The virus will appear in Alberta within three months of discovery anywhere in the world, and will reach peak mortality in the first wave two months after the first appearance in Canada.
2. Due to the predicted global infection range, there will be limited or no transfer of optometrists between provinces or from the United States.
3. Once the pandemic hits, there will be little time for training.
4. Planning is based on a 50% casualty rate within optometrists, staff and the general population.
5. Pandemic waves are predicted to last six to eight weeks, separated by three to nine months.

d. Internal ACO Office Operations

The ACO has determined those essential services that must continue during a pandemic and those that can be delayed during an emergency. All services will operate provided reasonable and appropriate staff resources are available. The essential core functions within the ACO have been determined to be communication, registration and complaints/investigations/hearings for external services and payroll/payables for internal services.

The recent SARS experience has shown that communication, liaison with other organizations, development of guidelines and support of optometric and ophthalmologic practice modes is an essential service in a pandemic. Given the assumptions of short timelines and a 50% casualty rate, it is essential to plan for staff coverage. Our response involved a combination of the following options:

- a] Cross training for current staff within regulatory and corporate services.
- b] Outlining process design so that a clear step-by-step procedure manual is available for new staff to reference.
- c] Detailing how many and for which positions temporary workers may be required as well as identifying sources for these alternate workers (temp agencies, other practicing optometrists, retired optometrists, spouses of other optometrists, AAO staff, etc.).

The ability for present staff to have off-site access of the ACO computer system has a major strategic role to play and would allow staff to continue to be productive if he/she were confined to home care. A virtual computer network has already been set-up in the ACO office. It is presently being expanded to allow remote access capabilities to selected individuals in the College (as dictated by various Privacy and Legislated Acts).

e. External Member Service Operations

Licensing

Appendix I (attached) is a policy entitled Registration of Existing Practitioners in Emergency Situations. This policy outlines the process for the ACO to expedite registration of eligible optometrists from outside Alberta. The ACO will not lower its current registration standards, but will expedite and prioritize registration procedures in the event of a pandemic.

Currently, the American National Board Exams are not accepted as equivalent to the Canadian Board Exams and as such, practitioners who are practicing in the U.S. are required to pass the CSAO before being allowed to practice in Canada. The same is true for Canadians who wish to practice in the U.S.A. and have not passed the American Board Exams. This emergency policy would not change the registration requirements for Canadian practitioners in other provinces (according to the MRA), however it would allow for a special permit to practice optometry to be issued for a period up to one year for registered optometrists from any American jurisdiction. The reality of drawing from other Canadian provinces or American states is remote. As all pandemic studies and reports state that it would be unusual for a pandemic influenza to be isolated to one province or state, other options need to be explored.

Appendix outlines status of ACO members and others who might be deployed to assist with the crisis. This document outlines the critical steps that would be required to identify the potential workforce, expedite registration where appropriate and the type of permit or license that might be issued. Three different groups would be targeted:

1. Optometrists Eligible for Automatic Licensure – Processes would be allowed to identify previously ACO registered optometrists (who have retired within the past three years) and are willing to be automatically re-registered.

2. Optometrists not Eligible for Automatic Licensure – Optometrists who were previously registered, but no longer meet automatic re-registration requirements could be registered with restricted licenses. These individuals would only be able to provide those services identified on their restricted licenses and for the time limit identified.
3. Optometry Students – Students of Canadian or American schools of optometry who wish to complete their internship or externship in Alberta would be identified and structures set in place to expedite their registration.

Appendix III outlines the status of other affiliated eye care professions and how each group is able to fill the void in the services provided by others should their manpower numbers be decimated by the pandemic.

Complaints/Investigations/Hearings

Conduct processes and timelines are detailed in the Health Professions Act, Optometrists Profession Regulations and Bylaws. If Alberta Health & Wellness were to introduce emergency legislation, consideration would be given to suspending required timelines for responses by the ACO to complaints, investigations and hearings tribunals during a pandemic. Human resources during that situation will be concentrated on registration of optometrists. This affords the ACO protection from breaching the rules of natural justice and having no jurisdiction over a pending hearing that could ultimately affect public safety.

