

Emergency Response

Reviewed Date	<i>September 1, 2012</i>	Number	<i>GEN0107</i>
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Introduction

The mandate of the Simcoe Muskoka District Health Unit is to promote and protect the health of the public and prevent disease and injury. The agency is resourced to fulfill this mandate and address the health needs of the community. Occasionally an event occurs which threatens the health, safety and welfare of a community and impacts on the health unit's ability to maintain and deliver its essential services. These events require a controlled and coordinated response by a number of agencies including the health unit.

The Health Protection and Promotion Act provides legal authority for boards of health to respond to a public health emergency and further provides the Medical Officer of Health (MOH) with the authority to take appropriate action in the event of a health hazard to prevent, eliminate or decrease the effect of the hazard or as the result of a communicable disease. The Ontario Public Health Standards and the Public Health Emergency Preparedness Protocol, under the Health Protection and Promotion Act (HPPA) require that the board of health develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies. The Boards of Health must have the capacity to respond to an emergency 24 hours a day and ensure continuity of its essential services.

Purpose

The purpose of this policy is to outline the requirements and the expectations of the health unit to prepare for and respond to incidents and/or emergencies. This policy also provides a general overview of the systems utilized by the agency to provide a controlled and coordinated response.

Legislative Authority

Health Protection and Promotion Act
Ontario Public Health Standards
Public Health Emergency Preparedness Protocol

Policy Definitions and Interpretation

Emergency Fan-Out Notification System: A means of communicating with staff in response to an incident and or emergency where a controlled and coordinated public health response is required.

IMS Committee: Health Unit groups of Senior Management that convene to discuss the status of an incident, share relevant public health or emergency response information and coordinate an effective response.

Incident: An event or emergency which requires the coordination of agency resources between multiple program teams or service areas in order to respond to the situation, based on MOH assessment and interpretation.

Policy

In the event of an incident or emergency, the medical officer of health may activate the agency's emergency response plan and convene the IMS Committee to assess the situation and coordinate an agency response. The Emergency Fan-Out Notification System may be activated to deploy staff as deemed necessary to respond to the incident and mitigate the health risk to the community.

The health unit will ensure consistent and effective response to public health emergencies and emergencies with public health impacts by preparing to respond in accordance with the Ontario Health Public Health Standards and Public Health Emergency Preparedness Protocol.

Procedures

The Health Unit will meet these requirements and expectations by:

The Emergency Response Plan:

1. The Simcoe Muskoka District Health Unit will develop and maintain an Emergency Response Plan. The agency's emergency response plan:
 - i. Clearly establishes the roles and responsibilities for the Medical Officer of Health in the event of an incident or emergency.
 - ii. Outlines the roles and responsibilities of service areas within the agency.
 - iii. Aligns the roles and responsibilities with the components of the Incident Management System (IMS).
2. The Emergency Response Plan will be reviewed and revised semi-annually by the Emergency Management Team (EMT), in conjunction with service area directors. The EMT will ensure that all manuals reflect changes made.
3. Minor administrative changes can be made directly to the plan by EMT without further approval and recorded on the amendment notice in the manual. Major revisions will be forwarded to the Medical Officer of Health for approval by Executive Committee.
4. The Agency's Emergency Response Plan will be made available to:
 - i. Medical and Associate Medical Officers of Health (full version)
 - ii. Service Directors (full version)
 - iii. Managers and Supervisors (full version)
 - iv. Board of Health Members (public version)
 - v. Agency Staff via intranet (public version)
 - vi. Simcoe Muskoka District Health Unit Offices (public version)
 - vii. General Public and Community Partners via Internet (public version)

5. The EMT will conduct a Hazard Identification Risk Assessment (HIRA) annually to ensure risk-based emergency planning and programming.

