2010 G8 SUMMIT

SMDHU Preparedness & Response Plan

June 2010
Version 3.0 - Public

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BACKGROUND

Canada holds the presidency for the 2010 G8 Summit which will be held at the Deerhurst Resort in Huntsville, Ontario, from June 25th to 26th. In addition to the G8 delegations, this event tends to attract delegations from other countries, non-government organizations and special interest groups.

The Group of Eight (G8) is a forum, created in 1975, that brings together the leaders of Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States of America. The Summit has evolved over the years into an annual informal meeting that addresses a wide range of international economic, political and social issues.

The role of chairing the G8 rotates each calendar year among the member countries in the following order: France, the United States of America, the United Kingdom, Russia, Germany, Japan, Italy and Canada. The European Union, though not part of this rotation, also participates in the G8 and is represented by the President of the European Commission and by the leader of the country that holds the presidency of the Council of the European Union at the time of the G8 Summit.

The country holding the G8 presidency is responsible for hosting and organizing the summit and a number of ministerial-level meetings leading up to the Summit. The Chair also assumes the responsibility of speaking on behalf of the G8 and of engaging non-G8 countries, non-governmental organizations and international organizations.

The host country organizes several preparatory meetings before the summit. G8 leaders' personal representatives, known as Sherpas (named after the Himalayan guides who help mountain climbers reach summits), attend these meetings to discuss potential agenda items. Their work helps leaders focus on key subjects. The Sherpas, usually high-ranking government officials, correspond directly with each other throughout the year. After the Summit, they also oversee the implementation of leaders' commitments made at the Summit. The Sherpas are supported by networks of other senior officials who focus on major economic, financial and political issues. (Source: www.g8.gc.ca)

The Group of Twenty (G20), Finance Ministers and Central Bank Governors, was established in 1999 to bring together systematically important industrialized and developing economies to discuss key issues related to global economic stability. These discussions contribute to the strengthening of the international financial architecture and provide opportunities for dialogue on national policies and international co-operation. The membership of the G20 includes Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Mexico, Russia, Saudia Arabia, South Africa, South Korea, Turkey, the United Kingdom, the United States of America and the European Union. Canada's Prime Minister has confirmed that the City of Toronto will host the G20 summit on June 26 and 27, 2010, immediately following the G8.

The Ministry of Health and Long-Term Care (MOHLTC) has been contracted to work with health care agencies to develop health sector plans, specific to the G8/ G20 Summit. It is anticipated that both the G8 and G20 Summit will have a significant impact on health services and greatly strain the capacity of our health-care system.

The Simcoe Muskoka District Health Unit (SMDHU), along with other public health agencies, has worked in partnership with the Ministry of Health & Long Term Care (MOHLTC) to foster the development of a generic *G8 Summit Preparedness and Response Plan*. The *G8 Public Health Subcommittee*, composed of public health stakeholders in the affected region(s), was established to facilitate a streamlined and strategic plan to support health consequence management for the G8 Summit 2010 in Deerhurst. The key objective of this committee was to develop a plan that ensures the public health sector can detect and respond to any extraordinary events that may occur in relation to the G8 Summit.

The *G8 Summit Preparedness and Response Plan* identifies common hazards associated with mass gatherings and outlines potential public health mitigation and response strategies to address these risks. It also has been designed to establish a common public health emergency management framework and supporting communication systems. Public health agencies have been encouraged to use the Public Health *G8 Summit Preparedness and Response Plan* as a framework to assist them locally with the further development of more comprehensive plans.

The SMDHU *has adopted the framework of the generic public health plan to assist with the development of the SMDHU G8 Summit Preparedness and Response Plan. The SMDHU Plan is a* more comprehensive G8 plan which identifies an incident management system and detailed mitigation and response strategies, specific to the agency. This plan also describes local communication and emergency management relationships between the health unit and local municipal and community partners also involved with the G8 Summit.

LEGISLATIVE AUTHORITY

Emergency Management and Civil Protection Act
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09_e.htm
The Emergency Management and Civil Protection Act establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. The Act specifies what must be included in emergency management programs and emergency plans. Municipal councils are required to adopt emergency plans by by-law.

Health Protection and Promotion Act (HPPA)
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h07_e.htm.

In Ontario, the Health Protection and Promotion Act (HPPA) requires boards of health to provide or ensure provision of a minimum level of public health programs and services in specified areas such as the control of infectious and reportable diseases, health promotion, health protection and disease prevention.

Regulations published under the authority to the HPPA assist to control the spread of communicable and reportable diseases. Regulation 569, Reports, establishes the parameters within which those who are required to report communicable and reportable diseases to the medical officer of health (MOH) must operate. The Report regulation specifies the information that must be reported for diseases listed in the regulation and under certain conditions, such additional information that the MOH may require.

Municipal and non-municipal seasonal residential water systems and those that serve public facilities other than designated facilities are also regulated under the HPPA. For these systems, Ontario Regulation 318/08 (*Transitional – Small Drinking Water Systems*) sets the basic operational requirements until an inspection and site-specific risk assessment has been completed by a public health inspector (PHI). Once the system has been inspected and a directive is issued by the PHI, the operational requirements such as water testing frequency, treatment requirements, etc., will be established.

The HPPA assigns the responsibility for community health protection to the MOHs and PHIs. Local boards of health monitor and assess local conditions and identify if appropriate action is being taken. Additional regulations such as Regulation 319/08 (*Small Drinking Water Systems*), The Food Premises Regulation, 562/90, Public Pools Regulation 565/90, Public Spas 428/, Recreational Camps 68/908 outline requirements for other areas of public health concern. The HPPA also gives authority to the MOH and PHI inspectors to issue orders to reduce or eliminate health hazards.

A medical officer of health is authorized under Section 22 of the HPPA to issue an order under prescribed conditions to control communicable diseases. The content of these orders could include an order requiring an individual to isolate himself or herself; to place himself or herself under the care and treatment of a physician (if the disease is a virulent disease, as defined in the HPPA); or to submit to an examination by a physician.

A medical officer of health may also, under certain conditions, seek a court order under Section 35 of the HPPA to isolate an individual in a hospital or other facility for a period of up to four months.

The Ontario Public Health Standards (OPHS) establish requirements for fundamental public health programs and services, which include: assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS and Protocols are published by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

Personal Health Information Protection Act, 2004 (PHIPA)
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm
PHIPA regulates the collection, use and disclosure of personal health information by health information custodians (a defined term in the Act) and includes physicians, hospitals, long-term care facilities, medical officers of health and the

Ministry of Health and Long-Term Care. The Act also establishes rules for individuals and organizations receiving personal information from health information custodians.

Consent is generally required to collect, use and disclose personal health information however, the Act specifies certain circumstances when it is not required. For example, the Act permits disclosure of personal health information to the chief medical officer of health or medical officer of health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the HPPA. Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Quarantine Act
http://laws.justice.gc.ca/en/Q-1/index.html
The purpose of the federal Quarantine Act is to prevent the introduction and spread of communicable diseases in Canada. It is applicable to persons and conveyances arriving in or in the process of departing from Canada. It includes a number of measures to prevent the spread of dangerous, infectious and contagious diseases including the authority to screen, examine and detain arriving and departing individuals, conveyances and their goods and cargo, which may be a public health risk to Canadians and those beyond Canadian borders.

Bill C-12, the new Quarantine Act, received Royal Assent on May 12, 2005. The new Act will not come into force until quarantine regulations have been drafted, likely by the fall of 2006. The new legislation updates and expands the existing legislation to include contemporary public health measures including referral to public health authorities, detention, treatment and disinfestations. It also includes measures for collecting and disclosing personal information if it is necessary to prevent the spread of a communicable disease.

Coroners Act
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37_e.htm
Where a person dies while a resident in specified facilities, including a resident in a home for the aged or a nursing home, a psychiatric facility or an institution under the Mental Hospitals Act, the Coroners Act requires the person in charge of the hospital, facility or institution to immediately give notice of the death to the coroner. Further, if any person believes that a person has died under circumstances that may require investigation, that person must immediately notify a coroner or police officer of the facts and circumstances relating to the death. The coroner must investigate the circumstances of the death and determine whether to hold an inquest.

Occupational Health and Safety Act
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm
The Occupational Health and Safety Act is enforced by the Ministry of Labour. The Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The duties of workers are, generally, to work safely in accordance with the Act and regulations.

Public Hospitals Act:
http://www.e-laws.gov.on.ca:81/ISYSquery/IRL725B.tmp/83/doc
Hospitals are required to obtain ministry approval before using additional sites for hospital services. Cabinet is authorized to appoint a hospital supervisor on the recommendation of the Minister of Health and Long-Term Care. The Minister is then authorized to make regulations, subject to Cabinet approval, to address the safety of any hospital site and to deal with patient admissions, care and discharge.

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

INTRODUCTION

OVERVIEW

Planning is a key component of emergency response. Regardless of whether the incident is man-made, health-related or environmental in nature, good planning is what separates a successful response from an unsuccessful one.

Canada will host the 2010 G8 Summit from June 25th to the 26th. The G8 will be held at Deerhurst Resort in Huntsville, and will be a very high profile political event. This event will draw a large number of people into our community, and will include international visitors and their support staff plus protestors, activists and the media. Multi-agency cooperation and collaboration is required to prepare and respond to this event to ensure a safe, secure and health-supportive environment while minimizing any disruptions. A coordinated public health response strategy to the G8 summit is required.

Throughout the week of June 21 to 28, 2010, a number of Internationally Protected Persons (IPPs) and accompanying Very Important Persons (VIPs) will travel to the Huntsville area, and will require a significant number of their support staff to attend the Summit at each venue.

Planning and preparedness activities span international agencies, federal departments, provincial and municipal agencies and local community stakeholders. In an event of this size, measures will need to be taken to protect health, safety and critical services from the consequences of this event. In the context of G8 and G20 planning, *consequence management activities* are those related to *possible impacts that will* ***extend beyond*** *Deerhurst Resort.* These activities may be related to:

- Substantial increase in "visitors" to the area, early arrival and late departure.
- Possible closure of transportation routes.
- Protests, civil unrest.
- Different demands on the health system, including public health.
- Detention centre and media centre.
- Environmental implications.

The Royal Canadian Mounted Police, the Ontario Provincial Police, Department of National Defense and other law enforcement agencies have formed the *Integrated Security Unit (ISU*) to provide security at the event. The ISU will work with the Summit Management Office (SMO) and other partners to provide a safe and secure environment and will be assisting with the development G8 specific Standards Operational Procedures (SOPs) for secured access zones.

AIM

The aim of the *SMDHU G8 Summit Preparedness and Response Plan* is to provide a strategic approach to public health planning and response to the G8 Summit

SCOPE

This plan focuses on *consequence management components of public health response within all zones where public health mandates apply* and *identifies mitigation and response strategies* related to possible impacts that could potentially extend into communities outside Deerhurst Resort. This document is to serve as a comprehensive guide for localized response measures and preparedness strategies.

To date, this plan outlines *public health concepts of operations* for the health unit and identifies an emergency management framework and supportive communication systems. The *SMDHU G8 Summit Preparedness and Response Plan* further identifies redeployment strategies which will ensure the continuity of essential services and support human resource requirements to implement preparedness and response activities identified in the concept of operations section of this plan. G8 planning will continue to take place over the next several months. A variety of local, national and international factors will influence its content and future direction.

Mitigation and response activities outlined within this plan are based on planning assumptions. Identified roles and responsibilities may be modified depending on human resource availability and outcomes from budgeting discussions

PLANNING AND RESPONSE ZONES

Zone 1 (Red Zone -Security Restricted Access Zones)
Deerhurst Resort

- Federal responsibility; heavily protected area where dignitaries will assemble.
- Security Protected Area requiring accreditation to enter into this zone immediately preceding, during and after the Summit.
- Temporary ad hoc health infrastructure will be put in place as a precaution, coordinated between Health Canada and Emergency Health Services Board (EHSB) based on needs of Summit participants.

Zone 2 (Yellow/Interdiction/Buffer Zone)
(Estimated perimeter- Huntsville/Deerhurst Interdiction Zone- West of Grandview and East of Hidden Valley)

- A limited-access area surrounding Zone 1.
- A processing centre for persons detained by police and a media centre will be established to support the Summit; the media centre has been confirmed as being at the Toronto Congress Centre, the location of the processing centre has not yet been determined.
- Temporary ad hoc health infrastructure will be put in place as a precaution, coordinated between the G8 Integrated Security Unit (ISU) and EHSB, based on the expected needs of the security services to manage ill and injured persons related directly to the Summit. It has been confirmed that there will be an ad hoc clinic at the processing centre, and no clinic at the media centre. Other plans for any additional resources for the ad hoc structure in the interdiction zone are still underway.
- For those living in the zone who a) are receiving home care, or b) are health-care providers who need to leave the zone to get to work, arrangements can be made – security checks and passes will need to be put in place.

Zone 3 (Community)

- Includes the surrounding area.
- Transportation routes may be closed/congested.
- Consequence management for the rest of the health-care system is being coordinated by Emergency Management Branch with the participation of EHSB for municipal emergency medical services.

This plan primarily focuses on potential planning and response activities within Zone 3, the Community Zone. Considerable planning still needs to take place for Yellow and Red Zones. Additional plans and support protocols will also be developed to support response activities within all areas of jurisdiction.

SECURITY CONSIDERATIONS

Accessibility restrictions will be applied to Zones 1 and 2 (Red and Yellow Zones). Residents and community service providers needing entry into these areas will be required to receive proper accreditation to ensure that they are able to move to, from or through these areas during the Summit. Public health personnel working within these zones will need to be identified and go through this accreditation process prior to the Summit. For details on accreditation and accessibility procedures see Appendix 10: Accreditation and Accessibility Procedures.

PLANNING

G8 PLANNING AND RESPONSE ASSUMPTIONS

Population Influx:
The G8 will bring a greater number of people than usual to the region:

- More than the usual summer tourist/cottager rush.
- Summit delegates and entourage: national leaders forecast to be 20 – 30; entourage numbers as yet unknown.
- Security and support staff for the delegates and the event: numbers as yet unknown.
- Media and press attendants could be as high as 2,500 – 3,000 representatives.
- The number of protesters and demonstrators is yet unknown.

General Disruption:
Influx of people and security measures will have a general impact on availability of various supplies and services

- Access routes will be closed to protect Deerhurst, including:
  - Highway 60.
  - Designated no-fly zones.

- Transportation disruptions due to closure of routes for security reasons or congestion will:
  - Impact on timely delivery of supplies and equipment.
  - Impact on patient transport – pre-hospital, and between facilities.
  - Impact on travel for home-care providers.
  - Impact on patients seeking routine primary care.
  - Impact on staffing – issues with timely shift change, arrival of additional staff if needed.
  - Increase in traffic on remaining routes – could create potential for more traffic accidents.

MEDICAL SCENARIO ASSUMPTIONS

Clinical issues likely to arise:

- In the event of clashes between police/protesters:
  - Noxious anti-demonstrator substance exposure if deployed.
  - Energy weapons.
  - Blunt force trauma.
  - Penetrating trauma.
  - Dog bites if dogs deployed.

- Weather:
  - If sunny and hot: sunburn, heat-related illness, dehydration.
  - If rainy/cool – slips and falls from rain, hypothermia.

- Public health issues
  - Potential for gastrointestinal symptoms.
  - Potential for large-scale outbreaks.
  - Imported illnesses from international travel.
  - Effects of pre-existing health issues based on nature of crowd: asthma, cardiac events.
  - Lost/misplaced medications.
  - Allergic/anaphylactic reactions – food, insect bites.
  - Basic needs related to mass events – hydration, food, habitation / shelter, human waste sanitation.

