Ministry Emergency Response Plan (MERP)

Version 2, November 2007

Emergency Management Unit (EMU)
Ministry of Health and Long-Term Care

Ontario

Important Notice:

If you are responding to an emergency and require immediate information regarding the roles and responsibilities of ministry emergency response functions, please proceed to Section 8.0

Ministry of Health and Long-Term Care
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1.0 INTRODUCTION

1.1 About Emergencies

Ontario's Emergency Management and Civil Protection Act (EMCPA) defines an emergency as a "a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise". By its nature, an emergency often elicits an atypical response from authorities that goes 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 are unexpected and without warning.

Emergencies are essentially local in nature. They tend to develop at the community level, sometimes 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 and protect health and safety begins at the community level with local "first responders" (police, fire and emergency medical services).

There will also be emergencies, such as those involving a nuclear generating facility or a terrorist attack, for example, in which provincial and possibly federal intervention will be immediate.

At the provincial level, emergency response is coordinated by Emergency Management Ontario (EMO), an organization within the Ministry of Community Safety and Correctional Services. EMO maintains the Provincial Emergency Response Plan, which establishes the general emergency response framework for the Government of Ontario.

1.2 Why Does the Ministry Need an Emergency Response Plan?

The EMCPA requires every ministry to formulate an emergency plan in respect of the type of emergency they are assigned. This document is in compliance with that requirement. Key provincial ministries have been assigned lead responsibility for different types of emergencies according to their resources and content expertise. This is explained further in Section 2.1.

The Ministry of Health and Long-Term Care is assigned the following emergency responsibilities:

- Human health, disease and epidemics
- Health services during an emergency

However, regardless of the type, every emergency has the capacity to threaten the health of Ontarians, and through this, add pressure on the health care system to care for those who have been affected, potentially stretching the system beyond its limits.

Hazards of all types can also affect critical health infrastructure itself and compromise the continuity of health care services in the province. For example, a hazard such as a tornado could incapacitate health infrastructure and contribute to shortages of medical supplies, equipment and health human resources such that providers may be caring for those affected by the incident with fewer resources during a period of heightened demand.

Early in 2003, the Province of Ontario experienced first hand the impact of a highly

contagious respiratory illness (i.e., SARS), which not only affected people's health and lives and put intense pressure on the health care system, but had devastating economic and social impacts in the broader community. That health emergency, which was contained and affected a relatively small number of people (i.e., 375 cases), highlighted weaknesses in our readiness to deal with a health threat.

The outbreak of SARS in Ontario also reinforced that first responders are not alone in the management of emergencies at the local level. Health care providers such as hospitals, long-term care homes, family physicians, laboratories, community support services and many others are also considered to be at the front lines of an emergency.

The Ministry of Health and Long-Term Care (MOHLTC) must be prepared to provide leadership and support to the health response for any incident that has the potential to overwhelm the local health sector. The ministry may be called upon to play:

a. a primary role for the government in response to health emergencies; or
b. a supporting role where the nature of the emergency places it within another ministry's assigned area of responsibility (i.e. a flood or a blackout)

The Ministry Emergency Response Plan (MERP) describes how the ministry will either lead or contribute to the response to an emergency through system coordination and direction. The structure and resources set forth in the MERP provide the general framework for a rapid, coordinated response to any type of emergency situation.

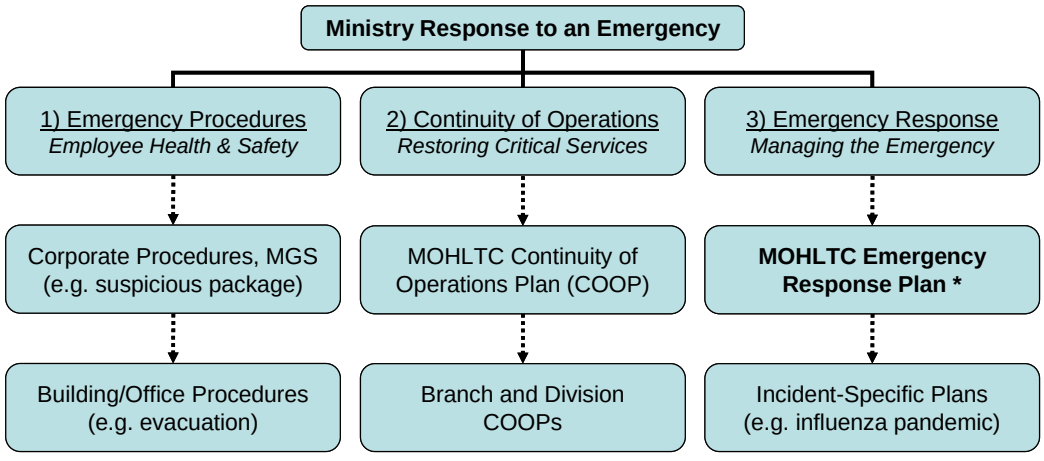
It is anticipated that the MERP will also support the emergency plans of other provincial ministries as well as planning that is underway within the various sectors of the health care system. The MERP contributes to the government's overall aim of promoting safe, secure and disaster-resilient communities in the province of Ontario.

1.3 How does the Ministry Respond to Emergencies?

The MERP functions as the general emergency response plan for the MOHLTC. While it may be activated for any type of emergency, this document focuses particularly on the response to health emergencies as per the ministry's assigned responsibilities in accordance with the EMCPA.

This plan addresses one of three distinct areas of response in which different parts of the ministry may be engaged during an emergency as depicted in Figure 1 below:

Figure 1



These three response components are discussed in further detail below:

i) Emergency Procedures

Emergencies of any type can affect a ministry facility and its staff. In such cases, the ministry's first responsibility is to protect the health and safety of its employees. This responsibility is addressed through office emergency procedures such as evacuation procedures for a fire or other protocols for responding to bomb-threats, suspicious packages, etc. *This responsibility is <u>not</u> addressed within the MERP.*

Example Scenario

Severe weather has impacted parts of Ontario. Heavy winds knock over power lines onto a building containing an OHIP Office. The building catches fire!

i) *Emergency Procedures:* Ministry staff evacuate the building
ii) *Continuity of Operations:* The ministry's Registration and Claims Branch works to restore the service to the public (e.g. establish a temporary facility)
iii) ***Emergency Response*:** The Ministry Emergency Operations Centre is activated to manage the impacts of the severe weather incident on overwhelmed communities and health care providers

Ministry staff are encouraged to familiarize themselves with the emergency procedures for their particular workplace setting so that they are aware and prepared to respond in the event their location is affected by an emergency. An emergency handbook for staff as well as an evacuation plan for MOHLTC staff working in the Queen's Park complex can be accessed from the Employee Toolbox on the ministry's intranet system: INFOweb.

ii) Continuity of Operations

If a ministry facility and staff are impacted by an emergency, this may also result in the interruption of one or more of the ministry's critical services (for example, due to a network disruption, extensive damage to a key facility, staff shortages). In such cases, over and above the responsibility for employee health and safety, the ministry must also take immediate steps to restore the affected service(s) to operational status in a timely and coordinated manner. *This responsibility is <u>not</u> addressed within the MERP.*

This obligation is addressed separately in the ministry's Continuity of Operations Plan (COOP), also known as a Business Continuity Plan, which is appended to the MERP (see Appendix H). Every branch and division of the ministry is responsible for developing and maintaining a COOP for the critical services under their direction.

iii) Emergency Response

The MERP addresses this third area of response, which is to manage the impacts caused the hazard itself, particularly on the health of Ontarians and on the health care system. This may involve a number of tasks: supporting health facilities that are overwhelmed, coordinating supplies, equipment or human resources, relaying information internally within the government and externally with other responders and other jurisdictions, providing scientific or technical advice regarding the hazard, issuing operational guidance to the field, and a variety of other measures.

Because the focus of this document is emergency response, the MERP does not address other aspects of emergency management such as the prevention and mitigation of emergencies or recovery from an emergency. These aspects will be addressed separately.

1.3.1 Responding to Specific Incidents

As the general emergency response plan for the ministry, the structures and resources that are presented in this document are applicable

to any hazard. However, the plan does not detail the ministry's response to a specific incident.

Every emergency response in which the ministry may be required to participate is different and requires the ministry to customize its general response to the particulars of the event. The ministry develops incident-specific plans and procedures that tailor the general response framework of the MERP to specific events that are of key concern. These separate plans and procedures provide more detailed roles, responsibilities and courses of action that would be applied in response to a particular incident. However, they are consistent with the general procedures for emergency response as presented in this document. These plans would be activated in conjunction with the MERP in response to the incident for which they were developed.

Selected incident-specific plans are available on the ministry's website: http://www.health.gov.on.ca/emergency .

For information regarding additional incident-specific plans and procedures, please contact the ministry's Emergency Management Unit.

1.3.2 Operating Protocols

The MERP itself outlines the overall emergency response structure of the ministry and the resources that are available to support health care providers and communities. However, the main body of this plan does not address specific operational details regarding implementation (e.g. how a particular activity is carried out, how a particular resource is deployed)

The MERP will be supported by a variety of protocols that are developed as needed in order to operationalize components of the plan. Protocol development will occur either centrally by the Emergency Management Unit or by ministry branches that may be required to participate in the response.

These protocols are consistent with the general response framework of the MERP. However, many of these protocols are not incident-specific.

1.3.3 Supporting the Local Response

As noted above, emergencies are primarily local in nature. The MERP provides a framework for how the ministry will support the local response to an emergency when local responders become overwhelmed, but does not encompass those emergency response activities that would be carried out by the local level. These activities are the responsibility of local governments, first responders and health care providers.

While the primary audience for this plan is ministry staff and other provincial agencies, it is anticipated that the MERP will also serve as a resource to guide local planning, to inform local emergency planners of the resources and supports that are available from the provincial level and to encourage coordination in all aspects of emergency management between the municipal and health care sectors and between the provincial and local level response.

The ministry views the health care system not only as one of Ontario's designated sectors of Critical Infrastructure, but as a key partner in local emergency response. It exists to provide care and support to Ontarians; a resource that takes on greater significance during times of emergency. These are periods in which Ontarians, particularly those who are more vulnerable to emergencies, depend on a strong, disaster-resilient health care system as a component of the broader emergency management system within the province.

1.4 How Often is the Plan Updated?

This plan, along with its supporting operating protocols, is considered a living document. It will be updated and amended by the ministry's Emergency Management Unit in consultation with relevant stakeholders as required. Specific areas of the MERP in which further development is expected are noted for future reference within the appropriate section(s).

The most current approved version of the MERP is posted for public access on the ministry's website: http://www.health.gov.on.ca/emergency .

It is the responsibility of recipients of the MERP to ensure they have the most recent version.

1.4.1 Ministry Transformation

The Ministry of Health and Long-Term Care is currently undergoing a reorganization process to reflect a new focus on stewardship. This new stewardship role will mean that the ministry will provide overall direction and leadership for the health care system, focusing on planning and on guiding resources to bring value to the health system. The ministry will be less involved in the direct delivery of health care.

The MERP will be updated to reflect changes to the ministry's emergency response structure as part of the ministry's transformation agenda.

2.0 EMERGENCY-RELEVANT LEGISLATION

2.1 The Emergency Management and Civil Protection Act (EMCPA)

The *Emergency Management and Civil Protection Act* is the principle statute governing emergency management in Ontario. The Act governs all municipalities, ministers presiding over a provincial ministry, and agencies, boards, commissions and other branches of the provincial government designated by the Lieutenant Governor in Council (LGIC, i.e. Cabinet).

Under the Act:

- A head of municipal council may declare that an emergency exists in the municipality and may take action and issue orders to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area
- The Premier can direct the resources of municipalities to respond to an emergency and can, at any time, declare that an emergency has been terminated
- Cabinet or the Premier, if in the Premier's opinion the urgency of the situation requires that an order be made immediately, may declare that an emergency exists throughout Ontario or in any part thereof
- A provincial order declaring a emergency must satisfy declaration criteria as set out within the Act
- An emergency is terminated 14 days following its declaration and can be extended for an additional 14-day period by Cabinet; the Legislative Assembly can vote to extend the period for additional periods of up to 28 days
- During an emergency, Cabinet may issue any of 14 types of orders according to strict criteria and limitations
- The authority to issue emergency orders as well as the additional powers of the Premier may be delegated to any Minister of the Crown or to the Commissioner of Community Safety
- Heads of municipal councils and ministers presiding over a provincial ministry and designated agencies, boards, commissions and branches of government are required to develop and implement emergency management programs, which must consist of:
  - an emergency plan
  - training programs and exercises for municipal and Crown employees and other persons
  - public education on risks to public safety and on public preparedness for emergencies
  - any other element required by regulation

Summary of Key Emergency Orders that may be issued by Cabinet or its delegate:

- Implementing emergency plans
- Regulating or prohibiting travel or movement
- Establishing facilities such as emergency shelters and hospitals
- Closing any place, whether public or private
- Authorize facilities, such as electrical generating facilities, to operate as necessary
- Using and making available any necessary goods, services and resources
- Fixing prices for necessary goods, services and resources and prohibiting price-gouging
- Authorize those who would not otherwise be eligible to do so, to perform certain duties (e.g., allowing doctors from other jurisdictions to work in Ontario for the duration of the emergency)
- Requiring any person to collect use or disclose information that may be necessary to respond to the emergency

- Heads of municipal councils and ministers presiding over a provincial ministry and designated agencies, boards, commissions and branches of government are also required to identify and assess the various hazards and risks to public safety that could give rise to emergencies and identify the facilities and other elements of the infrastructure for which they are responsible that are at risk of being affected by emergencies

2.1.1 Emergency Management Program Regulations

Ontario Regulation 380/04 accompanying the EMCPA establishes standards for ministry emergency management programs. These standards are summarized into the following *essential* program requirements:

- Full-time emergency management. coordinator
- Emergency management program committee
- Emergency information officer
- Emergency operations centre
- Ministry action group, chaired by the Deputy Minister
- 24/7 notification capacity for members of the action group
- Identification of critical infrastructure
- Emergency response plan for assigned emergencies (see below)
- Emergency response capability
- Public awareness program
- Continuity of Operations Plan
- Annual training
- Annual ministry exercises
- Annual evaluation of program

2.1.2 Emergency Responsibilities in Formulating Plans

Pursuant to Order-in-Council 2291/2004 (December 8th, 2004) accompanying the EMCPA, the Minister of Health and Long-Term Care is responsible for two areas in formulating emergency plans:

- Human health, disease and epidemics; and
- Provision of health services during an emergency (e.g., floods, ice storms).

It is anticipated that the MOHLTC would be designated as either the *primary ministry* or a *supporting ministry* for the government's response to emergencies that fall within the scope of this Order in Council. This is discussed further in Section 3.2.

2.2 The Health Protection and Promotion Act (HPPA)

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. Under the HPPA:

- Physicians, laboratories, school principals and others must report certain diseases, including influenza to medical officers of health

- Persons who pose a risk to the public health may be ordered to do, or to stop doing anything to reduce the risk of disease transmission

- Information about patients who are infected with communicable diseases may be disclosed to the ministry and medical officers of health, while protecting the confidentiality of sensitive health information

- Physicians and registered nurses in the extended class are required to report to the medical officer of health the name and residence address of any person who is under the care and treatment of the

physician in respect of a communicable disease and who refuses or neglects to continue the treatment in a manner and to a degree satisfactory to the physician or nurse

- Appropriate action may be taken to prevent, eliminate or decrease a health risk

- Under certain conditions, premises may be required to be used as temporary isolation facilities.

2.2.1 The Health System Improvements Act

On June 4th 2007, Ontario passed Bill 171, the *Health System Improvements Act*, which amended the Health Protection and Promotion Act as well as a number of other health statues.

A number of amendments to the HPPA provide additional powers to the Minister and Chief Medical Officer of Health (CMOH), which may be invoked without the declaration of a provincial emergency. These powers are intended to mitigate an incident such as an outbreak of infectious disease from escalating to the level of a provincial emergency. These additional powers include:

- Authorizing the Minister of Health and Long-Term Care upon certification of the CMOH to procure, acquire or seize medications and supplies (subject to reasonable compensation) when regular procurement processes are insufficient to address the needs of Ontarians

- Authorizing the CMOH to:
  - request information from health information custodians, and
  - collect, retain and use pre-existing laboratory specimens to investigate, eliminate or reduce the risk to health;
  - issue directives concerning precautions and procedures to health care providers

A number of additional amendments have been made in order to strengthen the capacity of Ontario's public health system to respond to outbreaks of disease. These include:

- Increased powers for local Medical Officers of Health to investigate and respond to outbreaks of communicable disease in hospitals

- Increased timeliness and efficiency of laboratory reporting of reportable diseases

- Improved enforcement of public health orders

Note: some provisions of the new Act are already in force; others will come into force on a date to be named by proclamation of the Lieutenant Governor.

2.3 The Occupational Health and Safety Act (OHSA)

The Ministry of Labour enforces the *Occupational Health and Safety Act* as well as the Health Care and Residential Facilities Regulation (HCRF). Under the OHSA, an employer has the duty to take all reasonable precautions in the circumstances for the protection of a worker.

Further, under the HCRF Regulation, there is a duty for employers in health care facilities to establish measures and procedures including, but not limited to, the following:

- Control of infections
- Immunization
- The use of disinfectants

The OHSA cannot be overridden by any emergency order made under either the EMCPA or the HPPA.

- The handling, cleaning and disposal of soiled linen, sharp objects and waste.

Employers, in consultation with the Joint Health and Safety Committee (JHSC) in the workplace, are required to develop these procedures and provide workers with relevant training. At the provincial level, the 'employer' of the Ontario Public Service is the Ministry of Government Services (see Section 3.4).

2.4 Additional Health Legislation

2.4.1 Pre-Hospital Care Legislation

The *Ambulance Act* is the principle statute that governs the operation of land and air emergency medical services and the provision of pre-hospital emergency health care in the Province of Ontario. The Act, among other things, assigns responsibility for land ambulance services to upper tier municipalities and designated delivery agents, establishes requirements for the certification of persons who may be permitted to operate an ambulance service.

Provincial responsibilities under the Act include:

- the operation of certain communication (dispatch) services;
- establishing standards and ensuring compliance;
- Monitoring, inspecting and evaluating ambulance services and investigating complaints; and
- funding and ensuring the provision of air ambulance services

The Land Ambulance Service Patient Care and Transportation Standards (incorporated by reference into the regulations under the *Ambulance Act)* deal in part with communicable disease management and influenza control.

The provisions concerning communicable disease management during a communicable disease outbreak impose a number of obligations on ambulance service operators, including:

- The education of paramedics respecting communicable disease risks;
- Ensuring appropriate protection and infection control measures for paramedics; and
- Reporting to the Ministry of possible exposure by a paramedic of a communicable disease.

The provisions concerning influenza control impose more specific obligations on operators concerning influenza outbreaks, including:

- Annual educational reviews for paramedics on protection from and transmission of influenza;
- Immunization of paramedics;
- Where a paramedic has not been immunized, removal of the paramedic from patient care duties during a declared influenza outbreak or, during an emergency and where no other qualified paramedic is available, the requirement for the unimmunized paramedic to adopt specified protective measures; and
- Reporting to the Ministry on specific immunization matters

2.4.2 Hospital Legislation

Under the *Public Hospitals Act (PHA)*:

- Hospitals must obtain ministry approval in order to operate additional premises for hospital purposes (e.g. add a new hospital site)

- On the recommendation of the Minister of Health and Long-Term Care, the Lieutenant Governor in Council (i.e. Cabinet) is authorized to appoint a hospital supervisor where the LGIC considers it in the best interest to do so

- The Minister is authorized to make regulations, subject to approval of the Lieutenant Governor in Council, relating to, among other things, the safety of hospital sites, patient admissions, care and discharge

Under Regulation 965 under the PHA:

- The hospital board is required to ensure that the hospital's administrator, medical staff, chief nursing executive, staff nurses and nurses who are managers are required to develop plans to deal with: (i) emergency situations that could place a greater than normal demand on the services provided by the hospital or disrupt the normal hospital routine, and (ii) the failure to provide services by persons who ordinarily provide services in the hospital.

Under the *Private Hospitals Act*:

- Private hospitals are required to obtain ministry approval before constructing or adding to, altering or renovating a private hospital building or enlarging the patient bed capacity of a private hospital building

- Private hospitals are required to be used for the treatment only of the number of patients permitted by the license, except in the case of emergency; only for purposes in respect of which the license is issued; and only for patients of a class permitted by the license

- Cabinet is authorized to make regulations considered necessary for the alteration, safety, equipment, maintenance and repair of private hospital sites; the management, conduct, operation and use of private hospitals; prescribing the type and amount of surgery, gynaecology or obstetrics that may be preformed in any class of private hospital and the facilities and equipment that shall be provided for such purposes; the admission, treatment, care, conduct, discipline and discharge of patients; and the classification of patients.

2.4.3 Other Facility Legislation

The *Nursing Homes Act*, the *Charitable Institutions Act*, and the *Homes for the Aged and Rest Homes Act* (which govern long-term care homes in Ontario) in conjunction with the service agreements entered into with these operators require the operators of long-term care homes to:

- Implement surveillance protocols for a particular communicable disease provided by the MOHLTC

- Report all communicable disease outbreaks to the medical officer of health (pursuant to the HPPA)

- Comply with the Long-Term Care Homes Program Manual

- Provide information to the MOHLTC relating to the operation of the home (e.g., bed occupancy rates, service levels, staffing levels).

2.4.4 Legislation Governing Community Health Services

The *Long-Term Care Act* and the *Community Care Access Corporations Act,* in conjunction with the memorandum of understanding between the ministry and CCACs and funding agreements between the ministry and community-based agencies, give the ministry the authority to require CCACs and other approved community-based agencies to:

- Provide reports and information

- Comply with all ministry directives, policies, guidelines and procedures, including surveillance protocols for communicable diseases

- Comply with the most recent Ministry Planning, Funding and Accountability Manual.

2.4.5 Legislation Governing Health Information

The *Personal Health Information Protection Act* governs 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.

It includes provisions providing for the disclosure of personal health information to the Chief Medical Officer of Health or a medical officer of health by health information custodians without the consent of the individuals to whom the information relates where the information is disclosed for a purpose of the *Health Protection and Promotion Act*.

It also includes provisions providing for the disclosure of personal health information by health information custodians without the consent of the individuals to whom the information relates to public health authorities in other jurisdictions where the disclosure is made for a purpose that is substantially similar to a purpose of the *Health Protection and Promotion Act*.

2.4.6 Legislation Governing Regulated Health Professionals

Under the authority of the *Regulated Health Professions Act* (RHPA), the power to register physicians, nurses and other regulated health professionals is provided to the College which governs the health profession, not the Ministry of Health and Long-Term Care.

Temporary registration in the event of an emergency is possible under the RHPA, the Health Professions Procedural Code (Code), which is Schedule 2 to the RHPA and the health profession specific Acts. See, for example, the registration regulations made under the *Medicine Act*, *Nursing Act*, and the *Medical Laboratory Technology Act*. Specific requirements and procedures for temporary registration vary from College to College under their registration regulations.

Depending on the provisions within the Colleges' registration regulations, temporary registration of a regulated health professional in an emergency situation may be available. Under Regulation 865/93 – Registration, made by the College of Physicians and Surgeons of Ontario (CPSO), a certificate of registration may be issued for supervised, short duration practice without first requiring an order of the CPSO's Registration Committee. In these circumstances, the appointment must be for the purpose of providing, among other things, medical services for a short interval that would otherwise be unavailable due to a lack of persons to provide them.

The applicant must also meet all the criteria under the regulation relating to supervised practice of short duration. The certificate expires thirty days after it is issued unless a panel of the Registration Committee orders an extension. Some Colleges have not made registration regulations that permit the issue of temporary certificates in emergency circumstances. Under the Code, a College Registrar may grant a certificate of registration with terms and conditions, for example, limiting the time or location of the professional's practice, but only with the approval of a panel of the Registration Committee. Other Colleges have developed

expedited processes for use in emergency circumstances.

2.5 Federal Emergency Legislation

There are three federal statutes of key importance to the province and to the ministry during an emergency.

