

**PROVINCIAL  
COORDINATION  
PLAN FOR  
INFLUENZA PANDEMIC**



**July 2006**




**PROVINCIAL COORDINATION PLAN FOR INFLUENZA PANDEMIC**

**APPROVAL SHEET**

The Commissioner of Emergency Management and the Chief Medical Officer of Health, whose signatures are affixed below, hereby approve the Provincial Coordination Plan for Influenza Pandemic.

  
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**Commissioner of Emergency Management**  
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**Province of Ontario**

July 26/06  
**Date**

  
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Aug 25/06  
**Date**

**Provincial Coordination Plan For Influenza Pandemic**

## AMENDMENTS

<b>AMENDMENT NUMBER</b>	<b>DATE OF AMENDMENT</b>	<b>DATE ENTERED</b>	<b>AMENDMENTS MADE BY (INITIALS)</b>

## Foreword

It is the responsibility of each minister of the Crown presiding over a ministry of the Government of Ontario and each agency, board, commission or other branch of government as designated by the Lieutenant Governor in Council, to formulate an emergency plan for the ministry or branch of government, as the case may be, in respect of the type of emergency assigned to it by the Lieutenant Governor in Council, governing the provision of necessary services during an emergency and the procedures under and the manner in which Crown employees and other persons will respond to the emergency (*Emergency Management and Civil Protection Act*, R.S.O. 1990, c. E.9). Order in Council 1492/2005 lists each type of emergency assigned by the Lieutenant Governor in Council to ministers. The emergency plan to be formulated by ministers who have been assigned a type of emergency by the Lieutenant Governor in Council must include an emergency response plan for the specific type of emergency (Ontario Regulation 380/04).

The Minister of Health and Long-Term Care (MOHLTC) has been assigned the responsibility for the formulation of an emergency response plan for Human Health, Disease and Epidemics. One outcome of this responsibility has been the development by MOHLTC of the Ontario Health Plan for an Influenza Pandemic (OHPIP), a comprehensive, province-wide approach to influenza pandemic planning in the health care sector.

This Provincial Coordination Plan for Influenza Pandemic (PCPIP) is developed by Emergency Management Ontario (EMO) to assist in coordinating the provincial emergency response during an influenza pandemic, to support the OHPIP. It addresses influenza pandemic planning issues that focus on meeting human needs and maintaining critical infrastructure. This plan is written in accordance with the emergency response concept that is outlined in the Provincial Emergency Response Plan (PERP) developed by EMO. As such, this plan recognizes that emergency response begins with the individual. Communities have the primary responsibility for emergency response in their jurisdiction. The provincial government acts in support of communities, and EMO facilitates this support and coordination through the activation of the Provincial Emergency Operations Centre (PEOC).

Ministries continue to have responsibility for developing their own continuity of operations plans and emergency response plans for their assigned type of emergency. The emergency response plans of primary ministries are required to be coordinated in so far as possible with the emergency response plans of other ministries (Ontario Regulation 380/04). Therefore, ministries should develop a plan or an annex to their ministry emergency response plan to respond to an influenza pandemic.

Communities also have responsibilities to develop emergency response plans. It is recommended that communities identify influenza pandemic as a risk. To this end their emergency response plans should include community emergency responses to influenza pandemic, developed in conjunction with the local medical officer of health and local healthcare providers.

Effective management of a pandemic will require input and cooperation of all, working in a coordinated manner, with unified goals, strategies, responses and communications.

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## CHAPTER 1

### GENERAL

#### 1.1 Introduction

1.1.1 Influenza pandemic refers to the large-scale and sustained transmission of a highly pathogenic influenza virus in the general global human population.

1.1.2 Only the influenza A viruses are associated with pandemics, and influenza pandemic arises when all four of the following occur<sup>1</sup>:

- a. A novel influenza A virus develops;
- b. The new virus can spread efficiently from human to human;
- c. The new virus causes serious illness and death; and
- d. The population has little or no immunity to the new virus

1.1.3 In the “WHO Global Influenza Preparedness Plan, 2005”, the World Health Organization (WHO) has adopted six phases for influenza pandemic planning and response, spanning from the period when there is the potential for a pandemic, to the actual outbreak of a highly pathogenic influenza virus (Table 1). Phase 6 is the “pandemic period” during which increased and sustained human-to-human transmission is taking place in the general global population.

**Table 1: WHO Pandemic Periods and Phases.**

Period	Phase	Description
Inter-pandemic Period	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

<sup>1</sup> OHPIP, 2005.



	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in the general population.
Post pandemic Period	Return to inter-pandemic period	

## 1.2. Implications and Assumptions

- 1.2.1 Influenza pandemic is a human health disease, and hence the focus for emergency response will be on the health care sector. This implies that there will be great demand for medical supplies and services over the duration of the pandemic, which may occur over multiple waves.
- 1.2.2 The health care system will likely become overwhelmed with influenza cases and those who are “worried well”. There will likely be shortages in the availability of antiviral drugs for both prevention and treatment. Vaccines to prevent the illness are unlikely to be available during the first wave at least. Health care staff will be as vulnerable to the virus as the rest of the population, reducing the services that they are able to provide. This may result in insufficient health care staff to ensure a complete health care emergency response.
- 1.2.3 In a pandemic, the virus is widespread, affecting a large portion of the population and resulting in a general reduction in personnel in the work place. However not all individuals or communities will be affected at the same time. The resulting cascading effect could result in many services and facilities being unavailable for the general population.
- 1.2.4 As the general reduction in goods and services in the general society ensues, there are likely to be adverse effects on the general economy, as well as on people’s behaviour. Therefore, there could be the potential for civil disorder, and other significant problems within the critical infrastructure sectors of the province.
- 1.2.5 There are nine critical infrastructure (CI) sectors within Ontario. These are: Food and Water; Electricity; Gas, Oil and Chemical; Transportation; Communication Systems; Financial Institutions; Public Safety and Security; Health; and Continuity of Government. Much of this infrastructure is not government owned, but privately owned or in the broader public sector.

- 1.2.6 Based on the available data from provincial, federal, and international sources, Table 2 summarises the assumptions that have been made on the potential outcomes of an influenza pandemic.

**Table 2: Potential Impacts of a Pandemic Influenza Outbreak**

<b>Casualties</b>	The attack rate may be as high as 35%, referring to the percentage of the population that will have a clinical case of influenza at some stage during the projected eighteen (18) months of the influenza pandemic. Fatalities may be about 2% of those affected. See Table 2 of the Ontario Health Plan for an Influenza Pandemic for more detail. The attack rate can be used for planning purposes and will be dependent on the virus epidemiology once it emerges and on the response measures applied (antivirals, public health measures and, once available, vaccine.)
<b>Pandemic Timeline</b>	The pandemic is likely to occur in two or more waves. Each wave is expected to be about 8 weeks in duration and may occur three to nine months apart.
<b>Response Timeline</b>	Response activities will take place during each pandemic wave and during the inter-wave period as well. The response timeline could be over a period of one or more years.
<b>Recovery Timeline</b>	One to three years (but could be longer). Recovery activities could commence in some areas while response activities are continuing in other areas.

### 1.3 Natural Death Surge Planning

It is important to distinguish the events and the terminology used in Ontario between Multiple Fatalities, also referred to as Mass Fatalities, and a Natural Death Surge.

Multiple Fatalities can be defined as follows:

“Incident or event (usually a single event) where several persons die, and where the number of deaths exceeds the capabilities of the local resources (personnel, equipment, facilities) to respond with appropriate investigation, recovery of remains, examination of the bodies, identification of the decedents, reporting of findings, and ultimate disposition of the human remains (repatriation, burial, cremation)”

At the provincial level, the Office of the Chief Coroner (OCC) maintains the *Provincial Multiple Fatality Plan*, predominantly for use in Coroner cases. A coroner’s investigation

would be required for a multiple fatality event and most likely the *Provincial Multiple Fatality Plan* would be activated.

A Natural Death Surge can be defined as follows:

“An increased number of deaths from natural causes that can occur over a period of time (weeks to months) rather than one incident”

A Natural Death Surge is not a Multiple Fatality event and most deaths occurring during the surge should not require a coroner’s investigation. A Natural Death Surge would not likely lead to an activation of the *Provincial Multiple Fatality Plan*.

It is anticipated that a pandemic would be a “Natural Death Surge” event rather than a “Multiple Fatality” event.

Coroners must have the appropriate jurisdiction to investigate deaths and the involvement of the Office of the Chief Coroner (OCC) in dealing with a pandemic will depend entirely on circumstances. In the early stages of a pandemic, involvement of the OCC may be quite significant as there may be important public safety issues to consider. As the pandemic evolves, involvement of the OCC will likely diminish considerably. The OCC will provide guidance and advice on areas where it has expertise or experience to assist with local emergency planning. Regional Supervising Coroners will be available to assist communities in developing local strategies to plan for a surge in natural deaths.

The *Coroners Act, RSO, 1990, c.37* provides the legal framework and context in which coroners in the province conduct investigations into many deaths. The circumstances where a coroner does have jurisdiction are outlined in section 10 of the *Coroners Act* and include all non-natural deaths, as well as many natural deaths. Among the natural deaths, include those that are *sudden and unexpected*. Deaths resulting from a declared influenza pandemic would be regarded as natural but not necessarily sudden and unexpected. It can therefore be assumed that the coroner would not automatically have jurisdiction or become involved in all pandemic deaths.

It is imperative that local strategies are developed, outlining the process and responsibilities for the proper screening, recognition, reporting of and disposition of human remains. Regional Supervising Coroners will be available to assist communities in developing local strategies to plan for a surge in natural deaths.

In addition, the OCC, through the Ministry of Community Safety and Correctional Services, will be actively involved provincially and regionally, along with other stakeholders, in providing input into the prevention, mitigation, preparedness, response and recovery for an influenza pandemic.

A community response, to include first responders, emergency managers, hospitals, funeral homes, cemeteries, crematoria, and death registry offices, is needed to deal logically and systematically with a Natural Death Surge.

With the anticipation of limited resources during a pandemic, changes to the normal processing of human remains may be required, along with short-term adaptations to an organization's day-to-day operating policies and procedures. It is important that each community develop strategies that will best meet the needs of their community.

Local planners, with participation from the Regional Supervising Coroner, local public health officials, funeral directors and other appropriate local authorities, should examine each step in the management and processing of human remains to determine what issues may arise during a pandemic. Strategies should be developed to address those issues and ensure the continuity of the death management process.

#### 1.4 Response Strategies

1.4.1 Response strategies to this particular human health emergency would require, among other things, mechanisms:

- a. for allocating antivirals and vaccine among the population;
- b. to bolster the health care system, both staff and facilities;
- c. to sustain critical service delivery; and
- d. to eliminate or reduce the cascading effects on the general population, environment, and economy of Ontario.

1.4.2 Responses to influenza pandemic would occur at the international, federal/national, provincial/territorial, and municipal/community levels.

1.4.3 Responses have to be based on the possible areas of impact, consequences and the resultant requirements, some of which are highlighted in Table 3.

