

# SMDHU Mass Gathering Plan

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## TABLE OF CONTENTS

GLOSSARY OF TERMS .....	4
EXECUTIVE SUMMARY .....	6
PART ONE: .....	8
INTRODUCTION .....	8
PURPOSE .....	9
PLANNING .....	10
Figure 1: Mass Gathering Planning.....	10
HAZARD IDENTIFICATION RISK ASSESSMENT .....	11
Public Health Planning Assumptions .....	12
Key Public Health Planning Priorities .....	12
EXTERNAL PLANNING .....	14
PART TWO: SMDHU EOC OPERATIONS AND COMMAND STRUCTURE .....	14
INCIDENT MANAGEMENT SYSTEM (IMS) .....	14
Figure 2 – IMS Structure .....	15
Figure 3 – Partial activation of IMS .....	16
ON-SITE UNIFIED COMMAND AND IMS STRUCTURE .....	17
REPORTING & COMMUNICATION SYSTEMS .....	18
Figure 4 Communication Flow Chart .....	18
PART THREE: CONCEPT OF OPERATIONS .....	19
Health Promotion and Communications .....	19
Food Safety.....	19
Water Safety.....	20
Tobacco Enforcement .....	22
Health Hazards .....	24
Vector borne Disease .....	26
Rabies .....	26
Surveillance .....	27

Infectious Disease/Outbreak Management .....	28
Sexual Health.....	28
Preventing Injury and Drug and alcohol related harms .....	28
<b>PART FOUR: LOGISTICS .....</b>	<b>29</b>
Health & Safety .....	29
On-Site Accessibility & Transportation.....	30
Accreditation .....	31
Scheduling and Program activities .....	31
On-Site Communications (Mobile Devices and Radios) .....	31
<b>APPENDICES .....</b>	<b>33</b>
Appendix 1 – Risk Assessment Grid.....	33
Appendix 2 – Public Health HIRA.....	34
Appendix 3 – Identified Hazards and Public Health Activities.....	37
Appendix 4 – Temporary Drinking Water System Inspection .....	41
<b>APPENDIX 5: SMDHU SURVEILLANCE PROTOCOL .....</b>	<b>45</b>
Appendix 6: Surveillance Report Template .....	47
Appendix 7A Reporting Flow Chart .....	48
Appendix 7B reporting Process .....	48
Appendix 7C Communicable Disease Intake Report .....	49
Appendix 8 Civil Disruption .....	51
Appendix 9 – Golf Cart Safety .....	52

## GLOSSARY OF TERMS

**Concept of Operations-** Concept of Operations provides a framework to operationalize horizontal management, provides an effective governance structure and delineates clear roles and responsibilities of the principal committees and individuals central to each phase of the incident management process<sup>i</sup>.

**Incident Action Plan-** An incident Action Plan (IAP) formally documents overall incident goals, the operational objectives and the response strategy throughout the defined operational period. The IAP contains general or specific activities to achieve the goals and objectives and facilitates dissemination of critical information about the status of response activities during an incident.<sup>ii</sup>

**Health System-** A health system is the organization of people, institutions, and resources that deliver health care and related services to meet the health needs of target populations.<sup>iii</sup>

**Hazard Identification Risk Assessment (HIRA)-** A systematic risk assessment tool that is utilized within Emergency Management for the assessment of risks based on likely hazards.<sup>iv</sup>

**Mass Gathering–** Simcoe Muskoka District Health Unit defines a mass gathering as a pre-planned public event that is held for a limited time period and generally has, but not limited to, an attendance of greater than 25,000 people and where any of the following conditions are met:

- Provincially (Ministry of Health and Long Term Care, Emergency Management Branch) identified as a mass gathering event, requiring coordinated health sector planning OR
- Municipal Emergency Management involvement
- Multi-jurisdictional events involving multiple municipalities
- Politically sensitive events

And/or where there are:

- Temporary overnight accommodations
- Temporary Infrastructure that has been or will be installed and includes but is not limited to, power lines, non-municipal potable water systems and waste removal
- Events last a few hours to several days in duration

**Situational Reports:** Summary report composed by EMT onsite leads which includes information shared or experienced while onsite during an event. Specific to operational activities. This does not include surveillance data.

**Surveillance (Enhanced)** – Enhanced surveillance means that those responsible for it play a more active role in data gathering. This form of surveillance is more resource intensive and is usually done for specific purposes. For example, active case (and control) finding during a foodborne illness outbreak to determine likely food exposures and identify a potential cause of the outbreak. Public health examples include surveys, such as the Canadian Community Health Survey (CCHS) and the national census.<sup>v</sup> Enhanced surveillance results in the production and dissemination of daily surveillance reports.

**Surveillance (Operational)** - The agency follows normal/routine surveillance activities, including but not limited to, ongoing syndromic surveillance for specific communicable and non-communicable syndromes. Could also include

passive surveillance activities such as waiting for reports to come to them. Reports may take the form of routinely collected data, such as hospital discharge summaries, mortality data, or physician billing data. Reports can also be in the form of reports of notifiable diseases that must, by law, be reported.<sup>vi</sup>

**Surveillance Reports:** Summary reports of specific indicators from a variety of data sources to summarize public health incidents, risks and exposures that could impact public health activities by the health unit. Surveillance reporting should be geared towards detecting conditions and/or events that have high probability of occurrence or severity of consequences. Data collected should be limited to that which will be used, reviewed and when necessary, acted upon.

**Temporary Infrastructure-** A temporary structure dedicated or erected to facilitate the management and operations of an event either indoor or outdoor.<sup>vii</sup>

**Temporary Accommodations-** A non-permanent provision that exists and serves the purpose of housing persons or property for a short duration. Temporary accommodations may include but are not limited to tents, mobile homes, hotels, and bed and breakfasts

**Unified Command-** Is utilized during events/incidents requiring multiagency or multijurisdictional involvement. Unified Command provides guidelines to enable agencies with different legal, geographic, and functional responsibilities to coordinate, plan, and interact effectively without affecting individual agency authority, responsibility, or accountability<sup>viii</sup>

## EXECUTIVE SUMMARY

The expansive geography of Simcoe and Muskoka (8800 km<sup>2</sup>) lends itself well to hosting gatherings comprised of large groups of people. As infrastructure improves, it is anticipated that municipalities may consider hosting events or building venues given the financial benefits associated with increased travel and tourism to their local communities.

- Mass gathering events require collaboration and coordination internally within the Health Unit as well as with external stakeholders.
- Mass gatherings generate more injuries and illnesses than a general population equivalent in size<sup>ix</sup>.
- Concentrated crowds place strain on public health infrastructure and increase demands for services such as infectious disease, food and water surveillance; and campsite safety.
- Mass gatherings create a surge in demand on emergency medical services, the acute-care system, and public health protection activities.
- Mass gatherings can also be subject to unplanned accidents, incidents or weather-related events, such as floods or acts of intentional harm, and can be associated with confrontations among and between protesters and police/security officials.

For the purposes of planning for and responding to mass gathering events within Simcoe Muskoka, mass gatherings are defined as pre-planned public events that are held for a limited time period and is generally, but not limited to an attendance of greater than 25,000 people and where some or all of the following conditions are met:<sup>x</sup>

- Provincially (Ministry of Health and Long Term Care, Emergency Management Branch) identified as a mass gathering event, requiring coordinated health sector planning OR
- Municipal Emergency Management involvement
- Multi-jurisdictional events involving multiple municipalities
- Politically sensitive events

### **And/or where there are**

- Temporary overnight accommodations
- Temporary Infrastructure that has been or will be installed and includes but is not limited to power lines, non-municipal potable water systems, waste removal
- Events last a few hours to several days in duration

Literature<sup>xi</sup> suggests that there is growing recognition of the public health implications associated with mass gatherings. Injuries, heat related illnesses, substance misuse, violence and the threat of infectious disease transmission have been documented as public health issues of concern. In order to address the potential for public health threats associated with mass gathering type events, the Simcoe Muskoka District Health Unit (SMDHU) dedicates resources associated with emergency preparedness and response that serve to assist the agency with planned (e.g. mass gatherings) and acute (e.g. extreme weather) situations requiring a coordinated agency response.

The Ontario Public Health Standards (OPHS) identifies that Boards of Health (BOH) shall develop plans, in consultation with community partners and governmental bodies, to address identified local hazards. This includes planning for and responding to potential or declared emergencies.

The SMDHU Emergency Management Team (EMT) will lead mass gathering event planning on behalf of the agency, when an event is deemed a “Mass Gathering Event”. Planning and response for special occasions and large scale events that do not meet the above criteria will be carried out by departmental program leads. Despite special occasion or other large scale event definitions, it is at the discretion of the Medical Officer of Health (MOH) to deem any other event as a mass gathering event based on the potential for public health hazards to be present and the need for a coordinated health response.

Past mass gathering events within the Simcoe Muskoka footprint have included events such as the G8 Summit, the International Plowing Match, the Pan American Games and the Burl’s Creek Wayhome and Boots & Hearts Music Festivals.

Some types or examples of mass gatherings include:<sup>xiii</sup>

	Rock concerts		Sporting events (Olympics, NASCAR, Super Bowl, rodeos)
	Fairs and festivals (county and state fairs, summer art and craft fairs, music festivals)		Conventions and conferences
	Political rallies		Religious gatherings (Papal mass, World Youth Day, pilgrimage to Mecca)

## PART ONE:

### INTRODUCTION

Mass gathering (MG) events require significant planning and coordination to reduce public health risks and associated impacts. The health implications surrounding events of this magnitude provide specific challenges for public health officials. There are many factors that can potentially affect the health of individuals attending the event. Factors such as weather, crowd size and density, age, type and duration of the event, whether the event is indoor or outdoor, whether the participants are seated or mobile and whether there is alcohol or drug use all need to be considered. Some public health concerns associated with mass gatherings include heat-related illness, drug or alcohol-related illness, injuries and communicable or infectious disease transmission. Mass gatherings also provide opportunities for terrorist or protest-type activities. The goal of public health at a mass gathering is to prevent or mitigate the risk of injury or illness and to maximize the safety for participants, spectators, event staff, volunteers and residents. <sup>xiii</sup>

Public Health activities associated with mass gatherings may include:

- Potential for activation of the municipal Emergency Operations Centre (EOC) during a named event, resulting in MOH/alternate representation
- Inspection and enforcement activities (e.g. food/water safety, tobacco control)
- Disease investigation and surveillance
- Incident Management (On-site Unified Command representation)
- Environmental health assessments and investigations
- Zoonotic disease prevention and control
- Health promotion and communications messaging including, but not limited to:
  - Preventing illness (infection prevention and control measures including hand washing)
  - Extreme heat/storms (health precautions and emergency response)
  - Road/pedestrian safety
  - Surveillance and outbreak management
  - Zoonotic disease awareness and prevention (reduction and prevention of animal bites)
  - Vector borne disease awareness and prevention (reduction and protection against mosquito and tick bites)
  - Sun safety/shade protection against sun exposure
  - Injury prevention and substance misuse prevention including harm reduction strategies
  - Baby friendly initiatives
  - Tobacco-free living

## PURPOSE

The OPHS identifies that a BOH shall develop plans, in consultation with community partners and governmental bodies, to address identified local hazards. This includes planning for and responding to potential or declared emergencies. As a result of identified and/or potential risks associated with the mass gatherings occurring within the County of Simcoe and District of Muskoka, the SMDHU maintains a commitment to emergency management programming, including preserving strong relationships with emergency response services in our municipalities.

