Leeds, Grenville & Lanark District
HEALTH UNIT
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*Your Partner in Emergency Response*

# EMERGENCY RESPONSE PLAN

**September 2016**

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## Preamble and Mandate

The Ontario Public Health Standards (OPHS) are published by the Ministry of Health and Long Term Care under the Health Protection and Promotion Act (HPPA) to outline the mandatory health programs and services provided by the Board of Health. A separate standard exists for emergency preparedness. The goal of this standard is "to enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts". The standard is accompanied by the Public Health Emergency Preparedness Protocol that "provides direction regarding the implementation of measures that will prepare the Board of Health to respond to emergencies". A key element in emergency planning is the development and maintenance of an Emergency Response Plan.

## Aim

The aim of the Leeds, Grenville and Lanark District Health Unit Emergency Response Plan is to provide the framework through which a timely and effective mobilization of Health Unit staff and resources can be achieved in order to protect the health and safety of the citizens during a public health emergency, or an emergency with public health impacts. The plan and its appendices direct public health staff to take responsibility for community health during an emergency and provide programs and activities that reduce the negative impacts of the emergency on the health of our citizens. It coordinates staff and services required in the event of a real or anticipated emergency that:

- Define the role of Public Health.
- Provide essential public health services including but not limited to:
    - » Public health announcements
    - » Food safety
    - » Water quality
    - » Vaccination clinics
    - » Control of  disease outbreaks
    - » Health information
    - » Inspecting evacuation/reception centres and feeding operations
    - » Health hazard identification, communication, mitigation/remediation
- Provide a prompt and appropriate response to the emergency by developing and implementing a comprehensive action plan.
- Identify groups (vulnerable populations) most at risk from the emergency and work with partner agencies to ensure appropriate actions are taken to mitigate the effects of the emergency on these groups.
- Protect the health and safety of citizens.
- Cooperate with other emergency response agencies to ensure a coordinated and comprehensive response throughout all phases of the emergency.
- Assist in the management and control of the emergency.
- Implement recommendations for limiting morbidity and mortality of citizens and staff impacted by the emergency based on risk assessment, epidemiology and data analysis.

- Prevent and control the spread of infectious disease(s) by providing accurate information to health professionals and the public.
- Provide appropriate public health personnel to deliver emergency public health services.
- Provide accurate information to officials, the media and concerned citizens.
- Participate with other emergency management professionals in emergency preparedness, response and recovery efforts
- Provide services to address post emergency public health issues resulting from the emergency and assist with the recovery phase.
- Assist in the restoration of normal services in the community and the Health Unit.
- Learn from the emergency through debriefing.

## Authority

Authority for declaring an emergency in a municipality is provided by the Emergency Management and Civil Protection Act, R.S.O. 1990 (EMCPA) and is delegated to the head of council of each municipality.

The Health Protection and Promotion Act (HPPA) provides the legal authority for Boards of Health to respond to a public health emergency that has been determined to be a health hazard or as a result of a communicable disease.

## Relationship to Other Plans

The Leeds, Grenville and Lanark District Health Unit Emergency Response Plan is intended to be generic in nature. It may be used in conjunction with response plans specific for identified hazards. These procedures are outlined in the appendices located in the **Emergency Response Resource Binder**. This plan is intended to align with corresponding response plans of other agencies as it incorporates common terminology used by emergency response agencies.

## Definition of Emergency

An Incident is defined as "An occurrence or event, natural or human-caused that requires an emergency response to protect life, property, or the environment. An incident may be geographically confined (e.g. within a clearly delineated site or sites) or dispersed (e.g. a widespread power outage or an epidemic) Incidents may start suddenly (e.g. a chemical plant explosion) or gradually (a drought). They may be of very short duration (a call for emergency medical assistance), or continue for months or even years". (Page 105 EMO 2008).

The Emergency Management and Civil Protection Act RSO 1990 defines an emergency as ***"a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise"***.

In an effort to provide clarity on the scale of an emergency, Emergency Management Ontario provides the following definitions:

> A ***Local Emergency*** is a single event relatively confined to one point or area. It can be managed by the affected region or with minimal assistance.

A ***Minor Disaster*** is typically defined as any incident that exceeds the resources of the affected area. It is an incident that exceeds the ability of the affected area to manage the response and requires assistance from other areas.

A ***Major Disaster*** is any incident that exceeds the resources or ability to manage the response in the region. Major assistance from other areas will likely be needed. This type of a disaster will trigger the activation of the Emergency Operation Centre (EOC).

A ***Catastrophic Disaster*** is an incident that threatens the survival of the community or agency. In such incidents the local and Provincial Emergency Operation Centre may be activated.

A ***Public Health Emergency*** is defined as "The occurrence or imminent threat of a situation such as an outbreak of an infectious agent, natural disaster, or large scale environmental hazard, that poses a substantial risk of a large number of deaths or serious harm to a population, and which has the potential to overwhelm routine capabilities to address the threat and/or the health consequences." (PHO, adapted from WHO, 2001)

The Leeds, Grenville and Lanark District Health Unit may be required to respond to internal emergencies/incidents that are the result of a human health issue, or a failure of part of our critical infrastructure that directly involves one or more of the Health Unit delivery sites, impacts on our ability to provide services and may require the assistance of emergency responders. Internal response plans are available.

External emergencies that require a Health Unit response are those incidents and emergencies that may have an impact on public health or may be the result of a health hazard. In these situations the Health Unit would participate as part of a multi-agency response.

The Health Unit would be the lead agency in emergencies that are public health emergencies (i.e. pandemics, large scale disease outbreaks).

## Risk Assessment in the Leeds, Grenville and Lanark District Health Unit

Identification and assessment of the relevant hazards and the associated risks they may pose to staff or to the public is vital to emergency preparedness and response planning. These hazards may exist internally within the Leeds, Grenville and Lanark District Health Unit structure or externally in our communities. A Hazard Identification and Risk Assessment (HIRA) that takes into account the probability of an identified hazard occurring and the consequences that may result from the hazard itself or as a result of an ineffective response is essential in setting priorities and preparing hazard specific response plans. The list of identified hazards is reviewed regularly. Included in this review are hazards identified in municipal and county HIRA's, as well as hazards of provincial significance that have been identified by the Chief Medical Officer of Health. The result of this process is a prioritized list of hazards that have a probability of occurring in Leeds, Grenville and Lanark counties that would require a Health Unit response.

The bolded hazards marked with an * are of a public health nature, where the Health Unit would lead the response, whereas the other hazards may result in an municipal or county wide emergency that may have public health impacts. In these types of emergencies the Health Unit would provide support to the lead agencies. Once hazards are identified, processes can be put in place to prevent or mitigate the emergency and prepare for an appropriate response. Hazard specific response plans and further details are located in the Emergency Specific Response Binder (an appendix to the Emergency Response Resource Binder and the Emergency Response Plan).

In cases where the Health Unit role/response will be similar for example hazards such as severe storms, tornadoes, flooding, blizzards, etc. the hazards have been grouped under a collective hazard such as severe weather events. (In some disasters more than one hazard may become an issue for example severe weather events can cause an energy emergency as well as critical infrastructure failure and possibly a public health emergency).

1. **Extreme Heat/Extreme Cold*.**
2. Severe Weather Events (including tornado, windstorm, ice storm, snowstorm/blizzard, flood, wildfire etc.).
3. Energy Emergency.
4. Earthquake.
5. Critical Infrastructure Failure.
6. Hazardous Materials Spill Transportation Rail/Roadway and fixed site.
7. **Drinking Water Emergency*.**
8. Terrorism/CBRNE.
9. **Human Health (public health) Emergency* (Pandemic/outbreak of Infectious disease: respiratory, foodborne, waterborne, vector borne, zoonotic and vaccine preventable).**
10. Low Water/Drought.

## Emergency Response Strategy

Although public health professionals support the efforts of first responders during an emergency, they themselves are not first responders. First responders focus their activities on controlling and resolving the incident; whereas a public health response provides activities that focus on preventing and mitigating further effects of the incident on the population such as but not limited to safe sheltering, safe food and drinking water, infection prevention and control, and reducing the risk of exposure to health hazards. Public Health professionals support our partners in helping our communities work towards recovery and a return to the new normal. Public health emergencies are often identified through surveillance and may have some lead time to prepare and put mitigation strategies in place.

