



# INFECTIOUS DISEASES EMERGENCY RESPONSE PLAN

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When citing this document, please use the following reference: Simcoe Muskoka District Health Unit. Infectious Diseases Emergency Response Plan. Barrie: SMDHU; 2019.

## ACRONYMS AND ABBREVIATIONS

AMOH	Associate Medical Officer of Health
BCP	Business continuity plan
BFI	Baby Friendly Initiative
CSD	Clinical Service Department
DPHS	Diseases of public health significance
EMC	Emergency Management Coordinator
EMT	Emergency Management Team
EOC	Emergency Operations Centre
ERP	Emergency Response Plan
HC	Health Connection
IAP	Incident Action Plan
ID	Infectious diseases program
IDEPG	Infectious Disease Emergency Planning Group
IDER	Infectious disease emergency response
IDERP	Infectious Disease Emergency Response Plan
IMS	Incident management system
IP	Immunization program
IPAC	Infection prevention and control
IYCFE	Infant and young child feeding in emergencies
MEOC	Ministry Emergency Operations Centre
MICs	Mass immunization clinics
m-Imms	Mobile Immunization Management System
MIP	Mass Immunization Plan
Ministry	Ministry of Health
MOH	Medical Officer of Health
OGP	Ontario Government Pharmacy
PHAC	Public Health Agency of Canada
PHASE	Population Health Assessment, Surveillance and Evaluation
PHIPA	Personal Health Information Protection Act
PHO	Public Health Ontario
PPE	Personal protective equipment
SMDHU	Simcoe Muskoka District Health Unit
VP	Vice president

## 1.0 INTRODUCTION

In a changing and globalized world, factors such as international travel, migration, displacement, and climate change can increase the risk of infectious disease threats. Based on lessons learned from recent infectious disease events in the province, the Ministry of Health (hereby referred to as the Ministry) has reinforced the need for the health system to ensure infectious disease threat preparedness in Ontario. The Ministry's plan, [\*Building a Ready and Resilient Health System\*](#), outlines baseline requirements to ensure a robust health system that is ready and able to manage unexpected or escalating infectious disease threats.

An infectious disease emergency exists when infectious and emerging diseases of public health significance involving the potential for significant morbidity and mortality require urgent and possibly extensive public health and medical interventions.<sup>2</sup>

The Infectious Disease Emergency Response Plan (IDERP) is designed to assist Simcoe Muskoka District Health Unit (SMDHU) manage and develop ongoing readiness and resilience to respond to infectious disease emergencies. The vice president of the Clinical Service Department will ensure this plan is reviewed every three years and updated, as applicable.

### 1.1 PURPOSE

The purpose of the Infectious Disease Emergency Response Plan (IDERP) is to have a comprehensive plan that can be used for large scale incidents and investigations and prepares SMDHU to deal with infectious disease threats (human and environmental). This plan is designed with a flexible and scalable framework for incident management, appropriate and timely interventions and allocation of resources to minimize the public health consequences of an infectious disease emergency.<sup>3</sup>

For the purpose of the IDERP, an infectious disease emergency is defined as an event caused by biological agents, such as bacteria, viruses or toxins that have the potential to cause significant illness or death in the population, and that exceeds the current capacity of the primary response program, or requires an increased level of coordination and communication response. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., Ebola, Avian Influenza), Infection Prevention and Control (IPAC) lapses, and bioterrorism (e.g., anthrax). The circumstances of infectious disease emergencies may vary by multiple factors, including type of agent, scale of exposure, mode of transmission and intentionality (bioterrorism). Some outbreaks or situations will require limited response activities; other situations will require large-scale response efforts that involve many departments within the SMDHU and the cooperation and coordination of other health care stakeholders and community partners.

According to the Ontario Public Health Standards, diseases of public health significance (DPHS) include, but are not limited to those specified as diseases of public health significance as set out by regulation under the Health Protection and Promotion Act.

The SMDHU IDERP is a sub-plan of the agency's Emergency Response Plan (ERP). It identifies specific roles and responsibilities for Health Unit personnel and other key community stakeholders to ensure effective management of an infectious disease incident or emergency. The IDERP is designed in a modular fashion to enable each module to be used independently or in concert, when applicable. Modules within this plan may also be used to respond to other emergencies within Simcoe and Muskoka, as appropriate. Only components of the IMS model and applicable modules that are relevant to the infectious disease emergency would be implemented. Modules associated with this plan are as follows:

- Surveillance and Reporting

- Case and Contact Management
- Mass Immunization
- Communication
- Contact Centre Activation
- Education and Training

For additional incident management information, preparedness and response strategies involving zoonotic/vector-borne incidents such as rabies, refer to incident specific guidance documents, plans, and protocols.

## 1.2 STRATEGIC OBJECTIVES

This plan's strategic objectives are to ensure a safe, effective, and coordinated public health response to an infectious disease emergency by:

- describing how, when, and where public health resources are mobilized;
- outlining the process of escalating and de-escalating a public health response;
- building local readiness and resilience to cope, collaboratively respond and recover effectively;
- establishing surge capacity strategies by identifying skills and expertise within the health system that can be leveraged;
- ensuring a continuous state of readiness through education, training, and testing of plans;
- strengthening the Health Unit's ability to rapidly detect, assess and communicate risks;
- sustaining core public health capacities and resources;
- detailing high-level roles, delegations and authorities; and
- linking the Health Unit's infectious disease emergency response into provincial and national response frameworks and arrangements.<sup>1</sup>

## 1.3 SCOPE

The Infectious Disease Emergency Response Plan will assist SMDHU to identify response needs and coordinate resources to effectively respond to and manage diseases of public health significance or any emerging infectious disease.<sup>2</sup>

Infectious disease incidents or outbreaks are often managed within the capacity of the responding department (Environmental Health or Clinical Service) without requiring full activation of this plan, however where current capacity and resource needs have been exceeded or where the situation impacts multiple areas within our jurisdiction or requires provincial coordination then the IDERP may be activated in whole or in part.

## 1.4 TRAINING

This document is to be included as part of orientation for all new staff. Department leads identified within the Business Continuity (BC) Staff Training and Education Plan will ensure training on the IDERP is provided at least once every three years, or more often as required, to relevant staff identified as having functions within the plan. SMDHU management will ensure that the individuals who would likely be assigned to the roles outlined in this document and modules are the intended focus of training sessions. The [IDERP Training and Education Module \(DRAFT\)](#) further outlines the specific training requirements needed for each program area and department.<sup>4</sup>

Emergency practice exercises will be considered as part of required training (e.g. IDERP table top exercise). Training and education will follow the schedule outlined within the BC Staff Training and Education Plan.

## 2.0 LEGISLATIVE AUTHORITY

Actions taken during an emergency must be guided by the legal/legislative framework that gives authority to the municipality, public health unit and others for their actions.