In an effort to decrease personal contact and possible spread of the disease, we would temporarily suspend on-site practice visits that are required in our Continuing Competency Program, but would continue to operate the self-assessment portion.

Communications

Throughout this current year and again during the early phases of a pandemic influenza, the ACO will communicate to its members our business contingency plan. Possible distribution routes include regular mail, e-mail, fast-fax, the ACO website or other electronic/paper media. Permission for sharing information will be in compliance with the Personal Information Protection Act (PIPA).

The ACO would also communicate with other regulatory colleges and regional health authorities as to the possible use of optometrists in hospitals and clinics not currently serviced by optometrists where vision care services are required.

Prior to an outbreak, articles in the ACO Communicator will focus on issues surrounding a pandemic influenza outbreak. Topics could include ethical responsibility, protection measures, overview of the ACO contingency plan and supervision of office staff for restricted and non-restricted activities. All optometrists and ACO staff will be

encouraged to receive their annual influenza immunization to protect them from known strains of the virus.

Again, in an attempt to limit personal contact and possible spread of the virus, regular ACO Council meetings would continue via electronic means (telephone conference calls or via internet) rather than face-to-face. All staff and Council member travel would be strongly discouraged.

f. Summary Timing of Activities

Pre-Pandemic Phase

- Request emergency legislation from Alberta Health & Wellness to fully activate the ACO Contingency Plan for Pandemic Influenza.
- Update member database contact information including request for email addresses.
- Cross train core business functions internally and develop step-by-step outlines for all internal operations
- Communicate need for ACO staff and regulated members to receive annual influenza immunization.
- Finalize internal information technology review and implement required changes to the ACO computer system.
- Publish articles in the ACO Communicator.
- Develop and document emergency registration processes during a pandemic.

Pandemic Phase

- Communicate business contingency plan with members and stakeholders.
- Provide communication and liaison with other regulatory colleges and regional health authorities.
- Co-ordinate member resources to properly service the entire province.

Post-Pandemic Phase

- Debrief on success of plan and modify as necessary to handle subsequent wave.
- Review registration cancellation for those temporary members.

g. References

- Government of Alberta – Alberta’s Plan for Pandemic Influenza, November 2003
- Government of Canada – Canadian Pandemic Influenza Plan, March 2004
- Government of Alberta – Alberta Health Professions Pandemic Influenza Planning Checklist, March 2004
- Alberta Association of Registered Nurses Business Contingency Plan for Pandemic Influenza, December 2004.

APPENDIX I

Registration of Existing Practitioners in Emergency Situations

Policy

The ACO will expedite registration of eligible optometrists from jurisdictions outside of Alberta in an emergency situation, so designated by Alberta Disaster Services, where additional optometrists are required. The current ACO registration standard will not be significantly compromised in a pandemic situation to ensure that Albertans will continue to receive the same high quality vision care services from competent practitioners that they expect and have been accustomed to.

In a pandemic situation, this route of practitioner influx will probably not be a viable option as the pandemic will be global, and as such, the possibility of drawing from other Canadian provinces or American states is remote.

Registration Category

a] Optometrists currently practicing in another Canadian province will be registered as regulated members in the ACO Regulated Practitioner category if they meet all current requirements of registration:

- ✓ Successfully passing the CSAO or equivalent Canadian Exam.
- ✓ Filling out all registration forms and providing picture ID.
- ✓ Letter of good standing in the jurisdiction they are currently practicing in.
- ✓ Successfully challenge of the ACO jurisprudence exam.
- ✓ Proof of maintenance of CPR Certification – Health Care Provider Level.
- ✓ Proof of (at least) the minimum liability insurance.
- ✓ Payment of the appropriate registration fees.

b] Optometrists who graduated from an accredited North American School of Optometry and are currently practicing in an American state will be registered as a regulated member in the Courtesy Practitioner category (up to one year time period) if they meet all the following requirements of registration:

- ✓ Letter of good standing in the jurisdiction they are currently in.
- ✓ Filling out all registration forms and providing picture ID.
- ✓ Successfully passing the American National Board Exam.
- ✓ Successfully challenging the ACO jurisprudence exam.
- ✓ Proof of maintain of CPR Certification – Health Care Provider Level.
- ✓ Proof of (at least) the minimum liability insurance.
- ✓ Payment of the appropriate registration fee.

c] Optometrists who graduated from an International School of Optometry and are currently practicing in international locations will not be accepted for licensure as their education, training and present scope of practice do not meet the current Alberta standards.

