HURON PERTH PUBLIC HEALTH
Emergency Response Plan

Version: 1.0
Published: April 2024
Revised:

Revision History

Version Number	Date Approved	Summary	Revised By	Approved By
1.0	April 10, 2024	The first HPPH Emergency Response Plan created		Dr. Miriam Klassen (MOH) and the HPPH Emergency Response Committee

Plan Distribution – HPPH

Name	Position	Division	Date
Miriam Klassen / Lauren Hayward	MOH	**MOH**	
Christina Taylor	Director – Health Protection	**Incident Manager**	
Rita Marshall	Communication Manager	**Communications**	
		Liaison	
		Scribe	
Megan Goss	HR Manager	**Health & Safety**	
Lori Holmes / Jessica Thompson	PH Manager	**Operations Sector**	
Tanya Sangster	Program Director	**COOP Sector**	
Karen Bergin-Payette	PH Manager	**Planning Sector**	
Angela Willert	PH Manager	**Logistics Sector**	
Julie Pauli	Director of Corporate Services	**Administration/Finance Sector**	
barb Leavitt	Program Director	**Health Equity Sector**	
Dale Lyttle	Emergency Management Coordinator	**IMT Process Support**	
Chris Boyes	Emergency Management Coordinator	**IMT Process Support**	
Chad Kregar	Community Emergency Management Coordinator	**Huron County**	
Adam McGaw	Community Management Coordinator, St. Marys Community Emergency Management Coordinator	**Perth County Town of St. Marys**	
Chris Van Bargen Deputy Fire Chief	Stratford Community Emergency Management Coordinator	**City of Stratford**	
Michaela Johnston	Goderich Community Emergency Management Coordinator	**Town of Goderich**	

Annexes

1. 24/7 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 Plan
8. Emergency Shelter Plan
9. Document Control
10. Surveillance
11. Vulnerable Populations Plan

Appendices

A. Hazard Identification and Risk Assessment
B. Huron and Perth County Maps
C. Location of Resources
D. Job Action Sheets (JAS)
E. County Emergency Contact Lists
F. Health Unit Communication Equipment
G. List of Trained Staff
H. IAP Template ("to do" list)
I. Skills Inventory
J. Outbreak Questionnaire Templates
K. Recovery Phase
L. Debrief and Review (tools/templates)
M. Summaries of recommendations from debriefs

Table of Contents

Glossary of Terms

Continuity of Operation (COOP) – A proactive planning process that ensures that the appropriate level of agency response and time-critical public health services can continue during and after a large scale incident or emergency through the identification of strategies to assist with mitigation of impacts on agency programs, operations, resources and infrastructure, and by pre-assessing and identifying hazards (risks) and their potential consequences.

Emergency – Emergencies are defined as situations, or the threat of imminent circumstance, that may occur slowly or suddenly without warning and affect property, the health, safety, and welfare of a community.

Emergency Operations Centre – A central location where decision makers involved in a response gather to support decision-making and incident management activities.

Head of Council- acts as chief executive officer of a municipality and to presides over council meetings, provides leadership to council. Also represents the Municipality at official functions

Incident Management Team – Primary decision makers that provide strategic incident management direction and guidance through the collaboration, coordination, and implementation of incident management policies and priorities, the facilitation of logistical support and resource tracking, critical resource allocation decisions, and the coordination of incident related information by employing various communications and information tools.

In-Action Review (IAR) - IARs are a qualitative review conducted during an emergency response to identify opportunities for ongoing learning and allow for implementation of actionable items to improve the response.

Incident – An event that has the potential to cause interruption, loss of or a disruption within a community, or to an organization's operations, services, or functions – which, if not managed, can escalate into an emergency.

Incident Management System – Is a recognizable system for use in response by various emergency response stakeholders, governments, federal, provincial or local, first response agencies (fire, police, and emergency medical services) and private sector. IMS provides a modular and scalable framework that allows for strategic and coordinated response efforts to mitigate the impacts of an incident or emergency.

HIRA (Hazard Identification and Risk Assessment) – A process of defining and describing potential hazards by characterizing their probability, frequency and severity and evaluating adverse consequences, including potential loses and injuries.

Public Health Emergency – A Public Health emergency may be defined as the occurrence or imminent threat of a situation, such as an outbreak of an infectious agent, natural disaster or large scale environmental hazard, that poses a substantial risk of a large number of deaths or serious harm to a population, and which has the potential to overwhelm routine capabilities to address the threat and/or the health consequence.

Post-Incident Debriefing – Formalized approach used to evaluate the response efforts from an event, incident, or emergency. This process allows for an evaluation of the operational effectiveness, the identification of outcomes (expected and unexpected), lessons learned, strengths and weaknesses, and proposed actions for improving service delivery.