The first of these is called the *Emergency Management Act* (EMA), which came into force on August 3rd, 2007. The EMA establishes the federal framework for emergency management, similar to Ontario's EMCPA. This includes the respective roles and responsibilities of the Minister of Public Safety and other federal Ministers for emergency planning and response. Under the EMA, the Minister of Public Safety is responsible for providing leadership and coordination among government institutions and with the provinces regarding emergency management activities. Other federal Ministers are required to develop, maintain and test emergency management plans and to provide the requisite training and exercises on those plans.

Key provisions of the Act require that the federal government coordinate emergency preparedness and response activities with provincial governments. This includes the provision of financial assistance to provinces when requested. The EMA also holds that the federal government "may not respond to a provincial emergency unless the government of the province requests assistance or there is an agreement with the province that requires or permits the assistance."

The federal *Emergencies Act* governs the response to "national emergencies". National emergencies are considered to be urgent and critical situations that are of such proportions as to exceed to the capacity or authority of a province to deal with it or that seriously threaten the security or sovereignty of the country. They are broken down into the following categories:

- Public Welfare Emergencies
- Public Order Emergencies
- International Emergencies
- War Emergencies

A severe health emergency such as an influenza pandemic would fall under the category of Public Welfare Emergencies.

Similar to Ontario's EMCPA, the *Emergencies Act* governs the declaration, expiration and continuation, revocation, etc. of each type of emergency and the emergency orders that may be issued under each circumstance. Examples of emergency orders include: regulation or prohibition of travel, evacuation of persons, appropriation of property, authorization or direction to persons to render essential services, the regulation of essential goods, services and resources, the establishment of emergency shelters and hospitals, the authorization of expenditures.

The Act also provides for compensation to persons that suffer loss, injury or damage as a result of any of order issued by the government under the Act.

Lastly, the *Quarantine Act* provides general and emergency powers to the federal government to inspect, issue orders and enforce quarantine on travellers and cargo arriving in Canada for the purpose of preventing the introduction and spread of communicable diseases through the country.

3.0 ROLES & RESPONSIBILITIES

3.1 Emergency Management Ontario

EMO is responsible for the overall coordination of emergency management in the province of Ontario.

Aside from routine emergency planning activities, interaction between EMO and MOHLTC in an emergency response capacity occurs with almost every emergency situation. The level of interaction depends on the type and scale of the incident and its impact on the health of Ontarians and/or the health care system. Interaction with EMO may progress from initial notification and information sharing regarding the incident to the full activation of Emergency Operations Centres for a sustained emergency response.

Consistent with the Provincial Emergency Response Plan, it is anticipated that one ministry will assume the *primary* response role for the government where the emergency falls within the scope of their emergency planning responsibilities (as assigned by Order in Council accompanying the EMCPA). Other affected ministries would automatically assume a *supporting* role for that particular response.

The coordination of emergency response occurs through the Provincial Emergency Operations Centre (PEOC). EMO maintains both a primary and alternate site for the PEOC. Through the PEOC, EMO brings together the relevant provincial ministries, federal departments and other agencies to support the community(ies) affected by the emergency. Provincial emergency response activities are carried out in accordance with the Provincial Emergency Response Plan.

3.1.1 Emergency Responsibilities of EMO

There are certain emergencies for which EMO has primary responsibility. Examples include incidents at nuclear generating stations, severe weather, war, terrorism and civil disorder. EMO has developed several incident-specific plans that address the provincial coordination of emergency response to key emergencies. These plans include:

- Provincial Nuclear Emergency Response Plan
- Emergency Response Plan for Severe Weather
- Emergency Response Plan for War and International Conflict
- Provincial Coordination Plan for an Influenza Pandemic

EMO also leads the provincial response to incidents that impact First Nations communities by way of the First Nations Emergency Assistance Agreement (1992) and the Nishnawbe-Aski Nation Protocol Agreement (1997); both of which are described in the Provincial Emergency Response Plan.

In addition, primary responsibility for an incident that is not already assigned to another ministry will default to EMO as established in Order in Council for MCSCS.

3.2 Ministry of Health and Long-Term Care

3.2.1 MOHLTC as Primary Ministry

The MOHLTC will assume the role of primary or lead ministry for health emergencies, i.e. emergencies that fall under the emergency planning responsibility of "human health, disease and epidemics" as assigned by Order in Council.

In fulfilling this responsibility, the ministry will respond to the impacts of the emergency on the health of Ontarians and on the health care system.

As noted above, the Minister of Health and Long-Term Care may be delegated authority to issue emergency orders by Cabinet and/or the additional powers of the Premier under the EMCPA during a provincially declared emergency. In addition, both the Minister and the Chief Medical Officer of Health have statutory powers under the Health Protection and Promotion Act that may be exercised prior to a provincial emergency declaration, during an immediate (or immediate and serious) risk to the health of persons anywhere in Ontario.

During emergencies in which the MOHLTC has primary responsibility, response activities of the ministry are carried out in accordance with the MERP and, where applicable, the relevant incident-specific plan.

An example of an incident-specific plan in a primary response context is the Ontario Health Plan for an Influenza Pandemic. It can be viewed on the ministry's website at: http://www.health.gov.on.ca/pandemic .

It is expected that non-health impacts associated with a health emergency (e.g. civil disorder, impacts on tourism, etc.) would be responded to by the appropriate supporting ministry(ies) responsible or those areas, coordinated through the PEOC with MOHLTC as the overall lead for the government's response.

In addition to fulfilling its primary emergency response role, the ministry must maintain the continuity of critical ministry services that may be affected by the emergency. This responsibility is articulated in the ministry's Continuity of Operations Plan (See Appendix H).

3.2.2 MOHLTC as Supporting Ministry

Other provincial ministries are required to lead the response to the various emergencies that are outside of MOHLTC's primary responsibility towards "human health, disease and epidemics". For example, the Ministry of Agriculture, Food and Rural Affairs is responsible for leading the government's response to an agricultural emergency, whereas the Ministry of Natural Resources would lead the response to a forest fire or flood and the Ministry of Energy to a blackout.

All of these incidents have the capacity to affect the health of Ontarians, whether it is due to mass injury, infection, contamination or loss of life. Through this, the health care sector will invariably be engaged in the response alongside local responders in order to treat and care for those affected.

In such cases, the MOHLTC, in addition to fulfilling its business continuity responsibilities as noted above, would act in a secondary/supporting role while the relevant ministry assumes its designated primary response role for the incident at hand. MOHLTC's second Order in Council responsibility for "health services during an emergency" becomes the focus of the ministry's response.

In responding as a supporting ministry, activities are also carried out in accordance with the MERP and, where applicable, the relevant incident-specific plan. Incident-specific plans in this context are often developed to support the emergency response plan of the lead ministry. Examples of this include:

- MOHLTC's Actions and Responsibilities within the *Operational Plan During an Outbreak of Avian Influenza in the Domestic*

Poultry Population (lead ministry: Agriculture, Food and Rural Affairs)
- *Radiation Health Response Plan* (currently under development), supporting the Provincial Nuclear Emergency Response Plan (lead ministry: EMO, MCSCS)
- *Ontario Smallpox Response Plan* (currently under development)

The ministry must likewise work to maintain the continuity of critical ministry services in accordance with the ministry's COOP.

3.2.3 How are Ministry Divisions and Staff Involved?

The majority of ministry staff will, in most cases, not be involved in "emergency response" as described in Section 1.3 above. During an emergency, the primary expectation of ministry staff will be to continue with their normal activities. However, emergencies should be considered a period of heightened awareness for the ministry. In particular, staff should consider how the unfolding events might affect ministry service delivery, stakeholders as well as their own individual family situation.

If an emergency should impact a particular ministry location, the principal role for ministry staff is to **ensure personal safety**. Staff are expected to follow the appropriate emergency procedures for their facility (e.g. inform security, evacuate the building, etc.). Following this, staff must take immediate steps to restore critical ministry services if they have been interrupted by the emergency as outlined in the Continuity of Operations Plan for their branch. This includes the security of ministry property and information.

These responsibilities are essential to preserving the role of government and critical decision-making during an emergency. An effective response requires disaster-resilient infrastructure and service delivery ranging from communications and information technology, to financial transactions and legal services.

Depending on the emergency, selected ministry divisions and staff will be required to support the ministry's emergency response over and above their COOP responsibilities. While it is not possible to predict every possible activity that may be required, some examples of divisional involvement in emergency response are noted in the centre of the page.

Ministry Division and Staff Response to Emergencies

Primary Role:
Employee health and safety

Secondary Role:
- Continuity of operations for critical ministry services
- Security of ministry property and information

Supplementary Role (if applicable):
Support ministry emergency response when requested. Potential examples include:

- Surveillance and monitoring
- Communicate/liaise with stakeholders
- Provide technical advice and assistance
- Expedite approvals for funding, procurement
- Expedite a change in regulations or legislation
- Outreach OHIP registration
- Emergency data collection from health care providers

In addition, general roles and responsibilities for ministry divisions at each level of response are outlined in Appendix C.

Ministry management and staff that are germane to the response will be required to refocus their efforts on the emergency, while making arrangements to manage critical business and continuity of operations. Depending on the situation and the level of support required, it may be possible for staff to participate in the response from their own location.

In some cases, it will be necessary for staff to be temporarily brought under the ministry's formal command/ reporting structure for emergency response. This may

require staff to relocate to the Ministry Emergency Operations Centre for the duration of the response. This structure is discussed further in Section 5.1.

Ministry branches are encouraged to develop and maintain operational protocols to support their role in emergency response in consultation with EMU and to ensure that their staff know what protocols will be in place to direct them in an emergency.

3.3 Ministry of Labour

The Ministry of Health and Long-Term Care and the Ministry of Labour (MOL) form a unique partnership during emergency response; the key focus of which is the protection of worker health and safety. In addition to information sharing, the two ministries collaborate on a number of levels:

- MOL has a standing member of the ministry's Scientific Response Team (discussed further in Section 5.1.3)
- MOL has a standing member of the Executive Emergency Management Committee (discussed further in Section 5.1.4).

3.4 Ministry of Government Services

The Ministry of Government Services (MGS) is responsible for the government's workforce, procurement and technology resources. As the 'employer' of the Ontario Public Service, MGS is responsible for leading the development of human resources policies and programs for the Ontario Public Service (OPS).

MGS has responsibilities under Order in Council for the continuity of government operations during an emergency. This also includes communications with OPS employees and liaising with public service unions such as the Ontario Public Service Employees Union and the Association of Management, Administrative and Professional Crown Employees of Ontario. This responsibility is discharged by MGS staff through the Corporate Response Centre (CRC).

Ministries will liaise with the CRC during any emergency that has caused a significant interruption to critical government services.

3.5 Government of Canada

Federal emergency response is coordinated by Public Safety Canada through the Government Operations Centre. This facility connects relevant departments together similar to the Provincial Emergency Operations Centre that is managed by EMO.

The Government of Canada has jurisdiction over a number of emergency-related matters, which includes air travel, border security, foreign affairs, foreign animal disease control, nuclear safety, Royal Canadian Mounted Police and Canadian Forces support.

The following sub-sections discuss the emergency-related roles of federal departments that are more closely aligned with the MOHLTC:

3.5.1 Public Health Agency of Canada

The Public Health Agency of Canada (PHAC) has primary responsibility for health emergency management at the federal level.

PHAC develops national plans and frameworks in conjunction with provinces and territories, which influences planning at the MOHLTC. This includes planning for an influenza pandemic and other infectious disease outbreaks. PHAC plays a lead role in

vaccine procurement, allocation and distribution to provinces and territories.

The programs and resources of the Agency also pertain to natural disasters and CBRNE (chemical, biological, radiological/nuclear and explosive) emergencies. However the response to radiological/nuclear emergencies is the responsibility of Health Canada (see the next subsection below). PHAC manages a number of resources that may be required to support the province's response to emergencies. These include:

- National Microbiology Laboratory
- National Emergency Stockpile System
- Health Emergency Response Teams

During a health emergency, the Agency would also act as the primary liaison with international organizations such as the Centers for Disease Control and Prevention in the United States and the World Health Organization and ensure compliance with international health regulations.

3.5.2 Health Canada

The ministry will collaborate with Health Canada in two key areas of emergency preparedness and response.

Health Canada is the lead federal department responsible for coordinating the response to a nuclear or radiological emergency under the *Federal Nuclear Emergency Plan.*

The department is also responsible for providing emergency health care for First Nations and Inuit communities.

4.0 AN EMERGENCY MANAGEMENT OVERVIEW OF THE HEALTH SECTOR

The health care system is designated as one of Ontario's nine Critical Infrastructure sectors. The many employees that work to maintain the system and provide care to all Ontarians are considered to be at the front lines of emergency response. Some health care providers play an active role in emergency response in conjunction with local communities while others play a more supporting role when required (See Figure 2).

Regardless of the role they play in emergency response, all health care providers must be prepared to take action in the event an emergency affects their particular facility or practice.

This section outlines the various interconnected health care providers and associations that would or may be involved in emergency response.

- **Emergency Medical Services (EMS)**: For many emergencies, individuals operating within the pre-hospital system (i.e. paramedics, emergency medical attendants) may be the first health care workers to assist patients, and may be engaged in direct patient contact throughout the duration of the emergency. These workers must be kept informed of developments during an emergency in order to take appropriate actions to protect themselves, their patients and others.

  The transfer of patients between health care facilities during an emergency is also a key role for the pre-hospital system. The *Patient Transfer Authorization Centre (PTAC)*, operated by Ornge (see below), authorizes the transfer of patients in such a manner as to help prevent the spread of infectious diseases. Further description of PTAC is provided in Section 8.7.1.

  Ambulance and ambulance-related services in Ontario include:

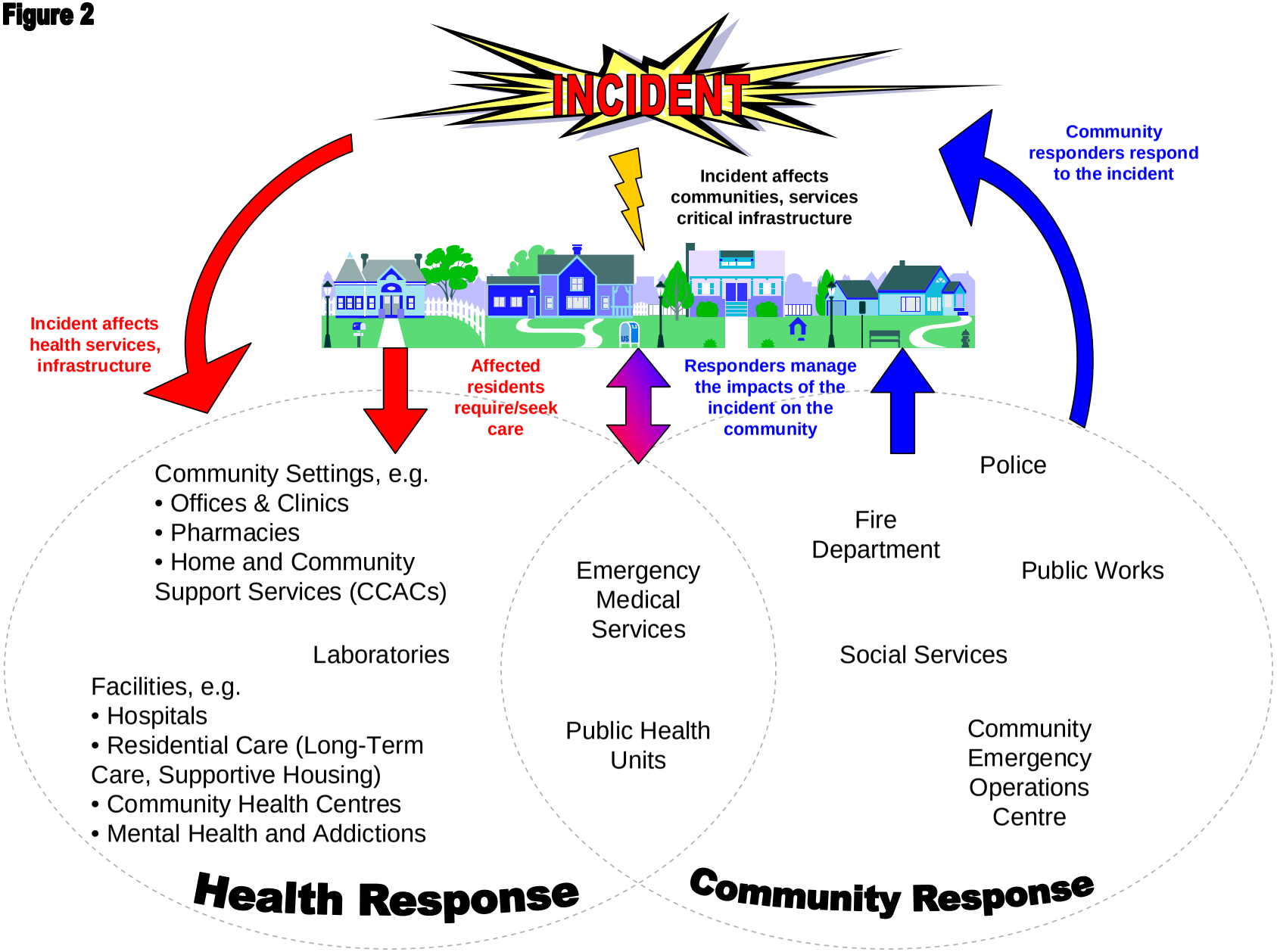
  - *Land Ambulance:* Under the *Ambulance Act*, Upper Tier Municipalities and Designated Delivery Agents are responsible for the proper provision of land ambulance services within their jurisdiction including: timely response, pre-hospital emergency care and patient transport to those with immediate medical needs.

    Land ambulance service providers participate in local emergency response alongside other first responders such as fire and police services and often participate as a member of their respective Community Emergency Operations Centres.

  - *Air Ambulance:* The air ambulance program provides transport to hospital for critically ill patients or those in remote areas of the province. It also provides and/or coordinates specialized medical teams (for example, for the transport of organs for donation). Ornge operates Ontario's air ambulance system (see Section 8.7.1 for more information).

  - *Communication (Dispatch):* There is in Ontario an integrated and seamless system of ambulance services and communication services used in dispatching ambulances. The network of land-based communication services coordinates land ambulance services throughout the province.

Figure 2


INCIDENT
Incident affects communities, services critical infrastructure
Community responders respond to the incident
Incident affects health services, infrastructure
Affected residents require/seek care
Responders manage the impacts of the incident on the community
Community Settings, e.g.
• Offices & Clinics
• Pharmacies
• Home and Community Support Services (CCACs)
Laboratories
Facilities, e.g.
• Hospitals
• Residential Care (Long-Term Care, Supportive Housing)
• Community Health Centres
• Mental Health and Addictions
Emergency Medical Services
Public Health Units
Police
Fire Department
Public Works
Social Services
Community Emergency Operations Centre
Health Response
Community Response

The communication services are operated mainly by the ministry, but there are some municipal and hospital communication services as well. Ornge coordinates air ambulance services through the Ornge Communications Centre.

- *Base Hospitals:* Base hospitals throughout the province have been designated to monitor the quality of care provided by ambulance services. The base hospital medical director and physicians delegate certain controlled acts to paramedics; provide medical advice relating to pre-hospital patient care and transportation of patients to ambulance services and communication services and to paramedics; provide quality assurance information and advice relating to pre-hospital patient care to ambulance services and paramedics; and provide the continuing medical education required to maintain the delegation of controlled acts to paramedics.

- **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.

  The development of emergency plans is also a key consideration in hospital accreditation through the Canadian Council on Health Services Accreditation.

  A hospital may also be the site in which an outbreak or epidemic first becomes apparent. During an emergency, hospitals have an important role in surveillance, reporting and infection control to mitigate the spread of disease within the facility.

  Of principal concern during an emergency will be the urgent treatment for those who are either injured, infected or contaminated by the event while mitigating against overwhelming the responding facilities and the 'first receivers' who are caring for those patients, including those who may be "worried well"; individuals who think that they have symptoms.

  - **CritiCall**: This emergency referral service for physicians caring for seriously and critically ill patients can play a key role in supporting surge capacity during an emergency. For further description of CritiCall, see Section 8.7.3.

- **Public Health Units**: Public Health Units are geographic entities whose boundaries are established pursuant to regulation under the Health Protection and Promotion Act (HPPA). Boards of Health are established under provisions of the HPPA, and their areas of responsibility encompass specific health units.

  Leadership within each health unit is provided by a Medical Officer of Health and may be supported by one or more Associate Medical Officer(s) of Health. Both positions are appointed by and report to their respective Boards of Health.

  Boards of Health have significant responsibilities regarding infectious disease surveillance, response, and planning at local levels. They carry out the mandate of the HPPA and offer public health programs and services as set out in Mandatory Programs and Services Guidelines published by the ministry. This includes: receiving reports of, investigating and providing ongoing monitoring and management of reportable diseases; provision of information

regarding infectious diseases to health care professions, institutions and communities, including emergency service workers.

Public Health Units also play a role in local emergency planning and in planning and delivering vaccination programs (such as the annual flu vaccine program).

Medical Officers of Health will often participate in emergency response as a member of the Community Emergency Operations Centre in addition to communication with the ministry through the *Public Health Call Centre* (see Section 8.7.2). However, as there are 36 health units in the province, a single Medical Officer of Health may be required to sit on multiple EOCs for the communities within his or her catchment area.

- **Residential Care**: The residential care sector 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 certain facilities may also be required to accommodate transfers from acute care facilities in order to free capacity for urgent care.

  The different types of residential care are as follows:

  - *Long-Term Care Homes (LTCHs)* - Designed for people who require the availability of 24-hour on-site nursing care, assistance with activities of daily living or supervision.

  - *Complex Continuing Care Programs* - Provide continuing, highly specialized care for persons with physical and/or cognitive conditions. CCC plays an integral role in the treatment offered in some Ontario hospitals.

  - *Supportive Housing* – Government-subsidized rental housing that offers government-funded personal care services and other optional services (e.g. meals or social activities) for individuals who do not require 24-hour availability of nursing care or specialized health services.

- **Home and Community Support Services**: Services for seniors, people with disabilities and people who need health care in the community are arranged through fourteen *Community Care Access Centres* (CCACs) and a large number of community support services (CSS).

  CCACs assess and arrange professional services (nursing, occupational therapy, physiotherapy, social work, speech language and dietetics), personal care and support (e.g. personal hygiene care, assistance with dressing, eating, transferring from chairs, beds) and homemaking.

  CSS agencies assess and arrange community support services (e.g. security, transportation, meal services, caregiver support, home maintenance). These services may be delivered through a variety of means, including CCACs and CSS agencies, service providers and volunteers within the community.

  CCACs are also key in identifying capacity should transfers to LTCHs or into the community be necessary. They also have an important role regarding the care of vulnerable populations during an

emergency as well as surveillance for infectious diseases should an outbreak occur within the province.

- **Community Health Centres (CHCs)**: Non-profit 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.

- **Aboriginal Health Access Centres (AHACs):** AHACs offer culturally-appropriate primary care specifically to aboriginal families and communities, both on and off reserves.

- **Community Practice Settings**: This is a large and varied sector, which includes any type of office or clinic ranging from primary care (i.e. individual physician practices, nurse practitioners, walk-in clinics and Family Health Teams), to the offices of dentists, chiropractors, physiotherapists, massage therapists, naturopathic and homeopathic doctors.

  In general, these offices are a patient's first point of contact for the majority of non-urgent health care services and a key consideration in emergency management, particularly with respect to infectious disease outbreaks. As such, this sector will play a significant role in surveillance, reporting and infection control.

- **Laboratories**: The lab sector includes hundreds of licensed facilities throughout the province that are responsible for specimen collection, testing and analysis. The majority of these are specimen collection centres located at the community level. In addition, the majority of Ontario's hospitals are also equipped with laboratory facilities for diagnostic purposes. The province also has 12 public health laboratories with the expertise to carry out testing in support of public health programs relating to reportable, emerging and other diseases.

  This sector will play a significant role in identification and surveillance of virus behaviour during an infectious diseases emergency. In particular, the central public health laboratory, located in Toronto, would function as the primary liaison with PHAC's National Microbiology Laboratory in Winnipeg.

- **Pharmacies**: Local pharmacies, many of which are part of chain drug stores, are dispensing points for prescribed medications to patients as well as over-the-counter medications and supplies. This role may be of key importance during an infectious diseases emergency.

  During an emergency, pharmacists may receive requests for medications from people without a prescription. In addition, there is the potential for shortages of medication in the event that supply chains are impacted by the event.