This plan focuses on consequence management components of public health response where public health mandates apply and identifies mitigation and response strategies related to possible impacts, health or otherwise that could potentially extend to participants, volunteers/employees, organizers and/or visitors of the event. This document serves as a comprehensive guide to support localized mass gathering preparedness and response strategies.

The plan details mandated inspection and investigation activities, emergency management and communication structures as well as health promotion strategies and activities. This plan further identifies redeployment strategies to ensure the continuity of our time critical services and anticipated human resource requirements related to preparedness and response activities that are identified within the concept of operations section of this plan.

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

The overall goals of this plan are:

- To enhance public health services to prevent or mitigate potential public health impacts from the mass gathering event
- To coordinate public health services with other health-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 time-critical public health services to residents within 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 and disease transmission).
  - 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 and smoke-free environments).
- To ensure sufficient surge capacity to cope with anticipated demands and coordination with other key community-response partners and the health sector
- To ensure the health system can respond to any extraordinary events that may occur throughout the duration of the event
- To identify communications and emergency management systems, along with supportive tools to assist with coordination of public health services during the events.

## PLANNING

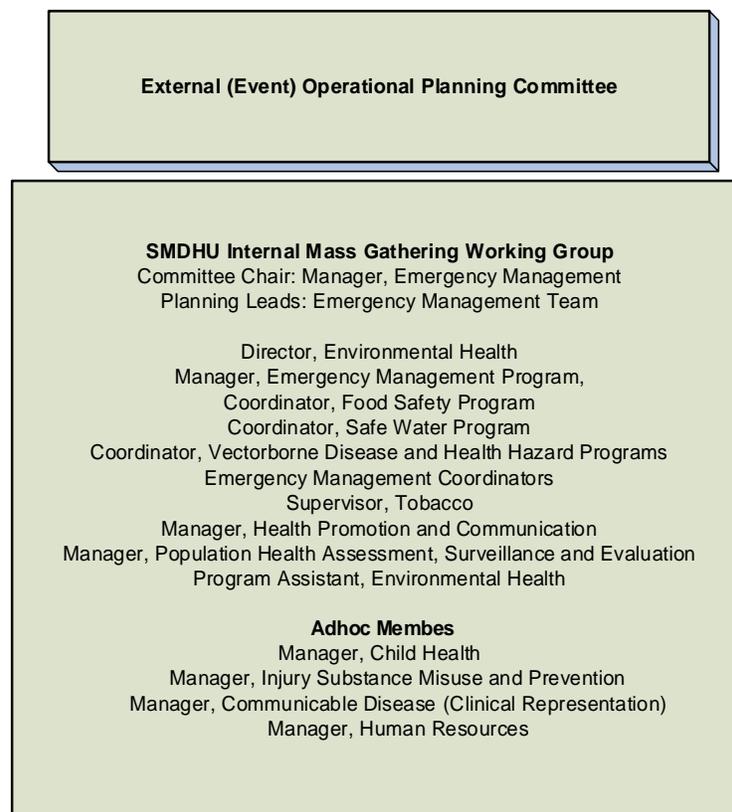
In order to facilitate public health preparedness and response activities associated with mass gatherings, a specialized mass gathering working group has been established by the agency to:

1. Identify and prioritize planning and response activities specific to the identified event
2. Recommend public health activities and actions to the agency's Executive Committee
3. Identify and ensure the establishment of effective communications and emergency management systems, along with supportive tools to assist with coordination of public health services during response.
4. Identify and make recommendations with respect to the development and implementation of health promotion strategies
5. Collaborate and coordinate 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.
6. Identify, establish and maintain effective proactive surveillance systems for monitoring key health related indicators

The working group membership reflects department programs and activities requiring engagement during the event.

[Figure 1: Mass Gathering Planning](#) depicts internal and external planning structures and relationships.

FIGURE 1: MASS GATHERING PLANNING



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## HAZARD IDENTIFICATION RISK ASSESSMENT

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, hazards must be identified and assessed to determine their probability of occurrence and identify potential public health consequences/impacts. Hazard Identification Risk Assessment (HIRA) is a process of defining and describing hazards by characterizing their probability, frequency and severity and evaluating adverse consequences, including potential losses and injuries<sup>xiv</sup>. The Emergency Management Team conducted a local public health risk assessment using a risk assessment grid model adopted by both the Office of the Fire Marshal Emergency Management Ontario (OFMEM) and the Centre for Excellence in Emergency Preparedness Risk Assessment Model. 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, risks with the highest assessment values should be addressed first<sup>xv</sup>.

For the purpose of this hazard assessment, impacts (consequences) were assessed. Three factors/components were considered when assessing overall impacts to public health: human impact, property impact and business impact. An overall impact rating was assigned to reflect how significantly a mass gathering event would impact the agency's ability to function.

This hazard identification and risk assessment (HIRA) 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.

A Risk Assessment Grid depicts assessment values for each hazard. In general, risks were further assessed and given a score 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, mass gathering priority planning hazards were identified. (See [Appendix 1: Risk Assessment Grid](#) and [Appendix 2 – Public Health HIRA](#) for further information).

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## PRIORITY PUBLIC HEALTH HAZARDS

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

- 1) Food related hazards
- 2) Infectious, communicable and vector borne diseases
- 3) Water related hazards
- 4) Hazardous material incidents
- 5) Bioterrorist events
- 6) Environmental and/or weather related events
- 7) Technological/critical infrastructure failures
- 8) Injury related events

9) Drug and alcohol related harms

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## PUBLIC HEALTH PLANNING ASSUMPTIONS

- Food/water safety demands will increase: temporary increase in population, heightened demand for food and water consultations and risk assessments leading up to the event and throughout each event.
  - Increased inspection and monitoring of current temporary water supply
  - Review of Food Safety Special Occasion Event Applications and assessment of infrastructure to support temporary food premise sites
- Requirements associated with increased demand for temporary accommodation – camp sites for example.
- There will be a need to maintain and possibly expand routine practices; e.g. health hazard complaints and investigations.
- Health messaging for visitors unfamiliar with the region can help mitigate the occurrence of preventable injuries/illnesses and the demand on acute care facilities: e.g. reduction of zoonotic and vector-borne disease risks, improved hand washing and infection control, and personal safety and reduction of heat related illnesses and dehydration.
- Tobacco control including use of e-cigarettes remains a significant compliance factor due to event attendance numbers combined with a young attendee demographic. Tobacco-free advocacy and denormalization will remain a challenge including sponsorship attempts by the tobacco industry.
- Enhanced surveillance activities will be needed and rapid responses required:
  - Demand for surveillance data before, during and after the event;
  - Use of existing emergency room data (ACES) to forecast the need for additional resources;
  - Need to enhance capacity for syndromic surveillance in order to rapidly identify any emerging outbreaks
  - Effective communication and reporting systems.

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## KEY PUBLIC HEALTH PLANNING PRIORITIES

The extent of MG planning is dependent on the type of event, risk assessments and available resources. Public health planning assumptions are an initial starting point in determining public health priorities. The following priorities and activities have been identified for each potential operational area:

Planning Priorities	
Operational Areas	Related Activities
<b>Environmental Health Investigations and Enforcement</b>	Food Related Hazards Water Related Hazards

	Tobacco Enforcement
<b>Health Hazard Investigations and Weather Related Assessments</b>	<p>Health Hazard Identification and Assessment</p> <ul style="list-style-type: none"> <li>• Hazardous materials</li> <li>• Solid Waste Management</li> <li>• Hazmat</li> </ul> <p>Extreme Weather Monitoring</p>
<b>Vector borne Disease Risk Assessment &amp; Surveillance</b>	<p>Vector-borne Disease awareness</p> <p>Vector risk assessment and monitoring</p>
<b>Infection Control, Disease Investigation and Surveillance</b>	Outbreak and Infection Control
<b>Surveillance</b>	<p>Environmental – Public Health Information Management Systems (PHIMS)</p> <p>Weather Related/Environmental Surveillance</p> <p>Communicable and Non-Communicable Diseases – Acute Care Enhanced Surveillance (ACES)</p> <p>Public Inquiry Information Lines (Health Connection)</p>
<b>Safety, Health Promotion and Communication</b>	<p>Alcohol and Substance Misuse, Injury Related Events Harm Reduction Strategies</p> <p>Sexual Health</p> <p>Drug and Alcohol Related Harms</p> <p>Sun Safety</p> <p>Baby Friendly Initiative</p> <p>Tobacco Education</p> <p>Vector borne disease prevention</p> <p>Infection Control &amp; illness prevention</p> <p>Food and water safety</p> <p>Extreme temperature</p> <p>Road &amp; Pedestrian Safety</p>

<b>Incident Management Systems &amp; Infrastructure</b>	Incident Management System (IMS)/EOC Activations (Command and Control Centers)  On-Site Unified Command  Communication Systems & Planning Cycles
<b>Logistics</b>	Technological/Critical Infrastructure Failures  Health and Safety

See [Appendix 3](#) Identified Hazards and Public Health Activities.

## EXTERNAL PLANNING

Emergency management planning partners actively work together with local or provincial response agencies to prepare for Mass Gathering Events. SMDHU will engage in the planning process developing a comprehensive local or provincial based plan which will identify local emergency management structures, communication systems and a coordinated local response measures. External emergency planning stakeholders involved in this process could include:

- Federal and/or Provincial government
- Local community/municipality
- Public health units
- Health sector partners
- Emergency planning partners
- 1<sup>st</sup> response agencies
- Private and public sector

## PART TWO: SMDHU EOC OPERATIONS AND COMMAND STRUCTURE

### INCIDENT MANAGEMENT SYSTEM (IMS)

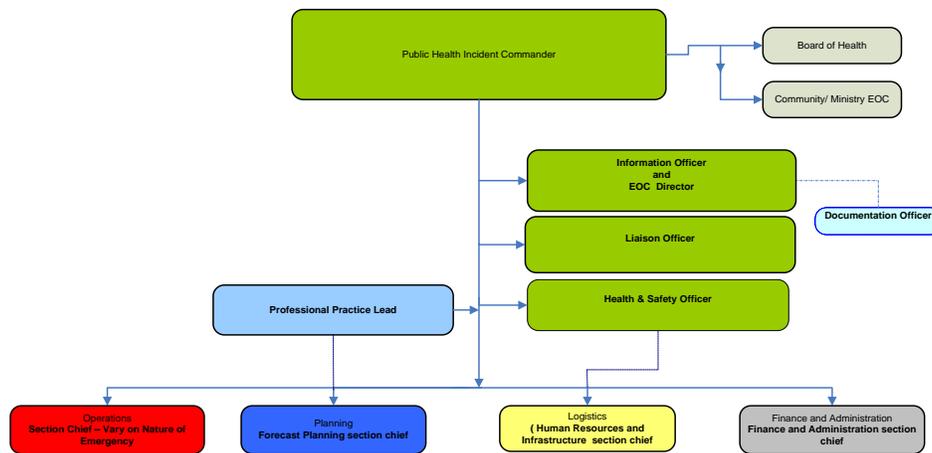
The IMS permits emergency response organizations to work together effectively to manage multi-jurisdictional incidents while improving communication, coordination of resources and facilitates cooperation and coordination between agencies.

