# MINISTRY OF HEALTH & LONG-TERM CARE

## EMERGENCY RESPONSE PLAN

**Version 1**
**Issued: July, 2005**

# - IMPORTANT NOTICE -

This plan consists of two components:

## PART I
## BACKGROUND

*Sections 1 through 7* contain the detailed concepts, principles, organization and resources that will be utilized in response to an emergency situation. Please refer to this section for detailed information on the overall framework for emergency management and response within the ministry.

## PART II
## EMERGENCY RESPONSE

*Sections 8 and 9* contain specific roles and responsibilities, actions and step-by-step procedures for resource deployment to be followed by the ministry when responding to an emergency situation. MOHLTC STAFF WHO ARE RESPONDING TO AN EMERGENCY SHOULD PROCEED TO THIS SECTION FIRST.

# Glossary of Terms

| | |
|---|---|
| ADM | Assistant Deputy Minister |
| ASD | Acute Services Division, MOHLTC |
| BCP | Business Continuity Plan (a.k.a. COOP) |
| CAO | Chief Administrative Officer |
| CBRN | Chemical, Biological, Radiological/Nuclear |
| CCAC | Community Care Access Centre |
| CCT | Crisis Communications Team |
| CEPR | Centre for Emergency Preparedness and Response, PHAC |
| CFIA | Canadian Food Inspection Agency |
| CHC | Community Health Centre |
| CHD | Community Health Division, MOHLTC |
| CIB | Communications and Information Branch, MOHLTC |
| CIO | Chief Information Officer |
| CMOH | Chief Medical Officer of Health |
| CNO | Chief Nursing Officer |
| CNSC | Canadian Nuclear Safety Commission |
| COOP | Continuity of Operations Plan (a.k.a. BCP) |
| CSOD | Corporate Services and Organizational Development, MOHLTC |
| DMO | Deputy Minister's Office, MOHLTC |
| EEMC | Executive Emergency Management Committee |
| EFSC | Emergency Financial Stewardship Committee |
| EHSB | Emergency Health Services Branch, MOHLTC |
| EMA | Emergency Management Act |
| EMAT | Emergency Medical Assistance Team |
| EMO | Emergency Management Ontario, MCSCS |
| EMS | Emergency Medical Services (i.e. ambulance/paramedics) |
| EMU | Emergency Management Unit, MOHLTC |
| FAD | Foreign Animal Disease |
| FNEP | Federal Nuclear Emergency Plan |
| FRI | Febrile Respiratory Illness |
| FSB | Fiscal Strategies Branch, MOHLTC |
| GIS | Geographic Information Systems |
| HEMC | Health Emergency Management Committee |
| HIRA | Hazard Identification and Risk Assessment |
| HPPA | Health Protection and Promotion Act |
| HSD | Health Services Division, MOHLTC |
| HUSAR | Heavy Urban Search and Rescue |
| IHN | Important Health Notice |
| IMS | Incident Management System |
| IPPD | Integrated Policy and Planning Division, MOHLTC |
| IT | Information Technology |
| JIC | Joint Information Centre, PEOC |
| KI | Potassium Iodide |
| LSB | Legal Services Branch, MOHLTC |
| LTCH | Long-Term Care Home |
| MAG | Ministry Action Group (see EEMC) |
| MCSCS | Ministry of Community Safety and Correctional Services |
| MEOC | Ministry Emergency Operations Centre, MOHLTC |

| | |
|---|---|
| MERP | Ministry Emergency Response Plan |
| MO | Minister's Office, MOHLTC |
| MOHLTC | Ministry of Health and Long-Term Care |
| MTO | Ministry of Transportation |
| NESS | National Emergency Stockpile System, PHAC |
| OERT | Ontario Emergency Response Team, EMO |
| OGPMSS | Ontario Government Pharmacy and Medical Supplies Services |
| OHA | Ontario Hospitals Association |
| OHPIP | Ontario Health Plan for an Influenza Pandemic |
| OIC | Order in Council |
| OMA | Ontario Medical Association |
| OMAF | Ontario Ministry of Agriculture and Food |
| ONA | Ontario Nurses Association |
| OSCP | Ontario Smallpox Contingency Plan |
| PEOC | Provincial Emergency Operations Centre, EMO |
| PERP | Provincial Emergency Response Plan |
| PERT | Provincial Emergency Response Team, EMO |
| PHAC | Public Health Agency of Canada |
| PHCC | Public Health Call Centre, PHD |
| PHD | Public Health Division, MOHLTC |
| PHU | Public Health Unit |
| PIDAC | Provincial Infectious Disease Advisory Committee |
| PNERP | Provincial Nuclear Emergency Response Plan |
| PPE | Personal Protective Equipment |
| PSEPC | Public Safety and Emergency Preparedness Canada |
| PTAC | Patient Transfer Authorization Centre |
| RO | Regional Offices, MOHLTC |
| RRT | Rapid Response Teams, PHD |
| RTP | Radiation Triage Plan |
| SARS | Severe Acute Respiratory Syndrome |
| SOMS | Surveillance and Outbreak Management Section, PHD |
| SRT | Scientific Response Team |

# Ministry of Health and Long-Term Care
## Emergency Response Plan (MERP)

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# 1.0 INTRODUCTION

This document has been developed to comply with the ministry's responsibilities under the Emergency Management Act (EMA). The overall responsibility for the coordination of emergency management in the province lies with Emergency Management Ontario (EMO), under the Ministry of Community Safety and Correctional Services (MCSCS). However, the EMA and its accompanying Order in Council requires the MOHLTC to develop an emergency response plan that will address its assigned areas of responsibility: *human health, disease and epidemics* and *health services during an emergency* (see s. 3.0).

This plan was prepared by the Emergency Management Unit (EMU) of the Ministry of Health and Long-Term Care (MOHLTC), using a strategic approach to emergency management. This approach involves the comprehensive assessment of potential hazards to the health of Ontarians, and the institution of procedures for communication, resource mobilization, and response that will serve as tools for the Government of Ontario to address a given incident. The MERP is in accordance with guidelines established by EMO, and provides a framework for emergency management that is consistent with the provincial emergency response plans maintained by the Ministry of Community Safety and Correctional Services. These include the *Provincial Emergency Response Plan (PERP)*, the *Provincial Nuclear Emergency Response Plan (PNERP)* and the *Provincial Counter-Terrorism Plan*. While the MERP can function in isolation, it also supports the Provincial Emergency Response Plan.

This plan also identifies the necessary linkages between the ministry and its various partners in the healthcare sector, whose involvement is essential to the successful management of a large-scale emergency. At a provincial level, ministry action will be conducted in coordination with EMO and other government ministries; at a federal level with the Public Health Agency of Canada (PHAC) and Public Safety and Emergency Preparedness Canada (PSEPC); and at a local level in collaboration with public health authorities and the broader sector of healthcare providers such as paramedics, hospitals, long-term care homes and community-based service providers. These vital relationships and the respective roles of each of these groups in an emergency have been considered and addressed in this document.

An emergency is a "situation or impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property." By its nature, an emergency often elicits an atypical response from authorities that requires them to go beyond their regular activities or procedures.

Emergencies are caused by *hazards*. These are described as events or conditions that have the potential to cause harm or loss to life and property, such as a tornado or a chemical explosion. These events can be *sudden*, where they occur instantaneously. Others are *gradual* and can manifest themselves progressively over time. Emergencies are sometimes predictable, but often come unexpected or without warning.

Emergencies are essentially local in nature. They tend to develop at the local level, with the potential to assume much larger proportions. Thus, the process of managing an emergency and executing the activities necessary to respond to the situation to protect public health and safety begins at the community or municipal level with support and assistance provided by the province. There will also be emergencies, such as a terrorist attack, for which the province's intervention will be immediate.

In either case, the MERP will describe how the Ministry of Health and Long-Term Care will either lead or contribute to this response effort through system coordination and direction.

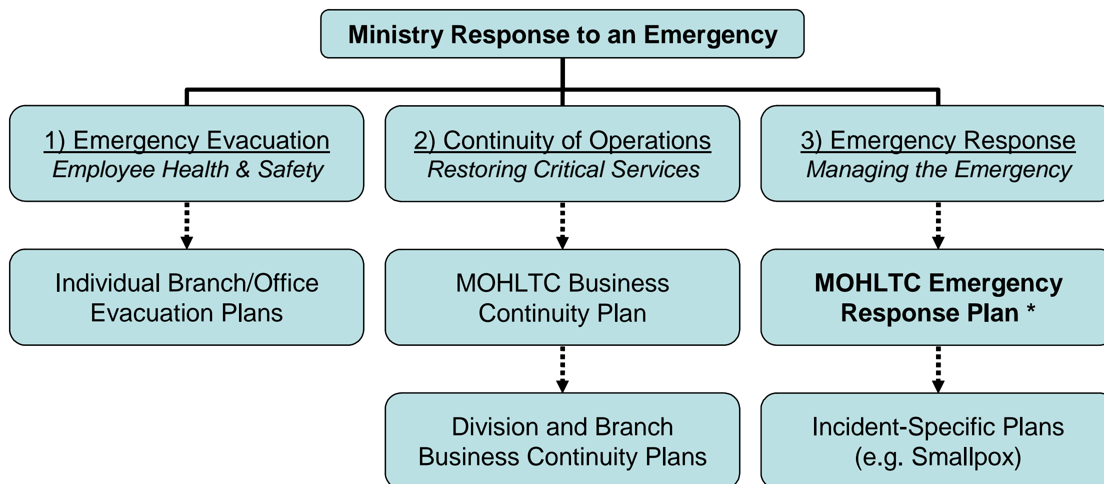
The protocols set forth in the Emergency Response Plan provide the framework for a rapid, coordinated response in the event of an emergency. The MERP will be activated to address emergencies a) for which the ministry has been assigned a primary response role and b) where the ministry will act in a supporting role in the government's response where the nature of the emergency places it within another ministry's assigned area of responsibility (see s. 3.6).

This plan will also help to foster a public safety culture within the Ministry of Health and Long-Term Care itself and will contribute to the overall aim of promoting safe, secure and disaster-resilient communities in the province of Ontario.

*** Note: the MERP will be updated to reflect any changes to the overall framework for emergency response in the province required as part of the government's Transformation Agenda.*

## 1.1 Purpose and Scope

This plan provides overall direction and guidance for the ministry to take swift and decisive action in response to emergency situations, one of three areas of ministry responsibility activated when faced with an emergency situation. These areas of responsibility and the MOHLTC plans which outline how the ministry will respond to them are listed below.




*1) Emergency Evacuation*
The ministry's first responsibility in the event of an emergency is protecting the health and safety of its employees. This responsibility is addressed through the evacuation plans that must be established at the branch or office level. The Emergency Management Unit's evacuation plan (see Appendix L) is intended to serve as a guide for other areas within the ministry in developing emergency procedures and protocols for their own offices. Divisions are encouraged to develop

emergency plans for their program areas that will be consistent with the approach identified in the EMU documents.

*2) Continuity of Operations*
The ministry must also ensure the continued operation of critical ministry business and provision of healthcare services to Ontarians during an emergency. This obligation is addressed separately in the ministry's Business Continuity Plan, also known as a Continuity of Operations Plan (see Appendix M).

*3) Emergency Response*
The MERP addresses the structures, resources and protocols that are required in order to respond to the emergency situation itself. It will serve as the general emergency response plan for the ministry, outlining the response activities that the ministry will carry out in the event of any emergency that impacts the healthcare system and the health of Ontarians.

Where there are emergency situations that will require a more tailored response from MOHLTC, such as an influenza pandemic, additional plans are being developed or maintained by the ministry to address them. The MERP is intended to complement such incident-specific plans and they will be incorporated into the larger emergency management framework and are or will be included as appendices to the MERP. Current plans include:

- Ontario Health Plan for an Influenza Pandemic (OHPIP) .................................... Appendix N
- Ontario Smallpox Contingency Plan (OSCP) ........................................................ Appendix O
- Radiation Triage Plan (RTP)........................................................................................ Appendix P

These targeted plans will deal with more detailed roles, responsibilities and courses of action that the ministry must carry out in a particular emergency situation. However, they will be consistent with the general procedures for emergency response as presented in this MERP, and any of these targeted plans may be activated in conjunction with the MERP if necessary.

The MOHLTC also plays a supporting role in the emergency response in the event of an outbreak of foreign animal disease (FAD), as described in Canada and the Province of Ontario's *Foreign Animal Disease Emergency Response Plan*. The specific roles and responsibilities for the MOHLTC in a foreign animal disease emergency are explained in s. 3.6 (see Appendix Q for the section of the FAD Emergency Response Plan on MOHLTC roles and responsibilities).

The MERP will also explain the role and function of the Ministry Emergency Operations Centre (MEOC) in an emergency. Should the situation require it, the MEOC (located at the ministry's Emergency Management Unit) will be activated and staffed appropriately in order to coordinate and manage the emergency in cooperation with the Executive Emergency Management Committee (EEMC) and the Provincial Emergency Operations Centre (PEOC) located at EMO.

This plan does not address the emergency response and recovery activities that are conducted at the local level, for which local governments have primary responsibility. Nor does it address the early phases of emergency management (e.g. prevention) included in the broader emergency management cycle (see s. 4.1), which will be addressed in future documents.

# 2.0 PLAN ADMINISTRATION

## 2.1 Updates

This plan will be a living document, updated and amended by the Emergency Management Unit, in consultation with relevant stakeholders, as required. Please see Appendix A for a history of the amendments to this document. It is the responsibility of recipients of the MERP to ensure they have the most recent version.

## 2.2 Distribution

Please see Appendix B for the distribution list for this plan.

# 3.0 LEGISLATION, ROLES & RESPONSIBILITIES

This section outlines the relevant legislation for managing emergencies in the province, the ministry's responsibilities under that legislation and the relationships between the MOHLTC and other provincial organizations that have similar responsibilities for emergency management.

## 3.1 Emergency Management Act

The *Emergency Management Act, R.S.O. 1990* (EMA) is the principal statute governing emergencies in Ontario. The legislation provides for the declaration and termination of emergencies within a municipality or the province and directs the creation and implementation of Emergency Management Programs throughout organizations at both the municipal and provincial level.

At a provincial level, the Act directs designated provincial bodies to conduct an assessment of potential hazards that could give rise to an emergency (see HIRA, s. 4.3) and to identify critical infrastructure at risk for which each designate is responsible for during an emergency (see s. 6.1).

The Act further establishes the requirement of Emergency Plans for each provincial ministry or agency as part of their overall emergency management program. The legislation states that the plan is required to address the specific types of emergencies assigned to them through the Lieutenant Governor in Council. The specific emergency responsibilities assigned to MOHLTC through Order in Council (OIC) are outlined in s. 3.4.

## 3.2 Other Legislation

### *3.2.1 Health Protection and Promotion Act*

The Health Protection and Promotion Act is the primary statute governing the organization and delivery of public health programs and services, the promotion and protection of the health of the people of Ontario, and the prevention of the spread of disease.

This legislation requires that local Boards of Health must superintend, provide or ensure the provision of a minimum level of public health programs or services (as set out in the

Mandatory Health Programs and Services Guidelines) in a number of specified areas, including the control of infectious and reportable diseases and the provision of immunization services.

Provisions under this Act relevant to a human health emergency include:

- The reporting of certain diseases to medical officers of health by physicians and practitioners, laboratories, school principals, hospital administrators and others.
- Ordering persons who may have a communicable disease to do, or stop doing, anything to reduce the risk of disease transmission.
- The disclosure of information about patients who are infected with communicable diseases to the medical officer of health and from the medical officer of health to the ministry, while protecting the confidentiality of sensitive health information.
- Physicians are required to report to the medical officer of health the name and residence address of any person under the care and treatment of the physician in respect of a communicable disease who refuses or does not continue the treatment in a manner and to a degree satisfactory to the physician.
- Appropriate action may be taken by the Chief Medical Officer of Health to prevent, eliminate or decrease a health risk.
- Premises may be required by the Minister to be used as temporary isolation facilities.

### *3.2.2 Additional Legislation with Emergency-Relevant Components*

Additional pieces of legislation governing different aspects of the healthcare system may also inform the ministry's response to an emergency. Potentially relevant legislation includes:

- The Ambulance Act: provisions regarding education, protection and prevention of disease transmission, including immunization of emergency medical attendants
- Public Hospitals Act: provisions regarding the use of additional sites, the development of emergency plans and requirements for a health surveillance program for all persons carrying on activities in the hospital
- Other facility legislation (e.g. Nursing Homes Act, Charitable Institutions Act and Homes for the Aged and Rest Homes Act): provisions regarding surveillance and reporting of particular communicable diseases
- Legislation governing Regulated Health Professionals: provisions regarding temporary registration
- Legislation governing workplace health and safety (e.g. the Occupational Health and Safety Act and Health Care and Residential Facilities Regulation: provisions regarding protecting the health and safety of employees
- Legislation governing health information (e.g. the Personal Health Information Protection Act): provisions re the collection, use, and disclosure of personal health information by health information custodians, including physicians, hospitals, long-term care facilities, boards of health, medical officers of health and the Ministry of Health and Long- Term Care, including disclosure to officers of health without the consent of the individuals to whom the information relates (see s. 3.2.1 above).

In the event of an emergency, appropriate branches of the ministry will be called upon to provide advice on the various rights, responsibilities, powers and authority contained in the above legislation which may be pertinent to the situation.

### 3.3 Emergency Management Program Requirements

The ministry's emergency management program is to be implemented in three phases:

a) Essential due December, 2004
b) Enhanced due December, 2005
c) Comprehensive due December, 2006

The *essential* emergency management program requires the following components:

- Full-time emergency management coordinator
- Ministry emergency management program committee
- Emergency information staff
- Ministry Emergency Operations Centre
- 24/7 notification capacity
- Identification of critical infrastructure
- Emergency response plan for OIC responsibilities
- Emergency response capability
- Public awareness program for OIC responsibilities
- Business continuity plan
- Annual training
- Annual ministry exercises
- Annual evaluation of program

As indicated above, the MERP is required as part of the ministry's *essential* emergency management program. The enhanced and comprehensive requirements will expand the program to incorporate prevention, mitigation and recovery strategies as well as improved training, partnerships and public education.

### 3.4 MOHLTC Order in Council (OIC) Responsibilities

Through the Emergency Management Act and its accompanying Order in Council, the government has assigned responsibility for specific types of emergencies to designated government ministries with the necessary expertise to deal with them. Through the Order in Council (revised in December 2004), the Ministry of Health and Long-Term Care has been assigned specific responsibility over:

- **"Human Health, Disease and Epidemics"; and**
- **"Health Services During an Emergency"**

The ministry responsibility begins at the broad level of human health, such as an incident of contamination or other emergency situation that presents a danger to, or negatively impacts on, the general health and well being of the human population. Local outbreaks of specific diseases

that require action beyond normal procedures would also be an MOHLTC responsibility, as would catastrophic health incidents such as epidemics (defined as a major incident of human illness in a community or region, caused by the transmission of a specific disease with a frequency clearly in excess of normal expectancy) or pandemics (defined as epidemics of global proportions). An influenza pandemic, as a highly contagious disease on a global scale, is one scenario that would fall within the MOHLTC's responsibilities. The MERP must describe the process by which the ministry will respond to such situations. However, as indicated previously, the ministry also has several plans in development to address specific incidents such as a pandemic (see s. 1.1 for the list of plans).