- **Regulatory Colleges, Labour/Professional Associations**: 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. In particular, their ability to communicate with and relay information to and from their members is an important capability during an emergency.

  - *Regulatory Colleges*: The 22 regulatory colleges in Ontario set standards and guidelines for their members and the profession, 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 could develop standards of practice that support emergency preparedness and response through implementing the infection control and surveillance standards. They could also support and utilize guidelines for febrile respiratory illness developed by the ministry, as well as providing opportunity for skills improvement in other related topics.

- *Labour/Professional Associations*: represent the interests of their members (e.g. doctors, nurses, hospitals, etc.), and work through education, research and advocacy with a goal to helping 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, offer support and information regarding redeployment of staff during emergencies.

4.1 Direct Services under the MOHLTC

A number of health care services that may be affected by an emergency are managed directly by the ministry. These services include:

- **Emergency Medical Services (EMS):** Under the *Ambulance Act*, the MOHLTC is responsible for providing:

  - *Ambulance Communications Service:* provided through direct ministry services and Transfer Payment Agencies
  - *Base Hospital programs:* provided through Performance Agreements
  - *Air Ambulance Services:* Ornge Communications, Air Base Hospital, and the Patient Transfer Authorization Centre (PTAC) are provided by Ornge through a performance agreement with the ministry.

  These services are detailed in the previous section.

- **Public Health Laboratories:** the ministry administers the 12 public health labs in the province (discussed in the previous section).

- **Ontario Health Insurance Plan (OHIP):** the ministry pays for a wide range of medically necessary services. Ontario residents must have a health card to show that he or she is entitled to the health care services paid for by OHIP. During an emergency, it may become necessary to facilitate the registration of Ontarians through the ministry's Outreach Registration Program (see Section 8.7.4).

- **Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS):** OGPMSS provides an integrated logistics service for vaccines, drugs and medical supplies to support government and also broader public sector organizations. During an emergency, it will be called upon to provide logistical support for the ministry's response (see Section 8.9).

- **Ontario Public Drug Programs (OPDP):** OPDP manages all activities related to the publicly-funded *Ontario Drug Benefit Act.* Through the Ontario Drug Benefit Program, the ministry covers most of the cost of specific prescription drug products for eligible persons. OPDP may be required to act in a liaison role with the pharmaceutical industry.

- **Mental Health Centre Penetanguishene (MHCP):** The MHCP is a 312-bed psychiatric hospital that is managed by the MOHLTC. The Administrator of the hospital reports to the Assistant Deputy Minister, Corporate and Direct Services Division.

5.0 PROVINCIAL EMERGENCY RESPONSE STRUCTURE

The diagram on the following page (Figure 3) depicts the principal components of the province's emergency management structure and the linkages between these components. A short description is provided for key components of the diagram.

The structure provided in Figure 3 combines the response system of the MOHLTC with the province-wide structure as presented in the Provincial Emergency Response Plan developed by EMO. The provincial response structure respects the role of local jurisdictions in executing the primary response to an incident and the role of ministries to lead or support the provincial response based on their Order in Council responsibilities.

5.1 Within MOHLTC

5.1.1 Emergency Management Unit (EMU)

The Emergency Management Unit was formally created following the outbreak of SARS (Severe Acute Respiratory Syndrome) in 2003, in which the province's first ever provincial emergency was declared.

Reporting to the Chief Medical Officer of Health, the EMU works with ministry divisions, health stakeholders, provincial ministries and other jurisdictions to develop plans, policies and programs to strengthen the ministry's health emergency response capability and to ensure that this capability meets the established requirements for the province.

This includes the development of various plans such as the MERP (including the aforementioned Hazard Identification and Risk Assessment), Continuity of Operations Planning, Critical Infrastructure Assurance 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.

The EMU is responsible for activating and managing the Ministry Emergency Operations Centre (MEOC) to respond to emergencies in accordance with the ministry's Graduated Response Protocol (see Section 7.1).

5.1.2 Ministry Emergency Operations Centre (MEOC)

The Ministry Emergency Operations Centre is dedicated space within the EMU, which will become the central command centre from which emergency situations facing the health care system or emergencies requiring MOHLTC support will be coordinated. It is the focal point where operational decisions for the health care system will be carried out by personnel operating within the MEOC in conjunction with the PEOC. The MEOC follows strategic direction provided by the Executive Emergency Management Committee (see Section 5.1.4).

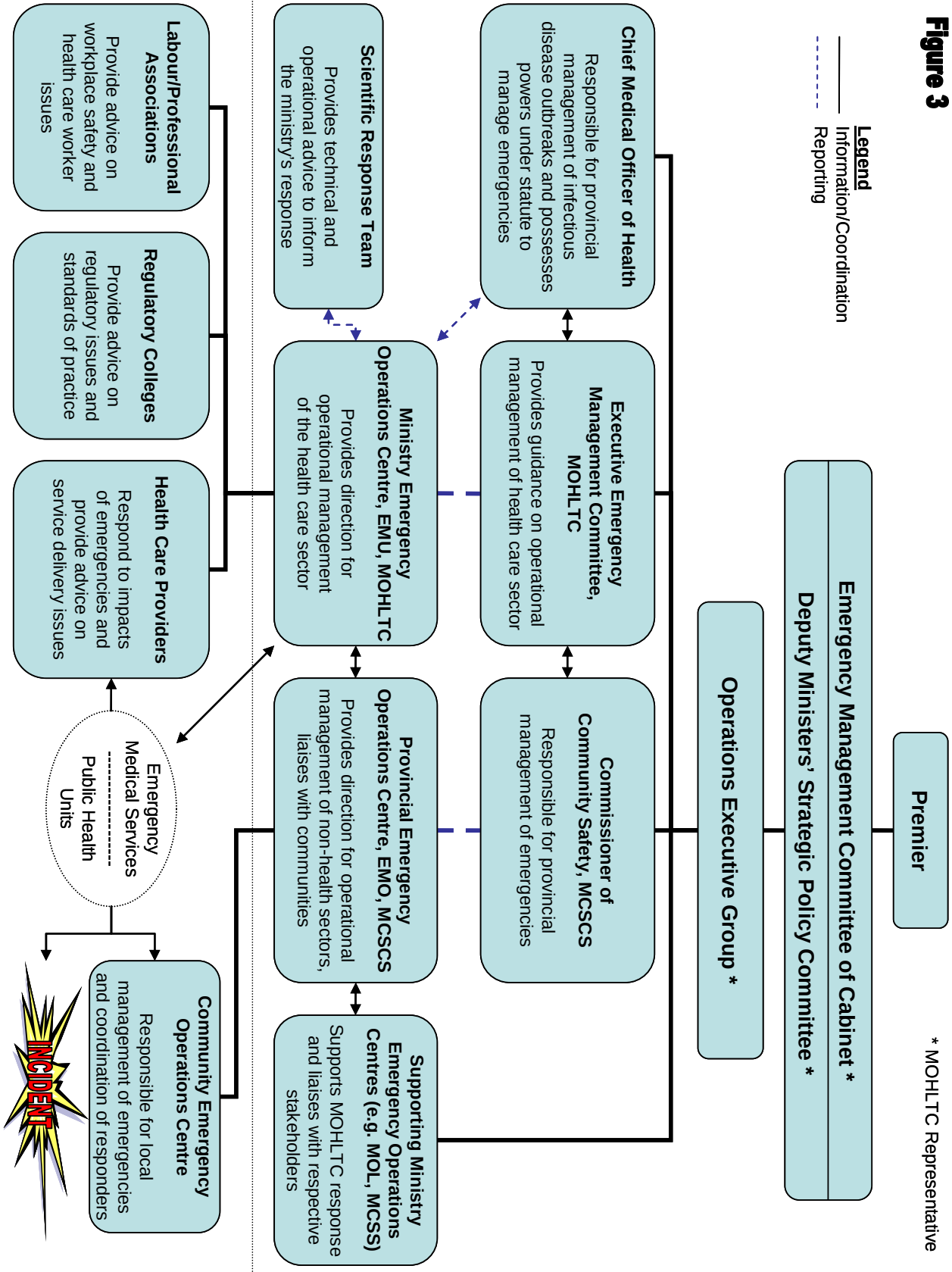
EMU Vision

To build and enhance a high performance system of integrated health emergency preparedness and response to keep Ontarians safe.

EMU Mission

We will 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 origin.

Figure 3


Legend
Information/Coordination
Reporting
Premier
Emergency Management Committee of Cabinet *
Deputy Ministers' Strategic Policy Committee *
Operations Executive Group *
* MOHLTC Representative
Chief Medical Officer of Health
Responsible for provincial management of infectious disease outbreaks and possesses powers under statute to manage emergencies
Executive Emergency Management Committee, MOHLTC
Provides guidance on operational management of health care sector
Commissioner of Community Safety, MCSCS
Responsible for provincial management of emergencies
Scientific Response Team
Provides technical and operational advice to inform the ministry's response
Ministry Emergency Operations Centre, EMU, MOHLTC
Provides direction for operational management of the health care sector
Provincial Emergency Operations Centre, EMO, MCSCS
Provides direction for operational management of non-health sectors, liaises with communities
Supporting Ministry Emergency Operations Centres (e.g. MOL, MCSS)
Supports MOHLTC response and liaises with respective stakeholders
Labour/Professional Associations
Provide advice on workplace safety and health care worker issues
Regulatory Colleges
Provide advice on regulatory issues and standards of practice
Health Care Providers
Respond to impacts of emergencies and provide advice on service delivery issues
Emergency Medical Services
Public Health Units
Community Emergency Operations Centre
Responsible for local management of emergencies and coordination of responders
INCIDENT

In addition to EMU personnel, the MEOC can be expanded (physically or virtually) to incorporate staff from various ministry divisions along with external advisors necessary to fulfill the required elements for an effective ministry response to the incident at hand. This process is explained in further detail in Section 7.0.

The ministry has procedures in place to maintain MEOC readiness in non-emergency times and has established an alternate MEOC site that may be quickly activated in the event the primary site is compromised.

The ministry's Emergency Operations Centre is organized according to the **Incident Management System (IMS)**. IMS is an operational framework for emergency management, primarily utilized by first responders, that has been adopted by EMO for emergency operations within the Government of Ontario. It is a standardized system that provides the basic command structure, functions and procedures that are required for the effective management of an emergency situation. IMS is explained in further detail in Section 7.3.

5.1.3 The Scientific Advisor and the Scientific Response Team (SRT)

The ministry expects its emergency response activities to be evidence-based, incorporating the current body of scientific knowledge on the type of incident being faced, and reflect current best practices within the healthcare system. The provision of the necessary scientific, technical and operational advice to this effect is a critical function in the ministry's emergency response structure.

This is the role of the Scientific Response Team. The SRT will be activated for the duration of any incident requiring the provision of advice as described above. This group will also be responsible for the development of any directives (operational direction and guidance) to health care providers. Directives are explained in further detail in Section 8.8.4.

The team will be chaired by the Scientific Advisor to the Emergency Management Unit and will operate under the *Planning* function of the ministry's emergency response structure (explained in further detail in Section 8.8).

The composition of the SRT during an emergency will be dependent on the emergency being faced and therefore the nature of the advice required. A baseline level of expertise will be established at the outset of an incident and then augmented as necessary based on the developing situation.

SRT membership will be assembled from multiple sources with appropriate backup support for extended periods of engagement.

SRT members will be drawn from the following organizations, depending on the incident at hand:

i) The *Scientific Advisory Committee (SAC)*, which is utilized by the EMU to inform emergency planning and programs during normal operations

ii) The *Provincial Infectious Diseases Advisory Committee (PIDAC)*, which advises the CMOH on prevention, surveillance and control measures necessary to protect the people of Ontario from infectious diseases.

iii) The *Ministry of Labour (MOL)*, which has standing representation on the SRT regardless of the incident and will provide essential occupational health and safety expertise to the MEOC.

The team will also be supported by a researcher and a medical writer.

5.1.4 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 EEMC is activated and chaired by the Deputy Minister of Health and Long-Term Care and provides policy and operational direction to MOHLTC staff and, in particular, to the Ministry Emergency Operations Centre with respect to the management of health emergencies or providing health-related support for other types of emergencies.

In addition to MOHLTC senior management, the Ministry of Labour has standing representation on the committee.

Per the ministry's Graduated Response Protocol, the EEMC will be convened by the Deputy Minister at an appropriate stage of the incident (see Section 7.1) and then engaged either as required or at regular intervals throughout the incident (see the Information Cycle in Section 8.6.2).

Strategic direction from EEMC may be required with respect to any of the following:

- Objectives and priorities in the management of the incident
- Messaging to health care providers and to the public
- Approval to commit significant financial and human resources to the response
- Managing complex continuity of operations issues
- Direction in the usage of emergency powers under the Health Protection and Promotion Act (e.g. seizure of supplies or issuing directives – see Section 2.2.1)
- Recommending the declaration of a health emergency
- Recommending the declaration of a provincial emergency to Cabinet (in consultation with the Commissioner of Community Safety, EMO)

EEMC Membership

1) Deputy Minister (chair)
2) Chief Medical Officer of Health/ Assistant Deputy Minister, Public Health Division
3) Director, EMU/Command, MEOC
4) Chair, Scientific Response Team
5) Director, Legal Services Branch
6) Executive Director, Communications and Information Branch
7) Assistant Deputy Minister, Corporate and Direct Services Division
8) Assistant Deputy Minister, Health System Accountability and Performance Division
9) Assistant Deputy Minister, Health Human Resources Strategy Division
10) Ministry of Labour representative

5.2 Outside of MOHLTC

5.2.1 The Provincial Emergency Operations Centre (PEOC)

The Provincial Emergency Operations Centre is staffed by EMO personnel on a 24/7 basis. It is the central point from which the province coordinates its response to emergencies in conjunction with authorities at both the local and federal levels. At the onset of an emergency, it can be quickly expanded to incorporate staff from provincial ministries with Order in Council responsibilities as well as designated federal departments and other emergency organizations (e.g. nuclear generating facilities) as needed.

The PEOC is also organized in a similar manner to the Incident Management System. During any emergency with health implications, MOHLTC will send a Liaison Officer to the Operations section of the PEOC, but may require additional representation in the Emergency Information, Planning and Scientific sections of the PEOC, depending on the incident (see Section 8.2).

5.2.2 Supporting Ministries

The provincial response to an emergency typically involves several ministries working together through the PEOC. Like the MOHLTC, ministries will become engaged in the response per their respective Order-in-Council responsibilities and may decide to activate their own Ministry Emergency Operations Centres to coordinate their ministry's efforts.

Supporting ministries will provide assistance to the primary ministry while managing the impacts of the incident on their own stakeholders, critical infrastructure and the continuity of their respective operations.

During a health emergency, supporting ministries may include the ministries of Labour, Community and Social Services, Agriculture, Food and Rural Affairs, Community Safety and Correctional Services and Municipal Affairs and Housing.

For more information regarding the emergency management responsibilities of other ministries, see the Order in Council in Appendix B.

5.2.3 Executive Level Committees

As shown on Figure 3, a number of executive level committees make up the strategic level decision-making functions of the provincial emergency management structure:

i) the Operations Executive Group
ii) the Deputy Ministers' Strategic Policy Committee
iii) the Cabinet Committee on Emergency Management

These committees will be activated as required during an emergency (the Deputy Ministers' and Cabinet committees are activated by Cabinet Office). Regardless of the emergency, the Ministry of Health and Long-Term Care is represented on each committee. With respect to the Operations Executive Committee specifically, the ministry will be represented primarily by the Director, Emergency Management Unit.

In addition to the primary representative, the Chief Medical Officer of Health may be required to attend meetings of any of the three committees, should they be activated, and provide advice to members to inform strategic-level decisions.

For further information regarding the provincial emergency management structure, please see the Provincial Emergency Response Plan, available through Emergency Management Ontario.

Who is in Charge During an Emergency?

As shown above, several people come together to respond to an emergency in accordance with authorities established in legislation.

- The Chief Medical Officer of Health (CMOH) may issue directives to health care entities prior to a provincially declared emergency in accordance with the *Health Protection and Promotion Act* (HPPA).
- Local Medical Officers of Health (MOHs) may issue orders under the HPPA for the management of infectious diseases in their area.
- In the event of a conflict, a directive of the CMOH prevails.

~

- Following the provincial declaration of an emergency, Cabinet may issue emergency orders to any entity. This power may be delegated to the Commissioner of Public Safety or to any Minister.
- If there is a conflict between a directive from the CMOH and an emergency order, the emergency order prevails.

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- The Ministry of Labour may also enforce the *Occupational Health and Safety Act* (OHSA) against employers, supervisors or workers at any time.
- The Ministry of Government Services will provide direction to ministry staff as the "employer" of the Ontario Public Service.

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- The OHSA prevails over any emergency power or directive.

6.0 ALERT AND NOTIFICATION

The ministry is committed to maintaining a consistent state of alertness for all potential emergencies. Should a hazard manifest with the potential to impact to the health of Ontarians and the health care system, the ministry has the appropriate procedures in place to ensure that the health care sector, ministry employees, provincial ministries and other jurisdictions are informed quickly and are provided with clear and reliable information about what they need to do.

6.1 How Does the Ministry Become Aware of an Emergency?

In general, Ontarians expect the government to be watchful for all potential emergencies and prepared to take swift action to protect their health and well-being.

It is therefore important that any emergency with health implications be reported to the ministry's Emergency Management Unit as soon as possible/practicable so that appropriate notifications can be made and, if necessary, immediate action taken.

This is particularly true for emergencies with health/health sector implications as the ministry can expect multiple, and frequent inquiries from the media and the public as to how it is responding to the incident and what measures Ontarians should take to protect their health.

Alerting the Ministry to an Emergency
(*Note: this process is under review*)

General Emergencies with Health/Health Sector Implications

a) Health Care Providers may contact the Emergency Management Unit:

24-hour Health Care Providers' Hotline
1 (866) 212-2272

b) LHINs should inform their established contact at the LHIN Liaison Branch

Infectious Disease Emergencies

Contact your local Public Health Unit

Contact information for all Public Health Unit is available on the ministry's website (http://www.health.gov.on.ca)under "Quick Links" on the right of the screen.

Public Health Units will inform the ministry through the Public Health Call Centre: **(416) 212-6361 or (416) 212-6362**.

As stated in the introduction above, emergencies are generally local in nature. The diagram on the following page (Figure 4) shows the process by which the EMU is typically alerted to a developing incident at the local level.

6.1.1 How do Health Stakeholders Inform the Ministry of a Potential Emergency?

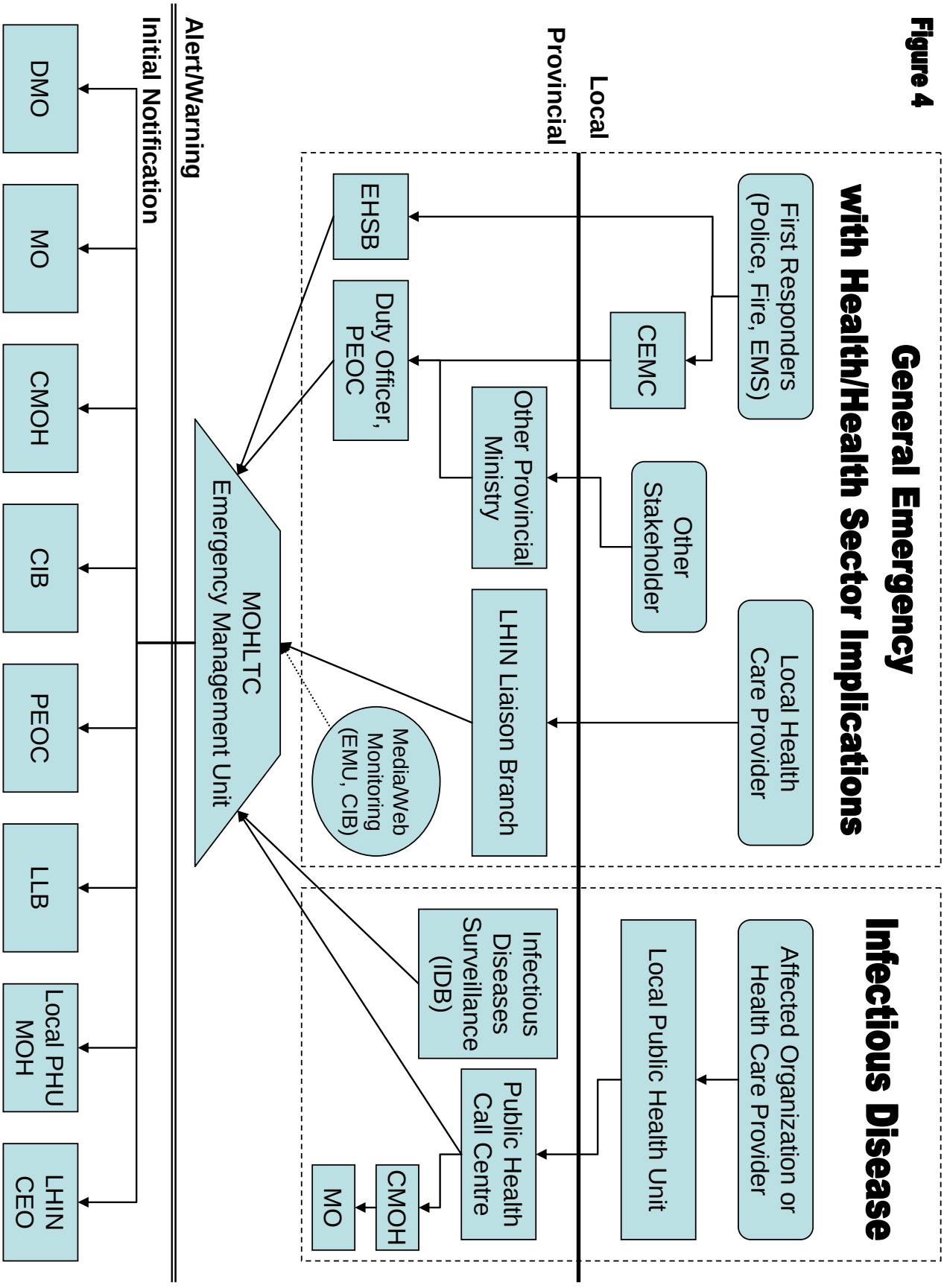
Through the ministry's transformation into its stewardship role (see Section 1.4.1), 14 Local Health Integration Networks (LHINs) have been established to work with health care providers in the delivery of health services under routine conditions. However, LHINs do not currently have a role in emergency management.

During an emergency response, the ministry's LHIN Liaison Branch will function as the central point of contact for LHINs and their respective providers. Its role will be to liaise between the EMU/MEOC and affected health care providers in the LHIN to support them in the management of the incident. *This role is currently under review.*

For the interim period, health care providers may contact the EMU directly to alert the ministry of an emergency. The EMU has established a 24-hour hotline for health care providers. EMU will automatically initiate the appropriate notifications and actions.

LHINs should inform their established contact at the LHIN Liaison branch if they are notified of an emergency by a health care provider.

Figure 4


General Emergency
with Health/Health Sector Implications
Infectious Disease
Local
Provincial
First Responders (Police, Fire, EMS)
CEMC
Other Stakeholder
Local Health Care Provider
EHSB
Duty Officer, PEOC
Other Provincial Ministry
LHIN Liaison Branch
MediaWeb Monitoring (EMU, CIB)
MOHLTC Emergency Management Unit
Affected Organization or Health Care Provider
Local Public Health Unit
Infectious Diseases Surveillance (IDB)
Public Health Call Centre
CMOH
MO
Alert/Warning
Initial Notification
DMO
MO
CMOH
CIB
PEOC
LLB
Local PHU MOH
LHIN CEO

However, for infectious diseases emergencies, organizations must contact their local Public Health Unit in their lead role of managing local outbreaks. The Public Health Unit will inform the ministry through its Public Health Call Centre, managed by the ministry's Infectious Diseases Branch.

Contact information to inform the ministry of an emergency can be found at the centre of the previous page.

6.1.2 Who do Ministry Staff Notify if an Emergency Affects Critical Services?

The ministry has an internal notification process for emergencies that affect the Continuity of Operations. In general, this is a bottom-up process that begins with the Program Area informing its Branch Director and taking immediate action to restore the interrupted service according to its COOP plan. The Branch Director will, in turn, notify the Assistant Deputy Minister's Office.