The IMS structure has been adopted by Emergency Management Ontario as an operational framework for emergency management for the Government of Ontario. The Ministry of Health and Long-Term Care (MOHLTC) along with other provincial agencies will use this model within its EOC at the Emergency Management Branch. 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 – IMS STRUCTURE



Consistency in public health leadership and utilization of IMS provides opportunity for effective and efficient coordination and collaboration both internally and externally during the planning and response of mass gathering events.

The Incident Management System is a useable, adaptable and well-tested approach to emergency management. Its success rests with its: modular organization, use of common terminology, unified command structure, span-of-control and resource management. Furthermore, IMS is based on the scalar principle, with its size and complexity depending on the size and complexity of the disaster or emergency incident to which it is applied.<sup>xvi</sup>

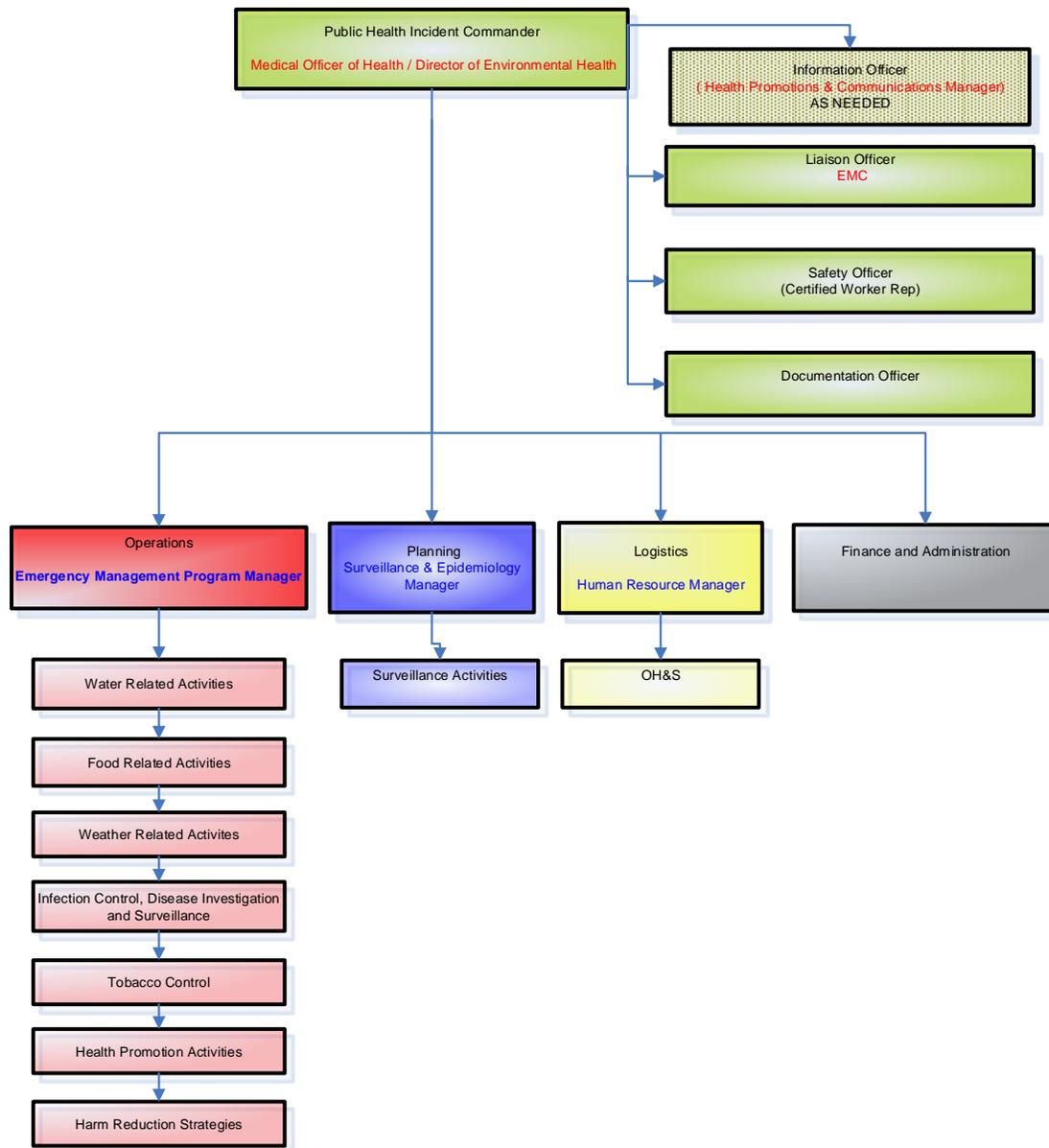
A high degree of organization is required for successful incident management regardless of who is responding, and for what role. IMS allows for inter-agency standardization and commonality and is inherently flexible. This allows modification of the on-scene organization to meet specific conditions, complexities, and workloads for different incidents.

During mass gathering events, full or partial functions within the agency's IMS structure may be employed for coordination and response. Full activation means use of all command and operational functions with existing staffing assignments. Partial activation means use of some of the command and operational functions, where this is determined, the staffing assignments may change and additional agency personnel may be required to fulfill functions. Partial activation still ensures a systematic and coordinated public health response through

- Operationalization of the plan and implementation of activities.
- Provision of logistical support to field responders. Redeployment of staff as required.
- Maintenance of Department and other agency services.
- Maintenance of a communication strategy (staff, public and partners).

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FIGURE 3 – ACTIVATION OF IMS - MODIFIED



## ON-SITE UNIFIED COMMAND AND IMS STRUCTURE

Not all mass gathering events require management of an event through interagency onsite unified command. However, if unified command is established, the Emergency Management Team will represent the agency to ensure coordination of onsite activities, communication, and liaison with the health unit and external partners.

If established, the command post will serve as a central coordination site for field operations for the duration of the event. This command post will assist with the provision of supplies and resources, coordination with community response partners and the facilitation of communication.

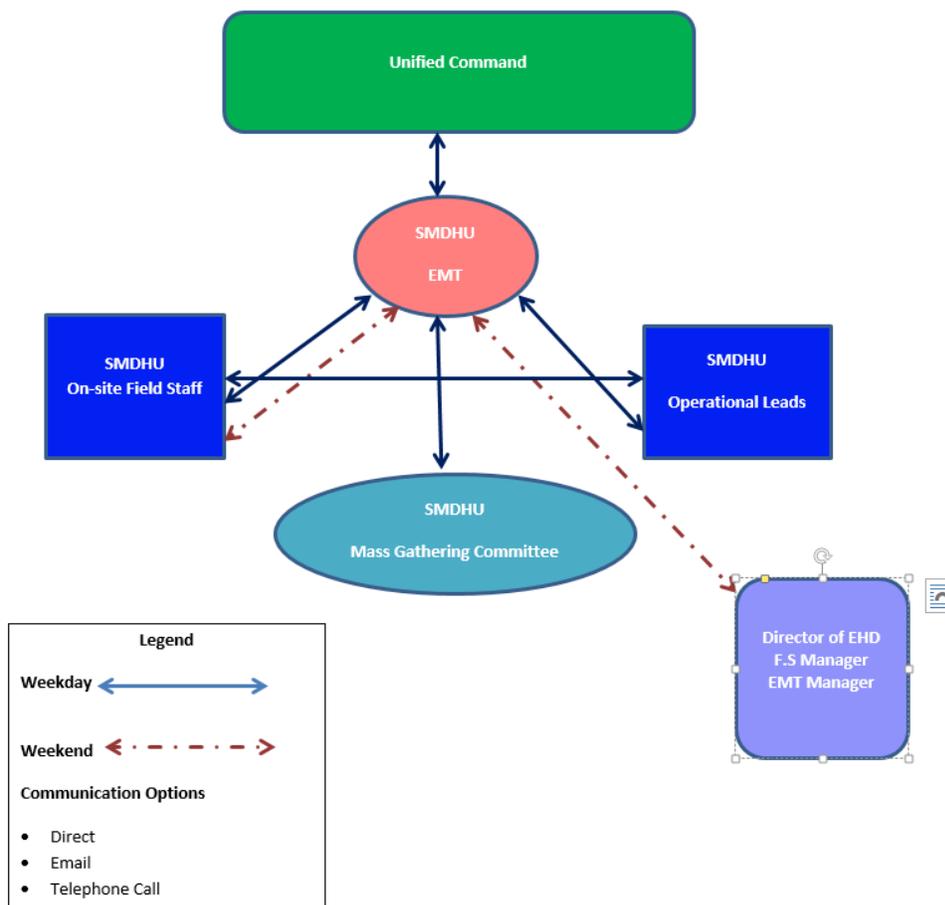
## REPORTING & COMMUNICATION SYSTEMS

An important component of public health communications planning is the establishment of a coordinated and integrated communications approach with key partners. A communications framework will always be established to provide a general overview of public health communications during a Mass Gathering Event. The SMDHU will implement a “communication cycle” and [Figure 4: Operations Communication Flow Chart](#) for a Mass Gathering Event. The purpose of the cycle is to ensure effective information sharing between front-line service providers, agencies, and the health unit.

Local communication systems will be activated to facilitate communication with municipalities, community response partners, and the health-sector and lead event management organizations. A communication cycle will be used to link in with internal and external partners during the events. Communication systems may include participation at on-site coordination meetings, teleconferencing, and email and telephone communications.

For SMDHU staff on-site during the event, an internal communication strategy, along with a summary of relevant on-site contact information, will be made available to staff.

FIGURE 4 COMMUNICATION FLOW CHART



## PART THREE: CONCEPT OF OPERATIONS

The SMDHU Concept of Operations portion of this plan identifies mitigation and response strategies for Mass Gathering Events.

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### HEALTH PROMOTION AND COMMUNICATIONS

A Health Promotion and Communications Plan will be developed for each mass gathering event. The goal of this communications plan is to protect and promote health, and to prevent disease and injuries for residents, staff and ticket holders during an event through health promotion and illness prevention communications and activities. The Health Promotion and Communications Plan will be developed by the Health Promotion & Communications Team in collaboration with relevant internal Mass Gathering working group members, public health issue program managers and directors for key message and activity development ([Health Promotion and Communications Plan template](#)).

The primary communications strategy utilizes web-based and social media channels to provide relevant public health messaging and includes health promotion activities to achieve the following objectives:

- To provide target audiences with information about key public health issues relevant to their health and safety during events.
- To provide awareness of public health services.
- To work with external partners to ensure collaborative and effective communications as opportunities arise and/or as emergency response incidents dictate.

The plan will be implemented prior to and throughout the duration of each mass gathering event. In the event of a public health emergency, further activities will be planned and implemented using the principles of risk communications and incident response.

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### FOOD SAFETY

The Health Protection and Promotion Act, along with its associated regulations, direct public health activities as they relate to food safety. The Food Premises Regulation (O. Reg. 562) provides the minimum requirements that must be adhered to by the venue as well as all vendors that will be selling food at the event. Prior to the event, Public Health Inspectors will receive an application by the venue as well as each vendor. The Inspector will then ensure that all necessary food safety requirements are met and will work with the vendor prior to and during the event to ensure compliance.