Acronyms

AAR	After Action Reports
BOH	Board of Health
CMOH	Chief Medical Officer of Health
COOP	Continuity of Operations
EAP	Employee Assistance Program
EMC	Emergency Management Coordinator
EMCPA	Emergency Measures and Civil Protection Act
EOC	Emergency Operations Centre
HIRA	Hazard Identification and Risk Assessment
HPPA	Health Protection and Promotion Act
HPPH	Huron Perth Public Health
HPPH ERP	Huron Perth Public Health Emergency Response Plan
IAP	Incident Action Plan
IAR	In-Action Report
IMS	Incident Management System
IMT	Incident Management Team
IMT SSG	Incident Management Team Sector Support Group
JAS	Job Action Sheets
MECG	Municipal Emergency Control Group
MOH	Medical Officer of Health
OHSA	Occupational Health and Safety Act
OPHS	Ontario Public Health Standards
PHIPA	Personal Health Information Protection Act
SLT	Senior Leadership Team
SSG	Sector Support Group

Introduction

Huron Perth Public Health (HPPH) is committed to promoting and protecting health and preventing disease and injury. Huron Perth Public Health works with individuals, families, agencies, and communities to promote and protect health, and to prevent disease and injury in our area. Sometimes an event occurs which threatens the health, safety, and welfare of a community and requires a controlled and coordinated response by several agencies, including the health unit.

Purpose

The Huron Perth Public Health Emergency Response Plan (HPPH ERP) provides a framework through which a timely and effective mobilization of Health Unit staff and resources can be achieved to protect the health and safety of the citizens. It is a plan for the coordination of staff and services and resources required in the event of a real or anticipated emergency. The plans assists staff to:

- Provide a prompt response to the emergency
- Protect the health and safety of citizens of Huron and Perth counties
- Define the role of public health
- Lead in the management and control of public health emergencies
- Prevent morbidity and mortality in citizens, due to public health emergencies
- Minimize disproportionate health impacts on current or potential priority populations
- 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
- 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
- Assist in restoring the community and health unit to normal services

The HPPH ERP is intended to be a generic "all hazards" plan which can also be used in conjunction with specific types of public health emergencies.

Scope

The HPPH ERP presents emergency planning and response expectations and detailed descriptions of the roles and responsibilities of the health unit in an incident or emergency. The plan further focuses on generic incident management structures and systems. In support of this plan, incident specific plans are included that outline detailed actions undertaken by HPPH in response to specified hazards (i.e., Pandemic Plan, Evacuation Shelter Response Plan, Vulnerable Populations Plan, and Mass Gathering Plan).

The emergency plan is for public health emergencies that generally last 6 to 8 weeks in duration. Processes will be modified for emergencies that last longer.

Legislation/Guidance

Actions taken during an emergency must be guided by a legal/legislative framework which gives authority to emergency response agencies, such as municipalities or public health units, to carry out appropriate responses.

Health Protection and Promotion Act
http://www.ontario.ca/laws/statute/90h07

The Health Protection and Promotion Act provides the Medical Officer of Health (MOH) with the authority to take appropriate action in the event of a health hazard to prevent, eliminate or decrease the effect of the hazard within the community.

In Ontario, the Health Protection and Promotion Act requires Boards of Health to provide or ensure provision of a minimum level of public health programs and services in specified areas such as the control of infectious and reportable diseases, health promotion, health protection, and disease prevention.

If at any time the MOH determines an emergency exceeds the ability of public health to respond effectively, the MOH may activate mutual assistance agreements with existing health units or contact the Ministry of Health to request assistance.

In addition, the Act also provides the Chief Medical Officer of Health (CMOH) for the province the authority to direct Boards of Health and local Medical Officers of Health to adopt measures during a pandemic or other public health emergency. The CMOH would only issue directives if there is an imminent public health-related risk and a coordinated response is necessary to protect the health of Ontarians.

Emergency Management and Civil Protection Act
https://www.ontario.ca/laws/statute/90e09

The Emergency Management and Civil Protection Act establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. It establishes the mandate for local municipalities to develop emergency plans and to organize the deployment of all services that may be required in an emergency. The Act specifies what must be included in emergency management programs and emergency plans. Municipal councils are required to adopt emergency plans by bylaw.

While the primary responsibility for responding to an emergency rests with the affected municipality, the municipality may request assistance from the Province through Emergency Management Ontario. The provincial government supports the municipalities through the respective ministries.

Personal Health Information Protection Act, 2004 (PHIPA)
http://www.ontario.ca/laws/statute/04p03

PHIPA regulates the collection, use, and disclosure of personal health information by health information custodians (a defined term in the Act); and includes physicians, hospitals, long-term care facilities, Medical Officers of Health, and the Ministry of Health. Even in an emergency PHIPA applies. Reference HPPH policy 1.04.010 Privacy Policy.

The Act also establishes rules for individuals and organizations receiving personal information from health information custodians.

Consent is generally required to collect, use, and disclose personal health information; however, the Act specifies certain circumstances when it is not required. For example, the Act permits disclosure of personal health information to the Chief Medical Officer of Health or Medical Officer of Health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the Health Protection and Promotion Act. Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Occupational Health and Safety Act
http://www.ontario.ca/laws/statute/90o01

The Occupational Health and Safety Act is enforced by the Ministry of Labour. The Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers.

The health unit, as an employer, has a legislated responsibility to promote health and safety in the workplace, protect workers against health and safety hazards on the job, and prevent or reduce the occurrence of workplace injuries and occupational diseases.
The employer shares this responsibility with the worker. It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety must form an integral part of this organization, from the Chief Executive Officer to the workers.

This concept of an internal responsibility system is based on the principle that the workplace parties themselves are in the best position to identify health and safety problems and to develop solutions. Ideally, the internal responsibility system involves everyone, from the company Chief Executive Officer to the worker.