**Table 3: Overview of Possible Consequences of an Influenza Pandemic Emergency**

Srl	Possible Areas of impact	Possible Consequences and Requirements
1	Human needs, social services	<ol style="list-style-type: none"> <li>a. Greater demand for social service programs.</li> <li>b. Greater needs among the vulnerable populations – children, elderly, disabled, homeless.</li> <li>c. Reduction in the available volunteer services.</li> <li>d. Limitations on/cancellations of public gatherings – e.g. conferences, concerts, etc.</li> <li>e. Increased staff absences due to illness or the need for extra personal time off to look after family members.</li> </ol>

		<p>f. Greater need for psychosocial services – e.g. Critical Incident Stress Management (CISM), bereavement counselling, etc.</p> <p>g. Natural Death Surge Planning.</p> <p>h. Increased need for services in languages other than French/English.</p> <p>i. Possible closure of schools, daycare centres, and places of worship.</p> <p>j. Possible increase in unemployment will impact on social services and other services.</p> <p>k. The requirement for increased self-sufficiency, and neighbours/family assisting each other.</p>
2	Human behaviour (predictable vs unpredictable)	<p>a. Price gouging, hoarding, increased absences, high public concern.</p> <p>b. Civil disorder.</p>
3	Logistics	<p>a. Antiviral drugs, and (when available) vaccines for the general population are likely to be insufficient.</p> <p>b. Greater demand for Personal Protective Equipment (PPE).</p> <p>c. Reduction in the production and movement of goods &amp; supplies.</p> <p>d. Reduction in services including garbage disposal, public transportation.</p> <p>e. Reduction in the availability of volunteer services.</p> <p>f. Critical infrastructure failures resulting in requirements for logistics such as generators, fuel, etc.</p>
4	Economic impact / Disaster financial assistance	<p>a. Potential need for financial assistance programs for affected individuals, the business community, farms, not-for-profit, as well as business recovery and marketing programs.</p> <p>b. Anticipated increase in insurance claims.</p>

		<p>c. Potential impact on businesses.</p> <p>d. Potential reduction to the tax base.</p> <p>e. Potential for increased unemployment.</p> <p>f. Potential for recession, or worse.</p>
5	<p>a. <b>Impacts, consequences and needs are likely in Ontario's nine Critical Infrastructure (CI) Sectors, namely:</b></p>	<p>b. <b>Provincial Leads:</b></p>
	1) Food and Water	1) Ontario Ministry of Agriculture and Rural Affairs; Ministry of the Environment.
	2) Electricity	2) Ministry of Energy
	3) Telecommunications	3) Ministry of Economic Development and Trade; Ministry of Government Services
	4) Financial Institutions	4) Ministry of Finance and/or other financial institutions and stakeholders as appropriate
	5) Oil and Gas	5) Ministry of Energy
	6) Transportation (air, rail, marine, surface, & borders)	6) Ministry of Transportation
	7) Continuity of Government Services	7) Ministry of Government Services
	8) Public Safety and Security	8) Ministry of Community Safety and Correctional Services
	9) Health	9) Ministry of Health and Long-Term Care
6	Continuity of Operations (COOP)	a. There is a need for ministries to enhance their BCPs (COOPs) to ensure that they are resilient enough to withstand a pandemic.
7	Emergency information / communications	a. All levels of government need to be able to communicate on both health and other consequences. Therefore, all levels of government to be coordinated with each other.

		<p>b. Spokespersons to be clearly identified.</p> <p>c. The media may also be affected by their own staff absences, affecting their ability to disseminate information to the public.</p>
8	Requests for international / national / other provincial aid	Requests for assistance from countries or provinces more severely affected should be anticipated whether or not Ontario is also affected by the influenza pandemic.
9	Labour	Worker safety issues and work refusals must be addressed.
10	Legal	Legal challenges and issues will be identified as part of workplace pandemic planning by each Ministry as appropriate, and subsequent strategies will be outlined and addressed as part of the OPS Workplace Health Emergency Plan. The Ministry of the Attorney General Emergency Legal Team will review these issues.
11	Ontario's interests out of the province	There may be public reactions within Ontario based on issues arising from the responses to the influenza pandemic in other jurisdictions in which Ontario or Ontarians have interests.
12	Care and protection of animals	Both the preoccupation with, and the effects of, the virus may result in some pets and livestock being left unattended. Animal welfare programs would need to be strengthened.
13	Ability to respond to other emergencies	Any reduction in staff due to illnesses or other absences is likely to affect the ability to respond to other concurrent emergencies. Emergency response plans need to be more robust.

#### 1.4.4 World Health Organization

- a. At the international level, The World Health Organization (WHO) has published a number of documents on the subject of influenza pandemic, including the "WHO Global Influenza Preparedness Plan", 2005<sup>2</sup>; and the "WHO Checklist for Influenza Pandemic Planning", 2005. These documents address the broad United Nations (UN) aims and objectives as guides to national authorities, primarily within the health sector.

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<sup>2</sup> Its primary audience is public health officials with responsibility for influenza preparedness and response, according to "WHO global influenza preparedness plan", 2005.

- b. The species of origin and sequence of progression of the next pandemic strain may vary and thus be difficult to predict. The international responsibility to declare, upscale and downscale phases rests with the WHO<sup>3</sup>.

#### 1.4.5 Canada

- a. At the federal/national level, Public Health Agency of Canada (PHAC) has coordinated the development of, and published the “Canadian Influenza Pandemic Plan” (CPIP), 2004. This plan guides us by clarifying the roles of governments at all levels, public health officials, and front-line health care workers.
- b. PHAC is the federal agency responsible for maintaining international contacts. As such the responsibility for liaising with the WHO and providing advice through the Health Emergency Communications Network (HECN), as well as directly to health officials in provinces and territories rests with PHAC. Notification to staff from the provinces and territories, as well as staff of key non-governmental organizations when a pandemic has been declared would come from PHAC.

#### 1.4.6 Ontario – Ministry Responsibility

- a. The *Emergency Management and Civil Protection Act* and Order in Council 1492/2005 outline the requirements for ministries to develop emergency response plans. The Ministry of Health and Long Term Care (MOHLTC) is the primary Ontario ministry for an influenza pandemic emergency response. MOHLTC published the Ontario Health Plan for Influenza Pandemic (OHPIP), 2005, which is a province-wide approach to pandemic flu planning in the health care sector. It describes how Ontario’s health system will respond to influenza pandemic.
- b. MOHLTC expects to receive formal notification of a pandemic through PHAC from the WHO. On the advice of MOHLTC, the province may choose to escalate its pandemic response independently of any formal declaration by the WHO.
- c. Although the MOHLTC has the primary responsibility for human health disease emergency response, ministries must enhance their BCPs (COOPs) to be resilient enough to withstand a pandemic.

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<sup>3</sup> WHO global influenza preparedness plan 2005.



- d. All Ministries should ensure that they are positioned to respond to influenza pandemic and work with their public and private stakeholders to support their individual and collective readiness.

#### 1.4.7 Ontario – Emergency Management Ontario Responsibility

- a. The plans developed by the WHO, PHAC, and MOHLTC maintain a focus on the emergency response actions of the health care sector. Emergency responses to influenza pandemic would be in accordance with these plans for as long as they adequately address the emergency.
- b. However, the potential for disruptions in the health care sector and the wider society due to potential shortages of antiviral drugs, vaccine, as well as staff reductions, requires that all be prepared to respond. Emergency response might need to be directed to both assist the health care sector, and to address the other potential consequences as the influenza pandemic worsens by duration and/or severity (geographic and virulence). Some of these other consequences are summarized above, and covered in more detail later on in this plan.
- c. Emergency Management Ontario (EMO), as the provincial emergency response coordinator, would carry out the above responsibility through the Provincial Emergency Operations Centre (PEOC).
- d. General coordination support for the emergency response both in support of and beyond the healthcare sector may be provided according to the provisions of the Provincial Emergency Response Plan (PERP). The PERP was developed by EMO to provide general coordination and emergency response concepts, and a framework for response coordination between the federal, provincial and municipal emergency response organizations.
- e. Specifically for an influenza pandemic, EMO has developed this Provincial Coordination Plan for Influenza Pandemic (PCPIP), as a supporting plan to the PERP. The PCPIP is geared towards providing support to the health care sector's emergency response during the actual pandemic phase. It is also geared towards providing support at any point that provincial coordination is required for influenza pandemic responses addressing those consequences not anticipated in the OHPIP.

#### 1.4.8 Municipalities

- a. The *Emergency Management and Civil Protection Act* contains the provisions for municipalities to develop emergency response plans. Municipalities are recommended to identify influenza pandemic as a risk, and on that basis develop sufficient emergency response contingencies to address the likely impact of an influenza pandemic.

- b. It is recommended that municipalities' emergency response plans incorporate emergency responses to influenza pandemic, developed in conjunction with the local medical officer of health, the local public health units, and local healthcare providers. Responses may be guided by both the OHPIP and the PCPIP.
- c. EMO will also provide guidance to municipalities in developing their emergency response plan to respond to an influenza pandemic.

#### 1.4.9 First Nations

- a. Within the framework of the First Nations Emergency Assistance Agreement, 1992, First Nations are encouraged to have emergency response plans that address influenza pandemic consequences. This may be developed through collaboration between First Nations, Indian and Northern Affairs Canada (INAC), and the First Nations and Inuit Health Branch within Health Canada (HC).
- b. Indian and Northern Affairs (INAC) or a First Nations community may request assistance from the province during an influenza pandemic emergency.

#### 1.5 Aim

The aim of the PCPIP is to coordinate the provincial response during an influenza pandemic, with the emphasis on supporting the health care sector, and coordinating responses to all other impacts and consequences.

#### 1.6 Objectives

##### 1.6.1 The objectives of the PCPIP are:

- a. To identify the consequences of influenza pandemic not specific to the Health Care Sector but which would necessitate emergency response coordination.
- b. To adapt the provincial emergency response structure to meet the unique requirements of this human health disease outbreak.
- c. To assist ministries and communities to respond to the consequences of influenza pandemic where these consequences are not already covered by the OHPIP.

## 1.7 Scope

- 1.7.1 The PCPIP is a supporting plan to the PERP. In addition, it supports the OHPIP.
- 1.7.2 The PCPIP deals with those emergency response matters arising from an influenza pandemic that require the coordination of other provincial entities, or in the case where an emergency has been declared, and where the required response may extend beyond the MOHLTC's role in co-ordination.
- 1.7.3 It outlines the implications and consequences of an influenza pandemic that are primarily outside the health care sector.
- 1.7.4 It outlines the emergency response requirements as they pertain to Ontario, with an indication of the provincial, ministry, municipal, federal, and private sector partners who are likely to have a role to play.
- 1.7.5 It does not cover the details of how these partners may respond, but recommends that their emergency response plans incorporate these emergency response requirements.
- 1.7.6 The PCPIP is not intended to infringe on the arrangements under the OHPIP.
- 1.7.7 The PCPIP seeks to coordinate responses among ministries, but is not intended to replace any Ministry Emergency Response Plan (MERP) and the supporting role of Ontario ministries.
- 1.7.8 The PCPIP establishes links to the federal, municipal, public and private sector in managing the response to an influenza pandemic.