Public Health Planning Assumptions

- History of extreme heat - traditionally temperatures during the June 25-27 weekend have been known to reach in excess of 30 degrees Celsius which may pose dehydration and other heat-related issues.
- Food/water safety demands will increase: temporary increase in population, heightened demand for food and water, and need to compress inspection and compliance schedules that would usually be implemented on a graduated basis to the limited period of time before the Summit.
    - Small Drinking Water Systems (SDWS): The safety of SDWS is a new responsibility.
    - Planned roll-out of this responsibility allowed until the end of next year for the assessment of drinking water systems in this region.
    - Increased need to focus on SDWS inspections within the Huntsville area

- Demands associated with increased demand for accommodation – camp site, beach safety: commercial accommodations are already highly booked, creating a "downstream" effect on facilities such as camp sites, for which public health has certain responsibilities. There is a need to compress inspection and compliance schedules that would usually be implemented on a graduated basis to the limited period of time before the Summit.
- There will be a need to maintain and possibly expand routine practices; e.g. mosquito surveillance, health-hazard complaints investigations
- Health messaging for visitors unfamiliar with the region can help mitigate the occurrence of preventable injury/illness and thus demand on more acute care: e.g. extreme heat and hydration, beach safety, risk associated with insects and wild-life, hand washing and influenza prevention, particularly as pandemic activity may still be present at this time.
- Enhanced infectious diseases surveillance will be needed and rapid responses required.
    - Demand for surveillance data before, during and after.
    - Need to enhance capacity for syndromic surveillance in order to rapidly identify any emerging outbreaks, particularly in a pandemic context.
    - Consequence management role as well as role within interdiction/security zones will need to be coordinated.
- Need to ensure laboratory capacity for all of the above.
    - Necessary to support both environmental health and disease surveillance.
    - Plans for supplies, equipment, capacity and specimen transport may be needed; work with Ontario Agency for Health Protection and Promotion (OAHPP).

Mass Gathering Health-Related Assumptions (Based on Literature Reviews):

- Mass gatherings generate more injuries and illnesses than a general population equivalent in size (i.e., a mass gathering of 30,000 people will have more injuries/illnesses than a community of 30,000 people).
- Concentrated crowds place strain on public health infrastructure and increase demands for services such as infectious disease surveillance, food, water, weather event health, and campsite safety.
- This creates a surge in demand for emergency medical services, the acute-care system, and public health prevention activities.
- This also creates a "downstream" effect on other parts of the health-care system such as community care (both primary and home care) and long-term care: freeing up capacity in the acute sector requires measures such as early/temporary discharge to these other levels of care, either before the event on a planned basis, or on an urgent basis during a large-scale emergency.
- Mass gatherings can also be subject to unplanned accidents or events, such as floods or acts of intentional harm, and can be associated with confrontations among protesters and between protesters and police/security officials.

FEDERAL PLANNING

Planning at the federal level for Red Zone (Zone 1) operations is underway. Federal agencies are working closely with local and provincial partners. Public health, together with other health-system response partners will be involved with planning within Zones 1 & 2. The Royal Canadian Mounted Police, the Ontario Provincial Police, the Department of National Defense and the North Bay Police have formed the Integrated Security Unit (ISU) to provide security at the event. The ISU will work with the Summit Management Office (SMO) and other partners to provide a safe and secure environment and will be assisting with the development of G8 specific Standards Operational Procedures (SOPs) for secured access zones.

Health sector planning within the Red Zone is being led by the MOHLTC. To date, the Simcoe Muskoka District Health Unit is committed to providing our mandated public health services, ensuring both residents and visitors receive essential public health services and ensuring that we can respond to public health related emergencies on a 24/7 basis, within the Red Zone.

The health unit is currently reviewing its essential services and the concept of operations plan to determine what agency services MUST be carried out within secured access areas (Red & Yellow Zones). Our public health priority within the Red and Yellow Zones focus on consequence management components of response and the maintenance of our mandated programs.

Health Canada will continue to lead planning, recruitment and response activities related to the implementation of a *Comprehensive Food Surveillance Program for VIPs and IPPs* within the Red Zone. Health Canada is working with the MOHLTC to ensure that this program is successfully implemented. Our agency is providing support with pre-assessment inspections and assisting with food-handler education for critical food premises located within the Red Zone.

PROVINCIAL PLANNING

Provincial Planning for the G8 Summit began in early 2009. Emergency Management Ontario (EMO), of the Ministry of Community Safety and Correctional Services (MCSCS) is responsible for overall coordination of *consequence management* activities. EMO is working very closely with various ministries to ensure that planning and preparedness activities are taking place in advance to the Summit. Applicable sectors are responsible for assuring that effective plans are in place prior to the Summit. This requires coordinated planning activities between all sectors and levels of government.

The MOHLTC's Emergency Management Branch is responsible for coordinating health sector planning for consequence management activities within Zone 3 (Community Zone). Since initial planning discussions back in January of 2009, the MOHLTC has held several planning meetings, collated cost estimates and conducted simulation exercises to test draft plans. There has been on-going liaison with health-sector agencies. Although the federal government is response for overall planning within Zone 1, the MOHLTC is leading **health-sector planning** for all three planning zones.

Many challenges will be faced by the health-care system for the provision of health services during the G8 Summit. The increased demand for illness screening and medical attention will place considerable strain and pressure on the existing system. Each health agency, including the SMDHU, will work to address these challenges under the leadership of the MOHLTC's Health System G8 Coordination Committee.

To facilitate the planning process, the MOHLTC has divided planning into four distinct areas of response (see Figure 1). These four subcommittees include:

- EMS Subcommittee,
- Acute Care Subcommittee,
- Public Health Subcommittee, and,
- Community Health Subcommittee.

The Medical Officer of Health for the SMDHU leads planning for the public health component of planning.
Although the MOHLTC is leading the planning for the community zone, this plan will focus on potential public health planning and response activities for the SMDHU within the **Red, Yellow** and **Community Zones** (Zones 1-3

respectively). Mitigation and response activities outlined within this plan are based on planning assumptions. This comprehensive plan identifies localized response measures and preparedness strategies.

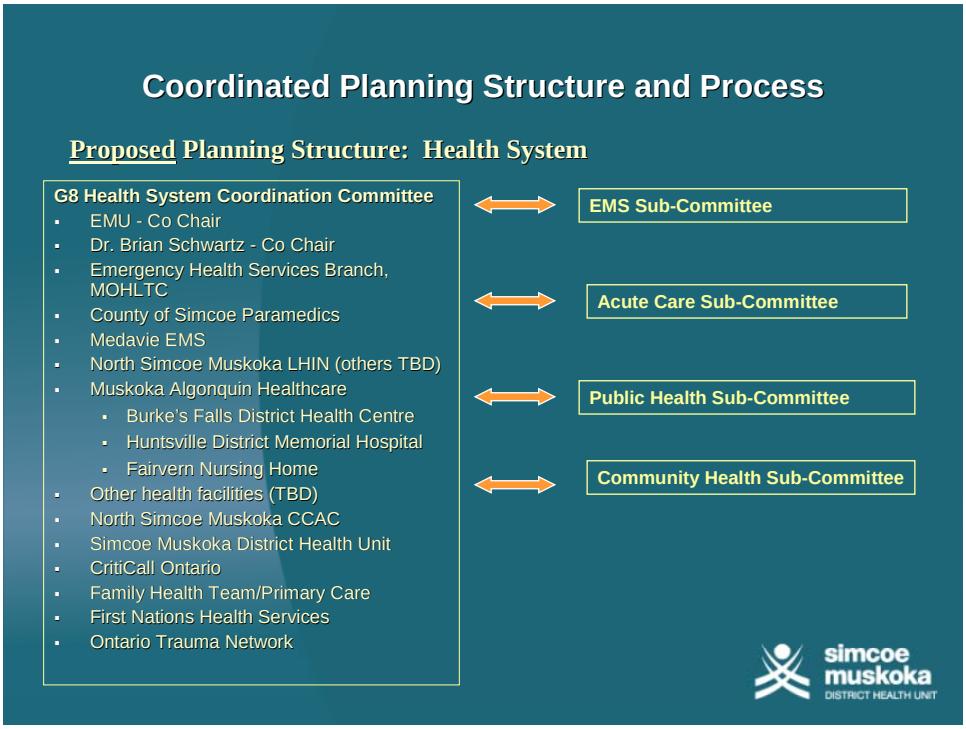


Figure1: MOHLTC Planning Structure

LOCAL PLANNING

Municipalities and G8 Planning partners will be working together with community response agencies and all levels of government to prepare for the Summit. Throughout the local planning process, the SMDHU may be involved with the development of comprehensive, community-based plans which identify local emergency management structures, communication systems and coordinated local response measures.

INTERNAL PLANNING

The *G8 Internal Planning Committee*, composed of directors, management and staff from all service areas within the health unit, was established to build strong and effective collaborative mechanisms within the health unit, the community and across other parts of the health-care system. This committee was established to facilitate the development of a streamlined and strategic plan to support public health consequence management activities for the 2010 G8 Summit in Deerhurst.

The key objectives of the subcommittee were:

- To develop a plan that ensures continuity of public health services during the G8 Summit for current residents in the impacted areas to the extent possible.
- To develop a plan that ensures sufficient public health surge capacity to cope with anticipated demand, and coordination with other key health-care partners and the ad hoc health system/health planning for visitors and delegates.
- To develop a plan that can enhance public health services to prevent or mitigate potential impacts from the G8 Summit.
- To develop a plan that ensures the health unit can detect and respond to any extraordinary events that may occur in relation to the G8 Summit.

The *SMDHU G8 Summit Preparedness & Response Plan* outlines incident management systems and frameworks, planning and response goals, planning assumptions, strategies and processes. The overall goals of this plan are:

- To enhance public health services to prevent or mitigate potential impacts from the G8 Summit.
- To coordinate public health services with other heath-sector and community-response partners.
- To identify key public health response functions based on prioritized risks and clarify responsibilities and capabilities of public health during planning, response and recovery.
- To ensure continuity of essential public health services to residents within G8 impacted areas, including the five critical public health functions:
    - Population health assessment (reporting on the burden of illness in a community).
    - Surveillance (detecting and monitoring cases and indicators of disease and illness).
    - Disease and injury prevention (developing strategies to reduce the risk for injury).
    - Health promotion (educating the public about steps they can take to stay healthy).
    - Health protection (identifying and managing environmental hazards that pose risks to public health such as safe drinking water and food supplies).
- To ensure sufficient surge capacity to cope with anticipated demand, and coordination with other key health-care, community-response partners and the ad hoc health system/health planning for visitors and delegates.
- To ensure the health system can respond to any extraordinary events that may occur in relation to the G8 Summit.
- To identify public health's G8 emergency management structure, consistent with the Incident Management System (IMS).
- To identify communications and emergency management systems, along with supportive tools to assist with coordination of public health services during G8 response.
- To identify training need priorities and assist with G8 staff educational opportunities to enhance agency preparedness and understanding of public health response expectations.

INTERNAL PLANNING BACKGROUND

In May 2009, the health unit's Executive Committee approved the terms of reference for the health unit's Internal G8 Planning Committee. The main objectives in these terms of reference include the following:

1) Collaboration with federal, provincial, municipal and emergency-response agencies involved in G8 planning to coordinate services in preparation and response to this event.
2) Establishment of a hierarchal command structure, specific to the G8, to facilitate incident management and response.
3) Establishment of effective communications and emergency management systems, along with supportive tools to assist with coordination of public health services during G8 response.
4) Establishment of corresponding sub-committees to assist with G8 planning.
5) Development and implementation of the G8 Summit – 2010 SMDHU Incident Response Plan. Planning will be focused on the following:
    - ♦ environmental investigations and surveillance,
    - ♦ infectious diseases surveillance and interventions,
    - ♦ community health,
    - ♦ communications planning, and
    - ♦ EOC operations, information technology & communications systems.
6) Prioritization of public health activities which need to take place in preparation for and in response to the G8 2010 Summit, include: expected roles, pre-formatted messages, resources and tools, key partnerships and external response expectations, a contact directory, communication systems and a hierarchical command structure.
7) Liaison with agency Executive Committee.
8) Identification of training needs to enhance agency preparedness and understanding of public health response expectations.
9) Participation at health sector information sharing and planning forums to address local planning issues.

Details as to the terms of reference and scope of the Internal Planning Committee are outlined in Appendix 11: Terms of Reference and Scope of SMDHU Internal Planning Committee.

COMPOSITION: SMDHU INTERNAL PLANNING COMMITTEE

SMDHU Internal Planning

Medical Officer of Health (Co-Chair)
Director, Health Protection Service (Chair: Planning Incident Commander)
Manager, Emergency Management Program, G8 Planner (Alternate Chair)
Document Officer, Senior Program Assistant
Director, Family Health (Community Health Co-Lead)
Director, Healthy Living Service (Community Health Co-Lead)
Health Promotion Specialist (Communications Planning Lead)
Manager, Food Safety Program (Environmental Investigation & Surveillance Co-Lead)
Manager, Safe Water Program (Environmental Investigation & Surveillance Co-Lead)
Director, Clinical Service (Disease Investigations & Surveillance Lead)
Director, Corporate Service (EOC Operations & Communications Systems Lead)
Associate Director, Corporate Service (Finance, Administration & Logistics Lead)
Emergency Management Coordinators

Sub-Committees:

Environmental Investigations & Surveillance
Disease Investigation & Surveillance
Finance/Administration & Logistics
EOC Operations and Communications
Community Health Planning

Communications Planning

CONCEPT OF OPERATIONS

EMERGENCY RESPONSE PLANS

Emergency management in Ontario is governed by the *Emergency Management and Civil Protection Act*, RSO, 1990, c. E.9. (*EMCPA)*. Administration of the Act is assigned to the Solicitor General of Ontario under whom the Commissioner of Emergency Management Ontario (EMO) is responsible to co-ordinate, monitor, and assist in the formulation and implementation of emergency plans.[1] The *EMCPA* provides the framework for emergency planning and preparedness in Ontario. It establishes the mandate for local municipalities to develop emergency plans, and organize the deployment of all services or resources that may be required to manage the emergency. Under the *EMCPA*, all municipalities are required to have emergency plans in place to help manage emergencies within their area of jurisdiction.

ACTIVATION OF LOCAL PLANS/EMERGENCY OPERATION CENTRES

Individual municipalities may activate their Emergency Operation Centre (EOC) independently depending on localized activity or upon recommendation by the Province, the County or the District to allocate resources and coordinate response to the G8 locally. Local municipalities may activate their EOC to discuss the status of response, share relevant information and coordinate an effective response.

It is anticipated that during the 2010 G8 Summit, both upper-tier (District of Muskoka) and municipal (Town of Huntsville and Lake of Bays) emergency plans and EOCs will be activated. As local conditions escalate, the need for coordinated response measures increases. If activated, the MOH or designate will be represented at a municipal EOC, as requested, to provide public health advice and to coordinate services with other community response partners.

In addition, the MOHLTC may also request that health-sector agencies and key community stakeholders activate their own emergency response plans and EOCs to assist with a coordinated health system response and to assist with the establishment of effective communication systems. Each agency will be impacted differently; therefore individual agencies may implement their plans independently or in conjunction with the health unit and the MOHLTC. It is imperative that effective communication systems are established between all partners involved in G8 response. Appendix 3: G8 Command Structure – Health Perspective depicts the MOHLTC G8 Command Structure: Health Perspective.