Ontario Public Health Standards: Emergency Management Guideline 2018
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Emergency_Management_Guideline_2018_en.pdf

The Ontario Public Health Standards (OPHS), with its protocols and guidelines, published by the Minister of Health, set out minimum standards that must be met by Boards of Health delivering these public health programs and services.

The OPHS also mandate that the Board of Health (BOH) must identify and assess relevant risks, develop emergency responses and continuity of operations plans to respond to incident/emergencies and ensure the ongoing functions of time critical services. The OPHS provide Boards of Health (BOH) direction regarding the implementation of measures in preparation for and respond to incidents or emergencies with public health impacts. The standards also allow BOHs to achieve provincial and local-level readiness, and the capabilities in an emergency to complement the municipal, provincial, and health sector.

The protocols and guidelines under the standards identify the minimum expectations for public health programs and services. Boards of Health are accountable for implementing the standards including those protocols that are incorporated into the standards and have the authority to develop programs and services more than the minimum requirements where required to address local needs.

Other Details

Relationship to Other Plans

The HPPH Emergency Response Plan aligns with the following plans:
- Ministry Emergency Response Plan (MERP), contained within the Ministry of Health, Health System Emergency Management Branch
- Perth County and Member Municipality Emergency Management Plan
- Huron County and the nine Member Municipality Emergency Management Plans
- The Town of St. Marys Emergency Response Plan
- Town of Goderich Emergency Response Plan
- The City of Stratford Emergency Plan
- Conservation Authorities

Declaration of a Municipal/Provincial Emergency

Under the Emergency Management and Civil Protection Act, the Head of Council (Mayor, Reeve, or alternate) and the Premier of Ontario, have the authority to declare that an emergency exists in the municipality and to implement the municipality's emergency plan.

The Act also authorizes the Head of Council to do what he/she considers necessary to protect the health, safety, and welfare of residents within the affected community. In a provincially led emergency, the Act gives the Premier the authority to direct community resources to mitigate the effects of the emergency.

Employees of a municipality may take action under their emergency plan where an emergency exists but has not been declared.

In addition, members designated on the Municipal Emergency Control Group (MECG) may alert the Head of Council that an emergency exists and act as they deem appropriate to meet the immediate needs of the municipality.

Municipal Emergency Control Group

The Municipal Emergency Control Group (MECG) is usually comprised of officials who are responsible for providing services needed to minimize the effect of the emergency on the municipality.

The MECG may consist of:
a) Head of Council or alternate
b) Community Emergency Management Coordinator
c) Chief Administrative Officer
d) Police Service representative
e) Fire Chief or alternate
f) Public Works Superintendent or alternate
g) Health Services Representative(s) (Public Health, Red Cross, Ambulance Services)
h) Other designated officials or supporting services deemed necessary.

As a member of the MECG, the Medical Officer of Health (MOH) or alternate provides expertise on matters of public health and safety and supports the decision-making process regarding the declaration of an emergency or issuance of an evacuation notice.

Where the Medical Officer of Health does not sit on the MECG, they are identified as a representative from a supporting agency.

Huron County Municipalities	MECG Member	Supporting Agency	Perth County Municipalities	MECG Member	Supporting Agency
Huron County		✓	City of Stratford	✓	
Municipality of Bluewater	✓		Municipality of North Perth	✓	
Municipality of Central Huron	✓		Municipality of West Perth	✓	
Municipality of Huron East	✓		Perth County		✓
Municipality of Morris Turnberry	✓		Town of St. Marys	✓	
Municipality of South Huron	✓		Township of Perth East	✓	
Town of Goderich	✓		Township of Perth South	✓	
Township of Ashfield-Colborne-Wawanosh	✓				
Township of Howick	✓				
Township of North Huron	✓				

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 Emergency

A County Emergency may be terminated at any time by:
- The County Warden, or
- County Council, or
- The Premier of Ontario

Incident Management

Role of Huron Perth Public Health (Public Health Emergencies)

The local public health unit is the lead agency during a public health emergency in Huron and Perth counties. The primary responsibilities and functions of the Medical Officer of Health (MOH) and health unit are:
- Assess the impact of the emergency on the health of the public.
- Advise the public on matters concerning public health through communication channels established by HPPH and/or the County or Municipal Emergency Control Group.
- Control infectious and/or communicable diseases and infection, instituting prevention and control measures as necessary, in alignment with the health protection and promotion act (HPPA)
- Provide advice on the public health aspects of biohazardous and/or other dangerous material, food supplies, garbage and sanitation, mass feeding, sewage disposal, shelters, and water supplies as it relates to the emergency.
- Coordinate vaccine management and implement mass immunization plan, as required.
- Notify other agencies and senior levels of government of public health matters relating to the emergency including the Ministry of Health, Ministry of Long-term Care, other provincial ministries, and Public Health Ontario.
- Advise and actively work to prevent human health risks in reception/evacuation centers and/or temporary shelters through assessment and or inspection of areas related to food preparation, infection prevention and control, communicable disease control, water quality, and sanitation.
- Maintain a personal log of all actions taken and participate in the post-emergency debriefing.

The Health Unit is aware of certain vulnerable populations during an emergency, including both clients who access HPPH services, and others in the community who may be impacted by the emergency. The Health Unit will liaise internally and externally about health equity strategies during the emergency that support priority/vulnerable and disproportionately impacted residents.