The Emergency Management Unit must be informed if any service interruption:

i) is of a serious nature and is expected to continue for an unacceptable period of time;

ii) if the emergency causing the problem expands to interrupt multiple critical services or across 2 or more branches of the ministry

In such cases, the EMU is required to inform the Ministry of Government Services' Corporate Response Centre as both the OPS employer and the primary ministry for COOP emergencies (per its Order in Council responsibilities).

Please see the notification process in the ministry's COOP plan in Appendix H

6.1.3 Emergencies Outside of Ontario

Figure 4 speaks generally to how the ministry is alerted to an incident that is developing within the province.

If an incident with the potential to affect Ontario were to occur in another province or territory, the ministry may be informed in a number of ways. For example:

i) EMO is notified by its counterpart in the affected province and informs other ministries (i.e. the equivalent emergency management coordinator for the province)

ii) MOHLTC is notified by its counterpart in the affected province directly (i.e. the equivalent emergency management unit for the ministry of health)

Likewise, if an event has occurred internationally (i.e. overseas), the EMU would be alerted in one of the following ways:

iii) EMO is notified by the Government Operations Centre (managed by Public Safety Canada) and informs other ministries.

iv) MOHLTC is notified by the Public Health Agency of Canada directly.

v) The incident is picked up in regular media/internet surveillance conducted by EMU and CIB

vi) The incident is picked up through the infectious disease surveillance initiatives of the Infectious Diseases Branch, Public Health Division

6.1.4 The Great Lakes Border Health Initiative (GLBHI)

The GLBHI is a collaborative inter-jurisdictional initiative to improve early warning infectious disease surveillance between the Province of Ontario and neighbouring American states. The ministry is participating in this initiative along with the states of Michigan, Minnesota, New York, Ohio, Pennsylvania, and Wisconsin.

A Public Health Data Sharing Agreement is a principal component of this initiative and improves the province's awareness of health emergencies that have the potential to affect Ontarians.

For more information on the GLBHI, contact the Emergency Management Unit.

6.2 How Will the Ministry Inform Others of an Emergency?

There are three types of notifications that the ministry may utilize throughout an incident

6.2.1 Email Alerts/Updates

Upon receipt of an alert or warning regarding an emergency in progress, the Emergency Management Unit will immediately dispatch an email notification to alert and inform others both within the ministry and externally. This process is displayed at the bottom of Figure 4.

The EMU's initial email notification procedure will include the following:

Internal:
- Deputy Minister's Office
- Minister's Office
- Chief Medical Officer of Health / ADM, Public Health Division
- Communications & Information Branch
- LHIN Liaison Branch
- Other senior management as necessary

External:
- Provincial Emergency Operations Centre
- Local Medical Officer of Health / Public Health Unit
- Local Health Integration Network CEO
- CEO of Ornge (to alert to the potential need to place the Emergency Medical Assistance Team on standby – see Section 8.7.8)

As noted above, the ministry may receive alerts from other provinces, the federal government or state governments regarding emergencies within their respective jurisdictions that may have implications for Ontario.

Should an emergency occur within Ontario with implications beyond the province, the Emergency Management Unit will reciprocate with such an alert to the appropriate jurisdiction(s).

The email notification will provide recipients with as much of the following information as possible while EMU gathers additional information/intelligence:

- The nature of the emergency
- Affected area of the province
- Reported injuries or casualties
- Health care providers/services affected
- Initial response at the local level
- Initial response at the provincial level

It should be noted that initial information is often sketchy and may even be contradictory. This will resolve as further information becomes available through established channels.

EMU will continue to utilize this email procedure throughout the emergency to transmit regular updates as needed regarding the status of the response.

6.2.2 Important Health Notice (IHN)

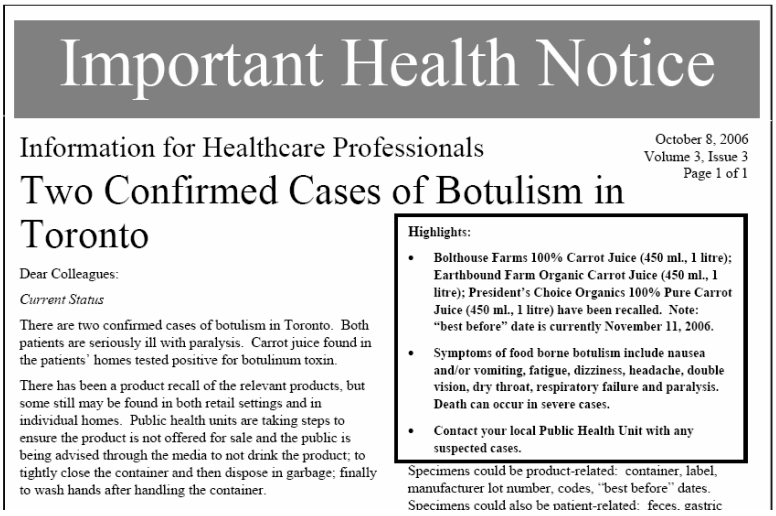
The Important Health Notice is the principal method in which the ministry will notify and keep health professionals informed of an emergency.

An IHN is typically a one or two-page information bulletin that will provide health stakeholders with information such as:

- Details of the incident in progress
- Symptoms (for incidents with health effects)
- Recommended precautions and procedures
- Contact information for further support.

A sample IHN is shown in Figure 5 below:

Figure 5



Important Health Notice

Information for Healthcare Professionals

October 8, 2006
Volume 3, Issue 3
Page 1 of 1

Two Confirmed Cases of Botulism in Toronto

Dear Colleagues:

Current Status

There are two confirmed cases of botulism in Toronto. Both patients are seriously ill with paralysis. Carrot juice found in the patients' homes tested positive for botulinum toxin.

There has been a product recall of the relevant products, but some still may be found in both retail settings and in individual homes. Public health units are taking steps to ensure the product is not offered for sale and the public is being advised through the media to not drink the product; to tightly close the container and then dispose in garbage; finally to wash hands after handling the container.

Highlights:

- **Bolthouse Farms 100% Carrot Juice (450 ml., 1 litre); Earthbound Farm Organic Carrot Juice (450 ml., 1 litre); President's Choice Organics 100% Pure Carrot Juice (450 ml., 1 litre) have been recalled. Note: "best before" date is currently November 11, 2006.**
- **Symptoms of food borne botulism include nausea and/or vomiting, fatigue, dizziness, headache, double vision, dry throat, respiratory failure and paralysis. Death can occur in severe cases.**
- **Contact your local Public Health Unit with any suspected cases.**

Specimens could be product-related: container, label, manufacturer lot number, codes, "best before" dates. Specimens could also be patient-related: feces, gastric

These notices can be sent by e-mail and/or fax and can target any combination of groups such as:

- Providers (e.g., physicians, hospitals, long-term care homes)
- Public Health Unit regions (e.g., Toronto, Sudbury, London)
- Role-based groups (e.g. CEOs, Physicians in Charge, Head Nurses, Infection Control Practitioners).

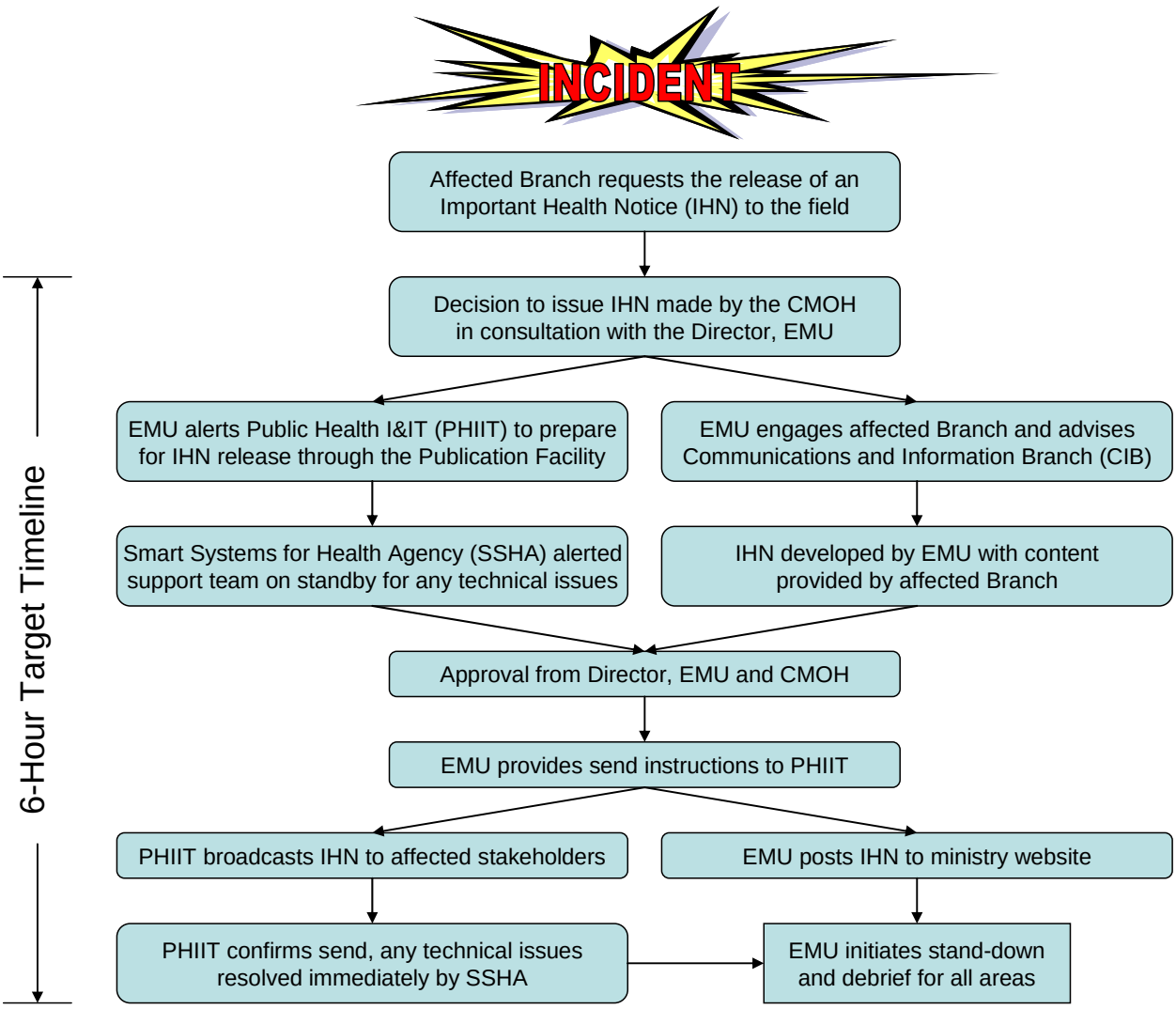
IHNs are also archived on the ministry's website immediately after they are sent. Look for this button on the ministry's website to access all IHNs:

IHNs can also be issued throughout an emergency to keep health care providers up-to-date on the latest developments. For incidents of extended duration, the ministry will institute a 24-hour Emergency Information Cycle, in which an IHN will be broadcasted every midnight. This cycle is discussed in further detail in Section 8.6.2.

IHNs are distributed to the field using the Publication Facility, a web-based communications application that is managed and operated by the Public Health I&IT Office and hosted by the Smart Systems for Health Agency. Highlights of the IHN development and distribution process are shown in Figure 6. The target timeline for IHN distribution is 6 hours.

The Publication Facility dispatches IHNs to over 31,000 health providers, publishing 8,330 e-mails and 790 faxes in less than 30 minutes. Future enhancements to the system will add phone and pager capability for faster alerting and better coverage of all recipients.

Figure 6


INCIDENT
Affected Branch requests the release of an Important Health Notice (IHN) to the field
Decision to issue IHN made by the CMOH in consultation with the Director, EMU
EMU alerts Public Health I&IT (PHIIT) to prepare for IHN release through the Publication Facility
EMU engages affected Branch and advises Communications and Information Branch (CIB)
Smart Systems for Health Agency (SSHA) alerted support team on standby for any technical issues
IHN developed by EMU with content provided by affected Branch
Approval from Director, EMU and CMOH
EMU provides send instructions to PHIIT
PHIIT broadcasts IHN to affected stakeholders
EMU posts IHN to ministry website
PHIIT confirms send, any technical issues resolved immediately by SSHA
EMU initiates stand-down and debrief for all areas
6-Hour Target Timeline

6.2.3 Internal Automatic Notification System

The ministry has an internal automatic notification system for use in limited circumstances. The system will typically be employed for incidents that occur outside of regular business hours and/or when the ministry is prepared to activate its Emergency Operations Centre in response to an incident and must call on several ministry personnel to report back to the EMU.

This powerful, web-based notification system can issue a customized message simultaneously to multiple devices for a given list of contacts almost instantaneously (e.g. office phone, home phone, cell phone, fax, email, Blackberry all at the same time).

The system is tested by the EMU on a quarterly basis to ensure its continued functionality as well as to sure that the ministry's contact information for senior management (during and after-hours) is up-to-date.

Should the web-based system be inoperable during an emergency, EMU staff will telephone all contacts manually. All emergency contacts for the ministry are registered for Priority Access Dialing.

7.0 ACTIVATION

This section will focus on how the ministry will intensify its response from the point of being alerted to the presence of an emergency to the full activation of its Emergency Operations Centre.

At this critical stage in the development of the incident, the ministry will take calculated steps to gather intelligence and prepare its response systems while communicating with the responding jurisdiction. Where provincial response becomes necessary, the ministry will take swift and decisive action to activate its resources in support of health care providers and community responders.

7.1 The Graduated Response Protocol

The ministry's Graduated Response Protocol is similar to the three-tiered approach that is currently in place for the PEOC. This protocol provides a framework for steps to be taken, including notifications as noted above, in response to a mounting emergency.

Response Levels:

Routine
Enhanced
Emergency
Recovery

EMU may carry-out these actions either independently of or in concert with the response level adopted by the PEOC.

The ministry may also 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 neighbouring jurisdictions.

The ministry posts its current response level on the EMU website and updates the site as the response level changes (see Section 7.2.4).

The following provides a detailed description of each response level:

7.1.1 Routine

During Routine status, the Emergency Management Unit will continue to plan, develop and implement mitigation and preparedness initiatives in consultation with stakeholders, conduct ongoing exercises, 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.

7.1.2 Enhanced

The ministry may move to this level once it has been alerted to the presence of an emergency (per Section 6.1 above). The Enhanced level of activation is typically adopted for an emergency that has been detected at the early stages of development or if the ministry has received warning of a hazard that has yet to materialize within the province. It is therefore possible to proceed to the Enhanced stage in order to monitor an emergency that has occurred beyond Ontario's borders (e.g. in a contiguous province or state).

At the Enhanced level of activation, the EMU will carry out both internal and external notifications as noted in Section 6.2, including the distribution of an Important Health Notice to the field and updates to the ministry's internet and intranet websites as noted in Section 7.2.4.

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 with health stakeholders at the local level, within the ministry itself and with other provincial ministries (through the PEOC).

The Director, EMU may partially activate the MEOC in order to facilitate these activities. This will involve the establishment of selected elements of the ministry's Incident Management System (described in Section 7.3). For example, a Scientific Response Team may be assembled to begin studying the hazard that is causing the emergency. In addition, other ministry branches and external response resources, such the Emergency Medical Assistance Team, (see Section 8.7.8) may also be placed on standby in the event they are required.

Various divisions/branches within the ministry that have a role in emergency response will be expected to make their necessary preparations at the Enhanced level in order to contribute to the response (see Section 8.1).

Should the situation continue to escalate, and the ministry is required to intensify its response, the Director, EMU will recommend to the Deputy Minister that an initial meeting of the Executive Emergency Management Committee (EEMC) be convened to formally confirm the ministry's response and obtain strategic direction (see Section 7.2.1).

7.1.3 Emergency

At this stage, the EEMC has met to confirm the emergency situation and establish initial strategic direction.

The Emergency Management Unit will begin to mobilize the MEOC towards full activation status, potentially utilizing its automatic notification system (as described in Section 6.2.3). The Incident Management System will be formally established and an operating cycle will be initiated based on the scope of the incident. If the situation requires the MEOC to operate beyond normal business hours up to a 24-hour basis, shift rotations will be implemented to establish ongoing coverage with formal procedures for transferring responsibility between shifts.

The MEOC can be fully mobilized at the Emergency stage without the declaration of a provincial emergency by Cabinet or the Premier.

At this stage, the ministry will also activate its 24-hour Emergency Information Cycle (see Section 8.6.2) to organize and streamline communications during the emergency.

7.1.4 Recovery

The recovery stage is ideally planned for at the outset of the Emergency stage, so that there is a clear understanding of the triggers that will signal the end of the formal response phase. It should be noted, however, that there is no clear distinction between the response and recovery phases of an emergency, as they often overlap each other. The formal declaration of a Recovery stage is therefore intended to aid in this distinction.

As an emergency situation ends or begins to de-escalate, the MEOC will initiate "recovery" activities, which are intended to return the ministry and the health care system to routine operations. At this stage the MEOC is not expected to deactivate immediately, but is expected to continue coverage at a reduced level so that it may continue to oversee the return to routine business.

Specific recovery activities are not detailed within the MERP, but will be planned for in greater detail in the future.

7.1.5 What are the Roles of Ministry Divisions During Activation?

As noted in Section 3.2.3, emergencies should be considered a period of heightened awareness for the ministry. All ministry branches are expected to maintain the continuity of critical services during an emergency according to their respective COOP plans. Staff should therefore consider how the unfolding events might affect ministry service delivery, stakeholders as well as their own individual family situation.

In addition to this, several branches of the ministry will be expected to play a role in the response to the incident consistent with their particular function within the ministry. These areas may be required to participate in the response from the Ministry Emergency Operations Centre.

A table has been created to summarize the activities that would be undertaken within each division as the ministry activates to respond to an emergency. This table can be found in Appendix C.

The table will be updated as divisional structures are finalized as part of the ministry transformation process.

7.2 Activation Processes

7.2.1 Assembling the Executive Emergency Management Committee

Should an incident continue to escalate beyond local response capabilities, and the ministry is required to intensify its response, the Director, EMU will recommend to the Deputy Minister that an initial meeting of the Executive Emergency Management Committee be convened to formally confirm the ministry's response and obtain strategic direction.

The first meeting of the EEMC will be convened either face-to-face or via teleconference, if the former is not possible. Should the meeting be convened outside of regular business hours, the EMU will support the simultaneous notification of EEMC members through its automatic internal notification system.

The agenda for this initial EEMC meeting will be as follows:

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 them to subsequent meetings
4. Identify follow-up actions to be taken at the local, provincial and national levels
5. Approve initial emergency information strategy
6. Establish a response cycle (i.e. set times for the next several meetings)

As the ministry response is formally launched, the EEMC will meet frequently to evaluate the status of the response as reported by the MEOC and issue further direction.

For responses requiring 24-hour activation, the EEMC will meet twice per day at specific times as noted in the ministry's Emergency Information Cycle. This is explained in further detail in Section 8.6.2.

7.2.2 Mobilizing the Ministry Emergency Operations Centre

A decision to fully activate the MEOC will be made by the Executive Emergency Management Committee. However, depending on the seriousness of the situation, the Director, EMU may activate the MEOC at an earlier stage and confirm that decision with the EEMC following activation.

When the decision is made to activate the MEOC, EMU staff will be responsible for completing the following:

i) The Director, EMU will initiate the Incident Management System by identifying leads for each of the standardized functions (see Section 7.4) and conveying the structure to the PEOC. If the MEOC was partially activated at an earlier stage, the Director, EMU may confirm the leads already in place.

ii) Preparing the dedicated space for emergency operations (i.e. testing IT equipment, distributing office supplies, IMS vests and armbands). The MEOC space will be configured in accordance with the ministry's IMS structure

iii) The MEOC Liaison will report to the PEOC to occupy the MOHLTC desk and coordinate with EMO and other ministries. Other liaisons from MOHLTC may also be dispatched to the Emergency Information, Planning and Science Sections should they be activated.

iv) Notify personnel as required to report to the MEOC (using the internal notification system) and assign them roles & responsibilities consistent with the IMS structure (see Section 7.4).

7.2.3 Assuming the Role of Primary Ministry

If the developing incident falls within the ministry's Order in Council responsibility of "human health, disease and epidemics", the ministry will assume the role of primary ministry for the province.

This does not change any of the activation steps presented herein. However, the ministry can expect to undertake additional lead/ coordination responsibilities for the government. For example, the Executive Director of the Communications and Information Branch will be required to assume the role as *Provincial Chief Information Officer* for the response. This position is responsible for the provincial coordination of emergency-related communications and is typically executed through the Emergency Information Section of the PEOC.

7.2.4 Initiating Emergency Information Resources

An important component of the activation process is the initiation of resources to communicate emergency information to the health sector, to the public and internally to ministry staff. This process includes aforementioned notification systems such as IHNs. It also includes the activation of the ministry's 24-hour Emergency Information Cycle (which is discussed further in Section 8.6.2).

The ministry will also update its website to reflect changes to either the ministry or the provincial response level (see the buttons to the right) and to communicate information regarding the incident and the rationale for assuming the chosen response level.

The ministry's internet site contains an emergency information section that is hidden during routine operations and activated upon the request of EMU. It will be updated regularly to reflect new developments in the response to the emergency and its impact on ministry services. Visitors to the website will be prompted from the main page: http://www.health.gov.on.ca .

Staff will also be able to obtain specialized updates regarding the emergency from the ministry's intranet site: INFOweb. *Note: It is important that emergency information posted for staff consumption be kept confidential.* The release of information to stakeholders and the public is a separate process that is coordinated between ministries from the Emergency Information Section of the Provincial Emergency Operations Centre.

7.3 The Incident Management System (IMS)

7.3.1 What is IMS?

The Incident Management System is the organizational structure through which the ministry will direct emergency response operations from the MEOC.

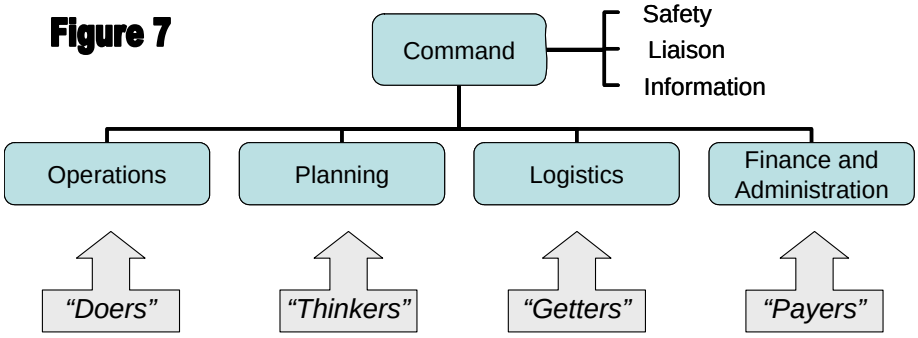
IMS is an international emergency management structure that has been adopted by EMO as the operational framework for emergency management for the Government of Ontario. The system originated in the United States amongst the firefighting community. It quickly expanded to other first responders and eventually nation-wide following the events of September 11th, 2001. In Ontario, numerous organizations, both provincially and locally (e.g. acute care hospitals), are also adopting this model for use during emergencies.

IMS provides the basic command structure and functions required to manage an emergency situation effectively. It has five components: Command, Operations, Planning, Logistics and Finance and Administration. Their basic role is summarized in Figure 7 below. As shown in the Figure, the Command function is also supported by three additional functions: Safety, Liaison and Information.

This simple structure can be applied to any organization involved in emergency management. It allows them to standardize contact information across organizations, which makes communication and cooperation among the groups easier, and the process of managing an emergency more efficient.

With the IMS structure, staff are able to communicate directly with their peers in other health care settings and jurisdictions. For example, during an emergency, health organizations can use the IMS to help distribute medical supplies from federal and provincial stockpiles to the front line. In this case, the Logistics positions in each organization would work together to arrange distribution of supplies.

Figure 7



The organizational structure of IMS is flexible beyond the five standard functions. Emergency response organizations are at liberty to operationalize these standard functions in a manner that best suits their business. The MOHLTC interpretation of this concept is shown in Figure 8.

