

Perth District Health Unit Emergency Response Plan



The Perth District Health Unit

V8.0

Record of Plan Distribution

The “Plan Distribution” section shows to whom the plan has been circulated. It lists the name, position, program area, and division of each person that receives a copy of the plan as well as the date the plan was distributed to them.

Emergency Response Plans (ERP) contain confidential information. It is important that a list of individuals who have received a copy of the plan are kept. This distribution record can be included as an appendix to the plan. The record will also serve as a checklist for distributing revisions to the plan.

External Copies

City of Stratford	Clerk Administrator	1
Town of St. Marys	Clerk Administrator	1
Town of North Perth	Lead Administrative Officer	1
Township of West Perth	Lead Administrative Officer	1
Township of Perth East	Lead Administrative Officer	1
Township of Perth South	Lead Administrative Officer/Clerk	1
County of Perth	CEMC	5
Stratford Police Department	Lead of Police	1
Sebringville OPP Detachment	Inspector	1
Stratford Fire Department	Fire Lead	1
Perth County Ambulance Service	Director	1
Huron Perth Health Care Alliance	Lead Administrative Officer	1
Listowel Wingham Hospital Alliance-Listowel Site	Lead Executive Officer	1
Community Care Access Centre	Business Manager	1
Ontario Works (Social Services)	Director	1
		19

Internal Copies

Emergency Response Plan Master		1
Medical Officer of Health (home & office)		2
Director of Health Protection (home & Office)		2
Business Administrator (home/office)		2
Director of Community Health (home & office)		2
Communications Manager (home/office)		2
Epidemiologist (home & office)		2
All Public Health Managers (home & office)		10
Senior Public Health Inspector (home & office)		2
Health Line – minus Appendix D – Emergency Contact List		1
Library		1
On-call Kit / two grab and go bags - electronic copy Plan and Appendix D only		1
		27

Table of Contents

Record of Plan Distribution	3
Glossary of Terms	7
Background	8
Aim.....	8
Annual Review.....	8
Definition of an Emergency.....	8
Risk Assessment in the Perth District Health Unit.....	9
Authority	9
Emergency Management and Civil Protection Act (EMCPA).....	9
Health Protection and Promotion Act (HPPA).....	9
Relationship to Other Plans	10
Declaration of an Emergency	10
Municipal Declaration of an Emergency.....	10
County of Perth Declaration of an Emergency.....	11
Termination of an Emergency	11
Termination of a Municipal Emergency.....	11
Termination of a County of Perth Emergency.....	11
Incident Management System	12
IMS Roles	14
Activation of Perth District Health Unit Plan	15
Executive Committee Input.....	15
Termination of a Perth District Health Unit Emergency Response.....	15
Job Action Sheets	
Incident Manager.....	16
Communications Officer.....	17
Operations Lead.....	18
Planning Lead.....	19
Logistics Lead.....	20
Administration Lead.....	21
Continuity of Operations Lead.....	22
IMT Roles and Responsibilities	23
Specific Responsibilities	24
Medical Officer of Health.....	24
Medical Officer of Health Assistant.....	24
Epidemiologist.....	24
General Considerations	25

Notification/Fan Out Procedure	26
Point of Contact for Perth District Health Unit Staff	26
External Notification.....	26
Specific Information for Contacting Dentists	26
Perth District Health Unit Emergency Operations Centre	27
Supporting the Emergency Operations Centre	28
EOC Administrative Assistants	28
Assistant to Incident Manager	28
Break Out Room	28
Alternate Site for PDHU EOC Stratford Office	28
Business Cycle.....	29
Timing of the Business Cycle	29
Meeting Portion of Business Cycle	29
Working Portion of Business Cycle.....	29
Mutual Aid.....	30
Occupational Health and Safety	30
Support Mechanisms for Board of Health Staff.....	31
Recovery Management	31
On-going Plan Development	33
Document Control	33
Training and Exercises	33
Appendix A: Guidelines for Nutrition Support	34

Annexes

1. Notification Procedures
2. Mutual Aid/Assistance Agreements
3. Response Plans Required Under Other Protocols and Standards
4. Response Plans for Identified Hazards
5. Continuity of Operations Plan
6. Mass Vaccination Plan
7. Communication Annex
8. Emergency Shelter
9. Document Control
10. Surveillance

Appendices

- A. Hazard Identification and Risk Assessment
- B. Perth County Map
- C. Location of Resources
- D. County Emergency Contact Lists
- E. Health Unit Communication Equipment
- F. List of Fact Sheets
- G. List of Trained Staff
- H. IAP Template (“to do” list)
- I. Skills Inventory (including Admin Roles)
- J. Outbreak Questionnaire Templates
- K. Recovery Phase
- L. Recommendations from Previous Incidents

Glossary of Terms and List of Acronyms

EAP	Employee Assistance Program
ECG	Emergency Control Group
EMB	Emergency Management Branch
EMO	Emergency Management Ontario
EOC	Emergency Operations Centre
EOCG	Emergency Operations Control Group
ESF	Emergency Support Function
EMCPA	Emergency Management and Civil Protection Act
HIRA	Hazard Identification and Risk Assessment
HPPA	Health Protection and Promotion Act
IAP	Incident Action Plan
IMS	Incident Management System
IMT	Incident Management Team
MECG	Municipal Emergency Control Group
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
OCS	On-call Staff
OIC	Order in Council
PDHUERP	Perth District Health Unit Emergency Response Plan
PDHUEOC	Perth District Health Unit Emergency Operations Centre
PDHU	Perth District Health Unit
SAC	Spills Action Centre

Background

Aim

The aim of the Perth District Health Unit Emergency Response Plan is to provide a framework through which a timely and effective mobilization of Health Unit staff and resources can be achieved in order to protect the health and safety of the citizens. It is a plan for the coordination of staff and services required in the event of a real or anticipated emergency. The plan will help assist Health Unit staff to:

- Provide a prompt response to the emergency
- Protect the health and safety of citizens of Perth County
- Define the role of public health
- Assist in the management and control of the emergency
- Prevent morbidity and mortality in citizens, as a result of the emergency
- Prevent and control the spread of infectious disease(s)
- Provide accurate information to officials, the media and concerned citizens
- Provide appropriate public health personnel to deliver emergency public health services
- Cooperate with other emergency response agencies
- Provide services to address post emergency issues resulting from the emergency situation
- Continue delivery, of essential public health services. These services may include but are not limited to:
 - Public health announcements
 - Food safety
 - Water quality
 - Vaccination clinics
 - Control of disease outbreaks
 - Health information

See Appendix 5: The Perth District Health Unit Continuity of Operation Plan (PDHUCOOP) for more details.

- Assist in restoring the community and Health Unit to normal services

The Plan is intended to be a generic “all hazards” plan which can also be used in conjunction with specific types of emergencies.

Annual Review

This plan will be reviewed at a minimum annually by the Emergency Response Coordinator and the Perth District Health Unit Emergency Response Committee. This plan will be reviewed for effectiveness through emergency exercises on an annual basis by testing the entire plan or parts of it. The Emergency Response Coordinator and the PDHU Emergency Response Committee will make the appropriate changes to the plan as a result of these reviews and tests.