The IDERP is underpinned by the following legislation and supporting documents:

- a) Health Protection and Promotion Act, R.S.O. 1990 H.7
- b) Personal Health Information Protection Act, 2004, S.O. 2004, c.3 Sched. A (PHIPA)
- c) Quarantine Act, S.C. 2005, c. 20
- d) Coroners Act, R.S.O. 1990, c. C.37
- e) Occupational Health and Safety Act, R.S.O. 1990, c.O.1
- f) Public Hospitals Act, R.S.O. 1990, c. P.40
- g) Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9
- h) Designation of Diseases O. Reg. 135/18
- i) Communicable Diseases – General R.R.O. 1990, Reg. 557
- j) Control of West Nile Virus O. Reg. 199/03

### Related Documents

- Ontario Public Health Standards, 2018 or as current
- Infectious Diseases Protocol, 2018 or as current
- Rabies Prevention and Control Protocol, 2019 or as current
- Tuberculosis Prevention and Control Protocol, 2018
- Vaccine Storage and Handling Protocol, 2018 or as current
- Emergency Management Guideline, 2018 or as current
- Management of Avian Chlamydiosis in Birds Guideline, 2019
- Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2019
- Management of Echinococcus Multilocularis Infections in Animals Guideline, 2019
- Management of Potential Rabies Exposures Guideline, 2019
- Tuberculosis Program Guideline, 2018
- Control of Respiratory Outbreaks in Long-Term Care Homes, 2018
- Planning Guide for Respiratory Pathogen Season, 2018
- Building a Ready and Resilient Health System, 2016 or as current

### Internal Plans

SMDHU Emergency Response Plan, 2019  
SMDHU Business Continuity Plan, 2019  
SMDHU Rabies Contingency Plan, 2018

## 3.0 ASSUMPTIONS & ETHICAL DECISION MAKING

### 3.1 PLANNING ASSUMPTIONS

- This plan assumes that the agency's ERP is activated in concert with this plan.
- This plan is intended to provide an overview of SMDHU response to an infectious disease emergency and will coordinate with other relevant plans and partners.
- This plan assumes that individuals occupying leadership roles have received IMS training.
- This plan outlines key functions and roles, however, one individual may fulfill more than one role depending on the scale of the event and response.
- If the MOH assumes the role of incident commander, the AMOH may act as advisor of the incident response by attending IMS meetings, providing subject matter expertise, advising the impacted operational teams and representing SMDHU in the media.
- This plan does not apply to routine disease investigations unless the response requires activation of the plan and/or corresponding modules, the redeployment of staff or response coordination outside of normal operating procedures.
- Response to large scale events may require coordination with other local, provincial and federal partners.
- During an infectious disease emergency, the availability of public health and health care workers could be reduced by up to one-third due to illness, concern about disease transmission in the workplace, or care-giving responsibilities. The Health Unit will refer to the SMDHU Business Continuity Plan for redeployment considerations and to ensure the provision of critical services. During an infectious disease emergency, laboratory testing capacity may be reduced due to illness and supply shortages. Hospital capacity is already limited and could be further reduced because of staff illness. Inter-hospital assistance may be limited depending on the scale of the emergency. Home and community care and long-term care homes may provide surge capacity that will help avoid hospital admissions and allow early hospital discharges.
- Depending on the severity of the incident and the number of health care workers who are infected, redeployment of health care workers across sectors may not be practical. The health care system will have to use a variety of mechanisms to augment/ supplement existing health human resources.
- If staff are redeployed outside of their primary department, direct reporting managers/supervisors will ensure any critical job functions are still completed through the assignment of applicable staff as identified in the business continuity plan.
- "Business as usual" will refer to the activities, processes and functions that the primary response team conducts on a day-to-day basis.
- Non-critical health services and public health programs may be significantly reduced, consolidated or suspended completely.
- Confidential information regarding individual cases will not be shared outside of those who need to know in order to fulfill legally mandated public health functions.<sup>1</sup>

### 3.2 ETHICAL FRAMEWORK

During an infectious disease emergency, it is expected that the health system may have to make some difficult decisions. The process by which these decisions are arrived at can be made easier when working within an ethical framework. Ethical considerations include honesty and transparency with clear reasons provided for decisions related to the allocation or prioritization of scarce resources (e.g. access to vaccine and antiviral medications).

There should be stakeholder involvement in the decision-making process, with clear and accurate communication. The following table outlines how the Simcoe Muskoka IDERP will use an ethical framework for decision making.

<b>Table 1: Ethical Framework for Decision Making</b>	
<b>Decision-Making Principle<sup>6</sup></b>	<b>SMDHU Approach</b>
Open and transparent — The process is open for scrutiny, and information about the basis for decisions and when and by whom they were made is publicly accessible.	<p>The IDERP was developed by the SMDHU Infectious Disease Emergency Planning Group (IDEPG), an internal committee comprised of six working groups involving more than 20 Health Unit staff.</p> <p>Plan approvals are provided by the Executive Committee.</p> <p>A copy of the IDERP will be made available on the SMDHU.org website for public awareness.</p>
Accountability – Being answerable for decisions. There should be mechanisms in place to ensure that ethical decision-making is sustained.	Mechanisms exist to ensure accountability throughout the infectious disease emergency. Decision making is concentrated in the Incident Management System (IMS) structure that the SMDHU uses to direct its actions in an infectious disease emergency or incident.
Inclusive — stakeholders are consulted, views are taken into account, and any disproportionate impact on particular groups is considered.	SMDHU has adopted a model for the development of a comprehensive approach to planning, response and recovery from an infectious disease emergency. Input from all departments and all staff levels of the SMDHU was solicited and considered.
Reasonable — decisions should not be arbitrary but rather be rational, proportional to the threat, evidence-informed and practical. Decisions should be made by people who are credible and accountable.	<p>The SMDHU IDERP is closely aligned with direction provided in the federal and provincial planning guides.</p> <p>Decisions made, and that will be made in the future, are based on input from:</p> <ul style="list-style-type: none"> <li>• IDERP members and other Health Unit staff</li> <li>• Current literature and best practice</li> <li>• Experience and lessons learned through evaluation</li> <li>• Infectious disease/infection control experts</li> <li>• Medical Officer of Health/Associate Medical Officers of Health</li> </ul>
Responsive — Decisions should be revisited and revised as new information emerges, and stakeholders should have opportunities to voice any concerns they have about the decisions (i.e. dispute and complaint mechanism).	SMDHU IDERP will continue to be developed, enhanced and revised as new information emerges from the federal and provincial plans and changing world experience. The vice president of the Clinical Service Department will ensure the IDERP is reviewed every three years.

### 3.3 ETHICAL VALUES

Simcoe Muskoka District Health Unit’s response to an infectious disease emergency will be based on the following core ethical values.

<b>Table 2: SMDHU Core Ethical Values</b>	
<b>Core Ethical Values</b>	<b>SMDHU Approach</b>
<b>Individual Liberty</b> — May be restricted in order to protect the public from serious harm.	Restrictions to individual liberty will: <ul style="list-style-type: none"> <li>• Be proportional to the threat</li> <li>• Be necessary to protect the public</li> <li>• Employ the least restrictive means necessary to achieve public health goals</li> <li>• Be applied without discrimination</li> </ul>
<b>Protection from Harm</b> — Public health measures may be implemented to protect the public from harm.	Protective measures will: <ul style="list-style-type: none"> <li>• Weigh the benefits of protecting the public from harm against the loss of liberty for some individuals (e.g. isolation)</li> <li>• Ensure all stakeholders are aware of the medical and moral reasons for the measures, the benefits of complying, and the consequences of not complying</li> <li>• Establish mechanisms to review decisions as the situation changes and to address stakeholder concerns and complaints</li> <li>• Ensure clients have access to SDOH supports in the community if need is identified</li> </ul>
<b>Proportional</b> — Restrictions on individual liberty and measures taken should not exceed the minimum required.	SMDHU will: <ul style="list-style-type: none"> <li>• Use the least restrictive or coercive measure possible when limiting or restricting liberties or entitlements</li> <li>• Use more coercive measures only in circumstances where less restrictive means have failed to achieve appropriate public health goals</li> </ul>
<b>Privacy</b> — Individuals have a right to privacy, including the privacy of their health information.	SMDHU will: <ul style="list-style-type: none"> <li>• Determine whether the good intended is significant enough to justify the potential harm of suspending privacy rights (e.g. potential stigmatization of individuals and communities)</li> <li>• Limit any disclosure to only that information required to achieve legitimate public health goals</li> <li>• Take steps to prevent stigmatization (e.g. public education to correct misperceptions about disease transmission)</li> </ul>