Hazard Identification and Risk Assessment

The Hazard Identification and Risk Assessment (HIRA) is a process of defining and describing potential hazards by characterizing their probability, frequency, and severity and evaluating adverse consequences, including potential losses and injuries. The process further allows for the identification of risks, threats, and vulnerabilities that may impede the delivery of services.

The overall process provides an understanding of current capabilities and leads to the development of controls, safeguards, and strategies to mitigate the risks through the examination of the impacts on pre-identified time critical services, infrastructure, and human resources to determine potential surge impacts on each agency department. Once assessed, staff redeployment plans and specialized training can be provided.

The hazard identification and assessment process for Huron Perth Public Health involves the following steps:
1) Identifying and researching the risks/hazards. Our research focuses on two components: a literature review of new and emerging hazards with public health implications and local community assessments with emergency planners to identify the hazards within Huron and Perth.
2) Conducting a risk assessment for each identified hazard to determine the probability of occurrence and public health consequences and the measure of exposure to the risk on the community and the agency.
3) Establishing program priorities by using the risk assessment grid tool.
4) Development of incident specific plans for prioritized hazards.
5) Identifying high-risk populations in the community relevant to specific hazards and assessing potential for disproportionate health impacts to high-risk populations for relevant hazards.

Priority Hazards:
The following is a list of priority public health hazards for Huron-Perth:
- Environmental/weather related (tornadoes, forest fires, smog, earthquakes, heat waves, extreme heat/cold, severe summer, and winter storms)
- Infectious and contagious diseases
- Mass gathering events.
- Water related hazards (low pressure, flooding, contamination of water supply)
- Food related hazards.

- Zoonotic/Vector borne diseases.
- Hazardous material/chemical spill or explosion incidents (spills, leaks, fires)
- Technological/critical infrastructure failures (power/utility outages, water loss)
- Injury related (substance misuse, e.g., opioids)

For more detail on hazard analysis and vulnerability assessments, see **Appendix A***:* **Hazard Identification Risk Assessment for HPPH**

Activation of the HPPH Emergency Response Plan

The Medical Officer of Health (MOH) for Huron Perth Public Health may activate the HPPH ERP and any subsequent sub plan for the management of an incident or emergency. In the absence of the MOH, the alternate can activate the plan.

The plan can be activated in response to the following:
- An emergency, declared by the Head of Council for any municipality in Huron or Perth
- An emergency, declared by the Premier of Ontario
- A public health emergency
- An incident that requires the coordinated efforts of some or all of the health unit's staff
- An incident that affects health unit operations and infrastructure and/or that overwhelms the day-to-day capacity of a team/department.

HPPH Incident Management System

In the event of a public health emergency, a community-based emergency with public health impacts or an incident that affects the operations of the health unit; the MOH or alternate for Huron Perth Public Health would activate the health unit's Incident Management Team (IMT). This allows the IMT to discuss the status of the emergency, share relevant public health or emergency response information, and coordinate an effective response. Prior to activating the IMT the need may be a discussion with SLT if time permits.

Huron Perth Public Health utilizes the Incident Management System (IMS) to facilitate the management of public health services to respond to incidents or emergencies with public health impacts. Most emergency response organizations use IMS to permit emergency response organizations to work together effectively to manage multi-jurisdictional incidents. IMS improves communication, coordinates resources, and facilitates cooperation and coordination between agencies.

IMS is not an emergency plan; it is a framework upon which a plan can be developed and implemented. It uses a common emergency response terminology, identifies key emergency response functions that any agency needs to have the capacity to carry out, and reinforces use

of a chain of command for decision-making. The HPPH IMS is populated with a core group from the management team that are called the Incident Management Team (IMT).

IMT Roles and Responsibilities

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, Public Health Ontario and the Ministry of Health as necessary
- coordinate internal and external communications
- ensure that essential department activities are maintained during the emergency
- ensure there are adequate resources for each group's needs
- review each group's response after the emergency and revise the Emergency Response Plan accordingly.

Core Membership of Huron Perth Public Health Incident Management Team (IMT):

- Medical Officer of Health
- The Incident Manager
- Communication Officer
- Health Equity Lead
- Safety Officer
- Operations Sector Lead
- Planning Sector Lead
- Logistics Sector Lead
- Administration Sector Lead
- COOP Sector Lead