All staff within the IMS structure operate around an Incident Action Plan (IAP) for the organization, which establishes the emergency response objectives for a given Operational Cycle as well as the strategies and resources for achieving them. EMU has developed a guideline, including Job Action Sheets, for the implementation of IMS in the MEOC.

The following sections provide a basic understanding of each function and their role within the IMS structure. These roles are intended to be common amongst all response organizations and can be adopted within any Emergency Operations Centre.

7.3.2 Command

Whether under a single Incident Commander or a Unified Command structure, the Command function is responsible for the overall management of the emergency and direction of the MEOC. This also includes ensuring the safety of responders, coordination with external organizations and communications to the public. The Command role is supported by three standard functions: Safety, Liaison and Information.

For the MOHLTC, Incident Command is performed by the Director, EMU. The Incident Commander will formally transfer command to another appropriate individual as necessary (e.g. during a shift change).

The Safety Officer that supports Command is responsible for monitoring and ensuring the health and safety of individuals within the IMS response structure. The Information (i.e. Communications) Officer is responsible for the provision of emergency information to stakeholders and the public, while the Liaison Officer may be dispatched to establish a formal link with another organization involved in the response in order to more effectively coordinate emergency operations between EOCs.

7.3.3 Operations

Operations ("Ops") is the principal group involved in responding to the emergency. Ops staff focus their efforts on implementing the strategies of the Incident Action Plan and coordinating emergency response activities. As part of these tasks, Ops personnel must also monitor the status of the emergency, including the usage of resources so that it can be utilized by Planning in the development of the next Incident Action Plan.

7.3.4 Planning

Planning staff are responsible for gathering all data and intelligence related to the incident, looking ahead and anticipating the needs of the emergency based on the incident status and consumption of resources as reported by Operations. "Looking ahead" may be several hours at the height of the emergency or several days or weeks as the emergency develops its rhythm.

The Planning function is primarily responsible for developing the Incident Action Plan for each operational cycle based on the incident objectives established by the Incident Commander. This includes the provision of relevant technical advice required in developing the plan. They also develop and disseminate situation reports on the incident based on the information received from other IMS groups related to the development of the emergency and the status of resources.

Planning staff will also develop recommendations as to when the emergency should transition from response to recovery.

For the MOHLTC, the Scientific Response Team (SRT) will be assembled to contribute scientific and technical advice to the Incident Action Plan as noted in Section 8.8.4. The team is supported by both a researcher and a medical writer.

7.3.5 Logistics

Personnel within the Logistics function procure, mobilize and deploy resources to assist in the emergency response based on needs identified by Planning and articulated within the Incident Action Plan. Resources may include any supplies, equipment, facilities, services or personnel (e.g. volunteers) that are needed to contribute to the response. Logistics staff work closely with the Finance and Administration section to arrange payment for any purchases that are made.

In addition, Logistics must also monitor and report on the status of the mobilization and deployment process for the benefit of other IMS functions until the resources are put into use and monitored by Operations. Logistics personnel also provide for the needs of an EOC such as ordering supplies and equipment, coordinating technical support and providing security.

7.3.6 Finance & Administration

The Finance & Administration section is responsible for all financial aspects of implementing the Incident Action Plan, including recording, tracking and coordinating payment/funding both for purchases related to the emergency and the EOC itself. Staff must also monitor the status of funding and anticipate any financial issues that may affect the Incident Action Plan and the response to the emergency. This group also supports the administration of an EOC, which can include such tasks as collecting documentation and coordinating human resources.

7.4 MOHLTC IMS Structure

The ministry's structure for emergency response is shown in Figure 8. Additional information regarding each function are discussed in Section 8.0.

A key feature of IMS is its ability to be scaled up or down, depending on what is needed to respond appropriately to the emergency. The Incident Commander for the MEOC (Director, EMU) will activate or deactivate individual functions of the response structure as they are required (sometimes in anticipation of their requirement) to respond to a particular incident as it unfolds. The Incident Commander will also identify a lead for each function as it is activated.

The IMS structure captures key ministry functions and supporting roles for which their may be a requirement during an emergency. Should the response to an incident require a function that is not currently addressed within this structure, the Incident Commander may add that particular function to the structure, and designate a lead for that position or group, at any time during the response.

Under IMS procedures, an individual can perform multiple functions within the response structure. Every IMS structure effectively begins with a single individual assuming Command and performing all of the IMS functions at the outset of an incident. The Incident Commander then expands the structure and delegates the various functions to others as the incident develops.

7.4.1 IMS Implementation within the MEOC

The MEOC will be configured according to the ministry's IMS response structure. Each area will be clearly labelled and easily identified by incoming staff. The principal workspace within the MEOC was designed to maximize open space. Work areas are arranged along the perimeter of each IMS-designated area, leaving the centre of each area free for each group to discuss and coordinate activities within their sections.

In addition, all computer accounts and email addresses within the MEOC will reflect the IMS section to which each staff member is assigned. This retains the functional attributes of IMS and avoids the use of individual names in an environment of rotating staff. This setup also allows staff to monitor email communication for their entire section.

It also minimizes the number of computer accounts (and account changes) within the MEOC and simplifies the task of tracking and maintaining documentation for the incident.

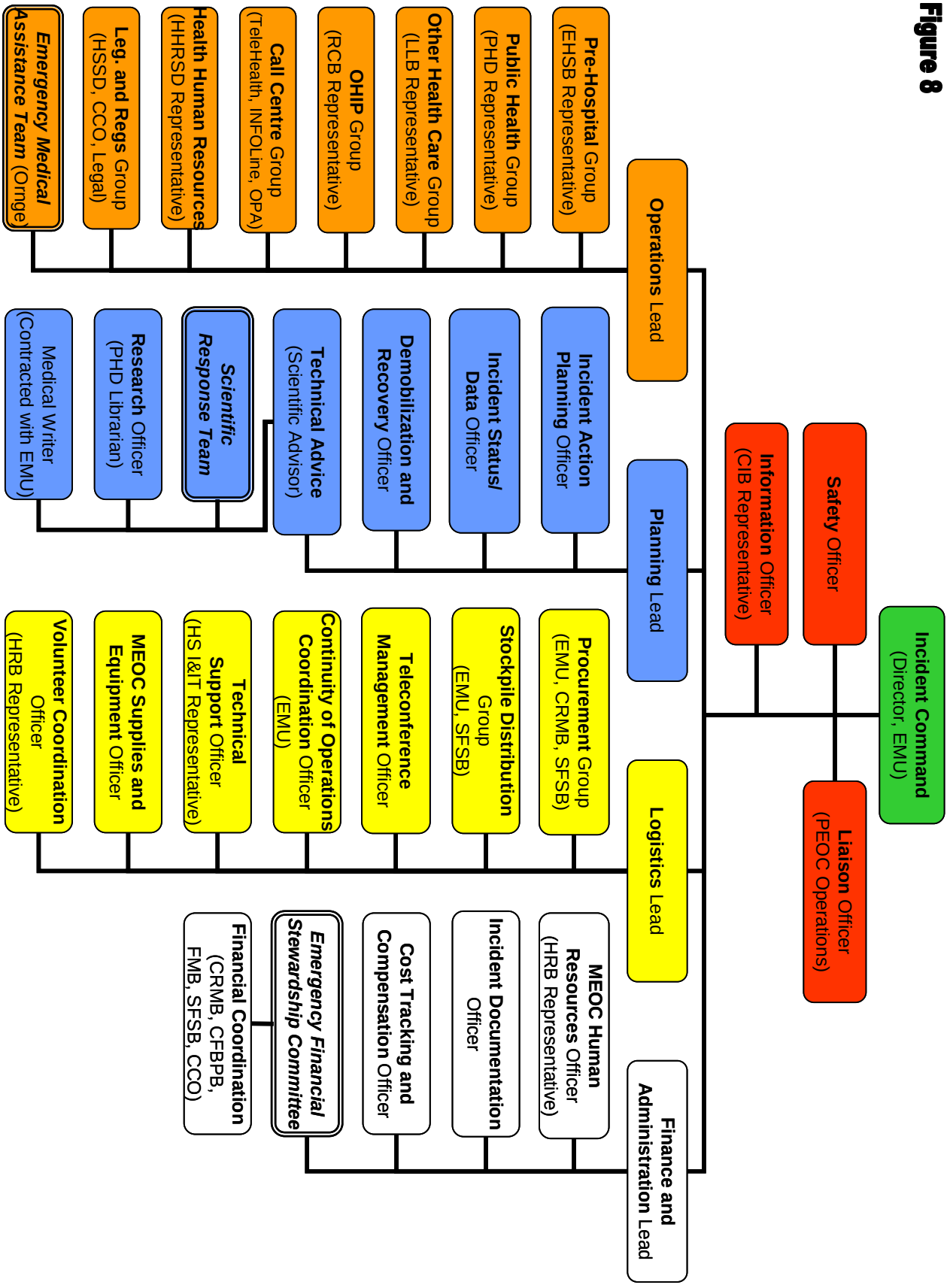
7.4.2 IMS Colour Scheme

As shown in Figure 8, each IMS grouping is represented by a different colour. This is to facilitate identification and interaction among staff working within the MEOC and with other EOCs. Other EOCs operating under IMS will adopt a similar colour scheme to identify their sections (though not necessarily the same).

The colour scheme for the MEOC is shown below. These colours will be represented using a number of items within the MEOC such as vests (for lead roles), armbands (for general staff), and miscellaneous office supplies (e.g. binders, folders, notebooks, etc.)

Command	Green
Liaison, Safety, Information	Red
Operations	Orange
Planning	Blue
Logistics	Yellow
Finance & Administration	White

Figure 8


Incident Command (Director, EMU)
Safety Officer
Information Officer (CIB Representative)
Liaison Officer (PEOC Operations)
Operations Lead
Pre-Hospital Group (EHSB Representative)
Public Health Group (PHD Representative)
Other Health Care Group (LLB Representative)
OHIP Group (RCB Representative)
Call Centre Group (TeleHealth, INFOLine, OPA)
Health Human Resources (HHRSD Representative)
Leg. and Regs Group (HSSD, CCO, Legal)
Emergency Medical Assistance Team (Ornge)
Planning Lead
Incident Action Planning Officer
Incident Status/ Data Officer
Demobilization and Recovery Officer
Technical Advice (Scientific Advisor)
Scientific Response Team
Research Officer (PHD Librarian)
Medical Writer (Contracted with EMU)
Logistics Lead
Procurement Group (EMU, CRMB, SFSB)
Stockpile Distribution Group (EMU, SFSB)
Teleconference Management Officer
Continuity of Operations Coordination Officer (EMU)
Technical Support Officer (HS I&IT Representative)
MEOC Supplies and Equipment Officer
Volunteer Coordination Officer (HRB Representative)
Finance and Administration Lead
MEOC Human Resources Officer (HRB Representative)
Incident Documentation Officer
Cost Tracking and Compensation Officer
Emergency Financial Stewardship Committee
Financial Coordination (CRMB, CFBPB, FMB, SFSB, CCO)

8.0 RESPONSE

This section will summarize the general response activities, resources and protocols that will be directed by the ministry in response to an emergency. Operating procedures to support this section are appended to the MERP as they are developed.

Responses to particular incidents are published separately through incident-specific plans for selected hazards (e.g. the Ontario Health Plan for an Influenza Pandemic).

The ministry's general response to emergencies will be focused on several key priorities, which would be reviewed and confirmed by EEMC at the outset of each incident:

i) Health and safety of health care workers and affected Ontarians, particularly vulnerable populations
ii) Rapid identification, analysis and monitoring of the health hazard
iii) Communication of information and direction to the public and health stakeholders
iv) Support to affected health care providers and continuity of critical health care services and infrastructure
v) Continuity of ministry critical services

8.1 How do Ministry Branches and Staff Participate in an Emergency Response?

As shown in Figure 8, the ministry's response will call upon a variety of disciplines from across the ministry to come together in order to fulfill the necessary functions to respond to an emergency.

Accordingly, several ministry branches/ program areas may be required to participate directly in the response, depending on the nature of the incident. These areas of the ministry have been identified in the IMS chart based on the alignment of a particular function with their routine business.

Note: depending on the circumstances of the incident, the ministry's response structure may be expanded further to incorporate participation from additional branches of the ministry if their particular functions or skill-sets are required for the emergency.

Some of the identified branches participating in a response will already have well-developed internal response structures in place, given their routine business. Examples of this are Emergency Health Services Branch (land and air ambulance) and the internal IMS response structure of Public Health Division (infectious disease outbreaks).

These areas will participate in the response by activating their respective structures and coordinating with the MEOC, reporting to the Incident Commander. Coordination with the MEOC will occur by means of a representative from each branch response structure. During the initial stages of an emergency, this representative may liaise with the MEOC from their own location. However, as the emergency expands, these representatives/ liaisons may be required to relocate to the MEOC for the duration of the incident.

It is expected that branches with internal response structures will have the necessary procedures in place to maintain operations coverage on a 24-hour basis, should the MEOC be activated in this manner.

Other areas within the ministry may not have a dedicated response structure in place, given their routine business and focus on stewardship (e.g. policy-oriented branches, units responsible for coordination or oversight). During an emergency,

coordination with the MEOC may occur from their respective office locations through a similar representative arrangement as noted above. Otherwise, the branch may be required to send the necessary staff/skill-sets to the MEOC to be physically present for the response. Branches are also expected to identify backup staff to participate in the response if the MEOC is operating on a 24-hour basis.

Should the incident continue over an extended period of time (e.g. SARS occurred over several months; a pandemic will have a longer duration), the ministry may be required to effectively "second" ministry staff into the MEOC temporarily for a period of time. In other cases, the ministry may simply request volunteers to assist in the response for brief intervals. Volunteer ministry staff may be utilized to backup or supplement functions within the response structure or, in more limited circumstances, they may be requested to perform a front-line role in the response (as occurred during the evacuation of Canadians from Lebanon in 2006).

Additional situations in which volunteers may be utilized have occurred during international emergencies. For example, in 2005, several OPS (including MOHLTC) staff were successfully deployed to the United States to assist in the response to Hurricane Katrina.

The coordination of ministry human resources as part of an emergency response effort will be led by the Human Resources Branch working through the MEOC and in consultation with the Ministry of Government Services (during an emergency, MGS will activate its Corporate Response Centre). Issues such as compensation and alternate work assignments for OPS staff will be addressed through MGS

8.1.1 What can Ministry Staff Expect when Participating in an Emergency Response?

A provincial-level response will be somewhat removed from the frontline management of an incident. Planning and operations are conducted with a broader outlook and a focus on system coordination, direction and support to the health care system. Staff would not deal directly with incidents and their impact on communities as local responders do. Similarly, actions taken from a provincial EOC may not be as immediately apparent to affected Ontarians compared to the efforts of local responders.

Nevertheless, a successful response at the provincial level will have broad implications for the health of Ontarians throughout the province as well as the resiliency of the health care system.

While responding to an emergency can be a very rewarding experience, ministry staff can also expect the management of an emergency at the provincial level to be vastly different from the routine of most positions within the ministry. Individuals responding to an emergency would operate in an environment of command and control that is sometimes fast-paced and overwhelming, and at other times, slow-paced and routine.

Staff may be assigned a role within the ministry's response structure. The IMS concept of emergency management provides an organizational framework that exists separately from the routine operations of an organization. When an individual is asked to take on any role under an Incident Management System, it is based on their particular skill-set and is not necessarily based on seniority or routine reporting relationships within the ministry.

When participating in the response, staff report to the lead for their section (e.g. the

Operations Lead) and to the Incident Commander. This does not replace normal reporting relationships with senior managers, but is in addition to routine business.

Below are some other examples of what can be expected:

- The flow of information will increase well beyond normal rates, leading to challenges in remaining up-to-date
- Staff may be directed to perform seemingly routine, but necessary tasks. On the other hand, staff may experience entirely new tasks they had not performed before
- Response activities must be well-documented. Staff can expect the level of documentation to be significantly increased
- Staff may be required to communicate or liaise with organizations they have never dealt with before. During emergencies, relationships are developed with a variety of organizations (sometimes working together for the first time during an emergency).

8.1.2 What can Non-participating Ministry Branches Expect During an Emergency?

Ministry branches that are not directly participating in the response will continue to play their essential roles within the ministry throughout the emergency. As noted in Section 3.2.3, all ministry staff should remain cognisant of an emergency in progress and how the events may impact critical services. Branches must be prepared to take immediate action to protect employee health and safety and to restore critical services according to their COOP plan, should they be interrupted during the incident.

Staff will be able to obtain situation updates regarding the emergency from the ministry's intranet site: INFOweb. The EMU will ensure that regular updates are posted to INFOweb to keep ministry staff informed of new developments. *Note: It is important that emergency information posted for staff consumption be kept confidential.* The release of information to stakeholders and the public is a separate process that is coordinated between ministries from the Emergency Information Section of the Provincial Emergency Operations Centre.

Further to the above, non-participating branches may also be called upon to support the response in an indirect capacity. For example, branches may be requested to provide information, data or other assistance to the MEOC to inform response planning.

During an emergency, the MEOC will directly contact branches for information that is required for the response. The request will not follow the process for routine requests for information, briefing notes, etc. Furthermore, contact to a ministry branch may be initiated by any member of the MEOC where directed by the Incident Commander and not necessarily a senior ministry official.

The MEOC will first attempt to initiate a request through the office of the branch's Director so that it may be coordinated appropriately. Requests from the MEOC during an incident should be expedited to the extent possible.

Should the incident require a more active involvement from a branch beyond the provision of information, the Incident Commander of the MEOC may establish an additional function within the response structure and request participation from the engaged branch.

8.1.3 The Importance of Personal Preparedness

Whether participating directly in emergency response or continuing to perform regular ministry business, the ongoing personal preparedness of all ministry staff is critical to employee health and safety, and through this, the disaster-resilience of the ministry and the effectiveness of the ministry's response.

The EMU website contains information and tools to support the development of a personal emergency plan for your family, including a checklist to assist you in assembling emergency kits for both your home and car.

Please go to the EMU website http://www.health.gov.on.ca/emergency and click on "Personal Emergency Preparedness" to obtain this information.

8.2 Coordination through the MEOC

Figure 9 on the following page depicts key interactions that would be coordinated from the MEOC during an emergency. As shown in this diagram:

- The Liaison Officer is responsible for formal interactions with other ministries and jurisdictions and any other response organizations that may participate in the response. This role is primarily carried out from the Ops Section of the PEOC.

- The Information Officer will liaise with the Emergency Information Section of the PEOC through CIB and communicate with media organizations to provide emergency information to the public (i.e. news releases, press conferences, etc.)

- Interactions with health stakeholders will be accomplished through various ministry divisions, as represented through their respective IMS functions (see Figure 7). For example:

  - Coordination with Health Regulatory Colleges will occur through the Health Human Resources Strategy Division as represented in the IMS response structure under the Health Human Resources Group
  - The LHIN Liaison Branch will be responsible for interacting with LHINs and their respective providers. They are specifically represented in the response structure under the Other Health Care Group. *This role is currently under review.*

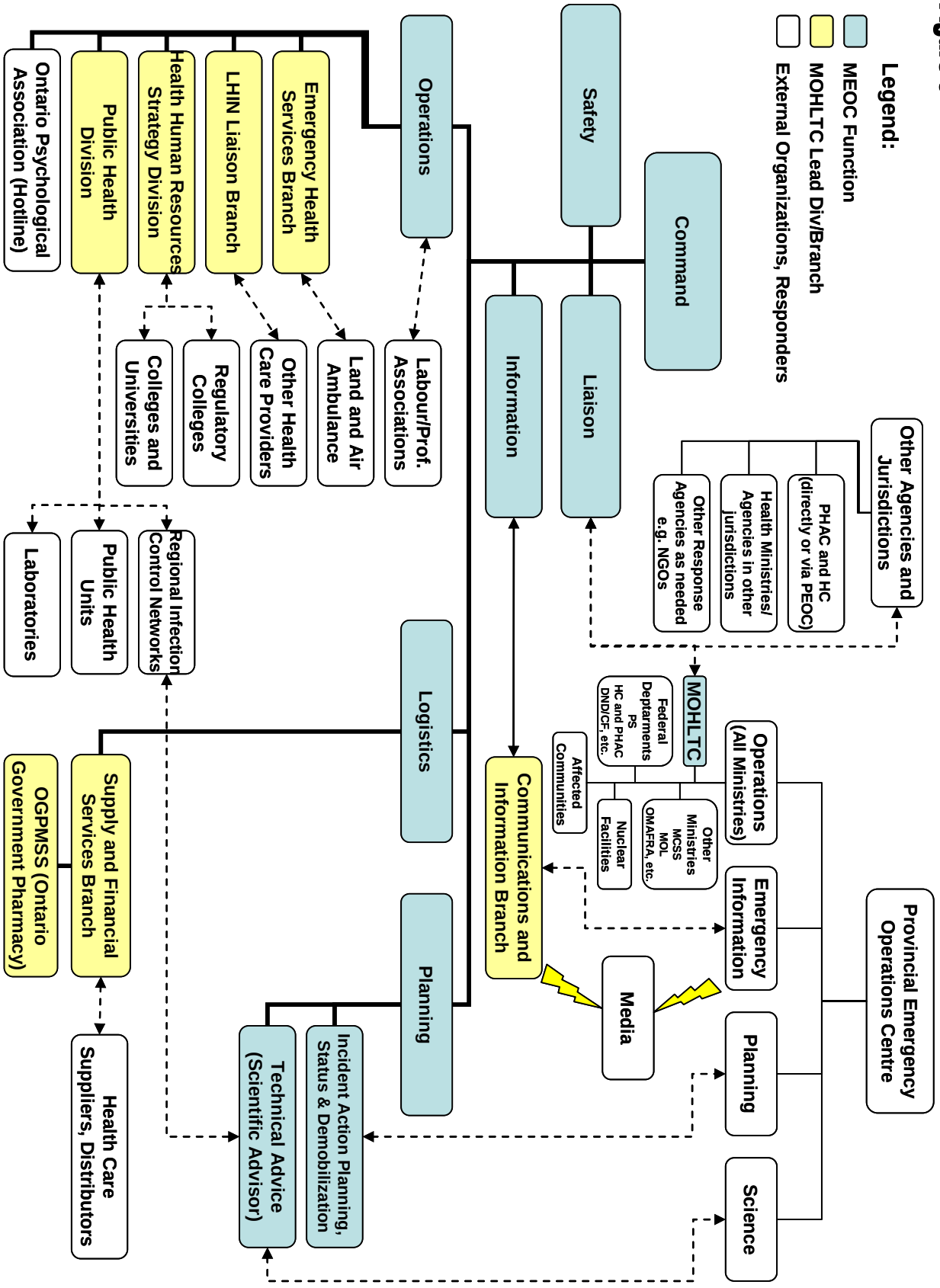
- The ministry may liaise directly with the Ontario Psychological Association through the Ops Section to establish a psychosocial support and referral hotline (see Section 8.7.5 for more information).

- Elements of the MEOC Planning Section must interact with both the Planning and Science Sections of the PEOC to ensure that health and health care sector considerations are represented in discussions within these key sections.

- Regional Infection Control Networks play an important role in relaying operational feedback from the field during an infectious diseases emergency. Their feedback will also be utilized to inform response planning.

- Supply and Financial Services Branch and, through it, the Ontario Government Pharmaceutical and Medical Supply Service will interact with health care suppliers and distributors to procure and distribute supplies during the emergency. They are represented in the MEOC through the Procurement Group and the Stockpiling and Distribution Group.

Figure 9


Legend:
MEOC Function
MOHLTC Lead Div/Branch
External Organizations, Responders
Command
Safety
Liaison
Information
Operations
Logistics
Planning
Other Agencies and Jurisdictions
PHAC and HC (directly or via PEOC)
Health Ministries/ Agencies in other jurisdictions
Other Response Agencies as needed e.g. NGOs
MOHLTC
Federal Deptarments PS HC and PHAC DND/CF, etc.
Affected Communities
Other Ministries MCSS MOL OMAFRA, etc.
Nuclear Facilities
Communications and Information Branch
Media
Operations (All Ministries)
Emergency Information
Planning
Science
Provincial Emergency Operations Centre
Emergency Health Services Branch
LHIN Liaison Branch
Health Human Resources Strategy Division
Public Health Division
Ontario Psychological Association (Hotline)
Labour/Prof. Associations
Land and Air Ambulance
Other Health Care Providers
Regulatory Colleges
Colleges and Universities
Laboratories
Public Health Units
Regional Infection Control Networks
Supply and Financial Services Branch
OGPMSS (Ontario Government Pharmacy)
Health Care Suppliers, Distributors
Technical Advice (Scientific Advisor)
Incident Action Planning, Status & Demobilization

8.3 Command

8.3.1 The Incident Commander

The Incident Commander is the senior level decision-maker within the MEOC. This individual is responsible for directing the ministry's response efforts in coordination with other responders and has the authority to deploy the necessary resources to respond effectively to the emergency. This role is performed by the Director, EMU (see information regarding the transfer of Command below).