<p><b>Equity</b> — All people have an equal claim to receive the health care they need, and health care institutions are obligated to ensure sufficient supply of health services and materials. During an infectious disease emergency, tough decisions may have to be made about who will receive antiviral medication and vaccinations, and which health services will be temporarily suspended.</p>	<p>SMDHU will:</p> <ul style="list-style-type: none"> <li>• Strive to support health care workers in the preservation of as much equity as possible between the needs of patients affected by the emergency and patients who need urgent treatment for other diseases</li> <li>• Establish fair decision-making processes/criteria</li> <li>• Identify diversity and respect wherever possible (e.g. ethno-cultural-faith practice and gender identity)</li> </ul>
<p><b>Duty to Provide Care</b> — Health care providers (HCPs) have an ethical duty to provide care and respond to suffering. During an emergency, demands for care may overwhelm health care workers and their institutions, creating challenges related to resources, practice, liability and workplace safety. Health care workers may have to weigh their duty to provide care against competing obligations (i.e. to their own health, family and friends).</p> <p>When HCPs cannot provide appropriate care because of constraints caused by the pandemic, they may be faced with moral dilemmas.</p>	<p>To support health care providers in their efforts to discharge their duty to provide care, SMDHU will:</p> <ul style="list-style-type: none"> <li>• Work collaboratively with staff, stakeholders, regulatory colleges and labour associations to establish practice guidelines</li> <li>• Work collaboratively with staff, stakeholders, including labour associations, to establish fair dispute resolution processes</li> <li>• Strive to ensure the appropriate supports are in place (e.g. resources, supplies, equipment)</li> <li>• Develop a mechanism for provider complaints and claims for work exemptions</li> </ul>
<p><b>Reciprocity</b> — Society has an ethical responsibility to support those who face a disproportionate burden in protecting the public good. During an infectious disease emergency, the greatest burden will fall on public health practitioners, other health care workers, patients, and their families. Health care providers will be asked to take on expanded duties. They may be exposed to greater risk in the workplace, suffer physical and emotional stress, and be isolated from peers and family. Individuals who are isolated may experience significant social, economic, and emotional burdens.</p>	<p>Decision-makers will:</p> <ul style="list-style-type: none"> <li>• Take steps to ease the burdens of health care providers, patients, and patients’ families</li> </ul>

<p><b>Trust</b> — Trust is an essential part of the relationship between the government, health system partners and the public. During an infectious disease emergency, some people may perceive measures to protect the public from harm (e.g. limiting access to certain health services) as a betrayal of trust.</p>	<p>In order to maintain trust during an infectious disease emergency, decision makers will:</p> <ul style="list-style-type: none"> <li>• Take steps to build trust with stakeholders before the emergency occurs (i.e. engage stakeholders early)</li> <li>• Ensure decision-making processes are ethical and transparent</li> <li>• Maintain and build ongoing relationships with health care stakeholders via the liaison model</li> </ul>
<p><b>Solidarity</b> — an infectious disease emergency will require solidarity among community, health system partners, and government.</p>	<p>Solidarity requires good communication and open collaboration within and between these stakeholders to share information and coordinate health care delivery</p>
<p><b>Stewardship</b> — in our society, both institutions and individuals will be entrusted with governance over scarce resources, such as vaccines, ventilators, hospital beds and even health workers. Those entrusted with governance should be guided by the notion of stewardship, which includes protecting and developing one’s resources, and being accountable for public well-being.</p>	<p>To ensure good stewardship of scarce resources, decision makers will:</p> <ul style="list-style-type: none"> <li>• Consider both the benefit to the public good and equity (i.e. fair distribution of both benefits and burdens)</li> </ul>
<p><b>Family-Centred Care</b> — A family’s right to make decisions on behalf of a child, consistent with the capacity of the child will be respected.</p>	<p>In order to respect a family’s decision, decision makers will:</p> <ul style="list-style-type: none"> <li>• Respect families’ unique beliefs and values and acknowledge their choices</li> </ul>
<p><b>Respect for Emerging Autonomy</b> — When providing care for young people, their emerging autonomy will be respected.</p>	<p>In order to respect young people’s emerging autonomy decision makers will:</p> <ul style="list-style-type: none"> <li>• Disclose age appropriate information</li> </ul>

## 4.0 CONCEPT OF OPERATIONS

The SMDHU IDERP concept of operations plan identifies mitigation and response strategies for identified risks and outlines staffing or resource needs required to implement the strategies. The core areas of preparedness planning will facilitate the concept of operations portions of the plan, namely:

- Incident Management Systems and Infrastructure
- Surveillance and Reporting
- Case Management and Control
- Mass Immunization
- Communication
- Contact Centre Activation
- Education and Training

<b>Table 3: Preparedness and Response Priorities</b>	
<b>Incident Management Systems and Infrastructure</b>	Incident Management Systems (IMS) Plan Activation Emergency Operation Centres Emergency Declarations Roles and Relationships in Emergency Management Communication Systems and Planning Cycles Business Continuity and Occupational Health Plan Termination and Debriefing
<b>Surveillance and Reporting</b>	Surveillance <ul style="list-style-type: none"> <li>• Roles and Responsibilities</li> <li>• Surveillance Activities</li> <li>• Training and Education</li> <li>• Contingency Planning</li> </ul>
<b>Case and Contact Management</b>	Training and Education Case and Contact Management Resource Development Health and Safety
<b>Mass Immunization</b>	Clinic Pre-Planning Clinic Mobilization and Demobilization Clinic Delivery
<b>Communication</b>	Communication Plan <ul style="list-style-type: none"> <li>• Roles and Responsibilities</li> <li>• Key Messages and Target Audience</li> <li>• Communication Systems and Processes</li> </ul>
<b>Contact Centre Activation</b>	Contact Centre Concept of Operations <ul style="list-style-type: none"> <li>• Business</li> <li>• Technology</li> <li>• Facilities</li> </ul> Activation Triggers Roles and Responsibilities Training
<b>Training and Education</b>	IMS Training Surveillance and Reporting Training Data Entry and Data Collection Tools Case and Contact Management Infectious Disease Etiology Medical Directives Health and Safety Communication Contact Centre Activation

## 4.1 INCIDENT MANAGEMENT SYSTEMS AND INFRASTRUCTURE

### 4.1.1 SMDHU Emergency Response Plan

The SMDHU Emergency Response Plan (ERP) was designed to assist the agency in effectively coordinating a local response to an emergency across internal departments, and with external emergency management officials and community partners as required. The ERP identifies general roles and responsibilities for each department. It also identifies how the emergency notification system will be activated to inform and mobilize Health Unit staff. This plan is intended to assist the agency in response to any emergency of public health significance. The level of response may vary depending on the type and severity of the emergency.

The SMDHU IDERP is a sub-plan of the agency’s Emergency Response Plan. It identifies specific roles and responsibilities for Health Unit personnel and other key community stakeholders to ensure effective management of an infectious disease incident or emergency.

### 4.1.2 Incident Management Structure

The incident management system (IMS) permits emergency response organizations to work together effectively to manage multi-jurisdictional incidents while improving communication, coordination of resources and to facilitate cooperation and coordination between agencies.<sup>5</sup>

SMDHU utilizes the IMS model to facilitate the management of any incident or emergency that may impact public health. For the purposes of the IDERP, an IMS model has been constructed specifically for an infectious disease emergency response as outlined in [Appendix A: SMDHU Infectious Disease Emergency Management Model](#).

<b>COMMAND</b>	<b>Provide leadership to the response and approve communications</b>
Incident Commander	Provides leadership for the response, sets objectives and approves major decisions
Information Officer	Overall responsibility for documentation, information management, media relations and Health Connection.
<b>OPERATIONS</b>	<b>Oversee operations and ensure objectives are being met</b>
Disease Investigation and Surveillance Branch Chief	Provide guidance and oversee implementation of activities to prevent or slow the spread of disease/infection. Provide guidance on investigation and surveillance strategies and oversee implementation. Coordinates the activities of the Clinical Service Department (CSD) and PHASE.
Environmental Health Branch Chief	Provide information and advice concerning environmental health impacts and potential health effects. Coordinates activities of the EHD.
Community Health and Nursing Branch Chief	Ensures Baby Friendly Initiative (BFI) and Infant and Young Child Feeding in Emergencies (IYCFE) recommendations are incorporated during planning and response phase.