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

Huron Perth Public Health IMT

This model is referred to internally as the Incident Management Team (IMT)
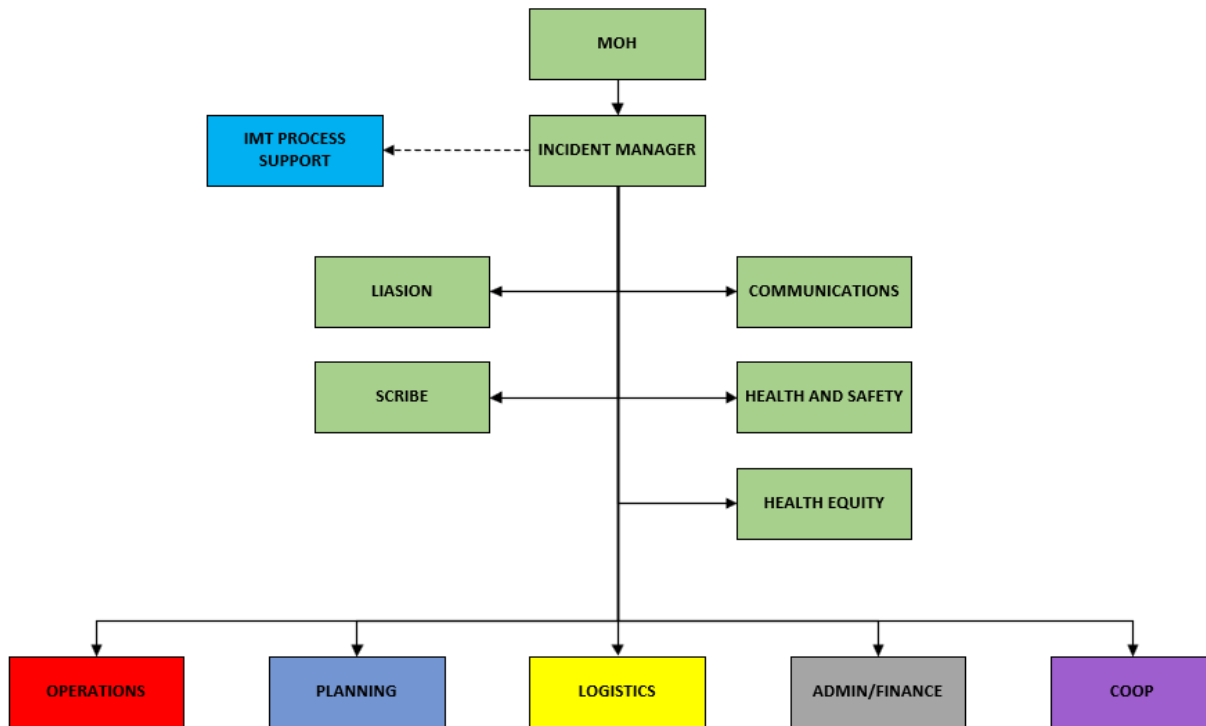
Below is a brief description of each IMS Sector:

Incident Command (includes the Incident Manager, Communications Manager, Health and Safety, Scribe) – Sets the incident objectives, strategies, and priorities, and has overall responsibility at the incident or event.

Operations – Conducts tactical operations to carry out the plan. Develops the defined objectives and organization and directs all tactical resources. Contains three potential branches: Immunization, Infectious Diseases, and Environmental Health. One or more of these branches may be activated depending on the emergency.

Planning – Collects, collates, and evaluates information relevant to the incident status and assist with forecasting. Provides feedback to operational team for modification of Incident Action Plan.

Logistics – Contains two functional branches: Human Resources and Infrastructure and Technology. Provides support, resources, and all other services needed to meet the operational objectives.

Finance/Administration – Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

Health Equity – The Health Equity Lead will focus on any current or potential priority populations who may experience disproportionate health impacts from emergencies or disruptions.

Activation of the HPPH Incident Management Team (IMT)

The purpose of the IMT is to provide strategic incident management direction and guidance through the collaboration, coordination, and implementation of incident management policies and priorities. It also the facilitates logistical support and resource tracking, critical resource allocation decisions, and the coordination of incident related information through various communications and information tools.

When a public health emergency or an event of public health significance is reported to HPPH (e.g., community outbreak, flood, adverse water event, mass gathering etc.) the responding team or department will manage it accordingly using the principals of the Incident Management System but at a smaller scale and using the existing staff of the team or department.

If the scope and scale evolve into something that can no longer be managed within the team or department, then Senior Leadership Team needs to be notified.

If the scope of the incident becomes too large to manage, activating the IMT and the HPPH ERP should be considered. Normally the decision to activate the HPPH IMT lies with the Medical Officer of Health and other members of the Senior Leadership team (SLT).

If time permits, the Medical Officer of Health and/or Incident Manager will call an SLT meeting to discuss the merits and implications of activating the Incident Management System and the HPPH Emergency Operations Centre.

If time does not permit, The Medical Officer of Health and/or the Incident Manager can activate the IMT and the HPPH Emergency Operation Centre.

Once the decision to activate the IMT and where necessary, the HPPH EOC is made, the required IMT staff are to be notified through email or the RAVE Alert system by the incident manager or alternate. They will be directed to report to the HPPH EOC to begin the business cycle and create an incident action plan (IAP) or "to dos" and further discuss the Health Unit's response to the emergency. The IMT members will need to consider activating their respective sector support groups to help with the response.

Incident Management Team Sector Support Groups (IMT SSG)

Various subgroups with specific mandates are organized under these positions in what are known as "**IMT Sector Support Groups**" This will allow the Incident Manger and the other IMT members 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 groups. The following example shows some of the more common support groups each sector might need in an emergency.