## CHAPTER 2

### RESPONSE AND COORDINATION

#### 2.1 Notification

- 2.1.1 Notification that an influenza pandemic has been initiated, that there is a change in a pandemic phase, or about influenza pandemic activities outside of, or within Ontario, will be advised by the MOHLTC to the PEOC. MOHLTC will also notify the community level health sector.
- 2.1.2 Notification will be passed by the PEOC to ministry and municipal emergency response coordinators, Public Safety and Emergency Preparedness Canada (PSEPC), and others as appropriate.
- 2.1.3 Communities are expected to notify the PEOC on developing situations and/or situations that might warrant the declaration of an emergency, whether at the community or provincial level. At any time that an additional emergency begins to manifest itself, notification should be passed to the PEOC from any source. The PEOC will in turn ensure appropriate notification is made.

#### 2.2 Activation

- 2.2.1 Emergency response in Ontario is based on a “Bottom-up” approach. Therefore, municipalities are encouraged to have emergency response plans for an influenza pandemic emergency. During such an emergency there is likely to be concurrent involvement of all levels of government. Response also occurs with respect to a declared emergency under the *Emergency Management and Civil Protection Act*.
- 2.2.2 MOHLTC will likely activate their Ministry Action Group and EOC prior to others doing so. The activation of emergency response plans and EOCs will likely be in relation to the input and recommendations of the MOHLTC and may also be on the recommendation of the Corporate Response Centre (CRC).
- 2.2.3 Activation of plans and EOCs may also occur based on the following:
  - a. When there is no influenza in Ontario, but the public reacts negatively to both the health and non-health impacts occurring outside Ontario (such as price gouging, stockpiling, increased absences, and high public safety concerns);
  - b. In response to related emergencies such as civil disorder; or a breakdown in services in any critical infrastructure sector;
  - c. When necessary to coordinate community requests for assistance and/or in response to a community emergency declaration;

- d. When directed to do so by the Premier, the Commissioner of Emergency Management, or a designated minister.

2.2.4 The activation of plans and EOCs may not necessarily occur ‘phase-for phase’ with the health care sector responses under the OHPIP, although activation will likely occur in, or by Phase 6.

## 2.3 Emergency Declaration and Powers

2.3.1 The *Emergency Management and Civil Protection Act* provides as follows:

### “Declaration of Emergency

7.0.1 (1) Subject to subsection (3), the Lieutenant Governor in Council or the Premier, if in the Premier’s opinion the urgency of the situation requires that an order be made immediately, may by order declare that an emergency exists throughout Ontario or in any part of Ontario.

(2) An order of the Premier that declares an emergency is terminated after 72 hours unless the order is confirmed by order of the Lieutenant Governor in Council before it terminates.

(3) An order declaring that an emergency exists throughout Ontario or any part of it may be made under this section if, in the opinion of the Lieutenant Governor in Council or the Premier, as the case may be, the following criteria are satisfied:

1. There is an emergency that requires immediate action to prevent, reduce or mitigate a danger of major proportions that could result in serious harm to persons or substantial damage to property.
2. One of the following circumstances exists:
  - i. The resources normally available to a ministry of the Government of Ontario or an agency, board or commission or other branch of the government, including existing legislation, cannot be relied upon without the risk of serious delay.
  - ii. The resources referred to in subparagraph ( i ) may be insufficiently effective to address the emergency.
  - iii. It is not possible, without the risk of serious delay, to ascertain whether the resources referred to in subparagraph ( i ) can be relied upon.”

- 2.3.2 Once an emergency has been declared, the Lieutenant Governor in Council may issue various emergency orders pursuant to the *Emergency Management and Civil Protection Act* as part of the provincial response to the influenza pandemic emergency. The Lieutenant Governor in Council may make orders in respect of the following:
- a. The implementation of emergency plans.
  - b. The regulation or prohibition of travel to, from or within any specified area.
  - c. The evacuation of individuals and the removal of property.
  - d. The establishment of facilities for the care, welfare, safety and shelter of individuals.
  - e. The closure of any place, whether public or private, including any business, office, school, hospital or other establishment or institution.
  - f. To prevent, respond to or alleviate the effects of the emergency, the construction of works, the restoration of necessary facilities and the requisition, use, destruction, removal or disposition of property.
  - g. The collection, transportation, storage, processing and disposal of any type of waste.
  - h. The authorization of facilities, including electrical generating facilities, to operate as is necessary to respond to or alleviate the effects of the emergency.
  - i. The use of any necessary goods, services and resources within any part of Ontario.
  - j. The procurement of necessary goods, services and resources, the distribution, availability and use of necessary goods, services and resources and the establishment of centres for their distribution.
  - k. The fixing of prices for necessary goods, services and resources and the prohibition against charging unconscionable prices in respect of necessary goods, services and resources.
  - l. The authorization of any person, or any person of a class of persons, to render services of a type that that person, or a person of that class, is reasonably qualified to provide.

- m. The requirement that any person collect, use or disclose information that in the opinion of the Lieutenant Governor in Council may be necessary in order to prevent, respond to or alleviate the effects of the emergency.
- n. The taking of such other actions or implementing such other measures as the Lieutenant Governor in Council considers necessary in order to prevent, respond to or alleviate the effects of the emergency.

2.3.3. As an influenza pandemic emergency evolves, many issues will come up for consideration. Some of the senior level considerations would likely include:

- a. When to declare a provincial emergency;
- b. Implementing and maintaining an effective and timely emergency information and communications capability with pre-identified spokespersons;
- c. Distribution of antiviral drugs and vaccine;
- d. Determining the guidance and direction that should be given to municipalities and ministries on health, critical infrastructure, logistics, human needs, etc.;
- e. Implementing BCP (COOP) plans for government;
- f. Ensuring legal and labour teams are in place;
- g. Reviewing and addressing the Economic Impact;
- h. Planning for Disaster Financial Assistance;
- i. Reviewing international, national, or provincial requests for aid prior to or after the influenza pandemic has hit Ontario; and
- j. Ensuring the government has the capacity and capability to coordinate other emergencies.

## 2.4 Structure

2.4.1 The provincial emergency response structure supporting the Lieutenant Governor in Council and the Premier includes the Cabinet Committee on Emergency Management, the Commissioner of Emergency Management, senior emergency management committees, the PEOC, Ministry Action Groups, ministry EOCs and municipal EOCs. The response structure is based on the Incident Management System (IMS) that includes the functions of Command, Operations, Logistics, Finance & Administration, Planning, and scientific analysis (see **Figure 1**). The structure also reflects the interface

between the PEOC and the Government Operations Centre (GOC) (see **Figure 2**). For more detail, consult the PERP.

- 2.4.2 In an influenza pandemic the Commissioner of Emergency Management and the Chief Medical Officer of Health would be members of senior level committees that provide advice to the Lieutenant Governor in Council and the Premier, such as the Cabinet Committee on Emergency Management.
- 2.5 Executive Authority
  - 2.5.1 The Executive Authority is the Lieutenant Governor in Council and the Premier, who exercises the emergency powers set out in the *Emergency Management and Civil Protection Act*. Under Section 7.0.4 (1), the *Act* allows for the delegation of powers to a minister of the Crown or to the Commissioner of Emergency Management. Optionally, the premier may designate a minister under Section 7(5) of the *Act*, to exercise the emergency powers available under the *Act*.
- 2.6 Cabinet Committee on Emergency Management
  - 2.6.1 The roles and responsibilities of this committee are as follows:
    - a. Provide strategic advice on issues that pertain to the provincial emergencies as referred to this committee by Cabinet, Priorities and Planning Board, or the Premier's Office;
    - b. Ensure the province is prepared to address emergency situations.
    - c. Assume other responsibilities, as Cabinet considers appropriate, including the review of best practices in other jurisdictions.
- 2.7 Deputy Ministers Strategic Policy Committee on Emergency Management
  - 2.7.1 The structure of this committee is currently under review. The roles and responsibilities of this committee generally will include:
    - a. Supporting development of the provincial emergency response strategy.
    - b. Providing advice to the CCEM on strategic issues management.
    - c. Assisting with the implementation of strategies.
    - d. Developing and ensuring a consistent government communications plan for the emergency.
    - e. Considering and recommending on recovery plans.



## 2.8 Operations Executive Committee

2.8.1 The structure of this committee is currently under review. The roles and responsibilities of this committee generally will include:

- a. Development of the overall provincial operational emergency response guidance.
- b. Operational issues management.
- c. Coordination of the overall provincial operational response.
- d. Coordination of activities between ministries and communities.
- e. Implementation of the provincial communications (emergency information) plan.
- f. Consultation with the executive leads of Ministry Action Groups

## 2.9 Ministry of Health and Long Term Care (MOHLTC)

2.9.1 During an influenza pandemic emergency, the health care sector would play a central and expanded role in the structure. The MOHLTC is the primary ministry with other ministries being in support, as required. Using established health care sector networks the MOHLTC coordinates the health responses.

2.9.2 Some of the inputs for provincial emergency response coordination that MOHLTC would likely be able to provide include the following.

- a. Through the Cabinet Committee on Emergency Management (CCEM) and other senior level committees, the Chief Medical Officer of Health (CMOH) would be responsible for advising on whether, and the extent to which the health care sector's emergency responses are proving adequate to address the emergency.
- b. The CMOH will act as a provincial media spokesperson.
- c. MOHLTC will lead the communications strategy for a pandemic emergency. The Executive Director of Communications and Information Branch, MOHLTC will become the Chief Information Officer.
- d. MOHLTC and the CMOH will participate in considerations for a possible provincial emergency declaration.
- e. The CMOH will exercise emergency powers under the *Health Protection and Promotion Act* (HPPA) as required.

- f. The responsibility for providing advice to the Premier and Cabinet Office would be that of the Minister and Deputy Minister, MOHLTC, and the CMOH. This could be done directly, or through participation on the Cabinet Committee on Emergency Management and other senior level committees, as appropriate.
- 2.10 Emergency Management Ontario (EMO)
- 2.10.1 Emergency Management Ontario (EMO) is the provincial emergency response coordinator and would coordinate provincial emergency responses to an influenza pandemic emergency through the Provincial Emergency Operations Centre (PEOC).
- 2.11 The Provincial Emergency Operations Centre (PEOC)
- 2.11.1 The PEOC maintains a 24/7 Duty Officer and an on-call duty team comprising the PEOC Duty Operations Chief, Duty Commander, Commissioner of Emergency Management, Provincial Emergency Response Teams (PERT), and an Emergency Information Officer. EMO PERTs and Community Officers are available to provide advice and assistance to communities via deployment or teleconference.
  - 2.11.2 The PEOC will adopt one of three response levels, namely: Routine Monitoring, Enhanced Monitoring, or Activation. Ministries maintain their representative in the PEOC during a coordinated provincial response, as required. Within the PEOC there is also a Federal Coordination Group that includes representatives of PSEPC, PHAC, Industry Canada, INAC, CNSC, DND, and others, as required.
  - 2.11.3 Emergency information (EI) is coordinated out of the Emergency Information Section (EIS). Coordination is led by Cabinet Office, MOHLTC & MCSCS, in conjunction with other ministries. The provincial spokespersons will likely be the Premier; the Chief Medical Officer of Health; and the Commissioner of Emergency Management (see Chapter 3 for more details).
  - 2.11.4 The PEOC also coordinates responses with each community control group (CCG) and others, as required. EI is coordinated at the local level through the local emergency information centre (EIC).
- 2.12 Role of Corporate Response Centre (MGS)
- 2.12.1 In the event of an emergency that affects Ontario Public Service (OPS) operations, staff, building and assets, the Ministry of Government Services (MGS) Corporate Response Centre (CRC) will make decisions and direct internal government emergency response and recovery.