In order to reduce the risk of foodborne illness at mass gathering events SMDHU will:

- Establish and implement procedures to monitor and inspect, and educate operators of transient and temporary food premises (Food Safety Protocol, 2015 or as current).
- Develop a standardized risk based approach tool for all mass gathering events Assess impact on accountability measures due to staff focusing on demand work at mass gathering events.
- Liaise with external agencies and stakeholders, as well as SMDHU service areas including, but not limited to, Liquor Licenses, SFOA, PSS.

## Pre Event Activities

- Approval of temporary food vendors through special event applications
- Food safety education
- Heightened surveillance and compliance monitoring within a prescribed radius around the event location (focusing on food storage, food sources, handling & service)
- Where accommodations are associated with an event heightened food surveillance and compliance monitoring may be conducted
- SMDHU Staff member reviewing Food Coordinator form conducts an assessment and makes the connection with the third party involved. In the event a third party is involved, weekly or biweekly situational/correspondence/situational updates/ meetings are required between Food Safety teams and the third party to ensure compliance and most up to date information regarding event vendors
- SMDHU Staff member reviewing Food Coordinator form conducts Liaise with external agencies and stakeholders, as well as SMDHU service areas
  - Including, but not limited to, Liquor Licenses, SFOA, PSS
- To ensure harm reduction strategies with respect to alcohol are employed the Alcohol and Gaming Commission of Ontario may be engaged to ensure Public Health compliance and relevant sections of HPPA and SFOA compliance measures are included within event Operational Plans.
- Discuss with Food Safety Operational Lead inspection requirements of the vendors based on a risk-based approach

## Operational Event Activities

- On-site heightened surveillance and compliance monitoring of all food vendors (focusing on food storage, food sources, handling & service)
- Ensure drinking and grey water set-up meet the requirements of the *Ontario Food Premises Regulation, 562*
- Complaints and reports of suspected foodborne illnesses will be dealt with on demand and within the scope of practice outlined in the Ontario Public Health Standards.
  - If required, lab Submissions will be done in accordance with the Public Health Ontario Laboratory: Guide for Clients. Notification to PHO may be required outside of regular business hours
- Consideration should be given to conducting risk assessments of premises at the event, based on the list that the organizers provide.
  - PHIs utilize time management skills and a risk based approach to prioritize necessary inspections
- All enforcement actions, including the closure of food vendors, must be discussed with the Food Safety Operations Lead
- Follow the policy for Liquor license approvals at mass gathering events including the consultation and notification process for other service areas.

## DRINKING WATER

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Planning and implementing of public health activities related to drinking water are subject to the Health Protection and Promotion Act (HPPA) and relevant regulations, in particular O. Reg. 562 (Food Premises Regulation) and O. Reg. 319 (Small Drinking Water Systems). Some mass gatherings (depending on volume of water produced) may also fall under the Safe Drinking Water Act (SDWA) and O. Reg. 170 (Drinking Water Systems).

Strategies employed for drinking water safety include the assessment and monitoring of the proposed potable water supply. An assessment of each proposal shall be conducted prior to each event to determine and mitigate any potential risks identified through this process. As part of the assessment, public health inspectors may be required to conduct the following activities:

- Review drinking water system reports, if available
- Review sample history
- Monitor for regulatory compliance
- Conduct new or additional assessments of small drinking water systems
- Conduct on-site assessments of temporary drinking water systems using the [Temporary Drinking Water System Inspection Report, Appendix 4](#)
- Enhanced surveillance prior to and during the event
- Consultation with drinking water system operators

All staff that may be required to respond to adverse drinking water quality incidents and/or adverse observations should have a good understanding of the proposed drinking water system and the maintenance and operational activities required to safely operate the system. Staff should also be trained to use any equipment or tools that may be required to assist them in determining if the system is operating as required.

For international events, communications and signage should be translated into the primary languages identified by the organizer of that event in the instance a drinking water advisory must be instituted.

## RECREATIONAL WATER

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Planning and implementing of public health activities related to recreational water are subject to the Health Protection and Promotion Act (HPPA) and relevant regulations, in particular O. Reg. 565 (Public Pools) and O. Reg. 428 (Public Spas). For recreational water structures that fall outside the scope of the regulations, the *Operating Procedure for Non-Regulated Recreational Water Facilities Guidance Document* can be used to support the assessment of potential health hazards.

The Beach Management Guidance Document (2014) may also be referenced when assessing waterfront and beach activities.

Strategies employed for recreational water safety include the inspection of all pools, spas and non-regulated recreational water facilities. Public beaches may also be assessed for potential health hazards.

Routine inspections will be conducted in the area surrounding the venues to identify, manage and mitigate potential health hazards prior to and during the event should be part of the planning process.

## LIQUID WASTE REMOVAL

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Planning and implementing of public health activities related to liquid waste removal are subject to the *Health Protection and Promotion Act* (HPPA) and O. Reg. 562 (Food Premises). Some mass gatherings (depending on volume of liquid waste produced) may also fall under the *Ontario Water Resources Act* (OWRA) which is regulated by the Ministry of the Environment and Climate Change (MOECC). Systems with a design flow of greater than 10, 000 litres/day, are regulated by the MOECC.

Liquid waste removal planning should include an assessment of how many washrooms facilities (i.e. portlets) are required to safely handle the volume of sewage produced by large crowds at mass gatherings. The total number of sanitary facilities should not be less than 1% of the total number of attendees per day. Higher numbers may be required if alcohol is served or if regular servicing of the sanitary facilities is not possible. It is recommended that the sanitary facilities be cleaned, stocked and serviced at least twice daily or more often as necessary.

Grey water removal should also be scheduled on a regular basis. Effective communication methods between the food vendors, organizers and servicing company must be implemented to ensure timely removal of liquid waste.

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## TOBACCO ENFORCEMENT

Tobacco Education and Enforcement (Including Electronic Cigarettes) - In order to reduce and control tobacco use, Tobacco staff will coordinate activities with the SMDHU Emergency Management Team at all relevant stages including planning, meetings with partners, education and inspections. Tobacco-free policy which exceeds the *Smoke-Free Ontario Act* (SFOA) will be advocated for when appropriate. Tobacco enforcement staff will provide support to event organizers as coordinated by the Emergency Management Program. This support will include:

- Attendance at identified planning meetings to offer comment on SFOA and *Electronic Cigarettes Act* (ECA) compliance plan;
- Attendance at site meetings to provide SFOA and ECA signage and assess compliance;
- Risk-based inspections at events to assess for compliance with the SFOA and ECA.

ECA regulatory requirements commence in 2016 with partial/staggered implementation. For more information please contact the Tobacco-Free Living Program. Under the ECA the use of electronic cigarettes will be prohibited in all locations where the use of tobacco is prohibited (at a date to be announced). ECA signage will identify these prohibited areas. Tobacco staff will assist with education and enforcement related to the ECA as well as the following SFOA requirements:

- An outdoor area operated as a patio by a food vendor shall be smoke-free. Smoking is prohibited on patios where food and drink is served including outdoor areas where seating and/or tables are provided for patrons to consume their meal or beverage. Failure to post provincial smoke-free signs on the patio or allow a person to smoke or hold lighted tobacco on the patio is a violation of the law with fines commencing at \$305.00.
- All work places (including work vehicles) and public places are required to have provincial smoke-free signs posted at entrances, exits and washrooms. This applies to buildings, tents, portable toilets and any other indoor area to which the public has access or is a workplace.

- Cigarettes and other tobacco products cannot be sold without regulatory compliance with the SFOA and the Tobacco Tax Act (TTA) as enforced by health unit tobacco enforcement and the Ministry of Finance. Failure to post provincial signs related to retailing tobacco as required by the SFOA or comply with tax and retail requirements as required by the TTA are serious offences under provincial law including the offence of selling tobacco to a minor. It is against the law to promote or display tobacco brands and tobacco products in Ontario in most circumstances.

When required to attend, tobacco enforcement staff will attend live events only working in pairs. The team will comply with all On-Site Unified Command requirements including attendance requirements and reporting. When feasible, tobacco enforcement will coordinate with PHIs, AGCO liquor inspectors, local law enforcement, event security staff and bylaw enforcement. In the event of compliance issues with the SFOA or ECA, tobacco enforcement staff will attend the Unified Command post and confirm enforcement steps with the health unit IMS lead. Tobacco-Free Living Program management will not be on-call for events. In the event of compliance issues with the SFOA or ECA and tobacco enforcement staff are not present; the health unit IMS lead will document the issue and follow-up with the Tobacco-Free Living Program management at the earliest opportunity.

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## HEALTH HAZARDS

### PRE-EVENT ACTIVITIES

The identification of potential or known environmental health hazards is essential to better understand the risk to event attendees, workers, volunteers and/or neighbouring residents. Environmental health risks can vary depending on the time of year and location of the event. Environmental hazards can be assessed by considering the following:

#### ***Environment***

- Venue assessment
  - The location of a mass gathering event will determine the type(s) of potential environmental risks present. Whether the event is located in an urban or rural area, indoors or outdoors are key aspects to consider during pre-event planning (site specific risks).
    - Indoor Venues: air quality (poor air circulation), sanitation
    - Outdoor Venues: sanitation, exposure to pests and animals (rural venues)
    - Urban vs. rural implications
- Identification of hazardous materials
  - Obtain a list of materials to be used on site vs. those located at neighbouring facilities/areas (if applicable that could impact venue site and or attendees/workers)
  - Pre-site assessments to identify potentially hazardous materials
  - Identification of potential health implications associated with identified hazardous materials (chemicals)
  - Identification of reduction strategies to reduce exposure to identified hazardous materials
- Sanitation: Identification of solid waste management and reduction strategies
  - Management of solid waste will ensure the reduction of pests (mice, bees, wasps) and support odour reduction at the venue (this would be inclusive of accommodations, if applicable)
  - Identification of strategies/plans to ensure reduced exposure to solid waste (covered bins, communication to attendees/staff/volunteers regarding disposal or waste products)

## **Weather**

Based on the time of year an event is occurring, the type and or potential for weather related risks will vary. Although weather can be unpredictable, seasonal risks can be identified. Examples of weather related risks are:

- Extreme temperature exposure:
  - Heat:
    - Duration and intensity of a heat event are two key components to consider when planning for potential Heat Warnings within Simcoe – Muskoka.
    - Weekly surveillance reports outlining potential forecasts and risk for Heat Warnings within Simcoe Muskoka will be made available through the SMDHU PHASE team.
    - Assessment of venue shade and hydration options for attendees, workers and volunteers.
    - Provision of educational materials re: personal hydration, protection and sun safety
  - Cold
    - Duration and temperature are important characteristics to consider when planning for extreme cold events during a mass gathering
    - Assessment of venue’s capacity to provide warming facilities or equipment for attendees, workers and volunteers.
    - Provision of educational materials re: personal protection, cold weather safety
- Severe weather (tornadoes, thunderstorms, blizzards)
- Exposure to poor air quality
  - A venue assessment will determine whether there is a risk of exposure to poor air quality from external sources (i.e. manufacturing plant, waste facility, and traffic).
  - Seasonal temperatures may also impact air quality (increased smog).
  - Will provide air quality health index alerts (AQHI) as needed via public messaging through organizers

## **EVENT**

### **ENVIRONMENT**

- Complaints or reports of potential health hazards will be investigated to determine required mitigation and or response strategies.
- Complaint follow up will follow current Health Hazard policies and procedures.