The second OIC responsibility assigns the MOHLTC a role in those emergency situations where the healthcare system is not the primary focus of the response effort, but where there may be health implications. Examples of this would be floods, earthquakes, fires/explosions, etc. While the MOHLTC would not lead the province's responses to such incidents, the ministry would be responsible for acting to ensure the continuity and coordination of health services during the emergency. The next section (3.5) will provide greater detail on the relationships between the ministry and the other principal organizations involved in emergency management at the provincial level.

## 3.5 Emergency Response Relationships within the Provincial Government

### *3.5.1 Emergency Management Ontario (EMO)*

As previously indicated, Emergency Management Ontario, within the Ministry of Community Safety and Correctional Services, is responsible for the overall coordination and management of emergency situations in the province of Ontario. The relationship between EMO and MOHLTC depends on the type and scale of the emergency situation. For example, EMO will generally receive information concerning a potential emergency situation from first responders (police, fire, paramedics) and will inform the appropriate ministries. However, the initial alert or warning of an emergency may come from particular ministries instead based on their networks of professionals and stakeholders in the field. For example, in the case of a health-related emergency, the MOHLTC may be notified locally either through its healthcare providers (including paramedics), public health units, or regional offices. The ministry would then, in turn, inform EMO and key internal decision-makers of the event. For more information on this initial alert/warning protocol, refer to s. 5.5.1.

In any event, the MOHLTC will work with EMO in responding to the emergency by liaising with its healthcare providers as well as other stakeholders involved in an effort to coordinate the provision of healthcare services wherever they are needed. This is accomplished through the collaboration of two key bodies: the Ministry Emergency Operations Centre (MEOC) located at the Emergency Management Unit (see. s. 5.3) and the Provincial Emergency Operations Centre (PEOC), located at EMO (see s. 4.2.1).

### *3.5.2 Other OIC Ministries*

The Order in Council that accompanies the Emergency Management Act also assigns specific responsibilities to various other government ministries. For example, the Ministry of Agriculture and Food is responsible for leading the government's response to an

agricultural emergency, whereas the Ministry of Natural Resources would respond to a forest fire and the Ministry of Energy to a blackout. For a full list of the other emergency responsibilities assigned through Order in Council, see Appendix C.

Similar to the MOHLTC, these other OIC ministries would also work alongside EMO in order to respond to these specific incidents should they occur within the province. These incidents may or may not require the support of the Ministry of Health and Long-Term Care to manage the emergency as well.

### 3.6 MOHLTC Support Role/Secondary Responsibilities

Other OIC ministries are required to deal with many emergencies that are outside of the MOHLTC's primary OIC responsibility towards "Human Health, Disease and Epidemics". However, these may be incidents such as floods, tornados or chemical fires where the potential for mass injury or contamination exists. In such cases, the MOHLTC, as well as fulfilling its business continuity responsibilities (Appendix M) would act in a secondary role to coordinate healthcare services for injured patients alongside local providers, while the relevant OIC ministry takes its designated primary response role.

The MOHLTC may also act in a secondary role for incidents that *may* have a human health impact, such as an outbreak of Avian Influenza in the province's poultry flocks. As a Foreign Animal Disease (FAD), this incident would require provincial leadership from the Ontario Ministry of Agriculture and Food (OMAF), which would direct the primary response effort of containing the outbreak within the infected group. This incident would also require a response at the federal level from the Canadian Food Inspection Agency (CFIA). If the FAD is zoonotic (i.e. transmissible to humans), the MOHLTC would be required to expand its roles and responsibilities dependent on the outbreak. The ministry's roles and responsibilities in this regard are described in Canada and the Province of Ontario's *Foreign Animal Disease Emergency Response Plan*. The relevant section is provided in Appendix Q.

Another such example of the ministry acting in a secondary role would be the release of radioactive material from one of Ontario's many nuclear reactors. For this, the ministry's Radiation Triage Plan (RTP), which is included in this document (see Appendix P) and is part of the larger Provincial Nuclear Emergency Response Plan (PNERP), would guide the ministry's response. However, the ministry would still be acting in a secondary role in support of the government's overall response to a nuclear emergency, even though MOHLTC has a significant role to play in the identification, decontamination and treatment of exposed individuals as well the supply and distribution of Potassium Iodide pills, which is the thyroid-blocking agent used in radiation emergencies. The federal government would also be involved in a response where a Canadian nuclear facility was involved. This would be done primarily through the Canadian Nuclear Safety Commission (CNSC).

### 3.7 MERP Testing and Evaluation

The ministry is responsible for testing and evaluating the MERP on an annual basis as required by the *essential* Emergency Management Program for each ministry (shown in s. 3.3).

#### *3.7.1 Internal Testing*

The Emergency Management Unit has established and will lead the following tests involving staff within the MOHLTC.

- ***Notification/Fan-out:*** The ministry will conduct mock fan-out drills throughout the year to a) maintain an optimum notification and response time across key ministry contacts; and b) ensure that contact lists, phone systems and voicemail standards are up-to-date and functional.
- ***Ministry Emergency Response Plan:*** The ministry will also hold an annual exercise to test the effectiveness of the MERP. This exercise may include activities ranging from tabletop exercises involving a limited number of key staff to larger scenarios involving the activation of the MEOC and the possible participation of other MOHLTC divisions and staff.
- ***Business Continuity Plan:*** The ministry will also conduct tests of its Business Continuity Plan on an annual basis similar to the tests above (see Appendix M). These tests may be held in conjunction with MERP testing in order to strengthen the interaction between the two.

#### *3.7.2 External Testing*

EMU will also conduct the following training exercises in cooperation with *external organizations*. The involvement of these organizations will allow the ministry to expand its testing scope and provides a more realistic emergency response scenario.

- ***CBRN:*** The ministry will be conducting training exercises throughout the province on a *biannual* basis to test the healthcare system's developing chemical, biological, radiological/nuclear (CBRN) response capability. The exercises will be conducted in different regions in conjunction with the province's Emergency Medical Assistance Team (EMAT – refer to s. 7.3.2) along with local healthcare providers and first responders (police, fire, paramedics). The evaluation of these exercises will reveal the provincial response capacity to CBRN events and how this capability will function in real situations as these resources are deployed and field-tested alongside those of first responders.
- ***Nuclear Facility:*** A major exercise is conducted *each year* in order to test the PNERP based on a scenario involving one of Ontario's nuclear facilities (Pickering, Darlington, Grey-Bruce and Chalk River). Ontario has 20 nuclear reactors – the most in North America. In this exercise, both the PEOC and MEOC are activated for the duration of the simulated incident and representatives from all MOHLTC divisions participate in the mock response. In addition, the Canadian Nuclear Safety Commission (CNSC) will also participate in such exercises. The evaluation of this exercise will lead to improvements in the performance of the MEOC, the functioning of the Incident Management System (refer to s. 4.2.2), as well as relationships internally within MOHLTC and externally between MOHLTC, EMO and other OIC ministries. The *Fermi 2* nuclear generating station in Michigan, USA is also included in the exercise program, which allows the government to test cross-border communication and coordination with the State of Michigan.

- ***Canadian Pandemic Plan:*** The Public Health Agency of Canada is planning a series of exercises to test the federal, provincial, territorial and local response to a potential influenza pandemic.

# 4.0 PLANNING CONSIDERATIONS

## 4.1 Phases of Emergency Management

There are four phases that have been identified as being distinct components or pillars of a comprehensive and successful emergency management program:

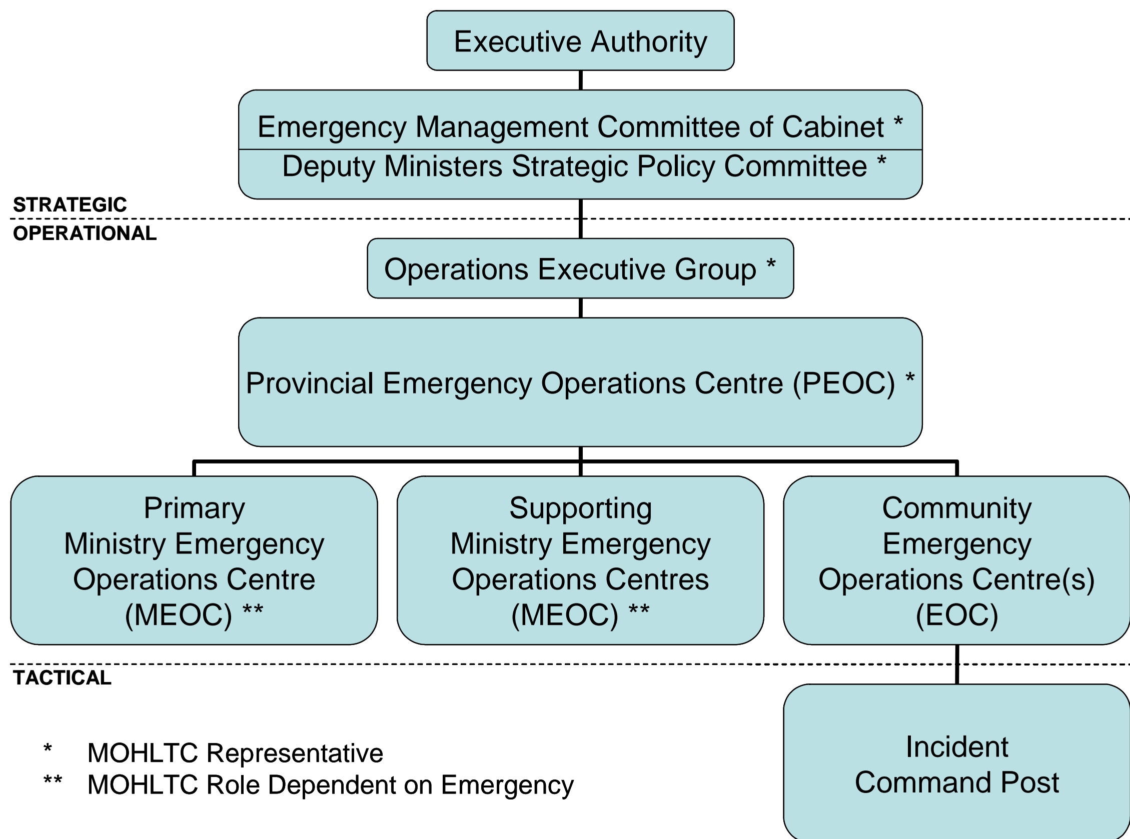
- Mitigation/Prevention: actions taken that can either lessen the impact of an emergency or avoid an emergency entirely. They reduce not only the risk of an emergency, but the response and recovery activities and associated costs that would be required as well. This refers to the practice of having safeguards or other safety precautions in place as well as the necessity of modernizing the infrastructure of government. The flu shot is a health-specific example of a mitigation effort, as are the ministry's infection control standards and guidelines (see. s. 7.7). *Note: there is discussion currently underway of de-linking mitigation and prevention. Future versions of the plan may reflect this potential change.*
- Preparedness: measures that are put in place prior to the onset of an emergency that will enhance the effectiveness of response and recovery activities. This includes developing and reviewing plans and conducting training, testing and emergency response exercises, including alert and notification protocols.
- Response: the coordinated actions that would be undertaken in order to respond to an emergency or disaster. In the case of MOHLTC, this could involve a host of activities, including the mobilization of providers (hospitals, paramedics, EMAT, etc.) and the coordination of healthcare services (isolation, decontamination, treatment), the mobilization and distribution of medical supplies and pharmaceuticals and more.
- Recovery: activities that are conducted in order to recuperate from an emergency or disaster and return the province to a state of normalcy. This includes activities undertaken to clean up, repair damage, rebuild infrastructure, restore services, provide financial assistance and the ongoing treatment and care for the sick or injured. It may also consist of mitigation and prevention measures built into the recovery process in order to address a future emergency. For example, reinforcing infrastructure to withstand a future flood, or vaccination to prevent a future outbreak of a particular disease. The recovery phase also applies to those involved in the response phase who must take time to recuperate and renew themselves.

The development of the MERP would be considered to be a *preparedness* initiative under this framework, whereas its activation is considered a *response* measure.

## 4.2 Ontario Government Emergency Management Structure

This section provides a basic overview of the organization and processes that guide emergency management in the province.

As shown below, the provincial organization of emergency management begins at the strategic level with the Executive Authority (the Premier of Ontario) as well as committees of Cabinet and at the Deputy Minister level. The Operations Executive Group is chaired by the Commissioner of Emergency Management and would include, in the case of a health emergency, the Chief Medical Officer of Health and the Director of the Emergency Management Unit. The operational group consists of organizations at the provincial level that are linked with organizations at the local community level and on the front lines. For the province, this includes the Provincial Emergency Operations Centre (PEOC) as well as the supporting Ministry Emergency Operations Centres (MEOCs). There would also be a staff liaison from these MEOCs at the PEOC.




### *4.2.1 Provincial Emergency Operations Centre (PEOC)*

The Provincial Emergency Operations Centre, formerly referred to as the Provincial Operations Centre (POC), is located at EMO and is staffed by EMO personnel on a 24/7 basis. It is designed to support the Premier as the Executive Authority and is the central point from which the province coordinates its response to emergencies in conjunction with other ministries and with authorities at both the local and federal levels. At the onset of an emergency, it can be quickly expanded to incorporate staff from all provincial ministries, designated federal departments and other emergency organizations as needed.

The PEOC accommodates the *Operations Executive Group*. This group contains key operational decision-making personnel that serve as the command function at the PEOC. The composition of the group will change depending on the type of emergency. However, for the purposes of managing a health emergency, the Operations Executive Group may consist of the following personnel:

- Chair – Commissioner of Emergency Management
- Chief Information Officer
- Director, Emergency Operations, PEOC
- Director, Emergency Information, PEOC
- Other Deputy Ministers and Assistant Deputy Ministers, as required
- Legal Counsel, as required
- Executive Assistant to the Chair
- Administrative Assistant

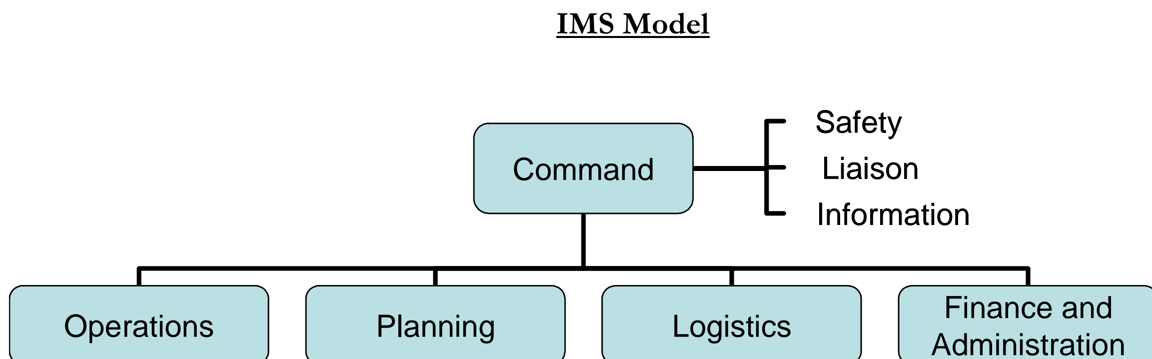
MOHLTC Personnel:
- Chief Medical Officer of Health/Assistant Deputy Minister, Public Health Division
- Director, Emergency Management Unit
- Executive Director, Communications and Information Branch

*4.2.2 Incident Management System (IMS)*

The Incident Management System is an international emergency management structure that has been adopted by EMO as the operational framework for emergency management for the Government of Ontario. It is a standardized system that provides the basic command structure and functions that are required for the effective management of an emergency situation.

The IMS has five components: Command, Operations, Planning, Logistics and Finance & Administration. In addition, there are three support elements that report directly to command. They are: Safety, Liaison and Information. The IMS model is shown below:

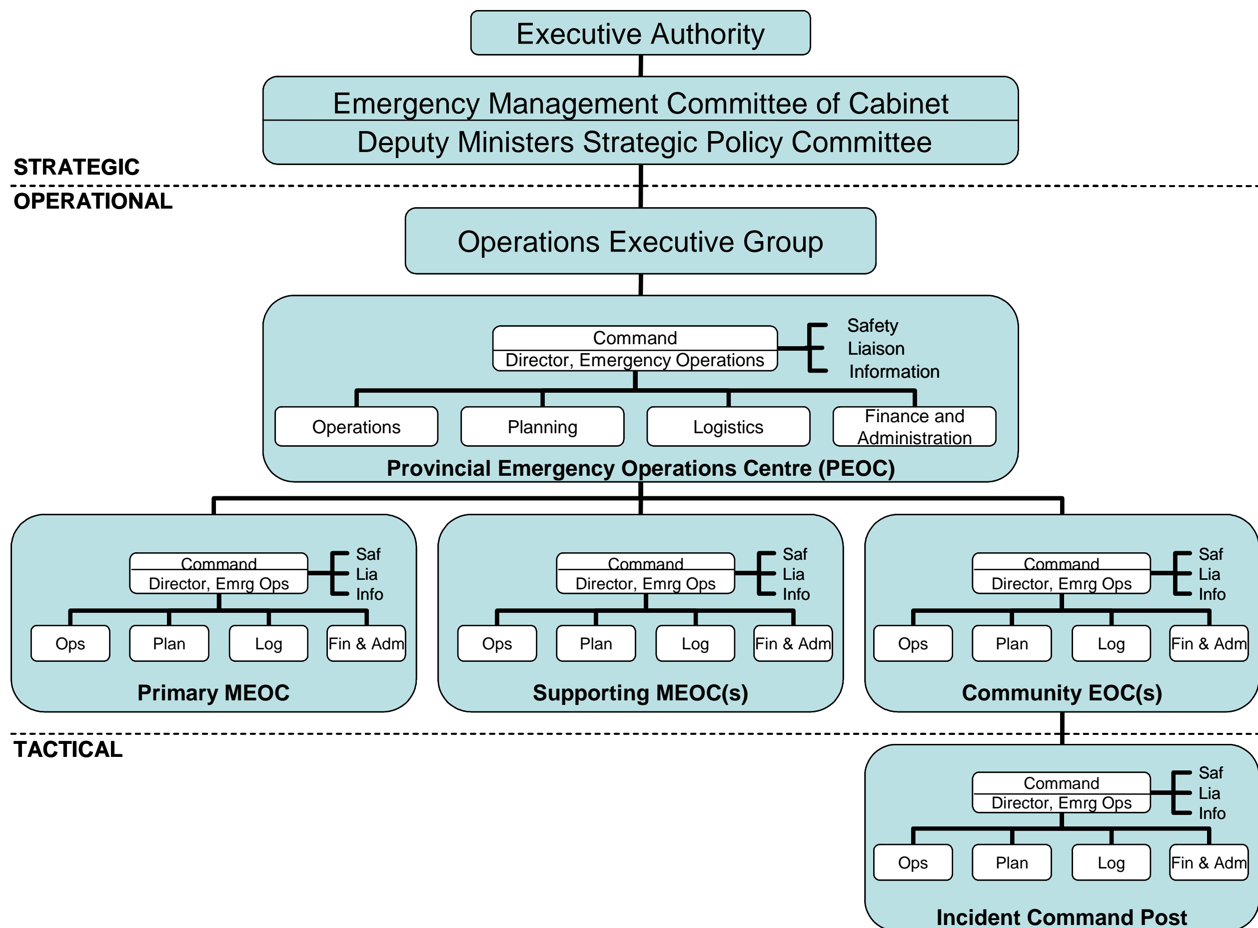
**<u>IMS Model</u>**




The system is effective in that this structure is simple in nature and can be applied to any organization involved in emergency management, which, in turn, allows them to become

interoperable with each other. This has the effect of standardizing contact information across organizations, making communication and cooperation among the groups easier and making the process of managing an emergency ultimately more efficient. Planning staff will be able to communicate directly with planning staff in other jurisdictions. The financial group can also liaise easily with another financial group so that transactions can be processed quickly.