EMERGENCY DECLARATION

Under the *Emergency Management and Civil Protection Act* only the head of council or the Premier of Ontario have the authority to declare an emergency. Under the Act, the Premier of Ontario may declare that an emergency exists throughout Ontario or in any part thereof. The Premier or a designated minister may take such action as necessary to implement emergency plans and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The Premier of Ontario may require any municipality to provide such assistance, as is considered necessary, to an emergency area or part thereof that is not within the jurisdiction of the municipality and may direct and control the provision of such assistance.[2]

In situations where it is recommended to declare a provincial emergency, the decision to declare would likely involve the Secretary of Cabinet, the Ministry of Community Safety & Correctional Services, the Commissioner of EMO and applicable ministries. The Premier may terminate the emergency status at any time.

Locally, the head of council of a municipality may declare that an emergency exists in that municipality and may implement the municipality's emergency response plan. The Act also authorizes the head of council to do what he/she considers necessary to protect the health, safety and welfare of the residents. This allows the municipality to draw from any resource or service within the community. Community response partners may also enter into negotiations to establish local mutual assistant agreements with local municipalities and service providers.

A decision to declare an emergency locally will be made by the head of council (warden or district chair respectively) in consultation with other municipal emergency control group members, including the medical officer of health. The

Community Emergency Management Coordinator (CEMC) will notify the Provincial Emergency Operation Centre of a potential/actual emergency or impending situation and request assistance.

ACTIVATION OF THE SMDHU G8 SUMMIT PREPAREDNESS AND RESPONSE PLAN

Summit preparedness activities identified within this plan will be implemented to assist with agency readiness in the months preceding the Summit. During the G8, the SMDHU response plan will be activated in whole or in part upon direction of the MOH or designate, depending on circumstances of the event.

If the MOH determines local response needs exceed the ability of public health to respond effectively, or an emergency event occurs during the Summit, the MOH may request assistance from neighbouring boards of health or municipalities. If surge response resources cannot be received locally, the MOH may contact the Emergency Management Branch of the MOHLTC to request additional assistance.

Mutual assistance agreements have been pre-established with other public health units and municipalities to address anticipated surge response needs. For specific details of mutual assistance agreements, refer to Appendix 8: Mutual Assistance Agreement Template.

SMDHU EOC OPERATIONS AND COMMAND STRUCTURE

The Simcoe Muskoka District Health Unit will activate its EOC and emergency response plan within the preparedness, response and recovery phases of the G8 Summit. EOC activation will ensure a systematic and coordinated public health response. (Schedule for EOC activation and IMS representation can be found within Appendix 13: IMS Committee & Command Post Representation & Schedule).

Activation of the agency's EOC will enable coordinated and effective response. The SMDHU EOC will assist with the:

- Provision of logistical support to field responders.
- Redeployment staff as required.
- Maintenance of agency essential services.
- Maintenance of a communication strategy (staff, public and partners).
- Activation of the Concept of Operations Plan and implementation of activities outlined within the plan.

The health unit will be utilizing the Incident Management System (IMS) model as its emergency management structure (See Figure 2: SMDHU IMS Structure, page 22). The health unit will establish a command post in Huntsville to coordinate and manage public health services. The command post will serve as a central coordination point for field operations. It will be established as a home base for field operations for three to four weeks prior to and during the event. This command post will assist with the provision of supplies and resources, coordination with community response partners and the facilitation of communication with SMDHU EOC and partners.

INTER RELATIONSHIPS BETWEEN EMERGENCY MANAGEMENT STRUCTURES

The MOHLTC will develop an inter-agency G8 response plan which outlines the provincial response infrastructure for health emergencies and the relationship to the broader emergency response. These relationships are outlined in Appendix 3: G8 Command Structure: Health Perspective.

COMMUNICATION SYSTEMS

Background

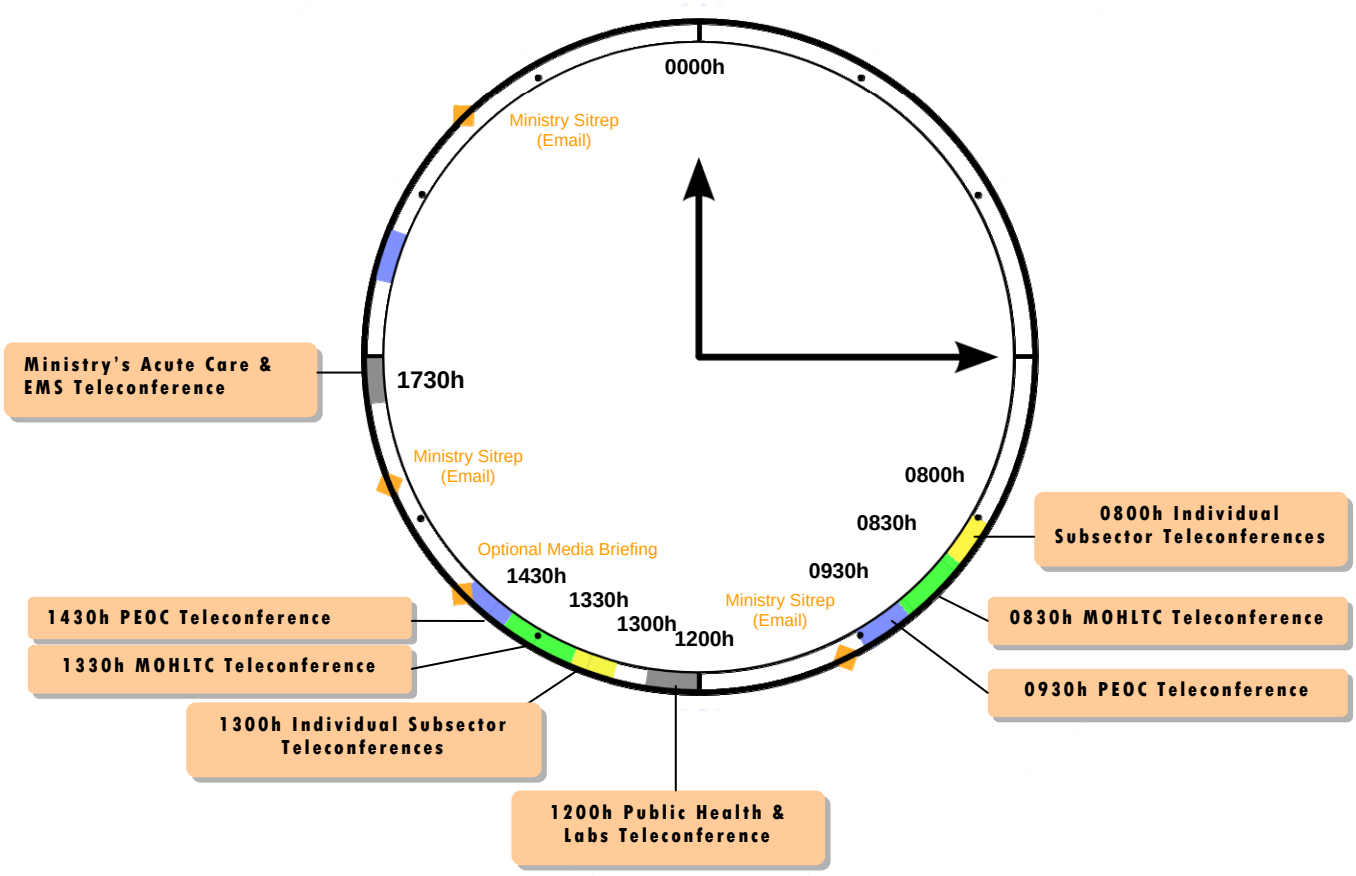
Local communication systems will be activated to facilitate communication with municipalities, community response partners, and the health-sector and government organizations. The MOHLTC communication cycle will be used to link in with the health sector via teleconference during the G8 Summit and other communication systems may include video conferencing, email and telephone communications as outlined in the interagency *G8 Public Health Preparedness and Response Plan.* The MOHLTC will be coordinating the health-sector response and maintaining communication with all of its partners utilizing the communication cycle below.

MOHLTC Communication Daily Cycle

The Ministry will be implementing a "communication cycle" during the G8/G20 event timeframe. The purpose of the cycle is to ensure effective information sharing horizontally across healthcare subsectors, and vertically between front-line service providers, provincial agencies, and federal agencies (via provincial contacts).
The Ministry has identified a Communication Cycle using a clock-based model. The Ministry's communication cycle is as follows:

- Public Health Teleconference at 0800h and 1300h
- Ministry's All-Stakeholder Coordination Teleconference at 0830h and 01330h
- PEOC (EMO) Teleconference at 09300h and 1430h
- Ministry's Public Health Surveillance Teleconference 1200h
- PEOC (EMO) Teleconference at 1900h
- Media Briefing / Press Release at 1600h
- Acute Care Teleconference at 1730h
- End-of-Day Email Situation Report at 1800

MOHLTC Communication Cycle
Version 0.5 – April 20, 2010



COMMUNICATION CYCLE – RAMP UP AND RAMP DOWN

The following diagram represents a proposed gradual ramp-up of the Communication Cycle leading up to the June 25-27 G8/G20 Summit Weekend. The diagram is presented for the Committee's discussion.
EMO has not yet confirmed when the PEOC teleconferences will begin. The June 21st commencement is an assumption based on ISU-provided intelligence that protest activity is expected to start by Monday June 21.

The Ministry's Communication Cycle will be implemented on the following timeline, and will remain active throughout the Summit timeframe whether or not health-related incidents occur. Flexibility of response will be key; if a health-related emergency takes place which requires additional calls this can be accommodated and participants will be provided with contact numbers at that time.

- June 21: No calls
- June 22: 1:30 call with MOHLTC only
- June 23: 1:30 call with MOHLTC only
- June 24 – 27: full activation of cycle

Urgent information should be communicated directly to the Ministry EOC or other pertinent parties immediately.

PUBLIC HEALTH COMMUNICATION SYSTEMS AND CYCLES

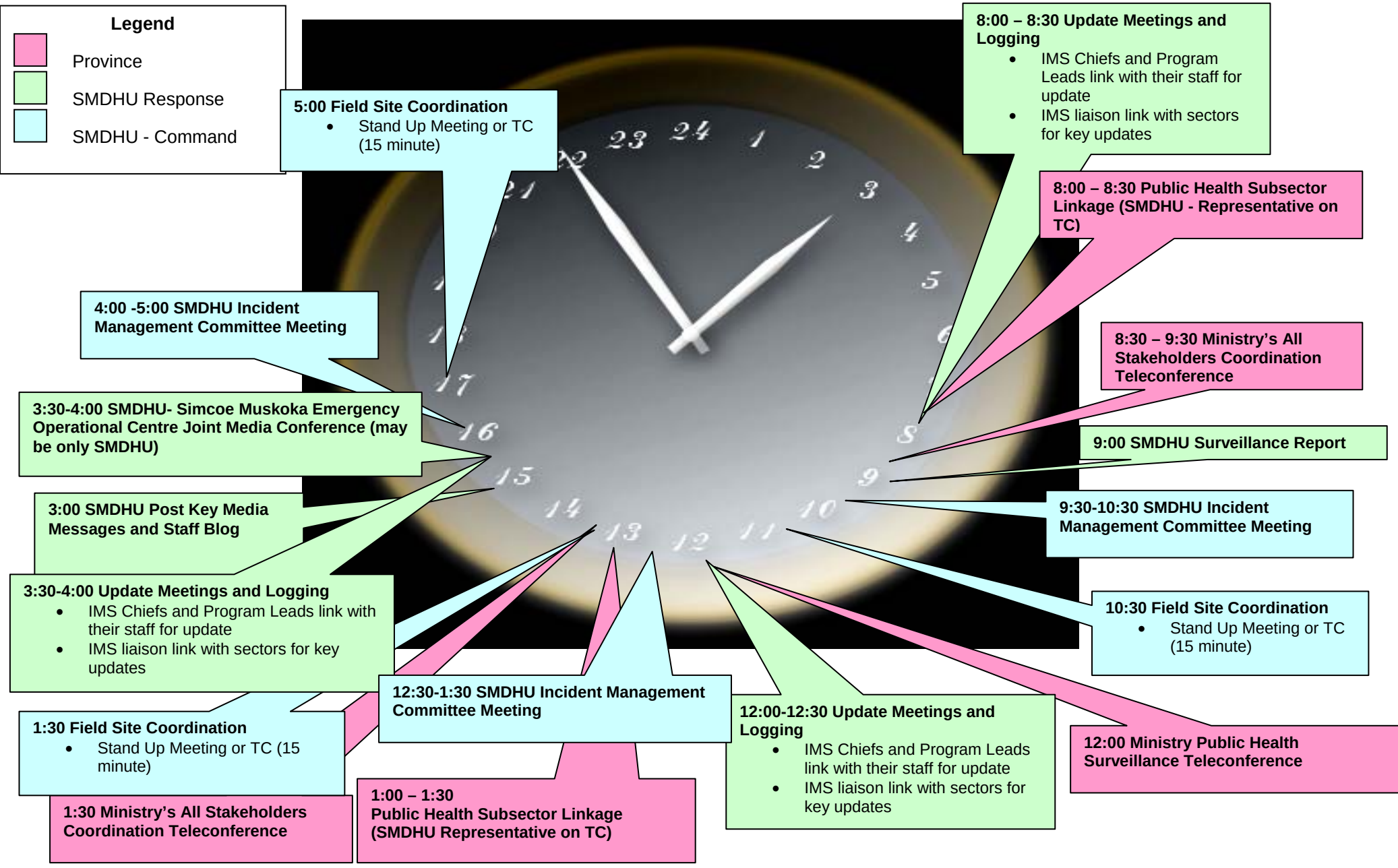
The concept of having a unified communication cycle ensures that relevant, consistent and timely information is shared among all stakeholders. Table 1 identifies the types of telecommunication systems and emergency management structures being utilized by the health unit and other public health agencies during the G8 Summit. The SMDHU also retains critical emergency contact information for other public health units, also involved with G8 response (See Appendix 2: Public Health Units' Emergency Contacts).

TABLE:1

TABLE 1:INCIDENT MANAGEMENT SYSTEMS EOC OPERATIONS & COMMUNICATIONS SYSTEMS		
PUBLIC HEALTH EOC ACTIVATION	OPENING & ORGANIZATION OF EOC SETTING OF OPERATIONAL CYCLES/DELEGATION OF DUTIES/ STAFF FAN OUT NOTIFICATION INITIATED? SET OPERATIONAL CYCLES SET RESPONSE CYCLES	**PUBLIC HEALTH UNITS PLANNING TO ACTIVATE:** RENFREW SMDHU TORONTO (LIKELY)
COMMUNICATION SYSTEM ACTIVATIONS TO SUPPORT EOC	SET UP OF COMMUNICATION SYSTEMS- SUPPORT RESOURCES/TOOLS COMMUNICATION SYSTEMS GIS MAPPING?	**COMMUNICATION SYSTEMS BEING USED:** **VIDEO CONFERENCING**: NBPSDHU RENFREW SMDHU TORONTO **TELECONFERENCING:** HKPR NBPSDHU PEEL RENFREW SMDHU TORONTO YORK **CELL PHONES**: HKPR NBPSDHU PEEL RENFREW SMDHU TORONTO YORK **EMAIL:** HKPR NBPSDHU PEEL RENFREW SMDHU TORONTO YORK
MOH REPRESENTATION MOHLTC EOC		MOH/ALTERNATE TO BE AT MOHLTC/EMS EOC: SMDHU: YES, IF REQUESTED TORONTO – MOST LIKELY
MOH Representation Municipal/Regional EOC -	Direct link to HU EOC/Directors/Managers/EMC/IT/Corp Services.	MOH/ALTERNATE TO BE PRESENT AT MUNICIPAL EOC: HKPR NBPSDHU- IF ACTIVATED SMDHU- YES- DISTRICT, COUNTY & HUNTSVILLE, IF ACTIVATED PEEL - YES TORONTO - MOST LIKELY YORK- IF ACTIVATED
On-Site Command Post	Dedicated, direct on site communications to public health staff. Operational Team-headquarters. Operational Leads and Site Incident Commander.	**Command Sites Activations Anticipated for:** SMDHU
On-Call Support- Emergency Response (See Emergency Contact List for contact #s)	Ability to respond to emergency issues, outbreaks, recalls, extreme weather events, power outage. Support for response- roll-out.	On-Call Support Systems: On-Call Contact Information: SMDHU HKPR YORK TORONTO PEEL RENFREW
Enhanced Public Inquiry Lines	Activate emergency response services (At the call of SMDHU Executive).	In emergency state: Enhanced phone line SMDHU- Health Connection (HC) from 8 am - 8 pm (minimum).

