SIMCOE MUSKOKA DISTRICT HEALTH UNIT
Emergency Response Plan

Updated December 2023

Acronyms

AMOH	Associate Medical Officer of Health
ARES	Amateur Radio Emergency Service
BOH	Board of Health
CEMC	Community Emergency Management Coordinator
ID	Infectious Disease
ECG	Emergency Control Group
EMCPA	Emergency Management and Civil Protection Act
EMC	Emergency Management Coordinator
EMO	Emergency Management Ontario
EOC	Emergency Operation Centre
HAVA	Hazard Analysis and Vulnerability Assessment
IC	Incident Commander
IO	Information Officer
IMS	Incident Management System
MCG	Municipal Control Group
MOECP	Ministry of Environment Conservation and Parks
MOH	Medical Officer of Health
MOL	Ministry of Labour
PHI	Public Health Inspector
RAC	Radio Amateurs of Canada
SMDHU	Simcoe Muskoka District Health Unit

EMERGENCY RESPONSE PLAN

Notice of Amendments

Revision Date	Page Number	Subject	Initial

Simcoe Muskoka District Health Unit
EMERGENCY RESPONSE PLAN

Table of Contents

Simcoe Muskoka District Health Unit

EMERGENCY RESPONSE PLAN

Appendices

EMERGENCY RESPONSE PLAN

I. INTRODUCTION

The Simcoe Muskoka District Health Unit (SMDHU) is committed to excellence in promoting and protecting health and preventing disease and injury. The Simcoe Muskoka District Health Unit works with individuals, families, agencies, and communities to promote and protect health, and to prevent disease and injury in our area. Occasionally, an event occurs which threatens the health, safety, and welfare of a community and requires a controlled and coordinated response by a number of agencies, including the health unit.

A. Purpose

The Simcoe Muskoka District Health Unit's Emergency Response Plan (SMDHU ERP) outlines the agency's plan for the management of incidents or emergencies, organizing and reallocation of health unit staff and resources. The goals of the plan are:

1. To minimize the health risk to the community in the event of an emergency.
2. To establish the role of the health unit in an incident/ emergency.
3. To coordinate with other external partners including municipalities, health system partners, social service agencies, and government ministries.
4. To describe the responsibilities of each agency department and the staff in an incident/ emergency; and
5. To establish a protocol for notification and to provide a listing of health unit staff and other resources.

B. Scope

The SMDHU ERP presents emergency planning and response expectations and detailed descriptions of the roles and responsibilities of the agency in an incident or emergency. The plan further focuses on standardized approach to the management of incidents, including incident management frameworks, structures, systems, and strategies. In support of this plan, incident specific plans outline detailed actions undertaken by the agency in response to specified hazards (i.e., Infectious Diseases Emergency Response Plan, Evacuation Shelter Response Plan, Vulnerable Populations Plan, and Mass Gathering Plan).

C. Legislation

Actions taken during an emergency must be guided by a legal/legislative framework which gives authority to emergency response agencies, such as municipalities or public health units to carry out appropriate responses.

Health Protection and Promotion Act
http://www.ontario.ca/laws/statute/90h07

The Health Protection and Promotion Act provides the Medical Officer of Health (MOH) with the authority to take appropriate action in the event of a health hazard to prevent, eliminate or decrease the effect of the hazard within the community.

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

If at any time the MOH determines an emergency situation exceeds the ability of public health to respond effectively, the MOH may activate mutual assistance agreements with existing health units or contact the Ministry of Health and Long-Term Care to request assistance.

In addition, the Act also provides the Chief Medical Officer of Health (CMOH) for the Province the authority to direct Boards of Health and local Medical Officers of Health to adopt measures during a pandemic or other public health emergency. The CMOH would only issue directives if there is an imminent public health-related risk and a coordinated response is necessary to protect the health of Ontarians.

Ontario Public Health Standards: Emergency Preparedness Protocol
https://www.ontario.ca/files/2024-02/moh-guidelines-emergency-management-guideline-en-2024-02-15.pdf

The Ontario Public Health Standards (OPHS) with its protocols, published by the Minister of Health and Long-Term Care, set out minimum standards that must be met by Boards of Health delivering these public health programs and services. The OPHS also mandates that the Board of Health (BOH) must identify and assess relevant risks, develop emergency responses and continuity of operations plans to respond to incident/emergencies and ensure the ongoing functions of time critical services. The OPHS provides Boards of Health (BOH) direction regarding the implementation of measures in preparation for and response to incidents or emergencies with public health impacts. The standards also allow BOH to achieve provincial and local-level readiness, and the capabilities in an emergency to complement the municipal, provincial, and health sector.

The protocols and guidelines under the standards identify the minimum expectations for public health programs and services. Boards of Health are accountable for implementing the standards including those protocols that are incorporated into the standards and have the authority to develop programs and services in excess of minimum requirements where required to address local needs.