The following diagram depicts how the IMS will be integrated within the provincial emergency management structure shown previously in s. 4.2:




An example of how IMS will function during an emergency situation can be drawn from the healthcare sector, where a key requirement in a health emergency would be to address the need for medical supplies. The mobilization and distribution of supplies from hospitals as well as from federal and provincial stockpiles to the front lines can be accomplished through communication between the Logistics groups from each organization. In addition, transportation into the required area can be expedited by connecting with the Operations group of the Ministry of Transportation (MTO). The various Logistics groups at the site of the emergency (Incident Command Post, nearby hospital(s) providing treatment, etc.) can

then be informed that supplies are en route and be advised to prepare for their arrival and distribution.

The Ministry of Health and Long-Term Care has adopted this model within its own emergency management program. This model now serves as the organizational structure for the Ministry Emergency Operations Centre (MEOC) at EMU should it be activated to coordinate the response to an emergency situation (see s. 5.3.2 for a diagram as well as detailed descriptions of each function). Other organizations provincially and locally (such as healthcare facilities) are beginning to follow suit, which will help to increase the effectiveness and interoperability of emergency management in the province overall.

#### *4.2.3 Response Levels*

The province has adopted a three-tiered response system for emergency situations. The three levels currently in use at the PEOC level are known as: *Routine Monitoring, Enhanced Monitoring and Activation*. Each level prescribes the actions that should be undertaken as well as the staffing arrangements necessary to carry them out. It is expected that this system be adopted by emergency response organizations at the provincial and local level as well.

Consistent with this approach, the MOHLTC has developed its own three-tiered protocol for health-related emergencies based on the above framework. Known as the *Graduated Response* protocol, the specifics of how this system functions can be found in s. 5.5.3.

#### *4.2.4 Emergency Response Teams (OERT, PERT, CBRN and HUSAR)*

The PEOC has the ability to dispatch two types of response teams. The Ontario Emergency Response Team (OERT) is a team that can be dispatched externally to contiguous (neighbouring) provinces or states for the purposes of providing mutual assistance and to coordinate emergency response. The Provincial Emergency Response Team (PERT) is a team made up of EMO field staff (or augmenters) and other provincial personnel dispatched internally to communities in order to coordinate the provincial emergency response, provide advice and assistance to local officials, and to ensure that critical information is exchanged between the PEOC and local communities. Both teams are under the direction of EMO and composed of EMO staff.

Other specialty teams are available to deal with specific kinds of emergencies. There are three teams specially trained and equipped in the field of chemical, biological, radiological and nuclear (CBRN) events in Ontario. These teams are trained to initiate safe entry, conduct patient triage, deal with contamination, investigate, monitor, and carry out lab assessments. Located in Windsor, Toronto and Ottawa, the CBRN teams can be made available to assist other communities as necessary.

The Toronto Heavy Urban Search and Rescue (HUSAR) team deals with emergencies involving collapsed structures, including the location, treatment, and removal of victims. They have a memorandum of understanding in place with the province to provide a province-wide response capacity for declared emergencies where their skills and equipment are needed and local capabilities are exceeded.

## 4.3 Hazard Identification and Risk Assessment (HIRA)

Hazards are defined as events or conditions that have the potential to cause harm or loss to life and property. As hazards may give rise to emergency situations, it is important to know what hazards exist and what harm they pose to the health and safety of Ontarians. A key component of the ministry's approach to emergency management is the Hazard Identification and Risk Assessment (HIRA) process, which assists the ministry in analyzing potential risks to the province and the potential consequences for the public should these events materialize. This analysis then serves to focus the ministry's resources on those priority areas that pose the greatest threat to public health and safety.

### *4.3.1 Ontario's Hazards*

Emergency Management Ontario has compiled a comprehensive list of 37 potential hazards that are grouped according to three categories (natural, technological and human-caused). The list is provided in Appendix D. This list of hazards informed individual ministry efforts in conducting HIRA exercises for both their Business Continuity Plans and OIC responsibilities as explained below.

### *4.3.2 MOHLTC HIRA Requirements*

There are essentially two requirements for the MOHLTC with respect to HIRA. As required by the Emergency Management Act, each ministry is required to conduct a Hazard Identification and Risk Assessment for all hazards to critical government infrastructure and services as a component of their ministry *Business Continuity Plan*. The MOHLTC plan can be found in Appendix M. In addition to this, OIC ministries must also conduct a comprehensive HIRA report that speaks to the type of emergency assigned to them through the Order in Council. This section contains the assessment that was performed by the ministry for "Human Health, Disease and Epidemics" as well as for "Health Services During an Emergency".

### *4.3.3 MOHLTC Identified Hazards*

The ministry has identified the following hazards under their respective OIC responsibility:

Human Health, Disease and Epidemics:

- Droplet/contact-spread diseases
- Airborne diseases
- Zoonotic and vector-borne diseases
- Food-borne/water-borne diseases
- Blood-borne diseases

Health Services During an Emergency:

- Facility Damage, Loss or Failure
- Facility Capacity Overload

- Shortage of Medical Supplies
- Shortage of Health Human Resources

Detailed Hazard Identification and Risk Assessments for all of the above categories can be found in Appendix F (human health, disease and epidemics) and Appendix G (health services during an emergency).

### *4.3.4 Risk Assessment Scoring*

Risk assessment is based both on: probability (likelihood of occurrence) and consequence (impact on province). The ministry scored the hazards identified above on a scale of 1 – 4. The scale is shown below:

Probability/Likelihood:

1. Low
2. Moderate
3. High
4. Extreme

> The probability scale was based on the level at which a hazard may occur within the province, its ability to overwhelm local resources and require provincial coordination from the MOHLTC.

Consequence/Impact:

1. Minor
2. Severe
3. Extensive
4. Catastrophic

> The consequence scale was based on potential casualties and societal disruption as well as the level and nature of provincial involvement, including information sharing, resource coordination & funding

### *4.3.5 Risk Assessment Factors*

The ministry considered the following factors when assessing both probability and consequence for *human health, disease and epidemics* (additional details regarding each of these factors can be found in Appendix E):

Probability:

- Historical Occurrence (Temporal)
- Seasonal
- Concentration of People (Urban/Rural)
- Frequency and Areas of Travel
- Existence of Mitigation/Prevention Strategies

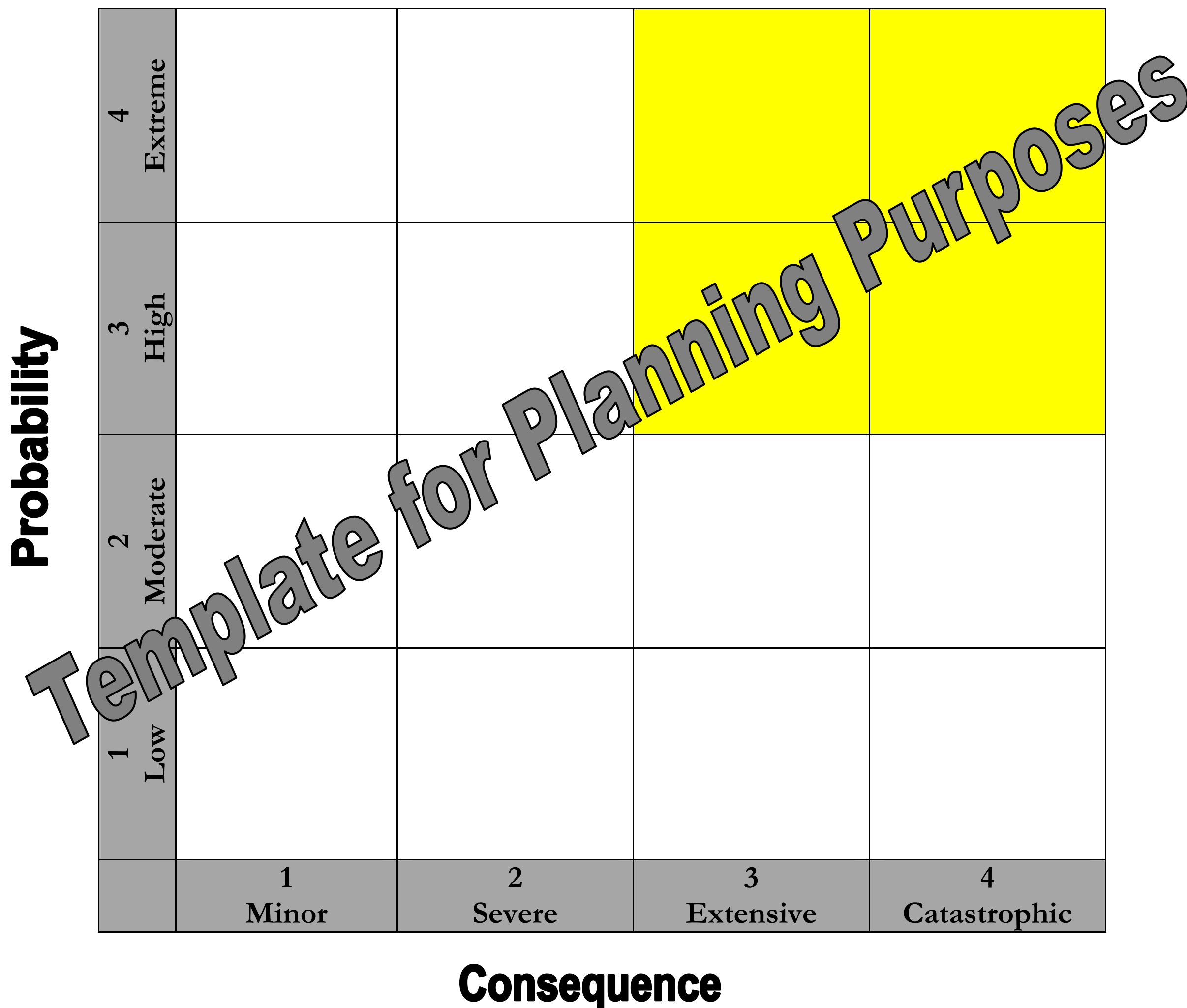
Consequence:

- Health Effects/Mortality
- Disease Virulence/Ability to Spread
- Quantity, Availability/Accessibility of Antivirals, Antibiotics and Vaccines
- Health Sector Impacts
- Impact on Other Vulnerable/Critical Infrastructure
- Economic Impacts
- Differences in Language/Culture/Religion

Probability and consequence factors considered for *health services during an emergency* can be found within the detailed HIRA in Appendix G.

*4.3.6 Risk Assessment Grid*

The chart below is used to present identified hazard categories as a Risk Assessment Grid, which represents both the likelihood that these hazards will become an emergency and the potential impact on the province should they do so. The chart is intended to help ministries to focus planning and prioritize resources on those hazards that are of greatest concern, which can be found within the highlighted region of the grid.




** Note: Highlighted area denotes hazards of highest concern*

# 5.0 HEALTH EMERGENCY MANAGEMENT STRUCTURE

## 5.1 Executive Emergency Management Committee (EEMC)

The Executive Emergency Management Committee functions as the Ministry Action Group (or MAG) for the MOHLTC. It is the central, strategic decision-making body within the Ministry of Health and Long-Term Care in an emergency. The committee is activated and chaired by the Deputy Minister of Health and Long-Term Care and provides policy and operational direction to MOHLTC staff or input to the Ministry Emergency Operations Centre with respect to the management of health emergencies or providing health-related support for other types of emergencies.

The EEMC may be activated in the absence of a declared provincial emergency should it be determined that such strategic direction is required for the management of a health-related emergency.

During normal business activities, the *Health Emergency Management Committee (HEMC)* is active. This committee similarly provides oversight and strategic direction with respect to emergency planning and preparedness within MOHLTC as well as the broader healthcare sector, and acts to ensure that emergency management structures are in place within the MOHLTC and that the roles and responsibilities between divisions are clear. This committee will stand down in the event of an emergency.

In addition to the Deputy Minister as chair, the EEMC is comprised of the following members:

- Chief Medical Officer of Health/ADM, Public Health Division
- ADM, Acute Services Division
- ADM, Community Health Division
- ADM, Corporate Services and Organizational Development Division
- ADM, Health Services Division
- ADM, Integrated Policy and Planning Division
- Chief Information Officer
- Chief Nursing Officer
- Executive Director, Communication and Information Branch
- Director, Legal Services Branch
- Director, Emergency Management Unit
- Scientific Advisor (see s. 5.4.1)
- Chair of PIDAC as appropriate (see s. 5.4.2)
- Commissioner of Emergency Management (as a special advisor)
- Ministry of Labour representative

Other positions that may be invited as required:

- Medical Officer of Health of affected Public Health Unit
- Public Health Agency of Canada representative
- Provincial Emergency Operations Centre/Emergency Management Ontario

- President, Ontario Air Ambulance Program (responsible for the Emergency Medical Assistance Team - EMAT, see s. 7.3.2)

Once an emergency has been identified by the MOHLTC through alert or warning, the Deputy Minister has the option of convening a first meeting of the Executive Emergency Management Committee (see s. 8.4). The EEMC will discuss the situation and decide on the appropriate ministry response. If the ministry was notified of an emergency by the PEOC, the EEMC will confirm the role of the MOHLTC in the response effort as either a primary or secondary ministry in cooperation with EMO. At this point, the declaration of a "health emergency" would also be considered (this is an emergency with the MOHLTC and its stakeholders and not the declaration of a "provincial emergency", which is made by the Premier). This meeting would also involve making decisions on whether to activate the MEOC, how to direct resources to manage the emergency and developing initial emergency information to be communicated to stakeholders if necessary.

## 5.2 Emergency Management Unit (EMU)

The Emergency Management Unit was formally created following the SARS (Severe Acute Respiratory Syndrome) crisis of 2003, in which the province's first ever provincial emergency was declared. The vision of the EMU is **to build and enhance a high performance system of integrated health emergency preparedness and response to keep Ontarians safe.**

### *5.2.1 Mandate*

The Emergency Management Unit was initially established in December 2003 with a short-term mandate to: coordinate the development of an MOHLTC emergency readiness program; integrate emergency readiness into ministry business planning; identify related infrastructure requirements; and develop a quality-improvement program for emergency readiness.

This mandate was later revised and expanded into the current mandate: to collaborate with stakeholders to develop, implement and maintain a comprehensive strategy to prepare for, respond to, and recover from health emergencies of known and unknown origins.

### *5.2.2 Functions*

EMU works to develop policies, plans and procedures that will strengthen the ministry's health emergency response capability and to ensure that this capability meets the established requirements for emergency management programs in the province. This incorporates the development of various plans such as the MERP (including the aforementioned Hazard Identification and Risk Assessment), Business Continuity Planning, and the development of incident-specific plans, such as the Ontario Health Pandemic Influenza Plan. The EMU conducts training and exercises based on these plans to test their effectiveness.

EMU is responsible for activating and managing the Ministry Emergency Operations Centre (MEOC) as well as implementing the Incident Management System (IMS) and Graduated

Response protocols as frameworks for the coordination and management of health emergencies within this centre (see the following section).

The unit also engages stakeholders and the broader healthcare system in its emergency response planning by issuing emergency directives, guidelines and standards (e.g. for infection control and surveillance) as well as providing Important Health Notices to providers. Through such activities, the EMU also acts as an early-warning system for healthcare providers and ministry senior management.

EMU also manages the content of websites for the public and healthcare providers as well as ministry staff on both the MOHLTC internet and intranet sites.

#### *5.2.3 Organization*

The Emergency Management Unit reports directly to the Deputy Minister.

The normal/routine organization of the Emergency Management Unit can be expanded, consistent with its *Graduated Response Protocol* and *Incident Management System*, to accommodate representatives throughout MOHLTC divisions as well as other designated staff as required to respond effectively to the situation (see the "Virtual Team", s. 7.5). At this stage, EMU effectively becomes the Ministry Emergency Operations Centre.

The EMU also is responsible for ensuring that the PEOC, when activated, has a roster of staff from the ministry to occupy the MOHLTC desk within the PEOC when it is required by EMO.

### 5.3 Ministry Emergency Operations Centre (MEOC)

The Ministry Emergency Operations Centre becomes the central command centre from which emergency situations facing the healthcare system or emergencies requiring MOHLTC support will be coordinated. It is the focal point where operational decisions for the healthcare system will be carried out by MEOC staff in conjunction with the PEOC at Emergency Management Ontario and following strategic policy direction provided by the EEMC.

In addition to EMU personnel, the MEOC can be comprised of staff from across every MOHLTC division along with the additional external advisors and support staff necessary to fulfill the required elements of an effective ministry response. This staff complement may be adapted depending on the size, type or location of the emergency.

In order to provide for the necessary complement and reserve of ministry staff, the EMU has created a "Virtual Team" within the ministry that will help staff the MEOC in the event of an emergency. For details, see s. 7.5.