PUBLIC HEALTH COMMUNICATION CYCLE

The SMDHU communication cycle mirrors that of the MOHLTC. The MOHLTC cycle has been adopted and enhanced to include communication with other local health agencies, municipalities and community-response partners.



An important component of G8 public health communications planning is the establishment of a coordinated and integrated communications approach with key partners. A communications framework has been established to provide a general overview of the local, regional and provincial components of public health communications for the G8 Summit, including pre, response and post event periods. The primary goal of this framework is to guide the creation of comprehensive and coordinated communications plans to address key public health issues and concerns related to the Summit. (See Appendix 4: G8/G20 Summit Public Health Communications Framework). At the federal level, Public Safety Canada has established the G8G20 Government Partners Public Affairs Group (Security and Public Safety) to ensure coordination and integrated communications strategies on security and public safety issues related to G8/G20 amongst all partners.

SMDHU has created its own communications plan that provides a broad overview of activities required for a comprehensive agency communications response to the G8 Summit (see Appendix 5: SMDHU G8 Communications Plan). A second plan has also been created (still in progress) that outlines in detail the key public health issues to be addressed and includes key messages, audiences, communications vehicles, dissemination strategies and timelines (see Appendix 6: SMDHU G8 Communications Strategies & Timelines). The implementation of this plan begins April 2010. Finally, a G8 Crisis Communication Plan (draft) has been prepared that addresses our communications strategy in the event of a public health crisis situation (see Appendix 7: SMDHU G8 Crisis Communications Plan).

INCIDENT MANAGEMENT SYSTEM (IMS) OVERVIEW

The Incident Management System permits emergency response organizations to work together effectively to manage multi-jurisdictional incidents while improving communication, coordination of resources and facilitates cooperation and coordination between agencies.

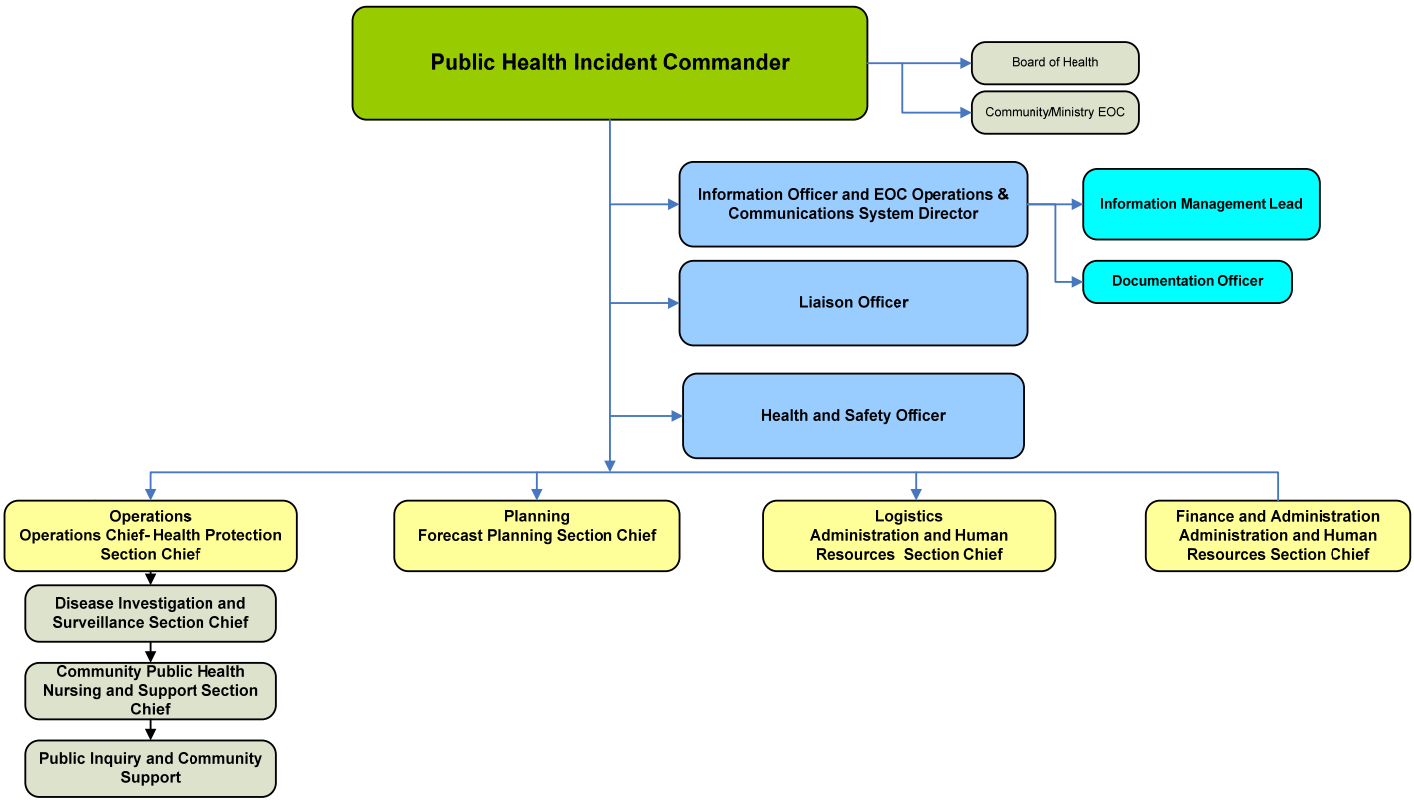
The IMS structure has been adopted by Emergency Management Ontario as an operational framework for emergency management for the Government of Ontario. Appendix 3: G8 Command Structure – Health Perspective depicts how the IMS will be integrated within the provincial emergency management structure. The MOHLTC will use this model for its EOC at the Emergency Management Branch.[3] This structure is built around five functions: command, operation, planning, logistics and finance/administration.

Other organizations provincially and locally have adopted the IMS model to increase the effectiveness and interoperability of emergency management.

Authority under IMS is based on a top-down approach, originating from the Emergency Control Group. The four functional departments of the organizational structure (Planning, Operations, Logistics and Finance & Administration) can be activated.

The command function determines the flow of decision making and communications in the emergency setting through formal orders and directives. Command also has the overall authority to control and direct emergency resources.

FIGURE 2 SMDHU IMS STRUCTURE 2009



Incident Commander

The Incident Commander (Team Leader i.e. MOH or designate) is the key decision maker. The Incident Commander has overall responsibility for managing the incident by prioritizing objectives, planning strategies and implementing specific actions for incident response.

In a situation where there are multiple first-responder organizations participating at the same time, a **Unified Command System** should be implemented (Resulting in one single incident commander).

At the EOC level the Incident Commander would be responsible for:

- Activation of the agency Emergency Notification System.
- Activation of the Simcoe Muskoka Emergency Response Plan/ incident specific plan and implementing concept of operations arrangements.
- Defining the scope of the response and coordinating the expansion of IMS functions.
- Managing the incident through the development of Incident Action Plan (IAP) and establishing priorities.
- Defining the functions of various teams engaged in the incident/ emergency and specifying the roles and responsibilities for all teams' members.
- Assuming the role of primary public health spokesperson or appointing a designate.

- Providing medical advice in relation to public health issues.
- Coordinating with the Ministry of Health and Long Term Care (MOHLTC) and Community Emergency Operation Centre and/or liaison through the Ministry.
- Receiving directives from the Ministry and directing local implementation of public health orders/directives/advice.
- Requesting assistance from the MOHLTC.
- Providing representation at local municipal Emergency Operation Center or assigning an alternate.
- Conducting post incident/emergency debriefings.

Three functions that support command are:

- **Health & Safety**
- **Liaison, and,**
- **Information Officer**

Health and Safety

Staff in this capacity are responsible for the monitoring, tracking and safety of all personnel working at a site or the EOC. Critical information can also be passed from command that will directly or indirectly impact emergency efforts.

Health & Safety staff:

- Work with the Logistics/ Finance and Administration Section Chief to monitor and track safety of personnel at site.
- Provide safety educational information to the Information Officer for dissemination to staff.
- Ensure that public health personnel responding to the incident/emergency are trained and certified in safety and health practices, including the use of Personal Protective Equipment (PPE) for designated personnel.
- Ensure that the site health and safety is established, reviewed, and followed.

Liaison

Emergency Management Coordinators or designate(s) **will** play the role of the **Liaison Officer**.
The Liaison Officer:

- Acts as a liaison between Command and other emergency response organizations involved with the incident/ emergency and assists with the coordination of services.
- Keeps the Lead Program Operations Chief up-to-date with actions/response from other agencies and provides incident status updates.
- Participates in forecast planning meetings to assist with the formulation and evaluate the Incident Action Plan (IAP).
- Monitors the incident/emergency to help identify current or potential inter-organizational problems.
- Establishes contact with liaison counterparts from assisting and cooperating agency/services.
- Identifies key external contacts and provides corresponding contact information.
- Acts as a resource and advisor to the Emergency Control Group on emergency management protocols.
- Acts as a scribe for the Incident Commander at external EOC meetings.

Information Officer and EOC Operations and Communications Director

The EOC Operations & Communication System Director is responsible for all operational matters related to the EOC, including setup and continued operations. This individual shares the functions of the Information Officer as the conduit for accurate information dissemination and media relations. The Information Officer serves as the primary conduit for information dissemination to all relevant stakeholders. The Information Officer works with the Public Inquiry and Community Awareness Chief to ensure that there is an efficient mechanism designed for the tracking of all agency communications and ensures that the information being provided is accurate and clearly reflects a public health perspective.

Potential functions may include:

- Activating Emergency Operation Center and assuring technological and resource supports are in place for EOC operations.

- Ensuring that technological supports are established and adequate to assist with the management of the incident.
- Maintaining systems for communication with the public and staff & providing consistent and up-to-date messages to the public.
  - Ensuring media releases are approved by the Incident Commander prior to dissemination and that hard and or electronic copies are disseminated.
- Delivering and disseminating public health emergency information as approved by the Incident Commander through the media, internet, and intranet.
- Issuing an initial incident information report to the news media (as required).
- Approving initial and updated scripts for interviews, hotlines and web sites.
- Arranging for interviews, teleconferences, video conferences, satellite broadcasts, web site revisions, broadcast faxes, etc., upon approval by Incident Commander.

IMS Main Functions that can be activated:

- **Operations**
- **Planning**
- **Logistics, and**
- **Finance & Administration.**

Operations

This function conducts tactical operations to carry out the incident action plan. The operation section develops the defined objectives and organization, and directs all tactical resources. Resources and equipment are directed as required to fulfill assigned duties in managing the incident. Operations also actions decisions made by Command by calling out and mobilizing staff and equipment.

Potential functions of operations may include:

- Coordinating and monitoring operations section and available resources needed to assist with response to the incident/emergency and request resources as needed.
- Communicating directives to response team and providing feedback to the EOC.
- Briefing the Incident Commander routinely on the status of the operations section.
- Recommending, in conjunction with the Logistics Section Chief, the activation of the agency Business Continuity Plan to the Incident Commander.
- Directing resources and equipment, and determining what type of resources are needed to deal with the incident.

Planning

This function is responsible for the collection, collation and evaluation of information relevant to the incident status and assist with forecasting.

Potential roles of Planning Teams may include:

- Providing case management and issue assessment to Section Chiefs.
- Assessing the incident on a continual basis and projecting possible contingencies and alternative courses of action.
- Conducting long-range and contingency planning with information available and developing plans that forecast 72 hours ahead of current situation (appropriate support team will be designated dependent on the nature of the emergency).
- Collecting, interpreting, and synthesizing data regarding status and response of incident and providing reports to Operational Section Chief.

Logistics

This function is responsible for arranging and coordinating all materials, services, equipment and resources to manage and resolve the emergency. Logistics tracks inventory and the current location of resources and identifies the availability of supplies and support.

Potential roles of Logistics staff include:

- Arranging and coordinating materials, services, equipment and resources required to manage and resolve the emergency.
- Tracking usages (inventory tracking) and tracking the current location of resources.
- Acquiring outside services, arranging for services and/or equipment from other agencies,
- Managing staff resources. Receiving requests for additional staff resources from Section Chiefs.
- Immobilizing staff through the activation of the agency's Business Continuity Plan.
- Monitoring current response capabilities and the redeployment of staff.
- Providing security for the SMDHU branch offices and staff.
- Ensuring provision of legal advice or assistance when needed.
- Arranging for transportation/accommodation.

Finance and Administration

This function authorizes expenditures, claims, purchases and contracts initiated during the incident

Finance & Administration responsibilities may include:

- Providing information and advice on financial matters as they relate to the incident.
- Authorizing expenditures related to the incident/emergency (provides payment and settlement of all legitimate invoices and claims).
- Monitoring and tracking claims and compensation including incident related costs, maintenance and scheduling.
- Facilitating compensation/over-time considerations and resolving conflicts with collective agreement issues.
- Monitoring and maintaining records of all expenses associated with the incident/emergency response.
- Identifying costs depleted due to incident response.
- Ensuring the procurement authorization of resources.

PUBLIC HEALTH HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)

A key challenge in the development of any health unit's emergency management program is the ability to focus resources and time in the development of emergency plans for dealing with the most significant risks. To obtain such focus, credible hazards must be identified and assessed to determine their probability of occurrence and identify potential public health consequences/impacts.

The Emergency Management Team, under the direction of the SMDHU Medical Officer of Health as chair of the MOHLTC Public Health Subcommittee for G8 planning, conducted a local public health risk assessment using a risk assessment grid model adopted by emergency management officials in Ontario to assist public health agencies with G8 planning. Assigning a likelihood value and an impact level to a risk and combining those two values to arrive at the level of risk completes the assessment. In general, risk with the highest assessment values should be treated first[4].

For the purpose of this hazard assessment, **impacts (consequences) were** assessed. Three factors/components were considered when assessing overall impacts to public health units when considering the effects the G8 will have on their ability to deliver an appropriate level of service. These three areas of impact included: **the human impact, the property impact and the business impact**. An **overall impact rating** was assigned to reflect how significantly a mass gathering event, such as the G8 Summit, would have on the agency's ability to function.

This hazard identification and risk assessment process involved four distinct steps:

1) Identifying and researching the risks/hazards, focusing on mass gathering implications.
2) Conducting a risk assessment for each hazard identified to determine probability of occurrence and public health consequences.
3) Establishing program priorities (Using a Risk Assessment Grid).
4) Developing incident specific plans for prioritized hazards.