Typical IMS Structure with Activated IMT Sector Support Groups

Remember: support groups 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 groups as the need will be determined by each situation.
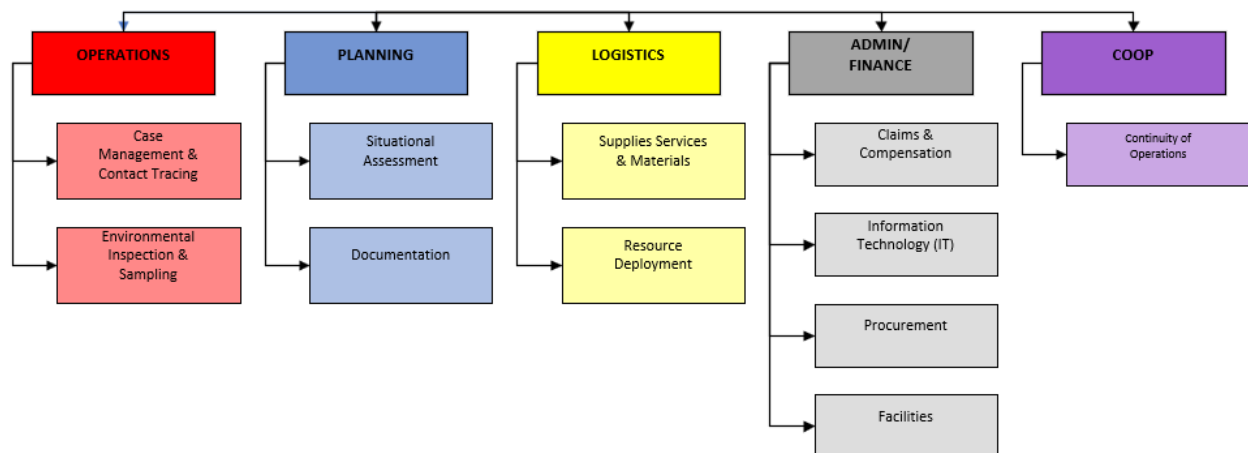
## Incident Management System Response Job Action Sheets (JAS)

Each IMT Sector role has its own Job Action Sheet that defines the roles and responsibilities for that position. See **Appendix D: Incident Management System Response Job Action Sheets** for more details.

Business Cycle

To ensure the response objectives are being met and communications are clear, the HPPH Incident Management Team (IMT) will meet regularly throughout the incident response, either in-person in the EOC location or through virtual meetings.

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, brainstorming, decision making, and response development. The business cycle also allows time for the IMT members to work with their respective support groups to address the emergency.

Typical model of a Business Cycle:
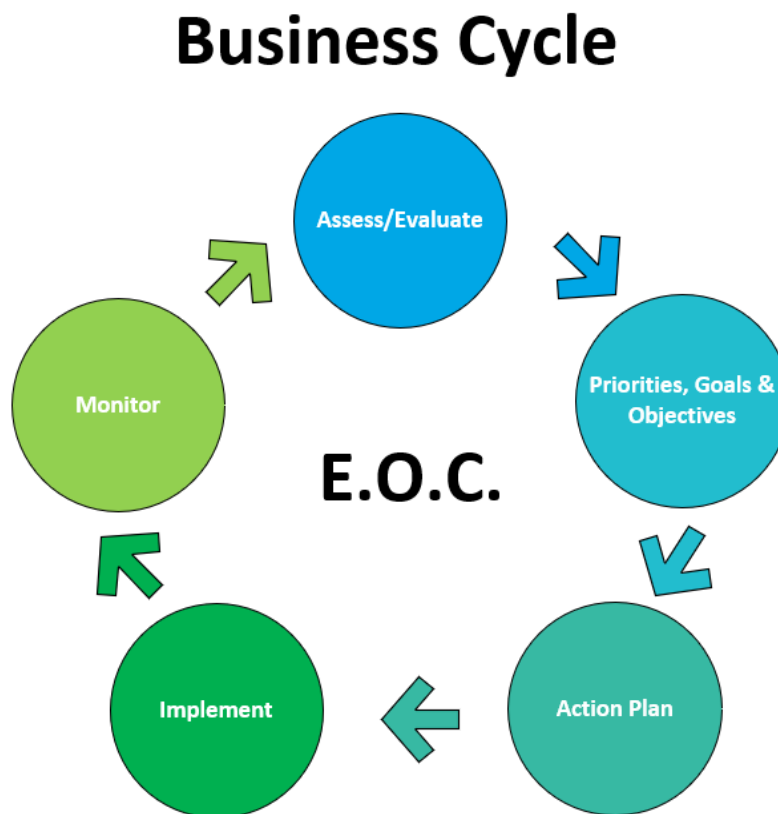
Timing of the Business Cycle

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.

Example of a One Hour Cycle

EOC – Business Cycle

- The Control Group will have regular meetings to share information, discuss actions and resolve issues.
- Meetings should be brief and free from interruptions.

1 Hour Cycle

EOC Meeting – (20 Minutes) Updates and Action Plans

Carry out assigned duties and Action Plans – (35 Minutes)