#### *5.3.1 Emergency Features*

Once activated, the MEOC will be able to house approximately **30 staff** and is equipped with the following resources with redundant capability where required:

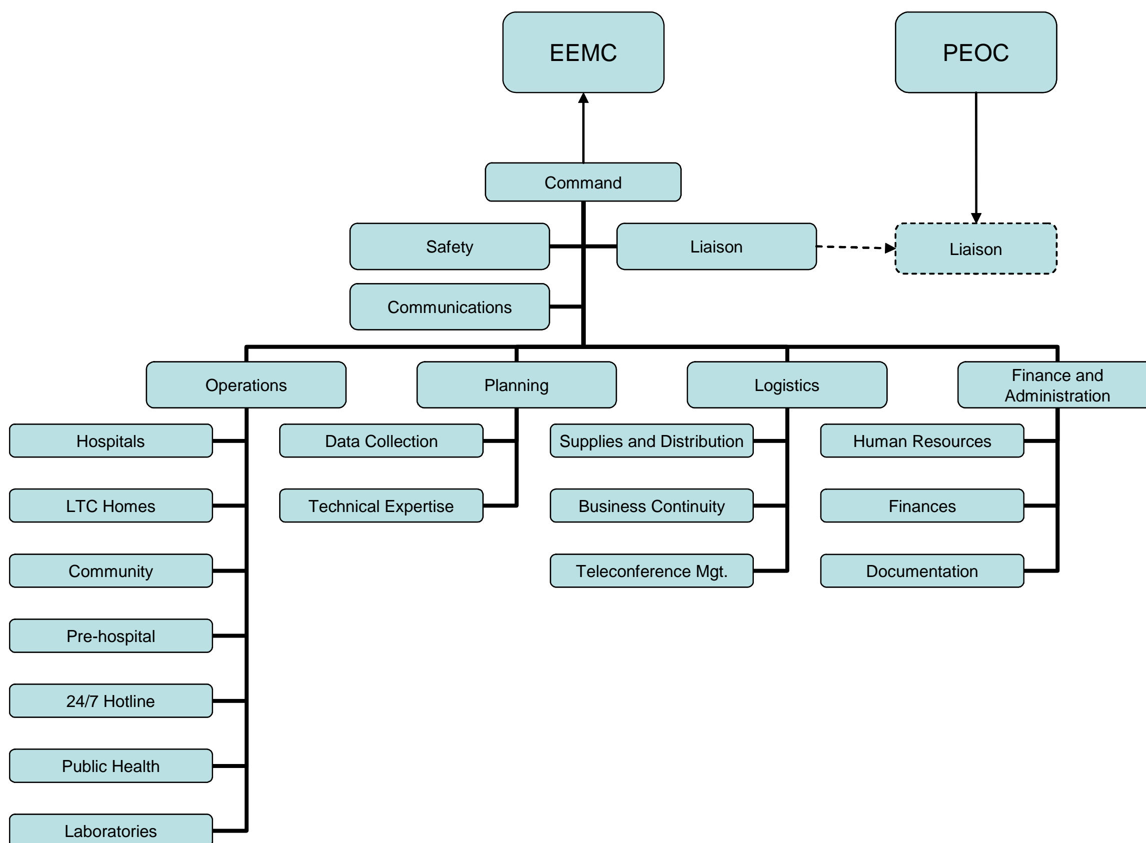
Telecommunications:
- Dedicated PEOC line
- Multiple teleconferencing capability
- 24/7 Hotline for healthcare providers with live contact and automated emergency messaging
- Priority Access Dialing
- Videoconferencing

Information Technology:
- Laptops
- Projectors
- GIS mapping capability
- Record management software

Other:
- Boardroom
- Kitchenette
- Whiteboards
- Television for media surveillance
- Emergency Kits (emergency IT resources, telecommunications equipment and supplies in the event of an evacuation)

### *5.3.2 IMS in the MEOC*

As mentioned previously, the MOHLTC has adopted the Incident Management System; the international protocol adopted by EMO as the operational framework for emergency management for the province (see s. 4.2.2). EMU has since added additional detail to the basic IMS structure to tailor it to healthcare emergencies and provide additional clarity regarding roles and responsibilities.




The following provides an overview of each major IMS element:

- **Command –** The command and control function for the MEOC rests with the Director of the Emergency Management Unit. The Command function has the authority to direct the ministry's emergency response efforts (including the necessary resources) to manage the emergency. This role is supported by three elements:
    - **Safety –** Safety is tasked with monitoring and ensuring the safety of personnel involved in the response effort, including staff at the MEOC.
    - **Liaison –** Acts as a link between Command and other organizations involved in the management of the emergency. Such staff can be deployed to the PEOC or other Emergency Operations Centres as required to coordinate the response.
    - **Communications –** Responsible for the development and timely dissemination of approved emergency information messages to health stakeholders, the public, media, etc.
- **Operations –** 'Ops' staff direct resources as required to fulfill the ministry's emergency response requirements. As such, this group would be required to link with local healthcare providers, public health labs, etc. in order to carry out the decisions disseminated from Command. This group also staffs the 24/7 EMU Healthcare Provider Hotline (see. s. 7.4.1), responding to inquiries about the emergency from the health sector

- **Planning –** Planning staff are responsible for the interpretation, dissemination and evaluation of the necessary emergency response plans that are relevant to the type of incident being faced. The group is required to link between all elements of the IMS to ensure that the ministry's plans are being carried out appropriately. This group must also modify such plans, should changes become necessary. The Planning group also contains the technical expertise required to respond to the emergency (see consultative/advisory bodies, s. 5.4) and engages in data collection activities to ensure that all relevant emergency data is available for Command and Operations staff.
- **Logistics –** This group's primary function is to mobilize the province's available resources for the response. Logistics coordinates and directs the necessary supplies, equipment, services or other resources that are required to resolve the emergency. This may include liaising with provincial and federal stockpile sources (see. s 7.2.1), if necessary, in order to access stores of emergency supplies and dispatch them to the appropriate location(s). In addition to these tasks, this group may also be responsible for ensuring the continuity of ministry operations during the emergency, which will require the MEOC to lead Business Continuity measures where the emergency has a ministry-wide impact (see Appendix M for the Business Continuity Plan). Logistics is also responsible for managing the increased amount of teleconferencing traffic that becomes typical of emergency situations and is vital to the communication and sharing of information and ultimately to the success of the emergency response effort.
- **Finance & Administration –** Lastly, an F&A group will be required to perform the meticulous administrative duties in support of the ministry's emergency response that are vital to the successful functioning of the MEOC, thus allowing it to execute decisions in a timely and efficient manner. This includes all necessary human resource and financial transactions, scheduling and technical support as well as the exhaustive documentation and record-keeping activities required to capture the comprehensive history of decisions, actions and other details that are needed to recount the ministry's response to the event.

## 5.4 Consultative/Advisory Bodies

This section provides the titles and descriptions of individuals and committees that would be called upon during an emergency to provide scientific and operational advice to the ministry on the appropriate emergency response activities that can be undertaken for their respective areas of expertise. The current persons and/or committees with whom the ministry consults with for emergency advice are as follows:

### *5.4.1 Scientific Advisor/Scientific Response Team (SRT)*

The Scientific Advisor is a crucial position within the Emergency Management Unit where complex decisions regarding appropriate response actions during a crisis must be evidence-based, incorporating the current body of scientific knowledge on the type of incident being faced and reflecting current best practices within the healthcare system.

This individual supports strategic and operational decision-making within the MOHLTC, reporting to the Director of EMU and working collaboratively with EMU staff to provide expert advice on a wide variety of issues. Such requirements could include: information on

health effects associated with CBRN (chemical, biological, radiological/nuclear) events as well as knowledge concerning best practices in responding to CBRN events.

The Scientific Advisor will also act to chair the Scientific Response Team (SRT). This team will be activated during an emergency for the purpose of providing scientific advice in situations where it becomes necessary to expand the advisory capacity in order to either encompass a wider, more general body of scientific knowledge or to focus on a targeted body of scientific knowledge necessary to deal with the event.

#### *5.4.2 Provincial Infectious Disease Advisory Committee (PIDAC)*

In an emergency caused by an infectious disease, the Provincial Infectious Diseases Advisory Committee will function as the Scientific Response Team for that particular emergency. PIDAC will provide advice to the Chief Medical Officer of Health (CMOH) on the prevention, surveillance and control measures necessary to protect Ontarians from the disease through the provision of scientific expert advice and the development of evidence-based materials. More specifically, PIDAC will recommend provincial standards and guidelines for infection control and advise the CMOH on infection control research priorities and emergency preparedness measures in relation to outbreaks and immunization programs. PIDAC's membership includes broad expertise from across the healthcare sector as well as relevant MOHLTC representation:

- Chair/Co-Chairs of the Committee
- Chief Medical Officer of Health, /Associate Chief Medical Officer of Health or designate Representative from Hospitals Branch, Acute Services Division
- Director, Emergency Management Unit
- Representative from Long-Term Care Facilities Branch, Community Health Division
- Representative from Laboratories Branch
- Nine (9) other members chosen for their expertise in the following areas:
  - Epidemiology
  - Public Health
  - Infection control
  - Medical Microbiology
  - Adult infectious disease
  - Paediatric infectious disease
  - Occupational health and safety
  - Zoonotic disease
  - Primary care
- Other representatives as required

The Chair or Co-Chairs of the committee are not employees of the Government of Ontario. In addition, where Co-Chairs are appointed, one of these positions shall be chosen from Public Health Units and one shall represent institutional health care.

Information on PIDAC can be found on the ministry's website:
http://www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_mn.html

## 5.5 General Emergency Response Protocols

### *5.5.1 Alert/Warning*

The ministry has instituted a communications protocol that will allow the ministry to be advised of the presence of an emergency either before it materializes or as soon as possible after its impact within the province.

The Emergency Management Unit will be ministry's ultimate point of contact for organizations to either:

a) alert the MOHLTC of the existence of an emergency situation with implications for the healthcare system; or

b) warn the MOHLTC of an impending or developing emergency with implications for the healthcare system.

This initial alert/warning to the MOHLTC can come from a number of organizations. For example, where impact has already occurred, "first responders" (police, fire, paramedics) will be the first to arrive at the site of the emergency. In a situation such as an outbreak of a communicable disease, the local Public Health Unit must be alerted. And in various other instances, the ministry may also be notified directly through one of its 7 Regional Offices.

A diagram showing the paths of communication between organizations by which the EMU will be informed of a potential or actual emergency can be found in s. 8.1.

### *5.5.2 Notification/Fan-out*

The ministry's fan-out procedure is a formal notification system, which ensures that all areas of the ministry will be informed of a developing or actual emergency situation and to provide them with necessary instructions. This is accomplished via both email and telephone communication.

The procedure is activated by the Director of the Emergency Management Unit. Once the decision is made, staff at EMU follow the latest fan-out lists for the ministry and begin the notification process. The list contains the names and numbers of ministry senior staff as well as divisional emergency management contacts. *This contact list is updated by EMU staff on a bi-monthly basis*. The positions that will be contacted through the fan-out process are listed in Appendix I. Each senior contact on the fan-out list also has their own respective fan-out list and process, which they will activate upon receipt of the emergency notification by EMU. This process ensures that the entire ministry is notified in a timely manner.

The actual process of notifying fan-out contacts by phone and email is carried out by EMU staff by means of a scripted template. This phone and email scripts contains the following elements:

- Brief description of the event
- Status of the Ministry Emergency Operations Centre and Provincial Emergency Operations Centre (i.e. Partial or Full Activation)
- Necessary instructions:
  - Activate the contact's respective division or branch fan-out list (for senior staff)
  - Report to the MEOC, if necessary, at the appropriate location and directions (for divisional contacts)

Samples of the notification scripts can be found in Appendix J. Staff being contacted by telephone are asked to copy down the message and repeat it back to the EMU representative to ensure that it is understood. In addition to this, they are asked to reply to their accompanying email message to confirm that the message has been received.

**A response time of 10 minutes is the ministry standard during regular business hours** for senior staff and divisional contacts to personally confirm that they have been duly notified by EMU of the existence of a potential or actual emergency.

If, for any reason, EMU staff are unable to make direct contact with an individual over the telephone, they will leave a message with a live person (if possible) instructing the individual to respond to the notification by calling EMU and confirming that they have received the alert message. The full notification protocol is identified in s. 8.5.

#### *5.5.3 Graduated Response*

The MOHLTC Graduated Response Protocol is based on the province's three-tiered approach in place at the PEOC (see s. 4.2.3). This protocol provides a framework for steps to be taken, including notifications, across the ministry in response to the mounting emergency.

EMU may carry-out these actions either independently of or in concert with the response level adopted by the PEOC, depending on the nature of the emergency. The ministry may elevate or reduce its response level depending on the circumstances of the emergency. Such action would be based on the information the ministry receives concerning the status of the incident and how it is (or is not) developing within the province or its neighbouring jurisdictions.

The following provides a detailed description of each response level:

- **Routine:** During routine status the Emergency Management Unit will continue to plan, develop and implement mitigation strategies and preparedness initiatives, conduct ongoing exercises, work with stakeholders, as well as undertaking testing and evaluation activities in preparation for a potential emergency. The ongoing monitoring and surveillance of reportable diseases by Public Health Division will also continue, as will monitoring of known threats such as Avian Influenza, and of relevant media to obtain forewarning of other potential emergency situations.

- **Enhanced:** The ministry may move to this level once an emergency has been detected and is at the early stages of development. However, it may also choose to do so if it has been warned of an impending hazard that has yet to materialize within the province. It is also possible to proceed to the Enhanced stage to monitor an emergency that has occurred beyond the province's borders (e.g. in a contiguous state).

  Activities at the Enhanced level are meant to "ramp up" or prepare the ministry for a large-scale emergency, but also to attempt to mitigate the emergency at its early stage of development as much as possible. Generally, activities at this stage involve a higher level of external surveillance and communication between providers/stakeholders at the local level and within the ministry itself. The MEOC may be partially activated to facilitate these activities and the ministry will begin to take steps to identify the potential disease (if a disease has been identified as the cause of the emergency). A first meeting of the Executive Emergency Management Committee (EEMC) may also be convened (see s. 8.4 for details). In addition, as mentioned above, EMU will issue "quiet alerts" to key areas of ministry senior management as appropriate to provide them with a heads-up on the status of the situation. This will include notifying the Duty Officer at the PEOC if the initial alert or warning was given to MOHLTC directly.

  Ministry staff and response resources (e.g. EMAT - see s. 7.3.2) may be placed on standby, as will elements of the healthcare system itself. Increased staffing at the MEOC may be required at this level in order to effectively monitor the developing situation and to communicate efficiently both internally and externally. The EMU may utilize its divisional contacts within the ministry to fulfill this role.

- **Emergency:** At this stage, an emergency situation has been confirmed by the EEMC. The Emergency Management Unit will activate its fan-out list and begin to mobilize the MEOC towards full activation status (see s. 8.6). At full activation, this will incorporate the staff from the EMU itself, its divisional contacts and members of the Virtual Team who will be contacted as needed to augment and supplement the composition of the MEOC. The MEOC will implement the IMS and establish an operating cycle to manage the emergency, depending on the scope of the incident, and will implement shifts where necessary in order to have 24-hour coverage.

  At the emergency level, the MEOC, of course, begins to take the appropriate action consistent with the MERP to respond effectively to the emergency as well as ensuring the continuity of critical government operations (i.e. Business Continuity). The range of possible response actions and resources are noted in the sections below.

  The MEOC can be fully mobilized in the Emergency stage even without the declaration of a provincial emergency by the Premier.

- **Recovery:** As an emergency situation ends or begins to de-escalate, the ministry will initiate recovery activities, intended to return the government and the healthcare system to normal operations. At this point the ministry will endeavour to wind down operations at the MEOC, but will continue to direct resources to reestablish routine business.

Financial purchases will also continue to be monitored and tracked within this phase at least until the end of the fiscal year.

The Recovery stage of the emergency management cycle is not detailed in this document, and will be planned for in greater detail in future. It should be noted, though, that there is no clear distinction between the impact and recovery phases of an emergency, as they often overlap each other.

Detailed charts of the graduated response levels as well as the divisional roles and responsibilities within the ministry to be carried out at each level can be found in s. 8.2. In addition, EMU maintains an alert notification status message on its public and provider websites (see s. 7.4.2).

# 6.0 HEALTH EMERGENCY MANAGEMENT ENVIRONMENT

## 6.1 Critical Ministry Organizations, Functions and Services

The following section outlines those key MOHLTC areas that will play an important role in the management of a health-related emergency, their relevant functions as well as the essential services that they must deliver to the public (essential services are defined as those which **must be restored within 24-hours of a business interruption**). Greater detail can be obtained by consulting the Overview of MOHLTC Critical Services in the ministry's *Business Continuity Plan* (Appendix M). ** Note: This listing does not include the functions of the EMU/MEOC, as they were already described earlier in the document.*

**Deputy Minister's Office (DMO)**

- Provide strategic direction to the MEOC in the event of an emergency
- Maintain link with the Minister's Office, Cabinet Office and the Premier's Office
- Maintain communication with employees during the emergency in conjunction with Management Board
- Continue to lead those areas in the ministry that are not involved in the emergency

**Communication and Information Branch (CIB)**

- Implement Crisis Communications Plan/Assemble the Crisis Communications Team (see s. 9.4.1)
- Respond to media calls/Manage the Media Line (see s. 7.4.1)
- Produce media products
- News Conference capability – Media Briefing
- Manage the ministry INFOLine (see s. 7.4.1)
- Manage MOHLTC websites (see s. 7.4.2)
- Employee Communication
- Notification and Instruction (see s. 7.4.3)
- Issues Management
- Provide Emergency Information Officer to MEOC

### Legal Services Branch (LSB)

- Prepare emergency-related legal documentation
- Provide legal advice
- Ongoing litigation services

### Health Services Division (HSD)

- Process emergency requests for out-of-country health services (Provider Services Branch)
- Conduct lab testing/liaise with the National Microbiological Laboratory (NML) in Winnipeg (Laboratories Branch/Public Health Labs)
- Maintain the Health Network System to reimburse physician drug costs (Drug Programs Branch)
- Administration of TeleHealth Ontario with private provider (see s. 7.4.1)

### Acute Services and Community Health Divisions (ASD/CHD)

Corporate

- Internal communication and external surveillance, Air and Land Ambulance Dispatch (Emergency Health Services Branch)
- Internal communication and external surveillance of Community Health Centres, Diabetes, Midwifery and AIDS Bureau (Community Health Unit)
- Internal communication and rights advice for Psychiatric Patients (Psychiatric Patient Advocacy Office)

Regional

- Communication and surveillance (in each of the 7 MOHLTC Regional Offices) with respect to:
  - Hospitals
  - 3 Provincial Psychiatric Hospitals (North Bay, Whitby, Penetanguishene)
  - Long-Term Care Homes (LTCHs)
  - Long-Term Care Compliance Advice
  - Community Care Access Centres (CCACs)
  - Mental Health, Addictions and Supportive Housing

### Public Health Division (PHD)

- Expertise and Communication (Surveillance and Outbreak Management Section, SOMS)
- Communication with Public Health Units (Call Centre)
- Surge capacity assistance (Rapid Response Teams)
- Expertise, Coordination and Communication (Disease Control Service)
- Expertise and Communication (Environmental Health and Toxicology Unit)
- Expertise and Communication (Food Safety and Safe Water Unit)

### Corporate Services and Organizational Development (CSOD)

- Provision of vaccines, drugs and related medical supplies (Supply & Financial Services)
- Facilities Management (Supply & Financial Services)
- Financial Transactions/Transfer Payments (Supply & Financial Services)

**Integrated Policy & Planning Division (IPPD)**

- Provision of advice with respect to the *Regulated Health Professions Act*

**Human Services, I&IT Cluster**

- IT Infrastructure support
- Application support

## 6.2 Healthcare Providers & Partners

The management environment of a health emergency is also characterized by the complex, interlinking, and critical roles played various healthcare providers and other partners within the healthcare sector, an environment in which linkage and communication is key.

- **Hospitals**: Public hospitals are required by the Public Hospitals Act to develop plans to deal with emergency situations, and all hospitals are encouraged to do so in alignment with provincial planning. Hospitals may also be the site where the existence of an emergency such as an outbreak or epidemic first becomes apparent, and they have important responsibilities in surveillance and reporting.

- **Pre-Hospital**: In some emergencies the pre-hospital system (i.e. paramedics, ambulances), may be the first healthcare workers to handle patients, and may be engaged in direct patient contact throughout the duration of the emergency. They must be kept informed of developments during an emergency in order to take adequate actions to respond appropriately and protect themselves and others.

  The transfer of patients between healthcare facilities during an emergency is also a key role for the pre-hospital system. The Ontario Air Ambulance Base Hospital Program operates the Patient Transfer Authorization Centre, a patient tracking system that monitors the transfer of patients with Febrile Respiratory Illness between healthcare facilities (see s. 7.1.2).

  Ambulance services in Ontario include:

  - *Land Ambulance:* Partially funded by the ministry and contracted for or directly delivered by municipalities/delivery agents, the land ambulance service is responsible for providing timely response, pre-hospital emergency care and patient transport to those with immediate medical needs, as well as transport of non-emergency patients to and from medical facilities. Ambulance service is coordinated across the province through the Central Ambulance Communications Centres.