## Declaration of Emergency

Declaring an emergency in a municipality is the responsibility of the head of council for a particular municipality. The Leeds, Grenville and Lanark District Health Unit has in place a 24/7 on call system whereby emergencies can be reported to the Health Unit at any time. The Medical Officer of Health or designate can be reached at any time by calling 613-345-5685 or by cell at 613-812-0069.

The Medical Officer of Health has an active role around the Emergency Operation Centre (EOC) table when a municipal/county emergency is declared, the EOC is activated and the Community Control Group (CCG) is called together. Identification and assessment of any health hazards and the public health impacts of the emergency, as well as initiating the appropriate Health Unit response where necessary are the responsibility of the Medical Officer of Health.

In the event that more than one Emergency Operations Centre (EOC) is activated at the same time, and a county wide emergency is declared, the Medical Officer of Health will attend the county level EOC. Teleconferences or other forms of communication may be arranged to ensure lower tier municipalities have the support of the Health Unit regarding public health issues. In cases where the Medical Officer of Health

cannot be present at the activated EOC, a designate for the Health Unit will be assigned to attend meetings and assume the responsibilities of the Medical Officer of Health in the interim.

In the event that all reasonable attempts have been made to contact the Medical Officer of Health or a Director/Manager and they are unable to respond, the next Public Health Inspector or Public Health Nurse in the chain of command may assume the role of coordinating Health Unit emergency response activities. This representative will report to the activated EOC and represent the Medical Officer of Health.

The Health Unit will work closely with the municipality's Head of Council or Community Emergency Management Coordinator (CEMC) to ensure a prompt, appropriate and coordinated response.

## Activation of the Health Unit Emergency Response Plan

The Leeds, Grenville and Lanark District Health Unit Emergency Response Plan will be activated by the Medical Officer of Health with the establishment of the Incident Management Group (IMG). She will inform them of the nature of the emergency and of the first measures to be taken. In the absence of the Medical Officer of Health, the Director of Community Health Protection will activate the plan. Should both the Medical Officer of Health and the Director of Community Health Protection be unavailable, a member of the Senior Leadership Team (SLT) of the Health Unit may activate this plan or portions of the plan as deemed necessary.

If the Medical Officer of Health is not available, the designate that activates the Health Unit plan will contact a neighboring Health Unit and consult with their Medical Officer of Health. This plan or portions of the plan may be activated by the Medical Officer of Health, independent of the official declaration of an emergency.

Contact telephone numbers are available in the Emergency Response Binder.

An Incident Action Plan specific to the emergency will be developed.

## Notification Procedures

### Internal Notification/Fan-out

The Incident Management Group will decide if additional staff support is required and if the fan-out process needs to be initiated. If it's deemed that a fan-out is needed, the Medical Officer of Health will initiate the fan-out process. If the Medical Officer of Health is not available then the Incident Manager will initiate the fan-out. Members of the IMG shall implement their fan-out procedure to alert department staff and to direct them when and where to report to as determined by the Medical Officer of Health/Incident Manager.

All staff are to keep a copy of the current fan-out list at home in a secure location. The fan-out list will be activated from the top down. The Department top level is represented as L1. At Level L1 the decision will be made on who will be activated and what actions need to be taken. The message will be passed on in the following order:

- L1 will activate L2
- L2 will activate L3
- L3 will activate all of L4

If at any level of the fan-out an individual designated is not available, the next individual on the list will be contacted until there is success in reaching a live person. It is their responsibility to complete the fan-out as directed.

**The fan-out procedure is tested two times per year and includes:**

- Method and sequence of advising each employee.
- Message to be relayed to staff as determined by the Incident Manager.
- Method of reporting the results of numbers of staff reached will be in reverse order of the original call.

**Staff are required to:**

- Follow the procedure as directed in the message from the Incident Manager.
- Report to work unless otherwise advised.
- Be prepared to respond to the emergency.

**Staff will be asked to report to one of the following:**

- Their own desk at their usual home base office.
- Another service delivery site.
- A designated briefing room.
- Emergency Operations Centre (EOC) as designated by the Incident Manager.
- Other designated location.

## External Notification

The Medical Officer of Health along with the Health Unit Incident Management Group (IMG) is responsible for notifying and maintaining communications with:

1. Emergency Management Unit of the Ministry of Health and Long Term Care.
2. Neighbouring Medical Officers of Health as appropriate.
3. Agencies, social services, institutions, municipal officials and other stakeholders as appropriate.
4. Chief Medical Officer of Health for the Province of Ontario.

## Deactivation of the Plan

The Medical Officer of Health and the Incident Management Group will:

- Declare the emergency over and deactivate the Health Unit Emergency Response Plan.
- Notify the Ministry of Health and Long Term Care Emergency Management Unit.
- Ensure a plan for recovery is in place.
- Notify neighbouring Medical Officers of Health as appropriate.
- Notify agencies, social services, institutions, municipal officials and other stakeholders as appropriate.

## After Hours and Emergency Contacts

Refer to Emergency Response Resource Binder.

## Incident Management System

In order to communicate effectively internally and with other emergency response agencies, the Incident Management System (IMS) is in place at the Health Unit. The Medical Officer of Health or a Director (if the Medical Officer of Health is not available), will take on the role of the Public Health Incident Manager, and she will assemble the Health Unit Incident Management Group. This group will implement the hazard specific plan, appropriate for the type of emergency, and develop an Incident Action Plan (IAP).

The Incident Management System (IMS) provides flexibility during an emergency as it can be scaled up or down as the emergency situation develops. Therefore, a full scale emergency may require all functions to be operationalized; whereas a small scale incident may be managed with a limited number of functions operationalized. The IMS may be used for a Health Unit response or by an individual department responding to an incident/emergency that may only require the response of one department (see examples).

The composition of the Incident Management Group will be dependent on the type of emergency (refer to IMS Organizational Chart). Other members of Management or Staff including Information Technology, Epidemiology, Planning and Administration may be required. These roles will be managed through operations, planning and logistics according to the Incident Management System. The Incident Management group will report to a designated Emergency Operations Centre (EOC). The location of the EOC is indicated in the Emergency Response Resource Binder (ERRB). The Emergency Operations Centre will be fully equipped with resources required to manage the response to an emergency. A list of equipment and supplies required in the EOC is available in the Emergency Response Resource Binder (ERRB). In the case of an internal emergency or an emergency that has impacted the designated EOC, the Medical Officer of Health, their designate or Directors may assign an alternate meeting site.

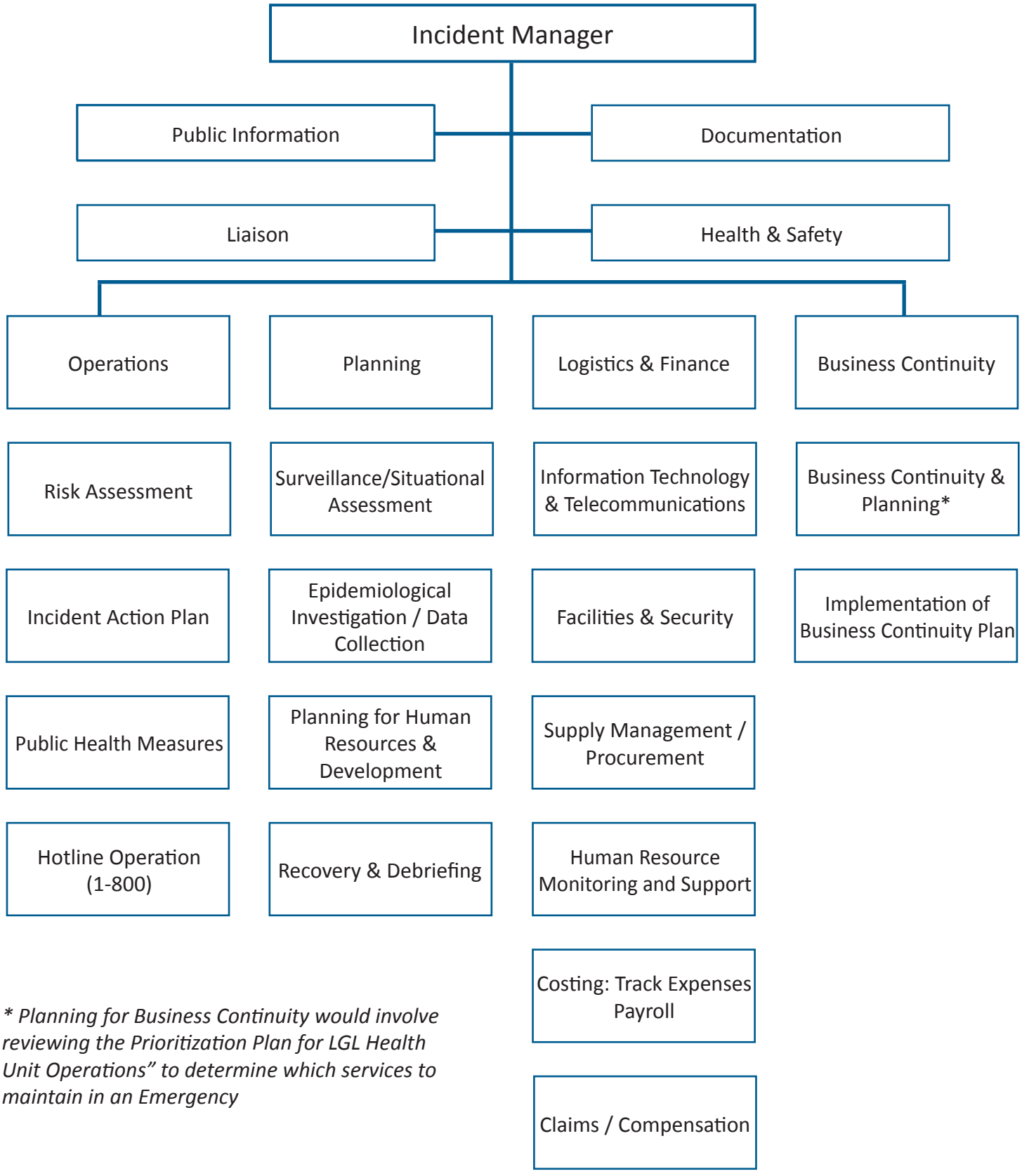
Once the Incident Management Group has been notified to report to the Emergency Operations Centre each member is expected to:

- Sign in on the attendance sheet (each operational cycle the group meets).
- Check their communication devices to ensure they can be reached.
- Open a personal log.
- Obtain a status report from their staff.
- Participate in the initial briefing.
- Participate in planning the initial response and decision making process.
- Communicate information and decisions to appropriate staff.
- Update person relieving them in their assigned IMS role.

## The Operations Cycle

The operations cycle is initially determined during the first meeting of the incident management group. The meetings are generally brief and intended to update the incident management group and to identify issues that require resolution so the emergency or incident can be managed. Following these meetings the incident management group members work with staff to address the issues and support the response team. The meeting cycle can be adjusted as needed with more frequent meetings early on in an emergency and reduced meetings as control of the situation is achieved.

## The Corporation of the Leeds, Grenville & Lanark District Health Unit
## Incident Management System Organization Chart



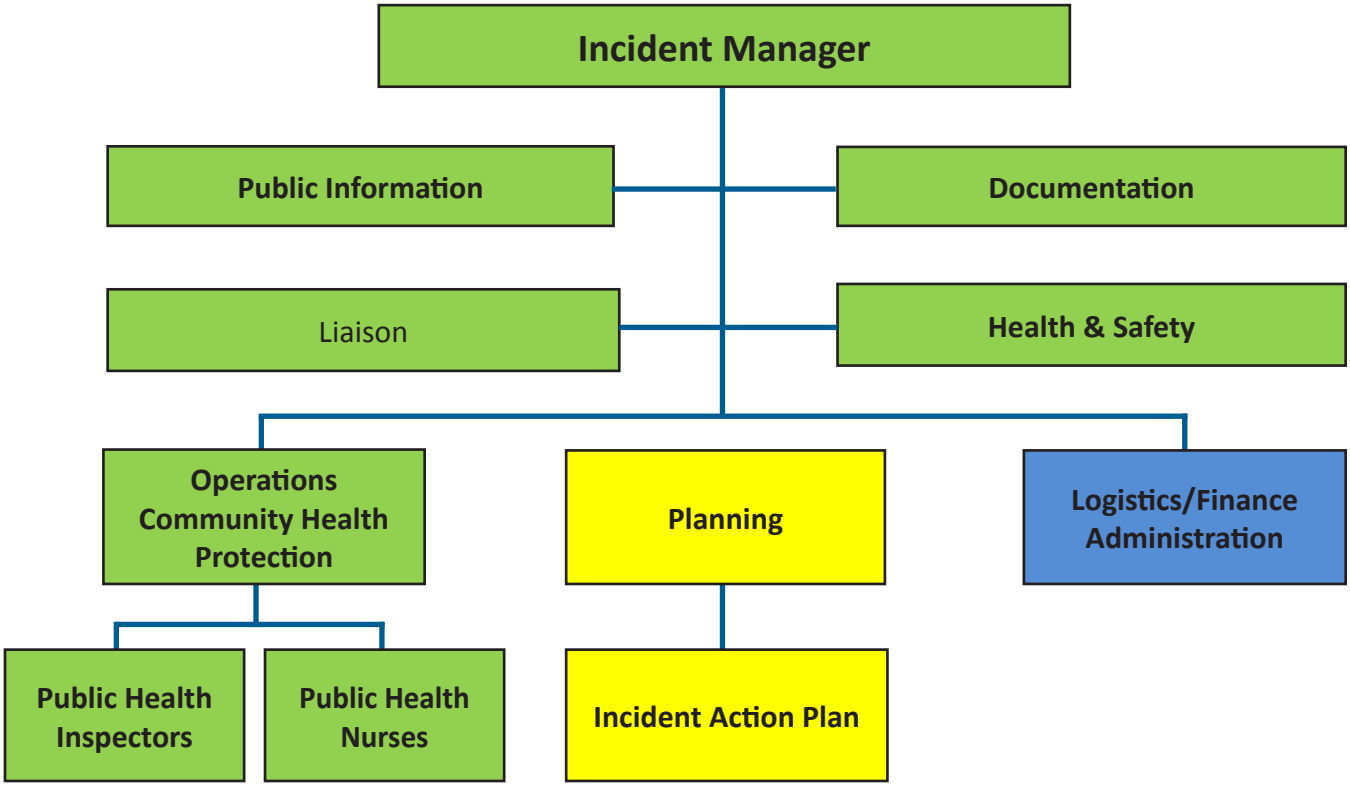

** Planning for Business Continuity would involve reviewing the Prioritization Plan for LGL Health Unit Operations" to determine which services to maintain in an Emergency*

# Incident Management System Roles

Each of the following positions provides a key management function in response to an emergency. Only those sections required to respond to a specific emergency/incident need to be activated.  Sections can be activated and deactivated multiple times during an incident. The Incident Manager will make the decision on activating or deactivating sections as indicated by information garnered and shared at the EOC.

# Health Unit Incident Management System: Simple Public Health Incident Response Chart

**Initial call may be received by the on-call Manager (evenings and weekends) or a Public Health Inspector or Public Health Nurse (regular work hours).**




*The Incident Manager would likely be the Manager of the involved Department or Senior Public Health Inspector depending on the incident.*