### **WEATHER**

- Extreme temperature exposure:
  - Heat:
    - EMT (or HH VBD Coordinator –alternate) will monitor for potential Heat Warnings via correspondence received from Environment Canada (Storm Prediction Centre). Where required, the SMDHU Heat Warning Notification Process will be initiated. SMDHU Heat Notification and Response Plan
    - Increase public health key messages regarding increased hydration, sun safety and personal protection during the event should an increased in temperatures be forecasted.
    - Liaise with venue organizers to ensure shade and hydration options are made available to attendees, staff and volunteers;
  - Cold
    - EMT (or HH VBD Coordinator –alternate) will monitor for potential Extreme Cold Warnings via Environment Canada. This could, but is not limited to weather forecast monitoring and subscription to EC AlertMe listserv. SMDHU Cold Warning Notification and Response Plan

- Increase public health key messages regarding personal protection and cold weather preparedness during the event should cold temperatures be forecasted or an extreme cold warning be issued.
  - Liaise with venue organizers to ensure warming and cold weather protection strategies are present to protect attendees, staff and volunteers.
- Severe weather (tornadoes, thunderstorms, blizzards)
- Exposure to poor air quality:
  - The Air Quality Health Index (AQHI) will be monitored to determine risk of poor air quality during the event. Where required (AQHI >7) interventions may include: increased communication to venue organizers, provision of targeted public health key messages.

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## VECTOR BORNE DISEASE

Location and seasonality of a mass gathering event will determine risk of exposure to vector borne diseases.

### ***West Nile Virus***

- Risk assessments prior to the beginning of the WNV season (May-September) assist in the identification of municipalities requiring increased surveillance or vector control activities (larviciding). Should a mass gathering occur within an identified risk area, WNV awareness/education and appropriate communication regarding personal protection should be provided to attendees, staff and volunteers
- During the WNV season, general prevention, source reduction and personal protection messages are provided to the general public.
- Depending on the duration and location of the event, as well as the demographic of attendees; targeted environmental surveillance (larval dipping and adult mosquito trapping) may occur.
- Increased messaging to attendees, staff and volunteers regarding the need for personal protection.

### ***Lyme Disease***

- Public education regarding personal protection and general Lyme education is promoted throughout the spring until fall. At this current time, neither Simcoe County nor the District of Muskoka have been identified as Lyme Disease Risk Area by Public Health Ontario ([Ontario Lyme Disease - Estimated Risk Areas](#)). However, this is subject to change based on emerging passive or active tick surveillance data.
- Provide information on the SMDHU tick submission process to organizers/medical staff on site prior to the event.

Should venue area present a risk of potential exposure to blacklegged ticks (based on current SMDHU environmental surveillance data), or natural flora/fauna, information should be provided to venue organizers to increase awareness regarding potential exposure to ticks

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## RABIES

Rabies is a fatal disease that can be spread through the saliva of an infected animal. During mass gathering events, there is the potential for increased interactions between humans and animals that could result in increased human exposure to animal saliva (animal bites). If adequate immediate steps are not taken to obtain information and

whereabouts of the animal involved, unnecessary treatment of exposed individuals may ensue, resulting in unnecessary stress to the individual and cost to the health care system.

The Rabies team will attempt to minimize any negative impacts of potential rabies exposures by promoting best practices for animal handling and rabies vaccination requirements for animals on site as well as be establishing a communication process between security, animal control, event leads and police, and will investigate any animal bite exposures.

In order to reduce the risk of potential rabies exposures and to facilitate the investigation of animal bites during at mass gathering events, SMDHU will:

**Pre-Event:**

- Attend Steering Committee and sub-group meetings and follow-up on action items, as requested
- Work with Municipality to ensure municipal process and facilities are available for dealing with vicious animals and quarantines if necessary
- Work with Event Coordinator, municipality and SMDHU communication team to develop key public messages re: Animal attendance at the mass gathering and rabies and rabies related requirements

**Event:**

- Work with Municipality and event coordinator to ensure adequate animal control measures are being implemented
- Respond to and Investigate animal exposure incidents in a timely manner
- Receive calls/complaints related to animal bites

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## SURVEILLANCE

The main surveillance data sources include the Acute Care Enhanced Surveillance (ACES) system, Integrated Public Health Information System (iPHIS) for reportable diseases, community/health care partner calls into SMDHU Communicable Disease team and Health Connection as well as the Public Health Information Management System (PHIMS) for environmental health surveillance.

Surveillance indicators are specific to the event and will be based on the results of the HIRA. Indicator data will be analyzed and results interpreted for inclusion into surveillance reports. Frequency of report production and stakeholder recipients will be determined by the planning/surveillance group for the event, as specified in the Surveillance Protocol. When enhanced daily surveillance reports are required, Emergency Management will be responsible for gathering and including situational data into the reports. Members of the Population Health Assessment, Surveillance and Evaluation (PHASE) Team and EMT are jointly responsible for surveillance, data analysis, interpretation, reporting and dissemination.

A surveillance protocol ([Appendix 5: SMDHU Surveillance Protocol](#)) along with a surveillance report template ([Appendix 6: Surveillance Report Template](#)) will be used to support the operationalization of the surveillance strategy for mass gathering events. These documents outline report production processes as well as possible surveillance indicators.

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## INFECTIOUS DISEASE/OUTBREAK MANAGEMENT

Mass gathering events carry a high potential for adverse health outcomes due to increased population size in a concentrated area, individuals with diverse immunological status and rapid population movement. Outbreaks associated with mass gathering events have the increased potential to spread locally, regionally, provincially, nationally as well as internationally depending on the event as both host populations as well as attendees return to their “home” destinations. As mass gathering events encompass a wide range of events and vary greatly in the size, composition and length, therefore the level of risk and health outcomes will also vary. <sup>xvii</sup>

The Simcoe Muskoka District Health Unit employs various strategies such as increasing infection prevention and control awareness, case management, contact tracing and epidemiological surveillance to manage outbreaks and for preventing and controlling infections. The existing infrastructure and reporting mechanisms with respect to the prevention and management of infectious diseases of public health importance will be used in response to any infectious Disease and Outbreak Management required.

Some events may hire a private company to provide supportive medical services for the event. A flowchart has been developed and may be useful to provide support to the health care providers to guide their reporting to the health unit. ([Appendix 7A: Flowchart and 7B: Reporting Process](#)) If a case or suspect case of a reportable disease is identified, a report should be made using the Communicable Disease Intake report ([Appendix 7C](#)) and forwarded to the CD team for further investigation. If a private company is providing the service, it should be educated on the process for reporting to the health unit. If all individuals will be sent to a local health care provider, normal processes for reporting would be utilized.

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## SEXUAL HEALTH

The sexual health team can work with the medical team to discuss how and where to access Emergency Contraceptive Pill and when to consider it, review how condoms and barriers can be available to staff and participants should they be required and support the planning committee while developing their promotional materials to be LGBTQ friendly.

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## PREVENTING INJURY AND DRUG AND ALCOHOL RELATED HARMS

The Liquor Licence Act (LLA) regulates the sale and service of alcohol in Ontario and is enforced by the Alcohol and Gaming Commission of Ontario (AGCO) and the OPP. There are evidence based alcohol control policies that can augment (though not supersede) legislation outlined in the LLA for consideration by event organizers in order to promote health and prevent harm to event participants (eg. regulating physical availability of alcohol, controlling affordability, and restrictions on marketing of alcoholic beverages).<sup>xviii</sup> In addition, The Canadian Centre for Substance Abuse (CCSA) recently identified promising practice in the area of harm reduction of alcohol and other drug harm at music festivals (2015)<sup>xix</sup>. In order to reduce the risk of injury and other alcohol and other drug related harm, SMDHU will:

- Assess event-specific risks of injury and alcohol and other drug related harm.

- Develop a communication plan in collaboration with event organizers to provide health promotion messages appropriate to the venue and target audience before, during and after the event related to:
  - road safety
  - injury prevention (slips, trips and falls)
  - alcohol and other drugs misuse prevention
- Collaborate with event organizers, the OPP and AGCO and others to implement evidence informed harm reduction strategies related to the use of alcohol and other drugs (e.g. accessible low or no alcohol beverages, chill zones).
- Collaborate with the event organizer to promote safe environments for all types of transportation (including walking, cycling, and motor vehicles).

### ***Drug Related Harm Reduction***

Although best efforts will be made to ensure that drugs and related paraphernalia are not permitted onto the grounds of any event, we acknowledge that some will make their way through the event gates. In order to ensure public safety SMDHU will support the implementation of a sharp disposal plan that outlines the importance of having needle disposal containers for persons with diabetes or injection drug users. In the planning process, it is important to consider secure disposal containers throughout the grounds, with a plan for monitoring and emptying full units. SMDHU can provide staff training and information to ensure protective equipment is available should needles be found on the grounds of the event (e.g. Tongs, puncture resistant gloves and portable sharps containers). Policy and procedures should be developed in the event of an attendee, either staff or participant having a needle stick injury (Blood-borne exposure). SMDHU can provide telephone support and further direction should this occur by calling Health Connection or if after hours by calling the on call investigator at the health unit. Alternatively someone experiencing a needle stick injury can visit the closest emergency department.

Naloxone should be made available for mass gatherings by paramedics in the event an overdose occurs. Naloxone is an opiate antagonist which works by displacing opioids from their receptor sites and reverses respiratory depression. It can reverse the effects of overdose if administered intramuscularly in a timely manner. Naloxone takes effect in 1-5 minutes and can last between 60-90 minutes. Depending on the amount of opioids the client has taken a second dose of Naloxone may be required. Only contraindication to receiving Naloxone would be previous hypersensitivity. Naloxone has no effect on non-opioid related overdoses (e.g. Cocaine, benzodiazepines, and alcohol). There are no psychoactive effects from naloxone so there is no potential for abuse. SMDHU staff will work with onsite medical team/paramedic services to determine how access will be provided.

## **PART FOUR: LOGISTICS**

### **HEALTH & SAFETY**

All Public Health Staff on site will be required to comply with SMDHU Health and Safety policies.

#### ***Health & Safety Considerations for On-site Staff:***

- Stay Hydrated

- Ensure staff is informed on sun safety and other personal protection measures
- Weather protection (sunglasses, hats, rain gear)

If the mass gathering event occurs in the winter season, staff will ensure adequate protection from cold and the prevention of slip trips and fall by:

- Wearing appropriate clothing and footwear.
- Taking care when entering and exiting vehicles, entrances, etc.
- Driving according to Environmental conditions
- Storage areas for staff to maintain resources and supplies
- Comfort stations for staff to take breaks, eat and stay hydrated where they can rest and have a safe haven from inclement or extreme weather conditions
- Identifiable clothing for SMDHU staff is an option and should be assessed during planning. Staff safety, service implementation and site accessibility should be weighed when considering this option. Safety concerns for staff onsite, including the assessment to determine the likelihood of drunken crowds, lack of police/security assistance and the potential for violence related to identifiable clothing at an event should be considered as part of the risk assessment.
- Civil Unrest is a 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. The maintenance of public order is the responsibility of the police as a part of their mandated duty under the Police Services Act.