Planning Section Chief	Maintain and share current information on the emergency situation and response internally. Project issues and needs for future operational periods. Complete incident action plan (IAP) and maintain incident documentation.
Logistics Section Chief	Oversee resources including employees, equipment and supplies to support response.
Finance and Administration Section Chief	Monitor the cost of the response and oversee the purchasing of supplies. Monitor the number of hours worked by employees during each operational period.
<b>SUPPORT TEAM</b>	
EOC Documentation Officer	Document and store/file all activities within the EOC and assists with setting up the EOC.
Liaison Officer	Communicates and coordinates IDER activities with other agencies and partners, as appropriate. Communicates with province and other health systems partners through EMCT.
Health and Safety Officer and Infection Prevention and Control Lead	Oversee and make safety recommendations for all employees responding to the incident. Oversee and make IPAC recommendations to prevent the spread of infections during service delivery to both staff and clients.
Infrastructure and Technology Lead	Oversee technological and infrastructure supports required to manage the incident.
Professional Practice Lead	Provides advice that supports professional practice and maximizes the knowledge and skills of SMDHU employees.
Information Management Lead	Coordinates the sharing of information through media, social media, internet and intranet.

#### 4.1.3 Plan Activation

If a situation arises that exceeds the current capacity of the primary response program, or response requires an increased level of coordination and communication, the MOH, or designate will conduct an assessment and activate the agency's Incident Management System (IMS) Committee. The MOH in conjunction with the IMS committee will conduct a situational assessment to determine the:

1. Level and extent of the incident
2. Implications to delivery of public health services
3. Implications to our human resources
4. Implications on agency infrastructure and physical resources

If warranted, the MOH or alternate, based on consultation with the IMS committee members, will activate the Infectious Disease Emergency Response Plan, in whole or in part, as a sub-plan to the Emergency Response Plan.

#### 4.1.4 Phases of Response

The SMDHU Infectious Diseases Emergency Response Plan consists of four phases of event response (See Table 5: SMDHU Phases of Response). Phase 1 and Phase 2 responses are able to address smaller scale events and/or emergencies that can be managed by a few sections within the lead operational team utilizing resources within their own department. These events may require enhanced planning and/or operations within specific programs.

A Phase 3 response is able to address larger scale events and/or emergencies that require agency-wide support and support from other departments within the SMDHU. These events would likely exceed normal business hours, processes, capacity, and resources.

<b>Table 5: SMDHU Phases of Response</b>	
<b>Phase 1: ROUTINE</b>	<p><b>Routine</b> conditions means that the Health Unit is operating under normal conditions. No infectious disease emergency currently exists.</p> <ul style="list-style-type: none"> <li>• Normal business hours</li> <li>• Normal business processes</li> <li>• Normal capacity/structure</li> </ul>
<b>Phase 2: ENHANCED</b>	<p><b>Enhanced</b> conditions means that an incident, potential or actual emergency is occurring or impending.</p> <ul style="list-style-type: none"> <li>• The incident will require enhanced planning and/or operations within the lead operational team and department; or</li> <li>• More than one front-line program involved</li> </ul>
<b>Phase 3: INCIDENT/EMERGENCY</b>	<p><b>Incident/ Emergency status</b> means that there exists within Simcoe Muskoka an incident or emergency event that requires a larger, coordinated Health Unit response effort.</p> <ul style="list-style-type: none"> <li>• Additional resources, finances, and logistics may be required outside of the lead operational department</li> </ul>
<b>Phase 4: RECOVERY</b>	<p><b>Recovery</b> conditions means that the infectious disease emergency has abated and the Health Unit along with its partners/stakeholders are working to ensure a smooth transition back to routine conditions.</p>

In addition, the table below outlines the public health priorities and activities that should be considered during an infectious disease emergency response.

<b>Table 6: Incident Management and Control</b>		
Area	Preparedness and Response Priorities	Public Health Activities
<b>Incident Management and Control</b>	<b>Incident Management Systems and Infrastructure</b>	<p><b>IMS/EOC Activations</b></p> <ul style="list-style-type: none"> <li>• If the current situation meets Phase 2 or Phase 3 as outlined within the IDERP, the lead identified IMS Branch Chief (EHD or CS Department VPs) will initiate recommendation to the MOH for a formal activation of the plan.</li> <li>• With MOH approval/direction, implement the IMS system to assist with incident management at a department level; or</li> </ul>

		<ul style="list-style-type: none"> <li>• If situation requires enhanced supports and infrastructure outside of the operational department capacity, request formal activation of the agency's IMS Committee and corresponding plans.</li> <li>• Refer to <a href="#">Business Continuity Plan</a> to identify required and enhanced operational activities and support needs based on current situation.</li> <li>• Consider the activation of other relevant internal and external plans.</li> <li>• Refer to agency's ER Plan for IMS Committee functions.</li> </ul> <p><b>Incident Management</b></p> <p><b>Environmental Health Department/Disease Investigation and Surveillance Branch Chief (Incident Specific Activities)</b></p> <ul style="list-style-type: none"> <li>• Communicate with the IMS Committee to identify infrastructure and human and physical supports needed to implement the operational activities and assign operational task group leads.</li> <li>• Work with the assigned operational task groups to implement operational activities, establish operational and communication cycles, and documentation expectations.</li> <li>• Work with operational task group lead to assess ongoing capacity and supports including On-Call Response.</li> <li>• Work with Planning Section Chief to develop Incident Action Plans</li> <li>• Participate on provincial/multi-jurisdictional teleconferences where incident management requires coordination.</li> <li>• For incidents that may involve multiple jurisdictions, consult with Public Health Ontario (PHO) and the Ministry if there is evidence of increased activity and the possibility of multi-jurisdictional involvement/response.</li> </ul> <p><b>Liaison (Emergency Management Team (EMT))</b></p> <ul style="list-style-type: none"> <li>• Upon confirmation of an incident and direction from the SMDHU IMS Committee, the EMT to post incident to EMCT and notify the Health Care Provider Hotline and or MEOC, if required.</li> <li>• Participate on provincial/multi-jurisdictional teleconferences where incident management requires coordination.</li> <li>• Acts as a liaison between SMDHU Command and other emergency response organizations involved with the incident/emergency and assists with the coordination of services.</li> <li>• Provides emergency management related information to assist with incident management and situational awareness, including but not limited to existing plans, guidelines, systems, structures and processes to assist with incident management.</li> </ul> <p><b>Incident Management System and Infrastructure</b></p> <ul style="list-style-type: none"> <li>• EOC activation in accordance with the agency's ER Plan.</li> <li>• Set operational, planning and communication cycles utilizing standard templates and based on current situation.</li> <li>• Work with Logistics Section Chief to activate a contact centre, if required (Contact Centre Management Module).</li> </ul>
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#### 4.1.5 EOCs: Activation of Provincial and Local/Upper Tier Municipal Plans

During complex infectious disease incidents/emergencies where there are significant community or health system implications, the activation of an Emergency Operations Centre will be integral for incident management and community response.

In the event of a local infectious disease incident/emergency the Medical Officer of Health (MOH) will activate the Health Unit's Emergency Operations Centre and, based on the extent and scope of the incident, request that the County of Simcoe and/or the District Municipality of Muskoka activate their Emergency Operations Centres (EOC) to discuss the status of the emergency, share relevant information and coordinate an effective response.

Individual municipalities may activate their EOC independently depending on localized activity, or upon recommendation by the Province, the County or District, to allocate resources and coordinate response locally. The MOH or designate will be represented at an upper tier or local municipal EOC, as requested, to provide public health advice and to coordinate services with other community stakeholders.

In addition to municipal activation the MOH may also request that health sector agencies and key community stakeholders activate their own emergency response plans. Each agency will be impacted differently; therefore individual agencies may implement their plans independently or in conjunction with the Health Unit and the County and/or the District.