Definition of Emergency

An emergency is defined as a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.

Public Health Related Risk Assessment for Perth County

Based on Hazard Identification and Risk Assessment (HIRA), the probability of certain emergencies occurring in Perth County that would require Health Unit response are listed in the following priority (Highest to Lowest). **See Appendix A: Hazard Identification and Risk Assessment Methodology.**

<u>Hazard</u>	}	<u>Probability/Consequence</u>
Severe Weather Events Severe Influenza Opioid Misuse	}	Extreme/High High/High High/High
Adverse Water Events (including water-borne illness) Explosion/Fire Hazardous Materials (Transportation)	}	High/Substantial
Disease Outbreaks Hazardous Materials (Fixed Site) Flooding	}	Moderate/Substantial
Extreme Temperature Critical Infrastructure Failures Power Outages Food Recalls Oil/Natural Gas/Propane Events	}	Extreme/Limited
Animal Disease Food/Water-borne Illness (Large Community Outbreaks)	}	High/Limited

Authority

Emergency Management and Civil Protection Act (EMCPA)

The legal basis for emergency management in the province of Ontario is in part provided for in the Emergency Management and Civil Protection Act (EMCPA). The EMCPA requires ministries and municipalities to develop and implement an emergency management program consisting of emergency plans, training programs and exercises, and public education, as well as infrastructure to support emergency response. The EMCPA identifies through Order-in-Council (OIC) the specific emergency management responsibilities for the ministries of the Crown. The Ministry of Health and Long-Term Care, for example, has the OIC responsibility for taking a lead role in emergencies relating to human health, disease and epidemics and health services during an emergency. To achieve provincial and local level readiness, boards of health must develop their own public health emergency preparedness program to provide response capabilities in an emergency which complements the municipal and provincial emergency preparedness programs.

Health Protection and Promotion Act (HPPA)

The HPPA identifies the powers and responsibilities of boards of health, medical officers of health and the Lead Medical Officer of Health. Its purpose is to “provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.”

Health protection is a cornerstone of the HPPA and of public health activities in the province of Ontario. Boards of health have responsibility for identifying and preventing, reducing, or eliminating health hazards and addressing communicable diseases. The HPPA provides legal authority for boards of health to respond to a public health emergency that has been determined to be a health hazard or as the result of a communicable disease.

In an emergency, the Health Unit's role is to:

- Assess the impact of the emergency situation on the health of the public.
- Advise the public on matters concerning public health, through communication channels established by the Municipal Emergency Control Group (MECG).
- Control communicable disease.
- Provide advice on the health and safety aspects of emergency water supplies, sanitation, shelters, food supplies, mass feeding, garbage and sewage disposal.
- The Health Unit is aware of certain vulnerable populations through the delivery of Health Unit programs and services. Depending on the nature of the emergency, and when resources permit, the Health Unit will assist in identifying and responding to stress reactions, both immediate and long term, in such vulnerable Health Unit clients. Where this is not possible, clients will be advised to access assistance using usual channels such as their family doctor and the emergency department.
- Notify other agencies and senior levels of government of health matters relating to the emergency

Relationship to other Plans

- The PDHU Emergency Response plan aligns with the following plans:
- Ministry of Health and Long-Term Care Emergency Response Plan
- County of Perth and Member Municipality Emergency Management Plan
- The Town of St. Marys Emergency Response Plan.
- The City of Stratford Emergency Plan
- Huron-Perth Healthcare Alliance
- Listowel-Wingham Hospital Alliance
- Conservation Authorities

Declaration of Emergencies

Municipal Declaration of an Emergency

An emergency will be declared by the Head of Council or Acting Head of Council of a lower tier municipality. The Head of Council has the authority to declare that a municipal emergency exists within the boundaries of their municipality. This decision is made in consultation with other members of the Municipal Emergency Control Group (MECG).

In each municipal plan, the Medical Officer of Health (MOH) or her alternate becomes a member of the MECG. The municipality's plan sets out responsibilities for the MOH and Health Unit during an emergency. While the MOH's role may include coordinating health services, it does not include supervision of triage at the emergency site or other aspects of mass casualty care.

Note: The MOH will be accompanied to the MECG by the MOH Assistant see page 24 for detailed responsibilities of this position.

In most cases when a Municipal emergency is declared, the PDHU Emergency Response Plan will be automatically activated.

County of Perth Declaration of an Emergency

The County Warden as the Head of Council, in consultation with the County Emergency Control Group has the authority to declare an emergency to exist within the County of Perth. The County of Perth and Member Municipalities Emergency Management Plan may be activated under the following conditions:

- When the Head of a Municipal Emergency Control Group requests assistance and indicates that the County is being asked to provide assistance or to assume control of the emergency;
- When an emergency cannot be defined as a local emergency
- When County facilities are threatened or an extraordinary demand is placed on County resources and,
- When a County wide major occurrence or emergency happens

In most cases when a County emergency is declared, the PDHU Emergency Response Plan will be automatically activated.

Termination of an Emergency

Termination of a Municipal Emergency

A Municipal Emergency may be terminated at anytime by:

- The Head of Council or Acting Head of Council, or
- The Municipal Council, or
- The Premier of Ontario

Termination of a County of Perth Emergency

A County Emergency may be terminated at any time by:

- The County Warden, or
- Perth County Council, or
- The Premier of Ontario

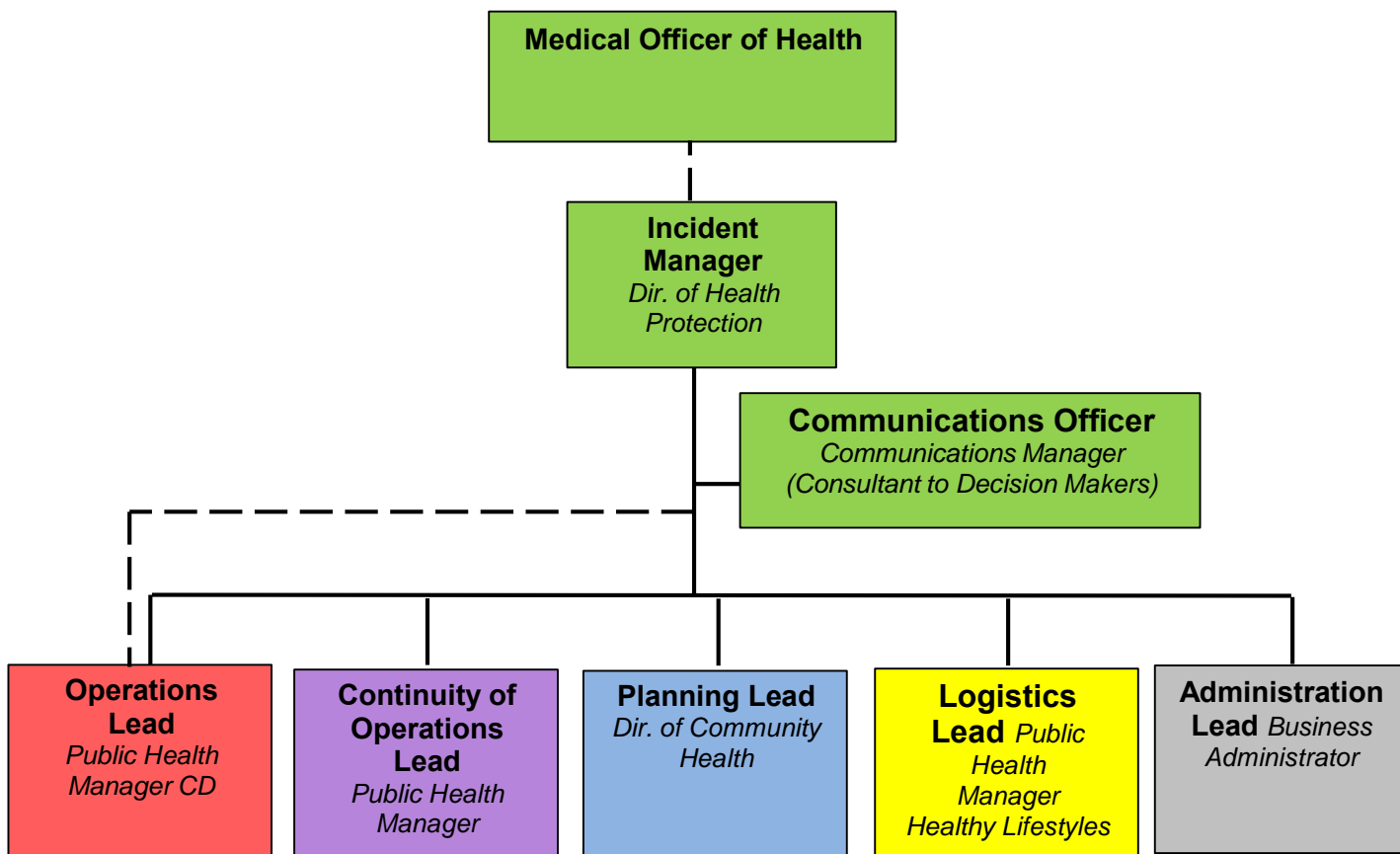
Incident Management System

The Perth District Health Unit has adopted The Incident Management System (IMS) in order to respond to public health emergencies effectively. IMS has been adopted by many organizations including; Emergency Management Ontario, MOHLTC, municipal/regional governments and by individual Public Health Units. It is a simple structure that can be applied to any organization involved in an emergency. It allows for the standardization of contacts across organizations, which makes communication and cooperation among the groups easier, and the process of managing an emergency more efficient.

Below is the organizational structure the Perth District Health Unit will use to respond to emergencies that involve a public health response. The members are collectively known as the **Incident Management Team (IMT)**.

Reporting Structure

Once the Incident Management System is activated, the IMT Leads will report to the Incident Manager in all matters pertaining to the incident response



Overall, the Incident Management Team (IMT) responsibilities are to:

- assess the emergency from a public health perspective
- allocate Health Unit resources to address the emergency and coordinate the response across departments, including assignment of staff to other departments or duties as necessary
- prioritize programs to be maintained or deferred during the emergency
- ensure appropriate liaison with municipalities, other agencies and the Ministry of Health and Long-Term Care as necessary
- coordinate internal and external communications
- ensure that essential department activities are maintained during the emergency
- ensure there are adequate resources for each function’s needs
- review each function’s response after the emergency, and revise the Emergency Plan accordingly.

Membership of the Perth District Health Unit Incident Management Team (IMT):

- Medical Officer of Health
- The Incident Manager
- Communication Officer
- Operations Lead
- Planning Lead
- Logistics Lead
- Administration Lead
- Continuity of Operations Lead

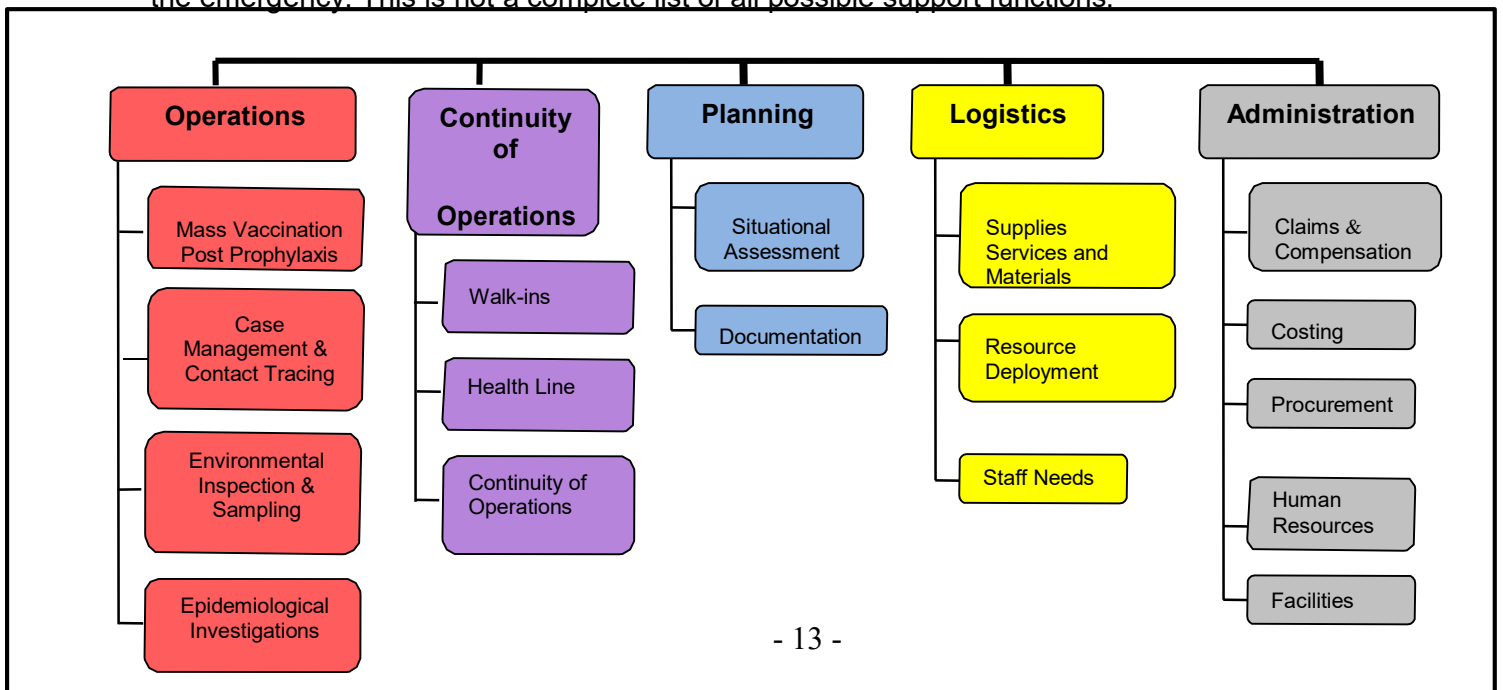
These positions are activated by the Incident Manager, if needed other staff could be called to sit with this team e.g. Epidemiologist

PDHU Emergency Support Functions

Various subgroups with specific mandates are organized under these positions in what are known as “**Emergency Support Functions**” (ESFs). This will allow the Incident Manger and the other key staff in the Emergency Operations Centre (EOC) to concentrate on the actual management of events as they unfold, by delegating specific staff members to deal with these various support functions. The following example shows some of the more common support functions each section might need in an emergency situation.