PRIORITIZED HAZARDS

Based on a literature review and research findings eight categories of public health hazards were identified. These hazards included:

1) Food Related Hazards
2) Infectious and Contagious Diseases
3) Water Related Hazards
4) Hazardous Material Incidents
5) Bioterrorist Events
6) Environmental or Weather Related Events
7) Technological/Critical Infrastructure Failures and
8) Injury Related Events.

PUBLIC HEALTH HIRA CHART

Public Health HIRA		
Hazard	**Specific Hazard**	**Rationale for Public Health Implications**
Food Related Hazards Suspect food adulteration (could be from international/domestic sources).	E-coli 157[hamburger disease] outbreak with potentially fatal results. Outbreak with other organisms – salmonella, campylobacter, or hepatitis A, shigella, staph aureus, clostridium perfringens and listeria now common sources of food poisoning. Parasitic contamination of food giardia/cryptosporidium/ cyclosporiasis most common types. Gastroenteritis	High probability of illness in affected population potential exists for fatalities depending on severity and duration of illness. Children, elderly immune-suppressed most vulnerable. Contact and case management.
Infectious and Contagious Diseases Infectious and contagious diseases can either be of domestic origin or imported by persons attending the event. Note: imported diseases are not often diagnosed in the country of origin.	Out of season influenza, meningitis/meningococcal, measles, mumps, varicella, gastroenteritis, respiratory illness.	High probability of illness in affected population potential exists for fatalities depending on severity and duration of illness. High potential for multiple illness and deaths. Children, elderly immune suppressed most vulnerable. Contact and case management, staff redeployment.
Water Related Hazards Water-related issues that may arise at a mass gathering event. The occurrence may be due to contamination, malfunctioning systems, disruption or by vandalism/terrorism.	Disruption/malfunction in water treatment process. Breach of system integrity. Water main break. Loss of pressure. Vandalism/bioterrorism. Contamination of water supply (e.coli, giardia, cryptosporidium, shigella, chemical/biological contamination). Contamination of recreational water sources.	High probability of illness, long-term medical complications or death. Increase in public fear and anxiety. Hospitalization, extended medical treatment.
Hazardous Material Incidents (HAZMAT) Hazardous material explosion incident (chemical, nuclear or radiological events).	Chemical spills. Transportation incidents. Terrorists (dirty bombs, etc.)	Decontamination of exposed individuals. Evacuation of residents or surrounding areas. Shelter in place. Hospitalizations of symptomatic cases. Post exposure contact and case management. High demand on health-care services.

Bioterrorist Event (Biological Agents Only)	Bioterrorist agents: anthrax, variola virus (small pox), botulism, plague, cholera, tularemia, plus others.	Increased public fear and anxiety, stress. Potential to overwhelm health-care facilities/professional. Potential to overwhelm first responder resources.
Environmental/ Weather Related	Extreme heat, severe storms, tornadoes, lightening strikes.	Serious injuries, illness and potential for deaths (tornado). Dehydration. Large scale evacuations. Vulnerable populations, elderly, COPD (Chronic Obstructive Pulmonary Disease), mobility impaired. Shelter in place. Impacts to local health care. Cooling centres, evacuation centres.
Technological/Critical Infrastructure Failure	Energy supply disruption (power, natural), mechanical failure at water treatment and sewage. Water and sewage system disruptions/malfunctions. Road closures. Information technology. Communication system.	Impacts on the vulnerable populations long-term care residents. Restoration of essential services, evacuation, food premises food suppliers, retail. Economic impact for business and other agencies.
Injury Related- Public Safety Hazards Community health issues – substance abuse (alcohol/drug related injuries) Sprains/fractures, slips, falls. Heat related dehydration, exhaustion and strokes. Medication related concerns.	Alcohol abuse. Drug use. Slips/falls. Heat related. Medication related.	Increase risk of heat-related illness (headache, fatigue, sunburn, insect bites). Dehydration. Medication concerns for individuals not traveling with vital medications. Implications of sprains/fractures.
Air plane incident – hazardous material incident and/or rodent control.	The release of hazardous materials from the cargo (e.g. chemicals, pharmaceuticals) and the plane itself.	Water quality monitoring. Decontamination of exposed individuals. Evacuation of residents or surrounding areas. Shelter in place. Hospitalization of symptomatic cases. Post exposure contact and case management. High demand on health-care services. Rodent control of the area itself, depending upon the nature of the accident.

G8 RISK ASSESSMENT GRID

A Risk Assessment Grid depicts assessment values for each hazard. In general, risks were further assessed and given a scoring based on their likelihood of occurrence and severity of impact/consequence. The overall impact considered effects on public health resources and personnel, local business, critical infrastructure and the general community. Based on this further assessment, G8 Summit priority planning hazards were identified. (See Appendix 1: Risk Assessment Grid)

Public Health Emergencies (Priority Planning Hazards)

a) **Infectious and Contagious Diseases**. These types of hazards are common at mass gathering events and have significant impacts to the population as a whole.

b) **Food Related Hazards** have the potential to happen at any time during the year and are common at mass gathering events. These hazards can be directly related to power outages/winter and summer. Large scale food-borne illness outbreaks and large scale food recalls [Maple Leaf Meats] are associated with poor food handling practices and with mass gathering events have been linked to illegal operations.

c) **Environmental/Severe Weather Emergencies** can happen at any time during the year and have the potential to cause food, water, human health and technological emergencies. The most common issue associated with this category is heat-related incidents.

d) **Injury Related & Health & Safety Hazards** are common at mass gathering events. Research findings indicate that most of these incidents are associated with substance abuse (alcohol and drugs).

e) **Drinking Water Emergencies** can occur at any time during the year and although large-scale emergencies are rare, the consequences and impact can be severe.

Less Likely Events – Lower Planning Priority for Public Health

a) **Technological and Infrastructure Emergencies** such as road closures due to accidents, or bridge collapses due to aging infrastructure, are fortunately rare. The province-wide power outage that occurred in the summer of 2003 directly resulted in food, water and human health emergencies. As the infrastructure ages and the demand for electricity increases, the potential for more of these emergencies exists.

b) **Hazardous Material Emergencies and Bioterrorist Events**
HAZMAT incidents are fortunately few in number given the volume of hazardous materials that are transported via road and rail on a daily basis in this country. Highly trained specialist teams would normally respond to such an emergency with public health being used in an advisory role and not as first responders. Bioterrorism emergencies can happen at any time and the impact and consequences can be catastrophic. Fortunately they are very rare and usually happen only in areas of political or religious significance or in areas of high population density. This type of incident ranked low as a public health planning priority, however, for security and safety purposes, federal officials consider this type of hazard as a high-priority issue.

IDENTIFICATION OF MITIGATION & RESPONSE STRATEGIES FOR PRIORITIZED HAZARDS

The risk assessment grid process identified hazards that have been ranked with the highest priority. The SMDHU utilized this ranking in its decision making to assess program planning priorities. Mitigation and response strategies were then identified to address the assessed risks.

SMDHU MITIGATION AND RESPONSE STRATEGIES

The SMDHU Concept of Operations portion of this plan identifies mitigation and response strategies for identified risks and outlines staffing or resources needs required to implement them.

Planning, Response and Recovery Activities:

Preparedness

- **May 2009:** Establishment of Health Unit G8 Internal Planning Committee.
- **June 2009 to February 2010 –** Development of the G8 Summit – 2010 SMDHU Incident Response Plan.
- **Fall 2009 and Spring 2010:** Participation in Two Provincially Lead, Community Based Exercises (one is table-top and the other is field tactical).
- **May 2010: Testing of Plan: Participation in Provincial G8 Exercise: Trillium Guardian.** Includes the activation of the health unit's EOC, Command Centre and testing of communication systems between health unit and response agencies as well as internal communication technologies.

Response

- **March 2010 to June 2010:** Implementation of the SMDHU G8 Summit Preparedness & Response Plan.
- **June, 2010** Reduction of Public Health Services

Recovery

- **June 27 – July 15, 2010:** Demobilization of Staff; Conduct Incident Debriefing Sessions.

SMDHU G8 Concept of Operations Plan

HIRA Public Health Prioritized Risk Service/Activity	Mitigation and Response Strategies
Community Zone Planning-	
Food Safety & Security Hazards Community Zone	
Heightened Surveillance/Compliance Monitoring ***Food Handler Training*** ***Health Promotion*** ***Enteric Outbreak Response*** Priority Premises: Focus on All Premises in Huntsville area, Deerhurst, Grandview and along Hwy 11 corridor, food operations at Hotels/Resorts Muskoka Large Hotels and Resorts Simcoe County and Muskoka.	2010- 1 compliance inspection of High (H) and Medium (M) Risk plus re-inspections in prioritized zones. (Feb-Mar) All prioritized area H and M risks to receive an additional inspection plus re-inspections where needed (May- early June). Enforcement HPPA. Food safety education and awareness - community operators. Heightened food-borne illness and complaint investigations. Enhanced face-to-face food handler training to food handlers (H and M Risk) (Jan - Mar) Enforcement
Health Canada – Associated Work ***Preliminary Inspections of Facilities with Red Zone*** ***Food Safety Training For local operators*** ***Food Source – Compliance Inspections***	Overall Coordination Lead & Health Canada Liaison Preliminary Inspections of Facilities with Red Zone & Food Safety Training Food Source – Compliance Inspections
Transient Camps & Temporary Accommodations: **Security Based Camps & Free Speech Area Food Safety & Community Sanitation (including Aramark Liaison)**	Transient Camps - community sanitation assessments - portable toilets, garbage and sewage disposal, pest management.
Temporary/"rogue" food vendors & event permits	Review existing permit process for municipalities. Establish requirements. Liaise with municipalities to establish process as needed. Temporary/"rogue" food vendors - action plan for restricting. Enforcement (SMDHU & municipalities).

Food Safety General Planning	Development of work plans, identification of food- related issues and response strategies, on-going negotiations with community partners, development of key food safety messages/ resources and protocols, establishment of Memorandum of Understanding/Mutual Assistance Agreements MOU/MAA's with external response/support agencies
Water Hazards- Community Zone	
Drinking Water- Assessments and Compliance Monitoring (Note: Compliance monitoring over and beyond 2010 scheduled).	Identify regulated premises within community zone and targeted facilities/vulnerable populations. Pre-assessment contact and notification including information package. Formal assessment with MOHLTC R-Cat tool Issuance of Directives including operational and sampling requirements. Follow-up inspections as needed. Compliance of small drinking water systems within Community Zone (Restaurants, hotels, motels, temporary camp sites).
Recreational Camp inspection	Inspection of all recreation camps prior to opening and /or within 2 months of event - Zone 3 and within seven days of event- Zone 1+2. Determine and assess operation of recreation camps during the event and determine impacts to routine operations and public health emergencies. Communicate and discuss with operators the level of operation during the affected period, changes in operations and/or clients to determine impacts and service needs.
Environmental/Severe Weather	
Extreme Heat Assessment & Response	Assessing previous year's weather history. Identify heat and dehydration health implications. Identify list of impacted vulnerable populations. Developing criteria for issuing 'extreme alert' notice; decision to issue an alert, involving AMOH- Planning Chief. Developing extreme heat response plan. Work with community partners- cooling shelters/water depots. Planning to ensure sufficient locations of drinking water for attendees and ensure water quality meets standards. Responding to issuance of 'extreme heat' alert. Monitoring for poor outdoor air quality. Implement public education strategy, public health measures, public awareness, media e.g., information related to heat-related illness (headache, fatigue, sunburn, insect bites). **Additional responsibilities to include heightened complaint investigation response.**

WNv/Lyme Disease surveillance.	Surveillance of larval/adult mosquito populations. Lyme Disease surveillance as per MOHLTC protocol.
Injury Related & Health and Safety Hazards.	
Trips Falls/Road Safety.	Community health Issues – sprains/fractures, slips, falls, road safety. Communication with local municipal planners - re: ensuring safety issues considered, street furniture not impeding foot traffic, road traffic control measures Incorporate surveillance systems through Emergency Dept(s).
Tobacco: Exposure to Second Hand Smoke.	Maintain enforcement of SFO requirements for smoke-free environments in all indoor public and workplaces; surveillance/education visits to public places/workplaces over the 4 months in advance of the event; respond to complaints. Education within public places - focus on bars/restaurants.
Alcohol Consumption /Drug & Substance Abuse.	Ensure availability/provision of Smart Serve training opportunities in preparation for the event. Delivery of alcohol awareness resources Work with Health Promotion Specialist to develop public messaging drugs/alcohol. Work with community partners to identify and ensure facilities provided for proper, secure needle disposal for diabetics/illicit drug users. Work with Sexual Health to deliver needle exchange containers.
Mental Health.	Provide support to local community in regards to mental health through communication of available community resources. Coping with strangers, security, fear, disruption to routine activity, heightened sensitivity to crisis event (Included as general messaging).

General Public Health Communications Planning	
Health Promotion Resources.	Develop a checklist that identifies prioritized key messaging and communication strategies. Enhanced promotion focused toward all food handlers within Huntsville area. Development of public health related literature for the target populations identified: Address: hydration: shade, hats, location of cooling stations and water depots, swimming areas/ pools/ cautions re safety; moderating alcohol consumption; handwashing; mosquito control - use of insect repellant; SFO legislative requirements; healthy food choices; insect presence (black flies/ mosquito) and use of insect repellant; condom use walking in the woods - safety - animals, ticks, poison ivy; access to health information and care; Promotion of literature regarding responsible drinking, public safety. Develop public messaging re: stocking supplies for family needs for a week long period (food supply, water, and formula/baby food / medications/personal care products), safety to be broadcast in advance of the Summit. Development of appropriate signage re: blood borne infections and communicable diseases, needle sharing and exchange and site availability.
Crisis Communication Planning.	Develop SMDHU Crisis Communication Plan. Establish communication systems. Coordinate with different levels of government and community partners. Form SMDHU G8 writing teams to create ready-made fact sheets, press releases and other resources as required.
Public Inquiry Lines: access to public health information/referral	Ensure availability of SMDHU Health Connection (HC) services in extended hours the week of the Summit and through the weekend of event; HC Core team assist in receipt of complaints or questions about/reports of CD (if needed) Health Connection PHI. Plan schedule for staffing; ensure resource information is available to staff on phone lines; provide manager coverage.
Technological and Infrastructure.	Conduct business impact assessments/business continuity planning.

HAZMAT/Bioterrorist Events.	Review current SMDHU Policies on CBRN. Clarify roles and responsibilities. CBRN response expectations, decontamination procedures and health impact assessments (for biological agents). Identify G8-related complaint response process. Develop decision-making algorithm. Syndromic surveillance - ie. With health care, first aid stations etc. Determine communication protocols (consider external partners). Lab planning including expedited delivery forms and couriers for high priority samples. Contact tracing, case management. Heightened environmental surveillance required to assure environmental surety. Implement CBRN Emergency Response Guidelines for Health Care Providers. Monitor Health Connection (Call Center Operations) for increased call volumes. Implement public education. Recommendations for joint training and preparedness opportunities.
Infectious and Contagious Diseases.	
Disease Surveillance (active, passive and syndromic surveillance).	Working within the existing health-care sites for the provision of reporting trends of illness or reportable diseases. **Active Surveillance** prior to and including the time of the G8 Summit. **Passive surveillance** from health-care providers. **Syndromic Surveillance Strategies** Identify and discuss potential disease investigation and surveillance issues to ensure routine infectious disease surveillance activities are implemented and continued efficiently.
Disease Reporting Mechanisms.	Identify, develop or enhance reporting mechanisms required to address surveillance needs. Establish syndromic surveillance and reporting expectations.
Outbreak Response.	On-call, support-prepared CD Investigators on standby to provide ready outbreak response as required.
Personal Services Settings	Heightened Surveillance immediately prior to event Deerhurst, Grandview and Hidden Valley
Case and Contact Management.	CD investigators to action any reports of illness generated as a result of the Summit. Provide advice and support to detention centre regarding IPAC interventions.