### 2.13 Other Ministry MAGs and EOCs

2.13.1 Other ministries would activate their Ministry Action Groups (MAGs) and Emergency Operations Centres (EOCs) either upon the request of the PEOC or out of a need to support the MOHLTC in responding the health emergency, as determined by the MOHLTC and/or the Corporate Response Centre (CRC). Additionally, if an important consequence of the influenza pandemic emergency is the primary responsibility of another ministry, then the responsibility for determining the activation of their EOC and taking appropriate emergency response actions would be the responsibility of that ministry.

### 2.14 Municipal Response and Coordination

2.14.1 Many basic services are provided to the population at the municipal level. Municipalities will therefore need to respond to an influenza pandemic emergency to prevent or lessen as best as possible disruptions in the provision of those services.

2.14.2 Equally important is the need for municipal government structures to continue functioning during the protracted period of a pandemic, including the inter-pandemic waves.

2.14.3 Municipalities are strongly advised to have municipal emergency response plans and Continuity of Operations Plans (COOP) for an influenza pandemic emergency.

2.14.4 In as much as the focus of emergency response will be on the health issues, municipalities continue to be responsible for responding to all other emergencies within their area of responsibility. In each municipality, irrespective of their health care role, a determination may have to be made of the services that are to be prioritized.

2.14.5 Upon the implementation of the PCPIP, should municipal EOCs not already be operational in response to the need for coordinating responses with the health care sector, advice may given by the PEOC to activate their EOCs, as required. Continuous liaison between the PEOC and municipal EOCs will be necessary.

2.14.6 Anticipate the potential need for increased provincial financial assistance.

2.14.7 Anticipate a reduction in Emergency Medical Services (EMS), police, fire, emergency response decision makers, elected officials, essential local government workers and emergency management personnel, funeral services, utilities, water and sewage, solid waste disposal, public transport and transportation.

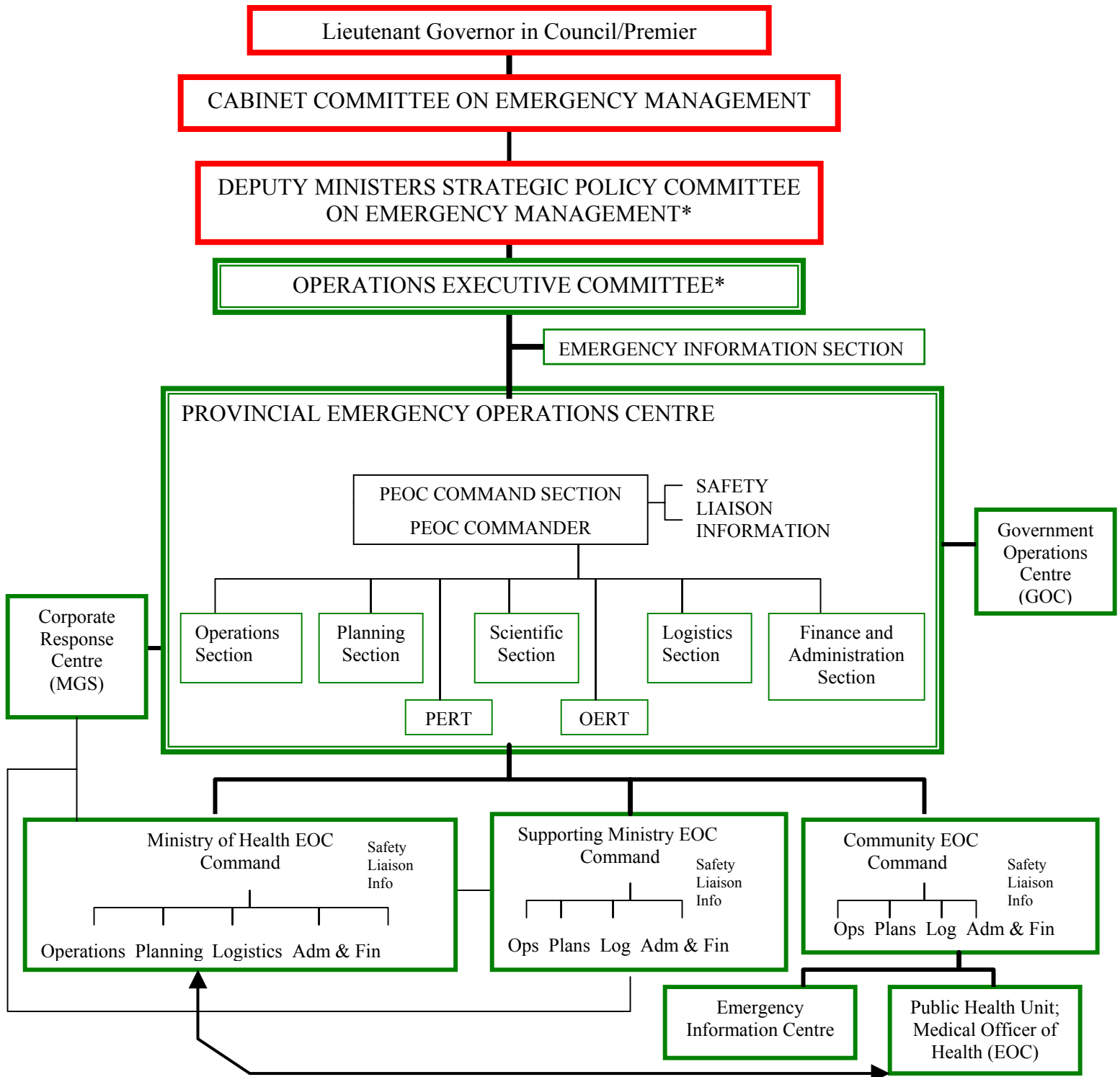
## 2.15 Federal Response Support

- 2.15.1 The Canadian Pandemic Influenza Plan (CPIP) outlines the health care emergency responses of the federal government. By virtue of the widespread nature of influenza pandemic, in accordance with the CPIP the federal government would be involved from the early stage of the emergency.
- 2.15.2 When necessary, the federal government is responsible for declaring a Public Welfare Emergency under the *Emergencies Act* in response to the health emergency.
- 2.15.3 Should other emergencies develop, threatening the security of Canada, the federal government may further exercise its responsibilities under the *Emergencies Act* by declaring a Public Order Emergency.
- 2.15.4 Federal emergency response support to the province, when necessary, is coordinated through the Regional Office of PSEPC. This support would be coordinated among the PEOC and the Government Operations Centre (GOC), through PSEPC. Further details are provided in the PERP.
- 2.15.5 Should the federal government require the assistance of the province in responding to developing emergencies, this is also likely to be coordinated between the GOC and the PEOC.

## 2.16 Supporting documents

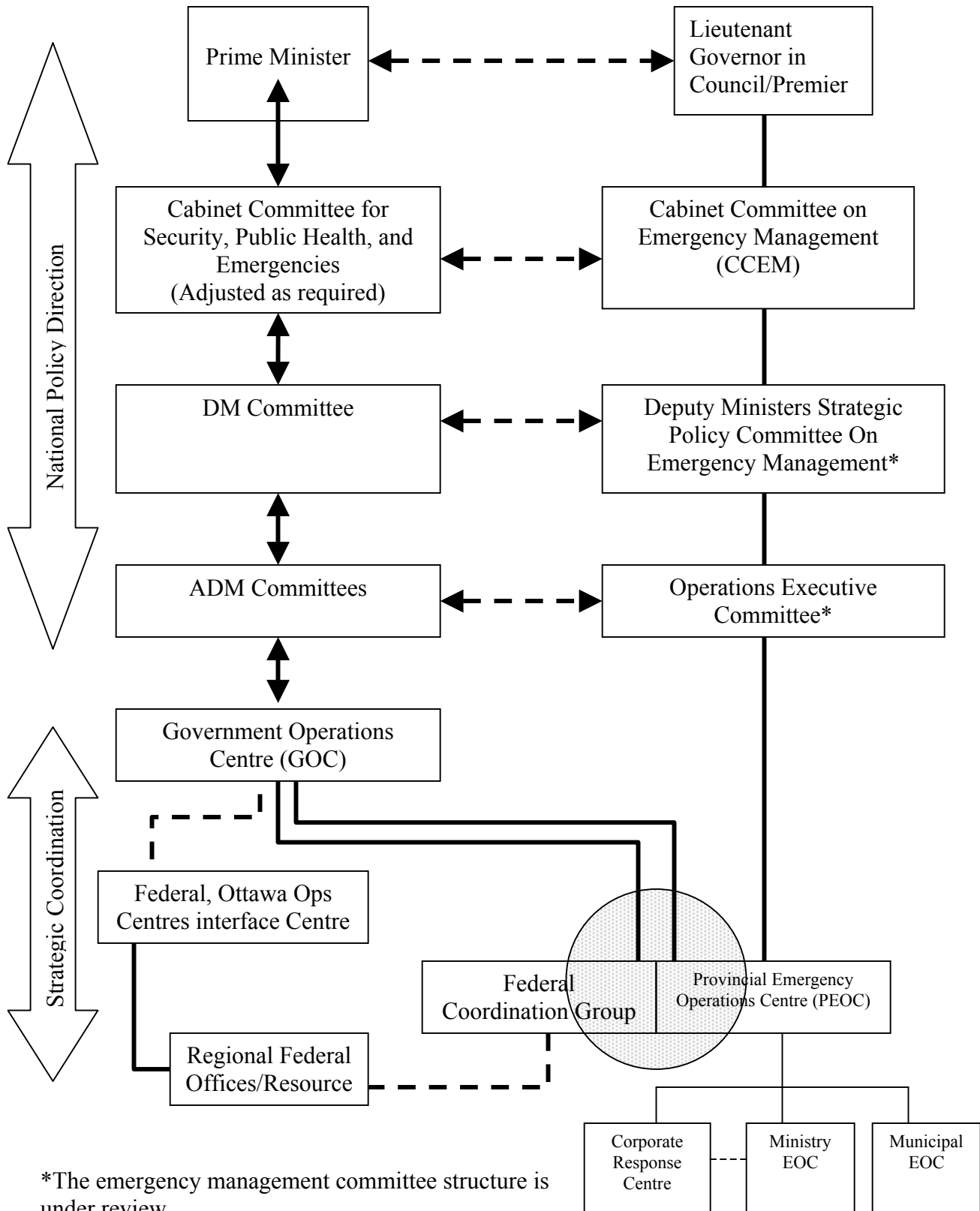
- 2.16.1 To provide further guidance in a coordinated provincial emergency response during an influenza pandemic emergency, the following list of supporting documents are included with this plan:
  - a. Annex A – Infection Prevention and Control Guidelines for Emergency Operations Centres.
  - b. Annex B – Roles and Responsibilities of Cabinet Office and Provincial Ministries.
  - c. Annex C – Federal Agencies/Organizations with Responsibilities.
  - d. Annex D– Provincial Policy of Logistics Support for an Emergency.