Typical IMS General Staff Structure with Activated Emergency Support Functions

Remember: support functions can be added or removed based on the need, the type, and severity of the emergency. This is not a complete list of all possible support functions.



Incident Management System (IMS) Roles

Each of the following positions provides a key management function for the emergency response. It should be remembered that only those sections required for the emergency response are activated. Sections can be activated and deactivated multiple times during an incident. The person who makes this decision regarding opening or closing sections is the Incident Manager.

Incident Manager

This person is in charge of the incident. The Incident Manager has ultimate responsibility for development of an incident action plan, allocation of resources and assuring that the necessary sections are activated (or deactivated).

The Incident Manager is provided with information and advice and counsel from the Incident Management Team for the sections that have been activated. The Incident Manager oversees the development of the response objectives and from this comes the development of an incident action plan.

Communication Officer

This individual is responsible for ensuring that appropriate information is provided to the public and media and that required information is provided to Health Unit staff. This ensures consistent messaging. This information must be accurate, timely, and consistent with that of other agencies. The Communications Officer frequently serves as the official spokesperson for the Health Unit, or may brief or assist the Medical Officer of Health or Incident Manager when preparing for a press conference or other major information session. During an emergency, all information that is provided to the public is done through the Communications Officer.

Operations Lead

The Operations Lead carries out the specific tasks and objectives that the Health Unit needs to do, in order to accomplish the goals of the incident response. In this section, the incident action plan is actually executed. Examples of Operation activities include risk assessment, epidemiological investigation and data collection, inspection and sampling, distribution of vaccines, and case investigation.

Planning Lead

The purpose of this role is to organize data, make projections and forecasts about the event and report the information to the Incident Manager so planning can begin to deal with future issues.

The Planning Lead assists the Incident Manager with establishment of an incident action plan (IAP), and the information from Planning enables the Incident Manager to make decisions about ramping up or contracting services. For example: during an influenza vaccination clinic, the Planning Lead may monitor the number of citizens vaccinated each day and compare this to the targeted daily number of vaccinations. If the number exceeded the daily goal, this would be reported to the Incident Manager, and the plan may be revised to operate more clinics in the area for more days, or conversely, if the number of vaccinations was less than the goal, the number of public health vaccinators may be decreased, the marketing or outreach strategy may be revised or the vaccination site relocated to increase accessibility.

Logistics Lead

The Logistics Lead provides the support to the functions that have been activated in the Health Unit so that the work can be accomplished. For public health, logistics is responsible for arranging and scheduling staff to support the incident, organizing training for new and redeployed staff and providing nutrition, lodging and depending on the emergency family support for staff. Logistics also coordinates the use of Health Unit volunteers with the Volunteer Coordinator. Logistics acquires and sets up the supports that are needed for Operations to get the job done.

Administration Lead

The Administration Lead has several key responsibilities. These include ensuring that a contractual and financial process is in place for emergency procurement of supplies and tracking of resources that are expended during the response (so that costs can be recovered by the agency during the recovery phase of the event). The Administration Lead is responsible for payroll and any claims, compensation or work refusals related to the emergency. Diligent work done by the Administration Section during an emergency can serve to prevent a financial or human resource disaster after the event. The Administration Lead also monitors and maintains our building and staff facilities, maintains Operations Room and assists Logistics with the procurement and set up of internal and external facilities.

Continuity of Operations Lead

The Health Unit's day-to-day operations will need to continue. The Health Unit will need to determine which of its day-to-day services are essential and which can be either reduced or temporarily suspended according to the Continuity of Operation Plan. This position will be responsible for ensuring all ongoing essential services and Health Line are staffed appropriately.

Activation of Perth District Health Unit Plan

When a public health emergency is reported to the PDHU, the Incident Manager is to be notified of the situation. The Incident Manager will assume responsibility for the overall management of the incident. The Incident Manager will assemble the "Decision Makers" (which consists of the Incident Manager, Operations Lead, Medical Officer of Health, and the Communications Officer as consultant) to discuss the immediate key public health issues of concern and determine the scope of the emergency. If time permits, the Medical Officer of Health and Incident Manager will call an Executive Committee meeting to discuss the merits and implications of activating the Incident Management System and the Emergency Response Plan. If time does not permit The Medical Officer of Health and/or the Incident Manager can activate the PDHU Emergency Response Plan.

The Incident Manager is responsible for the formation of the Incident Management Team (IMT). The members of the IMT will report to the Perth District Health Unit Emergency Operations Centre (PDHUEOC) and create an incident action plan and discuss the Health Unit's response to the emergency.

Once a determination is made in regards to what Section Leads are to be activated; the necessary "Emergency Support Functions" will be activated by the "Section Leads" and the "Support Staff" will be notified through the Health Unit Notification/Fan-out Procedure to either report to the Health Unit, the site of the emergency or to remain on stand-by until further notice.

In any emergency situation, staff may have to report to a manager other than to whom they normally report.

Note: Incident Management Team Members and Emergency Support functions will be notified through the use of the PDHU Telephone Fan-out. **See Annex 1: 24/7 Notification Procedures.**

Termination of a Perth District Health Unit Emergency Response

The Medical Officer of Health and Incident Management Team declare the emergency over, inform all responding internal staff, dismantle the Emergency Operations Centre ensure that plans for recovery are in place and deactivate the IMT.

Incident Management System (IMS) Emergency Response Job Action Sheet

Incident Manager

Reports to: Medical Officer of Health.

Mission: Organize and direct the Incident Management Team. Give overall leadership and coordination of incident.

Immediate (tasks to be completed first upon assuming the role):

- Review Job Action Sheet and IMS organizational chart
- Initially discuss the situation with MOH (if available) Operations Lead, and Communications Officer to determine the scope of the response
- Confer with PDHU Executive Committee in regards to moving into IMS (if time permits)
- Call IMT together
- Refer to Appendix L to review lessons learned from previous incident
- Give full briefing of situation to the IMT
- Determine, in consultation with the IMT, what support functions of the IMS need to be deployed initially including the posting of an IMS Organizational Chart
- Clearly communicate what level of IMS the organization is in, including reporting relationships
- Suggest Managers have a meeting with their staff to explain the situation and determine workloads and priorities
- Determine if the Health Unit EOC and support staff are necessary
- Ensure an IAP is developed and implemented
- Discuss Continuity of Operations Plan if necessary
- Ensure IMT discusses matters of staff safety
- Determine the Business Cycle for the response
- Ensure overall safety of PDHU staff throughout the incident or event
- Schedule the business cycle for the Incident Management Team to receive status reports and update the incident action plan regarding the continuation and/or termination of the response.