During an emergency, the Incident Commander will:

- Report to the Executive Emergency Management Committee (EEMC)
- Establish the timing of the Operational Cycle (see below) for the MEOC based on the 'rhythm' of the emergency
- Issue operational direction to ministry staff based on the objectives and priorities established by EEMC
- Approve Incident Action Plans developed by the Planning Section for each operational cycle (see below)
- Take responsibility for the occupational health and safety of ministry responders (supported by the Safety Officer)
- Coordinate ministry response efforts with other response organizations (supported by the Liaison Officer)
- Develop and issue (once approved) emergency information to the public and the health care system (supported by the Information Officer)
- Assign positions within the MEOC to incoming staff according to their appropriate skill-sets
- Create new functions under one on the common IMS groupings should a need for that particular function be identified

8.3.2 Transferring Command

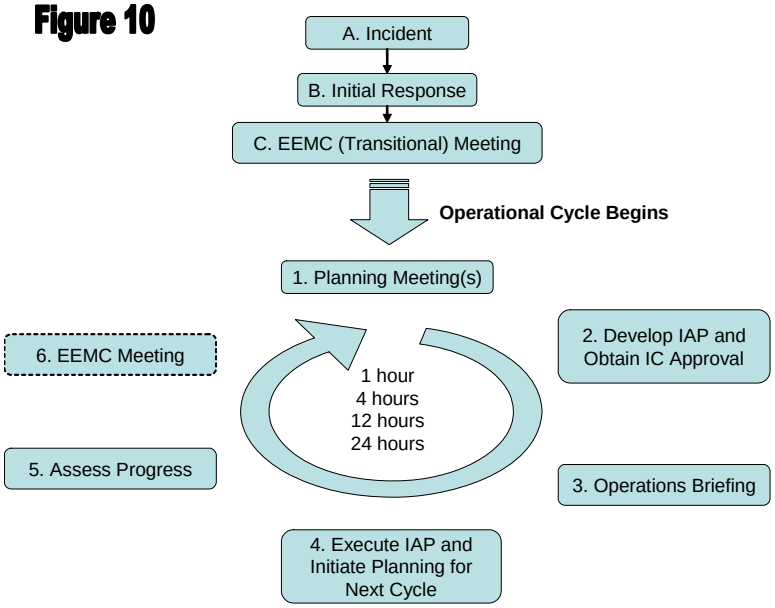
The Incident Commander will transfer command to another individual as needed throughout an emergency (e.g. during a shift change). The transfer of command will occur through a formal briefing process to ensure that the incoming Incident Commander is updated on the status of the incident and response activities, the latest direction from EEMC and current issues.

8.3.3 Establishing an Operational Cycle

Emergency operations under an Incident Management System framework involve a repeated sequence of activities. In summary, they are: developing a plan, executing the plan and assessing the situation for the next plan. The cycle is shown in Figure 10.

Operational cycles can be of varied length based on the size, complexity and pace of the emergency, but are typically no longer than 24 hours. The length of the cycle is determined by the Incident Commander. It is common for operational cycles to be shorter following the impact of an emergency, where an abundance of information is pouring in from the incident site, local officials and media. However, as response activities wind down and the focus shifts to recovery, the need for immediate information and resources is less urgent. Thus, the operational cycle expands to a level that is comfortable for the organization and staff.

Figure 10



The operational cycle revolves around the Incident Action Plan (IAP), which is described in greater detail in Section 8.8.2. This means that activity within the MEOC is organized such that it contributes either to the development of the IAP or to the implementation of the IAP. The operational cycle must also coexist (regardless of length) with the ministry's 24-hour Emergency Information Cycle, in which ministry communication is conducted according to a fixed schedule (see Section 8.6.2).

8.3.4 The Executive Emergency Management Committee

At full activation, the EEMC will attempt to convene twice per day based on the ministry's 24-Hour Emergency Information Cycle (see Section 8.6.2) to:

- Receive updates from the Incident Commander
- Establish strategic direction, objectives and priorities for the MEOC
- Approve communications strategy: spokespeople and messaging to the public and stakeholders
- Approve major supply and equipment expenditures

8.3.5 Invoking Statutory Powers

As outlined in Section 2.2, the Health Protection and Promotion Act contains a number of powers that may be used during an incident, and which do not require the provincial declaration of an emergency.

For example, the Minister of Health and Long-Term Care may:

- Take possession of a facility for use as a temporary isolation facility; or
- Upon certification of the Chief Medical Officer of Health, procure, acquire or seize medications and supplies.

The Chief Medical Officer of Health may:

- Request information from health information custodians;
- Collect, retain and use pre-existing laboratory specimens; and
- Issue directives to health care providers regarding precautions and procedures.

Please refer to Section 2.2 for details regarding the above powers.

The Incident Commander will recommend the use of powers to EEMC for consideration based on the status of the incident and in consultation with ministry Legal counsel. The CMOH also sits as a member of EEMC, but is independent of the EEMC.

If the EEMC recommends the use of statutory powers, the CMOH will consider the recommendation and make a decision accordingly. If the recommended power falls under the Minister's jurisdiction (e.g. the

power to seize supplies), the CMOH must first certify for the Minister that the conditions necessary to invoke the power (e.g. an immediate risk to the health of Ontarians) have been met.

The MEOC will be responsible for operationalizing a statutory power once it is invoked (i.e. communication and implementation).

8.3.6 Recommending the Provincial Declaration of an Emergency and the Use of Emergency Powers

The provincial declaration of an emergency and the use of emergency powers are the responsibility of Cabinet and, under certain conditions, the Premier. These authorities are established under the Emergency Management and Civil Protection Act (see Section 2.1).

The Incident Commander will recommend the provincial declaration of an emergency and use of emergency powers to EEMC for consideration based on the status of the incident and in consultation with ministry Legal counsel. Once approved, the Incident Commander will coordinate with the Command Section of the PEOC to arrange an immediate, joint recommendation to Cabinet or the Premier from both the CMOH and the Commissioner of Community Safety.

8.4 Safety Officer

One of the foremost considerations throughout the duration of an emergency is responder health and safety. A Safety Officer will be designated for the ministry and tasked with monitoring and ensuring the safety of personnel who are involved in the ministry's response effort. An individual may assume this role in addition to another IMS function, but may be required to perform this role exclusively depending on the size of the emergency and the extent of staff involvement.

The Safety Officer role has a number of responsibilities:

- Observing employee stress
- Monitoring infection control practices (hand-washing, etc.) in the event of an infectious diseases emergency
- Coordinating the evacuation of MEOC
- Administering First Aid to MEOC staff if required
- Maintaining a list of staff who are trained in First Aid
- Ensuring staff awareness of occupational health & safety issues/information

The Safety Officer will exercise due diligence in ensuring the safety of MEOC staff during an emergency, particularly during infectious disease incidents where the disease can potentially spread to MEOC staff.

The Safety Officer may also be involved or consulted by Planning in the development of the IAP regarding occupational health and safety issues for operations that may involve ministry responders.

8.5 Liaison Officer

Coordination with other organizations is critical to emergency response. If carried out successfully, coordination can lead to:

- clear communication
- the sharing of information (for improved situational awareness and planning)
- consistent messaging to the public
- greater access to resources
- avoiding the duplication of resources amongst responders

A Liaison Officer may be dispatched by the Incident Commander as required to establish a formal link with another organization

involved in the response in order to more effectively coordinate emergency operations with the MEOC. Typically, this role is executed at the Provincial Emergency Operations Centre, where this individual would be connected with representatives from each provincial ministry responding to the emergency as well as relevant departments from the federal government. However, this role may be expanded to incorporate additional liaisons where linkages are required with additional organizations based on the emergency.

The role of Liaison may include relaying formal updates on the status of the emergency and of response activities within the ministry or vice-versa. It may also encompass formal communication to other organizations with respect to coordination, requests for information, assistance, resources and data.

The above does not preclude direct communication between Incident Commanders or other IMS functions (e.g. Operations, Logistics) and their counterparts from different organizations. Nor is this role intended to conflict with the Information "liaison" at the PEOC's Emergency Information Section (see below).

8.5.1 Mutual Aid

Mutual aid is the formal request for assistance from a neighbouring jurisdiction when the resources of the responding jurisdiction are overwhelmed. In the case of Ontario, it may require assistance from another province.

There would only be rare situations in which an emergency would become large enough as to overwhelm the resources of an entire province. Mutual aid at the provincial level is not limited to such situations, but can be used to request specialized resources that either do not exist or have been overwhelmed or incapacitated during the response effort.

Such assistance could encompass specialized supplies or equipment that has been exhausted within the province, or particular human resources of which the province is currently experiencing a shortage.

The Ministry of Health and Long-Term Care has signed a Mutual Aid Agreement with other Canadian provinces for this rare eventuality. The role of the Liaison Officer in this context will be to operationalize this agreement by establishing communication with another jurisdiction and formally requesting assistance. The Liaison Officer will then work with the assisting jurisdiction and the appropriate MEOC section to track and ensure a smooth transition of resources into Ontario as well as to quickly resolve any issues in the exchange (e.g. interoperability).

8.6 Emergency Information

The ministry is committed to providing focused, timely, accurate, accessible and concise communications to/from/among four key audiences:

i) the public
ii) health care workers
iii) health care stakeholders (including health care employers, associations, regulatory colleges and unions)
iv) internal audiences (i.e. MOHLTC staff, broader Ontario Public Service)

The primary spokesperson for the MOHLTC during a health emergency is the Chief Medical Officer of Health

An Information Officer will be assigned to the MEOC by the Executive Director, Communications and Information Branch. This may be expanded into a larger Crisis Communications Team that may operate from CIB, depending on the scope of incident. The Information Officer (or Team) is responsible for the development and timely

dissemination of all emergency information that is communicated externally to health stakeholders or the public.

Activities within this section would be carried out in accordance with the Crisis Communications Plan developed by CIB (See Appendix D). This includes, but is not limited to, the following tasks:

- Issuing Important Health Notices (IHNs) to health stakeholders
- Coordinating notices/bulletins to the public (in cooperation with PEOC and Cabinet Office)
- Updating the ministry website to provide updates to stakeholders and the public
- Updating INFOweb to provide updates to ministry staff
- Instituting media monitoring
- Developing media products
- Identifying ministry spokespeople and backups
- Communicating with media organizations
- Coordinating media briefings and preparing ministry spokespeople
- Issues management related to the emergency
- Liaising and coordinating with Emergency Information Sections from other jurisdictions (e.g. Public Health Units, Public Health Agency of Canada)

Media Line:
1-888-414-4774
or 416-314-6197

The Information Officer will also support the development of the Incident Action Plan by:

- Participating in planning meetings
- Providing a status update on the above responsibilities
- Contributing to the Emergency Information component of the IAP (i.e. communications strategy and public messaging for the next operational cycle)

8.6.1 Provincial Coordination of Emergency Information

The above responsibilities must be coordinated with the Emergency Information Section of the PEOC, should it be activated to coordinate emergency communications across ministries. This will require the deployment of an additional Information Officer to operate from the EIS and link back with the Information Officer at the MEOC.

During a health emergency, MOHLTC will assume the role of primary/lead ministry for the government. This will require the ministry to coordinate emergency information to the public across ministries. The Executive Director, Communications and Information Branch will be designated as the Provincial Chief Information Officer for the response and will be responsible for leading the Emergency Information Section of the PEOC.

8.6.2 Emergency Information Cycle

Communication is imperative during an emergency. During large-scale emergencies, the demands for communication can escalate to such a level as to overwhelm a response organization.

The ministry has developed an information cycle to help organize and streamline communications during an emergency (see Figure 11). This cycle will ensure that health stakeholders and the public/media receive regular reports throughout the incident. Information will be issued and briefings held at the same time each day:

0000h An Important Health Notice will go out every day at midnight to provide a status update and any new directions to the field. This will ensure that the health sector will have this information for the start of the day.

0830h A teleconference will be held with the Health Care Stakeholder Council (which will includes the CMOH, MEOC and professional associations, labour associations, regulatory colleges and Local Health Integration Networks).

1000h An Executive Emergency Management Committee (EEMC) meeting will be held to receive updates on new information from overnight and on pressing issues requiring strategic direction.

1300h During an infectious disease incident, a public health teleconference will be conducted with the CMOH, MEOC, PHD and Local Medical Officers of Health.

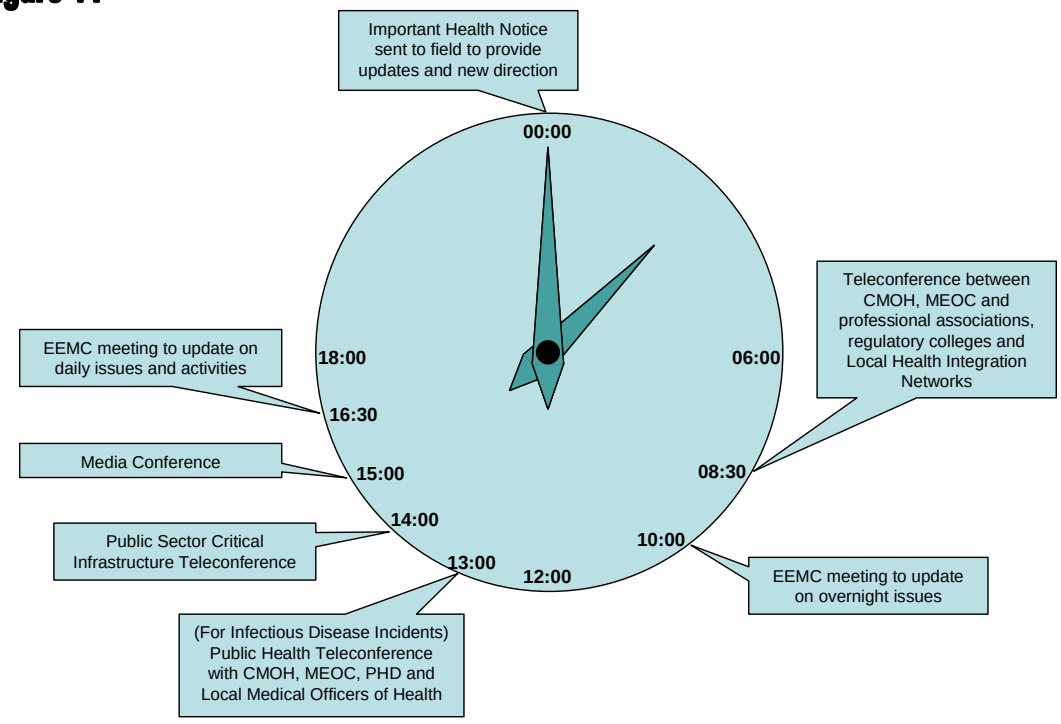
1400h A teleconference with other critical infrastructure sectors (e.g. energy, financial, telecommunications) will be coordinated through the Provincial Emergency Operations Centre (PEOC).

1500h A daily media conference will be held

1630h EEMC will convene again to receive updates on activities and issues that have occurred during the day

The cycle will be activated by the MEOC at an the Emergency stage of the Graduated Response Protocol (see Section 7.1). Once activated, stakeholders will be provided with details regarding teleconference logistics and protocols.

Figure 11



8.7 Operations

Managed by an Operations Lead, staff within the Ops Section implement Incident Action Plans and coordinate response activities for the ministry and the health care system at a provincial level. This means that Ops staff must communicate with health stakeholders within the province in order to provide information, give direction and obtain feedback.

Staff within the Ops Section are essentially outwardly focused, meaning that they are typically communicating externally, whether it is directly with health care providers across the different sectors of the healthcare system or with associated regulatory agencies and professional associations that represent their members within these sectors.

All feedback/status reports that Ops staff obtain in their communication and coordination efforts must be relayed to Planning to develop the ministry's situation reports as well as to inform the development of the Incident Action Plan for the next Operational Cycle. Ops staff also participate in planning meetings in order to contribute their operational perspective to the development of the IAP for each cycle.

The Operations section is comprised of the following functions:

8.7.1 Pre-hospital Group

This group represents the branch response structure of the ministry's Emergency Health Services Branch in the Corporate and Direct Services Division. This group is responsible for the provincial coordination and communication for the following elements of the health care system during an emergency:

- Land Ambulance
- Air Ambulance (provided by Ornge – see below)
- Base Hospitals
- Ambulance Communication Services (ACSs)
- Patient Transfer Authorization Centre (PTAC – see below)
- Associated regulatory agencies and professional associations, such as:
  - Association of Municipal Emergency Medical Services of Ontario
  - Ontario Paramedic Association

Ornge

Ornge (formerly Ontario Air Ambulance Services Corporation) is a non-profit organization responsible for the coordination of Ontario's air ambulance system

Ornge utilizes/contracts a fleet of aircraft (12 helicopters and over 40 fixed wing aircraft) stationed at 26 bases across the province. The Ornge Communications Centre (OCC) plans and directs flights for the Province of Ontario and beyond. This centre also operates the Provincial Transfer Authorization Centre (PTAC) (see below).

Ornge also operates the province's Emergency Medical Assistance Team (see Section 8.7.8).

For further information, please visit Ornge's website at: http://www.ornge.ca .

PTAC

PTAC plays an important role for health care workers, patients and the public by helping to prevent the spread of infectious disease between facilities throughout the province of Ontario. PTAC is a web-based authorization

service for patient transfers that was established and funded by the ministry during the SARS outbreak in 2003. The Centre is managed by Ornge and is staffed by experienced nurses and paramedics and backed up by on-call physicians 24 hours a day.

Since the outbreak of SARS, ministry policy requires PTAC authorization for every inter-facility patient transfer that takes place. This policy also applies to patients being transported from a health care facility to and from a private doctors' or dentists' office for treatment (transfer authorization is not required for life threatening emergencies).

The centre screens for symptoms and diagnosis information specifically for (but not exclusive to) Infectious Respiratory Disease and maintains a database to track patient transfers between health facilities for the protection of sending and receiving facilities, ambulance and private transfer companies and the public by ensuring appropriate personal protective measures are taken thus containing any risk of spreading.

PTAC processes over 1,375 requests per day - a rate that continues to increase over time. Approximately 69% of requests are submitted via the internet, where authorizations can usually be processed in seconds

PTAC also receives outbreak notifications from the province's Public Health Units and many health care facilities voluntarily provide outbreak information directly to PTAC.

For more information, visit the PTAC website at: https://www.hospitaltransfers.com/Transfer .

PTAC
Provincial Transfer Authorization Centre

8.7.2 Public Health Group

This group represents the divisional response structure of the ministry's Public Health Division. The division's IMS structure is also based on the Incident Management System like the MEOC. This group is responsible for the provincial coordination and communication for the following elements of the health care system during an emergency:

- Public Health Units
- Laboratories:
  - Public Health Laboratories
  - Hospital Laboratories
  - Community Laboratories
  - National Microbiology Laboratory, PHAC
- Associated Regulatory Agencies and Professional Associations, such as:
  - Association of Local Public Health Agencies
  - Ontario Public Health Association
  - Ontario Association of Medical Laboratories

The Operations Section of the Public Health IMS structure is shown in Figure 12. This diagram provides an overview of the major functions that the Public Health Group will perform during an emergency. This group will also manage the Public Health Call Centre (PHCC).

Public Health Call Centre:
416-212-6361 or 6362

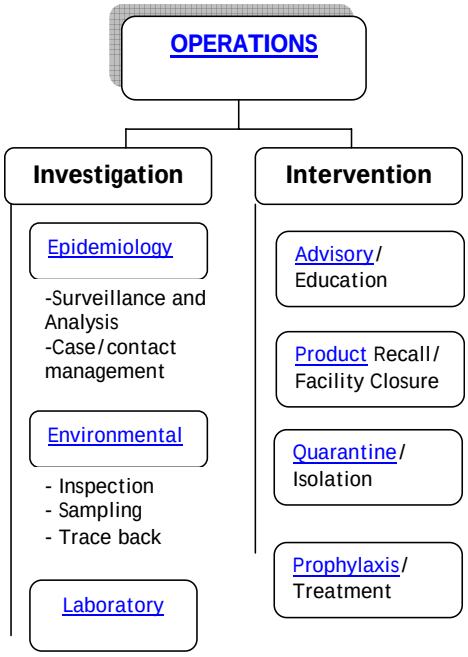
The PHCC was established to serve as an information relay centre for public health units. The responsibilities of the Call Centre also include: assisting in the management of West Nile Virus cases, water quality and boil water advisories and collecting information for institutional respiratory infection outbreaks. It also supports EMU's Health Care Provider Hotline outside of normal business hours.

RICNs

Regional Infection Control Networks (RICNs) are designed to coordinate infection prevention and control activities and promote standardization in health care facilities across Ontario. The networks bring together infection prevention and control and infectious diseases expertise from relevant fields across the health care continuum including acute care, public health, community care and long-term care homes.

Ten RICNs are currently in place, with the remaining four to be phased in over 2007, resulting in a total of fourteen RICNs with boundaries corresponding to those of the Local Health Integration Networks by the end of 2007.

Figure 12



The role of RICNs in facilitating knowledge transfer and information sharing with local health care providers will be a significant asset during an infectious diseases emergency.

The ministry will look to the expertise of RICNs to provide operational feedback regarding the effectiveness of ministry directives to health care providers, particularly those which pertain to infection control measures and other outbreak measures that these settings are directed to implement.

The feedback provided through the Public Health Group by RICNs will be used by the Scientific Response Team (see the Planning Section - 8.8.4) in refining directives and other response measures so that they can be implemented effectively by the field.

For more information regarding RICNs, please see the ministry's website: http://www.health.gov.on.ca/english/providers/project/ohp/ricn_mn.html .

iPHIS

The integrated Public Health Information System is a web-based application for communicable disease management and reporting, currently in place within all 36 Public Health Units in Ontario.

It is owned by the Public Health Agency of Canada and managed through the CIPHS (Canadian Integrated Public Health Surveillance) Collaborative; a Federal, Provincial and Territorial body that provides overall strategic direction for the development and ongoing maintenance of the iPHIS application.

iPHIS provides:

- accurate data collection
- full case management for reportable diseases
- linked contact, quarantine and follow up management for cases
- client information and demographics
- reporting and analysis of information

Ontario has developed a new outbreak management module in iPHIS to better trace the path of infectious diseases and to manage quarantines. In the event of an infectious disease emergency, the ministry will be able to utilize the iPHIS application in coordination with affected Public Health Units to manage the outbreak effectively.

8.7.3 Other Health Care Group

This group represents the incident response role of the ministry's LHIN Liaison Branch and other areas of the ministry. *This role is currently under review.* As LHINs do not currently have a role in emergency management, the Other Health Care Group will coordinate directly with health providers and their respective associations. This includes:

- Hospitals
  - Acute and Chronic Care Hospitals
  - Specialty Hospitals: Psychiatric, Paediatric, Rehabilitation
  - Private Hospitals
- CritiCall (see below)
- Residential Care:
  - Long-Term Care Homes
  - Complex Continuing Care Programs
  - Supportive Housing
  - Retirement Homes
- Home and Community Support Services, Community Care Access Centres
- Community Health Centres
- Aboriginal Health Access Centres
- Community Practice Settings: Primary Care, Family Health Teams, Dentists, clinics, etc.
- Pharmacies
- Associated Regulatory Agencies and Professional Associations, such as:
  - Ontario Hospital Association
  - Ontario Nurses Association
  - Ontario Medical Association
  - Ontario Long-Term Care Association
  - The Ontario Association of Non-Profit Homes and Services for Seniors
  - Ontario Association of Community Care Access Centres

Given the large scope of responsibility for this function, staffing of this group may be augmented to encompass other areas of the ministry beyond the LHIN Liaison Branch. For example, the ministry's Primary Health Care Branch may be requested to assist in the response with their capacity to assist in coordination and communication with the primary care sector and Family Health Teams.