Should protest activity impact our operations on site at an event it is essential that health unit staff understand how to respond. [Appendix 8 Dealing with Civil Disruption](#) identifies some general steps to take should staff at encounter protest demonstrations.

Civil disturbances are rare. The likelihood of being confronted or having to deal with protestors during a mass gathering event is probably very small. However, we should be prepared to do so in the safest possible manner.

Other Health and Safety related concerns require compliance with OH&S act and reporting made in accordance with the agency.

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## ON-SITE ACCESSIBILTY & TRANSPORTATION

These are inherent issues and concerns that require attention and management at mass gathering events. Where there are access restrictions and transportation disruptions, SMDHU staff will comply with the recommendations of the leading authority.

If during a mass gathering event, onsite transportation such as golf carts is required for staff to carry out assigned duties the following must be done:

- Sign off on appropriate golf cart training
- If possible, Onsite coordination team will seek to acquire more than one cart
- Golf cart safety training and sign-off on this instruction. [See Appendix 9 Golf cart training and sign off.](#)

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## ACCREDITATION

If an event is politically sensitive or involves Internally Protected Individuals, accessibility restrictions will be applied throughout the event. Anyone with a role on-site will require accreditation. Proper accreditation is necessary to ensure that individuals are able to move to, from or through these areas during the event. The Human Resources Manager is the agency lead for accreditation. Responsibilities may include:

- Act on behalf of the agency
- Become the single point of contact with accreditation team
- Obtaining consent from all applicants
- Collection of staff/personnel data for those being accredited
- Submitting data through online registration system
- Verifying all information, as required
- Receipt of Accreditation identification

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## SCHEDULING AND PROGRAM ACTIVITIES

The identification and prioritization of potential public health hazards within our communities ensures consistent delivery of service within the Health Unit. Activities carried out to address these hazards will create impacts on the agency's capability to deliver other routine activities. Therefore in order to address the concern of maintaining effective and efficient service delivery the staff redeployment strategy outlined within the agency's [Business Continuity Plan](#) may be utilized to ensure minimal program and service disruptions and ensure the safety of employees.

The nature of a mass gathering requires detailed planning and infrastructure to support the operationalization of response plans. Prior to operationalizing the concept of operation portions of the plan, consultations must occur with the agency's Human Resources (HR) department to ensure compliance with agency policies and employee standards. It is also imperative that when utilizing strategies that the health and safety of employees are included in the plan. Further considerations must also be given to the impacts on accountability measures and the impact on services during normal business operations.

In consultation with Human Resources and management, some strategies that may be utilized to manage Human Resources components within the plan include, shifted working days, accrual of compensation time and the assignment of additional On-Call staff support. Depending on the nature and duration of the event, strategies may vary and will be determined during the planning and implementation stages of the event.

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## ON-SITE COMMUNICATIONS (MOBILE DEVICES AND RADIOS)

Radios where available will be used to communicate between onsite staff. All staff will conduct themselves in a professional manner

Where SMDHU staff engaged in activities at a mass gathering event are issued agency mobile devices, the devices must be charged and in good working order to assist with the timely dissemination of assignments such as inspections/investigations/assessments, as well as facilitating ease in accessing and sharing of information both at the field staff level as well as with operational leads.

**Scheduled Break allowances**

- SMDHU Staff are required to take lunches and breaks as per employment standards and will be strictly enforced by management

**Lost or Stolen Health Unit Property:**

- If staff engaged in duties at a mass gathering event, lose health unit related items, a report must be made to
  1. SMDHU Onsite Coordination Team- this team will ensure that the health unit is aware of the situation immediately, report missing or lost items to onsite security
  2. SMDHU HR and Facilities Departments- staff must also report directly to Human Resources, SMDHU property such as access cards, legal badges etc. to ensure that appropriate measures are implemented

## APPENDICES

### APPENDIX 1 – RISK ASSESSMENT GRID

	High Risk- High Priority for Incident Specific Planning
	Medium Risk- Medium Priority for Incident Specific Planning
	Low Risk- Lower Priority for Incident Specific Planning

<b>RISK ASSESSMENT GRID</b>					
<b>PROBABILITY</b>	<b>4</b> Multiple Incidents in 5yrs			Environmental Zoonotic/Vector Borne Diseases Weather related Mass Gathering events Critical Infrastructure (incl. IT/Privacy Breaches) Hazardous Material Incidents Floods	Infectious and Contagious Diseases Food Related Water Related Drugs/Alcohol Related
	<b>3</b> One incident in 5 yrs.				
	<b>2</b> last incident in -5-15 yrs.				
	<b>1</b> No Incidents in 15 yrs.				Bioterrorist Events ( Biological Only)
	<b>1</b> <i>Negligible</i>	<b>2</b> <i>Limited</i>	<b>3</b> <i>Substantial</i>	<b>4</b> <i>High</i>	<b>CONSEQUENCES</b>

APPENDIX 2 – PUBLIC HEALTH HIRA

Public Health HIRA		
Hazard	Specific Hazard	Rationale for Public Health Implications
<p><b>Infectious and Contagious Diseases</b></p> <p>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</p>	<p>Out of season Influenza Meningitis/meningococcal Measles, Mumps, Varicella Gastroenteritis Respiratory illness</p>	<p>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</p>
<p><b>Food Related Hazards</b></p> <p>Suspect food adulteration (could be from international/domestic sources)</p>	<p>E-coli 157[ hamburger disease] outbreak with potentially fatal results Outbreak with other organisms – salmonella, campylobacter, or Hepatitis A, Shigella, Staphylococcus aureus Clostridium perfringens and Listeria Parasitic contamination of food Giardia/ Cryptosporidium/ Cyclosporiasis most common types Gastroenteritis</p>	<p>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</p>
<p><b>Zoonotic / Vector Borne Disease</b></p>	<p>Indirect transmission of an infectious agent that occurs when a vector bites or touches a person Chronic Wasting Disease Lyme Disease West Nile virus Rabies Anthrax Avian Influenza Bovine Spongiform Encephalopathy (Mad Cow disease) Eastern Equine Encephalitis (EEE— affect animals only Seoul Virus Kissing Bug</p>	<p>High probability of illness in effected population possibility of death most probable in untreated positive rabies case pandemic potential, anthrax, mad cow, quarantine, mass immunization, act of terrorism fear and panic Moderate costs and recovery time involved depending on the type of setting i.e. farm, summer camp, tourist outfitter, adventure camps, exotic wildlife sanctuaries</p>

Public Health HIRA		
<p><b>Water Related Hazards</b></p> <p>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</p>	<p>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</p>	<p>High probability of illness, long term medical complications or death</p> <p>Increase in public fear and anxiety, hospitalization, extended medical treatment</p>
<p><b>Hazardous Material Incidents (HAZMAT)</b></p> <p>Hazardous Material Explosion Incident (Chemical, Nuclear or radiological events)</p>	<p>Chemical Spills Transportation Incidents Terrorists ( Dirty Bombs, etc )</p>	<p>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</p>
<p><b>Mass Gathering</b></p> <p>Mass gatherings events have higher incidence of injury and illness due to population density, size, and activities</p>	<p>Food and Water Outbreaks Infectious Disease Outbreaks (Respiratory &amp; Gastro) Injury Severe Weather events</p>	<p>Heightened Inspections of Facilities (Food , Pool, Water) Heightened Assessments of Drinking Water Systems Heightened Surveillance (Human and Environmental) Increased Communications ( Public and Stakeholders)</p>
<p><b>Bioterrorist Event ( Biological Agents Only)</b></p>	<p>Bioterrorist Agents: Anthrax, variola virus (small pox), botulism, plague, cholera, tularemia, plus others</p>	<p>Increased Public fear and anxiety, stress Potential to overwhelm health care facilities/professional Potential to overwhelm 1st responder resources</p>
<p><b>Environmental/ Weather Related</b></p>	<p>Extreme Heat, severe storms, tornadoes, lightning strikes</p>	<p>serious injuries, illness and potential for deaths (tornado)</p> <p>dehydration</p> <p>large scale evacuations</p> <p>vulnerable populations[elderly, COPD, mobility impaired] shelter in place</p> <p>impacts to local health care</p> <p>cooling centres, evacuation centres</p>
<p><b>Technological/Critical Infrastructure Failure</b></p>	<p>Energy supply disruption (power, natural), mechanical failure at water treatment and sewage Water and Sewage System disruptions/malfunctions Road closures Information Technology Communication System</p>	<p>Impacts on the Vulnerable populations long term care residents restoration of essential services, evacuation, food premises food suppliers retail last economic impact for business and other agencies</p>

Public Health HIRA		
<b>Injury Related_ Public Safety hazards</b>  Community Health Issues – Substance Abuse – alcohol/drug related injuries,, sprains/fractures, slips, falls, heat related, dehydration, exhaustion and strokes	Alcohol Abuse Drug Use (incl Opioids Slips/Falls Heat related Medication related	Increase risk of heat related illness (headache, fatigue, sunburn, insect bites)  Dehydration  Medication Concerns for individuals not travelling with vital medications  Implications of Sprains/fractures

APPENDIX 3 – IDENTIFIED HAZARDS AND PUBLIC HEALTH ACTIVITIES

Program	Operational Activities	Resources
<b>Food Safety</b>	Special Event Food Vendor Permit Approval	EHD Tobacco
	Liquor License Application	EHD (area PHI) Tobacco ISMP
	Food Source Suppliers	EHD
	Food Safety Training	EHD
	Food Vendor Compliance Inspection	EHD
	Enteric complaint Investigations and Enforcement Follow-up	EHD CDIU/CDSU
<b>Water</b>	Drinking Water- Re-Assessments and Compliance Monitoring <ul style="list-style-type: none"> <li>• New or Existing Source Assessments (Temporary/Permanent)</li> <li>• Treatment</li> <li>• Sampling history</li> <li>• Enhanced Surveillance</li> </ul> On-Site assessment of water system infrastructure	EHD
	Sewage & Grey Water Management	EHD
	Recreational Water <ul style="list-style-type: none"> <li>• Regulated Recreational Water Facilities</li> <li>• Non-Regulated Recreational Water Facilities</li> <li>• Bathing beaches</li> </ul>	EHD
<b>Environmental Health (Health Hazards)</b>	Weather monitoring	EMT HH (backup)
	Environmental Surveillance (PHIMS)	PHASE
	Assess solid waste management	HH PHI
	Health hazard assessment, investigation & complaint response	HH PHI General PHI's
	Extreme Temperature Assessment & Response	HH VBD Coordinator (backup) EMT
	Vector-borne diseases and illnesses - Environmental Surveillance, monitoring and Personal Protection/Awareness and education	HH Team General PHI