#### 4.1.6 Roles and Relationships in Emergency Management

Local public health authorities are primarily responsible for planning local response to an infectious disease event with direction from both the provincial and federal governments. This involves liaising with health and non-health system partners locally. It is likely that the local public health authorities, through existing or enhanced surveillance, may initially detect an infectious disease event and therefore it is vital that the lines of communication within the community and up to the Province are clear and established in advance of an emergency.<sup>3</sup>

The Medical of Office of Health leads the response to an infectious disease incident/emergency within Simcoe Muskoka. The Ministry of Health will provide provincial leadership and coordination with the broader health system through the Ministry's Emergency Operations Centre. The Ministry may issue directives to all health system partners, and therefore through continued collaboration and coordination the Health Unit will ensure that the response in Simcoe Muskoka is in line with the provincial response and directives issued by the Ministry. The response infrastructure for health emergencies and the relationship to the broader emergency response system are outlined in [Appendix B: Inter-Relationship Roles](#).

#### 4.1.7 Emergency Declaration

The *Emergency Management and Civil Protection Act* stipulates that only the Head of Council or the Premier of Ontario has the authority to declare an emergency. Under the Act, the Premier of Ontario may declare that a provincial 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 further 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.

In an infectious disease situation, recommendations to declare a provincial emergency will likely involve the Secretary of Cabinet, the Ministry of Health, the Ministry of the Solicitor General and the Chief of Emergency Management.<sup>6</sup> 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 they consider 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. See [Appendix C: Inter-Agency Emergency Management Structure](#).

The decision to declare an emergency locally at the County or District level 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 CEMC will notify the Provincial Emergency Operation Centre of a potential/actual infectious diseases situation and request assistance.

#### 4.1.8 Communication Systems and Planning Cycles

##### **Communication Cycles**

An important component of public health planning is the establishment of a coordinated and integrated communications approach with key stakeholders. A communication cycle will need to be established for the duration of the event. The concept of having a unified communication cycle ensures that relevant, consistent and timely information is shared among all stakeholders and with the general public. The SMDHU retains critical emergency contact information for key stakeholders that may be involved with a complex incidents and emergencies.

Local communication systems will be activated to facilitate communication with municipalities, community response, health system and other relevant stakeholders. Relevant stakeholder may include but are not limited to: board of health staff, the Ministry, community partners, school boards, other government ministries, regulatory bodies and other government agencies.

A communication cycle will be used to link in with internal and external stakeholders. Communication and planning cycles will be set for each operational period using a 24 hour clock-based model and internal and external stakeholder teleconference times will be established at time of event. Planning cycles will be set by the Planning Section Chief and planning meetings will take place for each operational cycle to assess the current situation, forecast operational and response needs and determine corresponding resource requirements. Incident Action Plan (IAP) templates will be completed for each cycle. The SMDHU communication/planning cycles will consider the need for:

- SMDHU Liaison/Internal IMS Steering Committee Meetings/Teleconferences
- SMDHU Operations Meeting/Teleconferences
- Infectious Disease Internal Forecast Planning Meeting
- Liaison/Stakeholder Meetings/Teleconferences  
Provincial/Health System Teleconferences

Provincial reporting and communication systems will be utilized to update and report to health system partners, including the Emergency Management Communication Tool (EMCT). Contact information for the Ministry's on-call system (24/7 Health Care Provider Hotline, 1-866-212-2272) to provide situational updates and request resources or technical or scientific support as required. Additional details can be found in the [Communications Module](#) of this plan.

##### **Planning Cycles**

In support of ongoing situational assessment and the application of incident management strategies, the EOC will establish meetings at regular intervals to assess, inform and strategize. In addition to EOC communications, primary stakeholders including provincial and local partners will need to be contacted for further sharing of information, direction and the identification of resource needs and response expectations.

To facilitate the communication through the Emergency Operations Centre, the Liaison Officer and Operational leads will coordinate the establishment of:

- a) Teleconference with the Ministry EOC to confirm notification and initial steps with SMDHU leads
- b) Contact with local stakeholders

Each briefing session and teleconference will be held to enable coordinated and effective response. These meetings will assist with the:

- Provision of logistical support to field responders
- Coordination of services and clarification of responsibilities
- Redeployment of staff as required
- Ongoing provision of agency time-critical services
- Maintenance of a communication strategy for staff, public and community stakeholders (i.e. health promotion and communication strategies).
- Activation of operational teams to assist with the implementation of activities outlined within this plan

#### 4.1.9 Business Continuity and Occupational Health

##### **Business Continuity**

The SMDHU Business Continuity Plan identifies the strategies to ensure minimal or no interruption to the availability of time-critical public health services from any identified hazard, including an infectious disease event. Strategies include: human resources and re-deployment; reduction and restoration of public health services; infrastructure and security and communication strategies. These allow for risk reduction, recovery, and risk management by determining alternatives or identifying the need for creation of new processes to ensure service continuance and maintenance.

To further support incident management, the business continuity plan ensures that pre-established agreements have been established between the SMDHU and other 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 are not sufficient to cope with a situation as a result of an incident or emergency. The agency can also access additional support from the Ministry of Health through the Health Care Provider Line (866) 212-2272.

##### **Occupational Health and Infection Prevention and Control**

A commitment to occupational health and safety and infection prevention and control is critical when planning and responding to any infectious disease related incident or emergency. This commitment is part of the Internal Responsibility System (IRS) that is based on the principle of all working together to identify health and safety concerns and develop solutions to mitigate any existing or potential matters. The agency's health and safety policy clearly denotes the general responsibilities and sets out general principles and duties for all persons (Board of Health members, employees, students, volunteers, and contractors) performing work in/on behalf of the organization ([Health and Safety Policy: HS0101](#)).

It is important that infection prevention and control routine practices and occupational health and safety measures are implemented to ensure safe workplaces and protect SMDHU staff, clients and visitors. In addition to general occupational health and safety requirements that are required in the workplace, all staff at all times will follow routine practices or additional precautions dependant on a risk assessment. The following routine practices must be adhered to at all times:

1. Risk assessment
2. Screening measures and procedures (i.e., active and passive screening of clients and staff)
3. Spatial distancing
4. Immunization/prophylaxis

5. Personal protective equipment
6. Hand hygiene
7. Environmental cleaning
8. Disposal of waste including sharps management

The appropriate use and availability of personal protective equipment (PPE) as a control measure is dependent on a personal and organizational risk assessment of all hazards. The employer is responsible to provide PPE and train staff on its proper use. Staff is responsible to conduct a risk assessment, correctly use and maintenance PPE assigned to them. [HSO Policy 118 Infection Prevention and Control: Routine Practices and Additional Precautions](#) provides information to all staff on routine practices, how to put on and take off PPE and links to IPAC Core Competencies for IPAC education.

The agency's business continuity plan provides a detailed list of the personal protective equipment and training required for any staff performing a particular function. This PPE identification is based on a thorough hazard assessment and clearly stipulates that all staff must be properly equipped and trained prior to redeployment or assignment of any time-critical public health services or critical support functions. (See Business Continuity Plan – Human Resources and Redeployment Strategies).

#### 4.1.10 Plan Termination and Debriefings

Decisions related to the de-escalation of response activities and the demobilization of response resources will be at the discretion of the MOH or alternate. The MOH or alternate in consultation with the IMS Committee will conduct a reassessment of the situation and may terminate the agency's Emergency Response plan, the SMDHU Infectious Disease Emergency Response Plan or any subsequent plans that were activated to assist in response to the incident.

Following deactivation of the plan, debriefing sessions will be held to identify lessons learned for future planning and response. The MOH or designate will call for the debriefing sessions and the EMT will facilitate the sessions.

Debriefings will occur with the following groups:

- a) SMDHU Incident Management System (IMS) Committee
- b) Operational Teams/Impacted staff
- c) Stakeholders/Health System Partners

## 4.2 SURVEILLANCE AND REPORTING

Surveillance is the systematic and ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know, so that action can be taken. It contributes to effective public health program planning, delivery, and management.<sup>3</sup>

Surveillance should be both timely and sensitive, and, when possible, rely on enhancing pre-existing infectious and vaccine preventable diseases and surveillance systems. Data collected should be limited to that which will be used, reviewed and when necessary, acted upon.