Individual Coordination – (5 Minutes)
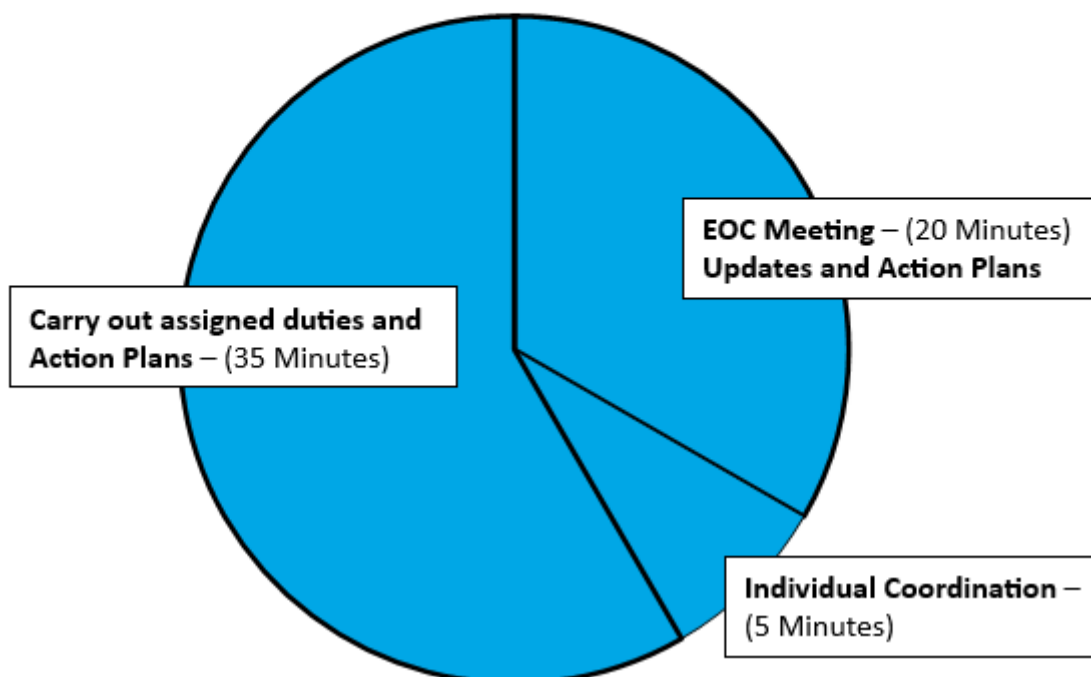
Meeting Portion of the Business Cycle

- 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) for all activated Sectors.
- Incident Manager delegates "to do's" to the Incident Management Team Sector Leads
- Conduct fast round the table updates for all activated Sectors including review of "To Do" list from previous meeting.
- Decisions to be brief and to the point.
- Set time for next meeting.
- Adjourn meeting. Sector Leads will return to respective support groups to discuss "to do's" for the cycle.

Working Portion of the Business Cycle

- Sector Leads meet with respective support groups.
- Priorities/objectives set out in the "to do's" from the IMT meeting are delegated to the support groups by the Sector Lead and set a time for an update meeting.
- Members of the support groups work at completing the priorities and objective of the "to do's"
- When the arranged update time is reached the Sector Lead meets with the support groups to get and update on progress and to provide opportunity for feedback, questions or problems or issues that have come up during the cycle. The respective Sector Lead then takes these issues/updates to the next IMT meeting to discuss.

In Action Reviews (IAR) and After Action Reviews (AAR)

IARs are a qualitative review conducted during an emergency response to identify opportunities for ongoing learning and allow for implementation of actionable items to improve the response. The IAR is a tool to promote agility during an emergency response that is iterative in nature. The IAR and AAR (Debrief) process is similar except the IAR is smaller in scope, follows a shorter timeframe, and can inform a longer-term response.
In-Action Reviews will help facilitate and support continuous quality improvement (CQI) by seeking routine feedback from staff on what is working well, what needs improvement and problem solving how best to improve our practice and processes.

Throughout the emergency, Sector leads will be responsible for conducting regular In-Action Reviews (IAR) with their respective sectors.

HPPH Emergency Operations Centre (EOC)

The Huron Perth Public Health has established (EOC) at the Stratford Site and Clinton Site. Other EOC sites may be established depending on the circumstances and nature of the emergency.

The main purpose of the EOC is to serve as a single focal point and command centre for the purpose of management of emergency information, decision-making, and resource support and allocation in an emergency and recovery process.

Authorization to activate the HPPA 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.

Access to all health unit offices requires a staff fob and Identification Card. Access is restricted.

Primary HPPH EOC Sites

HPPH Stratford Site WG 2 & 3
653 West Gore Street
Stratford, Ontario N5A 1L4
1-888-221-2133

HPPH Clinton Site CL2
77722B London Road, RR 5
Clinton, Ontario N0M 1L0
1-888-221-2133

Emergency Notification

Huron Perth Public Health RAVE Alert System

The Medical Officer of Health along with the Incident Management Team will initiate the HPPH RAVE notification system. See **Annex 1: Notification Procedures** for more details.

During an immediate emergency situation, a mass text alert will be sent to all staff through the RAVE Alerts notification system. The message will advise that staff will be required to:
- Report to work unless otherwise advised
- Follow a procedure as directed
- Be prepared to be assigned appropriately and possibly re-assigned as the emergency progresses.

Staff may be asked to report to:
- A designated office location
- Their own desks at their base office
- Another designated location; or
- Work from home until further notice

RAVE Alerts is a web-based system. If the emergency affects internet access, then HPPH will rely on program managers to contact their staff by phone to provide the message that is approved by IMT. *See* **Annex 1: Notification Procedures** for more details.

Activation of the IMT Sector Supports Groups

Once the determination of what Sector Leads are activated, the Sector Leads will activate the necessary "Sector Support Groups". The support staff will be notified through the 24/7 Notification Procedure to either report to the health unit office, the emergency site, or to remain on stand-by until further notice.

From previous experience, other effective methods of keeping the staff updated on the emergency have been:
- Email (don't rely on it because staff don't always have time to check)
- Team meetings

As in any public health emergency, staff may have to report to a manager other than to whom they normally report.