APPENDIX II

Current Status of Previous ACO Members and Others

Policy

The ACO will identify those individuals that are qualified to provide vision care services and expedite their registration in the event of a pandemic. Three groups of individuals possess the necessary didactic education and clinical training that would allow them to be registered with the ACO:

- a] Optometrists Eligible for Automatic Licensure – Previously registered optometrists who have retired from the ACO within the last three years would be automatically eligible for re-registration in the registered member category of the ACO. They would have to comply with the ACO Continuing Competency Program requirements to maintain licensure.

- b] Optometrists not Eligible for Automatic Licensure – Previously registered optometrists who have been retired from the ACO for three years or more; or, any optometrists who has retired from any other Canadian or American jurisdiction would be allowed to be registered in the courtesy member category and be allowed to practice under the supervision of a registered optometrist. These practitioners would only be able to provide those services stated on their restricted license and for the identified time limit.

- c] Optometry Students – Will be eligible to be registered as interns or externs if they meet all the requirements as outlined in the ACO Internship and Externship Program Advisory. In reality, this is the most likely source of new practitioners. The two Canadian schools of optometry (Waterloo and Montreal) follow similar didactic and clinical programs; and graduates of both schools do equally well on the CSAO exam. Students of American schools of optometry will also be eligible for registration in this category. Students of International schools of optometry will not be allowed to be registered in this category. All students will have to be supervised by a registered optometrist and be allowed to provide services for the identified time limit.

APPENDIX III

Status of Affiliated Eye Care Professions

Policy

The ACO recognizes and accepts that other professions will have processes in place to deal with the anticipated pandemic problem. We agree that the regulatory body for each of these professional groups should be the governing body to recommend the various policies that would be applied to their profession in the event of a pandemic. The ACO also recognizes that we currently have an overlap of services provided by these professional groups. As such, the following is intended to offer a practical and safe option for the Alberta consumer/patient in the event that one or more of the eye care professions is decimated by a pandemic.

- a] Optical Services – Optical vision care services are defined as:
- o Selection of an eyeglass frame appropriate to that particular patient’s lifestyle requirements and prescription.
 - o Selection, surfacing, edging and finishing of an eyeglass lens to properly and accurately fit the frame.
 - o Verification of the finished eyeglass prescription.
 - o Adjustment and fitting of the eyeglasses.
 - o Dispensing a supply of contact lenses according to a previously determined specification.
 - o Instruction in the handling, insertion, removal, care and wearing of contact lenses.

Optical services are currently provided in Alberta by four groups; opticians, optometrists, optometric assistants and “lay individuals” who receive on-the-job training by a licensed optician or optometrist. Opticians and optometrists are legislated by the Alberta Government to provide these services by themselves. Optometric assistants and lay individuals provide these services under the supervision of an optician or an optometrist.

As the technical and practical requirements to train an individual to provide these services is not considered demanding, it is not anticipated that a pandemic induced manpower decimation would be a problem as it is not a complex task to train lay individuals to provide these services on short notice.

- b] Diagnostic Services – Diagnostic vision care services are defined as:
- Regularly scheduled complete and/or partial eye exams.
 - Emergency exams for acute eye disease, vision loss, etc.
 - Specialized subsequent single procedure testing such as visual fields, retinal nerve fiber layer analysis, corneal mapping, tonometry, etc.
 - Consultations requested by other health care practitioners.
 - Specialized workups for headaches, neuron-optometric problems, glaucoma, low vision, specialized contact lens fittings, binocular vision and perceptual vision problems, etc.

- Pre and post surgical care.