CritiCall

The Ontario CritiCall Program is an important resource for health care providers. CritiCall provides an emergency referral service for physicians caring for seriously and critically ill patients. Based at Hamilton Health Sciences Centre, its toll-free, 24-hour call centre will assist physicians in contacting on-call specialists, arranging an appropriate hospital bed and accessing appropriate transportation for patients.

The program is designed for critical care, trauma and seriously ill patients that require a level of care or specialty consultation beyond the resources available at the institution where they presented.

CritiCall can be reached through two numbers:

Primary Number: 1-800-668-HELP(4357)
Alternate Number: (905) 575-6250

For more information, please visit CritiCall's website at: http://www.criticall.com .

8.7.4 OHIP Group

During the 2005 evacuation of the Kashechewan First Nation and the 2006 evacuation of Canadians from Lebanon, OHIP coverage for evacuated residents became a key component of the ministry's response.

The OHIP Group, represented by the ministry's Registration and Claims Branch, Corporate and Direct Services Division will

be activated to fulfill this role should it be required for future incidents.

Outreach Registration Program

MOHLTC has 27 offices across Ontario. However, during incidents in which large-scale OHIP registration is required (such as an emergency evacuation), the ministry has the ability to dispatch a short-term registration team to:

- Register for health coverage
- Obtain photo health cards if red and white cards are lost, stolen or damaged
- Make changes to information on health cards

8.7.5 Call Centre Group

Under the Call Centre Group, a variety of call centres may be coordinated during an emergency, with each performing separate functions. Some of these centres would need to be activated specifically for the emergency while others are existing call centres that may be redirected for emergency use or given particular instructions during the emergency.

The exceptions to this are the Public Health Call Centre, which is a specific resource of the Public Health Group (see Section 8.7.2 above) and the Media Line, which is managed through the Emergency Information Officer by CIB (See Section 8.6 above).

The different call centres that may be coordinated from the MEOC during an emergency are:

1) INFOLine:

1-800-268-1154
or 416-314-5518

Focus: The public

This is the ministry's primary call centre, which is managed by Communications and Information Branch. It may be issued particular messaging from the MEOC through the Emergency Information Officer to help respond to questions from the public or from health stakeholders. It may be utilized to back up other call centres below that do not have dedicated infrastructure.

2) Health Care Providers' Hotline:

1-800-212-2272

Focus: Any health care sector organization: providers, professional associations, etc.

This is a 24-hour hotline managed by the EMU. During routine business, it is supported after hours by the Public Health Call Centre. During an emergency, it will be fully activated and staffed with health care professionals with operational perspective from a variety of settings (acute, long-term and community care). Their role will be to respond to questions from health care providers during the emergency (e.g. interpretation of ministry directives, follow up on Important Health Notices). This number can also be used to notify the ministry of a local health emergency.

3) Employer's Hotline:

1-866-331-0339

Focus: Public and private sector employers

This is a 24-hour hotline managed by the EMU through which managers of any public

and private sector organization can obtain information from the ministry on the health aspects of emergency management and business continuity (e.g. during a pandemic) and how it may impact their employees and the operation of their business.

4) TeleHealth Ontario:

1-866-797-0000

Focus: The public

TeleHealth 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 (clinic or emergency department) 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.

The TeleHealth call centre may also play an important role in surveillance during an emergency as it can report on the incidence of targeted symptoms reported by callers.

5) Psychosocial Support:

 # TBD during the incident

Focus: The public

The ministry has partnered with the Ontario Psychological Association (OPA) to establish a protocol for a crisis counselling and emotional support hotline that may be activated during an emergency. The service will be staffed by volunteer psychologists and psychological associates, who can refer callers to nearby providers for further counselling and support. This hotline is supported by the ministry's INFOline (see above).

8.7.6 Health Human Resources Group

The responsibilities of this group will be carried out in the MEOC by staff from the ministry's Health Human Resources Strategy Division. The principal role of this group will be to help optimize the health care workforce during an emergency.

During an emergency, health care workers perform a frontline role in responding to the incident and its impacts on the health of Ontarians. As Ontario experiences pressures in maintaining a strong health care workforce across all sectors during routine business, so to will this pressure intensify at times of emergency.

The role of this group will be to:

- monitor pressures on health human resources within the various sectors of the health care system during an emergency
- liaise with the province's health Regulatory Colleges to ensure the expedited registration of health care workers – this includes workers from other jurisdictions that are activated through Mutual Aid
- provide education and support to health care providers in optimizing the deployment of health care workers for their organizations

8.7.7 Legislation & Regulations Group

During the 2006 evacuation of Canadians from Lebanon, the ministry expedited a change in regulations that waived the 3-month exemption period for OHIP for incoming Lebanese Canadians returning to Ontario. It is for unusual situations like these that a

Legislation and Regulations Group would be activated in the future.

The exception to the responsibilities for this group will be the use of Minister or CMOH powers under the *Health Protection and Promotion Act* or the recommendation of provincial emergency declaration and use of emergency powers under the *Emergency Management and Civil Protection* Act. Discussion on these issues will take place at the strategic level (see the Command Section - 8.3).

The Legislation and Regulations group will be comprised of representatives from:

- Legal Services Branch
- Coordination bodies (Policy and Legislative Support Unit, HSSD and/or Corporate Coordination Office, CDSD)
- Ministry division/branch that is responsible for the legislation or regulation in question

8.7.8 The Emergency Medical Assistance Team (EMAT)

EMAT was developed to support local health care providers that are overwhelmed by an emergency. The mobile field unit can be deployed on site to anywhere in the province that is accessible by road within 24 hours. It can provide the additional capacity of 56 beds, which includes the capability to treat 20 acute care patients and 36 intermediate care patients. The unit contains its own medical equipment and supplies, communications centre, electricity and water.

EMAT provides a staging and triage base for the evaluation and management of patients prior to transport to definitive care. The team's capabilities include patient isolation in the case of an infectious disease outbreak, the provision of medical support in the case of a chemical, biological or radiological incident and assistance in managing patients in mass casualty situations.

The staff complement is comprised of volunteer physicians, registered nurses, paramedics, radiologists, as well as a crisis support and information team made up of social workers and chaplains who assist patients and their families. These volunteers participate in yearly training exercises to maintain competency. These full-scale exercises are conducted in conjunction with health care organizations from different areas of the province.

EMAT is maintained and operated by Ornge (see Section 8.7.1). To find out more about becoming an EMAT member please contact Ornge at **647-428-2005**.

EMAT Deployment

Several conditions must be present prior to EMAT Deployment:

- The emergency is focused on a severe respiratory illness, mass casualty incident or Chemical, Biological, Radiological, Nuclear (CBRN) emergency
- Code Orange is invoked (if a hospital is affected)
- Community disaster plan implemented
- Efforts to transfer patients out of hospital/region as appropriate have been, or will rapidly become, inadequate
- Resolution of emergency is predicted to be greater than six hours plus EMAT response and travel time

Further deployment criteria that must be experienced by the affected facility can be found on the EMU website under programs and services: http://www.health.gov.on.ca/emergency .

EMU recommends that these criteria be reviewed carefully and included in health providers' emergency plans.

Protocol for Requesting EMAT

a. Local hospital contacts the EMU through its Health Care Provider Hotline 24-hour hotline: **1-866-212-2272**
b. Discussion between EMU and EMAT regarding the need for primary reconnaissance team to provide on-site information.
c. Primary team deployed if deemed necessary
d. EMU collects data
e. EMAT clinical and operational personnel placed on standby for possible deployment
f. EEMC considers information: EMAT medical director, program manager, CEO of Ornge, local hospital and public health unit included in discussion
g. Decision made.

8.8 Planning

Managed by a Planning Lead, staff within the Planning section are assigned to the areas detailed below. This group is responsible for obtaining all information related to the emergency and utilizing it in the development of Incident Action Plans for each Operational Cycle of the MEOC. Planning is focused on the future of the ministry's response whereas other IMS sections are more focused on present response operations.

Development of the IAP involves a cycle of planning meetings, plan development, approval, briefing and assessment. This Operational Cycle is established by the Incident Commander and is shown in the Command Section in Figure 10.

Plan development requires the necessary data and technical advice and coordination with other responders (for consistency and to avoid duplication of effort and wasting of resources).

The Planning section must also ensure that all Incident Action Plans are developed in accordance with any incident-specific plan that has been activated, such as the Ontario Health Plan for an Influenza Pandemic or the Ontario Radiation Health Response Plan.

8.8.1 Incident Status/Data

This individual (or team if required) is responsible for gathering and analyzing all data and information with respect to the incident. This intelligence is used for the purpose of preparing integrated situation reports to Command and for the MEOC. This data is also utilized by the technical experts (see below) in the provision of technical advice to Command.

The status report template comprises the first half of the Incident Action Plan template and is attached as Appendix F.

Data being collected by this function will come primarily from staff within the Operations section, who are constantly obtaining feedback from the field. This could include, for example, number of casualties or cases, epidemiological data as obtained from iPHIS or the size and direction of a radioactive plume as obtained from the Scientific Section of the PEOC.

In order to fulfill this responsibility, personnel in this role will need to make use of existing information systems within the ministry, in which case staff are required to liaise with branches that coordinate such databases. Where no ministry systems exist, staff may need to design an appropriate system that will house the information so that it can be utilized for the response.

Of particular importance in this role is the need to ensure that any data reported or provided externally does not contain any

personal health information or proprietary business information.

8.8.2 Incident Action Planning

The Operational Cycle in which an Incident Action Plan is developed and implemented has been discussed previously and shown in Figure 10. The responsibility of the Incident Action Planning Officer (or team) will be to develop the Incident Action Plan for each cycle. An IAP may be developed verbally at the initial stages of an incident or written using the ministry's IAP template (see Appendix F). The first half of this template is used as a situation report as noted in the previous section.

The IAP may be developed solely by the IAP Officer or the IAP Officer may coordinate planning meetings specifically for the purpose of developing the IAP. These meetings are separate from the deliberations of the Scientific Response Team, which would inform these planning meetings.

Regardless of how it is accomplished, the development of the IAP must incorporate direction from Command, technical advice from the Scientific Response Team as well as considerations from the other IMS sections (e.g. Operations, Logistics and Emergency Information).

The IAP Officer must also liaise with the Planning Section of the PEOC to ensure that the ministry is represented in planning discussions that take place between ministries.

8.8.3 Demobilization and Recovery

A key challenge of emergency response is identifying and communicating to stakeholders and the public when the response has ended and determining how to transition back into routine business.

It is often recommended that demobilization and recovery planning be initiated at the outset of a response, thereby establishing a desired endpoint so that emergency response is not prolonged for an indefinite period. Just as there are triggers for activating a response, triggers must also be established to identify, for example, when to stop procuring more resources and when to withdraw emergency powers.

It is also important for responders to know how long they will be expected to continue performing under emergency conditions.

Dedicated resources are often required to carry out these tasks successfully in order to avoid the tendency to focus excessively on continuing the response without thinking about when and how it will end.

A Demobilization and Recovery Officer (or team) will be established as a dedicated function of the MEOC. This function will be responsible for determining and obtaining approval on the triggers and desired endpoint of the response. This function will then monitor the response against that endpoint and advise Command appropriately.
This function will also carry out planning for the recovery phase to identify how the ministry and the health care system will return to routine business. This planning will be conducted during the response phase so that the transition into recovery will be smooth.

8.8.4 Technical Advice

A description of the Scientific Response Team is provided in Section 5.1.3. At the outset of an incident, the Scientific Advisor will analyze the situation and determine whether technical expertise will be required for the response. The Scientific Advisor will then recommend the activation of the SRT to the Incident Commander.

If the Incident Commander decides to activate the Scientific Response Team, EMU staff will activate a specialized automatic notification for baseline members of the team.

The baseline membership of the Scientific Response Team is shown in the centre of the page. Once this team is assembled, they will discuss the scope of technical advice that may be required and determine the missing skill-sets needed to augment the team.

Once assembled, the SRT will provide the technical advice necessary to inform the Incident Action Plan for each operational cycle. The SRT will also establish a link with the Scientific Section of the PEOC to ensure that technical information and data are exchanged.

The SRT will be supported by two individuals:

- A Research Officer will help the team to obtain materials they need to analyze the hazard and make recommendations.

- A Medical Writer will be responsible for converting the technical information and recommendations of the SRT into plain language that is suitable for public and health care workers to interpret and follow.

Scientific Response Team
Baseline Membership

- Scientific Advisor (chair)
- Technical specialists (e.g. toxicological if a chemical incident, radiological if a nuclear incident)
- Public health specialists
- Epidemiologists
- Occupational health and safety experts
- Emergency medicine experts
- Community medicine experts
- Facilities experts
- Operational experts from the following sectors:
  - Pre-Hospital Care
  - Acute Care
  - Long-Term Care
  - Community Care

Directives to the Health Sector

Should it become necessary to use them, directives will be an important tool for the ministry in responding to any emergency. Their purpose is to guide the operational response of the health care system and front line health care workers in a consistent manner and in accordance with the latest science and best possible information regarding the incident.

Directives would typically be considered in circumstances in which an emergency has overwhelmed the local level and where provincial coordination is required in order to support the local response through the MEOC. Directives may also be required to respond to an immediate risk to human health, where the timely communication of directives may help to mitigate the risk and potentially avoid escalation of the incident to emergency proportions.

The authority for the CMOH to issue directives to the health sector comes from s. 77.7 of the Health Protection and Promotion Act (see Section 2.2). The Scientific Response Team will have input into the content of the recommended directive. Once issued by the Chief Medical Officer of Health, the directive will be communicated to recipient providers through the ministry's Publication Facility, which is also used to dispatch IHNs (see Figure 14). Directives will also be posted on the ministry's website. The process for developing directives is shown in Figure 13 below. A standardized template has also been developed for issuing directives. It can be found in Appendix E.

Directives cannot be used to compel health care professionals to work, nor can they come into conflict with the provisions of the Occupational Health and Safety Act. In the event of conflict, the Occupational Health and Safety Act will prevail over the directive.

A health care provider that is issued a directive under the HPPA must comply with it. Planning for the use of directives at the local level prior to an emergency is therefore critical to the success of this measure. It is vital that directives are easily accessible and are communicated to health care providers as clearly as possible so that they are well understood by those on the front lines and can be implemented efficiently for a seamless, coordinated response to the incident.

Figure 13

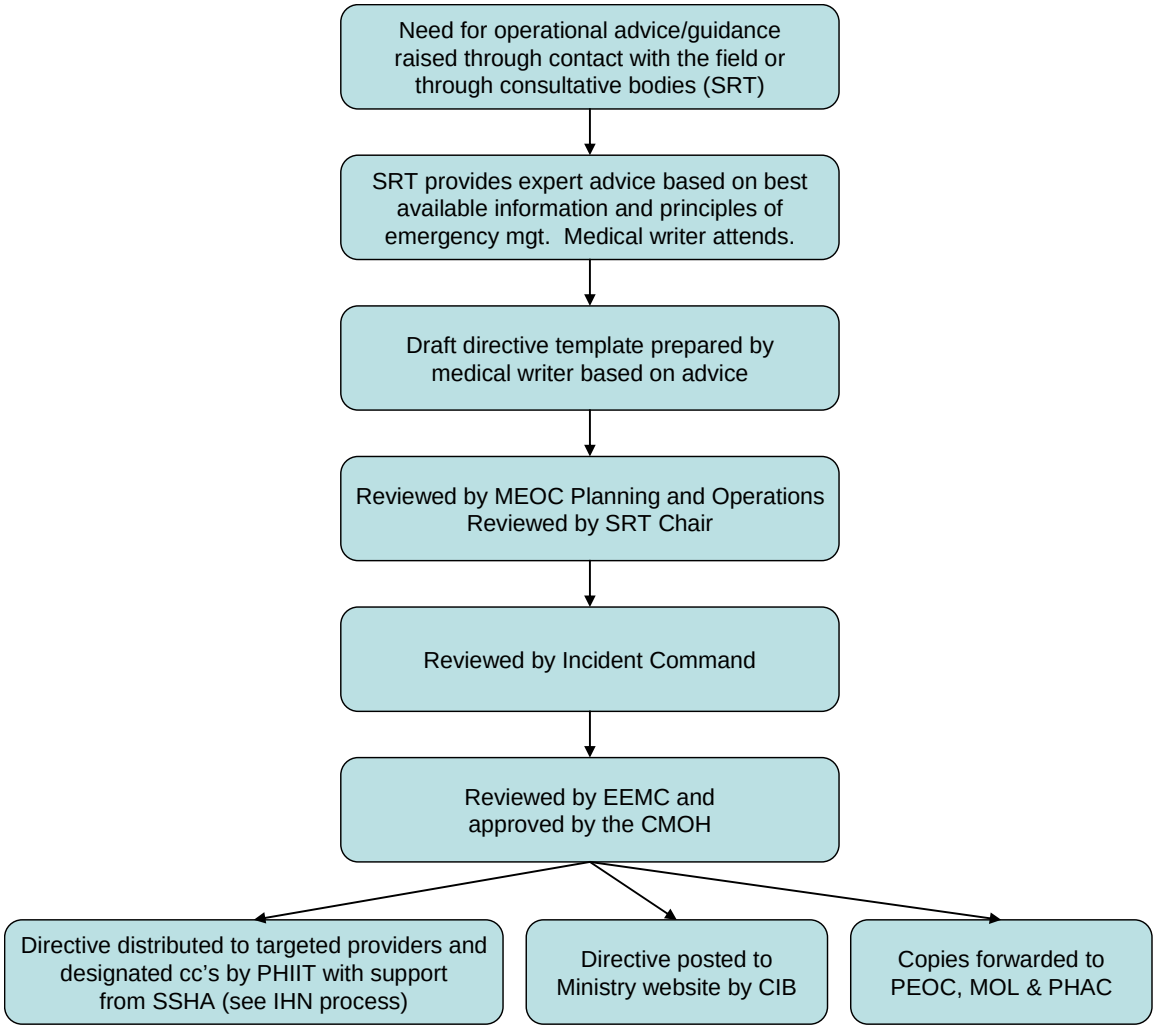
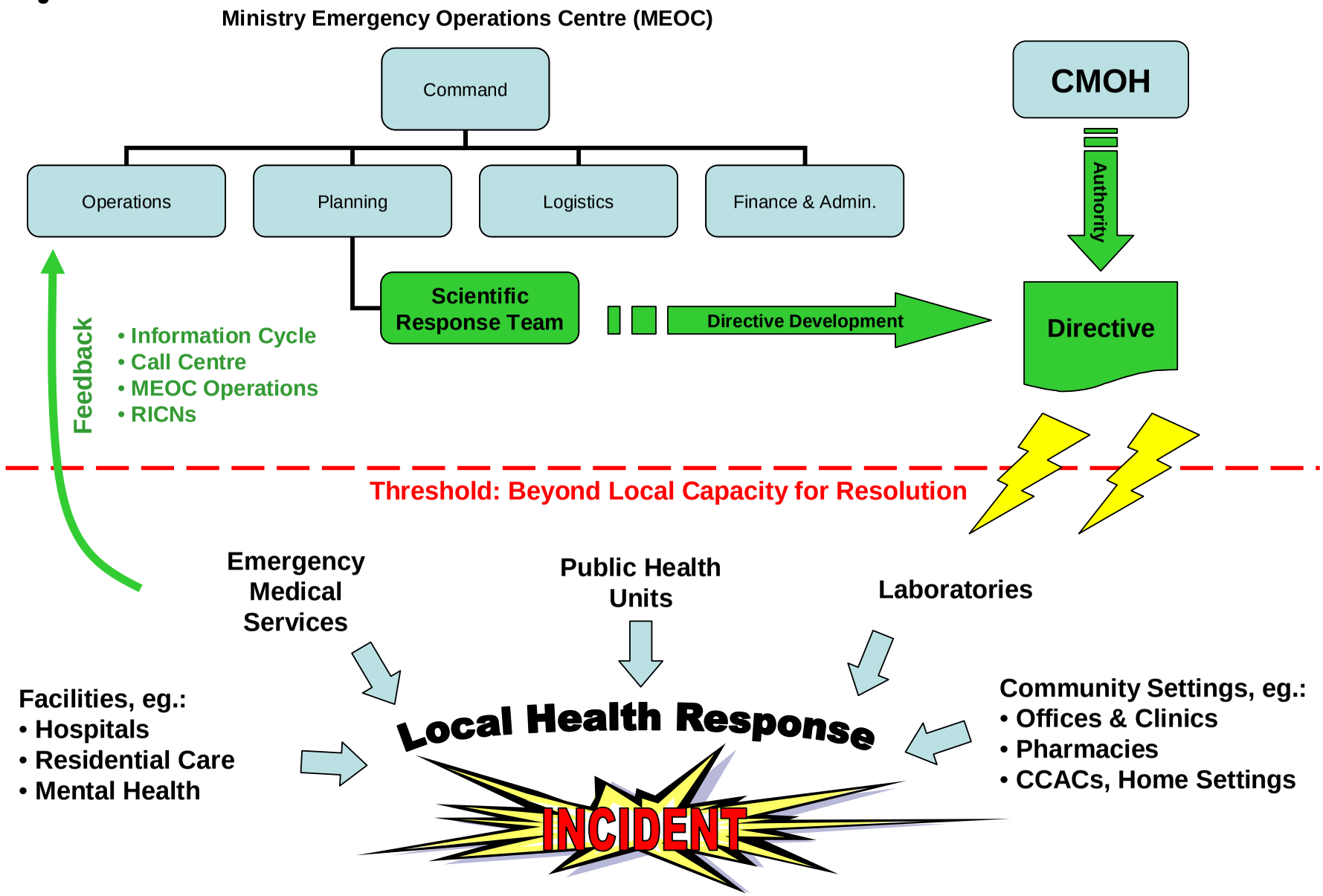


Figure 14


Ministry Emergency Operations Centre (MEOC)
Command
Operations
Planning
Logistics
Finance & Admin.
Scientific Response Team
CMOH
Authority
Directive
Directive Development
Feedback
• Information Cycle
• Call Centre
• MEOC Operations
• RICNs
Threshold: Beyond Local Capacity for Resolution
Emergency Medical Services
Public Health Units
Laboratories
Facilities, eg.:
• Hospitals
• Residential Care
• Mental Health
Local Health Response
INCIDENT
Community Settings, eg.:
• Offices & Clinics
• Pharmacies
• CCACs, Home Settings

8.9 Logistics

Managed by a Logistics Lead, Logistics personnel are charged with procuring, mobilizing and deploying any resource that is needed to fulfill the Incident Action Plan and respond to the emergency. Depending on the type of emergency, resources may include supplies, equipment, facilities, services and even human resources such as volunteers. This section also provides logistical support to the MEOC itself.

8.9.1 Procurement Group

This group will be comprised of ministry staff with procurement expertise from:

- Emergency Management Unit
- Capacity and Resource Management Branch, Public Health Division
- Supply and Financial Services Branch, Corporate and Direct Services Division

This group will be required to work with manufacturers, suppliers, distributors, transportation organizations and others as necessary in order to procure, mobilize and direct resources to staging areas or directly to areas affected by the emergency. This group will also be responsible for working with the Stockpile Distribution Group (see below) to replenish ministry stockpiles are they are accessed during the incident.

Essentially, this group is responsible for incoming product vs. the role of the Stockpile Distribution Group, which is responsible for outgoing product.

This group must also work closely with the Finance and Administration Section in order to coordinate the necessary funding so that the procurements can proceed without delay.

Minister's Power to Seize Supplies

Under the Health Protection and Promotion Act (see Section 2.2), the Minister of Health and Long-Term Care has the statutory authority to procure, acquire or seize medications and supplies from any organization.

The minister may do so upon certification from the Chief Medical Officer of Health that an immediate risk to human health exists anywhere in Ontario, the medications and supplies are necessary to address the risk and that regular procurement processes are unable to meet the needs of persons in Ontario (e.g. due to contractual obligations, hoarding or other reasons). Any medications and supplies obtained through this power may be subject to reasonable compensation as determined by Cabinet.

The role of the Procurement Group would be to execute a seizure order once it is issued by the Minister. The ministry is committed to administering this power in a manner that would not unduly harm or impair the operations of organization(s) subject to a Minister' order.