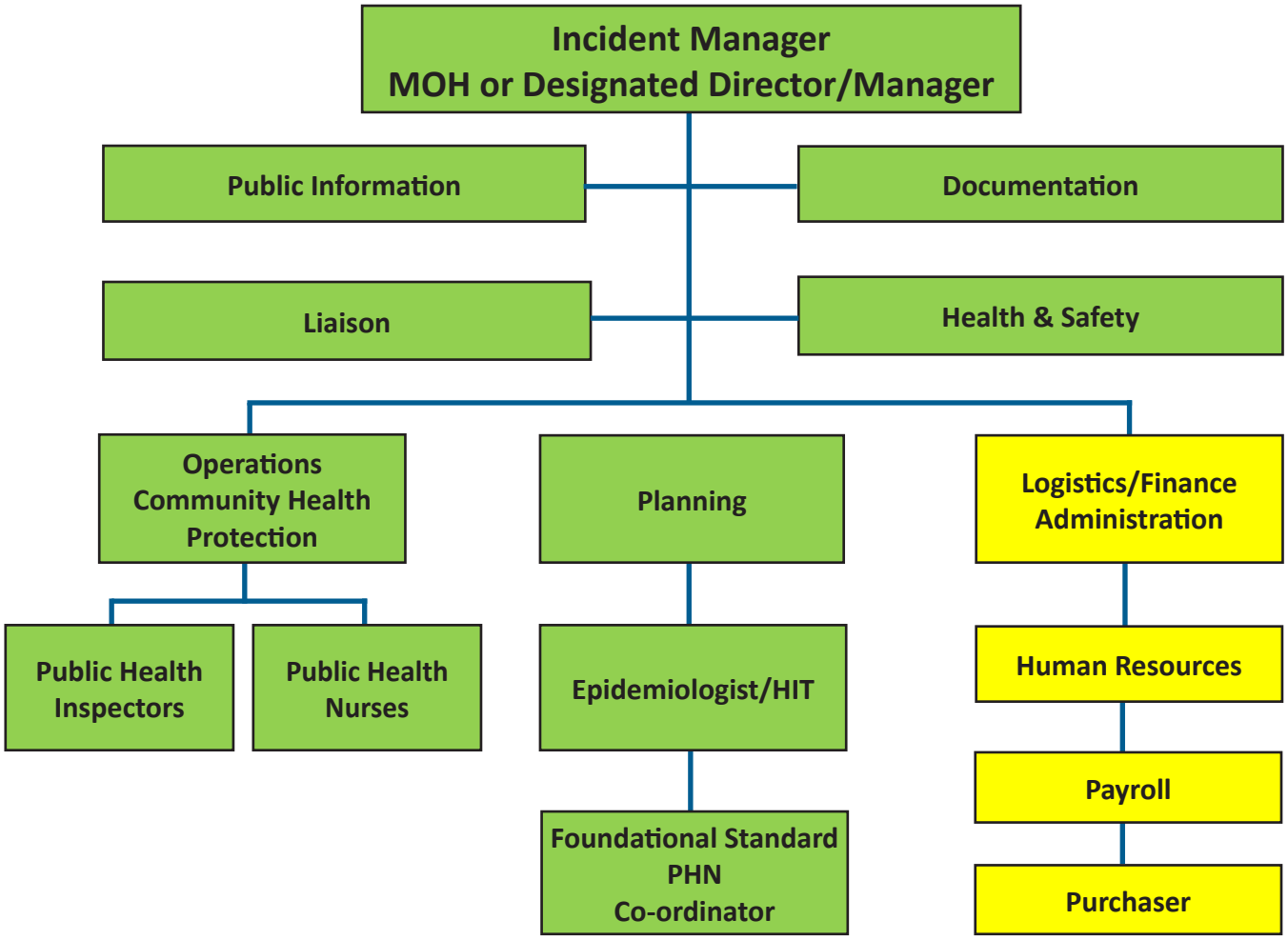
## Code Chart

- Activated
- Standby/Limited Activity
- Not Activated

**Simple Incident Response may only require some sections of the Health Unit Incident Management System to be activated.**

# Health Unit Incident Management System: Complex Public Health Incident Response Chart

**Initial call may be received by the on-call Manager (evenings and weekends) or a Public Health Inspector or Public Health Nurse (regular work hours).**




A ***complex incident*** such as a ***Hepatitis A community outbreak*** may require additional resources within the Health Unit. This may mean that more staff may be needed to respond to the incident to provide services to help mitigate the public health impact on the community. For example: the Public Health Inspector may conduct inspections and investigations; Nurses involved in case management and immunization clinics; communication coordinator providing media releases; Epidemiologist interpreting trends of the illness and infection rate; human resources management.

Depending on the extent and impact of the incident, a decision may be made by the Medical Officer of Health to activate the entire Incident Management System (IMS) within the Health Unit. When the IMS is activated the Health Unit's Incident Management Group assumes control, with the Medical Officer of Health or designate assuming the position of Incident Manager.

## Code Chart

**Activated**

**Standby/Limited Activity**

**Not Activated**

**Simple Incident Response may only require some sections of the Health Unit Incident Management System to be activated**

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## INCIDENT MANAGER

**Reports to:** The Medical Officer of Health. The MOH in turn liaises with the CMOH.

**Mission:** To organize and direct the Health Unit's Emergency Operations Center. To give overall direction on the response to the emergency.

**Immediate:**

- Review Job Action Sheet.
- Obtain a full briefing of the incident.
- Appoint Incident Management Group functions that are required for the emergency response and establish assistants; distribute the packets which contain: Job Action Sheet for each position and any forms pertinent to section and positions.
- Assign someone as Documentation Manager.
- Appoint person to be responsible for maintaining essential services as per Business Continuity Plan.
- Activate the agency Emergency Operations Center.
- Confer with Incident Management Group to develop an Incident Action Plan for a defined period of time, establishing priorities.
- Confer with Incident Management Group to identify and consider necessary public health services for the emergency.
- Assign communication responsibilities to Public Information Manager for public and media.
- Ensure that Liaison Manager has established contact and facilitates information sharing with relevant external agencies.
- Initiate fan-out if required.
- Determine operations cycle and communicate to EOC members.

**Intermediate:**

- Authorize resources as needed or requested by Incident Management Group, through the Finance Manager.
- Designate routine briefings schedule with Incident Management Group to receive status reports and update the action plan regarding the continuing and/or termination of the action plan.
- Maintain contact with relevant agencies.
- Approve media releases submitted by the Public Information Manager.

**Extended:**

- Observe all staff for signs of stress.
- Provide rest periods for staff.
- Prepare update to Chief Medical Officer of Health for the province of Ontario.
- Plan for the possibility of an extended deployment.

**Recovery Phase:**

- Once situation is resolved, initiate deactivation of response.
- Monitor return to normal activities.
- Initiate debrief with EOC members and Health Unit staff.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## DOCUMENTATION MANAGER

**Reports to:** Incident Manager

**Mission:** To maintain accurate up-to-date documentation related to the incident. To ensure incident files will be stored for legal, analytical and historical purposes.

**Immediate:**

- Receive appointment from Incident Manager. Obtain Job Action Sheet.
- Review Job Action Sheet and organizational chart.
- Review Incident Action Plan.
- Ensure EOC supply box is available.
- Establish a work area within the Emergency Operations Centre.
- Arrange for equipment (e.g., LCD projector, laptop) through Logistics Manager.
- Arrange for support staff if required.
- Record all action items discussed during EOC meetings.
- Take detailed minutes of each operational cycle.
- Ensure necessary forms are available.
- Ensure sign in/out sheet is completed for each EOC cycle.
- Collect copies of staff notes and store as part of permanent record.

**Intermediate:**

- Review entries/records for accuracy and completeness.
- Provide for ongoing incident documentation.
- Track deadlines for Incident Action Plan.
- Restock EOC box as needed.

**Extended:**

- Stores files for post-incident use.
- Prepare end of shift report and present to incoming Documentation Manager.
- Plan for the possibility of an extended deployment.

**Recovery Phase:**

- Provide debriefing forms for EOC members.
- Consolidate debriefing notes.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## PUBLIC INFORMATION MANAGER

**Reports to:** Incident Manager

**Mission:** To release approved messaging and information from the EOC regarding the incident to the media and to the public. To co-ordinate and liaise with public information officers of varying agencies to ensure a consistent approved message. Only one Public Information Manager is appointed per incident although assistants may be appointed as necessary (i.e. to help monitor social media feeds).

**Immediate:**

- Receive appointment from Incident Manager. Obtain Job Action Sheet.
- Review Job Action Sheet and review organizational chart.
- Identify restrictions in content of news release from Incident Manager.
- Establish a media centre area that will not interfere with emergency response activities.
- Obtain a full briefing from the Incident Manager regarding the incident and participate in planning meetings to formulate and evaluate the Incident Action Plan.

**Intermediate:**

- Ensure that all news releases have the approval of the Liaison Officer or the Medical Officer of Health.
- Issue an initial incident information report to the media as directed by the Incident Manager.
- Inform on-site media of areas, that are accessible and areas that are restricted.
- Coordinate with the Health and Safety Manager.
- Contact other on-scene agencies to coordinate release of information with their respective Public Information Managers. Inform Liaison Manager of action.
- Arrange for interviews, teleconferences, video conferences, satellite broadcasts, website revisions, broadcast faxes, etc., upon approval by the Incident Manager or Medical Officer of Health.
- Monitor incident in order to modify or change public alerts or risk communications as needed with approval of EOC members.
- Approve initial and updated scripts for interviews, hotlines and websites.
- Direct ongoing evaluation of message content.
- Relay any pertinent questions raised by the media back to EOC.
- Forward approved messages to Webmaster for posting on the Health Unit website
- Update social media feeds.