  - *Air Ambulance:* Supporting the land ambulance system, the air ambulance program, provides transport for critically ill patients or those in remote areas of the province to hospital, as well as to specialized medical teams. Air ambulance service is coordinated through the ministry's Medical Air Transport Centre.

- **Long-Term Care Homes (LTCHs)**: Designed for people who require the availability of 24-hour nursing care and supervision, Long-Term Care Homes may not be faced with

providing care to the most acute patients in an emergency, but their populations may be particularly vulnerable to infectious diseases and/or interruptions in power or other services. They also play an important role in surveillance and reporting of diseases. They must be prepared to deal with their own populations in an emergency, and may also be required to accommodate transfers from acute care facilities in order to free capacity for critical care.

- **Community Care Access Centres (CCACs)**: Coordinators of services for seniors, people with disabilities and people who need health care in the community, CCACs are key in identifying capacity should transfers to LTCHs or into the community be necessary. They too have vulnerable populations to plan for, and obligations to comply with ministry directives, including any regarding surveillance for communicable diseases.

- **Community Health Centres (CHCs)**: Providers of primary care and health promotion to individuals and communities, CHCs have the standard responsibilities regarding surveillance and reporting that belong to primary care, and may also play a role in mitigation and prevention through promoting practices such as infection control for the public.

- **CritiCall**: This emergency referral service for physicians caring for seriously and critically ill patients can play a key role in coordinating care. For further description of Criticall, see section 7.3.4.

- **Public Health Units**: Public Health Units, the official health agencies established by regulation under the Health Protection and Promotion Act, and which are governed by boards of health comprised of municipal members and members appointed by the Lieutenant Governor in Council, have significant responsibilities regarding infectious disease surveillance, response, and planning at local levels. They carry out the mandate of the HPPA (see s. 3.2.1), and offer the programs and services set out in the Mandatory Programs and Services Guidelines, including: receiving reports of, investigating, and providing ongoing monitoring of reportable diseases; receiving, investigating, ensuring public health management of and contact tracing for communicable diseases; provision of information regarding infectious diseases to health care professions, institutions and the community, including emergency service workers. They play a major role in local emergency planning, and in planning and delivering vaccination programs.

- **Public Health Agency of Canada (PHAC)**: The Public Health Agency of Canada:
  - develops national plans and frameworks which influence planning at the provincial and territorial level;
  - liaises with other national and international organizations;
  - plays a major role in vaccine procurement, allocation and distribution to provinces and territories;
  - communicates with provinces and territories regarding urgent policy and operational issues; and
  - activates their own national emergency response plans and teams as required.

Within the PHAC, the Centre for Emergency Preparedness and Response (CEPR) acts as the coordinating point for dealing with health emergencies. PHAC is responsible for the National Emergency Stockpile System (NESS) (see s. 7.2.1).

- **Professional Associations and Regulatory Colleges**: All of the above activities require trained health care workers, and regulatory colleges and professional associations play an important role in health human resources during an emergency.

    - *Regulatory Colleges*: The 21 regulatory colleges in Ontario set standards and guidelines for their members and practice, ensure that training and educational standards are met, develop programs to help members improve their skills and knowledge, and address concerns about the conduct of practice of their members. In addition to dealing with temporary registration of certain health care workers in an emergency, regulatory colleges can also support emergency preparedness and response through implementing the infection control and surveillance standards and guidelines for febrile respiratory illness developed by the ministry, as well as offering appropriate opportunity for skills improvement in other related topics.

    - *Professional Associations*: represent the interests of their members (e.g. doctors, nurses), and work through education, research and advocacy to help shape practice and influence public policy decisions. They may work with government and institutions to ensure that their members are adequately protected in their work during an emergency. Through their research, education, and knowledge transfer activities they can improve their members' emergency response skills and offer best practice guidelines on relevant topics. They may also engage their members in a culture of emergency awareness, and offer resources such as volunteer lists or, working with the regulatory colleges, suggestions regarding redeployment of staff during emergencies.

# 7.0 HEALTH EMERGENCY MANAGEMENT RESOURCES

This section identifies the resources available to the MOHLTC for the purposes of building a coordinated and effective response to an emergency. Some of these resources currently exist to serve the public on a routine basis, while others can be mobilized in response to a specific incident. During an emergency the MEOC will either re-task or call upon these resources as necessary to serve the purposes required to manage the event.

## 7.1 Mitigation/Prevention Resources

### *7.1.1 Surveillance and Outbreak Management Section (SOMS)*

The Surveillance and Outbreak Management Section of Public Health Division liaises with health units and other key players in the public health system and gathers relevant information to ensure that the ministry is provided with advanced warning of potential outbreaks of infectious diseases. They are also responsible for carrying out ongoing and systematic collection, analysis, and interpretation of communicable-diseases data for the purpose of enhancing the ministry's knowledge and preparedness in this area. To do this,

SOMS manages disease-related databases, communicates with Public Health Units, stakeholders and health agencies and provides additional capacity to Public Health Units during outbreaks where required.

Two key units within SOMS are described later in this section. These are the ministry's Public Health Call Centre (see s. 7.4.1) and Rapid Response Teams (s. 7.3.3).

### *7.1.2 Patient Transfer Authorization Centre (PTAC)*

The Provincial Transfer Authorization Centre (PTAC) was created to mitigate infectious disease outbreaks by screening all patient transfer requests, identifying patients with infectious disease symptoms and preventing the disease from spreading between healthcare facilities.

PTAC is a patient tracking system designed to monitor the transfer of patients between healthcare facilities for patients with Febrile Respiratory Illness (FRI). It is a surveillance measure that is vital to preventing the spread of infectious disease within the province while ensuring the safety of both patients and healthcare workers.

PTAC is currently located at and operated by the Ontario Air Ambulance Base Hospital Program under the direction of the ministry's Emergency Health Services Branch (EHSB).

A transfer authorization is accomplished either through faxing the necessary data into PTAC or through PTAC's web-based authorization system. The web-based system collects and analyzes patient transfer requests, detecting any inquiries from hospitals that require quick transfers of patients due to potential infectious disease exposure. On-call PTAC physicians access the system through portable Pocket PCs or web browsers, allowing them to identify and scrutinize transfer requests that pose infectious disease concerns. The PTAC website can be found at: https://www.hospitaltransfers.com/transfer/

PTAC scrutinizes each patient transfer to ensure that:

- the transfer will not compromise containment measures;
- appropriate protective measures are taken by facilities involved as well as transfer agents;
- the patient's clinical needs are dealt with promptly; and
- documentation is recorded should transfers need to be traced or referred to in the future.

Using the on-line system, PTAC requests can be approved in a matter of seconds, proving it to be a vital resource in the tracking of patients in an emergency.

## 7.2 Preparedness Resources

### *7.2.1 Stockpiles/Emergency Medical Supplies*

The province must be prepared to equip healthcare providers with emergency supplies, should facility stocks be exhausted when faced with a particular emergency scenario that could potentially overwhelm or overstretch available resources (e.g. a large-scale emergency, multiple small-scale emergencies or a small-scale emergency of long duration). Not only

must the province and the broader healthcare system have access to medical supplies that can treat patients (possibly contaminated with chemicals or radiation or infected with a communicable disease), but stores of protective gear must also be on hand in order to protect healthcare workers at the front line who are directly involved in the emergency response.

The province has access to two emergency stockpile systems should local resources be in danger of depletion. One is provincially-managed; the other is federally-managed. The decision to release medical supplies and equipment from the stockpiles will be made by the Director of the EMU in consultation with the relevant MOHLTC Regional Office and affected healthcare providers.

Provincial Stockpile/Ontario Government Pharmacy – A two-month contingency stockpile of personal protective equipment (PPE), sufficient to support the healthcare needs of a community the size of Toronto, has been established through the Ontario Government Pharmacy and Medical Supplies Services (OGPMSS). The supply currently consists of a host of items such as N95 masks, surgical masks, isolation gowns, gloves, goggles, face shields, hand sanitizer and virucide liquid (see s. 9.7.1 for the protocols to access this stockpile).

National Emergency Stockpile System (NESS) – The federal NESS program consists of two major components: 1) Pre-positioned supplies and equipment; and 2) Federal reserve warehouses.

The pre-positioned emergency supplies and equipment are stored in strategic locations within Provinces and Territories, while a small number of federal reserve warehouses containing much larger quantities of emergency supplies and equipment are also located across the country. The locations of the pre-positioned materials are determined by the province, however precise locations are not made public. The NESS also contains a pharmaceutical stockpile, which includes the necessary supplies to deal with CBRN events.

The NESS also has a number of units, which include:

- Emergency Hospital – providing acute and short-term medical care
- Advanced Treatment Centre – early medical and limited surgical procedures in the field
- Casualty Collecting Unit – providing immediate first aid, movement of patients/evacuees
- Reception Centre Kit – provides materials to set up evacuation centres/shelters
- Mobile Feeding Unit – emergency feeding capability in a field environment
- Trauma Kit – first aid, intubation, IV to support first line response and triage-pt. staging
- Mini Clinic – supplements existing medical care facilities that are overwhelmed

NESS equipment and supplies are held by the Office of Emergency Services, Public Health Agency of Canada, and can be made available to the province on a loan basis (see s. 9.7.3 for the protocols to access the NESS).

## 7.3 Response Resources

### *7.3.1 Land and Air Ambulance*

Previously discussed under *Pre-Hospital* in s. 6.2.

### *7.3.2 Emergency Medical Assistance Team (EMAT)*

The Emergency Medical Assistance Team was launched in January of 2004 in an effort to equip the province with a specially-trained and equipped response capability for major health emergencies.

EMAT is a self-sufficient, 56-bed, acute-care field unit with its own medical equipment supplies, refrigeration, communications, water and electricity. It is also equipped with an independent outdoor isolation and triage unit; a three-part tent system dubbed a 'tripod'. These resources are stored within a custom-designed tractor-trailer, which can be dispatched to any area of the province that has road access (up to 3,200 km without re-fueling). The tractor-trailer unit is stationed at Sunnybrook and Women's College Health Sciences Centre where it is managed by the Ontario Air Ambulance Program.

EMAT's function in an emergency is to provide surge capacity to communities in which local healthcare resources have become overwhelmed due to an emergency. The team is also trained to deal with chemical, biological, radiological and nuclear (CBRN) events.

The unit is staffed by a volunteer team of professional healthcare providers, including physicians, paramedics, nurses, radiology technologists and respiratory therapists. This staff is specially-trained to function and operate effectively in the EMAT environment and is on-call to travel to the site of an emergency by air or vehicle. The volunteer team members come from a variety of locations across the province to ensure that no particular area is depleted of vital health human resources.

EMAT can be on-site within 24 hours of dispatch and can be fully operational between four to six hours after arrival. The unit can be set up in such locations as a local community centre, arena or school gymnasium. The aforementioned 'tripod' unit can also be setup in an outdoor location.

EMAT provides a staging and triage base for the evaluation and management of patients prior to their transfer to hospital. It also has the capability of isolating up to 20 patients with infectious disease. The unit is equipped with its own independent oxygen and filtration systems and possesses a range of personal protective equipment (PPE) to handle a variety of incidents. EMAT can operate independently in this manner, without re-supply, for a period of 72-hours.

EMAT information can be found on the ministry's website:
http://www.health.gov.on.ca/english/providers/program/emu/emerg_prep/emat.html

The process for deploying EMAT to respond to an emergency and the criteria under which the deployment decision is made is discussed further under s. 9.5.4.

#### *7.3.3 Rapid Response Teams*

The ministry's Public Health Division created Rapid Response Teams to increase local public health response capacity in the province. These teams can be deployed on short notice to assist local public health units and other related institutions in the event of an infectious disease outbreak or other public health emergency where the health units may not possess sufficient resources to deal with the situation.

The province currently has **two (2)** such teams at its disposal to help manage a public health emergency. Each team is comprised of a supervisor/lead, epidemiologist, public health nurse, public health investigators and administrative assistant. Each team consists of up to **seven (7)** members. The protocol to deploy RRTs can be found in s. 9.5.3.

#### *7.3.4 CritiCall*

CritiCall's provides an emergency referral service for physicians caring for seriously and critically ill patients. Its toll-free operation **1-800-668-HELP(4357)** provides a 24-hour call-centre for hospitals, allowing them to contact on-call specialists and arrange for appropriate hospital bed access from anywhere in the province and to facilitate urgent triage for patients.

The CritiCall database is able to identify and direct the caller to the nearest available hospital bed and can also advise hospitals as to the availability of negative pressure rooms (used in the treatment of infectious diseases) across the province by region, site, and facility type. It will be an important resource to coordinate care and treatment for patients affected by an emergency. Its flexible web-based program can be used for data collection and information sharing in an emergency.

### 7.4 Communications Resources

Clear, accurate, and timely communication is one of the most crucial factors in responding to an emergency, particularly in a health emergency where the environment is complex and the health and safety of Ontarians is at risk. Communications between the stakeholders to ensure that response is timely, effective and streamlined is vital, but communication with the public is also critical. The public must be kept informed in order to best protect their own health and that of others, and to maintain their confidence in the government by keeping them informed of the steps the government is taking to safeguard their health. Below are some of the communications resources that can be utilized in the ministry's response to an emergency.

#### *7.4.1 Telecommunications*

**Health Stakeholders:**

- EMU Healthcare Provider Hotline: **1-800-212-2272** or mohltc03@moh.gov.on.ca
  The EMU Healthcare Provider Hotline is a toll-free hotline for healthcare providers across the province that is in operation, with the support of the Public Health Call Centre, 24 hours a day, seven days a week. The hotline can be used to alert the ministry

of any potential or existing emergencies, and for enquiries regarding ministry directives, standards and Important Health Notices

- Public Health Call Centre (PHCC): **416-212-6361 / 6362**
  The PHCC was established to serve as an information relay center for public health units and also to provide assistance to the PHD's on-call physicians in dealing with a public health emergency outside of business hours. The responsibilities of the Call Centre have since increased to include: assisting in the management of West Nile Virus cases, water quality and boil water advisories, collecting information for institutional respiratory infection outbreaks and answering calls at the above Provider Hotline on behalf of Emergency Management Unit (EMU) during weekends and after hours.
- Regional Office General Inquiry Lines:
  Each regional office maintains an on-call roster to ensure accessibility to local health-care providers.

**Public:**

- Telehealth Ontario - **1-866-797-0000**
  Telehealth Ontario is a free, confidential telephone service through which the public can access health advice or general health information from a Registered Nurse. Based on a series of assessment questions, callers are provided with advice regarding self care, a recommendation for a visit to an appropriate health care provider, or given contact information for community resources. Telehealth does not replace 911, but in the event of a health emergency it can help in providing accurate health information to the public and in encouraging appropriate use of the health care system.
- INFOline - **1-800-268-1154 / 416-314-5518** or infoline@moh.gov.on.ca
  The MOHLTC INFOline provides information regarding ministry services and programs. It does not provide medical advice.
- Media Line - **1-888-414-4774 / 416-314-6197** or by email at media@moh.gov.on.ca
  The media line answers media enquiries on behalf of the ministry to ensure appropriate spokespeople and consistent messaging.
- Employer's Hotline - **1-866-331-0339**
  The EMU Employer's Hotline is a toll-free number at which managers can obtain information from the ministry on the health aspects of emergency management and business continuity for the benefit of their employees and the operation of their business in the event of emergencies such as a pandemic. The hotline is operational during regular business hours.

*7.4.2 Websites*

- **Public Website:** http://www.gov.on.ca/health
  EMU website, Public Information:
  http://www.health.gov.on.ca/english/public/program/emu/emu_mn.html
  EMU website, Information for Health Care Professionals:
  http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html
  The public MOHLTC website provides information on ministry programs and services and other healthcare topics, targeted as appropriate to the public, healthcare providers, and the media. Information includes updates on current healthcare, news releases and important documents such as the Ontario pandemic influenza plan and the SARS

commission reports. In an emergency it will be used to communicate important information and ensure that the ministry response remains transparent to Ontarians. The public website also includes the EMU website, which provides more detailed emergency management information for both the public and health care providers, including information regarding specific threats such as pandemic influenza, general emergency preparedness information, health and travel advisories, and, for health care professionals, access to infection control standards and important health notices.

- **Healthy Ontario:** http://www.healthyontario.com
  Health Ontario is a website intended to provide Ontarians with reliable information on health and health services, including medical information, health assessment tools, and information on healthcare services available in Ontario. It has already been used to provide information on current topics such as influenza, and to promote campaigns such as the flu shot. In a health emergency, it could be used to promote preparedness, provide the public with a source of accurate health information and advice, and to encourage appropriate use of the health care system.
- **INFOweb Intranet Site:** http://intra.moh.gov.on.ca
  The MOHLTC Intranet is accessible to OPS staff, and can be used to share important information with ministry employees regarding the ministry emergency response, business continuity, program area planning for emergencies, personal preparedness planning, and information about services (e.g. flu shot clinics) available to OPS employees.

#### *7.4.3 Communications Mailer*

The Mailer comprises both a database of contact details for healthcare providers, stakeholders and institutions in the Province of Ontario, as well as an electronic system for sending important/emergency information to this same list of healthcare providers and stakeholders by email or fax. It also contains other contact information such as some telephone numbers as well as mailing addresses for distribution by mail for those without email or fax.

When a piece of information is ready for dissemination to the field (usually a document, i.e. Important Health Notice or operational directives) an email & fax message is sent to recipients informing them of the web-link to the document if the document is large. If the document is small, it is attached to the email/fax message.

1. Recipients are selected (by program area – PHD &/or EMU) from a large database of province-wide healthcare provider and stakeholder contacts.
2. The Mailer system then works through the Ministry server to send the message to appropriate recipients over a period of up to 8 hours, depending on the size of the attachments and the number of recipients.
3. The faxing begins simultaneously with the emailing, and is usually complete within 2 hours.

### 7.5 The "Virtual Team"

As an emergency can quickly develop in both size and severity, the need for additional human resources will increase substantially and become imperative in order to manage the increasing complexities associated with the emergency response (i.e. increased volume of calls, data and information exchange). The MEOC, in particular, may require more people to manage this workload.

To this end, the Emergency Management Unit has created a "Virtual Team" of volunteer MOHLTC staff who can be called up to provide support to the MEOC in the event of an emergency. These individuals (currently totaling over 50 people), will operate key functions within the IMS structure of the Ministry Emergency Operations Centre based on their area of expertise. See s. 8.6 for protocols and timelines for activation in an emergency.

An annual orientation will be conducted for the Virtual Team to keep them updated as to current events, policies and procedures within the MEOC. In addition, Virtual Team members may be called upon to staff the MEOC in order to participate in some of the emergency preparedness exercises conducted by EMU throughout the year that are designed to test the MERP (see s. 3.7).

### 7.6 Financial Resources – Emergency Financial Protocol

The effective management of an emergency situation requires the ministry to make quick and controlled decisions to direct emergency response activities appropriately and in a timely manner and to secure the resources that are necessary to carry out those activities.

Emergency response activities will invariably carry financial implications. Thus, there will be critical periods within an emergency where the ministry may be required to finance response activities (such as the purchase of emergency medical supplies) in an expedited manner in order to protect the health and safety of Ontarians and that are not within the ministry's expenditure plan. However, the ministry must also ensure that due diligence is applied to such purchases to ensure that the government tracks and remains accountable for the allocation of scarce financial resources from taxpayers.