Ongoing:

- Ensure IMT meets on a regular basis
- Review and distribute minutes from IMT
- ▲ Request status reports from each Section Lead during IMT meetings and as required
- ▲ Review resource needs as required in consultation with the Administration Lead
- Ensure continued coordination with outside agencies exists
- Approve and authorize release of all communication items to the media
- Keep Medical Officer of Health informed of the incident status
- Re-evaluate continuity of operations
- Call Leads meetings as required
- Address issues of staff fatigue and safety
- Provide rest periods for staff
- Prepare updates to Lead Medical Officer of Health for the province of Ontario
- Plan for the possibility of extended deployment

Recovery Phase:

- Declare IMS over and ensure a plan is in place to bring the Health Unit back to normal.
- Ensure that responsibilities are transferred back to Health Protection from Leads efficiently and effectively.
- Prepare a summary of IMS findings
- Ensure debrief with IMS team within 3 weeks of the end of the emergency with Health Unit and other stakeholders and partners as appropriate.
- Assess IMS Team members for any post-emergency stress and follow-up with affected members.
- Identify gaps and facilitate any required improvements
- Ensure all receipts for all emergency-related costs are collected and submitted to the Administration Lead.

Incident Management System (IMS) Emergency Response Job Action Sheet

Communications Officer

Reports to: Incident Manager.

Mission: Point of contact for the media seeking information directly related to the incident or event.
Manages all public information leaving the Health Unit and keeps internal staff updated on the status of the emergency.

Immediate (tasks to be completed first upon assuming the role):

- Receive appointment from Incident Manager
- Review Job Action Sheet and review organizational chart
- Identify content that should not be included in news releases
- Establish a public information area that will not interfere with emergency response activities
- Obtain a full briefing from the Incident Manager
- Assist Incident Manager with Incident Action Plan
- Discuss Continuity of Operations Plan if necessary
- Activate the Communications team if necessary.

Ongoing:

- Ensure that all news releases have the approval of the Incident Manager or the Medical Officer of Health
- Issue an initial incident information report to the news media as directed by the Incident Manager
- Inform on-site media of areas that are accessible and those that are restricted
- Contact other responding agencies/municipalities to coordinate release of information with their respective Communication Managers.
- Respond to media requests and information
- Coordinate and arrange for interviews, teleconferences, video conferences, satellite broadcasts, website revisions, broadcast faxes, etc., upon approval by the Incident Manager or Medical Officer of Health
- Prepare and brief spokesperson
- Monitor the media to ensure that they are accurately reporting Health Unit activities
- Approve, initial and update scripts for interviews, hotlines and websites
- Direct ongoing evaluation of message content and website updates
- Investigate and manage rumours related to the emergency
- Keep internal staff/volunteers updated on the emergency
- Brief the Incident Manager routinely on the status of the Communication Section
- Notify the media about incident status as directed
- Observe all Communication Section staff for signs of stress
- Report Communication Section safety issues to the Incident Manager
- Provide rest periods and relief for Communication Section staff
- Update the oncoming Communication Officer if necessary
- Plan for the possibility of extended deployment.

Recovery Phase:

- Participate in debriefing
- Identify gaps and facilitate any required improvements.
- Prepare a summary of Communications findings and forward recommendations to Incident Manager
- Schedule a Communication Team meeting within 3 weeks of the end of the emergency to debrief successes and lesson learned during the emergency, challenges and recommendations to consider
- Assess Communications Team members for any post-emergency stress and follow-up with affected members
- Ensure all receipts for all emergency-related costs are collected and submitted to the Administration Lead.

Incident Management System (IMS) Emergency Response Job Action Sheet

Operations Lead

Reports to: Incident Manager

Mission: Activates and coordinates specific tasks and objectives that may be required to achieve the goals of the Incident Action Plan. Manages field operations in response and investigates in response to the incident.

Immediate (tasks to be completed first upon assuming the role):

- Receive appointment from the Incident Manager
- Review Job Action Sheet and IMS organizational chart
- Obtain briefing from the Incident Manager
- Assist Incident Manager with Incident Action Plan
- Review Incident Action Plan
- Discuss Continuity of Operations Plan if necessary
- Identify and report to the Incident Management Team any planned resources needed for the Incident Action Plan
- Discuss what Support Functions will be activated if needed with IMT.

Ongoing:

- Activate the necessary Support Function to respond to the emergency
- Meet with activated Support Function Leads prior to and after IMT meetings for updates
- Coordinate, direct and monitor the Operations Section to achieve the goals in the IAP
- Identify available resources to achieve the mission and request additional resources as needed
- Implement the IAP in relation to operational objectives
- Brief the Incident Manager at IMT meetings on the status of the Operations Section
- Maintain documentation of all actions and decisions on a continual basis and report to the Incident Manager
- Observe all Operations Section staff for signs of stress
- Report Operations Section safety issues to the Incident Manager
- Provide rest periods and relief for Operations Section staff
- Update the oncoming Operations Lead if necessary
- Plan for possibility of extended deployment.

Recovery Phase:

- Participate in debriefing
- Identify gaps and facilitate and required improvements
- Prepare a summary of Operations findings and forward recommendations to Incident Manager
- Schedule an Operations meeting within 3 weeks of the end of the emergency to debrief successes and lesson learned during the emergency, challenges and recommendations to consider
- Assess Operations Team members for any post-emergency stress and follow-up with affected members
- Ensure all receipts for all emergency-related costs are collected and submitted to the Administration Lead.

Incident Management System (IMS) Emergency Response Job Action Sheet

Planning Lead

Reports to: Incident Manager.

Mission: Identify and establish data elements and data sources, implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of Planning. Perform long range planning.

Immediate (tasks to be completed first upon assuming the role):

- Receive appointment from the Incident Manager
- Review Job Action Sheet and IMS organizational chart
- Obtain briefing from the Incident Manager
- Assist Incident Manager and Operations Lead with the Incident Action Plan, and predict possible scenarios
- Review the Incident Action Plan
- Determine data elements required by the Incident Action Plan
- Identify and establish access to data sources as needed
- Discuss Continuity of Operations Plan if necessary
- Communicate all technical support and supply needs to the Logistics Lead
- Identify sites for data collection
- Ensure information management system to collect, share and file information/documentation
- Collaborate with Operations Lead and Incident Manager to ensure standardization of data collection
- Collect and analyze data regarding status and response of the incident and provide reports to the Incident Manager
- Develop Contingency Plans and identify staffing needs/resource needs as necessary
- Discuss what Support Functions will be activated if needed with IMT.

Ongoing:

- Activate the necessary Support Function to respond to the emergency
 - Meet with activated Support Function Leads prior to and after IMT meetings for updates
 - Compile information in support of the Incident Action Plan and/or projections relative to the incident
 - Monitor the IAP and predict probable scenarios
 - Display incident status information and resource deployment
 - Consider the Emergency Contingency Plan and initiate if necessary
 - Develop contingency plans, identify ongoing and future resource needs
 - Plan for demobilization and recovery
 - Brief the Incident Manager at IMT meetings on the status of the Planning Section
 - Oversee maintenance of documentation and of all actions and decisions on a continual basis and forward to the Incident Manager
 - Observe Planning Section staff for signs of stress
 - Report Planning Section safety issues to Incident Manager
 - Provide rest periods and relief for Planning Section staff
 - Brief the incoming Planning Lead on response activities if necessary
 - Prepare end of shift report and present to the oncoming Planning Lead if necessary
 - Plan for the possibility of extended deployment
 - Prepare for demobilization and recovery plans.
- **Recovery Phase:**
 - Participate in debriefing
 - Identify gaps and facilitate any required improvements.
 - Prepare a summary of Planning findings and forward recommendations to Incident Manager
 - Schedule a Planning meeting within 3 weeks of the end of the emergency to debrief successes and lessons learned during the emergency, challenges and recommendations to consider
 - Assess Planning Team members for any post-emergency stress and follow-up with affected members
 - Ensure all receipts for all emergency-related costs are collected and submitted to the Administration Lead.