These services are currently provided by optometrists, ophthalmologists and a selected few family physicians with advanced training. No other professional group is trained or certified to provide diagnostic vision care services. It is logical to assume that ophthalmologists will utilize the full extent of their training and provide tertiary or surgical services rather than primary care diagnostic services. It is also logical to assume that family physicians will be too busy with other areas of medical practice that would be deemed higher priority to be providing primary care diagnostic vision care services. As such, the provision of diagnostic vision care services will become the responsibility of the optometric profession.

In recent years, more diagnostic vision care services are being provided by optometrists as newly graduated ophthalmologists choose to fully utilize their didactic education and clinical training to provide tertiary and surgical services rather than diagnostic vision care services. Current and anticipated pandemic optometric manpower supply is considered adequate to continue to provide these services.

c] Minor Treatment Services – Minor treatment vision care services are defined as:

- ❖ The provision of medications for eye diseases such as glaucoma, eye infections, iritis, eye inflammations, etc.
- ❖ Removal of foreign objects from in, or and around the eye.
- ❖ The provision of minor surgical procedures such as epilation of lashes, excision of fluid cysts, removal of sutures, etc.
- ❖ Emergency eye-care for chemical splashes, allergic irritations, etc.
- ❖ Surgical services.

These services are currently provided by optometrists, ophthalmologists and a few selected family physicians with advanced training. Again, as in section [b], it would be logical to assume that ophthalmologists and family physicians would be utilized in other areas of medical practice in a more effective and efficient manner. As such, optometrists would continue to provide those services that are in their educated and legislated scope of practice and continue to refer the tertiary and surgical cases to ophthalmologists.

Although some optometrists have taken advanced training to provide tertiary and surgical vision care services in selected American jurisdictions, the reality of bringing them to Alberta in a global pandemic situation to provide surgical services is extremely unlikely.

d] Surgical Treatment Services

The provision of major surgical services will continue to be the purview of ophthalmologists. This will include surgery for cataracts, retinal and vitreal conditions, glaucoma conditions not controlled by medication, etc. Triage to identify and operate on only the most serious conditions may be necessary should manpower resources be depleted significantly.

Special Hygiene & Sterilization Requirements in the Event of a Pandemic Influenza

Guidelines 1.1.3 of the ACO Guidelines to the Standards of Practice details the standard accepted sterilization and sanitation procedures for use by all optometrists during regular office procedures. In the event of a pandemic flu outbreak, extra sanitation and sterilization procedures are required in order to protect the practitioner, the staff and patients and families of these groups.

Currently it is extremely difficult to recognize the signs and symptoms of patients infected with this new H5N1 avian influenza. Patients may present with the usual flu-like symptoms of fever, cough, sore throat, muscle aches, eye infections, pneumonia, acute respiratory distress and possible diarrhea. The most disturbing fact is that although the 1918 flu pandemic had a fatality rate of about 2.5%, this new H5N1 avian influenza has a fatality rate of 60%-75%, even with the advanced medical knowledge we have today compared to 1918.

The goal is to limit the spread of the flu virus.

1. All staff and doctors should be masked for the entire day. As well, temporary masks should be offered and strongly encouraged for all patients who enter the optometric facility.
2. All staff and doctors must wash their hands with hand soap and warm water after contact with each patient. It is recommended that liquid soap in “pump” containers be used rather than bar soap. Obviously, disposable towels should be used to dry hands.
3. Latex or vinyl gloves (if used) must be properly discarded after contact with each patient.
4. All patients and specifically those diagnosed with the H5N1 avian influenza should be temporarily discouraged from visiting your office for regular eye care. However, they should still be able to access your services for emergency and acute requirements. The ACO considers it appropriate for optometrists to post a notice on their front door advising patients of this fact. The use of recall notices to your patients for regularly scheduled eye care is strongly discouraged during the time of a pandemic.
5. The ACO considers it acceptable for optometric offices to limit their hours of operation as well as rotating staff and doctors in an effort to protect their families.
6. Staff and doctors who are already immuno-suppressed or who have become infected with the avian virus should avoid contact with all other individuals at all costs.
7. In the event of the complete closure of the optometrist’s office, appropriate measures should be undertaken with other facilities in the immediate area and notice given to patient and the general public in order to ensure continuation of their eye care services.