

Emergency Management

Reviewed Date		Number	GEN0107
Revised Date	November 26, 2025	Approved Date	January 19, 2000

Introduction

The mandate of the Simcoe Muskoka District Health Unit (SMDHU) 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 time critical services. These events require a controlled and coordinated response by a number of agencies including the health unit.

The Health Protection and Promotion Act (HPPA) provides legal authority for boards of health to respond to a public health emergency or emergencies with public health impacts and further provides the Medical Officer of Health (MOH) with the authority to take appropriate action in the event of a health hazard to identify, prevent, reduce, or eliminate the effect of the hazard or as the result of a communicable disease.

The Ontario Public Health Standards (OPHS) and its protocols, require that the board of health ensure readiness and the ability to respond to emergencies with public health impacts. To achieve emergency readiness, boards of health must develop an emergency management program which addresses disruptions and/or emergencies that may affect Ontario's public health system, and impacts on the health of its population, and that aligns with the requirements laid out within the OPHS, and corresponding protocols

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
 Emergency Management Protocol (Draft)
 Emergency Management and Civil Protection Act (EMCPA) Order-in-Council 1739-2022

Policy Definitions and Interpretation

Emergency: Emergencies are defined as situations, or the threat of imminent circumstance, that may occur slowly or suddenly without warning and affect property, health, safety, and welfare of a community.

Staff Notification: A means of communicating with staff in response to an incident and or emergency where a controlled and coordinated public health response is required as outlined in Staff Notification System Policy GEN0108.

Incident Management Team (IMT): Health Unit groups of Senior Management and agency leads 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 that has the potential to cause interruption, loss of or a disruption within a community, or to an organization's operations, services, or functions – which, if not managed, can escalate into an emergency

Public Health Emergency: A Public Health emergency may be 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 consequence

Policy

In the event of an incident /emergency **or public health led emergency**, the medical officer of health may activate the agency's emergency response plan and convene the IMT to assess the situation and coordinate an agency response. Staff will be deployed as deemed necessary to respond to the incident and mitigate the health risk to the community.

SMDHU will maintain Emergency Management programming to achieve emergency readiness to respond to an emergency with public health impacts and to minimize disruptions and the maintenance of time critical services.

Procedures

1. The Emergency Response Plan

SMDHU will develop and maintain an Emergency Response Plan in accordance with OPHS requirements. The agency's emergency response plan:

- a. Clearly establishes an incident management model and corresponding roles and responsibilities.
- b. Aligns the roles and responsibilities with the components of the Incident Management System (IMS).
- c. Contains a communications strategy for internal and external stakeholders.

The Emergency Response Plan will be reviewed and revised annually, or as needed, by the Emergency Management Team (EMT), in conjunction with Executive, and be approved by the Medical Officer of Health. An annual update and finalization of the Emergency Response Plan is to be completed and disseminated by June 30 of every year. Following the annual update, annual sub plans will be reviewed and updated annually by September 30. Sub plans are listed in [Related Forms and Resources](#) below.

The Agency's Emergency Response Plan (with the removal of personal or confidential information) will be made available to all staff by being posted on our website. Full versions of the Emergency Response Plans (containing personal or confidential information) will be made available to:

- MOH office, Executive, Managers, Supervisors and On-Call Staff

Under the umbrella of the Emergency Response Plan, specific sub plans, all of which are listed, reviewed and updated as needed.

2. Hazard Identification

The EMT will conduct a Hazard Identification Risk Assessment (HIRA) annually as per the OPHS to ensure awareness of community risks/hazards that may give rise to emergencies, or disruptions with public health impacts to inform risk-based emergency planning and programming.

HIRAs are to be completed, shared and posted on our website by March 31, of every year.

3. Business Continuity

SMDHU will develop and maintain a Business Continuity Plan. The Business Continuity Plan will:

- a. Identify critical services that must continue during an incident or emergency.
- b. Identify key critical infrastructure and human resources necessary to operate in the event of an incident or emergency.
- c. Identify human resource and recovery strategies, including a mental health and wellness strategy, to maintain critical time services, and respond to an incident.
- d. Outline reduction and resumption processes for agency services, including the identification of recovery time objectives.

The MOH may activate the agency's Business Continuity Plan to allow for the maintenance and restoration of time critical services or functions amidst a disruption and/or apply the necessary human resources plan to minimize health risk in the community.

The Business Continuity Plan will be reviewed annually to consider update and revision (which will rest with MOH based on EMT feedback. Revision will take place by March 31st of each year.

4. Emergency Notification & Communication and On- Call Systems

SMDHU will develop, implement and maintain 24/7 notification protocols for communications with board of health, staff, community partners, and governmental bodies. SMDHU maintains current and accurate contact information of community partners, stakeholders, and relevant parties to ensure timely and effective communications for emergency response, as outlined within the *Contact Management Policy IM0111*.

EMT oversees the agency On-Call system while coordinating various departments who require strategies for On-Call support. The On-Call system must be designed to receive timely reports as outlined in the OPHS and associated protocols.

The SMDHU will maintain Staff Notification System to notify and redeploy staff in the event of an incident or emergency. This system is outlined in the *Staff Notification System Policy GEN 0108*.

5. Training and Education

The SMDHU will maintain an emergency management learning and development plan to provide emergency preparedness training to staff and Board of Health Members on emergency management topics, including HIRA, emergency plans and corresponding roles/functions.

EMT will lead staff training and development plan. Staff training needs will be reviewed and evaluated annually. Additional details of training plan will rest within the sub plan entitled SMDHU Emergency Management Learning and Development Plan

6. Emergency Management Plan Testing and Exercises:

Internal Exercises

The SMDHU will, in accordance with the OPHS, design and conduct an exercise to test the Health Unit's readiness to respond, system functionality and staff awareness to an incident or an emergency at least annually or as required.

Experience 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.

External Exercises

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.

EMT is responsible for ensuring that learnings captured from external exercises are communicated centrally for dissemination to internal partners for planning purposes. EMT will report to agency management on results of exercises including summary, learnings, areas of cross department collaboration as needed.

Related Policies

D4 900: After-Hours On-Call Communication Procedures

GEN 0108: Staff Notification System

IM0111: Contact Management

Resources

Emergency Response Plan

Business Continuity Plan

SMDHU Sub Plans

- Analysis and Vulnerability Assessment Plan
- Evacuation Shelter Operations Plan
- Rabies Preparedness and Response Plan
- Mass Gathering Plan
- Infectious Diseases Emergency Response Plan
- Respiratory Surge Plan

Collaborative Sub Plans

- Emergency Plan for Vulnerable Populations
- Natural Death Surge Plan for Pandemics

Final Approval Signature: _____

Review/Revision History:

November 2025 Review and Revise

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September 2013 Policy re-number, previous number HR0901

December 2012 Review and Revise

September 2010 Policy re-number, previous number A1.080