PUBLIC HEALTH BUSINESS CONTINUITY AND RECOVERY

The identification and prioritization of potential public health hazards within our communities can also assist with business continuity planning. Activities carried out to address these hazards will have an impact on the agency's capability to deliver other routine activities.

OTHER FACTORS IMPACTING ON BUSINESS OPERATIONS

- **Business Continuity & Critical Infrastructure Considerations**
  - G8 Staff Redeployment Plan
  - Mutual assistance agreements.
  - Human resource policies – reviewing after-hours response, vacation requests & scheduling, shift lengths.
  - Occupational health & safety issues- Personal protection (i.e. sun safety, black flies, mosquitoes, proper dress code, emergency communication process, hydration)
  - Civil unrest – dealing with protestors & demonstrators
  - Travel restrictions: highway closures restricting provision of essential services.
  - Accreditation of staff into Zone 1 & 2 required.
  - Use of Health Unit Vehicles
  - Community partnerships – coordination/planning with other government organizations, community partners and health sector required.
  - Information technology – communication capabilities between field staff and command and security protected areas.
  - Logistics – on-site command post.
  - Temporary accommodations.

BUSINESS CONTINUITY

Our agency has initiated steps to develop a staff redeployment plan and established a continuity plan, specific to the G8 Summit, to ensure that employees are protected and to minimize program and service disruptions.
We continue to work toward the assurance for the provision of essential services, including telecommunications and financial and public program delivery services.

The demand for public health services may be affected due to the G8, the demand for some services may increase. It is critical that our agency assesses potential surge impacts on each service area. Once assessed, staff redeployment plans and specialized training can be finalized and implemented.
Service area directors, together with each service area has identified and prioritized key services, critical positions. (see Appendix 15: Essential Services)

MUTUAL ASSISTANCE AGREEMENTS

Pre-established agreements will be established between boards of health to provide for mutual aid and assistance between the public health units when the resources normally available to a board of health within a municipality are not sufficient to cope with a situation which may require public health action as a result of the Summit. The health and wellbeing of a community will best be protected through the concerted efforts of multiple public health agencies providing assistance to one another. The promotion and coordination of this assistance through these agreements is desirable for the effective and efficient provision of mutual aid and assistance.

Agency Implications:

In February, 2010, the MOHLTC announced that there would be no funding to support G8 consequence management activities. SMDHU Executive made the decision to proceed with the implementation of activities identified within our Concept of Operations portion of this plan on a no cost incurred basis. This meant that staff

redeployments would be necessary and backfill to cover the work responsibilities for those redeployed would not be provided. As staff are redeployed, there will be disruptions to the delivery of day-to-day public health program services.

In order to minimize costs associated with response to the G8 Summit and to avoid staff fatigue, it was decided that there would be a shift to the work week for those staff members assigned responsibilities during the week of the G8 Summit.

Critical Infrastructure Considerations

Civil Unrest – Dealing with Protestors & Demonstrators

Civil unrest is a major concern for municipalities and planning partners. Demonstration activities are often implemented due to controversial laws or government policies. There is the potential for disagreements between special interest groups over particular issues or causes. Civil unrest can also be triggered due to societal change (i.e., economic downturn, job losses, and financial hardships).

Civil unrest can take many forms. Small or large group gatherings may block or impede access to buildings, or cause disruption of normal activities by using force or intimidation. The right to protest and the right of freedom of speech are guaranteed in the Charter of Rights and Freedoms. Peaceful assembly is a right under the Charter. Civil unrest or disruption is not a right. It can cause property damage and injury or death to innocent bystanders, security personnel and protestors, similar to what was observed at the 2010 Winter Olympics, in Vancouver. Protestor demonstrations may involve dramatic staged events to attract media attention.

The maintenance of public order is the responsibility of the police during the G8 event and at all other times as a part of their mandated duty under the Police Services Act. The Integrated Security Unit (ISU) will establish seven Free Speech Sites. Most of these sites will be positioned along the Highway 60 corridor, outside the Red Zone. It is anticipated that a free speech site will be established within the Huntsville community.

Our agency will need to consider potential business implications due to civil unrest. Should protest activity impact on day-to-day operations at a health unit office or impede on the delivery on public health services, it is essential that health unit staff understand how to respond. Appendix 12 Dealing with Civil Unrest identifies some general steps to take should staff at encounter protest demonstrations.

The Huntsville Office has been identified as the site of the Field Operations Command Post. An increased number of staff will be working from this site during the G8 event. Depending on the outcome from further assessments, a security presence may be considered for the Huntsville office. Throughout the planning process a decision may need to be made to determine if all health unit offices would remain in operations during the G8 event strictly. Closures may be considered, as precautionary measure.

Civil disturbances are rare. The likelihood of being confronted or having to deal with protestors during the G8 is probably very small. However, we should be prepared to do so in the safest possible manner. Through planning we should consider the location of our EOC and Command Centre and proximity to Huntsville's downtown core. There is a potential for disruption to services and access obstructions (traffic, demonstrations and public events)

DEMONSTRATORS MUST PROTEST – EXPECT ROAD CLOSURES

Designated speech areas will be established by the Integrated Security Unit to ensure that demonstrators have the right to protest. Media will be present at seven pre-established sites. It is anticipated that these sites will be positioned along Hwy 60. A site may be established within Huntsville. Protestors WILL be provided direction to a predetermined site in close vicinity of the Summit (they will be encouraged to express their views).

Travel Restrictions:

There will be travel restrictions implemented, limiting travel into secured-access areas.

For additional detail on transportation route closures and detours, refer to Appendix 9: Transportation Into Secured Access Zones Road Closures.

Accreditation

SECURITY CONSIDERATIONS

Accessibility restrictions will be applied to Zones 1 and 2. Residents and community service providers needing to enter these areas will be required to receive proper accreditation to ensure that they are able to move to, from or through these areas during the Summit. Public health personnel working within these zones will need to be identified and go through this accreditation process prior to the Summit. For details on accreditation and accessibility procedures see Appendix 10: Accreditation and Accessibility Procedures.

Information Technology – It is critical that our agency maintain communication capabilities between field staff and command within all three areas of response.
Some of the key systems being utilized to maintain communications during this event include:

- Video Conferencing
- Adobe Connect System- A web conferencing application that gives users the ability to participate in online, interactive sessions using an internet connection. The host of the session will provide a meeting date, time and a link to access the meeting and as a participant you will not be required to enter a login in user id or a password. . A headset is recommended but optional since computer speakers can be used to listen to the audio.
- Enhanced health connection support

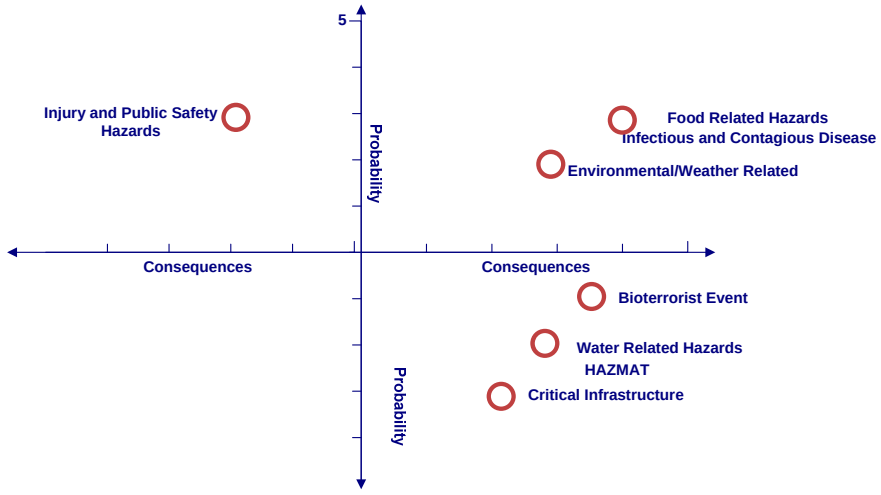
APPENDICES

APPENDIX 1: RISK ASSESSMENT GRID

G*8 Specific Public Health
RISK ASSESSMENT GRID

PROBABILITY				
4		Food Related Hazards Infectious and Contagious Diseases	
3	Environmental/ Weather Related Critical Infrastructure Failures	Water Related Hazards	
2	Injury Public Safety Hazards	Hazardous Material Incidents	
1		Bioterrorist Events (Biological Agents Only)	
	1 Negligible	2 Low	3 Moderate	4 High

CONSEQUENCES


5
Injury and Public Safety Hazards
Probability
Food Related Hazards
Infectious and Contagious Disease
Environmental/Weather Related
Consequences
Consequences
Bioterrorist Event
Water Related Hazards
HAZMAT
Critical Infrastructure
Probability

APPENDIX 2: PUBLIC HEALTH UNITS' EMERGENCY CONTACTS

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APPENDIX 3: G8 COMMAND STRUCTURE – HEALTH PERSPECTIVE

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FOR PRIVACY AND SECURITY

G8/G20 SUMMIT PUBLIC HEALTH COMMUNICATIONS FRAMEWORK

BACKGROUND

Canada will host the 2010 G8 Summit from June 24-25 at the Deerhurst Resort in Huntsville and the G20 Summit from June 26-27 in Toronto. These summits will be very high profile political events that will involve 40 or more international world leaders. This event will draw a large number of people into the Simcoe Muskoka District Health Unit area and the health unit jurisdictions in the GTA, particularly Toronto. It will include international visitors and their support staff plus protestors, activists and the media. Multi-agency cooperation and collaboration is required to prepare and respond to this event to ensure a safe, secure and health-supportive environment while minimizing any disruptions. A coordinated public health response strategy to the G8/G20 Summits is required.

ISSUE/ACTION

This communications framework provides a general overview of the local, regional and provincial components of public health communications for the G8/G20 Summits, including pre-event, response and post-event periods.

GOAL AND OBJECTIVES

The **goal** of this communications framework is:

1. To provide a communications framework that will guide the creation of comprehensive, coordinated communications planning to address key public health issues and concerns related to the G8 and G20 Summits in Huntsville and Toronto, Ontario in June 2010.

This goal will be reached through the implementation of the following **objectives**:

1. Determine clear roles and responsibilities/authority of each sector involved in public health communications related to the G8/G20 Summits.
2. Develop a comprehensive timeline of key activities that will ensure the provision of factual, timely and accurate public health information to the general public, vulnerable populations, media, public health staff, stakeholders and partners regarding all public health issues, and delivery of services before, during and after the G8/G20 Summits in June 2010.
3. Create a collaborative process with public health and other G8/G20 partner agencies for the development and implementation of a joint public health communications strategy, including the development of key messages for specific target audiences, as well as specific plans for different public health jurisdictions.
4. Ensure that a coordinated communications system and process are in place and are fully operational.

APPROACH

This communications framework incorporates the following approaches and concepts:

- Clarity of processes for timely approval and message dissemination.
- Clear responsibility and authority for public health communication activities and message dissemination.
- Collaborative communication activities with local, regional, provincial and federal partners.
- Consistency in messaging across the region and the province.
- Emphasis on the dissemination of critical and timely public health information to the media, general public, vulnerable populations, public health staff and stakeholders and partners as required.
- Opportunity for dialogue and information sharing on public health issues related to the G8/G20 Summits between public health and key stakeholders and partners.
- Communication activities are underpinned by the following principles:

- Dissemination of information should be timely and transparent in order to build public trust and confidence.
- Key messages should be clear and consistent.
- In a health crisis situation, people need accurate, clear, succinct information about how to protect their health and the health of others.
- Information presented should minimize speculation and misinterpretation.
- Rumours, myths and misconceptions need to be dealt with immediately.
- Systems are in place to track and respond to media and public inquiries.

COMMUNICATION LEVELS

There are three levels of public health communication that must be planned for these events. It is essential that a coordinated approach to communication systems and processes be planned within and between all three levels.

COMPONENT	PROVINCIAL	REGIONAL/MUNICIPAL	LOCAL
Jurisdiction	Ontario	District of Muskoka/Town of Huntsville City of Toronto	Huntsville Toronto
Public Health Lead	Provincial G8 Public Health Subcommittee – Communications Work Group	Simcoe Muskoka District Health Unit (SMDHU) Toronto Public Health (TPH)	SMDHU TPH
Communications Team	Communications Leads from: • SMDHU • TPH • Peel Public Health • MOHLTC	Communications Leads from: • SMDHU • District of Muskoka - EOC • Town of Huntsville • TPH • City of Toronto	• MOH (or designate) • Director, Corporate Service • Health Promotion Specialist, Corporate Service • Media Coordinator
Primary Activities and Responsibilities	• Communicate with Ontario public health units – pre, during and post event. • Communicate with federal contacts. • Coordinate communication systems and processes with provincial partners and federal counterparts. • Develop provincial public health communications framework. • Develop processes for approvals and key spokespeople. • Clarify media relations and management systems and processes. • Discuss development and dissemination of key public health messages.	• Develop regional public health communications plan, including crisis communication plan that reflects the provincial public health communications framework. • Develop processes for approvals and key spokespeople. • Clarify media relations and management systems and processes. • Coordinate key public health message development and dissemination to targeted audiences in specific health unit jurisdictions.	• Develop health unit public health communications plan, including crisis communication plan that reflects the provincial public health communications framework. • Disseminate key messages to public and other targeted audiences in G8/G20 affected areas (Huntsville and Toronto and surrounding areas). • Communicate to SMDHU and TPH staff and boards. • Ensure communication systems and processes are in place for agency communication response. • Develop agency processes for approvals and key spokespeople. • Clarify media relations and management systems and processes.

COMMUNICATIONS STAGING PERIODS

There are four designated periods in which public health communications will be staged:

1. Early Pre-event – 1 August 2009 to 31 March 2010
2. Late Pre-event – 1 April 2010 to 23 June 2010
3. Event – 24-27 June 2010
4. Post-event – 28 June to 4 July 2010.

The chart below provides suggested key communication activities within these stages:

STAGING PERIOD	PROVINCIAL	REGIONAL/MUNICIPAL	LOCAL
Early Pre-event (1 August 2009 to 31 March 2010)	• Form Public Health Communications Work Group of Provincial G8/G20 Public Health Subcommittee. • Develop public health communications plan in collaboration with partners/ stakeholders, including federal counterparts. • Create crisis communications plan in collaboration with partners/ stakeholders. • Communicate G8/G20 planning structure and processes to all health units in province. • Establish contact with communication leads of key partners and stakeholders. • Initiate coordination of communication processes and systems. • Initiate key public health message development. • Partake in table-top exercise (Dec 7-11). • Plan for required staffs' training needs related to communications. • Plan for G8/G20 accreditation for required communication staffs. • Clarify media relations/key contacts/ spokespeople/ approval processes.	• Establish contact with communication leads of key partners and stakeholders. • Prepare communication components of EOC operations with SMDHU & TPH. • Partake in table-top exercise (Dec 7-11). • Develop public health communications plan in collaboration with public health and other relevant partners/ stakeholders, including federal counterparts. • Create crisis communications plan in collaboration with public health and other relevant partners/ stakeholders. • Plan for required staffs' training needs related to communications. • Plan for G8/G20 accreditation for required communication staffs. • Clarify media relations/key contacts/ spokespeople/ approval processes.	• Develop health unit communications plan in collaboration with partners/stakeholders. • Create crisis communications plan in collaboration with partners/stakeholders. • Establish contact with communication leads of key partners/stakeholders. • Partake in table-top exercise (Dec 7-11). • Plan for required staff training needs related to communications. • Plan for G8/G20 accreditation for required communication staffs. • Clarify media relations/key contacts/spokespeople/ approval processes.