Accordingly, the Emergency Management Unit (EMU) has developed a streamlined process for tracking and securing funding for purchases made during an emergency. In the event of an emergency, this protocol is intended to supersede the existing approval system within the ministry as well as rescind any retroactive approval measures that would be conducted at the conclusion of the emergency.

This protocol calls for the formation of an Emergency Financial Stewardship Committee (EFSC) to oversee and expedite major financial purchases required by the MEOC and to alleviate the administrative burden of these duties from the MEOC. This allows it to focus its efforts on the operational issues associated with the emergency. The committee will be activated once an emergency has been confirmed and action has been directed by the EEMC.

Divisions that are required to make emergency purchases during the emergency will be required to utilize the pre-arranged emergency budget codes established by Fiscal Strategies Branch as directed by an automatic letter sent from the CAO to the divisional ADMs (see below).

#### *7.6.1 Automatic Letters*

Should an emergency situation be confirmed and action directed following the meeting of the EEMC, two documents will be generated automatically as part of the protocol to streamline financial purchases in an emergency. The first is a letter from the Deputy Minister of Health and Long-Term Care to the Director of the Emergency Management Unit providing the Director with necessary instructions and authority to direct ministry resources to respond to the emergency. The second letter comes from the Chief Administrative Officer and instructs the divisional Assistant Deputy Ministers to begin making use of the pre-established emergency project codes to track finances during the course of the emergency. The documents can be found within the protocol in Appendix K.

Section 9.8.1 will describe the functioning of this protocol during an emergency.

### 7.7 Standards, Guidelines and Directives

The ministry currently has a number of standards and guidelines in place to either mitigate the impact of an emergency or to ensure a quick and effective response to an emergency. They are as follows:

Standards and Guidelines:

An important set of standards in dealing with health emergencies that involve infectious diseases are the Public Health Mandatory Programs and Services Guidelines. Under the provisions of the Health Protection and Promotion Act (see s. 3.2.1) these standards set out the minimum requirements for the programs and services that local boards of health must superintend, provide or ensure the provision of in specific areas, including infectious diseases. These requirements address the general requirements for the reporting of all reportable and communicable diseases, as well as the emergency Public Health response structures that should be in place to deal with outbreaks.

There are other sets of standards in place dealing with specific illnesses or types of illness. Starting in January 2004, the ministry began developing provincial standards, based on federal recommendations, for infection control for Febrile Respiratory Illness (FRI). Development of the policies, protocols and implementation plans required to achieve these standards in healthcare settings is the role of service providers. Current standards in place are:

- Preventing Respiratory Illnesses, Protecting Patients and Staff: Infection Control and Surveillance Standards and Guidelines for FRI in Non-Outbreak Conditions in Acute-Care Hospitals
- Preventing Respiratory Illnesses, Protecting Residents and Staff in Non-Acute Care Institutions: Infection Control and Surveillance Standards for FRI in Non-Outbreak Conditions
- Preventing Respiratory Illnesses in Community Settings: Guidelines for Infection Control and Surveillance for FRI in Community Settings in Non-Outbreak Conditions
- Standard for all Ontario Health Care Facilities/Settings for High-Risk Respiratory Procedures under Non-Outbreak Conditions

- A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes

These standards are intended to be integrated with infection control guidelines and standards already in place for other illnesses, such as the Influenza Prevention and Surveillance Protocol for Ontario Long-Term Care Facilities or existing guidelines regarding the transmission, detection and management of tuberculosis.

Directives:

Directives provide actions, protocols and expectations specific to a developing emergency. They result from the exigencies of the situation, the best technical advice, field inquiries and emergency-related strategies. The directives are circulated to healthcare providers and/or other health stakeholders via the Communications Mailer (see s. 7.4.3) and are posted on the ministry's website (see s. 7.4.2). See s. 9.5.1 for the protocol used to issue directives to the field.

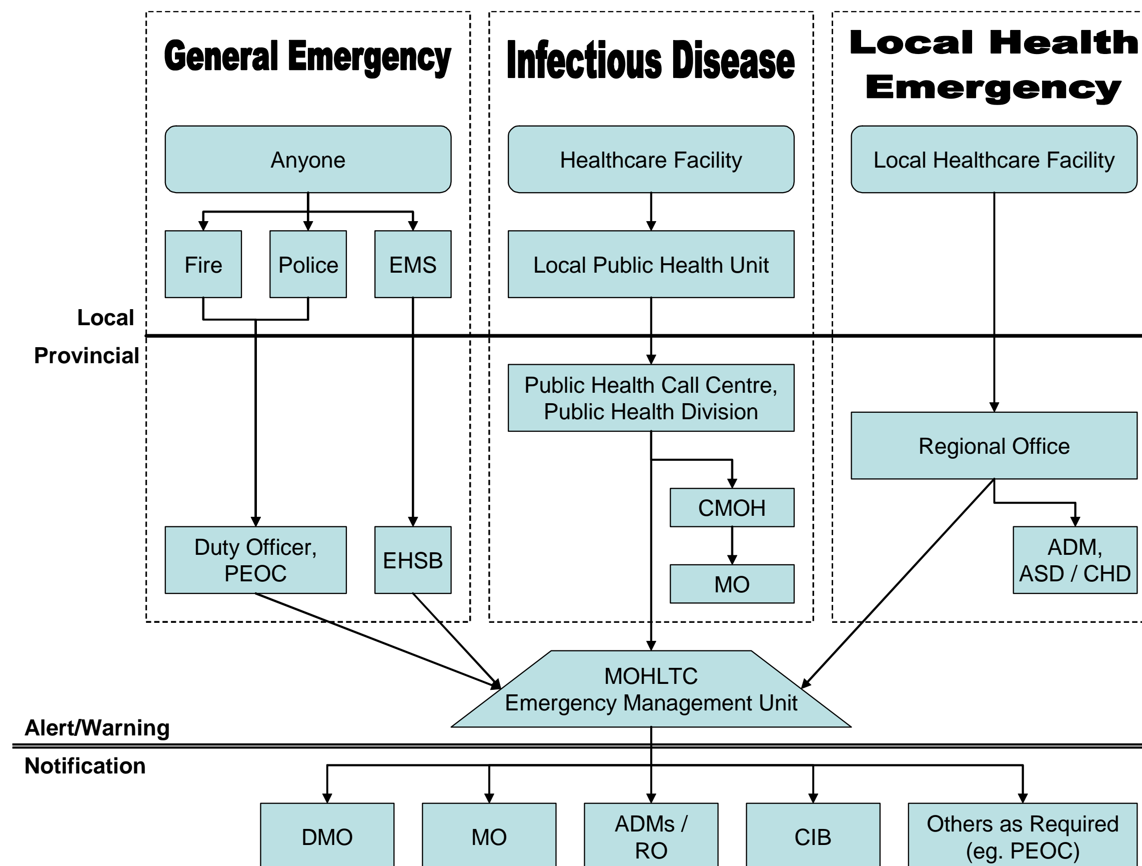
Other Protocols:

- A one-page Febrile Respiratory Illness Screener has been distributed to health-care providers across the province to assist in the assessment of patients/clients presenting with FRI (including inquiry regarding travel history to geographic areas of concern for both SARS re-emergence and avian influenza).
- Rapid discharge protocols have been established to facilitate patient discharge from acute-care hospitals to long-term care facilities, or to patients' homes, in the event of a pandemic.

# 8.0 EMERGENCY RESPONSE PROCEDURE: WARNING/IMPACT PHASES

## 8.1 Alert/Warning System

The following diagram shows the paths of communication between organizations through which the EMU will be informed of the presence of either a potential or actual emergency:




### *8.1.1 General Emergencies*

Upon being notified of a particular incident within the province, Emergency Management Ontario will act based on the nature of the incident and the response capacity at the local level. For example, the Duty Officer at the PEOC may opt for a partial activation of the PEOC simply to monitor the developing situation. However, if the incident escalates into a larger-scale emergency, the PEOC may proceed to full activation in order to begin coordinating resources to manage the emergency. Should the situation potentially require a response from the MOHLTC (consistent with its OIC responsibilities), the Duty Officer at the PEOC will inform the ministry through the Emergency Management Unit.

### *8.1.2 Health-Related Emergencies*

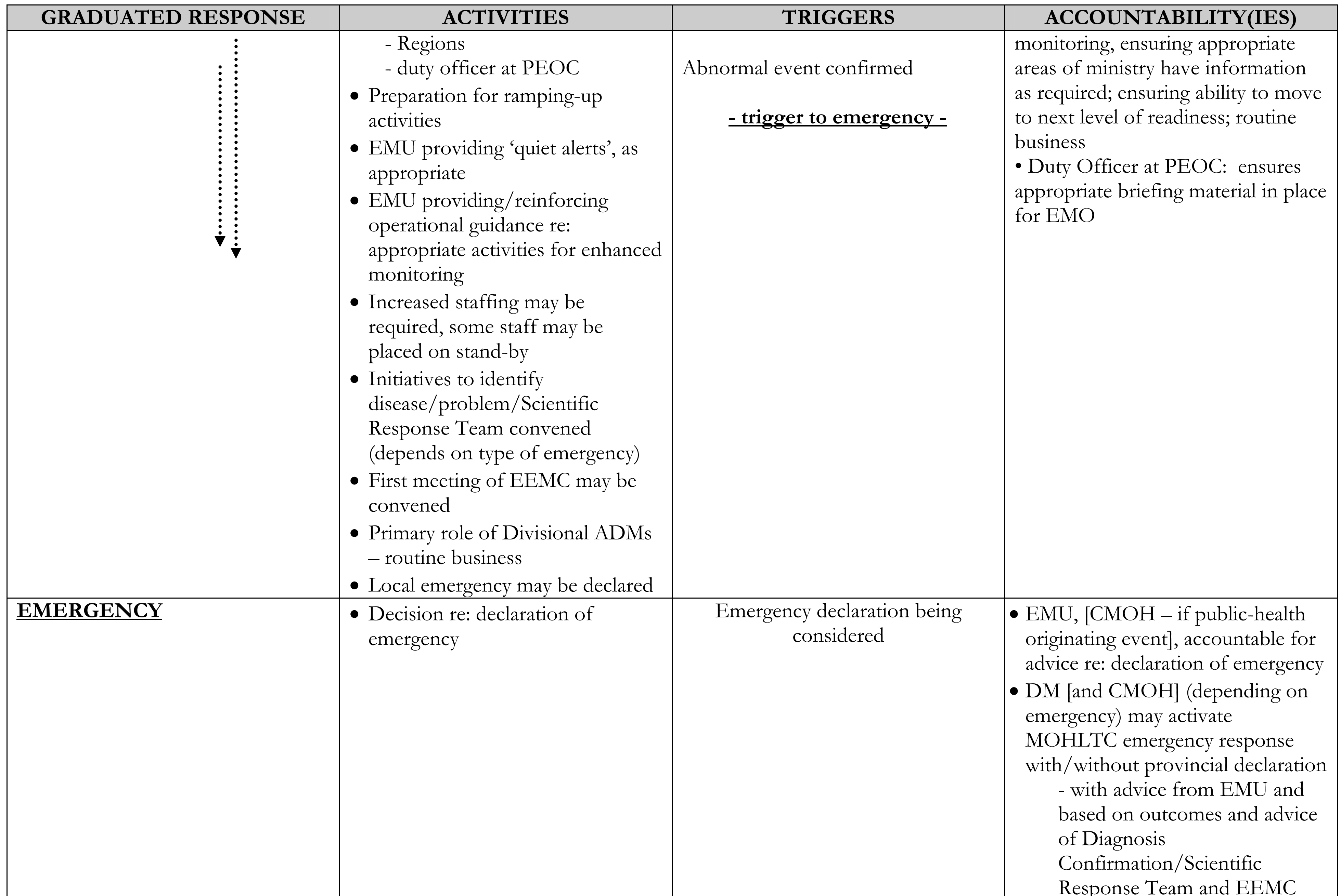
MOHLTC may receive information on a health-related emergency (including an outbreak of infectious disease) from its own healthcare providers prior to EMO or in parallel with EMO. In such a situation, the ministry would inform EMO of the emergency as part of its initial notification procedure. In such a situation, the Director of EMU may opt to activate the MEOC prior to the PEOC. The ministry may activate its MEOC independent of action taken at the PEOC by Emergency Management Ontario.

Upon receiving information identifying a health-related emergency in the province, the Emergency Management Unit may issue either a *quiet alert* to key ministry staff or it may choose to activate its full *fan-out* procedure depending on the nature of the emergency. Similarly, activation of the MEOC would likewise be partial or full depending on the situation. The type of action taken by EMU will be dependent on the necessary level of response as prescribed in the Graduated Response Protocol. The section below describes this protocol in detail.

## 8.2 Graduated Response Levels

The escalation of the ministry's response from routine to emergency activation will depend on "triggers" or the occurrence of pre-identified events for which the ministry will initiate further action apart from its regular business. Each level of response prescribes different activities that the ministry will carry out once the trigger has occurred. The associated descriptions, triggers and accountabilities for each graduated response level are as follows:

| GRADUATED RESPONSE | ACTIVITIES | TRIGGERS | ACCOUNTABILITY(IES) |
|---|---|---|---|
| **ROUTINE** | • Normal daily activities<br>• Ongoing monitoring of conditions<br>• Routine PH surveillance and notification activities<br>• Routine flow of information from various local levels to MOHLTC<br>• Routine intra-ministerial flow of information<br>• Routine roles and activities of Ministry staff<br>• Routine staffing | Routine reportable event(s) ………<br><br>**Unusual/Abnormal event/incident notification:** potential health emergency or abnormal event (chemical spill, bioterrorism, CBRN, suspect SARS, early pandemic phase or other incident with health impacts) | **Divisions: Routine business and program delivery**<br><br>• PHD and PHL: routine business, public health monitoring and surveillance, laboratory testing and surveillance<br>• ASD/CHD: routine business and program delivery<br>• EMU: routine business<br>• CIB: routine business<br>• Duty officer at PEOC monitoring and advising on potential/actual situations |
| **ENHANCED** | • Actual or potential abnormal incident/emergency exists or is developing<br>• Increased communication to and from local level to usual corporate contacts<br>• Loop-back (depending on nature of abnormal event) to:<br>- local public health lab<br>- local public health unit<br>- local communicators<br>- local h/c providers | Abnormal incident detection and/or confirmation | **Divisions: routine business and targeted response as required by incident and as advised by EMU**<br><br>• PHD and PHL: routine business; ongoing surveillance; heightened activity/engagement as appropriate to the kind of emergency<br>• ASD/CHD: routine business<br>• CIB: monitoring media coverage of potential emergency; routine business<br>• EMU: coordination of |



| GRADUATED RESPONSE | ACTIVITIES | TRIGGERS | ACCOUNTABILITY(IES) |
|---|---|---|---|
| | - Regions<br>- duty officer at PEOC<br>• Preparation for ramping-up activities<br>• EMU providing 'quiet alerts', as appropriate<br>• EMU providing/reinforcing operational guidance re: appropriate activities for enhanced monitoring<br>• Increased staffing may be required, some staff may be placed on stand-by<br>• Initiatives to identify disease/problem/Scientific Response Team convened (depends on type of emergency)<br>• First meeting of EEMC may be convened<br>• Primary role of Divisional ADMs – routine business<br>• Local emergency may be declared | Abnormal event confirmed<br><br>**- trigger to emergency -** | monitoring, ensuring appropriate areas of ministry have information as required; ensuring ability to move to next level of readiness; routine business<br>• Duty Officer at PEOC: ensures appropriate briefing material in place for EMO |
| **EMERGENCY** | • Decision re: declaration of emergency | Emergency declaration being considered | • EMU, [CMOH – if public-health originating event], accountable for advice re: declaration of emergency<br>• DM [and CMOH] (depending on emergency) may activate MOHLTC emergency response with/without provincial declaration<br>- with advice from EMU and based on outcomes and advice of Diagnosis Confirmation/Scientific Response Team and EEMC |

| GRADUATED RESPONSE | ACTIVITIES | TRIGGERS | ACCOUNTABILITY(IES) |
|---|---|---|---|
| ↓ | • EMU activates fan-out<br>• EMU provides operational guidance to Divisions re: appropriate activities during emergency<br>• EMU is operational and appropriately staffed/fully staffed<br>• Business continuity plan/activities activated | **Emergency declared** | • Premier accountable for declaring provincial emergency<br>• "health" emergency can be declared at local level and/or by Minister at MOHLTC/system level<br>• ADMs accountable for ensuring business continuity<br>• EMU accountable for health emergency management, receipt of EMO information<br>• PHD accountable for any technical public health information, business continuity; heightened response [if public-health originating event] |
| **RECOVERY** | • De-escalate from emergency<br>• Return to routine business activities<br>• Evaluate response | Planned resumption of routine activities<br>Take appropriate recovery measures to compensate/permit business as usual | • Premier declares end of provincial emergency<br>• DM determines rate of de-escalation from ministry emergency response based on advice from [CMOH], EMU, ADMs<br>• Minister declares end of MOHLTC/health emergency<br>• EMU leads evaluation of emergency response |

The Enhanced level of the graduated response protocol is the most complex of the four phases due to the interplay of various organizations involved in decision-making, communications, investigation of the emergency itself, etc. For this reason, an additional table of roles and responsibilities with respect to the Enhanced has been created for each area of the ministry to better understand how they will be involved in a developing emergency. This table can be found in Appendix H.

## 8.3 Assessing the Emergency Situation

At the outset of an emergency, the ministry will act quickly to assess the situation based on the most current evidence and provide the MOHLTC with the best available scientific and clinical advice on next steps regarding effective management of the health emergency. There are two avenues through which this may be accomplished:

### *8.3.1 Clinical Case Conference*

A "Clinical Case Conference" will be carried out if the emergency is a public health (e.g. a communicable disease) related incident. This conference will be led by Public Health Division.

### *8.3.2 Scientific Response Team (SRT) Meeting*

In other types of health emergencies (for example, a nuclear reactor leak), a meeting of the appropriate Scientific Response Team would be called to provide the MOHLTC with the relevant scientific and technical advice.