### 4.2.1 Purpose of Surveillance Activities

Surveillance strategies are implemented to identify cases (e.g. establish a case definition), contacts, population(s) at risk and the source and magnitude of the infectious disease emergency. Using the data collected through surveillance, the Surveillance Team is able to:

- Conduct epidemiological investigations to establish person, place, and time associated with an event, as well as detailed epidemiological investigations such as, cohort and case-control studies, as needed;
- Monitor trends in the incidence and prevalence of disease to identify new or unrecognized exposures or risk factors; and,
- Describe the epidemiological and clinical features of an event.

The information obtained by epidemiology and surveillance activities will be used to guide containment activities and provide situational awareness.

The surveillance activities for this plan is outlined in an independent module. This module will be used to support all surveillance activities that may be associated with the management of an incident. For the purposes of the Infectious Diseases Emergency Response Plan, surveillance activities outlined in this module do not apply to routine infectious disease data collection or large-scale disease investigations that do not trigger an emergency response, as defined in the IDERP.

The Surveillance Module that supports the plan can be accessed in [Module 1: Surveillance and Reporting](#). The module highlights the following areas of response:

- Surveillance Roles and responsibilities
- Surveillance Activities
- Surveillance Training and Education
- Contingency Planning

#### 4.3 CASE AND CONTACT MANAGEMENT

The case and contact management module provides a framework that provides flexibility in response to any infectious disease incident.

This module is intended to support any infectious disease incident/emergency outside of zoonotic/vector-borne incidents, (such as rabies) which have incident-specific guidance documents, plans and protocols. The goal of the plan is to identify and manage cases and contacts to contain and prevent the potential spread of illness within the community.

Activities that may be implemented during an infectious disease incident/emergency response include, but are not limited to:

- Coordinating with health system stakeholders, emergency services, local, provincial and federal agencies and other emergency or community organizations responding to the emergency
- Developing and disseminating information and guidance for local health care providers, emergency service workers, general public, and special populations and settings
- Working with partners to implement infectious disease containment measures such as infection prevention and control, mass prophylaxis (e.g., vaccines, immunoglobulin), isolation and quarantine, or exclusion
- Collaboration between SMDHU Departments to coordinate joint investigations to gather information, collect samples, interview cases and contacts, immunize and inspect facilities (ID, IP, EHD)
- Conducting epidemiological surveillance and investigation activities, such as syndromic surveillance, data collection, outbreak investigation, and laboratory testing
- Collecting and analyzing data to support the development of objectives, strategies, and policies

The case and contact module that supports the plan can be accessed in [Module 2: Case and Contact Management](#). The module highlights the following areas of response:

- Training and Education
- Case and Contact Management
- Resource Development
- Health and Safety

#### 4.4 MASS IMMUNIZATION PLAN

The *Mass Immunization Plan (MIP)* supports the IDERP as a module of the plan and is intended to provide a scalable operational response plan to assist with the rollout of public health mass immunization clinics (MICs) in Simcoe Muskoka. The goal of MICs is to provide immunization to all eligible individuals in a timely, safe and efficient manner. MICs are usually required as part of a larger immunization or infectious disease response.

Changes in the epidemiology of an infectious agent, directives from Public Health Agency of Canada (PHAC), the Ministry of Health, and local public health needs all have a significant impact on the implementation of any mass immunization campaign. The MIP provides a high level overview of the steps and considerations for any mass immunization clinic response that is needed in Simcoe Muskoka and also provides flexible and scalable strategies.

##### **Assumptions:**

- Mass immunization campaigns vary depending on the severity of the disease, vaccine availability, and public demand for vaccine. These conditions may change over time during a specific response; as a result, the MIP needs to be flexible and scalable.
- Staffing availability will be based on the nature and scope of the response.
- The publicly funded vaccine supply will be provided by the Ontario Government Pharmacy (OGP) using our usual ordering processes. In the event of limited supply availability, SMDHU may need to source additional supply and may implement priority sequencing.
- In the event of a province-wide mass immunization campaign, direction will be provided by the Ministry on vaccine supply, allocation and distribution.
- Where limited supply and high demand for vaccine exists, SMDHU will provide vaccines in accordance with the provincial recommendations for priority groups, as applicable.

The Mass Immunization plan highlights the following areas

- Clinic Pre-planning
- Clinic Mobilization and Demobilization
- Clinic Delivery

The Mass Immunization Plan that supports the IDERP can be accessed in [Module 3: Mass Immunization Plan](#).

#### 4.5 COMMUNICATIONS

A comprehensive coordinated communications plan is critical to ensure that the communication needs of the Health Unit regarding infectious disease preparedness and response are met. The IDERP Communications Plan includes general, high level communications activities, broken down for each of the four IDERP phases of response. The communications plan is intended to provide the Health Unit with communications guidance and

recommendations, and to coordinate communication activities to ensure credible, relevant, accurate and timely communication to external and internal audiences. The communications plan objectives are:

- To coordinate and share communications among all health system stakeholders prior to public release of incident information to ensure accurate and consistent messaging
- To ensure consistent messaging to the media, public and partners
- To inform the public of any risk to individual health, and the preparedness of the health care system to manage potential disease outbreak under investigation or confirmed case(s)
- To direct the public to Health Connection and SMDHU website as credible sources of information
- To ensure staff receive timely, relevant and current information regarding agency direction and public messaging
- To ensure staff are using accurate and consistent messaging with their stakeholders, partners and specific audiences

The communications plan that supports the IDERP can be accessed in [Module 4: Communications](#). The module highlights the following areas of response:

- Roles and Responsibilities
- Assumptions and Considerations
- Key Messages and Target Audience
- Communications Systems and Processes

**Stakeholder Engagement and Communication**

The goal of stakeholder engagement and communication is to facilitate prompt, effective action in response to complex incidents and emergencies to provide effective communication to the public, partner agencies and stakeholders for infectious disease response and control. SMDHU has created a communication strategy that provides a broad overview of public education and awareness activities required during an infectious disease incident or emergency.

SMDHU collaborates and coordinates with external organizations such as, but not limited to, health system partners, federal and provincial governments and respective ministries, local municipalities, public and private sectors, and other community stakeholders to:

1. Identify and recommend public health activities and actions to the external partners associated with responding to infectious disease incidents and emergency response.
2. Identify and make recommendations with respect to the development and implementation of health promotion strategies.

<b>Table 7: Stakeholder Engagement and Communication</b>		
	<b>Public Health Activities</b>	<b>Leads and Supports</b>
<b>Stakeholder Engagement</b>	Communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious diseases issues.	<b>Lead Spokesperson:</b> MOH/AMOH, Department VP <b>Supports:</b> Lead Department Managers

	<p>Communicate reporting/notification process to key stakeholders to inform key stakeholders of incident and clarify reporting mechanisms.</p> <p>Liaise with other health system agencies to encourage communication and information sharing</p> <p>Communicate to stakeholders to ensure familiarization with incident and proper reporting mechanisms.</p> <p>Provide timely dissemination and situational awareness between key stakeholders to assist with the identification of local trends/issues and enable expedited response and control activities.</p>	<p>Lead Department Coordinator/Liaison/Lead EMT</p>
<b>Communication</b>	<p>Implement relevant communication strategy:</p> <ul style="list-style-type: none"> <li>Public service announcement (PSA)</li> <li>Social media messaging</li> <li>Designated spokesperson(s)</li> <li>Joint press conferences</li> <li>Media monitoring</li> <li>Mechanism for the utilization of Notification Systems (Health Fax, VP Notification System)</li> </ul>	<p><b>Lead Spokesperson:</b> MOH/AMOH, Department VP</p> <p><b>Supports:</b> Lead Department Managers HP&amp;C Team</p> <p><b>Cross Reference Plans:</b> IDERP Communication Plan Communication infrastructure VP Plan</p>

**First Nation Communities**

In Simcoe Muskoka there are four non-isolated (i.e. road access less than 90 km to physician services) First Nation communities: Wahta Mohawks of Gibson (Bala), Moose Deer Point (Mactier), Chippewas of Beausoleil (Christian Island) and Chippewas of Rama (Rama). It is important that SMDHU continues to engage with the Band Chiefs, Band Council members, administrators and health service workers when planning for and responding to infectious disease emergencies.

