**Pandemic Preparedness (AOM template tool)**

The following 12 questions have been developed by the AOM to foster proactive discussion within the practice group about pandemic planning. When considering these questions, practices should reflect on their experience (if any) during past outbreaks, including SARS and H1N1. For example, during the SARS outbreak, midwives reported increased requests for midwifery services and home birth and some practice groups had less capacity as some midwives were quarantined. Consider having a small group of practice members identify the most important topics for their practice and prioritize those items for discussion first. Although these discussion questions refer to general (non-disease specific) pandemic planning, they do not cover general business continuity issues that may arise during an outbreak or any time outside of a pandemic, for example, power outages.

| **Discussion questions** | **Notes/Plan/Follow-up** |
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| 1. Who will the practice group assign as “pandemic officer,” either one person or a small team, who takes particular care to keep up to date with the messages coming from the Ministry of Health and the AOM about the pandemic? Who will be responsible for developing, revising, monitoring, and implementing the pandemic plan? Who can be our “pandemic officer”? |  |
| 1. How will we plan for all midwives and staff to be aware of their roles/responsibilities during a pandemic outbreak? |  |
| 1. How will all midwives maintain current knowledge of pandemic threats and the recommended course of action? For example, the AOM forwards relevant important health notices to midwives. Midwives can also subscribe to receive the MOHLTC’s health notices and updates from Public Health Ontario of your local Public Health Unit and/or LHIN if available. |  |
| 1. What is our plan for communicating with staff, volunteers, clients and family members during a pandemic? |  |
| 1. How will we support each other and continue to provide care to clients if our own "workforce" is affected (e.g., if staff, midwives, or their families become ill/quarantined)? What if a significant number of midwives and/or staff are absent at the same time? Will we hire temporary staff for the office? Will midwives on holiday/leave be able/willing to come back to work? Can we ask other practices or physicians in the area for support? What about nursing agencies, second attendants, other community organizations, volunteers, students, family members? |  |
| 1. If we needed to start using second attendants or use them more, how could we find and train second attendants quickly? |  |
| 1. What are our expectations regarding vaccination for midwives, second attendants and clinic staff? Do these change in the midst of a pandemic? |  |
| 1. How can we support midwives and staff to self-identify their own illness by knowing the signs and symptoms of influenza? How do we encourage midwives and staff to report symptoms of febrile respiratory illness, influenza-like illness or other illnesses relevant to the pandemic? |  |
| 1. What is our policy for midwives and staff that are ill regarding staying home and returning to work? Is there work that they could do from home to support the practice? E.g., could they take pages and do telephone triage, do BIS entry, order supplies, etc.? |  |
| 1. If we are asked to attend women in labour who are not our clients (e.g., because other practice groups/ physicians are unable to), how will we respond to that request? For example, will we prioritize care to our clients currently in care; will we prioritize care to those who need it most; or will we consider seeing more clients for shorter/less frequent visits/early discharge? Will we need an alternate practice arrangement? What factors would influence this decision? |  |
| 1. Does the practice group have a collaborative planning relationship with other health-care organizations in the community (e.g., local public health unit, other primary care practices/community agencies, emergency medical services, acute care hospitals, Local Health Integration Networks)? Is there anyone we should reach out to proactively? |  |
| 1. What personal protective equipment do we need to keep in stock at the clinic in the advent of a pandemic? |  |