## 8.4 Initial Meeting of the EEMC

SEE S. 5.1 FOR INFORMATION REGARDING THE EEMC

The following actions/decisions will be accomplished when the Deputy Minister calls the first meeting of the EEMC to deal with the situation:

1. Update members on the situation and status of the emergency
2. Confirm the level of activation and actions at the MEOC and the PEOC
3. Identify who needs to be engaged in discussions and invite to subsequent meetings
4. Identify follow-up actions to be taken at the local, provincial and national levels
5. Obtain approval of expenditure letter (consistent with financial protocol - see s. 7.6)
6. Establish communication messaging
7. Establish response cycle (i.e. set times for the next several meetings)

### *8.4.1 Automatic Letters*

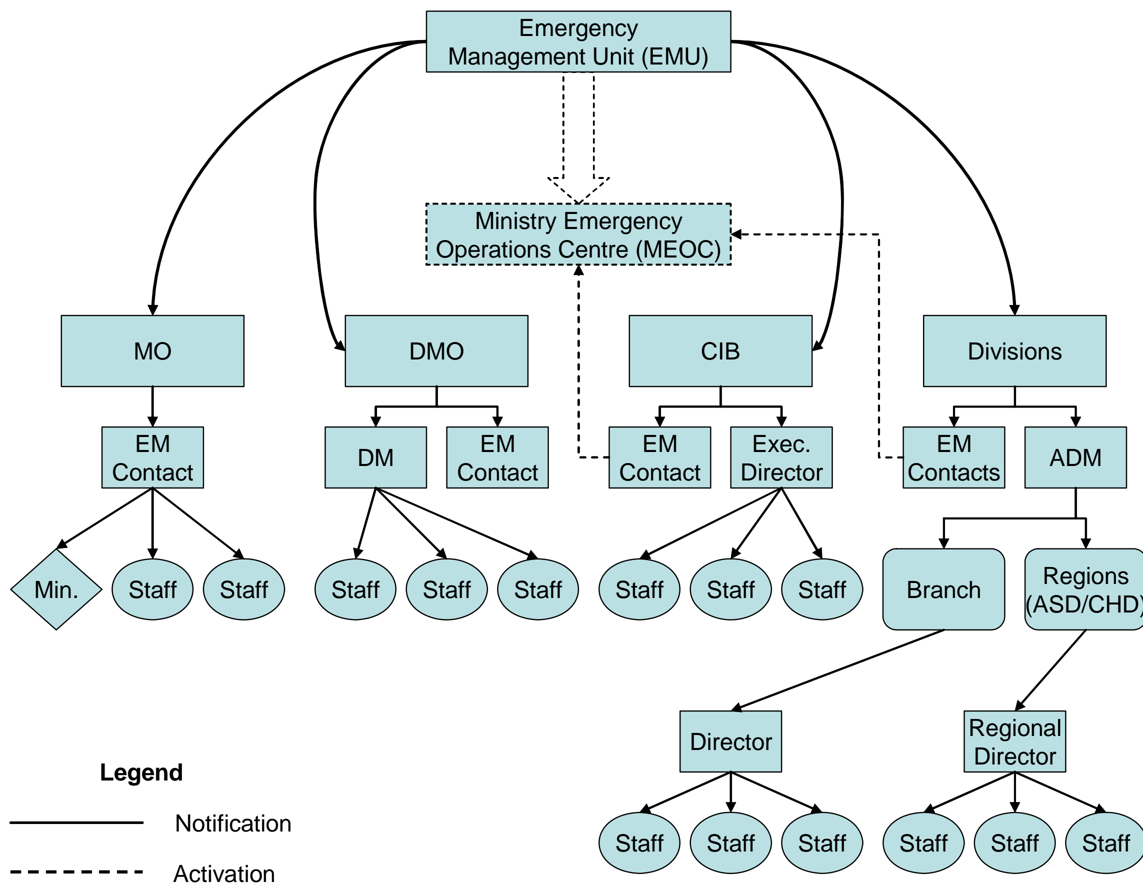
The following letters will be automatically generated following the initial meeting of the EEMC as described in the ministry's Emergency Financial Protocol (see s. 7.6):

| | From | To | Subject | Who Creates? |
|---|---|---|---|---|
| I. | Deputy Min. | Director, EMU | Authorization to direct resources | EMU |
| II. | CAO | Divisional ADMs | Emergency Budget Codes | FSB |

## 8.5 Emergency Notification/Fan-out

SEE S. 5.5.2 FOR MORE INFORMATION REGARDING THIS PROCEDURE.

The process for conducting the ministry's fan-out/notification to divisional emergency management contacts and ministry senior staff is described in the following visual:




### *8.5.1 Activation*

- The fan-out is ordered by the Director of the Emergency Management Unit once the decision is made to activate the MEOC.

#### *8.5.2 Contact Lists and Phone Scripts*

- Lists containing the names and contact information for both ministry divisional contacts and senior staff can be found in Appendix I.
- The scripts to relay the emergency message to each divisional contact and senior manager can be found in Appendix J.

#### *8.5.3 Conducting the Fan-out*

EMU staff responsible for initiating the ministry's fan-out procedure will:

1. Initiate contact with each staff member on the list by phone.
2. Convey the Emergency Notification Message to the contact DIRECTLY.
3. Have the contact copy the message down and read it back
4. Follow-up with an email
5. If unable to make direct contact with an individual over telephone, attempt to contact the individual using other available channels (i.e. email, blackberry, cell phones).
6. Otherwise, leave a message with a live person (if possible) instructing the individual to respond to the notification by calling EMU and confirming that they have received the alert message.

#### *8.5.4 Receiving the Fan-out*

Ministry senior and divisional staff that are being contacted to receive an emergency notification message from the EMU will:

1. Make themselves available to receive the message personally.
2. If unable to do so, contact the EMU within 10 minutes of receiving the notification from a backup source (email, voicemail, admin assistant).
3. Once contact has been established with EMU and the message is being relayed, copy down the message and read it back to the caller
4. Follow the directions given by the caller (i.e. senior staff to initiate their own fan-out, divisional contacts to report to the MEOC if necessary).

### 8.6 Mobilization of the MEOC

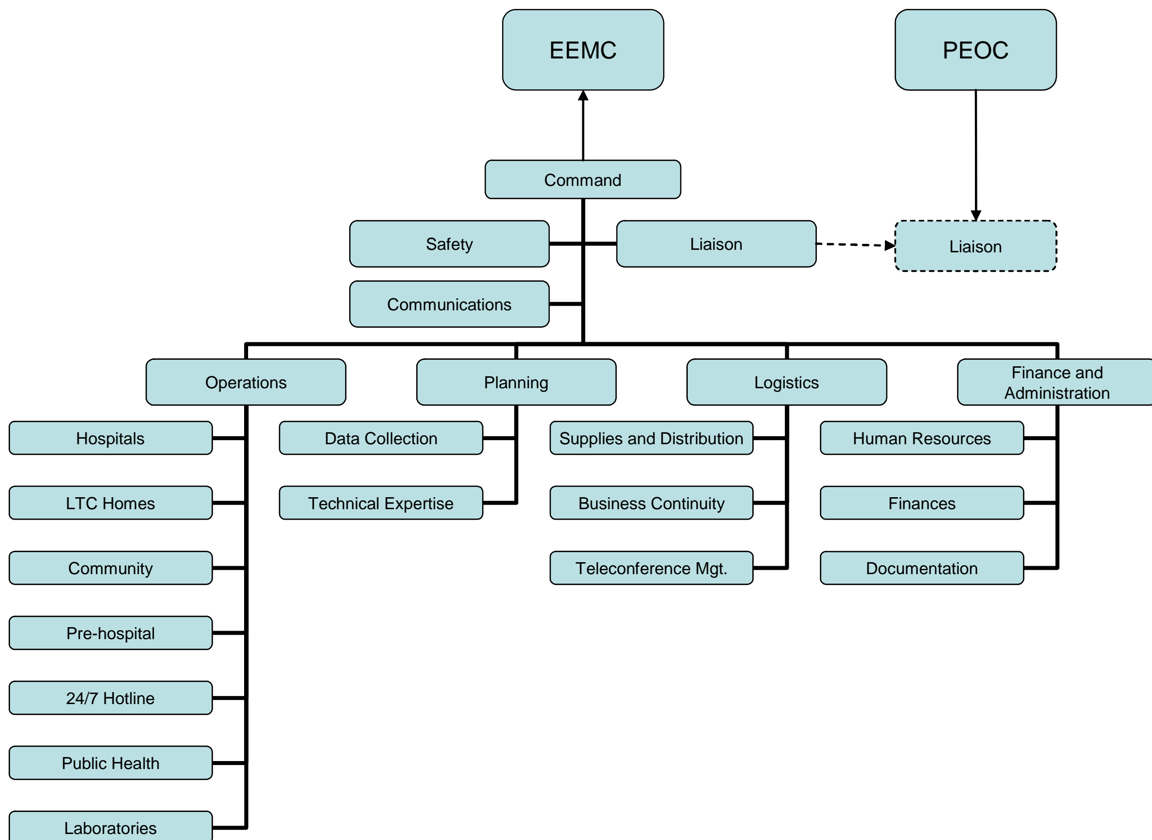
SEE S. 5.3 FOR MORE INFORMATION ON THE MEOC.

Once the emergency has been affirmed by the EEMC and the decision is made to activate the MEOC, the EMU will be responsible for completing the following:

1. Convert the office space from normal operations to 'emergency mode' (i.e. creating additional space, obtaining and setting up equipment to accommodate additional staff).
2. Initiate the ministry Incident Management System by identifying leads for each of the standardized IMS functions: Command (including Safety, Liaison and Communications), Operations, Planning, Logistics and Finance & Administration.

3. MEOC Liaison will report to the PEOC to monitor the "Health desk" and to coordinate the ministry's response with EMO.
4. Assemble the Virtual Team (notify personnel as required to report to the MEOC in accordance with the arrangements previously agreed to with their home positions) and assign them roles & responsibilities consistent with the IMS structure.

The IMS model for the MEOC is shown below:




# 9.0 EMERGENCY RESPONSE ACTIVITIES: RESPONSE PHASE

## 9.1 <u>Command</u>

The command and control function for the MEOC rests with the Director of the Emergency Management Unit. The Command function has the authority to direct the ministry's emergency response efforts (including the necessary resources) to manage the emergency.

### *9.1.1 Operating Cycle*

The Commander will attempt to establish an operating cycle within the MEOC, which will determine how often the staff will come together to provide an update on:

1. the status of the emergency
2. the status of actions/activities at the PEOC (if necessary)
3. the status of actions/activities within the MEOC
4. disseminate new decisions to the MEOC

The operating cycle will be established based on the nature and scope of the emergency.

The Command role is supported by three elements (see sections 9.2, 9.3 and 9.4)

### 9.2 Safety

For the duration of the emergency, a member of the MEOC will be designated the role of Safety Officer. This individual will be responsible for monitoring and ensuring the health and safety of personnel involved in the response effort at the MEOC. In addition, the Safety Officer will take appropriate steps to ensure the ongoing viability of the MEOC (i.e. ensuring appropriate containment measures are in place and functioning).

### 9.3 Liaison

The Liaison group will act as a link between Command and other organizations involved in the management of the emergency.

Specifically, a Liaison (with an additional staff member for support where needed) will be deployed to the PEOC to occupy the MOHLTC desk as well as to other organizations as required to coordinate the response. Further direction will come from the MEOC Commander depending on decisions made as to what specific activities are required to address the emergency situation.

### 9.4 Communications/Emergency Information

The Communications group will be responsible for the development and timely dissemination of approved emergency information messages to health stakeholders, the public, media, etc. Further direction will come from the MEOC Commander depending on decisions made as to what specific activities are required to address the emergency situation.

#### *9.4.1 Crisis Emergency and Risk Communications Response Guide*

This plan is developed and maintained by the ministry's Communications and Information Branch in support of the MERP. In any major emergency or "crisis", a CIB Crisis Communications Team (CCT), led by the Crisis Communications Director, is brought together to manage all aspects of communications to all ministry audiences (e.g., public, media, healthcare providers, health stakeholders, internal). The team is available throughout the crisis period and remains on call until the crisis communications process has been de-activated by the Crisis Communications Director. The roles and responsibilities of this team are described as follows:

- CIB designates delegates to both the MEOC and Joint Information Centre (if operating) to facilitate communication [*staff assigned to the MAG/MEOC operate under the Communications function of the IMS*]
- In the case of a provincial emergency, the CIB facilitates information exchange with and communications support to the MEOC/PEOC/JIC via the CIB delegate
- Assess the degree of severity and scope of all situations reported from the MEOC from a communications point of view
- Assess the degree of severity and scope of all non-emergency issues and impact on the ministry from a communications point of view
- Establish initial and ongoing strategic communications plan to manage emergency/crisis
- Informs Minister's Office of communications activities and developments during crises that do not require an operational emergency response
- Identify and communicate with all internal and external MOHLTC key audiences in a timely manner
- Provide immediate feedback, assistance and advice to MEOC/PEOC/JIC 24 hours/day
- Provide ongoing crisis site consultation on all communications matters

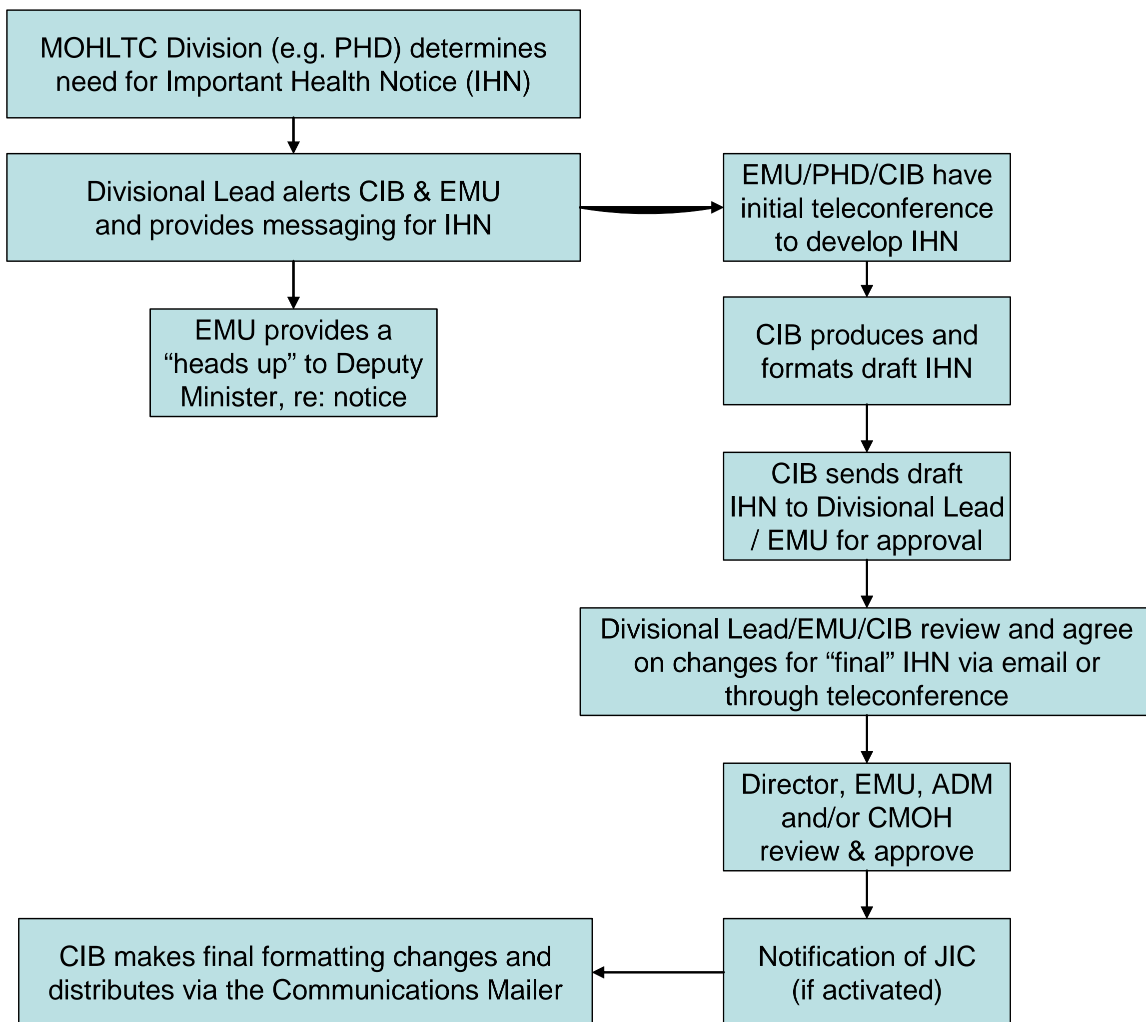
This group may operate differently depending on whether the MOHLTC is the primary ministry involved in the emergency response or simply acting as a secondary ministry. Further details can be found within the plan itself, which can be obtained from CIB.

#### *9.4.2 Joint Information Centre (JIC)*

In emergency situations where the PEOC is activated, all ministry communications messaging to the public or any other organization will be provided to the Joint Information Centre for their information. The JIC will not have control over technical information provided to the healthcare field, but will have overall control of public messaging.

#### *9.4.3 Important Health Notices (IHNs)*

The following process is used to develop an Important Health Notice to providers and/or stakeholders:




### *9.4.4 Websites*

SEE S. 7.4.2 FOR MORE INFORMATION ON THE MEOC.

Public information on websites (including the indicators denoting the ministry's graduated response level) will be reviewed and updated daily on the ministry's websites. Once this information is approved by MEOC Command, the MEOC Communications team will link with Communications and Information Branch to relay the information for immediate posting on the appropriate ministry websites.

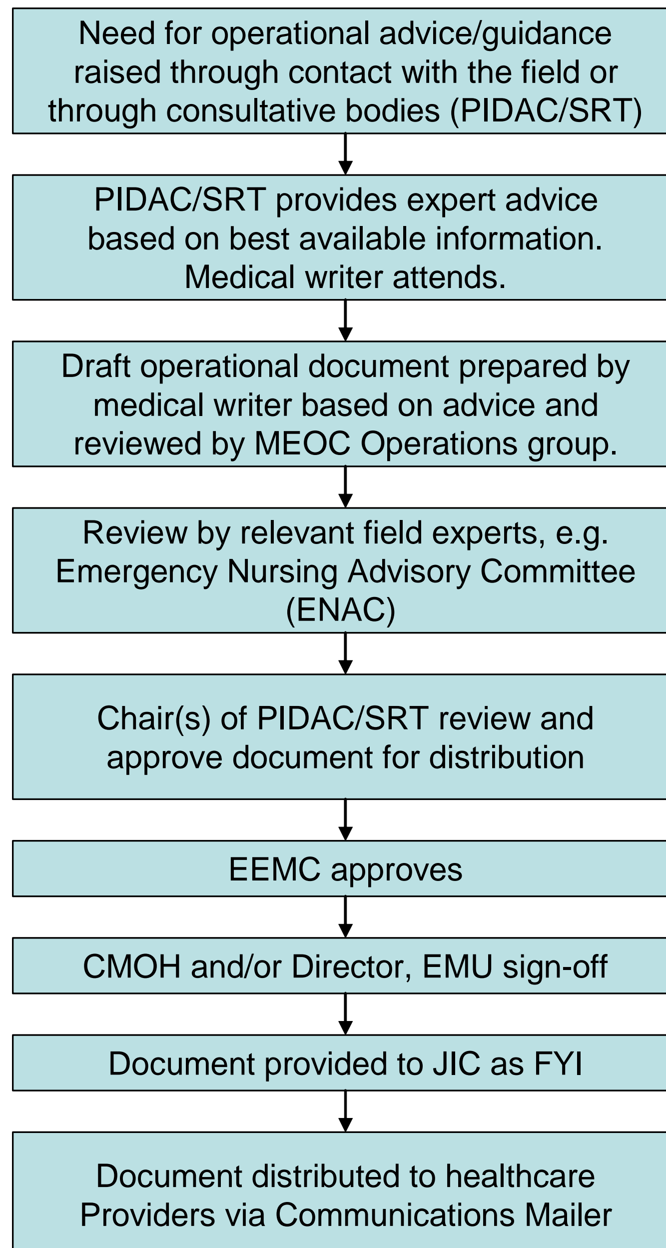
## 9.5 Operations

'Ops' staff will direct resources as required to fulfill the ministry's emergency management requirements. As such, this group would be required to link with local healthcare providers, public health labs, etc. in order to carry out the response decisions disseminated from Command. This group also staffs the 24/7 EMU Healthcare Provider Hotline (**1-866-212-**

**2272**), responding to inquiries about the emergency from the health sector. Further direction will come from the MEOC Commander depending on decisions made as to what specific activities are required to address the emergency situation.

