

Emergency Response



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Your Health Connection

Mass events by any other name: What the G8 can teach the Pan Am Games

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As featured in the October 2010 edition of the Planner, the weekend of June 25, 2010, brought two major international events to Ontario: the G8 Summit in Huntsville and the G20 Summit in Toronto. The summits attracted large numbers of international visitors, security staff, protestors, activists and media.

In any large scale event, from a summit to a major sports event, there are potential public health concerns for which we must plan. The Simcoe Muskoka District Health Unit (SMDHU) and its many partners spent more than a year preparing for the G8 Summit.

This article will discuss the lessons learned by SMDHU in its planning for the G8 Summit, and offer some thoughts on how they can apply to the preparation for the Pan Am Games coming to Toronto and the Greater Golden Horseshoe area in 2015.

Our Planning Process

Between the spring of 2009 and June 2010, SMDHU took a lead role in public health planning, preparation and response for the G8 Summit.

Planning involved a multi-agency collaborative approach to ensure a safe, secure and health-supportive environment. Our overall goal was to develop a plan to prepare for and respond to the G8 Summit while ensuring the continuation of essential public health services and building capacity to respond to extraordinary events.

To establish planning priorities we first needed to identify public health issues associated with mass gatherings.

Conduct A HIRA: Identify Local Hazards

Our first step in planning for the G8 was to conduct a Hazard Identification and Risk Assessment (HIRA). This involved researching the hazards and then prioritizing the level of risk they represent, based on the likelihood of occurrence and the extent of their possible consequences for human health. Our research strategy involved a literature review to identify the most common public health hazards associated with large scale mass gatherings, and local community assessments to identify the most common hazards/emergencies within our communities. The information was collated and the hazards that posed significant public health implications were identified, prioritized and incorporated into our HIRA.

Eight priority public health hazards emerged (in order of risk):

1. Infectious and contagious diseases
2. Food-related hazards
3. Environmental or weather-related hazards
4. Injury-related and health & safety hazards
5. Drinking water hazards
6. Technological and critical infrastructure incidents
7. Hazardous material incidents
8. Bioterrorist events

With hazards and risks identified we were now ready to broaden our planning activities and develop action plans.

Build Capacity

To ensure the delivery of planned services and an effective response to public health issues during the G8, we had to build our internal capacity. To do this we reached out to other public health agencies, and established mutual assistance agreements with four health units. These agreements were written to be flexible and dynamic enough to be used in any emergency/incident or event.

We also modified our existing staff redeployment plan to enable us to draw on the skills and resources necessary to respond to the G8. If an extraordinary event occurred, we would be able to deliver essential services by redeploying staff from program services which were less of a priority.

Collaborate and Coordinate

SMDHU's planning involved collaborative working partnerships with all levels of government, hospitals, first responders, LHINs, public health units, CCACs, local businesses and stakeholders. We initially experienced some challenges in sharing and receiving information due to various requirements for protection of information. Where confidentiality challenges existed, signed agreements were secured to identify our agency as a trusted agent.

It was a priority to determine, in writing, the roles, responsibilities and expectations between partners, establish mutual aid agreements with neighbouring health units, and integrate and test plans. Our health unit participated in two exercises prior to the G8 Summit, one federally led and the other a provincially led sub-exercise focused on health.



Deerhurst Resort, Muskoka: Site of 2010 G8 Summit

Participation in this exercise allowed us to activate our Emergency Operations Centre (EOC) and test our internal and external communication/distribution systems.

Enhance Incident Management Systems

SMDHU established an Incident Management System (IMS) structure specific to the G8. Implementation of IMS improved internal and external communications and allowed us to better coordinate resources. IMS involvement in teleconferences as part of the G8 communication cycle facilitated cooperation and coordination between agencies.

We also learned the importance of having an IMS system with depth. On June 23rd, a tornado hit Midland, an unexpected event not related to the G8. We had primary and alternates for our G8 IMS meetings, but now needed to establish another group responsible for managing site response to the tornado. We needed depth to manage staff and communications with local community responders. The SMDHU tornado management lead kept the G8 IMS structure apprised of agency tornado response activities and any implications for G8 readiness.

Enhance Communication and Reporting Systems

Communication was a key element of our planning. Prior to the G8, SMDHU created distribution lists and communication cycles to support effective internal and external communications. It was imperative that our agency was linked with communication systems at all government levels to stay apprised of information and expedite preparedness and response activities.

From the start, the province led the way for health sector planning and ensured that necessary communication supports were in place, including a regular communications cycle that ran throughout the summits, and a consolidated surveillance report prepared in partnership with the appropriate health units. These measures were the product of ongoing commitment and coordination among all planners.

We also enhanced our disease reporting process through the implementation of an emergency department syndromic surveillance (EDSS) system developed by the Queen's University Emergency Syndromic Surveillance Team in Kingston. This important work with our hospital partners resulted in real-time reporting of data that improved the identification of trends and patterns of communicable disease syndromes for the early detection of clusters.

Our experience and what we learned

During the week of the G8 Summit, SMDHU experienced four of the eight identified HIRA hazards: a suspect food-borne outbreak; severe storms (severe weather warnings and the tornado in Midland); a technological and infrastructure failure (power outage); and a hazardous material incident.

Preliminary results of our G8 planning evaluation illustrate that the time and effort put into planning and preparing for the G8 Summit resulted in an effective and coordinated response to these events by public health and its partners. The results also served to highlight the areas in which we can improve our systems and processes.



Midland Tornado Damage: June 23, 2010

Emergency Response

The 2015 Pan Am Games will be quite different in many ways from the summits, with more diverse venues, a different participant profile, and their own specific risks and hazards. Based on our experiences, however, there are some central principles that we would argue can be applied to any mass gathering event. We recommend that planning and implementing a successful public health response to any such event should include the following key components:

- Understand the local risks and hazards from a public health perspective.
- Develop strategies to mitigate the known risks and follow the action plan.
- Build internal agency capacity.
- Collaborate, coordinate and integrate activities with planning partners at all levels – establish links within the realm of health (local, provincial and federal), but also with any other key sectors, such as security or event planners.
- Enhance communication systems and emergency management structures such as IMS. Clear expectations and processes around the “Three Cs” - Command, Control and Communication - are key.
- Establish real-time syndromic surveillance and reporting systems.
- Understand agency limitations – and make sure your partners understand them too.

To view a copy of SMDHU's [G8 Public Health Plan](#) and the [HIRA](#) visit the Emergency Preparedness section of our website @ www.simcoemuskokahealth.org and view a copy of the [G8 Evaluation Report Simcoe Muskoka District Health Unit](#).