Figure 1: Provincial Emergency Response Structure



\*Note that the emergency management committee structure is under review.

Figure 2: Response Structure and Interface



## CHAPTER 3

### EMERGENCY INFORMATION

#### 3.1 Federal Coordination

There will be enormous emergency information (EI) challenges during a human health emergency and consistent messages must be delivered to the public and health care personnel. The Public Health Agency of Canada (PHAC) is the lead agency for EI if a pandemic has moved beyond a single province or if a national emergency has been declared. A human health disease anywhere in Canada may become a national issue and the federal government will coordinate inter-provincial EI. Provincial EI strategies must be aligned with the PHAC EI plan.

#### 3.2 Provincial Coordination

3.2.1 If a provincial emergency is declared, EI will be coordinated from the Emergency Information Section (EIS). The EIS is made up of communications specialists from provincial ministries, the Premier's Office, Cabinet Office and federal departments, who will issue news releases and provide information to media representatives on the emergency and the measures being taken to deal with it.

3.2.2 The Director of Communications at MOHLTC would assume the role of Chief of Emergency Information and work with Cabinet Office Communications to develop the necessary protocols. The role of other ministries' Directors of Communications would be to support their own Minister, to help MOHLTC, and to implement other requirements that Cabinet Office Communications might assign.

#### 3.3 Public Communications

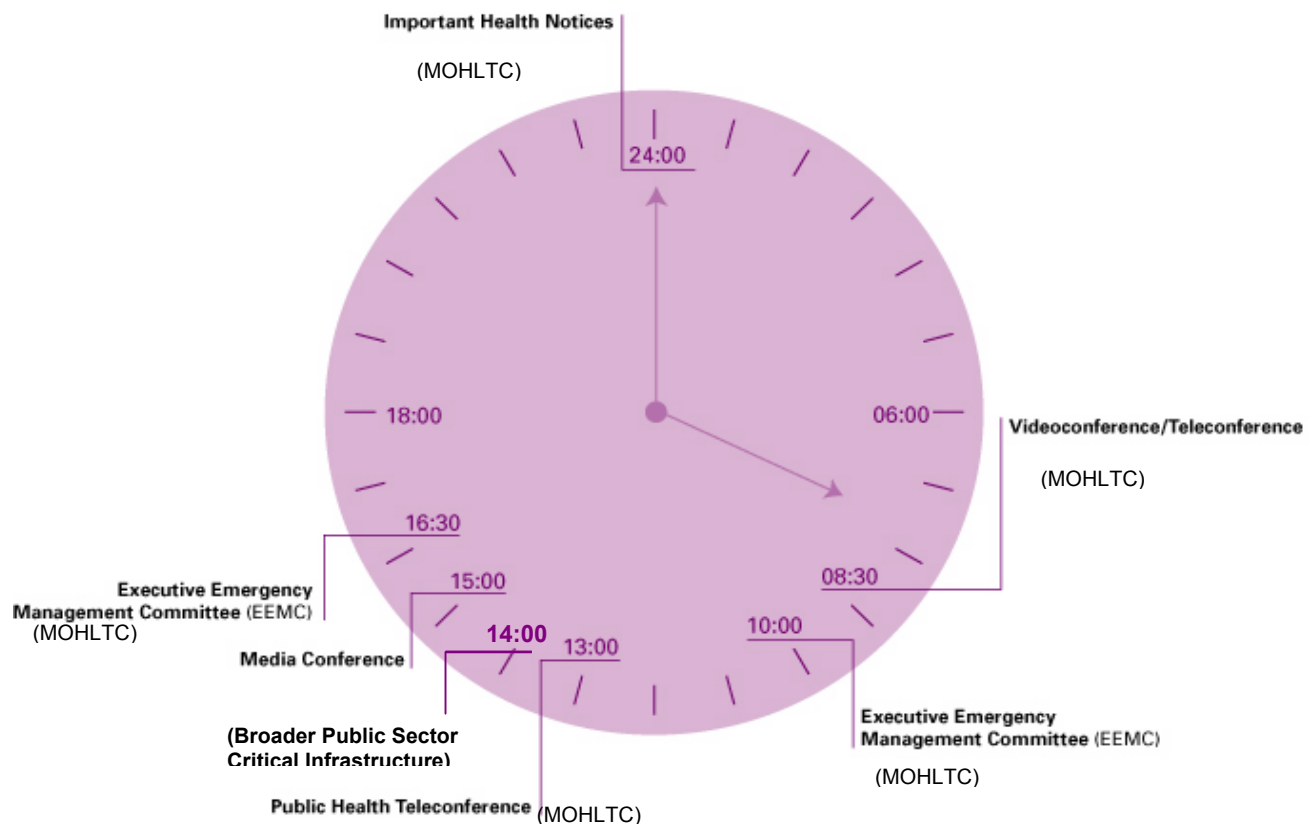
3.3.1 The MOHLTC and local public health units assume lead responsibility for public communications within their jurisdictions. The MOHLTC will be communicating with health stakeholders and the public on a daily basis according to an emergency information cycle. Established call centres such as TeleHealth, INFOLine and the Healthcare Providers Hotline will provide healthcare providers and the public with the ability to obtain appropriate information and messaging on the pandemic from the MOHLTC. Websites of all involved organizations should include links to central information sources such as World Health Organization, PHAC, MOHLTC and EMO. The PEOC will assist in implementing a consistent EI plan.

#### 3.4 Information Cycle

3.4.1 The MOHLTC has an information cycle that will guide communications with the health care sector and the general public during a pandemic. Selected communications events on the information cycle will serve as "the single window" for providing recommendations and information to the health care sector and for updating the general public on the course of the pandemic, including how organizations, individuals and their families can cope.

- 3.4.2 In communicating information with stakeholders, MOHLTC in conjunction with the PEOC will conduct regular, prearranged teleconferences at 1400 hours each day. These teleconferences will be daily communications to the broader public sector (municipalities, schools, universities, etc.) and private sector associations representing critical infrastructure sectors to advise of pandemic status (number of cases, affected areas, disruption of services, critical infrastructure, etc.) The teleconference will be co-chaired by MOHLTC and Ministry of Community Safety and Correctional Services (MCSCS) Emergency Information representatives. The purpose will be to provide public and private sector stakeholders with direct updates from government prior to the daily media conference. This will be in addition to, and not instead of, regular communication between ministries and their respective stakeholders and stakeholder groups. Ministries are responsible for identifying key public/private sector stakeholders to attend this teleconference. Other teleconferences and meetings noted in this cycle are for the health care sector only. Figure 1 below outlines this Information Cycle:

**FIGURE 1** Information Cycle



- 3.4.3 More details on the provincial EI plan may be found in the PERP.



## CHAPTER 4

### FINANCIAL ASSISTANCE

#### 4.1 Confirmation of the Need for Financial Assistance

- 4.1.1 Upon the movement from Phase 5 to Phase 6, MMAH Municipal Services Regional Offices and the Disaster Relief Unit will monitor municipalities to determine their response activities and any extraordinary incremental costs that they are incurring as a result.
- 4.1.2 MMAH will work with the multi-ministry Disaster Assistance and Recovery Committee and its federal and municipal counterparts to develop a framework of financial assistance programs that will respond to the needs of individuals, small businesses, farms and non-profits.
- 4.1.3 Once the need for financial assistance is confirmed, MMAH will proceed with a Treasury Board submission and Cabinet confirmation to obtain the necessary funding for the programs.

#### 4.2 Federal Assistance

MMAH will contact Public Safety and Emergency Preparedness Canada to initiate a federal-provincial cost sharing program to assist Ontario with the costs associated with the outbreak.

#### 4.3 Process

These funds will flow through previously identified administrative channels to the appropriate receiving entity.

#### 4.4 Communications

MMAH will develop and implement a communications strategy to ensure the information about financial assistance program reaches the appropriate audiences. In this regard, MMAH will work with the EIS and Cabinet Office Communications as appropriate.

#### 4.5 Accountability

- 4.5.1 MMAH will coordinate and collect data on all ministries' spending related to the pandemic outbreak response and recovery.
- 4.5.2 MMAH will continue to monitor municipalities to ensure provincial assistance is available to municipalities where local governance breaks down due to the lack of resources.

## **ANNEX A: INFECTION PREVENTION & CONTROL GUIDELINES FOR EMERGENCY OPERATIONS CENTRES**

**\* NOTE:**

The Ministry of Health and Long Term Care is continuing to develop a provincial position on personal protective equipment (i.e. masks). In the absence of a provincial position, references to masks and/or respirators throughout this document should be interpreted broadly (i.e. facial protection). The plan will be amended with the recommendation for personal protective equipment as soon as a decision has been made.

## **INFECTION PREVENTION & CONTROL GUIDELINES for Emergency Operations Centres**

### **1. Scope and Purpose**

- a. This Infection Prevention & Control Guidelines (IPCG) for Emergency Operations Centres (EOCs) is intended for use in EOCs only.
- b. Its purpose is twofold:
  - i. To identify the issues that may impact or affect EOCs; and
  - ii. To identify infection prevention and control measures that can be implemented to help the operational continuity of EOCs, especially during influenza season or a pandemic.
- c. This document should be considered in the design and implementation of a specific emergency response program tailored to the needs of the EOC and / or the unique situation.
- d. Each EOC should have a designated Safety Officer.
- e. In this document, EOCs refer to the following:
  - i. Community EOCs;
  - ii. Ministry EOCs;
  - iii. The Provincial EOC (PEOC);
  - iv. EOCs for industry partners responsible for critical infrastructure; and
  - v. Any other EOC, as appropriate (e.g., Fire, Police, volunteer organizations, schools and institutions).

### **2. Key Issue: Infection Prevention and Control to help Ensure Continuity of Operations (Business Continuity)**

- a. **Primary concern** - The primary concern for EOCs is maintaining essential services while experiencing potential workforce shortages due to employee illness as a result of an infectious disease outbreak, ranging from a cold to potentially serious febrile respiratory illnesses such as influenza. Symptoms of febrile respiratory illnesses include both a fever and a cough.

- b. **Primary goal** – The primary goal for EOCs is to ensure that preventive practices are established to decrease the risk of transmission of febrile respiratory illness in an EOC setting. This will help to ensure continuity of operations (business continuity), which is especially important during emergency operations. *Note: for the purposes of this document the emphasis is on influenza viruses.*
- c. **Transmission of influenza** - Influenza is transmitted from person-to-person by droplets when an infected person coughs or sneezes.
  - i. Droplet-spread infections pass from person to person easily.
  - ii. Droplet-spread infections can also be transmitted indirectly by touching contaminated surfaces such as doorknobs, elevator buttons, keyboards, etc.