**Extended:**

- Review progress reports from the Incident Management Group.
- Notify the media about incident status as directed.
- Observe all staff for signs of stress. Report issues to the Health and Safety Manager.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to the incoming Public Information Manager.
- Plan for the possibility of an extended deployment.

**Recovery Phase:**

- Participate in debriefing.
- Identify gaps and facilitate any required improvements.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## LIAISON MANAGER

**Reports to:** Incident Manager

**Mission:** To function as the incident contact person for other agencies and Health Unit staff.

**Immediate:**

- Receive appointment from the Incident Manager. Obtain Job Action Sheet.
- Review Job Action Sheet and organizational chart.
- Obtain briefing from the Incident Manager and participate in planning meetings to formulate and evaluate the Incident Action Plan.
- Establish contact with liaison counterparts of each assisting and cooperating agency.
- Keep agencies, organizations and Health Unit staff updated on changes in response to the incident.

**Intermediate:**

- Respond to requests and complaints from incident personnel regarding inter-agency issues.
- Relay any special information obtained to the appropriate personnel in the receiving facility (e.g. information regarding toxic decontamination or any special emergency conditions).
- Keep agencies and Health Unit staff aware of the incident status.
- Monitor the incident to identify current or potential inter-organizational problems.
- Establish contact with Public Information Officer to ensure common messaging.
- Report on current or anticipated shortages in staff.
- Update IMG members of response with other agencies involved.

**Extended:**

- Maintain a list of all assisting agencies including their resource availability.
- Observe all staff for signs of stress. Report issues to the Health and Safety Manager.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to incoming Liaison Manager.
- Plan for the possibility of an extended deployment.

**Recovery Phase:**

- Participate in debriefing.
- Identify gaps and facilitate required improvements.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## HEALTH AND SAFETY MANAGER

**Reports to:** Incident Manager

**Mission:** To develop and recommend measures for ensuring the health and safety (including psychological and physical), of Health Unit staff. To assess and/or anticipate hazardous and unsafe situations, and ensure mitigative procedures are in place i.e. Personal Protective Equipment (PPE). To monitor the work environment and ensure occupational health and safety regulations are followed. To monitor the efficacy of infection prevention and control policies.

**Immediate:**

- Receive appointment from the Incident Manager. Obtain Job Action Sheet.
- Review Job Action Sheet and organizational chart.
- Obtain briefing from the Incident Manager.
- Establish Health and Safety Command Post within the Emergency Operations Centre.
- Review the Incident Action Plan for health and safety implications.

**Intermediate:**

- Exercise emergency authority to stop and prevent unsafe acts.
- Keep all staff alert to the need to identify and report all hazards and unsafe conditions.
- Ensure the availability and appropriate use of personal protective equipment.
- Ensure that all accidents involving personnel are investigated and that actions and observations are documented.
- Arrange with the Logistics Manager to secure all areas as needed to limit unauthorized access and arrange for the availability of resources to address physiological and psychological needs of Health Unit staff.
- Advise the Incident Manager immediately of any unsafe, hazardous situation.
- Establish routine briefings with the Incident Management Group.
- Liaise with Health and Safety Managers of agencies involved in the response.

**Extended:**

- Observe all staff for signs of stress. Report issues to the Incident Manager.
- Provide rest periods and relief for staff.
- Prepare end-of-shift report and present to the incoming Health and Safety Manager.
- Report signs of psychosocial issues to the Incident Manager.

**Recovery Phase:**

- Participate in debriefing.
- Identify gaps and facilitate any required improvements.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## OPERATIONS MANAGER

**Reports to:** Incident Manager

**Mission:** To activate and coordinate specific tasks and objectives that may be required to achieve the goals of the Incident Action Plan. To carry out directions from the Incident Manager. To relate challenges, and the need for resources identified by staff to the IMG.

**Immediate:**

- Receive appointment from the Incident Manager.  Obtain Job Action Sheet.
- Review Job Action Sheet and organizational chart.
- Obtain briefing from the Incident Manager.
- Develop Incident Action Plan.
- Identify and report to the Incident Management Group any tactical resources needed for the Incident Action Plan.

**Intermediate:**

- Identify available resources to achieve the mission and request additional resources as needed.
- Brief the Incident Manager routinely on the status and needs of the Operations Section.
- Coordinate and monitor Operations Section.
- Brief staff responding to the incident following IMG meetings and set cycle for response staff updates.

**Extended:**

- Maintain documentation of all actions and decisions on a continual basis and report to the Incident Manager.
- Observe all staff for signs of stress.  Report issues to the Health and Safety Manager.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to the incoming Operations Manager.
- Plan for possibility of an extended deployment.

**Recovery Phase:**

- Participate in debriefing.
- Identify gaps and facilitate any required improvements.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## PLANNING MANAGER

**Reports to:** Incident Manager

**Mission:** To identify and establish data elements and data sources. Implement data collection and analysis procedures so that trends and forecasts related to the incident can be identified. Organize and direct all aspects of planning. Ensure the distribution of critical information. Compile scenario/resource projections from the Incident Management Group and perform long range planning. Document and distribute the Incident Action Plan and evaluate the progress of the implementation of the plan.

**Immediate:**

- Receive appointment from the Incident Manager. Obtain Job Action Sheets.
- Review Job Action Sheet and organizational chart.
- Obtain briefing from the Incident Manager.
- Review the Incident Action Plan.
- Determine data elements required by the Incident Action Plan.
- Identify and establish access to data sources as needed.
- Communicate all technical support and supply needs to the Logistics Manager.
- Identify sites for data collection.
- Ensure standardization of data collection.
- Collect and analyze data regarding status and response of the incident and provide reports to the Incident Manager.

**Intermediate:**

- Assemble information in support of the Incident Action Plan and/or projections relative to the incident.

**Extended:**

- Continue to receive projected activity reports from the Incident Management Group at appropriate intervals.
- Maintain documentation of all actions and decisions on a continual basis and forward to the Incident Manager.
- Observe staff for signs of stress. Report issues to Health and Safety Officer.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to the incoming Planning Manager.
- Plan for the possibility of an extended deployment.
- Prepare plan for demobilization and recovery.

**Recovery Phase:**

- Participate in event debriefing.
- Identify gaps and facilitate any required improvements.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## LOGISTICS MANAGER

**Reports to:** Incident Manager

**Mission:** To organize, direct and coordinate the acquisition of space, security, supplies and equipment including IT and telecommunication equipment. Provide nutrition, lodging and family support for staff as needed.

**Immediate:**

- Receive appointment from the Incident Manager. Obtain Job Action Sheet.
- Review Job Action Sheet and organizational chart.
- Obtain briefing from the Incident Manager.
- Review the Incident Action Plan.
- Advise the Incident Management Group on current logistical service and support status.

**Intermediate:**

- Secure areas as needed to limit unauthorized personnel access.
- Obtain information and updates regularly from the Incident Management Group.
- Confer with the Public Information Manager to establish designated areas for media personnel.
- Obtain supplies as requested by the Planning and Operation Managers via the Incident Management Group.
- Update purchaser regarding needs of the group.
- Ensure records are kept of all purchases and provide to Finance Manager.

**Extended:**

- Maintain documentation of all actions and decisions on a continual basis. Forward completed report to the Incident Manager.
- Observe all staff for signs of stress. Report issues to Health and Safety Manager.
- Provide rest periods and relief for staff.
- Prepare end of shift report and present to the incoming Logistics Manager.
- Plan for the possibility of an extended deployment.
- Observe escalating or declining needs for supplies and report to IMG.

**Recovery Phase:**

- Participate in event debriefing.
- Identify gaps and facilitate any required improvements.

# Incident Management System (IMS)
# Emergency Response
# Job Action Sheet

## FINANCE MANAGER

**Reports to:** Incident Manager

**Mission:** To monitor all aspects of the administrative/financial processes. Authorize expenditures required to carry out the Incident Action Plan and ensure appropriate documentation of expenses. Monitor the utilization of financial assets. Document expenditures relevant to the emergency incident and prepare a report for the Ministry of Health and Long Term Care (or other agency as applicable) for compensation.

**Immediate:**

- Receive appointment from the Incident Manager. Obtain Job Action Sheet.
- Review Job Action Sheet and organizational chart.
- Obtain briefing from the Incident Manager.
- Review Incident Action Plan.