Business Continuity

1. The Simcoe Muskoka District Health Unit will develop and maintain a Business Continuity Plan. The Business Continuity Plan will:
 - i. Identify essential services that must continue during an incident or emergency.
 - ii. Identify key resources necessary to operate in the event of an incident or emergency.
 - iii. Outline the established protocols for deployment of health unit staff to maintain essential services and respond to an incident.
 - iv. Outline reduction and resumption processes for agency services.
2. The MOH may activate the agency's Business Continuity Plan and deploy staff as necessary to minimize the health risk in the community.
3. The Business Continuity Plan will be reviewed and revised annually by the Emergency Management Team (EMT), in conjunction with service area directors and the MOH Office. The EMT will ensure that all manuals reflect changes made.
4. Minor administrative changes can be made directly to the plan by EMT without approval and recorded on the amendment notice in the manual. Major revisions will be forwarded to the Medical Officer of Health for approval by the Executive Committee.

Emergency Communication Systems

1. The SMDHU will establish and maintain a 24 hours per day, 7 days per week (24/7) notification protocol for receiving, notifying, and responding to reports of an incident or emergency, a potential health hazard or a reportable disease including institutional outbreaks.
2. An after-hours on-call communication system and procedure is established and outlined within the *After-Hours On-Call Communication Procedures, Policy D4 900*

The EMT will establish and maintain emergency communication systems for liaising with municipalities, community partners and government bodies in the event of an incident or emergency.

Staff Emergency Fan-Out Notification System:

1. The SMDHU will maintain an Emergency Fan-Out Notification System to notify and redeploy staff in the event of an incident or emergency.
2. The emergency notification system and procedure will assist with the notification of staff in an incident/emergency. This system is outlined in the *Emergency Fan-Out Notification System Policy GEN 0108*.
3. The MOH may activate the agency's Emergency Fan-Out Notification System at any time. Staff may be expected to respond to an incident after-hours.

The EMT will ensure that the contact information identified within the agency's Emergency Response Plan is updated semi-annually.

Training and Education

1. The SMDHU will develop a staff training and education plan to provide annual emergency preparedness training to staff and Board of Health Members.
2. The Emergency Management Team (EMT) is responsible for providing training. Training is provided in the following situations:
 - i. To new board of health members.
 - ii. To new employees during the new staff orientation training sessions.
 - iii. To existing employees when there is a significant change in the service area's roles and functions.
 - iv. When plan or response procedures are modified.
 - v. When an exercise or event identifies that specific training is needed to improve emergency response.
3. Training will highlight:
 - i. Identified public health risks as identified through the hazard identification and risk-assessment process.
 - ii. Emergency Fan-Out Notification System Policy.
 - iii. Key components within the emergency response plan and any subsequent sub-plans as it relates to response expectations.
 - iv. Incident Management System and the roles and responsibilities of each function.
 - v. Key elements of the Business Continuity Plan.
 - vi. Roles of key officials, as aligned with the IMS.

Testing:

1. The SMDHU will conduct an exercise to test the Health Unit's readiness to respond to an incident or an emergency at least once annually that tests all or some components of the:
 - i) Business Continuity Plan
 - ii) The Emergency Response Plan; and
 - iii) Emergency Communication System (24/7 notifications).

Experiences gained through response to actual incidents that result in activation of components of the Emergency Response and/or Business Continuity Plans can be considered as a test exercise, providing the incident results in debriefing and assessment processes.

2. The Emergency Management Team in consultation with the Medical Officer of Health will conduct an annual test exercise of the Emergency Fan-Out Notification System.
3. The health unit will participate with local communities in emergency response planning and exercises as appropriate and establish and maintain a means of collaborating and integrating activities with other agencies including municipalities, health and social

service providers, emergency workers and government ministries. Collaboration will involve but is not limited to:

- a. Aligning corresponding plans
- b. Defining agency prescribed roles and responsibilities
- c. Establishing communication strategies and systems
- d. Identifying and coordinating public awareness and engagement strategies.

Related Resources

Emergency Response Plan

Business Continuity Plan (Under Development)

Related Policies

Emergency Fan out Notification System Policy

After-hours On-Call Communication Procedures

Related Forms

N/A

Final Approval Signature: _____

Review/Revision History:

September 2013	Review and Revise
September 2013	Policy re-number, previous number HR0901
December 2012	Review and Revise
September 2010	Policy re-number, previous number A1.080