Late Pre-event (1 April 2010 to 23 June 2010)	• Have key messages finalized and prepared. • Have all communications systems and processes in place and tested. • Partake in table-top exercise (Apr 12-14). • Have all pre-event key messages disseminated. • Monitor and track media activity, public inquiries, feedback and response of issues and concerns. • Ready spokespeople.	• Have EOC communication systems readied. • Partake in table-top exercise (Apr 12-14). • Have all pre-event key messages disseminated. • Monitor and track media activity, public inquiries, feedback and response of issues and concerns. • Ready spokespeople.	• Develop all necessary resources and templates. • Have all communication systems and processes in place and tested. • Partake in table-top exercise (Apr 12-14). • Have all pre-event key messages disseminated. • Monitor and track media activity, public inquiries, feedback and response of issues and concerns. • Ready spokespeople.
Event (24-27 June 2010)	• Disseminate key messages as required. • Partake in press conferences as required. • Implement crisis communication plan if required. • Monitor and track media activity, public inquiries, feedback and response to issues and concerns.	• Disseminate key messages as require. • Partake in press conferences as required. • Implement crisis communication plan if required. • Monitor and track media activity, public inquiries, feedback and response of issues and concerns.	• Disseminate key messages as required. • Partake in press conferences as required. • Implement crisis communication plan if required. • Monitor and track media activity, public inquiries, feedback and response to issues and concerns.
Post-event (28 June to 4 July 2010)	• Debrief communication activities and structures.	• Debrief communication activities and structures.	• Commence evaluation of communications plan. • Debrief communication activities and structures.

TARGET AUDIENCES AND COMMUNICATION CHANNELS

Public health communications and information will be targeting a variety of audiences. Key message dissemination and the mechanisms for the delivery of public health information to specific audiences will be the responsibility of the three different levels identified in this framework. The chart below provides a general overview of key audiences, their information requirements and potential channels/vehicles for information delivery.

AUDIENCE	INFORMATION REQUIREMENTS	CHANNELS/VEHICLES
General Public • Residents of area (full time & seasonal). • Visitors to area (tourists). • Protestors & activists.	• Current and timely information pertaining to issues of public health concern (routine and emergency) before, during and after the event. • Reassurance that public health systems/measures are in place for routine matters and potential public health emergencies. • Public health services that will be impacted by the event. • Points of access for information (where you go for what information). • Systems for transferring information (referrals, etc.).	• The media. • Distribution of resources (pamphlets, fact sheets, notices). • Internet. • E-mail. • Information centres. • Telephone system (pre-recorded messages). • Public information sessions. • Newspaper ads/inserts. • PSAs. • Call-in shows. • Radio advertising. • Public announcements at public events. • Social media (videos, blogs, wikis, etc.). • Posters, banners. • Text messaging.
Vulnerable Populations • Seniors • Homeless • Others?	• Current and timely information pertaining to issues of public health concern (routine and emergency) before, during and after the event. • Reassurance that public health systems/measures are in place for routine matters and potential public health emergencies. • Public health services that will be impacted by the event. • Points of access for information (where you go for what information). • Systems for transferring information.	• The media. • One-to-one contact. • Mobile/outreach services. • Home visits. • Distribution of resources. • Telephone calls. • Posters, banners.
Media	• Current, accurate and timely information on all issues of public health importance.	• Regular press releases. • PSAs. • One-on-one interviews with spokespeople. • Press conferences. • Taped television/radio shows. • Local health unit web sites. • Provincial website. • Social media (videos, blogs, wikis, etc.). • Seminars. • Text messaging.

Public Health Stakeholders • Ontario Public Health Units - board & staff • MOHLTC • OAHPP • PHAC	• Current, accurate and timely information on all issues related to public health operations, systems and processes. • Impacts of G8/G20 events on public health resources/staffing. • Coordination of planning for a public health response to the G8/G20 events. • Use of normal strategies for communication. • Points of access of information. • Systems for transferring information.	• Email. • Internet, websites & portals. • Faxes. • Meetings. • Teleconferences. • Social media (videos, blogs, wikis, etc.). • Electronic newsletter & discussion boards. • Resources. • Webinars, training events, seminars.
Other Partners & Stakeholders • Town of Huntsville/District of Muskoka/other local municipalities • County of Simcoe • City of Toronto • Pertinent federal departments • Pertinent provincial ministries • Pertinent G8/G20-related committees • Police (OPP, Toronto Police Services, RCMP, military) • Local fire/ambulance • Local hospitals • Local physicians • Local social service/health agencies • NGOs (i.e. Red Cross, St. John's Ambulance, etc.) • School boards • Businesses/workplaces • Chambers of commerce/Business improvement areas • Campgrounds • Summer camps • Resorts • Summit venues	• Detailed, up-to-date information on G8/G20 events status/ statistics/surveillance/risk assessments, MOH/ MOHLTC public health directives, systems and procedures, public health measures.	• Email. • Internet, websites & portals. • Faxes. • Meetings, teleconferences. • Social media (videos, blogs, wikis, etc.). • Electronic newsletter & discussion boards. • Resources. • Webinars, training events, seminars.

MEDIA RELATIONS

PRESS RELEASES

As per process identified in each public health agency's communications plan.

Joint Release: on an as-needed basis – with direction from MOHLTC.

JOINT MEDIA CENTRE(s)

To be determined by each health unit with their EOCs and other pertinent partners and identified in each agency's communications plan.

PRESS CONFERENCES

As per process identified in each public health agency's communication plan.

PUBLIC HEALTH EMERGENCY RESPONSE COMMUNICATIONS (channels to use with partners)

A) Emergency Meetings.

B) Tele/video conferencing – as per communication clocks.

C) Website – local health units & MOHLTC.

D) White board communications/portals.

E) Notices (multi-media).

COMMUNICATIONS DISTRIBUTION (who it goes out to and how)

A) Provincial Public Health Subcommittee membership – Access to website.

B) Other key partners and stakeholders - Access to website.

C) Email distribution – communication contact list.

D) Other?

INFORMATION SOURCES (centers, phone & website)

A) Call Centers:

i) SMDHU: 1-877-721-7520 or 721-7520 (Health Connection)

ii) District of Muskoka

iii) TPH

iv) City of Toronto (muncipality)

v) MOHLTC

- To publicize call center #'s for public inquiry.
- To communicate "Key Messages".
- To refer callers to specific municipalities and/or organizations as required.

B) Local Municipal Information Centers:

- To provide contact information for ALL municipal information centers.

C) Public Health Communication Contacts:

- Established contact information for each public health unit (communication representative/public inquiries).

D) Web Site Communication:

- G8/G20 planning framework.
- Membership contact information.
- Repository for related information (policies, publications, tools, etc.).
- Links to SMDHU, TPH, MOHLTC & other related websites.
- GIS emergency database (E-Map).
- Portal/white board communications.

IDENTIFIED PUBLIC HEALTH ISSUES AND KEY MESSAGES

PUBLIC HEALTH ISSUE	KEY MESSAGES	AUDIENCE
Environmental/weather (extreme heat, severe storms, lightning strikes, tornadoes).	To be developed	
Food-related hazards (food recalls, food adulteration, food poisonings, gastro-illness).		
Water-related hazards (water system malfunction/disruption, water contamination).		
Infectious & contagious diseases (respiratory illness, asthma, influenza, etc.).		
Critical infrastructure failures (electricity & natural gas disruption, telecommunications, sewage & water treatment disruption, road closures).		
Hazardous material incidents (chemical, nuclear, radiological, chemical spills, transportation, terrorist).		
Bioterrorist events (biological agent).		
Public safety/injury hazards (alcohol, drug, sun safety, sprains/fractures, heat, dehydration, medication).		

EVALUATION OF G8/G20 PUBLIC HEALTH COMMUNICATION PLANS

It is important that proper evaluation is conducted of each communication plan developed through this framework, including formative, process, impact and outcome components. The evaluation ideally will include:

- Tracking of all media-related occurrences:
    - Number of press conferences.
    - Number of releases and PSAs released and published/broadcast.
    - Number of interview requests.

- Tracking of all public enquiries:
    - Number of calls to *Health Connection*, number of calls to information centres.
    - Number of website hits (health unit, MOHLTC).
    - Number of email enquiries (*Health Connection*).

- Tracking of partner-related communications:
    - Number of those participating in meetings/teleconferences/videoconferences.
    - Number of postings to portals.

These evaluations will be shared amongst groups and may be compiled into one final evaluation report for the province.

Prepared by Megan Williams, Health Promotion Specialist
Simcoe Muskoka District Health Unit

APPENDIX 5: SMDHU G8 COMMUNICATIONS PLAN

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APPENDIX 6: SMDHU G8 COMMUNICATION STRATEGIES AND TIMELINES

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SMDHU CRISIS COMMUNICATION PLAN FOR G8 SUMMIT

HUNTSVILLE – 25-26 JUNE 2010

G8 CRISIS COMMUNICATION TEAM:

- 2 FTE - Health Promotion Specialist
- 2 FTE - Media Coordinator

ISSUE/ACTION

This Crisis Communication Plan (CCP) sets out the Simcoe Muskoka District Health Unit's crisis communications strategy for the G8 Summit (known as the Event) taking place at Deerhurst Resort in Huntsville, Ontario, 25 & 26 June 2010.

BACKGROUND

As is the case with any mass gathering, the G8 Summit has the potential to generate more injuries and illnesses than a general population of equivalent size. Concentrated crowds place strain on public health infrastructure and increase demands for services such as infectious disease surveillance, health protection services related to food, water, weather events and campsite safety. Mass gatherings can also be subject to unplanned incidents or events, such as floods or acts of intentional harm. G8 Summits are, in particular, associated with confrontations among protesters and between protesters and police/security officials.

The resulting surge in demand for public health and other health care services calls for a crisis communication system that can convey timely information to both local and visiting populations to protect their health and prevent injury. The creation of a general communications plan as well as a crisis communication plan for the event will help to inform and guide the public, media, staff and partners/stakeholders in implementing an appropriate response to a public health situation that might occur prior to, during or after the event. Effectively developed communication should also help to ease anxiety and reduce the stress caused by disruption of routines and community norms.

PUBLIC CONCERNS TO BE ADDRESSED

- Personal/family safety and interruption of normal life activities
    - What are the risks to me and my family?
    - Should I go to school/work?
    - What is the province/region doing to protect me?
    - How will I know if an emergency occurs?
    - How can I be reassured that everything that can be done to safeguard my health during the G8 is being done?
    - Will my essential medical services still be accessible?
    - Who do I contact if I find myself in a health emergency?
    - I am a visitor and want to know where I can find safe food and water/shelter/medical care.

STAKEHOLDER CONCERNS TO BE ADDRESSED

- Adequate resources to respond (health, emergency, recovery)
- Information to respond to patients/clients/public served
- Access to treatment supplies
- Accurate information, situation updates and actions being taken
- Business impacts
- Quality of planning and implementation
    - Are systems in place to receive/transmit communications with the health unit?
    - Are there backups to those communication systems in the event of infrastructure failure?

- How do we react to the crisis with a united front?
- What messages should we be giving to our staff and to the public?
- Who will be preparing those messages and how will they be reviewed and approved?

CONSTRAINTS

The following hurdles may potentially affect the smooth implementation of this crisis communications plan:

- Logistical challenges related to geography and location, both at health unit level and partner level (e.g. availability of spokesperson(s) at multiple, concurrent press conferences; location of joint media centre, etc.)
- Lack of traditional public health communication tools within Red Zone.
- Media demand for a local perspective and comment from various health, emergency, education and social service organizations.
- Lack of media interest in public health messages
- Excessive media interest in impact on G8 IPPs, dropping public health messages
- Limited number of trained communications and technical personnel available
- Availability of necessary resources
- Personnel trained in crisis communications
- Conflicting messages from other agencies

GOALS AND OBJECTIVES

The goals of this crisis communication strategy are to:

1. Provide the health unit with a comprehensive, well-planned crisis communications strategy that can be quickly implemented in the event of a public health crisis situation before, during or after the G8 Summit.
2. Provide a crisis communications strategy that will respond to the information needs of the public, media, health unit staff, protesters, stakeholders and partners in a timely, efficient and effective manner.

These goals will be reached through the implementation of the following objectives:

1. Develop a comprehensive timeline of key activities that will ensure the provision of factual, timely and accurate information to the public, media, staff, stakeholders and partners regarding all events, reports, surveillance, directives, services and information related to potential crisis situations in Simcoe Muskoka.
2. Develop key relevant messages that target specific audiences throughout the duration of the crisis. Particular attention must be paid to the tone of the messages (e.g. public needs reassurance that mechanisms and systems are in place - locally, provincially and nationally - to combat the crisis).
3. Create a collaborative process with partner agencies and services for the development and implementation of a joint crisis communications strategy for the region.

APPROACH

This CCP will incorporate the following approaches and concepts:

- Consistency in messaging across the region.
- Collaborative communications activities with regional partners.
- Emphasis on the dissemination of critical and timely information to the media, public, health unit staff and partners as required.
- Provide opportunities for dialogue and information sharing on the issues between the health unit and the public (telephone, email, face-to-face and public forum as appropriate).
- Continuation of public education campaign for the public regarding harm prevention and precautions.
- Communications activities are underpinned by the following principles:
    - In a health crisis situation, people need accurate, clear, succinct information about how to protect their health and the health of others.
    - Information presented should minimize speculation and misinterpretation.
    - Rumours, myths and misconceptions need to be dealt with immediately.

- Dissemination of information should be timely and transparent in order to build public trust and confidence.

TARGET AUDIENCES

1. G8 Summit attendees and IPPs (Huntsville / Deerhurst Resort) – will require details of any imminent threat to their health, and recommended measures to prevent injury or illness. Communication may only be possible through diplomatic channels. [This is supposed to be the responsibility of national agencies. We may have a role in alerting the national agencies of the threats and the best course of action.]

2. Members of the public (residents of Simcoe Muskoka and visitors) – will require up-to-date information on crisis details, public health measures, systems and procedures in place to combat the crisis, required treatment resources. CHANNELS/VEHICLES: the media, distribution of resources (pamphlets, fact sheets, notices), internet, e-mail, Health Connection, health unit telephone system (pre-recorded messages), public information sessions, newspaper ads/inserts, digital ads, PSA's, call-in shows.

3. Media (Simcoe Muskoka) – will require current, accurate and timely information on all issues listed above. CHANNELS/VEHICLES: regular press releases, PSA's, one-on-one interviews with health unit spokespeople, press conferences, taped television/radio shows, health unit internet site (News Room).

4. Media (National, International) – same needs, channels as Simcoe Muskoka media. Additional challenge of providing information on impact of incident on diplomatic corps, IPPs.

5. Health Unit staff – will require detailed, up-to-date information on crisis status/statistics/surveillance, MOH/ MOHLTC public health measures and/or directives, systems and procedures, medical treatment resources, impacts on service delivery, information specifically for health unit staff. CHANNELS/VEHICLES: intranet, e-mail, taped telephone message (if urgent).