**Intermediate:**

- Provide a "cost-to-date" incident financial status report to the Incident Manager and summarize financial data as often as required by the nature of the incident. Include data relative to personnel costs, supplies and miscellaneous expenses.
- Obtain briefing updates from the Incident Management Group as appropriate.
- Consult with planning manager regarding the incident action plan and termination procedure.

**Extended:**

- Create end of shift report for the Incident Manager and the incoming Finance Manager.
- Observe all staff for signs of stress. Report issues to Health and Safety Manager.
- Provide rest periods and relief for staff.
- Coordinate injury or incident reporting procedures and protocol with the Health and Safety Manager.
- Plan for the possibility of an extended deployment.

**Recovery Phase:**

- Participate in incident debriefing.
- Identify gaps and facilitate any requirements.

# SUMMARY OF KEY RESPONSIBILITIES OF THE MEDICAL OFFICER OF HEALTH

## The Medical Officer of Health, as Chief Executive Officer of the Health Unit, is responsible for:

1. Activating and deactivating the Health Unit's Emergency Response Plan and Incident Management Group.
2. Ensuring the implementation of provisions under the Health Protection and Promotion Act (HPPA) including but not limited to making specific recommendations/issuing orders regarding:
    - » Communicable disease control
    - » Toxic chemical spills or other environmental hazards
    - » Sanitary disposal of human and other waste
    - » Pest control
    - » Temporary keeping or burial of deceased
    - » Public health standards and personal hygiene at evacuation sites
    - » Food and water safety
    - » Health hazards
3. Participating as a member of the activated Municipal Emergency Control/Operations Centre.
4. Ensuring notification of Health Unit Directors/Managers as necessary.
5. Coordinating key tasks of the Health Unit through the Health Unit IMG.
6. Notifying and liaising with the Chief Medical Officer of Health Ontario, Ministry of Health and Long Term Care as applicable that an emergency has been declared and/or that the Health Unit's Emergency Response Plan has been activated. All responsibilities may be delegated to other capable individuals.
7. Notifying neighbouring Public Health Units of the emergency and asking for back-up support if necessary.
8. Liaising with the Emergency Control Group members, emergency and support services, related agencies, departments, volunteer groups, and other agencies, as required.
9. Evacuating and relocating of Health Unit offices as necessary.
10. Ensuring notification of the Board of Health as necessary.
11. Ensuring that all media releases and interviews on public health issues are coordinated through the Communications Coordinator at the activated Emergency Control/Operation Group.
12. Ensuring that records are kept of orders given, actions taken and results of special investigations undertaken.
13. Providing advice on public health matters to the Municipal Emergency Control/Operations Centre.
14. Compiling a report on all decisions made and actions taken during the emergency to be submitted to the Municipal Emergency Control/Operations Centre upon termination of the emergency as applicable.
15. Evaluating the effectiveness and efficiency of the execution of the Health Unit's responsibilities.

## The Role of the Medical Officer of Health in a Municipal Emergency

1. Participate as a member of the activated Emergency Control Group.
2. Ensure the implementation of provisions under the Health Protection and Promotion Act (HPPA) including but not limited to making specific recommendations/issuing orders regarding health hazards, evacuation, isolation, and quarantine.
3. Ensure essential public health services relevant to the emergency are provided including but not limited to:
    - » Public health announcements
    - » Food safety
    - » Water quality
    - » Vaccination clinics
    - » Control of disease outbreaks
    - » Health information
    - » Inspecting evacuation/reception centres and feeding operations
    - » Health hazard identification, communication, mitigation/remediation
4. Provide advice on public health matters to the Municipal Emergency Operations Centre.
5. Identify groups most at risk from the emergency and ensure appropriate actions are taken to mitigate the effects of the emergency on them (vulnerable populations).
6. Liaise with the Emergency Control Group members, Emergency and Social Services, Local Health Integration Network, Hospitals, Community Health Centres, relevant agencies, Government Ministries, departments, volunteer groups, as required.
7. Implement recommendations for limiting morbidity and mortality of citizens and responders affected by the emergency based on risk assessment, epidemiology and data analysis.
8. Prevent and control the spread of infectious disease(s) by providing accurate information to health care professionals and the public.
9. Provide accurate information to officials, the media and concerned citizens.
10. Ensure that all media releases and interviews on public health issues are coordinated through the Public Information Officer at the activated Emergency Operation Centre.
11. Ensure that records are kept of orders given, actions taken and results of special investigations undertaken.
12. Evaluate the effectiveness and efficiency of the public health response to the emergency.
13. Cooperate with other emergency response agencies to ensure a coordinated and comprehensive response.
14. In the event of mass casualties, liaise with the coroner and monitor the situation to ensure the spread of disease is minimized.
15. Provide services to address post emergency issues resulting from the emergency and assist with the recovery phase.
16. Assist in the restoration of normal services in the community.
17. Participate in debriefing.
18. Compile a report on all decisions made and actions taken during the emergency to be submitted to the Municipal Emergency Operations Centre upon termination of the emergency.

# SUMMARY OF KEY ROLES AND RESPONSIBILITIES OF PUBLIC HEALTH INSPECTORS IN EVACUATION CENTRES/SHELTERS

## IMS FUNCTION: OPERATIONS

Public Health Inspectors assigned to Evacuation Centres/Shelters will primarily report to the Manager of the Community Health Protection Department and be responsible for:

- Apprising and providing consultation to the Reception Centre Manager on all public health related activities.
- Providing regular inspections of all Evacuation Centres/Shelters in operation within Health Unit jurisdiction to ensure compliance with public health regulations.
- Monitoring food, water, sanitation and other public health related areas in the Evacuation Centre/Shelter.
- Consulting on water disinfection measures and aesthetic parameters if required in Evacuation Centres/ Shelters.
- Determining human capacity of each centre; in conjunction with Social Services*.
- Ensuring that foods served are prepared in accordance with existing regulations and food safety protocols and standards**.
- Ensuring the shelter is monitored for health hazards, and that measures are implemented to minimize risk.
- Ensuring that pets are separated from human activity and sleeping areas.
- Following up on any animal bites.
- Monitoring air quality and temperatures (i.e. Co and Co2).
- Providing on-site training of food handlers when necessary.
- Obtaining water samples and taking FAC readings to determine the potability of water and reviewing records of facility water sampling activity.
- Developing and disseminating appropriate information to staff, volunteers and evacuees.
- Investigating any outbreaks of communicable diseases.
- Investigating any food or waterborne illness.
- Identifying and bringing forward any occupational health and safety issues to the Health and Safety Manager ASAP.

* Reference Health Canada Emergency Lodging

** Food for Emergency

http://www.phac-aspc.gc.ca/emergency-urgence/index_e.html

# SUMMARY OF KEY ROLES AND RESPONSIBILITIES OF PUBLIC HEALTH INSPECTORS IN A COMMUNITY WIDE RESPONSE

## IMS FUNCTION: OPERATIONS

## FOOD SAFETY

**Food Premises**

Depending on the nature of the emergency, food storage/processing/retail/food service establishments and food transportation vehicles may sustain damage rendering the food therein unfit for human consumption.

- The Public Health Inspector shall inspect food premises affected by the disaster to determine which foods have sustained damage or had their safety compromised. They shall work with operators to ensure safe disposal of unsafe food, and strategies for protecting food that remains fit for consumption, so that it can be available to feed volunteers and members of the community.
- Where necessary public health inspectors will issue section 13 orders under the Health Protection and Promotion Act to ensure closure of unsafe premises and address any health hazards at food premises.
- If transportation of confiscated foods intended for destruction or disposal is required, the Public Health Inspector will request assistance through the Operations Manager, so the issue can be brought forward at the EOC.

**Private Residences**

- Public Health Inspectors will provide advice on food safety to assist the public in determining what food can be safely consumed and which food should be discarded.
- In the event that privately owned food is found to be in such a state as to constitute a health hazard and the owner is not readily identified, the Public Health Inspector shall order the food in question to be seized and/or destroyed.

## DRINKING WATER SUPPLY

**Public Water Supply**

- The provision of a potable water supply is the responsibility of the Municipality where municipal water services are provided. However, the approval of alternate supplies for human consumption is the responsibility of the Health Unit in conjunction with Ministry of the Environment and Climate Change (MOECC) and the Municipality.
- Under certain critical circumstances the Medical Officer of Health may approve the use of a private well where:
    - » An environmental assessment has been carried out to ensure that bacterial and chemical contamination has not occurred.
    - » The water is colourless, odourless and tasteless.
    - » An appropriate means of disinfection has been carried out.