*9.5.1 Issuing Directives*

Depending on the nature of the emergency, operational guidance and/or direction may be issued by the MOHLTC in consultation with PIDAC or the SRT. The following is the ministry protocol for developing and issuing such operational guidance/direction to the healthcare system:



#### *9.5.2 Management/Deployment of Healthcare Resources*

The MEOC Operations group will manage healthcare resources (i.e. Hospitals, Long-Term Care Homes, Community Care Access Centres, etc.) at a provincial level in collaboration with the Regional Offices and local healthcare providers.

#### *9.5.3 Deploying Rapid Response Teams (RRTs)*

SEE S. 7.3.3 FOR MORE INFORMATION REGARDING RRTs.

1. The initial request for assistance will come from the local medical officer of health, who will contact the RRT manager at Public Health Division. After normal business hours, this request would come through the Public Health Call Centre (PHCC).
2. A teleconference will be held with the public health unit to determine what resources are overwhelmed at the local level, the specific level of support that is required and what resources are available at the provincial level to provide assistance.
3. RRT(s) is/are dispatched to render assistance to the local public health unit.
4. EMU is notified of RRT deployment.

#### *9.5.4 Deploying EMAT*

SEE S. 7.3.2 FOR MORE INFORMATION REGARDING EMAT.

The criteria and process for deploying the Emergency Medical Assistance Team are as follows:

1. Local hospital and regional acute care resources overwhelmed by emergency, defined by:
   - Labour availability inadequate to meet requirements.
   - >10% over normal sick calls, which compromises the ability to provide acute care services to emergency related patients.

   AND
   - Chief Nursing Officer identifies staffing levels as compromising patient/staff safety.

   AND
   - Staff unavailable to meet needs of emergency-related patients.

   OR
   - Physical resources overwhelmed
   - >100% of emergency capacity (to be defined provincially in consultation with hospitals Spring, 2004) in use for >24 hours.

   AND
   - 20% of inpatient beds dedicated to emergency.

   AND
   - Specialty beds, as defined by the emergency are at full capacity for >18 hours.

   OR
   - Other mitigating factors:
     - Single hospital community
     - Length of emergency and impact on local health services and resources

- Community infrastructure unable to meet demands (i.e. Community Care Access Centres, public health unit)

2. Local hospital and regional acute care resources physically incapacitated by emergency and unable to care for current and/or anticipated in-hospital acute care patients:
   - Volume of patients cannot be managed
   - Patients have been discharged as appropriate

<u>Process:</u>

- Local hospital contacts the ministry's Emergency Management Unit (EMU) 24 hour hotline: **1-866-212-2272**.
- Executive Emergency Management Committee (EEMC) approves EMAT deployment in consultation with EMAT medical director/program manager, CEO of Ontario Air Ambulance Base Hospital Program, local hospital and public health unit included in discussion. Meeting to occur within three hours of initial call.

*9.5.5 Establishing Screening Clinics*

Screening clinics may be important tools in communities affected by a health emergency to allow those who are unsure of their symptoms to be assessed in an environment which is practicing heightened infection/contamination control precautions.

Siting of a screening clinic will be driven by:

- location(s) of the emergency;
- ability to provide a safe environment; and
- availability of appropriate staff
- siting of the regional hospital.

The MEOC will recommend siting of screening clinics to the EEMC for approval in consultation with Regional Offices and local healthcare providers.

*9.5.6 Multiple Fatalities/Managing the Deceased*

One of the responsibilities of the MOHLTC in an emergency, as stated in the Provincial Emergency Response Plan, is to maintain a list of hospitalized casualties for conditions specifically related to the incident itself. Depending on the type of emergency, this task must be managed by Operations staff in collaboration with the Office of the Chief Coroner (under the Ministry of Community Safety and Correctional Services), which administers the Provincial Multiple Fatality Plan.

The Provincial Multiple Fatality Plan will be implemented if the magnitude of the multiple fatality incident is such that extraordinary provincial resources are required for the effective investigation, reporting, recovery, identification, examination and disposition of human remains to minimize evidence loss and contamination. This plan also includes specific jurisdiction for such activities within First Nation communities, both organized and unorganized.

Pursuant to S. 10 of the Coroner's Act, 1995, a coroner must investigate all unnatural deaths such as those where foul play, suicide, accident, negligence and malpractice are suspected. Certain natural deaths are also investigated such as those occurring suddenly and unexpectedly or from illness not under treatment by a qualified physician. A coroner may also be involved when questions concerning the death can only be answered after an investigation. It is therefore likely that all multiple fatality incidents occurring within the Province of Ontario will fall within the jurisdiction of the Office of the Chief Coroner.

When the Provincial Multiple Fatality Plan is activated (in full or in part), a Coroner's Control Group and necessary teams, may be established to oversee the investigation, reporting, recovery, identification, examination and disposition of human remains.

Additional information can be found within the plan itself, which can be obtained from the Office of the Chief Coroner, Ministry of Community Safety and Correctional Services.

## 9.6 Planning

Planning staff are responsible for the interpretation, dissemination and evaluation of the necessary emergency response plans that are relevant to the type of incident being faced. This group must think ahead of the situation in order to identify the types of activities that must take place in order to respond to the emergency and provide the appropriate advice to the MEOC Commander when necessary. This includes conducting the appropriate analysis of the following documents (with associated appendices as noted where appropriate):

- MOHLTC Emergency Response Plan (*this document*)
- Provincial Emergency Response Plan (PERP)
- Provincial Nuclear Emergency Response Plan (PNERP)
- Ontario Health Plan for an Influenza Pandemic (OHPIP) ....................................... Appendix N
- Ontario Smallpox Contingency Plan (OSCP) ............................................................ Appendix O
- Radiation Triage Plan (RTP)........................................................................................ Appendix P
- MOHLTC section of the Foreign Animal Disease Emergency Response Plan..... Appendix Q

The group is required to link between all elements of the IMS to ensure that the ministry's plans are being carried out appropriately. This group must also modify such plans, should changes become necessary. The Planning group also contains the technical expertise required to respond to the emergency (see below) and engages in data collection activities to ensure that all relevant emergency data is available for Command and Operations staff. Further direction will come from the MEOC Commander depending on decisions made as to what specific activities are required to address the emergency situation.

### *9.6.1 Scientific Response Team (SRT)*

SEE S. 5.4.1 FOR MORE INFORMATION REGARDING THE SRT.

The SRT will operate under the Planning function of the IMS to provide scientific and technical advice to the ministry throughout the emergency.

## 9.7 Logistics

This group's primary function is to mobilize the province's available resources for the response. Logistics coordinates and directs the necessary supplies, equipment, services or other resources that are required to resolve the emergency. This may include liaising with provincial and federal stockpile sources (see. s. 7.2.1), if necessary, in order to access stores of emergency supplies and dispatch them to the appropriate location(s). For this function, the Logistics group will include representatives from the Ontario Government Pharmacy and Medical Supplies Services (OGPMSS).

In addition to these tasks, this group may also be responsible for ensuring the continuity of ministry operations during the emergency, which will require the MEOC to lead Business Continuity measures where the emergency has a ministry-wide impact (see Appendix M for the Business Continuity Plan). Logistics is also responsible for managing the increased amount of teleconferencing traffic that becomes typical of emergency situations and is vital to the communication and sharing of information and ultimately to the success of the emergency response effort. Further direction will come from the MEOC Commander depending on decisions made as to what specific activities are required to address the emergency situation.

### *9.7.1 Accessing Provincial Stockpiles*

SEE S. 7.2.1 FOR MORE INFORMATION ON THIS STOCKPILE.

Hospitals are expected to maintain a contingency supply of personal protective equipment appropriate to the setting. Additional supplies during an emergency that are not readily available through the normal purchasing channels may be requested

The Commander of the MEOC will make the decision to release MOHLTC supplies from the provincial stockpile in consultation with affected hospitals, the Ontario Government Pharmacy and Medical Supplies Services (OGPMSS) and the appropriate area supply coordinator(s).

### *9.7.2 Distribution Protocols for Hospitals*

- If the MEOC is not activated, the distribution of emergency supplies to hospitals will be conducted by the EMU in consultation with the OGPMSS and the appropriate area supply coordinator(s).
- If the MEOC has been activated, the appropriate representatives of the OGPMSS will operate within the Logistics groups of the IMS. The Logistics group will therefore be able to coordinate with the area supply coordinator(s) directly to speed up the distribution of supplies to appropriate hospitals.

### *9.7.3 Accessing the National Emergency Stockpile System (NESS)*

SEE S. 7.2.1 FOR MORE INFORMATION ON THE NESS.

In the event of a local health emergency which overwhelms available municipal resources, the protocol for accessing the pre-positioned supplies is for the Municipality to contact the EMU and request the release of equipment or supplies. The EMU will attempt to access the appropriate resources in a timely fashion and simultaneously alert the NESS Manager at the Public Health Agency of Canada and the Duty Officer at the Provincial Emergency Operations Centre. The EMU can be contacted through a 24 hour hotline at 1-866-212-2272.

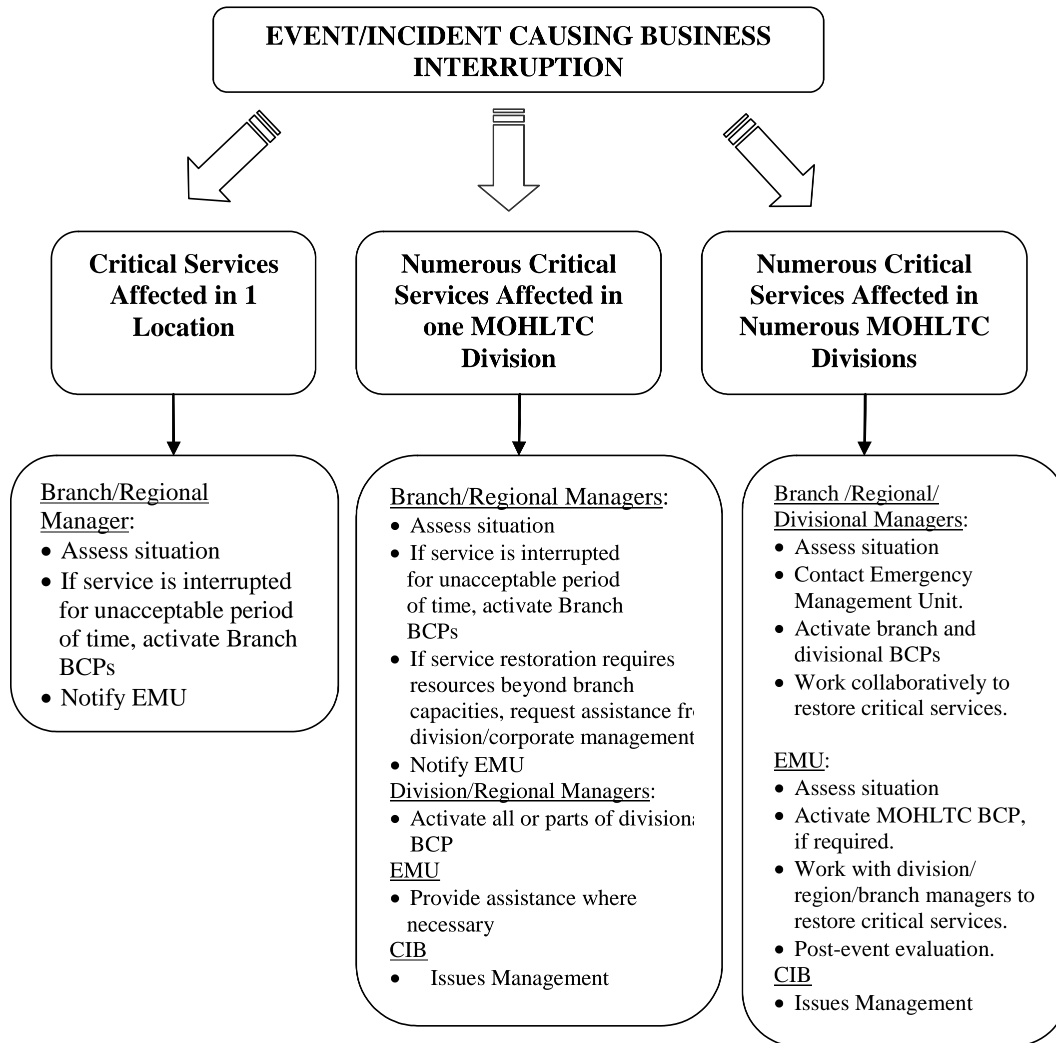
In a Provincial, Territorial, or National emergency, the protocol for requesting extra supplies from central warehouses in addition to those which are pre-positioned, requires that the EMU Director contacts the NESS Manager, Public Health Agency of Canada.

Authority for release of the NESS program's equipment and supplies remains with the Manager of NESS, Public Health Agency of Canada.

#### *9.7.4 Business Continuity*

While each branch and division has in place their own plans to ensure the continuity of critical ministry operations and services during an emergency, the Logistics group of the MEOC is responsible for overseeing these business continuity activities at the broader ministry level.

In the event of a business interruption as the result of an emergency, there is a protocol in place to activate respective Business Continuity Plans throughout the ministry. This protocol is shown below:




## 9.8 Finance and Administration

The F&A group will be required to perform administrative duties in support of the ministry's emergency response that are vital to the successful functioning of the MEOC, thus allowing it to execute decisions in a timely and efficient manner. This includes all necessary human resource and financial transactions, scheduling and technical support as well as the exhaustive documentation and record-keeping activities required to capture the comprehensive history of decisions, actions and other details that are needed to recount the ministry's response to the event. Further direction will come from the MEOC Commander depending on decisions made as to what specific activities are required to address the emergency situation.

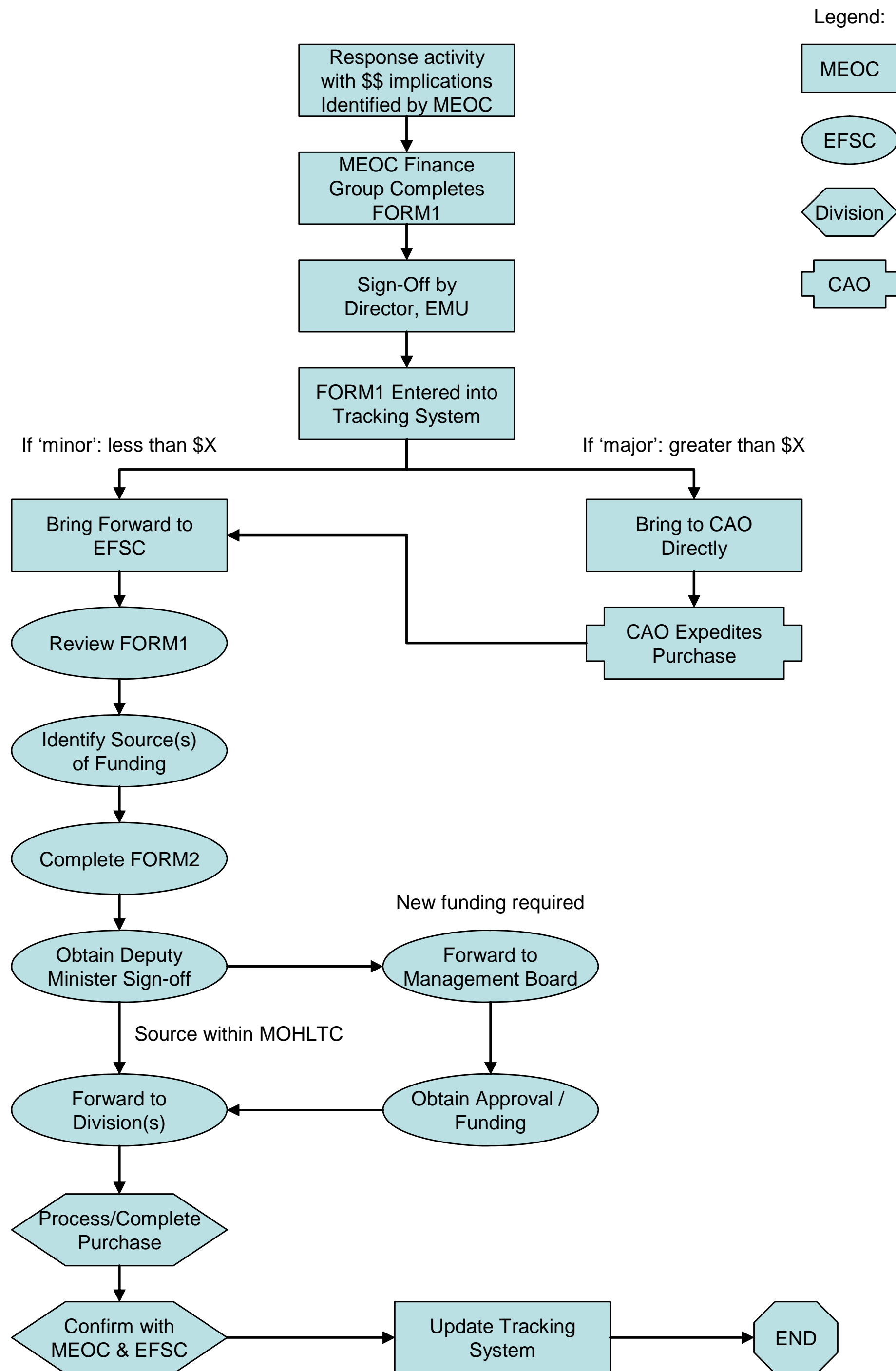
### *9.8.1 Securing Financial Resources – The Emergency Financial Stewardship Committee*

SEE S. 7.6 FOR MORE INFORMATION ON THIS PROTOCOL.

As the MEOC directs the purchase of resources to manage the emergency, the EFSC will recommend diversion of available money or contingency funding and manage existing

commitments whenever possible to finance the purchase. As a last resort, the committee will also make the necessary preparations to proceed to Management Board with an MB20 to obtain additional funding. The EFSC will also facilitate the necessary tracking of purchases in coordination with the Finance group of the MEOC (under the structure of the IMS).

The following chart shows the process by which the ministry will manage the need for financial resources to support emergency response and recovery initiatives.



# 10.0 LIST OF APPENDICES

A Amendments
B Distribution List
C Ministry Order In Council Responsibilities
D Ontario's Hazards
E HIRA - Hazard Information Sheet Template - Human Health, Disease and Epidemics
F HIRA - Hazard Information Sheets - Human Health, Disease and Epidemics
G HIRA - Hazard Information Sheets - Health Services During an Emergency
H Enhanced Level Roles & Responsibilities
I Notification/Fan-out List
J Notification/Fan-out Scripts
K Emergency Financial Protocol
L EMU Emergency Evacuation Plan
M MOHLTC Business Continuity Plan
N Ontario Health Plan for an Influenza Pandemic (OHPIP)
O Ontario Smallpox Response Plan (OSRP)
P Radiation Triage Plan (RTP)
Q Foreign Animal Disease Emergency Response Plan (MOHLTC section)