	Zoonotic Illnesses Prevention & Control <ul style="list-style-type: none"> <li>Animal Bite/Scratch Exposure reporting &amp; Investigations</li> </ul>	HH PHI PHI
	Hazardous Material Incidents (CBRN) <ul style="list-style-type: none"> <li>Public Health Risk Assessments</li> <li>Heightened Preparedness/Response</li> </ul>	HH Team EMT CD Team (Biological)
	Air Quality & Dust Control	HH Team
<b>Tobacco</b>	Tobacco Control Policy & Advocacy (Non-SFOA) <ul style="list-style-type: none"> <li>Smoke-Free Areas (families, children and youth, breast-feeding mothers, immuno-compromised, etc.)</li> <li>Tobacco-Free Policies (sports, no chew, no hookah, e-cigarettes, etc.)</li> </ul>	CDP-T
	SFOA Awareness, Education and Enforcement <ul style="list-style-type: none"> <li>SFO Signage</li> <li>SF Patios including parts of LLA areas</li> <li>Liquor licence review process to ensure compliance with SFOA</li> <li>SF Buildings and Work Vehicles</li> <li>Controls on the sale, promotion and display of tobacco</li> <li>SF Playgrounds and Sporting Areas</li> </ul>	CDP-T (TEOs)
<b>Infection Control, Disease Investigation and Surveillance</b>	Infectious & Non Infectious Surveillance (Active, Passive and Syndromic Surveillance)	CD PHASE
	Environmental Surveillance Systems (PHIMS, DESC)	PHASE
	Personal Services Settings	CD
	Reportable Diseases & Outbreak Response	CD EHD PHI VPD (Vaccine Preventable Diseases)

	<p>Sexually Transmitted Infections Emergency Contraceptive Pill (ECP) Blood-borne Exposures</p> <p>Clusters of Opioid drug overdoses Clusters of Alcohol toxicity Injuries related to one area of the site or activity</p>	<p>SH CD Team On Call</p> <p>ISMP PHASE</p>
<b>Health Promotion and Communication</b>	<p>Defining Target audiences Communications strategies PH risks/issues (Prevention &amp; Mitigation Strategies)</p> <ul style="list-style-type: none"> <li>• Preventing illness – infection prevention and control measures</li> <li>• Food/Water</li> <li>• Tobacco Protection, Prevention &amp; Cessation, SFOA</li> <li>• heat/cold/weather health precautions and emergency response</li> <li>• Fall Prevention</li> <li>• Road/pedestrian safety – increased traffic means increased risk on the roads</li> <li>• West Nile Virus – protection against mosquito bites</li> <li>• Sun safety / Shade– protection against sun exposure</li> <li>• Physical activity – promoting active living and active transportation</li> <li>• Healthy eating</li> <li>• Hydration</li> <li>• Prevention and harm reduction messaging related to alcohol and other drug misuse, including opioids</li> <li>• Needle stick injury prevention</li> <li>• Promote use of safe needle disposal</li> <li>• Promote access to Naloxone</li> <li>• Baby-Friendly Initiative</li> <li>• Routine Immunization/VPD Infectious Disease Control</li> </ul>	<p>HP&amp;C CD HH ISMP CDP-HL CDP-T VPD SH HC Core FHS Child Health EHD Food EHD Water EHD Health Hazards and Vector borne Disease</p>
<b>Emergency Management</b>	Municipal EOC Activation	EMT

	Incident Command Post (Unified) Medical Management & Reporting Structure	EMT CD Team
	Public Health Unified Command Post/Structure (Two-Way Communication Systems/Processes)	
	Preparedness for Unexpected Events/Communication Processes	EMT
	Planning/Response Activities	EMT
<b>Logistics, Technological and Critical Infrastructure Failures</b>	Public Health EOC Activation Information Systems	IMS Committee
	Public Inquiry Lines HC Core CD EHD	Health Connection  CD EHD
<b>Vital Records/Privacy Security</b>	GIS Mapping Activation of BC Plan-Redeployment Plan Accreditation/Security Access into Restricted Areas Access to Information- Trusted Agent (Privacy/Security of Information) MOU's/Confidentiality Agreements  Secured Communication Processes (Data Sharing Agreement/Pass word protected Sites)	PHASE
<b>Human Resources</b>	WTK/Payweb- Finance and Tracking of Activities	
<b>Health and Safety</b>	Health & Safety: Pre-event Training and Resource Needs (PPE expectations - including footwear, much more that just masks and immunization) Awareness of Risks and Procedures Mask Fit Testing Immunization Status Health & Safety Packages (Including Resources and Reporting Forms/Processes) Power Sources/Internet Access On-Site Transportation Resources	

# Temporary Drinking Water System Inspection

## Water Source and Bulk Containers

1. Obtains water from a supply that complies with the requirements of Ontario Regulation 169/03 (Ontario Drinking Water Standards)?

Municipal drinking water: \_\_\_\_\_

SDWS: \_\_\_\_\_

Failed to provide potable water from an approved source.

2. What is the total volume of the bulk container or water haulage vehicle? \_\_\_\_\_

3. Bulk container(s) are made from food grade material?

Yes

No – Failed to provide water containers made of food grade material.

4. Bulk container(s) made of UV stabilized material (if exposed to UV light)?

Yes

No – Failed to provide water containers made of UV stabilized material.

5. Are the fittings and hoses made of food grade material?

Yes

No – Failed to provide food grade fittings and hoses for water distribution.

6. Takes appropriate measures to protect the tank, equipment and connections from becoming contaminated during storage, filling, transportation and distribution of the drinking water.

Yes

No – Failed to take appropriate measures to protect the tank, equipment and connections from becoming contaminated.

7. Ensures that any article or piece of equipment that is used for the distribution of drinking water is:

i. of sound and tight construction;

ii. kept in good repair;

iii. made of surfaces that can be readily cleaned and sanitized (where drinking water comes in direct contact);

iv. are corrosion-resistant and non-toxic; and

v. free of cracks, crevices and open seams.

Yes

No – Failed to ensure that any article or piece of equipment that is used for the distribution of water is *(fill in appropriate details from the list)*.

8. Ensures that bulk containers have not been previously used to store any substance other than water and are cleaned and sanitized prior to storing or distributing potable water.

Yes

No – Failed to ensure bulk containers have not been previously used to store any substance other than water.

No – Failed to clean and sanitize bulk containers prior to storing or distributing potable water.

9. Ensures that bulk containers are clearly and appropriately labeled? (i.e. “Drinking Water” or “Potable Water”)

Yes

No – Failed to clearly and appropriately label bulk containers used for potable water.

10. Ensures that surfaces with which drinking water comes in direct contact are cleaned and sanitized as often as is necessary to maintain them in a clean and sanitary condition.

Yes

No – Failed to clean and sanitize surfaces that come into contact with potable water.

No – Failed to maintain surfaces that come into contact with potable water in a clean and sanitary condition.

11. Ensures that the inlets or openings of containers used for water storage and distribution are constructed and maintained in a manner that will prevent the entry of insects, rodents, or any foreign material that may contaminate the water.

Yes

No – Failed to protect treated water from external contamination.

#### Treatment and Water Testing

12. Is filtration provided?

Yes

No

13. a) Does this temporary drinking water system provide primary disinfection?

Yes

No

b) If yes, primary disinfection is provided through the use of?

Ultraviolet Light

Chlorine

14. Have water samples been taken from the temporary system and tested for E.coli and Total coliforms?

Yes

No – Failed to have water samples taken and tested for E.coli and Total coliforms.

15. Were *E. coli* bacteria present in any laboratory results from water samples?

Yes – Document actions taken and direction provided.

No

16. Were *Total Coliform* bacteria present in any laboratory results from water?

Yes – Document actions taken and direction provided.

No

17. Does the operator maintain an activity logbook of all maintenance and monitoring activities? (e.g. FAC, test results, refill schedules)

Yes

No – Failed to maintain an activity logbook of all maintenance and monitoring activities.

18. a) Does the temporary system distribute water through pipes, hoses or other means?

Yes

No

b) If yes, is the distribution system protected? (e.g. within conduits, buried or otherwise protected)

Yes

No

c) Is this system required to provide secondary disinfection in the distribution system?

Yes

No

19. Does this drinking water system provide secondary treatment (if required)?

Yes

No – Failed to provide secondary treatment in distribution system.

20. What type of secondary treatment is provided?

- Free chlorine residual
- Ultraviolet Light (POU)

21. Is chlorine residual being monitored?

- Yes
- No - Failed to monitor chlorine residual.

22. Is chlorine residual being tested daily or more often as necessary?

- Yes
- No – Failed to test chlorine residual daily or more often as necessary.

23. Do the records indicate that the disinfection residual is sufficient to maintain secondary disinfection for this temporary drinking water system? (Minimum 0.05 mg/L – maximum 4.0 mg/L)

- Yes
- No – Failed to maintain secondary disinfection.

24. Did the inspector test for disinfection residual levels during this inspection?

- Yes: \_\_\_\_\_
- No

25. Is the system currently operating in a situation where there is an adverse water quality test result/adverse observation?

- Yes, please describe: \_\_\_\_\_
- No

26. Owner/operator is appropriately trained and/or knowledgeable for the complexity of this drinking water system?

- Trained person
- Operational Knowledge
- Awareness of responsibilities
- Limited awareness of responsibilities

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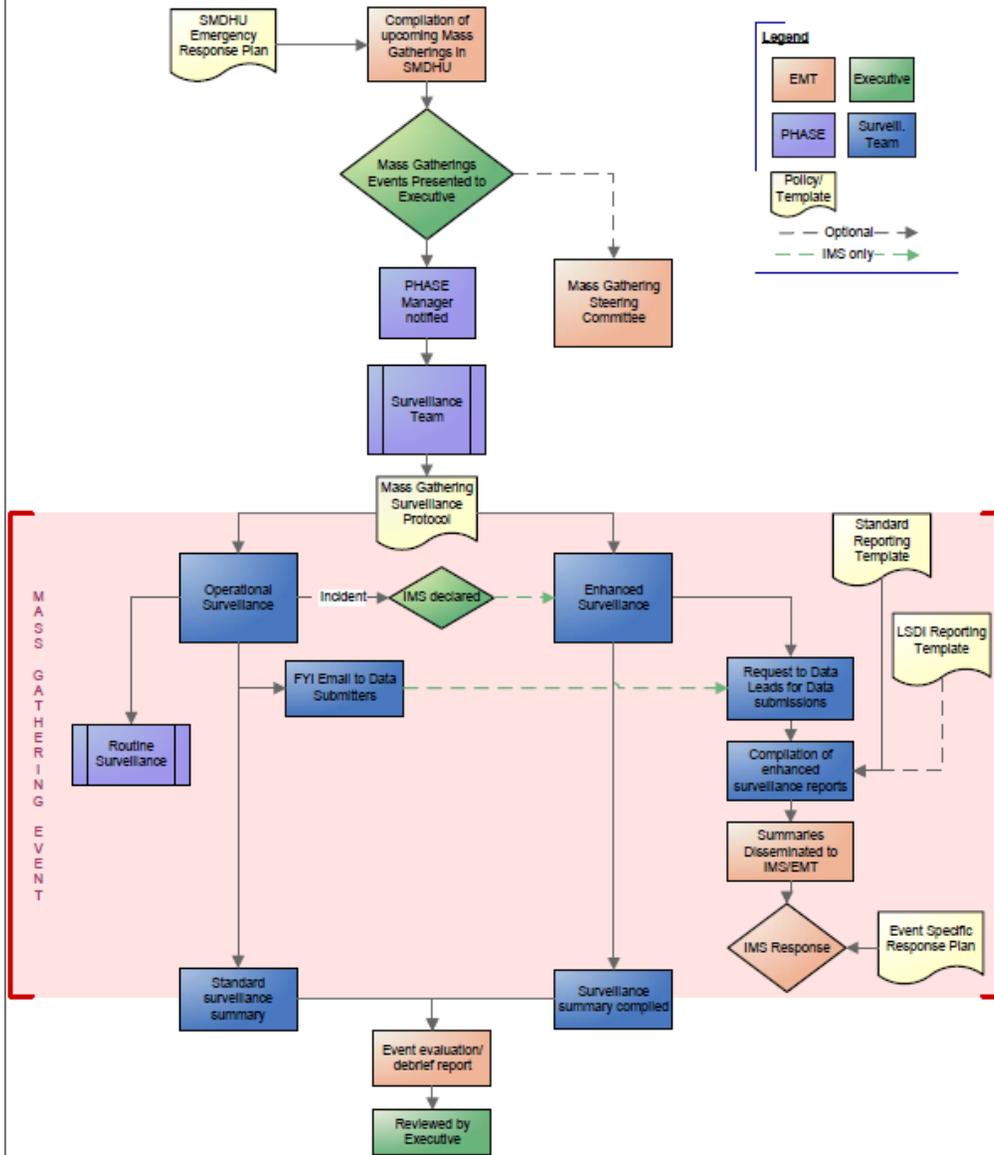
APPENDIX 5: SMDHU SURVEILLANCE PROTOCOL