### 3. Infection Prevention and Control Measures

- a. It is recommended that EOCs establish policies on infection prevention and control measures to minimize influenza virus infection and transmission.
- b. It is expected that all EOCs will have a designated Safety Officer who will provide orientation to **infection prevention and control policies**, which should include the following **components**:
  - i. **Promotion of influenza immunization** - Influenza immunization is strongly recommended for all involved in the operations of an EOC, unless medically contraindicated. In Ontario, annual influenza immunization is recommended and available free to everyone over the age of 6 months who lives, works, or studies in Ontario.
  - ii. **Education on hand hygiene** - Frequent hand washing, the use of alcohol-based sanitizers, care when disposing of tissue and hand hygiene after using tissues are recommended. An appropriate alcohol based hand sanitizer contains 60% to 90% alcohol (isopropyl or ethanol).
  - iii. **Assessment** – Continuous assessment of the potential risk of infection and the appropriate use of personal protective equipment must be done (refer to sections 7 & 8 below).
  - iv. **Regular cleaning** – The work environment, focusing on frequently touched surfaces, must be subject to a regular cleaning schedule.
  - v. **Policy on individual responsibility** – It is each individual’s responsibility to keep him/herself, and fellow staff members, safe, including staying home when ill. EOCs should establish a clear expectation that staff do not come to work when ill with a febrile respiratory illness and support this expectation with appropriate attendance management policies.

- vi. **Procedures for personnel screening** – Procedures must be established for the screening of personnel for febrile respiratory illness, based on the Ministry of Health and Long-Term Care (MOHLTC) document “*Preventing Febrile Respiratory Illnesses*”, posted on the Ministry of Health and Long-Term Care website at:  
[http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best\\_prac/bp\\_fri\\_092805.pdf](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_fri_092805.pdf).

#### 4. **Hand-Hygiene and Cough Etiquette**

- a. Frequent and thorough hand-hygiene and routine infection control practices are important measures in preventing the spread of many infectious illnesses, including influenza.
- b. Frequent and thorough hand hygiene, either with soap and warm running water (for 15 or 20 seconds) or alcohol-based hand sanitizer, is the single most important measure for preventing infections. Alcohol-based hand sanitizers are not effective when hands are visibly dirty. Hands should be washed thoroughly with soap and warm running water, or wiped with ‘moist wipes’ to remove visible dirt prior to using alcohol-based hand sanitizers.
- c. EOCs should design, implement and reinforce an awareness campaign to educate all personnel regarding routine infection-control practices that can prevent the spread of respiratory illness.
- d. A routine ‘infection control’ education campaign should also include cough etiquette: covering one’s nose and mouth with a tissue when coughing or sneezing; washing one’s hands after coughing/sneezing; appropriate disposal of tissues; and hand-hygiene after tissue use.
- e. Some suggestions for consideration by EOCs are:
  - i. Accessible hand hygiene stations in multiple locations, and signage instructing staff when and how to perform hand hygiene.
  - ii. Posted guidelines / signage, and regular education about hand hygiene and cough and respiratory etiquette.
  - iii. Quick and easy access to hygiene supplies (soap, hand-washing gels, single use paper towels, tissues, etc)

## 5. **Workspace and Equipment Disinfection**

- a. EOCs should maintain routine cleaning practices to keep the working environment clean; 24/7 operation of an EOC should be reflected in the frequency of cleaning.
- b. In addition, protocols may be instituted to clean the individual workplace before handing over to the next shift of personnel.
- c. Guidelines to be considered include the following:
  - i. scheduled cleaning of the personal workplace at the beginning or end of each shift
  - ii. follow manufacturer's instructions for cleaning agents
  - iii. containers for cleaning materials should be covered and kept separate from food preparation and rest areas
  - iv. surfaces to be cleaned should include frequently touched surfaces, such as: telephones, desktop, and keyboard
  - v. appropriate cleaning agents can be pre-packaged single-use cleaning towels or prepared for specific use (see: <http://www.phac.aspc.gc-ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>)
  - vi. provision of individual headphones for each person stationed in the EOC

## 6. **Personnel Screening**

- a. Workplace screening supports sustained operational capability during an outbreak/pandemic situation.
- b. Screening questions will be provided by the MOHLTC at the onset of an infectious disease emergency.
- c. Personnel conducting workplace screening at building or departmental entrances need not be health professionals but should be advised as to the protocols to be followed.
- d. Personnel ill with a febrile respiratory illness (fever and cough) should be denied admission to the EOC until assessed by a health professional.
- e. Non-essential personnel should not be permitted access to the EOC.

## 7. **Personal Protective Equipment (PPE)**

- a. There is no indication, at this time, for PPE in an office setting like the EOC.
- b. If key personnel must enter the EOC when symptomatic, they should:
  - i. Maintain >1 meter distance from others;
  - ii. Wear a mask to contain expelled droplets;
  - iii. Practice frequent hand hygiene; and
  - iv. Ensure their workspace and any equipment they touch is disinfected (e.g. keyboards, phones).

## 8. **Safety Officer**

- a. Under the Incident Management System (IMS), a Safety Officer (within the Command Section), is responsible for the health and safety for all EOC personnel.
- b. The duties of the Safety Officer should include the development/adaptation, review and update of the infection prevention and control initiatives.
- c. The duties and responsibilities of a Safety Officer must be clearly identified to all personnel in the EOC.

## 9. **Summary**

- a. An infection prevention and control program is not a static program or document; it should be monitored, evaluated, and updated on a regular basis to ensure it is congruent with current infection control practice guidelines.
- b. Ongoing evaluation of procedures should occur to ensure compliance with routine infection prevention and control practices and health and safety standards.

## **ANNEX B: ROLES AND RESPONSIBILITIES OF CABINET OFFICE AND PROVINCIAL MINISTRIES**

\* NOTE:

The Ministry of Health and Long Term Care is continuing to develop a provincial position on personal protective equipment (i.e. masks). In the absence of a provincial position, references to masks and/or respirators throughout this document should be interpreted broadly (i.e. facial protection). The plan will be amended with the recommendation for personal protective equipment as soon as a decision has been made.



## **Roles and Responsibilities of Cabinet Office and Provincial Ministries**

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## **Assignment of Roles and Responsibilities**

Under Ontario Regulations 380/04 ministry plans must be “coordinated, in so far as possible, with the emergency response plans of other ministries.” This means that ministries that have been assigned a type of emergency are expected to ensure that their emergency response plans are coordinated in so far as possible with the emergency response plan of the MOHLTC (the OHPIP) to support the emergency responses to a pandemic influenza.

While each provincial ministry will have unique roles and responsibilities assigned to it, it is generally understood and agreed that some responsibilities are generic to all ministries. They will be listed first, after which will follow a summary of each ministry’s specialized roles and responsibilities.

While Cabinet Office would not fall under the same provisions as ministries, they are included since some areas of common concern would also apply to them.

### ***Each Ministry Shall:***

- Establish priority recipients of potentially scarce resources.
- Enhance BCPs to identify critical business services and corresponding staffing, infrastructure and IT requirements, taking into account projected absenteeism rates.
- Institute BCP/COOP plans to address, as necessary, any reduced availability of key support staff for government functions (administrative, janitors; garbage collectors, drivers; telecommunications, IT and equipment technicians; other utilities staff).
- Institute BCP/COOP plans to address, as necessary, any reduced availability of key decision-makers, operations staff and any other critical staff.
- Assist staff to meet personal duties and needs.
- Support the Ministry of Health and Long Term Care (MOHLTC).
- Ensure, where appropriate to the ministry, that protocols are established for expedited emergency (or temporary) certification, licensure, and/or regulated professions that may be considered a critical service within the parameters of ministry business.
- Ensure, to the greatest extent possible, (i.e. through procedures, agreements regular liaison, etc.) that their IT (cluster) staff have: a clear understanding that they must support their ministry; a clear understanding of what ministry emergency management staff (and other staff) require from an IT support perspective to ensure continuity of operations in all areas of the ministry; and finally, that IT staff have appropriate plans in place to ensure their ability to provide IT support and staff during critical periods.

- Ensure appropriate communications protocols are established within and external to the ministry.
- Identify the types of services that are not deemed critical and can be discontinued in a pandemic in favour of the more critical services.
- Implement protocols for the screening and control of infectious diseases in ministry government workplaces, and implement appropriate staff training and public/worker education policies to complement those protocols.
- Ensure the availability, and implement procedures on the use of Personal Protective Equipment (PPE) for employees and those individuals under direct care of the ministry, as required.
- Support MOHLTC and Ministry of Labour on the communication of guidance on the availability and use of PPE for stakeholders.
- Ensure those individuals within your ministry who have responsibility for PPE are fully briefed and trained on PPE, including proper usage and storage, location of sanitizing stations, and how to source material, in consultation with MOHLTC.
- Assess and provide information regarding the ministry's emergency supplies/equipment, infrastructure, capital (or other resources), and logistics experience to support other ministries during an emergency, including protocols for accessing them.
- Comply with MOHLTC and Provincial Operations Directives regarding the health emergency and mandatory isolation orders.
- Comply with Emergency Orders issued by the LGIC.
- Implement the methods as developed by the PEOC, for tracking and documenting expenses, including expenses that arise from any source, as a result of ministry negotiations and arrangements with other authorities or organizations.
- Provide ministry representation at the PEOC, as required.
- During the inter-pandemic period, restock, evaluate and prepare for the next wave.
- Institute plans for the protection and safety of EOCs and staff.
- Staff should be encouraged to take advantage of public immunization programs.
- Anticipate reductions in services including garbage disposal, public transportation, and volunteer services.

## **Cabinet**

*CO will:*

- Facilitate Cabinet decision-making ability during an influenza pandemic emergency.
- Ensure Cabinet Office staff is fully briefed on emergency procedures.
- Ensure clear lines of communication and information sharing (both internally and externally) are maintained during an emergency to ensure consistent government response.
- Develop an expedited policy decision-making process for the duration of the emergency<sup>4</sup>.
- Develop mechanisms for reducing pressure on program areas that will be engaged in responding, mitigating and recovering from the emergency<sup>5</sup>.

## **Ministry of Agriculture, Food and Rural Affairs**

*OMAFRA will:*

- Assist with issues management and communications to agri-food stakeholders as appropriate concerning animal and food issues.
- Assist with livestock welfare issues in cooperation with OSPCA and CFIA.
- Conduct regulatory food inspection and compliance activities in cooperation with local health units and CFIA.
- Assist MOHLTC and CFIA who have the lead in responding to food borne illness hazards.

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<sup>4</sup> This is separate from the approval process through MGS. The focus here is on Cabinet's decision-making process.

<sup>5</sup> Mechanisms are not financial, but rather refer to output and timelines of the government's business plan.

## **Ministry of the Attorney General**

*MAG will:*

- Support the Attorney General's mandate and role as Chief Law Officer of the Executive Council and member of the Emergency Management Committee of Cabinet.
- Ensure the administration of Ontario's public affairs is in accordance with the law.
- Advise Government upon all matters of law referred to it including the constitutionality and legality of emergency response emergency issues.
- Superintend all Government legislative matters.
- Ensure the administration of the courts in partnership with the constitutionally independent judiciary and superintend all matters connected with judicial offices.
- Conduct all Provincial Crown prosecutions.
- Represent the personal and property rights and obligations of children in the civil justice system.
- Provide court-based assistance services to the most vulnerable victims and witnesses of crime.
- Provide guardianship services to vulnerable and/or incapable adults.
- Provide legislative drafting services to Ministers of the Crown, Members of the Legislature and applicants for private bills and drafting services for regulations.
- Coordinate a legal team to respond to and analyze legal issues that arise as a result of any emergency requiring legal advice.
- Ensure coordination of efforts for infection prevention and control procedures and arrangements for members of the public, staff and all those required to attend at Ministry facilities.