The following is a summary of the process that would be followed:

i) An immediate risk to the health of Ontarians develops
ii) The MEOC proceeds to full activation
iii) The Emergency Financial Protocol is activated and the Emergency Financial Stewardship Committee (EFSC) is assembled (see section 8.10.4 for details).
iv) Suppliers relevant to the incident are contacted by the Procurement Group and advised of the situation
v) The EFSC alerts central agencies (Ministry of Finance, Ministry of Government Services, Cabinet Office)
vi) Resource needs are calculated by the Planning Section with input from the

Logistics Section for the Incident Action Plan (IAP)

vii) The IAP is approved by the EEMC

viii) The Procurement Group attempts to obtain products through normal procurement practices. Funding is coordinated by the EFSC.

ix) If regular procurement processes are deemed insufficient in addressing the risk, Incident Commander advises use of power to CMOH

x) CMOH considers making a recommendation to the Minister that he/she invoke the power:
- The CMOH certifies that an immediate risk to health exists, that the supplies are necessary and that regular procurement processes are insufficient
- The required quantities and sources of supplies/ equipment are identified by the Procurement Group

xi) The Minister considers invoking the power under the HPPA

xii) The Minister's order is fulfilled by the organization(s) specified in the order

xiii) Supporting documentation/data is requested from the organization(s) specified in the order by the Procurement Group

xiv) A compensation recommendation is prepared by the EFSC and submitted for Cabinet approval

8.9.2 Stockpile Distribution Group

The Stockpile Distribution Group will be made up of staff from Emergency Management Unit and Supply and Financial Service Branch, including the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

This group will be responsible for arranging the distribution of stockpiles to health care providers in need. As requests are submitted by health care providers, this group will analyze the requests and determine the logistical arrangements for accommodating the request and directing access to the appropriate stockpiles.

This group will work with health care providers to return unused supplies back to the stockpile as well as the Procurement Group (see Section 8.9.1) to arrange for the replenishment of used stockpiles.

The following provides an overview of the different stockpiles that are available during emergencies:

Pandemic Stockpile of Personal Protective Equipment

The ministry is currently working towards a 4-week stockpile of Personal Protective Equipment and mass vaccination supplies for an influenza pandemic. Upon completion, this stockpile will contain the following items.

- N95 Respirators
- Surgical Masks
- Gloves
- Gowns
- Eye protection
- Alcohol-based Hand Sanitizer
- Surface cleaner
- Disinfectant wipes
- Needles/syringes
- Sharps containers
- Other mass vaccination supplies (cotton balls, adhesive bandages)

This stockpile is maintained for use during an influenza pandemic, but may be accessed for a different emergency if such supplies are not immediately available through other means.

The ministry initiated stockpile purchases in 2006/07. Should an emergency occur prior to

stockpile completion, the ministry may only have limited quantities for the items above.

Pandemic Stockpile of Antivirals

The ministry has stockpiled enough antiviral medications to treat approximately 25% of Ontarians. Approximately 90% of this stockpile consists of Oseltamivir (Tamiflu) and the remainder consists of Zanamivir (Relenza).

This stockpile is maintained for use during an influenza pandemic, but may be accessed for a different emergency if such supplies are not immediately available through other means.

CBRN Emergency Preparedness Programs

The Hospital Chemical, Biological, Radiological/Nuclear (CBRN) Emergency Preparedness Program was initiated in 2005 to equip all hospital sites that offer emergency or urgent care with a standardized package of CBRN supplies and equipment and consistent training provided across facilities (both in the technical use of equipment and in CBRN response procedures).

Hospitals have been provided with a pre-determined package according to level designation (1 to 4):

a. *Decontamination tent plus related decontamination and spill control products:* "pop-up" tent model with snap-in shower system and water/air heaters, basic spill control aids

b. *Personal protective equipment:* Level C apparel (chemical splash suits, cooling vests, boots), hand protection (nitrile, butyl, and neoprene gloves), and respiratory protection (air purifying respirators, N-100 masks)

c. *Radiation detection equipment:* Portal monitor, hand-held monitors, and individual dosimeters for detection of exposure in incoming patients and monitoring of staff exposure during triage/decontamination procedures

The ministry has also instituted smaller CBRN programs for Public Health Units and Emergency Medical Services with selected products similar to the hospital stockpiles.

Emergency Infection Control Kits

The MOHLTC has distributed more than 15,000 Emergency Infection Control Kits to licensed community physicians, midwives, and Community Health Centres (CHCs), including Aboriginal Health Access Centres (AHACs). The ministry will also be issuing kits to nurse practitioners in the community over the 2007/08 fiscal year.

This kit is intended to be used only in large-scale infectious disease emergencies such as an influenza pandemic. It provides enough infection control supplies to be used by health care providers to protect themselves, their staff, and their patients from infection for the first seven to 10 days of an outbreak of a droplet-spread illness.

Note: The kits must not be opened prematurely. The contents of the kit and all communications materials accompanying the kit are posted on the ministry's website.

National Emergency Stockpile System

The National Emergency Stockpile System (NESS) is managed by the Office of Emergency Response Services, Centre for Emergency Preparedness and Response, Public Health Agency of Canada. The mission of the program is "to have sufficient quantities of supplies in support of the provision of provincial health and social services in their efforts to alleviate pain and suffering and to save the lives of Canadians and others who are affected by natural and human caused disasters."

The NESS program consists of two major components: Pre-positioned supplies and equipment and Federal Reserve warehouses

Pre-positioned emergency supplies and equipment are stored in strategic locations across the country. The locations of the pre-positioned materials are determined by the province; however precise locations are not made public.

The NESS equipment and supplies are owned by PHAC and are made available to provinces and territories on a loan basis. Pre-positioned components are managed by the EMU and the Ministry of Community and Social Services (MCSS).

Note: NESS boxes are accessed by site custodians only on approval of the MOHLTC and the PHAC. Boxes are sealed for long-term storage and must not be opened.

The following is an overview of the various components of the NESS program:

a. *200 Bed Emergency Hospitals:* capable of providing support to the existing health care system by the provision of acute and short term medical care in a worst-case scenario. Also has the adaptability to support social services functions (i.e. evacuation centres, reception areas, shelters, etc.)

b. *Casualty Collecting Units:* capable of providing support to the existing health care system by the provision of acute and short term medical care in a worst-case scenario. Also has the adaptability to support social services functions (i.e. evacuation centres, reception areas, shelters, etc.)

c. *Reception Centre Kits:* provide supplies, and registration and inquiry materials for the setup and operation of the reception functions for evacuation centres/shelters.

d. *Mobile Feeding Units:* provide an emergency feeding capability in a "field" environment, or where normal food services are not available.

e. *Trauma Kits:* consist of first aid, intubation, IV solutions and medical components to support first line response and triage-patient staging (e.g. mini clinics)

f. *Mini Clinics:* intended to supplement existing medical care facilities in a disaster situation that overwhelms their system. It would be located adjacent to these facilities to triage and

treat the less seriously injured.

g. *Quarantine Units:* have the capacity to support up to 300 persons that are suspected of having or having been in contact with an infectious disease and are entering Canada at one of its airports. These persons may have to be detained under Federal Authority for a specific period of time to obtain medical clearance before being allowed to leave the airport. Other quarantine incidents may also be supported by this unit.

h. *CBRNE Push Packs:* In response to the risk of a terrorist incident NESS developed a component called a "Push Pack". The Push Pack unit is contained at the Office of Emergency Services, Ottawa Depot, in a state of readiness for distribution to special events when required. The contents of a push pack are:

- Nerve gas antidote auto injector sets
- Multi-dose Atropine Ampoules (1 mg/ml, 10ml)
- Ciprofloxacin tablets, 500 mg
- Reactive skin decontamination lotion (RSDL) pouches
- Potassium Iodide tablets, 130 mg

In the event of a local emergency in which the NESS stockpile may be of assistance, the following protocol shall be followed to request deployment:

- The Community Emergency Management Coordinator (CEMC) or NESS Site Custodian shall notify the MOHLTC of a request to access the NESS stockpile. Contact can be made through the EMU's 24-hour Health Care Providers Hotline.

1-800-212-2272

The request can also be made through the Provincial Emergency Operations Centre.

- The EMU will alert the Public Health Agency of Canada about the request for deployment.

- The EMU will contact either the CEMC or the Site Custodian with the approval to deploy the stockpile.

8.9.3 Teleconference Management

Teleconference management is critical to emergency response. Reliable communication is necessary to coordinate efforts among MOHLTC, other ministries and the health care system. A dedicated Teleconference Management Officer will manage the logistical complications associated with booking and scheduling timeslots, inviting participants, distributing material (e.g. agendas) and managing teleconference features such as Chairperson Control and Event Call services.

Staff performing this function must also work to manage the overlapping and conflicting meeting schedules of participants.

This function includes the organization of the regular teleconferences that are a part of the ministry's 24-hour Emergency Information Cycle, with the exception of the Public Sector Critical Infrastructure teleconference (coordinated by the PEOC).

8.9.4 COOP Coordination

This individual will be responsible for coordinating and reporting on overall continuity of operations activities for the entire ministry where significant interruption to ministry critical services has occurred due to the incident.

The COOP Coordination Officer will liaise with areas of the ministry that have been affected by business interruptions to remain apprised of the status of critical services and

to provide support in restoring them to operational status.

This individual will liaise with the Corporate Response Centre, Ministry of Government Services (MGS), which functions as the provincial lead for COOP per their responsibilities under Order in Council.

Throughout the emergency, the CRC may request information from ministries regarding the status of their critical services (i.e. location, number of staff, etc.). The COOP Coordination Officer will provide MGS with updates upon request.

8.9.5 Technical Support

A key role of the Logistics Section is to support the operation of the MEOC during an emergency. Should the MEOC proceed to full activation, a dedicated Technical Support Officer will be required to diagnose and resolve any technical issues quickly to ensure the continuity of IT systems within the MEOC for the duration of the response.

The principal individual occupying this position will be assigned by the Health Services I&IT Cluster upon the request of the Director, EMU. However, additional technical support may be brought in for other ministry systems that are being utilized for the response. Examples of this are:

- The ministry's publication facility that dispatches Important Health Notices and Directives, which is hosted by the Smart Systems for Health Agency

- Geographic Information Systems (GIS) within the MEOC. Expertise may be acquired from Emergency Health Services Branch as well as external organizations currently contracted with EMU.

8.9.6 MEOC Equipment and Supplies

An individual will be tasked with obtaining any supplies and equipment that are necessary to support MEOC staff and maintain the smooth operation of the MEOC during the emergency. This will include any office supplies, food and beverages, etc. that are required throughout the response.

8.9.7 Volunteer Coordination

During the 2006 evacuation of Canadians from Lebanon, the MEOC issued a call for ministry volunteers in the Greater Toronto Area to assist with reception operations at Pearson International Airport, Union Station and Pierre Elliott Trudeau International Airport in Montreal.

While such events are expected to be rare, ministry volunteers may be required to support the response to future emergencies.

A Volunteer Coordination Officer will be assigned from Human Resources Branch to perform this logistical function.

This will include:

- Contacting volunteers or issuing a call for volunteers through the Emergency Information Officer
- Liaising with volunteers and their managers to provide details, communicate expectations and respond to questions
- Notifying and liaising with labour representatives
- Developing and assigning shift schedules to volunteers

8.10 Finance and Administration

8.10.1 MEOC Human Resources

The Human Resources function would be activated in the event that the MEOC must remain operational and staffed for an extended period of time in order to respond to a prolonged emergency event. In such cases, it may become necessary to transfer ministry positions and salaries to the MEOC from their respective home branches or track the number of hours worked at the MEOC. Staff from the ministry's Human Resources Branch will coordinate these efforts, working closely with the Ministry of Government Services through the Corporate Response Centre.

This function may also be required to establish arrangements for staff outside of the ministry to work in the MEOC (e.g. members of the Scientific Response Team or others called upon to provide ongoing advice to the ministry). Should a decision be made to provide honoraria to such individuals, Human Resources staff would also coordinate the necessary arrangements, collect timesheets and coordinate the payment transactions for these individuals for the duration of their term in the MEOC.

8.10.2 Incident Documentation

This function must work with all IMS groups within the MEOC in order to collect, store and track any documentation related to the emergency that has either been created by the MEOC or has been obtained from other organizations. With respect to the latter, this group would also be responsible for circulating information from external organizations to appropriate staff within the MEOC where an arrangement has been made for such organizations to automatically submit specific documentation (e.g. status reports) to the MEOC on a regular basis.

Staff performing this function will develop and oversee the processes by which emergency-related documentation is logged by MEOC staff as well as maintain the appropriate information systems within the MEOC that are designed to manage this documentation.

In the event that an external organization submits a request to the ministry under the Freedom of Information and Protection of Privacy Act, this group will also be responsible for searching and retrieving any documentation from the information system and coordinating the response to the request.

8.10.3 Cost Tracking and Compensation

Emergencies are periods in which extraordinary costs are absorbed by responding organizations. These costs may include the purchase of supplies and equipment, overtime costs for staff (if the response transitions to a 24-hour cycle), additional fees to acquire consultants to advise on the response and other considerations.

The Cost Tracking and Compensation Officer will be responsible for tracking all costs associated with the response at the outset of the incident and providing updates to the Incident Commander. This individual will also liaise with the Emergency Financial Stewardship Committee (EFSC) established under the ministry's Emergency Financial Protocol (see Section 8.10.4 below)

All response costs will be monitored as part of the Incident Action Plan. This will include all ministry costs as well as the costs of other response organizations that are attached to the ministry's response (e.g EMAT Deployment). This will also include costs borne by organizations subject to a Minister's

order to seize supplies under the Health Protection and Promotion Act (see Section 8.9.1) and developing the compensation recommendation to Cabinet once the order has been fulfilled.

This function will also be responsible for tracking costs borne by health care providers in responding to the emergency in the event compensation/funding may be authorized by the ministry. This decision would be made during the response based on the nature and scope of the incident.

The Ministry of Municipal Affairs and Housing (MMAH) has responsibility per Order in Council for the coordination of extraordinary provincial costs associated with emergency response. In the initial stages of an emergency, MMAH may dispatch a memorandum to all ministry Chief Administrative Officers (CAOs) involved in the response. This memorandum will direct these ministries to utilize an Emergency Corporate Initiative Code established within the Integrated Financial Information System (IFIS) for the purpose of capturing extraordinary costs incurred by all ministries in responding to the incident. MMAH will also lead cost-sharing / reimbursement discussions with the federal government for incidents in which they participated or were under their jurisdiction.

The Cost Tracking and Compensation Officer will therefore liaise with MMAH to ensure that MOHLTC costs are captured and that the ministry is represented in discussions regarding reimbursement.

8.10.4 Emergency Financial Stewardship Committee and Financial Coordination

The ministry is developing an Emergency Financial Protocol for the purpose of expediting funding approvals for purchases made during emerging or actual emergency situations while maintaining an appropriate level of internal accountability.

In the event of an emergency situation or an immediate risk to human health, this protocol would be activated by the Executive Emergency Management Committee (EEMC) and would temporarily supersede the established approval process used within the ministry and by central agencies during routine operations.

Upon activation of this protocol, an *Emergency Financial Stewardship Committee (EFSC)* will be struck to advise the CAO and the EEMC on financial matters during the 'response' phase of the emergency as well as 'recovery' phase (when the ministry and the health care system transitions back into routine business activities).

The EFSC allows for the appropriate checks and balances to be established and ensures that the Government of Ontario remains accountable to taxpayers for the use of scarce resources in an emergency. It is also intended to absorb the financial/administrative burden from the MEOC and allowing the MEOC to devote the majority of its efforts to managing operational issues involved in the emergency response or recovery. The EFSC does not "approve" expenditures by the MEOC but coordinates the necessary funding while ensuring appropriate tracking and accounting.

Through the Emergency Financial Protocol, minor expenditures for emergency initiatives will be made by the MEOC with the approval of the Incident Commander and tracked within the IFIS Emergency Corporate Initiative Code and reported to the EFSC. Major expenditures will be forwarded to the EFSC in order to secure and process the required funding.

The EFSC will have a mandate of overseeing and expediting all financial purchases required by the MEOC in an emergency. This will

include the following roles and responsibilities:

- Establishing early contact with central agencies to ensure that central agencies are alerted to the incident and advised that it may require emergency purchases for which the ministry does not have appropriation from Treasury Board.

- Ensuring that funding arrangements for emergency response and recovery activities are organized. This will involve recommending/requesting the diversion of surplus funding, obtaining a Treasury Board Order signed by the Minister and managing existing commitments whenever possible to manage the purchases made by the MEOC.

- As a last resort, the EFSC will proceed to Treasury Board/Management Board with a condensed TB20 to obtain additional funding. The EFSC will also coordinate negotiations with central agencies in order to expedite approvals

- Mitigating existing commitments and initiatives and ensuring there are no conflicts with emergency expenditures

- Through the CAO, report to the EEMC on the ministry's spending and evaluate ministry's financial performance

The EFSC will be comprised of:

a. Director, Corporate Fiscal and Business Planning Branch, Corporate and Direct Services Division – CHAIR
b. Director, Financial Management Branch, Corporate and Direct Services Division
c. Director, Controllership and Resources Management Branch, Public Health Division
d. Director, Supply and Financial Services Branch, , Corporate and Direct Services Division
e. Cost Tracking and Compensation Officer, Ministry Emergency Operations Centre
f. Chief Administrative Officer (CAO), when possible
g. Senior Representative from the Ministry of Finance, as needed where central agency support is required
h. Senior Representative from the Ministry of Government Services, as needed where procurement support is required

* Note: Positions and branch names will be updated to reflect ministry transition currently in progress

9.0 LIST OF APPENDICES

A Amendments
B Order in Council Responsibilities
C Divisional Roles and Responsibilities
D Crisis Communications Plan
E Directive Template *(Draft)*
F Incident Action Plan Template
G Emergency Financial Protocol *(Placeholder – Under Development)*
H Continuity of Operations Plan (*Placeholder – Under Revision)*
I Ontario Health Plan for an Influenza Pandemic
J Radiation Health Response Plan *(Placeholder – Under Development)*
K Ontario Smallpox Response Plan *(Placeholder – Under Development)*
L MOHLTC Responsibilities under the Foreign Animal Diseases Emergency Response Plan
M Operational Plan During an Outbreak of Avian Influenza in the Domestic Poultry Populations: MOHLTC Actions and Responsibilities
N Ontario Contingency Plan for Viral Haemorrhagic Fevers
O Infectious Diseases Branch Outbreak Response Plan *(Placeholder – Under Development)*

10.0 GLOSSARY

ACMOH	Associate Chief Medical Officer of Health, MOHLTC
ACS	Ambulance Communications Services
ADM	Assistant Deputy Minister
AHAC	Aboriginal Health Access Centre
AI	Avian Influenza
AMOH	Associate Medical Officer of Health (Public Health Unit)
BCP	Business Continuity Plan (a.k.a. COOP)
CAO	Chief Administrative Officer
CBRN(E)	Chemical, Biological, Radiological/Nuclear (Explosive)
CCAC	Community Care Access Centre
CCEM	Cabinet Committee on Emergency Management
CCG	Community Control Group
CCO	Corporate Coordination Office, MOHLTC
CCT	Crisis Communications Team
CCU	Casualty Collecting Kit (See NESS)
CDC	Centers for Disease Control and Prevention
CDSD	Corporate and Direct Services Division, MOHLTC
CEMC	Community Emergency Management Coordinator
CF	Canadian Forces
CFBPB	Corporate Fiscal and Business Planning Branch, MOHLTC
CFIA	Canadian Food Inspection Agency
CHC	Community Health Centre
CIB	Communications and Information Branch, MOHLTC
CIO	Chief Information Officer
CMOH	Chief Medical Officer of Health, MOHLTC
CNO	Chief Nursing Officer
CNSC	Canadian Nuclear Safety Commission
CO	Cabinet Office
COOP	Continuity of Operations Plan (a.k.a. BCP)
CRC	Corporate Response Centre, MGS
CRMB	Capacity and Resource Management Branch, MOHLTC
DMO	Deputy Minister's Office
EEMC	Executive Emergency Management Committee
EFSC	Emergency Financial Stewardship Committee
EH	Emergency Hospital (See NESS)
EHSB	Emergency Health Services Branch, MOHLTC
EI	Emergency Information
EICK	Emergency Infection Control Kit

EIS	Emergency Information Section, PEOC
EMAT	Emergency Medical Assistance Team
EMCPA	Emergency Management and Civil Protection Act
EMO	Emergency Management Ontario, MCSCS
EMS	Emergency Medical Services (i.e. ambulance/paramedics)
EMU	Emergency Management Unit, MOHLTC
FAD	Foreign Animal Disease
FHT	Family Health Team
FMB	Financial Management Branch, MOHLTC
FNEP	Federal Nuclear Emergency Plan
FRI	Febrile Respiratory Illness
GIS	Global Information System
GLBHI	Great Lakes Border Health Initiative
GOC	Government Operations Centre (federal)
HERT	Health Emergency Response Team, PHAC
HHRD	Health Human Resources Division, MOHLTC
HIRA	Hazard Identification and Risk Assessment
HPPA	Health Protection and Promotion Act
HRB	Human Resources Branch, MOHLTC
HSAPD	Health System Accountability and Performance Division, MOHLTC
HSIFD	Health System Investment and Funding Division, MOHLTC
HSIMD	Health System Information Management Division, MOHLTC
HSSD	Health System Strategy Division, MOHLTC
HUSAR	Heavy Urban Search and Rescue
IAP	Incident Action Plan (See IMS)
IDB	Infectious Diseases Branch, MOHLTC
IFIS	Integrated Financial Information System
IHN	Important Health Notice
IMS	Incident Management System
iPHIS	integrated Public Health Information System
IT	Information Technology
JHSC	Joint Health and Safety Committee
KI	Potassium Iodide
LHIN	Local Health Integration Network
LLB	LHIN Liaison Branch, MOHLTC
LSB	Legal Services Branch, MOHLTC
LTCH	Long-Term Care Home
MAG	Ministry Action Group (see EEMC)
MAG	Ministry of the Attorney General
MB/TB	Management Board/Tresuary Board
MC	Mini-Clinic (See NESS)

MCSCS	Ministry of Community Safety and Correctional Services
MCSS	Ministry of Community and Social Services
MEMC	Ministry Emergency Management Coordinator
MEOC	Ministry Emergency Operations Centre
MERP	Ministry Emergency Response Plan
MFU	Mobile Feeding Unit (See NESS)
MGS	Ministry of Government Services
MHCP	Mental Health Centre Penetanguishene, MOHLTC
MMAH	Ministry of Municipal Affairs and Housing
MO	Minister's Office
MOE	Ministry of Environment
MOE	Ministry of Energy
MOF	Ministry of Finance
MOH	Medical Officer of Health (Public Health Unit)
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
MTO	Ministry of Transportation
NESS	National Emergency Stockpile System, PHAC
NML	National Microbiology Laboratory
NOHERT	National Office of Health Emergency Response Teams, PHAC
OCC	Ornge Communications Centre
OGPMSS	Ontario Government Pharmaceutical and Medical Supply Service
OHIP	Ontario Health Insurance Plan
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHSA	Occupational Health and Safety Act
OIC	Order in Council
OMAFRA	Ontario Ministry of Agriculture and Food and Rural Affairs
OPA	Ontario Psychological Association
OPS	Ontario Public Service
Ornge	Ornge (Transport Medicine)
OSRP	Ontario Smallpox Response Plan
PCPIP	Provincial Coordination Plan for an Influenza Pandemic
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, MOHLTC
PHD	Public Health Division, MOHLTC
PHIIT	Public Health Information and Information Technology Office, MOHLTC
PHU	Public Health Unit
PIDAC	Provincial Infectious Disease Advisory Committee

PNERP	Provincial Nuclear Emergency Response Plan
PO	Premier's Office
PPE	Personal Protective Equipment
PS	Public Safety Canada
PTAC	Patient Transfer Authorization Centre
QU	Quarantine Unit (See NESS)
RCK	Reception Centre Kit (See NESS)
RHRP	Radiation Health Response Plan
RICN	Regional Infection Control Network
SAC	Scientific Advisory Committee, EMU (See SRT)
SARS	Severe Acute Respiratory Syndrome
SFSB	Supply and Financial Services Branch, MOHLTC
SRT	Scientific Response Team
SSHA	Smart Systems for Health Agency
TGLN	Trillium Gift of Life Network
TK	Trauma Kit (See NESS)
WHO	World Health Organization