After Hours Emergency On-Call Response

Huron Perth Public Health has a 24/7 response capability to respond to incidents, public health lead emergencies or emergencies with public health impacts. This system allows for communication with community partners, government agencies, and the public in the receipt of reports of incidents, emergencies, potential health hazards, or reportable diseases including institutional outbreaks.

In the event of an emergency after hours, contact On-Call staff by calling: After Hours Answering Service: 1-800-431-2054

Termination of a HPPH 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 and demobilize staff back to normal roles. Staff will be informed that emergency operations have ended through the RAVE notification system and or most appropriate communication.

Concept of Operations

Crisis Communication

Effective internal and external communications provide the backbone for a coordinated response to an emergency. A wide range of groups at all levels need to share accurate timely and consistent information about the emergency and the risks to public health. Focused, timely, accurate, accessible and concise communication to the public key partners and board of health staff needs to be provided.

The Medical Officer of Health, along with the HPPH Incident Management Team is responsible for notifying and maintaining communications with:
1. Health System Emergency Management Branch
2. Neighbouring Medical Officers of Health as appropriate
3. Agencies, services, institutions, municipal officials, and other as appropriate.
4. General Public as needed.

See **Annex 7: Communication Plan** for more details**.**

Mutual Aid

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

The Huron Perth Public Health has a formal Mutual Aid agreement, with six other health units including:
- Board of Health of the Chatham-Kent Public Health Unit
- Board of Health of the Southwestern Public Health Unit
- Board of Health of the Grey Bruce Health Unit
- The Corporation of the County of Lambton-Community Health Services Department
- Board of Health of the Middlesex-London Health Unit
- Board of Health of the Windsor-Essex County Health Unit

See **Annex 2: Mutual Aid/Assistance Agreements** for more details.

Occupational Health

In any incident or emergency, compliance with the Occupational Health and Safety Act is always required. Under the Act, 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 HPPH COOP Plan outlines human resource strategies to ensure the health, safety and well-being of staff, during and after the incident. Psychosocial identification and assessment processes, in addition to the Employee Assistance Program (EAP), are essential to support staff during any incident or emergency.

Support Mechanisms for Board of Health Staff

Huron Perth Public Health 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. See Appendix L: **Debrief and Review** for more details

Continuity of Operations

The Ontario Public Health Standards and Emergency Management Guidelines, under the Health Protection and Promotion Act (HPPA) require that the Boards of Health have the capacity to respond to an emergency 24 hours a day and ensure continuity of its time-critical public health services.

The HPPH Continuity of Operations Plan (COOP) identifies systems and processes that can be implemented to ensure the maintenance of time-critical public health services and to assist with mitigation of impacts on agency programs, operations, resources, and infrastructure.

The strategic components include:

- Reduction and Restoration Strategies
- Human Resources and Re-deployment Strategies
- Infrastructure and Security Strategies
- Communication Strategies

Based on assessments and consultation with the IMT members, the Incident Manager will activate the Continuity of Operations Plan (COOP), as a sub-plan to the agency's Emergency Response Plan. The COOP may be activated in whole or in part to ensure the continuity of the HPPH time-critical public health services.

See **Annex 5: Continuity Of Operations Plan** for more details**.**

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 staff responding to the emergency 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 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 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 respective sectors once the need to scale down is reached and 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. See **Appendix K: Recovery Phase** for more details.

Post Incident De-briefing and Evaluation

The Emergency Response Coordinator, with the assistance of the Incident Management Team, will conduct the debriefing, including response, business continuity and recovery following an emergency event. Reports outlining key findings will be provided and presented for the purposes of amending the emergency response plan to enhance the agency's effectiveness in responding to incidents or emergencies in Huron and Perth. See **Appendix L: Debrief and Review** for more details.

Evaluation of the Emergency and Reports

During an emergency, detailed logs will be kept of agency actions and responses and of external events that are perceived to impact on the effectiveness of the emergency response.

Following termination of the emergency, the Emergency Management Coordinator (EMC) will assist IMT to prepare a detailed report reflecting the activities of the service, addressing any concerns encountered, and making recommendations for amendments to the Emergency Response Plan.

The report will contain as a minimum:
- The date and time of occurrence of the emergency
- The nature of the emergency
- The location of the emergency
- The date and time of activation of the plan
- A record of the emergency response, including dates, times, a description of activities and measures taken, as well as personnel and equipment costs
- Other agencies involved.
- Problems encountered and their resolution.
- Recommendations for future prevention and improved response

Plan Development and Maintenance

Review the Plan

- The Emergency Response Plan is reviewed and revised annually by the Emergency Management Coordinator (EMC) in conjunction with the Emergency Response Committee
- Minor administrative changes may be made directly to the plan without approval and recorded on the amendment notice at the front of the manual.

Training and Exercises

If no lived experience from disruptions, planned events or emergencies occur with the past 12 months, Huron Perth Public Health will ensure the plan is tested and or exercised annually. This will test all or some components of the Emergency Response Plan including its Emergency Notification System. The aim of the exercise is to assess the readiness of staff to effectively respond in an emergency.

Post exercise debriefs will be conducted with exercise participants and relevant findings will be recorded and be utilized for re-evaluation of agencies response capacity, future training and education for staff as well as updating the Emergency Plan

The Emergency Management Coordinator(s) is responsible for orienting staff and the Board of Health members to the Emergency Response Plan and updating staff on a regular basis.