## **Ministry of Children and Youth Services**

*MCYS will:*

- Collect effective surveillance data on infectious diseases and other illnesses that are found within YJS secure facilities, and children's facilities, as directed by MOHLTC during a pandemic.
- Enhance Business Continuity Plans (BCPs/COOPs) to identify critical business services, and corresponding staffing, infrastructure and IT requirements for continuity of ministry operations including Youth Justice Services (YJS) secure facilities and Probation Services, taking into account projected absenteeism rates in a pandemic.
- Ensure support for children/youths whose relatives die during a pandemic and who come into the child welfare system. In cases where such children/youths are also students, this may require coordination with school boards and the Ministries of Education, and Training, Colleges and Universities.
- Identify critical ministry funded or licensed community services whose absence would interfere with efforts to manage the pandemic emergency.
- Address infection prevention and control, equipment and supply needs, and training/information sharing as required for ministry offices and congregate care settings such as YJS secure facilities and children's facilities.
- Participate in developing recommendations for school and childcare centres closures and comply with containment recommendations.
- Reinforce established community networks to promote information sharing and operational support when required.

## **Ministry of Citizenship and Immigration**

*MCI will:*

- Develop contingency plans to maintain critical business services.
- Establish a liaison with the federal government counterparts and provincial stakeholders to help address citizenship and immigration issues, should they arise during an emergency.
- If necessary, establish communications with immigrants to Ontario (i.e. through internet website, other media) and work with settlement.org and/or other agencies to include information on their website(s).

## **Ministry of Community and Social Services**

*MCSS will:*

- Coordinate provision of food, clothing and shelter, registration and inquiry services and personal services as required.
- Enhance Business Continuity Plans (BCP/COOP) to identify critical business services, and corresponding staffing, infrastructure and IT requirements for continuity of operations, taking into account projected absenteeism rates in a pandemic.
- Identify critical ministry funded or licensed community services whose absence would interfere with efforts to manage the pandemic.
- Address infection prevention and control, equipment, supply needs, and training/information sharing as required for ministry offices and congregate care settings such as facilities.
- Collect effective surveillance data on infectious diseases and other illnesses that are found within directly operated facilities, as directed by MOHLTC during a pandemic.
- Reinforce established community networks to promote information sharing and operational support when required.

## **Ministry of Community Safety and Correctional Services**

*MCSCS will:*

- Use established, or if required, alternative stakeholder networks to promote information sharing, data surveillance and/or operational support when required.
- Through a regular communications cycle, consult with the MOHLTC to remain current on health and safety issues and disseminate this information accordingly.
- Be prepared to support both internal and external messaging provided by government.
- Ensure that any provincial directives regarding provincial police service during a pandemic, specifically those that protect the safety of first responders and the public are implemented and communicated in a timely manner.
- Ensure that any provincial directives regarding municipal police service during a pandemic, specifically those that protect the safety of first responders and the public are coordinated and communicated in a timely manner.

- Provide training, support and advice on Personal Protective Equipment and proper hygiene measures for ministry staff.
- Collect effective surveillance data on infectious diseases that are found within correctional facilities.
- Convene the Infection Prevention and Control Committee established in all correctional facilities to assist in the management of a pandemic outbreak within a correctional facility.
- Ensure there is an effective standard screening tool available to communities to appropriately identify deaths that require a Coroner's investigation under Section 10 of the Coroner's Act, and those that do not.
- For those deaths identified to be non-coroner cases ensure, in cooperation with the MOHLTC, Regional Coroners and local public health units, that guidance and consultation be made available to communities and local public health units to provide for an effective response to a surge in natural deaths. This would include the proper screening, recognition, reporting of and disposition of human remains at the local level.
- In consultation with the Office of the Fire Marshal and the Fire Marshal's Public Fire Safety Council, provide advice on the implementation of extra fire safety precautions, if necessary.

*Emergency Management Ontario (EMO) will:*

- Through the PEOC, coordinate the provincial response to an influenza pandemic emergency as outlined in the Provincial Coordination Plan for Influenza Pandemic.
- Through the PEOC Commander and in collaboration with the MOHLTC, will determine the level of response commensurate with the emergency situation.
- Provide advice and assistance to communities.
- Through the PEOC, coordinate requests for, and when necessary and feasible, facilitate the provision of extraordinary logistics requirements such as generators and fuel.
- Deploy a Provincial Emergency Response Team (PERT) and/or an Ontario Emergency Response Team (OERT), as required.
- Provide recommendation to government regarding the declaration and termination of a provincial emergency.



- Coordinate with Public Safety and Emergency Preparedness Canada (PSEPC), on the acquisition and coordination of federal resources.
- Ensure the continued availability and functioning of the Provincial Emergency Operations Centre (PEOC) and Alternate Provincial Emergency Operations Centre (APEOC).
- Prepare, coordinate and distribute government situation reports.

### **Ministry of Culture**

*MCL will:*

- Develop contingency plans to maintain critical business services.
- Develop appropriate communications protocols and strategies re: Ontario cultural agencies and attractions. These strategies must include liaison with MOHLTC to ensure consistency in messaging.

### **Ministry of Economic Development and Trade**

*EDT will:*

- Assist in assessing, presenting and evaluating economic losses related to an influenza pandemic emergency in conjunction with the Ministry of Finance and the Ministry of Municipal Affairs and Housing.
- Assist businesses by providing tools, guidelines and templates for business continuity planning.
- Assist with developing a strategy to restore consumer and business confidence to normal levels with the Ministry of Tourism and Recreation.
- Provide accessible business consulting to eligible firms.
- In conjunction with the Ministry of Municipal Affairs and Housing, provide short-term business loans with competitive interest rates to help small and medium businesses restore their operations.
- Maintain communications with clients and all levels of government through each phase of the pandemic.

## **Ministry of Education**

*EDU will:*

- Identify students in residences at the Provincial Schools, and ensure appropriate protocols are established to deal with issues such as: orderly closures of Provincial Schools, facilities, containment measures/education/communication at the Provincial Schools.
- Provide communications to stakeholders (i.e. District School Boards) regarding suggested protocols for: orderly closures/evacuations of school facilities; containment measures and education
- Establish protocols for District School Boards to preserve the school year, where possible.
- Provide guidance to District School Boards regarding providing assistance/support for students whose parents die or become ill as a result of the pandemic
- Facilitate the identification of school facilities that can be used for mass immunizations and as alternate care facilities.
- The Minister will order the closure of schools, if necessary, with the approval of the Lieutenant Governor in Council, in consultation with MOHLTC, local PHU and communities.

## **Ministry of Energy**

*ENE will:*

- Co-ordinate with the Ontario Division of the Canadian Petroleum Products Institute (CPPI) and its member companies for the continued distribution of refined petroleum products (gasoline and diesel fuel) to maintain critical infrastructure and essential services.
- Coordinate with the IESO for the continued supply of electricity to the province.
- Coordinate with Enbridge Gas Distribution and Union Gas for the continued distribution of natural gas.

## **Ministry of the Environment**

MOE will:

- Provide recommendation on the safe handling, treatment and disposal of contaminated materials and human remains to minimize impacts to the natural environment and risk to the public.
- Ensure protocols are established for the dissemination of information externally, in conjunction with the MOHLTC to ensure consistency in messaging.
- Ensure the availability of staff for operations, maintenance and repairs of water production facilities.
- Provide environmental monitoring and inspection services in accordance with MOE's mandate and response capabilities.
- Ensure that water quality is maintained.

## **Ministry of Finance**

*FIN will:*

- Ensure that time critical service operations are maintained.
- Provide updates on economic impacts, as required.

## **Ministry of Government Services**

*MGS will:*

- Develop, coordinate, and disseminate Ontario Public Service policy (government employees and assets) to address issues that may arise from the response to an influenza pandemic emergency.
- Support ministries in fulfilling their responsibility to provide continued delivery of emergency services and critical government services throughout the health emergency.
- Establish, in consultation with MOHLTC and MOL, protocols for the screening and control of infectious diseases in the workplace and provide them to ministries for implementation. Ensure that ministries carry out appropriate staff training and worker education.

- Develop, in consultation with MOHLTC and MOL, policies on PPE for employees. Disseminate direction on PPE to OPS employees. This could include providing advice/guidance/protocols on aspects of PPE such as: amounts of PPEs required (gloves, masks, etc) where to obtain PPE equipment, storage information, priority groups, sanitizing stations, sources for materials, training, etc.
- Ensure communications protocols are developed and in place to ensure information is delivered to OPS staff in a timely way (i.e. key messaging, template communications products, etc). This includes ensuring appropriate contacts with MOHLTC are in place to ensure accurate and timely dissemination of information to OPS staff and the public.

*MGS Corporate Response Centre will:*

- Activate and maintain the Corporate Response Centre (CRC) to manage OPS issues arising from or related to an influenza pandemic emergency and to ensure the provision of critical business services during the emergency.
- Ensure direct transfer of OPS influenza pandemic emergency updates and information to Cabinet Office.
- Link with Building Committee and Leads, Ministry Action Groups, and the PEOC to ensure that information is exchanged, issues are addressed, and direction is provided to support the OPS during all phases of an influenza pandemic emergency and associated provincial emergency.

## **Ministry of Health and Long Term Care**

*MOHLTC will:*

- Function as the primary ministry.
- Participate in the development and implementation of national recommendations on human health disease surveillance, vaccination programs, identification of priority groups, strategies and ongoing communication efforts.
- Estimate, the number of persons in their ministry identified in vaccine and antiviral priority groups.

- Maintain provincial surveillance activities, including the isolation, antigen detection, serology and strain identification for influenza viruses and participation in influenza proficiency tests.
- Co-ordinate investigations of disease outbreaks and clusters of febrile respiratory illness (FRI)/influenza-like illness (ILI).
- Send influenza virus isolates and report the extent of FRI/ILI to the Public Health Agency of Canada.
- Design, organize and support special studies of provincial focus required to better define burden of disease or evaluate response capacity.
- Consider in a timely manner the recommendations of federal committees and take steps to adopt those that they have accepted and that fall within their scope of responsibilities.
- Undertake periodic reviews of immunization prioritization schemes for influenza vaccines and antiviral drugs.
- Deliver provincial public education campaigns regarding the importance of vaccinations as well as infection control precautions to limit the possibility of transmission of the pandemic.

### **Ministry of Health Promotion**

*MHP will:*

- Ensure there is a continuity of operations plan that addresses widespread labour shortages, as with other COOP-designated ministries.
- Identify skill sets and staff that could be used by MOHLTC and others to assist in the pandemic response.

### **Ministry of Intergovernmental Affairs**

*MIA will:*

- Ensure a strategy is developed to provide leadership regarding Federal/Provincial/Territorial governmental issues during an emergency.
- Ensuring appropriate planning is conducted to address fiscal pressures with the federal government and to advocate for funding support to address the impact of a pandemic.

- Develop a policy for suspending international visits of dignitaries during an emergency.
- Ensure appropriate communications systems are developed with the federal government with regard to border security/screening policies and procedures.
- Provide analysis and advice and work with other ministries on the most effective way of managing issues on a federal-provincial and international scope.
- Coordinate the province's international relations by providing analysis and advice on international issues and events and by managing the international activities of the Premier, senior government officials and the Lieutenant Governor, should this be required.