**Public Works Department Responsibilities**

- Liaise with the Health Unit and Ministry of the Environment and Climate Change.
- Selection of adequate source(s).
- Development of supply system
- Treatment and distribution of water.
- Maintenance.
- Monitoring of system.
- Testing of source water and distribution system for chemical, bacteriological quality.

**Health Unit Responsibilities**

- Liaising with the municipal Public Works Department.
- Assisting with testing of water source and distribution system for chemical and bacteriological quality.
- Approving of water source.
- Providing advice on treatment methods to ensure potability.
- Monitoring the system – both source and distribution system.
- Where water haulage vehicles are used to supply emergency water supplies, Public Health Inspectors will ensure the operators adherence to the Drinking Water Haulage Guidance Document.
- Public Health Inspectors will respond to adverse water incidents and following a risk assessment may issue Boil Water Advisories and Drinking Water Advisories or Boil Water Orders or Drinking Water Orders as required.
- Public Health Inspectors will support operators of Small Drinking Water Systems and premises regulated under the Health Protection and Promotion Act that are required to provide potable water for the public through risk assessment and consultation on corrective actions.

**Private Water Supply**

- Public Health Inspectors will provide information to homeowners on private wells including: sampling procedures, interpretation of results, how to make the water bacteriologically safe, and provide advice regarding chemical/aesthetic parameters.
- In emergency situations all unknown or suspect water sources must be considered bacteriologically and chemically unsafe until proven otherwise through laboratory analysis. Therefore, it is essential that the Public Health Inspector acquire representative samples for bacteriological and chemical analysis (through MOECC or Public Health Lab).
- Prior arrangements with laboratory officials can assure speedy analysis and results. It is the responsibility of the Manager of Community Health Protection to arrange for transportation of laboratory specimens.

## WASTE DISPOSAL

- The effective disposal of solid and liquid wastes generated by the disaster-affected community is of highest importance in the prevention of enteric disease and the control of insects and rodents. Public Health Inspectors will monitor, advise and issue orders where required, to address any health hazards that may result from inadequate waste disposal.
- Land control inspectors will follow up on complaints of septic systems that may be impacted by an emergency and provide advice on best practices to bring systems back into use.

## OUTBREAK CONTROL/MANAGEMENT

- Increased surveillance for communicable/infectious diseases must be implemented to identify and mitigate outbreaks in the early stages.
- In the event of an outbreak of communicable disease, the Outbreak Response Protocol will be followed as well as any directives provided by the Ministry of Health and Long Term Care.

## MANAGEMENT OF PETS

- The municipality is responsible for making arrangements for pets.
- Public Health Inspectors will follow-up any animal bites/scratches to ensure any possible exposures to rabies are identified out in the community and at facilities where animals are sheltered during an emergency. Where necessary Public Health Inspectors will facilitate the delivery of post exposure prophylaxis as required.
- Public Health Inspectors will monitor designated animal care areas that are part of a shelter to ensure they are maintained so as not to create a health hazard.

## FATALITIES RESULTING FROM A DISASTER

In a large-scale disaster situation with many fatalities, urgent sanitary problems arise in connection with the collection and disposal of the remains, especially during the warm weather months.

The collection, identification and disposal of the dead are the responsibility of the Coroner with the Police being his/her agents. Deceased persons may be temporarily stored using unmarked refrigerated trucks

The Public Health Inspector is responsible for these procedures being carried out in a sanitary manner by those agencies concerned by:

- Ensuring that prompt collection of the dead is made, with adequate sanitary precautions, especially with the bodies of those who have died from a communicable disease.
- Ensuring that mortuaries and cemeteries required for an emergency are located and maintained in a manner that will not result in a health hazard.
- Updating the Medical Officer of Health on issues arising from the above so she can liaise with the Coroner and Police.

## HEALTH HAZARDS

Many health hazards may become evident following a disaster or emergency. While the Health Unit may not be the lead agency responding and abating the health hazard there is a responsibility to provide information on the health effects regarding exposure, as well as providing advice to reduce exposure of the public. Health hazards that may result from a disaster include but are not limited to:

- Poor air quality (in particular where fires/explosions/spills have occurred).
- Mold (in particular where flooding has occurred).
- Asbestos (in particular where there is destruction of buildings and critical infrastructure).
- Exposure to chemicals via inhalation, consumption or contact with contaminated items.
- Vector-borne diseases linked to exposure to pest populations that may thrive in disaster situations (mice/rats/mosquitoes/flies).
- Exposure to improperly disposed of biohazards (sharps).

## DEAD ANIMAL DISPOSAL

In cases of animal deaths, carcasses shall be buried or incinerated within twenty-four hours of death. Where animal death is related to farm animals, direction will be sought from OMAFRA and CFIA.

## HEALTH AND SAFETY ISSUES:

The Board of Health is committed to the safety of board of health staff on an ongoing basis. All Staff supporting the response to a public health emergency or an emergency with public health impacts have a responsibility to report any identified health and safety concerns to the Health and Safety Manager. Staff have the responsibility to use the appropriate personal protective equipment (PPE) provided and follow the appropriate policies and procedures to ensure they are protected.

# SUMMARY OF KEY ROLES AND RESPONSIBILITIES OF PUBLIC HEALTH NURSES IN EVACUATION CENTRES/SHELTERS

## IMS FUNCTION: OPERATIONS

Prior to and during any emergency, Public Health Nurses in the Infectious Disease Program (IDP) will be responsible for ensuring that municipal emergency response planners have appropriate information about:

- Prevention of communicable disease, respiratory infections and other illnesses in a communal living situation including best practices for infection prevention and control.
- Safe management of biohazards including sharps, according to the principles of routine practices.
- Contact information for the Infectious Disease Team in the event of an outbreak of infectious/communicable disease.
- Provide public health information.
- Provide relevant fact sheets for the public using the shelter.

**Public Health Nurses in the Healthy Living and Development Department will be responsible to:**

- Work with the shelter manager to ensure supports are in place for mothers and their babies and that a baby friendly environment is facilitated for breast feeding moms and those who are formula feeding.
- Continue to support clients of the Needle/Syringe Program by identifying how they can access services during the emergency.
- Identify vulnerable populations that may be affected by the emergency and where appropriate work with partner agencies to help reduce the impact of the emergency on them.

## HEALTH AND SAFETY ISSUES:

The Board of Health is committed to the safety of board of health staff on an ongoing basis. All Staff supporting the response to a public health emergency or an emergency with public health impacts have a responsibility to report any identified health and safety concerns to the Health and Safety Manager. Staff have the responsibility to use the appropriate personal protective equipment (PPE) provided and follow the appropriate policies and procedures to ensure they are protected.

# SUMMARY OF KEY ROLES AND RESPONSIBILITIES OF PUBLIC HEALTH NURSES IN A COMMUNITY WIDE RESPONSE

## IMS FUNCTION: OPERATIONS

During a community wide emergency with public health impacts, or a public health emergency, Public Health Nurses will have the following responsibilities:

- Assist in the provision of emergency immunization clinics to prevent and control the spread of vaccine preventable diseases as directed by the Medical Officer of Health.
- Provide education and special instruction to individuals/groups in the community relating to prevention of disease and the care of at-risk/vulnerable groups (i.e. infants, elderly and homeless).
- Ensure continuation of the baby friendly initiative and provide support to mothers and their babies throughout the emergency and during the recovery period.
- Provide the community with information provided by the Medical Officer of Health/designate and to respond to public concerns/questions. Assist with staffing the 1-800 line (HEALTH Action Line) as appropriate. Hours of operation will be based on emergency/disaster specific needs.
- Liaise with hospitals, other urgent care settings, and long term care homes to determine what support public health is able to offer.
- Support health care professionals with current information on reportable diseases, directives that may come down from the Ministry of Health and Long Term Care, and appropriate infection prevention and control strategies regarding illnesses resulting from the emergency.

## HEALTH AND SAFETY ISSUES:

The Board of Health is committed to the safety of board of health staff on an ongoing basis. All Staff supporting the response to a public health emergency or an emergency with public health impacts have a responsibility to report any identified health and safety concerns to the Health and Safety Manager. Staff have the responsibility to use the appropriate personal protective equipment (PPE) provided and follow the appropriate policies and procedures to ensure they are protected.