6. Partners/Stakeholders (Simcoe Muskoka) – will require up-to-date information on crisis status/statistics/surveillance, MOH/ MOHLTC public health directives, systems and procedures, medical treatment resources, information specifically for health professionals and community partners. CHANNELS/VEHICLES: internet, emails, faxes, teleconferences, press releases, communiqués released by joint communication team.

7. Businesses/Workplaces (Simcoe Muskoka) – will require information on public health measures, public health directives, prevention/self-protection, essential service information. CHANNELS/VEHICLES: internet, faxes, emails, media, resources (fact sheets, etc.)

KEY PUBLIC MESSAGES

A) CRISIS ALERT PHASE
(Syndromic surveillance, weather forecast or other process has identified a situation exists that will or might cause illness, injury or mortality.)

- Personal & family protection measures
  1. Food related hazards
     - discard any foods identified as recalled or contaminated
  2. Infectious and Contagious Disease Outbreak
     - identify infectious or contagious disease, level of risk to public
     - personal hygiene, protection and prevention messages as per communication plan key messages
     - If required by situation, arrange alternative treatment/medication for chronically ill
  3. Weather, environmental event
     - wear loose fitting clothing, hat, sunglasses, avoid exertion, seek out shade or cooling areas, drink lots of fluids (non-alcoholic) -- all key messages as per communication plan
     - recognize symptoms of heat-related illness
  4. Water related hazard
     - Boil water advice, bottled water locations,
  5. Injury related event

    - behaviours to avoid injury as per communication plan key messages
6. Hazardous material, bioterrorist event
    - where to go to get up to date information on hazardous material, bioterrorist incident
7. Technology, critical infrastructure failure
    - take measures to protect hazardous foods, medication in refrigerator, freezer if power remains off
    - Which media (radio, television) will continue to operate, using auxiliary power supply, to deliver vital information

- Follow all public health measures and directives (reiterate what these are).
- Reassure the public that systems and processes are being put in place to safeguard public health if or when situation escalates.
- Agencies/services throughout the region are working together to deal with crisis issues – identify pertinent issues and how they will be dealt with.
- Dispel rumours and address false reports

B) CRISIS PEAK
(Situation has caused or is causing illness, injury or mortality.)

- Personal & family protection measures
    1. Food related incident
        - Describe symptoms of food poisoning, advise on how, when to seek medical attention
        - Discard food that has been recalled or is known to be contaminated
    2. Infectious and Contagious Disease Outbreak
        - Describe symptoms of infectious, contagious disease,
        - advise on how, when to seek medical attention,
        - locations of alternate care sites
    3. Weather, environmental hazard
        - Repeat heat messaging, adding how to seek care in event of heat-related illness
    4. Water related hazard
        - Boil water advice, potable water supply locations, describe symptoms of water-borne illness, advice on when to seek medical attention, where to go for medical attention
    5. Injury related event
        - Repeat behaviours to avoid injury
        - Assurance that causes have/will be identified and corrected as quickly as possible in partnership with related agencies
    6. Hazardous material, bioterrorism event
        - Evacuation details, including routes, if required
    7. Technology/critical infrastructure failure
        - Provide messages to media continuing to broadcast with auxiliary power
        - Food, medication storage advice continues

- Follow all public health measures & directives (reiterate what these are)
- Reassure public of systems and processes in place to safeguard public health, and return to normal as quickly as possible
- Agencies/services throughout region are working together to deal with crisis issues – identify pertinent issues and how they are being dealt with
- Dispel rumours and address false reports

SITUATION OCCURS WITHIN RED ZONE

- Event details as appropriate – no risk at this time to the broader community
- Surveillance is taking place to monitor and track the risk/event
- Address rumours and dispel false reports

SITUATION SPREADS TO OR OCCURS WITHIN YELLOW ZONE, WIDER COMMUNITY

- Local community is at risk due to 'X' – relative risks placed in perspective

- Public health measures – if implemented
- Individual protective and prevention measures
- If available, time estimates until resolution of crisis (e.g., restoration of power)
- "We are in control" message
- Empathy message to those affected directly
- Address rumours and dispel false reports

ACTIVITIES

Activities are outlined in the communications plan. Additional activities

EVALUATION OF CCP

It is imperative that proper evaluation is conducted on this plan, including formative, process, impact and outcome components. Keeping in mind that time constraints and urgent emerging priorities may hinder some of this process, the evaluation ideally will include:

- Tracking of all media-related occurrences:
  - # of press conferences
  - # releases and PSAs released and published/broadcast
  - # interview requests
  - # published, broadcast stories

- Tracking of all public enquiries:
  - # calls to Health Connection
  - # website hits
  - # email enquiries

- Testing of messages and materials
  - Public feedback
  - Surveys

- Impact indicators

- Outcome indicators

APPENDIX 'A'

Sample media releases for general or crisis communication are being saved at: S:\Health Unit\Emergency Response\G8 Summit Planning\Internal Planning\Subcommittees\Communication Planning\Communication Plan - SMDHU\Key message templates

Messages were written for other events, and need to be rewritten as templates for G8 before crisis communications plan is approved

APPENDIX 8: MUTUAL ASSISTANCE AGREEMENT TEMPLATE

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APPENDIX 9: TRANSPORTATION INTO SECURED ACCESS ZONES ROAD CLOSURES

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APPENDIX 10: ACCREDITATION AND ACCESSIBILITY PROCEDURES

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APPENDIX 11: TERMS OF REFERENCE AND SCOPE OF SMDHU INTERNAL PLANNING COMMITTEE

Terms of Reference
G8 Planning Internal Committee

Purpose:
This committee is established to prepare and plan for a coordinated public health response to the 2010 G8 Summit.
This committee will advise and assist with the development of a SMDHU G8 Summit Preparedness and Incident Response Plan which clearly defines the public health roles and responsibilities.

Scope:
For planning purposes, this project will be inclusive of the geographic boundaries of the County of Simcoe and the District of Muskoka.

Objectives:
1) Discuss and prioritize G8 planning and response activities.
2) Develop and present a draft SMDHU G8 Preparedness and Incident Response Plan to executive by October, 2009.
3) Develop and propose to executive a G8 emergency management structure, consistent with the Incident Management System (IMS).
4) Establish effective communications and emergency management systems, along with supportive tools to assist with coordination of public health services during G8 response.
5) Identify training need priorities and assist with G8 staff educational opportunities to enhance agency preparedness and understanding of public health response expectations.
6) Develop clearly set parameters for our role to assist with the following:
    a. Coordination of our G8 emergency management program with the health sector, local municipalities and other ministries/agencies involved in G8 planning.
    b. Participation at health sector information sharing and planning forums to address local planning issues that may include:
    - ✓ The assurance of baseline level of preparedness for health service providers and other health agencies within Simcoe-Muskoka who may be impacted by the G8
    - ✓ Clarification of responsibilities and capabilities of health sector organizations and community response agencies which may have a response and recovery role
    - ✓ Identification of gaps within existing G8 emergency management program plans
    - ✓ Detention Centre and Assessment Centre plans, including discussion around staffing, medical supplies and essential services at these centres.
    - ✓ Other health and long term care facility evacuation and sheltering plans
    - ✓ CBRN response expectations, including biological testing, decontamination procedures and health impact assessments
    - ✓ Recommendations for joint training and preparedness opportunities

7). Recommend a plan implementation process to executive

Composition
Medical Officer of Health (Co-Chair)
Director, Health Protection Service (Chair: Planning Incident Commander)
Manager, Emergency Management Program, G8 Planner (Alternate Chair)
Document Officer, Senior Program Assistant

Director, Family Health (Community Health Co-Lead)
Director Healthy Living Service (Community Health Co-Lead)
Health Promotion Specialist (Communications Planning Lead)
Manager, Food Safety Program (Environmental Investigation & Surveillance Co-Lead)
Manager, Safe Water Program (Environmental Investigation & Surveillance Co-Lead)
Director, Clinical Service (Disease Investigations & Surveillance Lead)
Director, Corporate Service (EOC Operations & Communications Systems Lead)
Associate Director, Corporate Service (Finance, Administration & Logistics Lead)
Emergency Management Coordinators

Sub-Committees:

Environmental Investigations & Surveillance
Disease Investigation & Surveillance
Finance/Administration & Logistics
EOC Operations and Communications
Community Health Planning
Communications Planning

Role of Members:

- Participate in meeting the objectives of the committee
- Review comments and recommendations that come forward from executive and the MOH office and make appropriate modifications to the plan prior to its approval by the Executive Committee
    - Following executive approval of the G8 Plan, review the entire plan after community based exercise and prior to G8 summit event and recommend any changes necessary to the plan
- Lead, assist in and/or facilitate the completion of outstanding items through the development of Sub-Committee work plans
- Report on progress toward completion of assigned activities identified within the G8 Preparedness and Incident Response Plan
- Assist with health sector and community based G8 planning

Role of Chair:

- Provide leadership for agency G8 Planning
- Conduct the meetings and facilitate the discussion of the agenda items seeking action-oriented resolution.
- Arrange for an alternate Chair to conduct the meeting if unable to attend.
- Act as the liaison between the SMDHU and the MOHLTC Health Sector Planning Committee
- Report to executive on prioritized activities consideration and endorsement
- Work with the Documentation Officer to:
    - Prepare the agenda,
    - Prepare the minutes of meetings for approval of the group
    - Prepare any additional technical supports or print materials for the meeting
    - Schedule meetings as necessary

Role of Alternate Chair:

- Assist the chair in duties as assigned
- Assume role of chair as the alternate

Role of the Document Officer:

- Record the minutes and update previous minutes based on the group's feedback
- Book the meeting room and equipment as need
- Distribute minutes in a timely manner
- Maintain Committee electronic files/resources
- Communication of scheduled meeting and tracking of attendees
- Administrative duties as assigned by the chair

Role of the Sub-Committees:

- Assist in the development of the SMDHU G8 Summit Preparedness and Incident Response Plan
- Implement the Plan

Meeting Frequency and Duration:

- Monthly
- Meeting schedule to be based upon mutually agreed upon times
- Duration: ½ day sessions

Duration of Committee
April 2009- December 2009 (planning phase only)

Minutes Distribution

- The Document Officer will save the approved minutes in the S:\Health Unit\Emergency Response\G8 Summit Planning\Internal Planning\Internal G8 Planning Committee folder. G8 Internal Planning Committee members will access the minutes from this folder.
- The Document Officer will forward an electronic copy of the minutes to committee members upon distribution of agenda for the next following meeting.

Reporting Relationships:
The Chair communicates the activities of the planning group to Executive Committee and MOH Office

Other Resources:

- Liaison with Emergency Management Ontario
- Liaison and representation at MOHLTC G8 Health Sector Committees and Sub-Committees
- adhoc representation of any organization considered by the Committee to be able to provide input as needed

Date Committee Formed
April 2009

Review of Terms of Reference
Revised

- February 2009
- June 2009

APPENDIX 12: DEALING WITH CIVIL UNREST

All staff should be aware of what to do and what not to do during a civil disturbance associated with the G8.

Never confront an aggressive or potentially armed protestor; remove yourself as quickly as possible from the situation and go to a secure site or area.

Remember security and dealing with protestors is a police function. We will leave it up to the trained professionals. The ability to communicate and the safety of all staff come first.

All health unit offices must be familiar with evacuation procedures in case of civil disorder, unrest and must have established a rally point outside of each office where staff can be accounted for and taken to a secure, safe environment.

It is essential that lines of communication remain intact during the week of the Summit. Should phone lines become damaged and/or communication with other community partners and the police be severed, it is critical that our agency ensure that alternate methods of communication are available. Cell and portable phones should be in place in all health unit offices and all staff working within each office should be aware of how to access a cell or portable phone. Front line staff should have a phone list of all emergency services, police, fire EMS and all staff members working during the event.

To report unlawful activity that could be related to the Summit, call**: 1-888-310-1122**

Life threatening emergency or crime in progress- call 911

ISU Community Relations Group (about **security issues**) call: **1-888-446-4047**

APPENDIX 13: IMS COMMITTEE & COMMAND POST REPRESENTATION AND SCHEDULE

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APPENDIX 14: STAFF RE-DEPLOYMENT PLAN

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APPENDIX 15: ESSENTIAL SERVICES

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APPENDIX 16: MOHLTC TELECONFERENCE DIRECTORY

Time	Length	Name of Call	Notes	Call-in Number
Acute Care Facilities, Criticall and Canadian Blood Services				
0800h	30 min	Acute Care Subsector Teleconference	Please select 1 or 2 representatives to speak at the subsequent Ministry's All-Stakeholder Coordination teleconference.	[redacted]
0830h	60 min	Ministry's All-Stakeholder Coordination Teleconference	Leads to report back on subsector call	[redacted]
1300h	30 min	Acute Care Subsector Teleconference		[redacted]
1330h	60 min	Ministry's All-Stakeholder Coordination Teleconference		[redacted]
1730	30 min	Ministry's Acute Care & EMS Teleconference	Teleconference for acute care facilities, prehospital care agencies and Ministry to discuss acute care demand and capacity issues leading up to overnight period.	[redacted]
Local Public Health Units, Ontario Agency for Health Protection and Promotion, Ontario Public Health Laboratories, gov't surveillance staff				
0800h	30 min	Public Health Subsector Teleconference	Please select 1 or 2 representatives to speak at the subsequent Ministry's All-Stakeholder Coordination teleconference.	[redacted]
0830h	60 min	Ministry's All-Stakeholder Coordination Teleconference	Leads to report back on subsector call	[redacted]
1200h	30 min	Ministry's Public Health Teleconference	Teleconference to discuss conditions, developments and surveillance information relating to public health issues.	[redacted]
1300h	30 min	Public Health Subsector Teleconference		[redacted]

Time	Length	Name of Call	Notes	Call-in Number
				[redacted]
1330h	60 min	Ministry's All-Stakeholder Coordination Teleconference		[redacted]
Community Care Providers				
0800h	30 min	Community Health Subsector Teleconference	Please select 1 or 2 representatives to speak at the subsequent Ministry's All-Stakeholder Coordination teleconference.	[redacted]
0830h	60 min	Ministry's All-Stakeholder Coordination Teleconference	Leads to report back on subsector call	[redacted]
1300h	30 min	Community Health Subsector Teleconference		[redacted]
1330h	60 min	Ministry's All-Stakeholder Coordination Teleconference		[redacted]
1730 (limited participation)	30 min	Ministry's Acute Care & EMS Teleconference	For the community sector, walk-in settings only are invited to this call	[redacted]
Prehospital				
Please note that Prehospital representatives have their own communications cycle with Emergency Health Services Branch; the calls listed here are only those which overlap with the central Ministry Communications Cycle. For information on other scheduled calls, please consult the EHSB communication cycle.				
0830h	60 min	Ministry's All-Stakeholder Coordination Teleconference	Leads to report back on subsector call	[redacted]
1330h	60 min	Ministry's All-Stakeholder Coordination Teleconference		[redacted]
1730	30 min	Ministry's Acute Care & EMS Teleconference		[redacted]

APPENDIX 16: INTERAGENCY CONTACT DIRECTORY

REFERENCES

[1] Halton Region Health Department. Halton Region pandemic influenza response plan: a toolkit for business continuity. 2006. Available from: URL: http://www.halton.ca/Pandemic%20Influenza%20Response%20Plan.pdf

[2] IBID

[3] Ministry of Health & Long-Term Care. Ontario Health Plan for an Influenza Pandemic. 2008. Available from: URL: http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

[4] *Emergency Management Workbook; A tool for Emergency Management Practitioners*, Emergency Management Ontario, FEBRUARY 2006, Page 29