Incident Management System (IMS) Emergency Response Job Action Sheet

Logistics Lead

Reports to: Incident Manager.

Mission: Provides support services for the whole Incident Management System by ensuring staff, volunteers, facilities, and supplies are provided in a timely way.

Immediate (tasks to be completed first upon assuming the role):

- Receive appointment from the Incident Manager
- Review Job Action Sheet and IMS organizational chart
- Obtain briefing from the Incident Manager
- Review the Incident Action Plan
- Attend the initial Continuity of Operations meeting
- Check in with all Leads regarding logistical needs.
- Advise the Incident Management Team on current logistical service and support status
- Discuss what Support Functions will be activated if needed with IMT.
- Access Staff IMS Roles and Skills Database on the Intranet to facilitate staffing.

Ongoing:

- Activate the necessary Support Function to respond to the emergency
- Meet with activated Support Function Leads prior to and after IMT meetings for updates
- Provide necessary staff and volunteers at each location to support the incident
- Obtain supplies/staff/volunteers as requested by all Leads via the Incident Management Team
- Coordinate nutrition, accommodation and transportation for staff/volunteers if required (see Appendix A: Guidelines for Nutrition Support)
- Organize training for new and redeployed staff, using Operations expertise as needed
- Brief the Incident Manager at IMT meetings on the status of the Logistics Section
- Maintain documentation of all actions and decisions on a continual basis. Forward completed report to the Incident Manager
- Observe all Logistic Section staff for signs of stress
- Report Logistic Section safety issues to Incident Manager
- Provide rest periods and relief for Logistic Section staff
- Brief the incoming Logistics Lead on response activities if necessary
- Prepare end of shift report and present to the oncoming Logistics Lead
- Plan for the possibility of extended deployment.

Recovery Phase:

- Participate in debriefing
- Identify gaps and facilitate any required improvements.
- Schedule a Logistics meeting within 3 weeks of the end of the emergency to debrief successes and lesson learned during the emergency, challenges and recommendations to consider
- Assess Logistics Team members for any post-emergency stress and follow-up with affected members
- Ensure team's documentation is completed, collected by Logistics Lead and forwarded to Planning Lead
- Ensure all receipts for all emergency-related costs are collected and submitted to the Administration Lead
- Revise Communications Annex as needed.

Incident Management System (IMS) Emergency Response Job Action Sheet

Administration Lead

Reports to: Incident Manager.

Mission: Provides financial, technical and human resource support for staff during the emergency and, directs and coordinates the acquisition of space, security, IT and telecommunication equipment.

Immediate (tasks to be completed first upon assuming the role):

- Receive appointment from the Incident Manager
- Review Job Action Sheet and IMS organizational chart
- Obtain briefing from the Incident Manager
- Discuss what Support Functions will be activated as needed with IMT
- Review Incident Action Plan
- Discuss Continuity of Operations Plan if necessary
- Determine with IMT the need for time tracking. Distribute time tracking forms and instructions to affected staff as appropriate
- Set up general ledger account coding for expenses as necessary
- Review incident reports and advise IMT of areas where corrective action needs to be taken
- Assess the need for delegation of purchasing authority to logistics
- Liaise with Ministry on funding issues and documentation requirements

Ongoing:

- Activate the necessary Support Function to respond to the emergency
- Meet with activated Support Function Leads prior to and after IMT meetings for updates
- Provide a "cost-to-date" incident financial status report to the Incident Manager and summarize financial data as often as required by the nature of the incident
- Handle all accounting, costing and payroll
- Ensure required purchases are done
- Identify depleted resources during the incident after consultation with section leads
- Consult and respond to any legal, human resource (including union contracts/contracts for service/work refusals) and insurance issues
- Respond to technological needs (computer and communications) for the incident
- Assist with the set up and addition of facilities both external/internal
- Monitor and maintain health unit building and staff facilities
- Brief the Incident Manager at the IMT Meetings on the status of the Administration Section
- Observe all Administration Section staff for signs of stress
- Report Administration Section safety issues to Incident Manager
- Provide rest periods and relief for Administration Section staff
- Respond to incident reports/work refusals that occur during response
- Plan for the possibility of extended deployment
- Brief the incoming Administration Lead if necessary
- Prepare end of shift report and present to oncoming Administration Lead if necessary.

Recovery Phase:

- Participate in debriefing
- Identify gaps and facilitate any requirements
- Notify internal staff of timeframe and necessary deadlines for claiming overtime, completing documentation, etc.) Identify gaps and facilitate and required improvements
- Provide direction regarding deadline for completion of IMS-related documentation and time claims
- Prepare a summary of Administration findings and forward recommendations to Incident Manager
- Schedule an Administration meeting within 3 weeks of the end of the emergency to debrief successes and lesson learned during the emergency, challenges and recommendations to consider
- Assess Administration Team members for any post-emergency stress and follow-up with affected members

Incident Management System (IMS) Emergency Response Job Action Sheet Continuity of Operations Lead

Reports to: Incident Manager.

Mission: Manages the telephone and walk-in response and all public health services that must continue during an emergency.

Immediate (tasks to be completed first upon assuming the role)

- Receive appointment from the Incident Manager
- Review Job Action Sheet and IMS organizational chart
- Obtain briefing from the Incident Manager
- Review the Incident Action Plan (to do list)
- Implement the Perth District Health Unit Continuity of Operations Plan and decide level of staffing for all programs and communicate need to logistics
- Establish Health Line and walk-in response
- Prioritize the internal health unit day-to-day operations
- Ensure Logistics Lead is aware of the time and location of initial COOP Meeting

Ongoing:

- Activate the necessary Support Functions to respond to the emergency
- Liaise with Logistics Lead if additional staff are required
- Maintain and review COOP plan throughout the incident
- Manage the internal health unit day- to-day operations
- Maintain Health Line and walk-in response
- Manage staff who are providing ongoing Health Unit programs throughout the incident.

Recovery Phase:

- Participate in IMT debriefing
- Notify internal COOP staff of the timeframe and plan to return to normal duties
- Notify external partners of the timeframe and plan to return to normal duties
- Return excess phone, headphone, and computer resources to IT Department
- Coordinate with Logistics lead the scaling down of Health Line staffing
- Inform program staff regarding the scaling up of normal programming
- Ensure adequate program coverage for COOP staff to take back time if requested
- Schedule a COOP meeting within 3 weeks of the end of the emergency to debrief successes and lessons learned during the emergency, challenges, and recommendations to consider
- Participate in COOP debriefing
- Identify gaps and facilitate any required improvements
- Prepare a summary of COOP's findings and forward recommendations to Incident Manager
- Assess COOP Team members for any post-emergency stress and follow-up with affected members
- Ensure all receipts for all emergency-related costs are collected and submitted to the Administration Lead.
- While scaling up normal programming, ensure adequate program coverage to allow for all staff to take entitlements as programming returns to normal

Specific Responsibilities

The following responsibilities are noted in this section because they are not included in the IMT Roles and Responsibilities Chart located on page 23 of the plan.