Protocol available here:

[\\Jenner\Sharedata\Health Unit\Emergency Response\Mass Gatherings\Surveillance\SMDHU Mass Gathering Surveillance Protocol\\_finaldraft\\_20170704.docx](\\Jenner\Sharedata\Health Unit\Emergency Response\Mass Gatherings\Surveillance\SMDHU Mass Gathering Surveillance Protocol_finaldraft_20170704.docx)

# Mass Gathering Surveillance Activities

DRAFT



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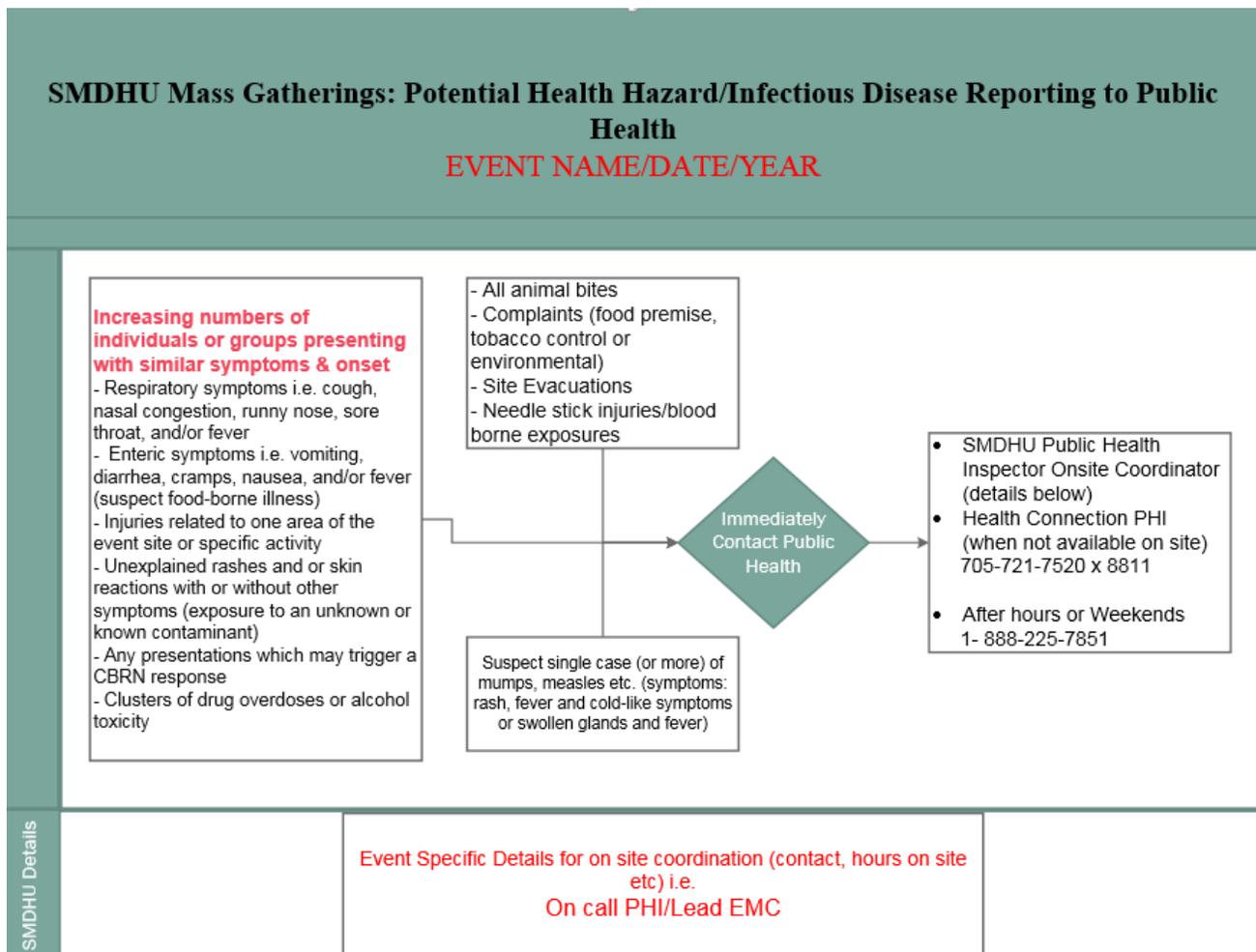
APPENDIX 6: SURVEILLANCE REPORT TEMPLATE

Surveillance Report Templates can be found in the surveillance folder :

[\\Jenner\Sharedata\Health Unit\Emergency Response\Mass Gatherings\Surveillance\DailySurveillanceReport\\_FINAL\\_template.docx](\\Jenner\Sharedata\Health Unit\Emergency Response\Mass Gatherings\Surveillance\DailySurveillanceReport_FINAL_template.docx)

[\\Jenner\Sharedata\Health Unit\Emergency Response\Mass Gatherings\Surveillance\SummarySurveillanceReport\\_template.docx](\\Jenner\Sharedata\Health Unit\Emergency Response\Mass Gatherings\Surveillance\SummarySurveillanceReport_template.docx)

APPENDIX 7A REPORTING FLOW CHART



APPENDIX 7B REPORTING PROCESS

The Simcoe Muskoka District Health Unit (SMDHU) has established communications and reporting processes for Mass Gathering events. SMDHU has a 24/7 response capability to respond to Public Health lead emergencies or emergencies with Public Health impacts. This system allows for communication with community partners, government agencies and the general public in the receipt of reports of emergencies, potential health hazards, or reportable diseases including institutional outbreaks.

To contact the health unit for urgent public health enquiries and emergencies, including reporting communicable diseases and outbreaks, environmental contamination, health hazards and all issues requiring medical consultation related to public health. The primary after-hours response is



**Disease Report Information**

Disease being reported:

Date of Onset of first symptoms YYYY/MM/DD

Date of Presentation: YY/MM/DD

Travel History:

Signs and Symptoms ( tick all that apply and specify dates of presentation if known):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Anorexia           | <input type="checkbox"/> Diaphoresis                 | <input type="checkbox"/> Hemoptysis       | <input type="checkbox"/> Respiratory Symptoms: |
| <input type="checkbox"/> Arthralgia         | <input type="checkbox"/> Diarrhea                    | <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Upper Tract           |
| <input type="checkbox"/> Bilateral red eyes | <input type="checkbox"/> Bloody                      | <input type="checkbox"/> Malaise          | <input type="checkbox"/> Lower Tract           |
| <input type="checkbox"/> Chest tightness    | <input type="checkbox"/> Watery                      | <input type="checkbox"/> Myalgia          | <input type="checkbox"/> Runny Nose            |
| <input type="checkbox"/> Chills             | <input type="checkbox"/> Dizziness                   | <input type="checkbox"/> Nausea           | <input type="checkbox"/> Sore Throat           |
| <input type="checkbox"/> Coma               | <input type="checkbox"/> Drowsiness                  | <input type="checkbox"/> Photophobia      | <input type="checkbox"/> Stiff Neck            |
| <input type="checkbox"/> Confusion          | <input type="checkbox"/> Fatigue                     | <input type="checkbox"/> Pneumonia        | <input type="checkbox"/> Vomiting              |
| <input type="checkbox"/> Cough              | <input type="checkbox"/> Fever                       | <input type="checkbox"/> Unilateral       | <input type="checkbox"/> Weight loss           |
| <input type="checkbox"/> Cramps (Abdominal) | <input type="checkbox"/> Haemolytic uraemic syndrome | <input type="checkbox"/> Bilateral        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Dehydration        | <input type="checkbox"/> Headache                    | <input type="checkbox"/> Rash             | <input type="checkbox"/> Other: _____          |

Outcome:  Treated and sent on their way

Referred to see HCP asap

Transported to hospital Name of Hospital: \_\_\_\_\_

Referred to local afterhours clinic

Family Physician:

Health Insurance Number:

Telephone:

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## APPENDIX 8 CIVIL DISRUPTION

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

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.

**To report unlawful activity** that could be related to the event, call **911**

**Life threatening emergency** or crime in progress call **911**

### Golf Cart Safety Instructions

- **Golf cart safety is a high priority.** Safety is of paramount importance. Recently, there have been an increase in the number of golf cart accidents with some ending in fatalities. It is important to drive safe to minimize accidents.
- **Mind your driving speed.** Adjust your speed to conditions (pedestrian traffic, path conditions). Do not drive at maximum speed. Use your best judgment. Like regular cars, adverse conditions will affect your speed limit. Reduce your speed when making sharp turns or when carrying a heavy load.
- **Keep to designated paths and roadways.** Be sure to use designated paths and roadways. Some paths will be shared by pedestrians so be sure to keep a safe distance between you and those around you. Stay alert.
- **Pedestrians have the right of way.** Pedestrians always have the right of way so maintain a safe speed, usually equivalent to a brisk walk. Be prepared to stop at all times.
- **Carry only the number of passengers the cart is designed for.** If there are only x number of seats, then only x number of passengers can safely board. It is unsafe and many golf cart accidents have been caused by excess passengers on board. Let your passengers know if you are about to make an abrupt stop or sharp turn.
- **Keep hands, feet, and other body parts inside the vehicle.** Keep your limbs inside the cart while it's moving.
- **Always come to a complete stop before exiting the cart.**
- **Always use the brake lock when leaving the cart.**
- **Always remove the key when leaving the cart unattended.**
- **Immediately report damaged equipment to EMC.** Lockout and tag damaged equipment and do not use.
- **Look, Listen, and Drive.** Look around and be aware of driving signs and warnings. These signs are designed to make your drive easier, regardless of what type of vehicle you are operating. Being aware of dips, speed bumps, and other driving warnings will keep you safe.

Listen for warnings and other things that might affect your driving -- emergency vehicle sirens, kids playing, other vehicles, etc... Being aware of your surroundings while driving allows you to anticipate and respond appropriately to obstructions or other interferences.



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