# ROLES AND RESPONSIBILITIES OF OTHER HEALTH UNIT STAFF IN RESPONSE TO AN EMERGENCY

## IMS FUNCTION: LOGISTICS/FINANCE

**Purchaser**

- Order supplies approved by the Incident Management Group.
- Track expenditures.
- Arrange for facilities if required i.e. for immunization clinics.

**Administrative Assistants**

- Provide assistance and support with duties identified by the Incident Management Group.

**Computer Support**

- Maintain current computer systems and assist with the retrieval of stored data as required.
- Assist with the setup of laptops for staff working in the field or at alternate locations.
- Maintain communication systems i.e. cell phones etc.
- Provide troubleshooting and solution of IT issues that arise.

**Human Resources**

- Assist staff with psycho-social needs by arranging EAP.
- Follow up incidents.
- Provide support to staff re: benefits etc.
- Maintain contact list for staff and emergency contacts.
- Track training of staff.

**Finance/Payroll**

- Ensure staff are paid on time.
- Ensure expenditures are tracked.
- Ensure bills are collected.

## IMS FUNCTION: COMMUNICATIONS

**Communications Coordinator**

- Assist in the preparation of press releases and public information resources.
- Assist in providing approved messages and a communications plan.
- Contact the media and establish a media centre if required.
- Liaise with Public Information Officers of municipalities involved in the emergency to ensure consistent messaging.
- Monitor social media to identify public health issues that may need addressing.
- Format social media messages related to the emergency.

**Webmaster**

- Update the Health Unit website as needed throughout the incident/emergency with:
- Press releases.
- The latest information pertaining to the emergency and precautions to take.
- Maintain a list of credible resources on the web.
- Monitor webmail and forward to appropriate departments.
- Assist with other communication roles as needed.

## IMS FUNCTION: PLANNING

**Foundational Standard PHN Coordinator**

- Support staff by identifying desirable and measurable outcomes and indicators to measure those outcomes relating to evaluation of the intervention activities.
- Develop data collection methods and tools in order to gather the information needed to evaluate the effectiveness of intervention activities.
- Analyze the information gathered and prepare reports with recommendations.
- Assist with conducting research on the emergency, and support knowledge exchange among staff involved in the emergency.
- Assist with debriefing.

**Epidemiologist**

- Assist with planning by providing up to date resources and research materials.
- Collect surveillance and assessment data and assist with predictions or modeling, analyze trends.
- Provide support with GIS expertise.
- Collect assessment and surveillance data for evaluation and research purposes post response.

**Staff Development Coordinator**

- Assist with “just in time training” of staff.

**Other Health Unit staff (i.e. Dietitian, Dental)**

- Provide advice on field of expertise and support other staff as needed.

## HEALTH AND SAFETY ISSUES:

The Board of Health is committed to the safety of board of health staff on an ongoing basis. All Staff supporting the response to a public health emergency or an emergency with public health impacts have a responsibility to report any identified health and safety concerns to the Health and Safety Manager. Staff have the responsibility to use the appropriate personal protective equipment (PPE) provided and follow the appropriate policies and procedures to ensure they are protected.

# ASSISTING PEOPLE WITH SPECIAL NEEDS DURING AN EMERGENCY/INCIDENT

The Leeds, Grenville and Lanark District Health Unit is an organization serving the public health needs of our communities and therefore its service delivery sites are open to the public on a regular basis. Our agency has responsibilities under the Ontarians with Disabilities Act, 2001 to ensure our sites and services are accessible to all, and to accommodate their needs during an emergency. Some of the clients we serve and staff working out of these sites may have special needs. In some emergency situations elevators must not be used, and therefore clients and staff with disabilities who, under normal circumstances, may be self-sufficient may require assistance from others. Health Unit staff must not carry people with mobility issues down stairs, but must bring the location of the affected person to the attention of emergency services. Health Unit staff must consider the special needs of clients/staff/visitors with disabilities that may be on site if and when evacuation of any service delivery site is required.

**The following conditions are included when we refer to "special needs":**

- Visual impairments (reduced vision or blindness).
- Hearing impairments (some degree of hearing loss or deafness).
- Mobility impairments (use of walker, crutches, motorized scooter, wheelchairs, canes).
- Other medical conditions that pose a functional limitation.
- Learning disabilities.
- Limited knowledge or use of the English language.
- Mothers with young children.
- Pregnant woman.

**Considerations When Assisting People With Special Needs During Emergencies/Evacuations**

- People with disabilities may need extra time to prepare during an emergency.
- The needs of some older people may be similar to those of persons with disabilities.
- Disaster warnings and instructions are usually given in an audible manner such as siren or radio so people who are hearing impaired may not benefit from early warnings.
- Older people or persons who are visually impaired may be reluctant to leave familiar surroundings. Reassurance that they will not be left alone in unfamiliar surroundings will help.
- Guide dogs can become confused or disoriented in a disaster situation. People who are blind or visually impaired and use a guide dog may require assistance in leading them both to safety.
- Service animals can become confused or disoriented in a disaster situation as well as the clients they serve.
- It is important not to separate service animals from their owners as this can cause increased stress on both.
- People with impaired mobility may be afraid of being dropped when being lifted. Be aware of how to properly move someone in a wheel chair and be aware of the best exit routes to use.
- People who are mentally challenged may not be able to understand the situation and may become disoriented and confused about the proper way to react to the situation.
- Many respiratory illnesses may worsen under stressful conditions. If the person has oxygen and respiratory equipment take these with them.
- Many medical conditions require special/specific medications. If an evacuation is necessary, ensure they take their medications with them.

## TIPS FOR HELPING A PERSON WITH A DISABILITY DURING A DISASTER

- Ask if the person wants your help.  DO NOT assume they do.
- Allow the person to identify in what way they need assistance.
- Gain permission from the person before you touch them, their assistive devices or a service animal.
- Check for instructions that may be posted on equipment of assistive devices and follow them.
- Only lift, support or assist in moving someone if you are aware of how to do so safely.
- If a person is unconscious or unresponsive do not give them any food or liquids.
- Be aware that some people may ask you to use latex free gloves.
- Ask the person if they are experiencing any reduced sensation on any areas of their body and if you may check those for any injuries.

## SPECIFIC LIMITATIONS

**Mobility**

A person with mobility limitations may find it difficult to move quickly over long distances.  They may rely on assistive devices such as wheelchairs, walkers, scooters, crutches or canes.  Persons with heart or respiratory conditions may also experience mobility limitations.

- Ensure assistive devices accompany the person.
- Ask for permission to assist.

**Vision**

There is a broad spectrum of conditions that are included in vision loss.  Vision loss includes everything from complete blindness to partial or low vision that lenses or surgery cannot correct.  When travelling through unfamiliar surroundings during an emergency, the challenge of not being able to read signs may cause a person to feel lost or feel dependent on others.

- Ask if you can be of any assistance, do not grab or touch a person or assume they need your help.
- Do not shout, but speak clearly and provide specific and precise directions.  Avoid vague terms such as “over there” instead indicate to their left or right etc.
- For people who are deaf-blind draw and X on their back with your finger to communicate to them that you are there to help.
- To communicate with a deaf-blind person try tracing letters with your fingers on the palm of their hand to spell out what you are trying to say.
- When guiding a person, offer your arm for them to take, and walk at their pace but ½ step ahead.
- Ask persons with a service dog where you should walk to avoid distracting the dog.  Do not touch or make eye contact with a service dog.
- Indicate in advance any changes in direction, upcoming stairs, curbs or hazards including protrusions or overhangs.

**Hearing**

There are several levels of hearing loss from hard of hearing, deafened to deaf. The distinction between the terms is not based on the degree of hearing loss but on their language skills and means of communicating. Emergency warnings are quite often audible and may pose a challenge for a person with hearing loss to respond and follow instructions to get to safety.

- Get the persons attention by gently touching them on the arm or with a visual cue, before you speak to them. Avoid loud noises that interfere with hearing aids.
- Face the person and make eye contact when speaking to them.
- Speak clearly and naturally do not shout or speak extremely slowly.
- Use gestures to help explain your message.
- Write a message if there is time. Keep paper and pen close by.
- Do not approach a person from behind.
- Typically, people who are hearing impaired will need information in a written format.

*Reference: Emergency Preparedness Guide for People with Disabilities/Special Needs. EMO*

To report public health emergencies and/or emergencies with public health impacts

# Please call:
# 613-345-5685
# IMMEDIATELY

A manager is on-call 24/7