During previous infectious disease incidents it was determined that the federal entity First Nation and Inuit Health Branch (FNIHB) will be responsible for surveillance activities. Ontario will provide prophylaxis (such as antivirals) to FNIHB for distribution through First Nation community health centres, and provincially supplied vaccine will be distributed to First Nation communities by local public health.

First Nation people living outside First Nation communities have access to health programs and services in the communities in which they live.

**4.6 CONTACT CENTRE ACTIVATION**

A contact centre uses a variety of methods to communicate, ranging from telephone to email, social media, webchat and more. *Health Connection (HC)* is the contact centre for the Simcoe Muskoka District Health Unit.

Health Connection provides general response to the public seeking public health information and advice as well as access to Health Unit programs and services. Health Connection is staffed by public health inspectors, public

health nurses and registered practical nurses who work in one of four HC teams: Infectious Diseases, Environmental Health, Sexual Health and Health Connection Core.

Given the unpredictable nature of public health emergencies and incidents it is prudent to have a contact centre activation plan that allows for a scalable surge capacity in order to effectively cope with demand.

Each of these elements is important by itself and is interdependent on the others.

The contact centre activation plan may be implemented in situations where a potential or actual public emergency or incident is impending or occurring.

The contact centre plan highlights the following areas:

- Business — the processes and human resources used to manage and support contact centre operations during a public health emergency or incident.
- Technology — the technical requirements and resources needed to support contact centre operations during a public health emergency or incident.
- Facilities — the work area and set up required to support contact centre operations during a public health emergency or incident.
- Activation Triggers
- Roles and Responsibilities
- Training

The contact centre plan can be accessed in [Module 5: Contact Centre Activation](#)

## 4.7 TRAINING AND EDUCATION

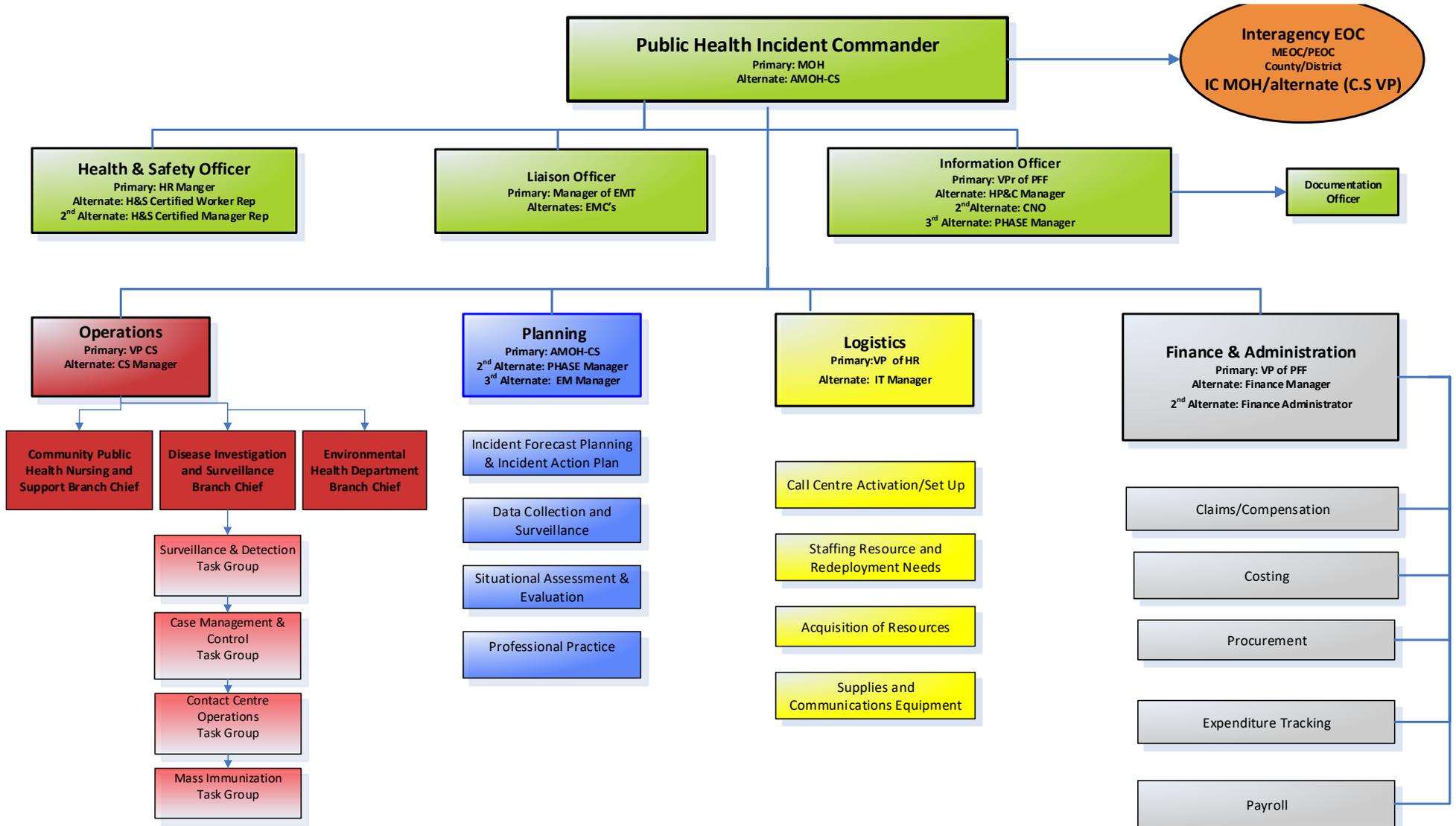
Knowledgeable and well trained staff members are essential for an effective and coordinated response to any incident. The training and education module of the Infectious Disease Emergency Response Plan provides a high-level overview of the necessary training required by staff to support and enhance the necessary knowledge and skills required to effectively and competently respond to any infectious disease incident/emergency. This module supplements the agency's Business Continuity Staff Training and Education Plan.

The training and education module will highlight the following areas.