Medical Officer of Health

The Medical Officer of Health is responsible for providing the Municipal Emergency Control Group (MECG) with information and advice on all areas of public and environmental health issues. The Medical Officer of Health is also responsible to:

- Activate the emergency plan and ensure implementation of the Health Unit response
- Report to the Municipal Emergency Control Group (MECG) when requested
- Coordinate the response to disease related emergencies or anticipated emergencies such as epidemics, according to the Ministry of Health and Long-Term Care guidelines
- Ensure that an assessment of the emergency situation is made from an epidemiologic and public health perspective
- Provide advice on any matters which may adversely affect public health
- Liaise with Ontario Ministry of Health and Long-Term Care and the Public Health Division
- Ensure regular public briefings on matters concerning public health
- Ensure liaison with municipalities, other agencies and Ministries as necessary
- Ensure the emergency plan is evaluated and revised as necessary.

Medical Officer of Health Assistant

- Accompany and support the MOH at the MECG
- Liaise with the Health Unit Incident Management Team
- Record all public health related information from the MECG.

Epidemiologist

The Epidemiologist is responsible for providing advice and leadership for epidemiological activities as well as data management and analysis. These responsibilities can arise in both the Planning and Operations sectors, depending on the nature of the emergency. The epidemiologist reports to the Planning Lead. The epidemiologist will provide epidemiologic investigation-related updates at Operations meetings. The epidemiologist coordinates the epidemiology, data management and analysis, and evaluation. Specific responsibilities of the epidemiologist are detailed in Annex 10. In case the Epidemiologist is unavailable, other health units will be contacted to determine if their Epidemiologist is available to help with the outbreak.

General Considerations

1. Flexibility

- work conditions may be different and difficult
- assigned tasks may be different and unfamiliar
- assigned tasks may be physically demanding and stressful
- unfamiliar people from other departments may be assigned to work in the same situation to bolster resources
- supervisors may be unfamiliar to staff and vice versa
- common sense should prevail.

2. Identification

- all employees are to carry their Health Unit identification card (with photo)
- special arm bands, florescent vests with “Public Health” on the back or other means of identification may be provided.

3. Records

- All staff must keep accurate records of all communications and actions, to include date and time, nature of communication or action, and signature
- Section Leads ensure that their staff are instructed in which forms to use for documentation
- The Administration Lead ensures that all administrative assistants keep a complete log of all incoming calls and their disposition.
- Staff should create an “emergency folder for e-mail messages relating to the emergency and file all pertinent incoming and sent e-mail in it.

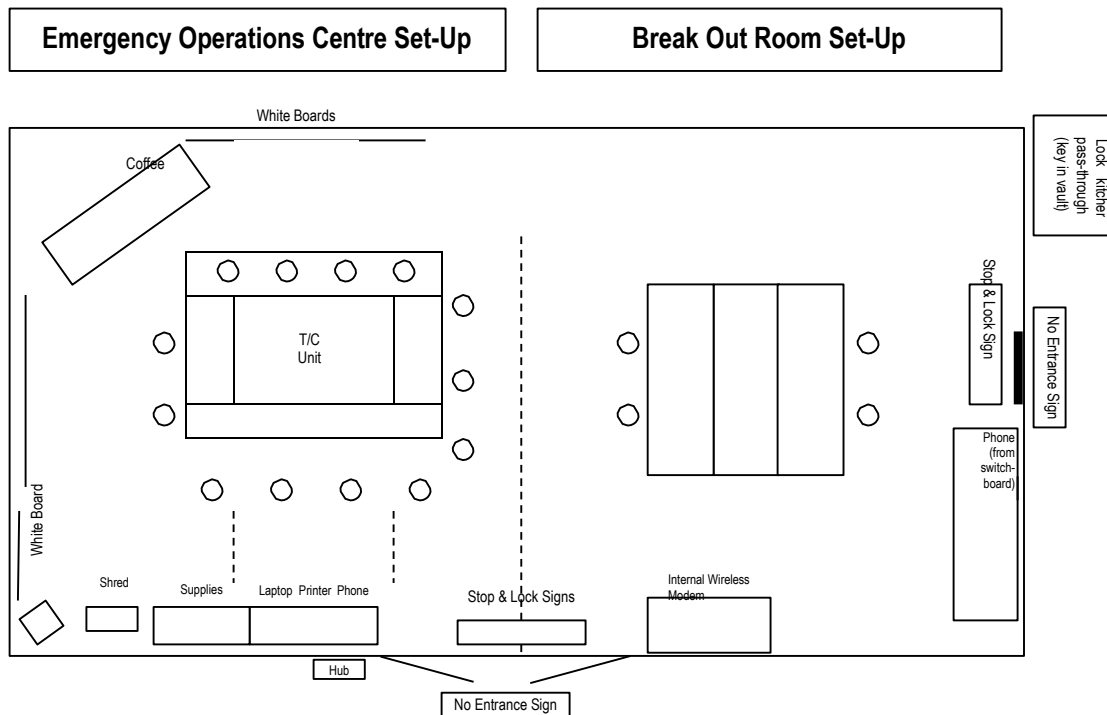
4. Communications

See Annex 7: Communications Annex

Perth District Health Unit Emergency Operations Centre

Authorization to activate the PDHU Emergency Operations Center will be given by the Incident Manager. The Incident Management Team will work together at the EOC to make decisions, share information, and provide support during the response to the incident. The EOC is located at the Perth District Health Unit Main Office at 653 West Gore Street, Stratford, Ontario in Multi Rooms A&B.

Emergency Operations Centre Set-Up



Set-Up Notes:

- Teleconference unit is permanently set up in Multipurpose Room A
- Set up two phones, one in Multipurpose Room A (Emergency phone from the Emergency box, ext 317) and one in Multipurpose Room B (a spare from Switchboard or the lunch room phone)
- Internet hub is available from Computer Technician office for multiple internet connections
- Emergency box of supplies (kept in closet by MOH office)
- Electrical Cord Covers (2) are kept in Multipurpose Room A (dotted line on diagram above)
- Plug the Minute laptop and IMs laptop into the floor outlet
- Plug-in the Internal Wireless Modem

Note: The “Administration Lead” is responsible for setting up and maintaining the Emergency Operations Centre.

Business Cycle

To ensure the response objectives are being met and communications are clear, the PDHU Incident Management Team (IMT) will meet regularly throughout the incident response. This usually takes the form of what is called: a BUSINESS CYCLE. This cycle is determined by the Incident Manager. The purpose of the business cycle is to periodically gather all the key IMT members together for information sharing, brain storming, decision making, and plan development. The business cycle also allows time for the IMT members to work with their respective leads and/or teams to address the emergency.

Timing of the Business Cycle

The Incident Manager is responsible for the timing and frequency of the business cycle. The length and frequency of these meetings may vary depending on the nature of the emergency. A two hour business cycle is recommended. However, depending on the intensity of the operations and the situation the cycle may be lengthened or shortened. For example, during the initial stages of an emergency, when information is unclear, it may be necessary to meet more frequently. In the latter stages of the emergency, the business cycle may be lengthened. To avoid disruption, the business cycle should not be conducted more frequently than twice a day.