### **Ministry of Labour**

*MOL will:*

- Provide advice and direction on safe workplace practises and worker safety support.
- Develop consistent and timely processes throughout the Ministry for prioritizing the handling of occupational health and safety issues and for the provision of OHSA enforcement during a Pandemic emergency.
- Develop strategies and protocols to address various issues related to MOL statutes and regulations related to a pandemic response.

### **Ministry of Municipal Affairs and Housing**

*MMAH will:*

- Coordinate the determination of financial losses and recommend financial assistance response and recovery programs for individuals, municipalities, small businesses, farms, and not for profits, as applicable.
- Establish a process to access the federal disaster relief funding in the recovery plan
- Ensure mechanisms for high-risk populations and/or individuals receiving benefits are created.
- Establish procedures for documenting expenses.
- Coordinate the development of a financial assistance recovery plan, utilizing existing federal and provincial programs when possible and feasible, in consultation with municipalities and other ministries as required.

## **Ministry of Natural Resources**

*MNR will:*

- Provide GIS database resources to assist in mapping the impact of the pandemic (in terms of health and critical infrastructure).
- If requested, provide technical personnel for damage assessment of natural resource.

## **Ministry of Northern Development and Mines**

*MNDM will:*

- Function as a support ministry to the MOHLTC and other partner ministries in Northern Ontario.
- Provide local information to address equipment and supply needs for Northern Ontario.
- Provide information to EMO and partner ministries regarding local conditions in Northern Ontario.
- Assist in communicating information and government messaging to communities in Northern Ontario.
- Assist with communications between local emergency response teams, EMO and partner ministries.

## **Ministry of Public Infrastructure Renewal**

*MPIR will:*

- Develop, coordinate, and disseminate Ontario Public Service policy on government operations, and buildings to address issues arising from the response to an influenza pandemic emergency.

## **Ministry of Research and Innovation**

*MRI will:*

- Prepare a BCP/COOP plan to address bio-medical research projects that may assist with reducing the impact of the pandemic influenza.

## **Ministry of Tourism**

Tourism will:

- Develop BCP/COOP plans to maintain critical business services.
- Assess the effects of the influenza pandemic on tourism.
- Develop appropriate communications protocols and strategies (travel advisories, tourism impact assessments) re: Ontario tourist attractions and agencies and, if necessary, tourism recovery strategies. These strategies must include liaison with MOHLTC to ensure consistency in messaging.

### **Ministry of Training, Colleges and Universities**

*MTCU will:*

- Facilitate the identification of college and university facilities that can be used for mass immunizations.
- Facilitate the identification of college and university facilities that can be used as alternative care facilities.
- Work with MOHLTC to provide guidance on the identification of protocols for addressing surge capacity for university health services during an emergency.
- While the TCU does not have the authority to order the closure of universities, the Local MOH can do that. However, a response action of the TCU could be to work with and negotiate with College/University administration to cancel classes, etc rather than relying on orders to close.

### **Ministry of Transportation**

*MTO will:*

- Provide assistance in the issuing of special permit(s) as deemed necessary as part of the emergency. A permit issued is subject to such terms and conditions, as MTO considers appropriate.
- Provide assistance in locating traffic control devices (e.g. signs, barricades, etc.) to assist with traffic control, and road closures.
- Implement the BCP response and recovery plans to resume critical services identified in MTO's BCP.
- Implement MTO's Border Crossing Incident Traffic Management Plan, as required.
- Coordinate assistance with the delivery of goods and supplies where feasible.



**ANNEX C: FEDERAL AGENCIES/ORGANIZATIONS WITH  
RESPONSIBILITIES**

## **Federal Departments or Agencies With Responsibilities**

### **Primary Federal Departments**

Public Safety and Emergency Preparedness Canada

Public Health Agency of Canada

Health Canada

### **Supporting Departments:**

Agriculture and Agri-Food Canada

Canadian Food Inspection Agency

Canada Border Services Agency

Indian and Northern Affairs Canada

Industry Canada

*\* And any other agencies/departments as may be required/identified by the federal government.*

## **Roles and Responsibilities**

Within a coordinated response to a human health disease emergency, each government department has different roles and responsibilities according to their mandate. Federal departments work with their provincial counterparts as required to ensure a co-ordinated and co-operative approach to an influenza pandemic emergency.

### **Public Safety and Emergency Preparedness Canada**

- Functions as the primary federal coordinating contact during an influenza pandemic emergency, and provides coordination of federal support.
- Staffs the federal desk in the PEOC as required.
- Ensures that the Provincial Emergency Operations Centre is connected to the Government Operations Centre.
- The Department provides policy leadership and delivers programs and services in the areas of national security and emergency management, policing, law enforcement and borders, and corrections and crime prevention. It also ensures policy cohesion among the following six agencies:

- Royal Canadian Mounted Police (RCMP);
- Canadian Security Intelligence Service (CSIS);
- Canada Border Services Agency (CBSA);
- Canada Firearms Centre (CFC);
- Correctional Service of Canada (CSC); and
- National Parole Board (NPB).

### **Public Health Agency of Canada**

- The Public Health Agency of Canada is the lead organization for coordinating the health response for all other health-related emergencies. The Agency's response is managed through the mobilization of their Emergency Operations Centre and liaison with the Department of Public Safety and Emergency Preparedness.
- Liaises with the World Health Organization, the US Centres for Disease Control and other national and international organizations to support surveillance, coordination and investigation activities.
- Develops and maintains communication strategies, plans and frameworks during the human health emergency.
- Procures, allocates and oversees the distribution of specialized diagnostic reagents and technical information to provincial and territorial public health laboratories.
- Instructs manufacturers to obtain appropriate quantities of a specified seed virus identified by the WHO for the purpose of manufacturing domestic and/or offshore vaccine supplies.
- Acquires influenza vaccine and antiviral drugs.
- Co-ordinates vaccine supplies during an emergency.
- In the case of influenza pandemic, allocates scarce influenza vaccine on an equitable basis to provinces based on the recommendation of Pandemic Influenza Committee (PIC).
- Co-ordinates, with provinces and territories in the distribution and administration of influenza vaccine and antiviral drugs to specific populations for which the federal government is responsible (First Nations, RCMP and others), as required.

- Collaborates with other government departments, in consultation with the PSEPC to activate emergency response teams as required.
- Communicates on an urgent basis with MOHLTC to resolve any urgent policy and operational issues identified by Ontario or PIC.
- Provide representation in the PEOC as required.

### **Health Canada**

- Provides emergency health care for First Nations and Inuit communities and occupational health for federal government employees.

### **Supporting Federal Agencies**

#### **Agriculture and Agri-Food Canada**

- Supports the Public Health Agency of Canada.
- Develops and maintains communication strategies, plans and frameworks during the human health emergency, to assist in eliminating confusion about the impact of the human influenza virus on the agri-food sector.
- Provides representation in the PEOC, if required.

#### **Canadian Food Inspection Agency**

- Supports the Public Health Agency of Canada.
- Assists in notifying other government organizations and agricultural stakeholders on current issues concerning the outbreak, as appropriate.
- Prepares appropriate information for response partners, the public, the media and private stakeholders, as required.
- Provides representation to the PEOC, as required.

#### **Canada Border Services Agency (CBSA)**

- Supports the Public Health Agency of Canada.
- Advises the province on cross border issues that may affect the province, arising from an influenza pandemic emergency.
- Provides representation in the PEOC, if required.

- **Indian and Northern Affairs Canada**

- Supports the Public Health Agency of Canada and Health Canada.
- Ensures that appropriate communications and protocols are maintained between Indian and Northern Affairs, other federal agencies and stakeholders, and First Nations located in the province, as required.
- Assists in implementing protocols and agreements affecting emergency responses in/to First Nations.
- Provide representation in the PEOC, if required.

**Industry Canada (Spectrum Management)**

- Facilitates the provisioning of appropriate telecommunications equipment or services required in emergency response operations, as requested by the Public Health Agency of Canada, other federal departments or the Province of Ontario
- Establishes and maintains protocols with the telecommunications industry to ensure the availability of telecommunications services during periods of network degradation
- Provides representation in the PEOC, if required, to facilitate the provisioning of appropriate telecommunications equipment or services as requested by the Province of Ontario.

**ANNEX D: PROVINCIAL POLICY ON LOGISTICS SUPPORT  
FOR AN EMERGENCY**

## **Provincial Policy on Logistics Support for an Emergency**

1. This document briefly outlines the responsibilities that ministries have with respect to emergency logistics. For the purpose of this document, logistics includes equipment, personnel, facilities, material, and services. The Incident Management System (IMS) doctrine, once formally approved, will provide more detail on the specifics of logistics and resource management.
2. Under Regulations (O. Reg. 380/04, s.9.), an emergency response plan for a specific type of emergency shall be coordinated in so far as possible with the emergency response plans of other ministries. The coordination of emergency response plans should extend to the coordination of logistics support requirements of such plans.
3. Each full program ministry is responsible for the provision of its own logistics support needed to respond to its OIC assigned type of emergency. Therefore, each Ministry Emergency Response Plan (MERP) should identify the logistics support needed to respond to each type of assigned emergency, and establish protocols (e.g. listings, availability, and agreements) to access and use such logistics support. Such protocols may be established with private sector stakeholders, as well as with other provincial ministries.
4. Each ministry is responsible for the provision of its own logistics for its own Continuity of Operations Plan (COOP). Therefore, each ministry's COOP plan should identify the logistics needed to ensure its continuity of operations during all emergencies, and establish protocols (e.g. listings, availability, and agreements) to access and use such logistics support. Such protocols may be established with private sector stakeholders, as well as with other provincial ministries.
5. Guidance on the logistics requirements for responding to their assigned emergencies should be communicated by primary ministries to those other ministries that would be expected to provide support, and such other ministries should use this guidance in planning their logistics support.
6. Ministries, while supporting, should provide their own logistics, whenever they are providing support by carrying out their normal roles.
7. Ministries should make plans for the possibility that expected logistics support is not available.
8. Under the IMS, chiefs of logistics sections at the various levels of operation will manage the logistics support for an emergency. Depending on the size of the emergency operations centre (EOC), the chief of logistics may have other logistics staff to help coordinate the provision of logistics services and support as necessary. Regardless of the size of the emergency operations centre, it is essential that logistics staff communicate with each other across the

various levels of EOCs (municipal/ministry/provincial/federal) to maintain a seamless flow of logistics support.

9. During an emergency, the PEOC will coordinate requests for, and where necessary and feasible, facilitate the provision of extraordinary logistics requirements such as generators and fuel. Emergency Management Ontario (EMO) will establish and maintain prior arrangements with stakeholders for the identification, availability, access, and provision of extraordinary logistics, as appropriate.
10. The Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Labour (MOL) should be consulted for guidance on Personal Protective Equipment (PPE) requirements for human health disease emergencies.
11. The Ministry of Labour (MOL), in conjunction with MOHLTC and the Canadian Nuclear Safety Commission (CNSC), as necessary, should be consulted for guidance on PPE requirements for radiation and nuclear emergencies.