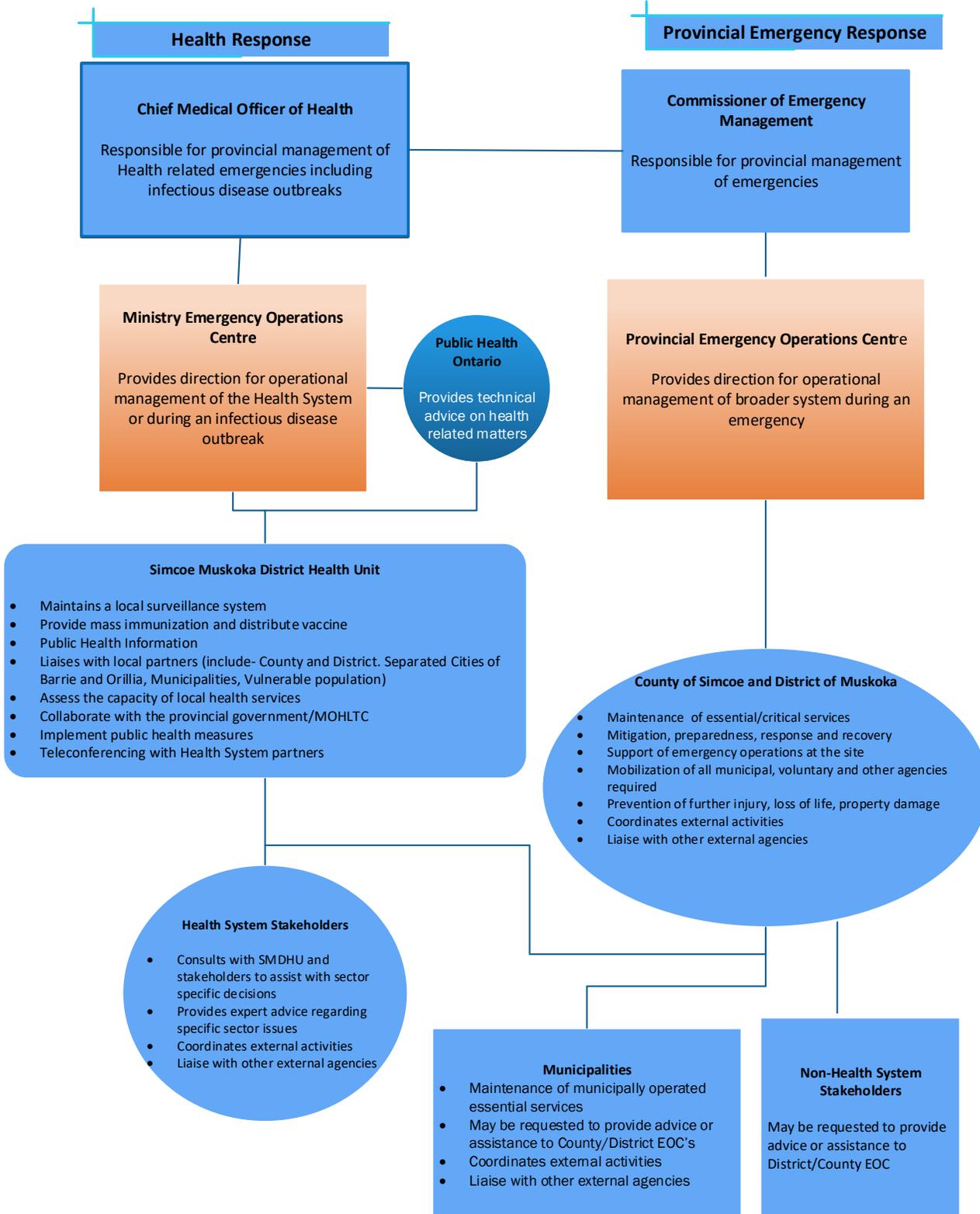
- Training and Education Requirements
- Health and Safety Training Requirements
- Infection Prevention and Control
- Training Resources and Supports
- Identified Staff

The training module can be accessed in [Module 6: Training and Education \(DRAFT\)](#)

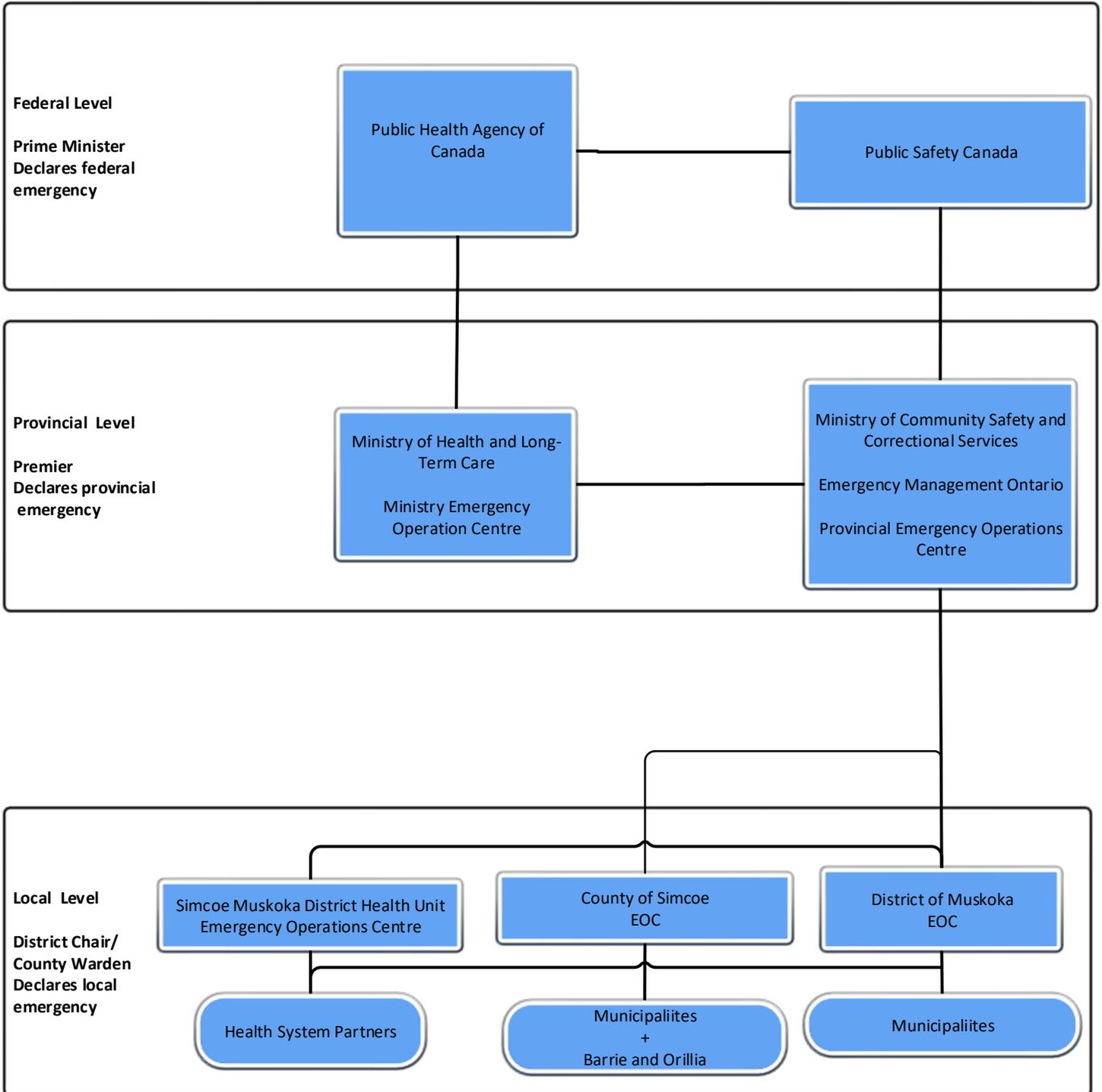
# APPENDIX A: SMDHU INFECTIOUS DISEASE EMERGENCY INCIDENT MANAGEMENT MODEL



## Roles and Relationships in Infectious Diseases Emergency Management



## Interagency Emergency Management Structure In Infectious Diseases Emergencies



## REFERENCES

1. Ministry of Health and Long Term Care. (2016). *Building a Ready and Resilient Health System*. Retrieved from [http://www.health.gov.on.ca/en/pro/programs/emb/docs/Resilient\\_plan\\_2016\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/emb/docs/Resilient_plan_2016_en.pdf)
2. San Francisco Department of Public Health. (2011). *Infectious Disease Emergency Response (IDER) Plan*. Retrieved from <https://www.sfgdcp.org/wp-content/uploads/2018/01/ENTIRE-IDER-PLAN-id99.pdf>
3. Government of Western Australia, Department of Health. (2017). *Infectious Disease Emergency Management Plan*. Retrieved from [https://ww2.health.wa.gov.au/~/\\_/media/Files/Corporate/general%20documents/emergency%20disaster/PDF/Infectious-Disease-Emergency-Management-Plan.pdf](https://ww2.health.wa.gov.au/~/_/media/Files/Corporate/general%20documents/emergency%20disaster/PDF/Infectious-Disease-Emergency-Management-Plan.pdf)
4. Region of Peel, Health Services. (2018). *Communicable Disease Division: Urgent Response Plan*. Mississauga, ON: Region of Peel.
5. Ministry of Health and Long Term Care. (2018). *Emergency Management Guideline*. Retrieved from [http://health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Emergency\\_Management\\_Guideline\\_2018\\_en.pdf](http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Emergency_Management_Guideline_2018_en.pdf)
6. Griffiths M. (2006). Coordination of the provincial emergency response to an influenza pandemic. *Ontario Association of Law Enforcement Planners, editor*.