Meeting Portion of the Business Cycle

- The Incident Manager chairs the meeting
- All necessary Incident Management Team Members attend
- Discuss response priorities and objectives. Brainstorm for possible future scenarios/responses
- Create an Incident Action Plan (IAP) for the cycle (“To Do” List)
- Incident Manager delegates “to do’s” to the Incident Management Team Leads
- IMT members update the team on their previous “to do list” items if required
- Conduct fast round the table updates including review of “To Do” list from previous meeting
- Decisions to be brief and to the point
- Set time for next meeting
- Adjourn meeting. Leads to return to respective teams/leads to discuss “to do’s” for the cycle

Working Portion of the Business Cycle

- Section Leads meet with respective response teams/leads
- Priorities/objectives set out in the “to do’s” from the IMT meeting are delegated to the teams/leads
- Members of the response teams/leads work at meeting the priorities and objectives
- Leads/teams provide feedback to Section Leads regarding progress, questions, problems and other issues that might have come up since the last cycle. The respective Section Lead then takes these issues/updates to the next IMT meeting to discuss.

Mutual Aid

Mutual Aid is the formal request for assistance from a neighbouring jurisdiction when the resources of the responding jurisdiction are overwhelmed.

The Perth District Health Unit has a formal Mutual Aid agreement, with seven other health units including:

- Board of Health of the Chatham-Kent Public Health Unit
- Board of Health of the Elgin St. Thomas Health Unit
- Board of Health of the Grey Bruce Health Unit
- Board of Health of the Huron County Health Unit
- The Corporation of the County of Lambton-Community Health Services Department
- Board of Health of the Middlesex-London Health Unit
- County of Oxford – Department of Public Health & Emergency Services
- Board of Health of the Perth District Health Unit
- Board of Health of the Windsor-Essex County Health Unit

See Annex 2 for a copy of the Mutual Assistance Agreement.

Occupational Health and Safety

Under the Occupational Health and Safety Act (OHSA), an employer has the duty to take all reasonable precautions in the circumstances for the protection of a worker. The OHSA cannot be overridden by any emergency order made under the EMCPA or the HPPA. The Board of Health is committed to the safety of all board of health staff during any emergency response.

To ensure that any/all health and safety concerns are correctly addressed, the following roles and responsibilities will be applied.

The Incident Manager will ensure the safety of all responders through discussions with the Incident Management Team during regular meetings to ensure all responders are working safely.

Any safety concerns that are identified by the “support functions” will be given to the specific “Section Lead” for that function (for example: if a safety concern is identified by a worker in the Operations section, the concern should be given to the Operations Lead to take to the Incident Management Team meeting for resolution).

In the case of a work refusal the Administration Lead will be responsible for addressing the work refusal and will follow the specific procedure identified under the Occupational Health and Safety Act to resolve the situation.

Support Mechanisms for Board of Health Staff

Perth District Health Unit staff will be offered a range of support services during and following an emergency. These support services will be made available to those who wish to use them on a confidential basis. Support mechanisms that will be offered include:

- Support from fellow staff members (peer support)
- Support from managers
- Access to counselling through the Employee Assistance Program (EAP)
- Encouragement of a no-blame culture
- Access to Critical Incident Debriefing.

Recovery Management

The goal of recovery management is to provide for the restoration and continuity of critical services and operations.

The recovery process is structured around goals and key considerations.

Existing department and health unit policies and procedures will be used to lay out the process for recovery (e.g., how overtime is tracked and approved, what documents need to be saved and how they should be saved etc.).

The general goals of any recovery process are the same, and include:

- Returning the Health Unit to where it was prior to the event, or to an improved state.
- Returning health unit's constituents (e.g., stakeholders, public, health providers, responding to staff) to where they were prior to the event, or to an improved state and,
- Continue to monitor the threat or hazard that you were responding to.

Some of the key considerations include:

- The completeness of documentation
- While information is still fresh in your memory, have all of the appropriate documentation activities taken place?
- Is there a summary of event and actions that could be used later to help understand when actions were taken and how decisions were made?
- Is there a summary of the response that can be used to 'tell your story' to partners, senior leaders etc.?
- Are the 'facts' of the response available to support a "lessons learned" process?

The state of the PDHU physical operational space or EOC:

- Is there anything that needs to be fixed, generally cleaned up etc...

The state of PDHU human resources:

- How to handle overtime if accrued during the response?
- How are the staff doing from a psychosocial or 'burnout' perspective?
- Are there supports that can be offered to help staff transition to regular duties?
- Is there an opportunity to thank and recognize staff who participated in the response?

The state of any PDHU equipment or supplies used during the response:

- Is everything used during the response still in good working order?
- Is everything back in its storage location or returned to its owner?
- Have broken or 'one time use' equipment and supplies been replaced? Is there a plan to replace equipment and supplies?

The lessons learned from the event:

- What part(s) of the response are important for the Sector Leads to learn about? (specific questions, processes used, resources used, response plans)
- What are the best ways to collect information considering the preferences of the different people/groups who may contribute information to the lessons learned process and available resources?
- How will the health unit analyze the information received?
- How will the "lessons learned" be shared and who/ what groups would benefit from learning?
- How will lessons learned be incorporated into future planning cycle or practices?

The Incident Manager, and the IMT will determine the need and the process for scaling back the emergency response plan activation and the process for returning the Health Unit to its normal operations.

Each Sector Lead will be responsible for applying the recovery process to their respected sectors once the need to scale down is reached.

Each Sector Lead will follow the recovery details listed in their Job Action Sheet (JAS) for transitioning back to efficient normal operational status once the disruption or emergency has passed.

On-going Plan Development

Document Control

Good document control practices are an important element of any Emergency Response Plan. The Emergency Response Coordinator is responsible for coordinating the development and updating of the PDHU Emergency Response Plan, as well as maintaining version control.

Training and Exercises

The PDHU will provide at least one educational session annually on components of the Public Health Emergency Preparedness Standard which includes all Board of Health staff and which at a minimum:

- Identifies the public health risks in Perth County using the HIRA process
- Describes key elements of the Board of Health Continuity of Operations Plan, the Board of Health Emergency Response Plan and roles of key officials under the plan as they relate to IMS.

The PDHU will provide education and training to Board of Health members and Health Unit staff on this Emergency Response Plan and our COOP. This training will:

- Include at a minimum, the PDHU Incident Management Team roles
- Be completed at least yearly with existing board members and staff
- Be included in orientation for new Board of Health members and new Health Unit staff
- Be documented and stored in a file folder in Administrative Assistant-Environment's filing cabinet in U26

This plan will be tested at least once a year, which will test all or some components of the:

- Health Unit Continuity of Operations Plan
- Health Unit Emergency Response Plan
- Health Unit 24/7 Notification Protocol.

This exercise or exercises will be linked to the plan and/or protocols being tested and will include a high risk hazard that has been identified in the HIRA. The exercise will have a post-exercise debriefing component and lessons learned will be applied to the existing plan if necessary.