Emergency Management and Civil Protection Act
http://www.ontario.ca/laws/statute/90e09

The Emergency Management and Civil Protection Act establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. It establishes the mandate for local municipalities to develop emergency plans and to organize the deployment of all services that may be required in an emergency. The Act specifies what must be included in emergency management programs and emergency plans. Municipal councils are required to adopt emergency plans by law.

While the primary responsibility for responding to an emergency rest with the affected municipality, the municipality may request assistance from the Province through Emergency

Management Ontario. The provincial government supports the municipalities through the respective ministries.

Personal Health Information Protection Act, 2004 (PHIPA)
http://www.ontario.ca/laws/statute/04p03

PHIPA regulates the collection, use, and disclosure of personal health information by health information custodians (a defined term in the Act); and includes physicians, hospitals, long-term care facilities, Medical Officers of Health, and the Ministry of Health and Long-Term Care.

The Act also establishes rules for individuals and organizations receiving personal information from health information custodians. Consent is generally required to collect, use, and disclose personal health information; however, the Act specifies certain circumstances when it is not required. For example, the Act permits disclosure of personal health information to the Chief Medical Officer of Health or Medical Officer of Health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the Health Protection and Promotion Act. Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Occupational Health and Safety Act
http://www.ontario.ca/laws/statute/90o01

The Occupational Health and Safety Act is enforced by the Ministry of Labour. The Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The health unit as an employer has a legislated responsibility to promote health and safety in the workplace, protect workers against health and safety hazards on the job, and prevent or reduce the occurrence of workplace injuries and occupational diseases. The employer shares this responsibility with the worker. It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety must form an integral part of this organization, from the Chief Executive Officer to the workers.

This concept of an internal responsibility system is based on the principle that the workplace parties themselves are in the best position to identify health and safety problems and to develop solutions. Ideally, the internal responsibility system involves everyone, from the company Chief Executive Officer to the worker.

II. SITUATIONS AND ASSUMPTIONS

Incidents or emergencies are situations, or imminent circumstances, that may occur slowly or suddenly without warning and affect property, the health, safety, and welfare of a community. These situations require a controlled and coordinated response by a number of agencies, both governmental and private.

A. Definitions

Emergency
In Ontario under the EMPCA, an emergency is defined as a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident, or an act whether intentional or otherwise.
Source: Emergency Management and Civil Protection Act. R.S.O. 1990, c.E9

Incident
An incident can be defined as an event that has the potential to cause interruption, loss of or a disruption within a community, or to an organization's operations, services, or functions. If an incident is not managed, the outcomes can be escalated into an emergency.
Source: Business Continuity Institute, 2011. Dictionary of Business Continuity Management Terms.

Public Health Emergency
The Health Protection and Promotion Act does not have a specified definition of an emergency; however, clear directives are given to Medical Officers of Health for the management health hazards in their jurisdictions. Based on public health related requirements and literature a Public Health Emergency may be defined as the occurrence or imminent threat of a situation, such as an outbreak of an infectious agent, natural disaster or large-scale environmental hazard, that poses a substantial risk of a large number of deaths or serious harm to a population, and which has the potential to overwhelm routine capabilities to address the threat and/or the health consequence.
Source: Public Health Ontario, 2015. Public Health Emergency Preparedness: An IMS- based workshop

B. Activation of the Health Unit Emergency Response Plan

The MOH, for the Simcoe Muskoka District Health Unit may activate the health unit emergency response and any subsequent sub plan for the management of an incident or emergency. In the absence of the MOH, the AMOH or covering MOH can activate the plan.

The plan may be activated in response to the following:

- An emergency, declared by the Head of Council for any municipality in Simcoe County or the District of Muskoka and/or the cities of Barrie and Orillia.
- An emergency, declared by the Premier of Ontario.
- An incident that requires the coordinated efforts of all or most of the health unit's staff.
- An incident that affects health unit operations and infrastructure.

In the event of a public health emergency, a community-based emergency with public health impacts, or an incident that impacts the operations of the health unit, the MOH or alternate for

the Simcoe Muskoka District Health Unit would convene the health unit's Incident Management System Team (IMS Team) to discuss the status of the emergency, share relevant public health or emergency response information, and coordinate an effective response.

C. After Hours Emergency On-Call Response

The Simcoe Muskoka District Health Unit has a 24/7 response capability to respond to incidents, 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 incidents, emergencies, potential health hazards, or reportable diseases including institutional outbreaks. The On-Call system is staffed by an Environmental Health Department (EHD) On-Call Inspector, an Infectious Diseases (ID) Investigator, and a Facilities On-Call Representative. Calls are initially received through a central call message centre and streamed through to either the On-Call EHD, ID Investigator, or Facilities On-Call.

In the event of an emergency, On-Call staff can be contacted trough the **Call Message Centre**: 1-888-225-7851

D. Declaration of a Municipal/Provincial Emergency

Under the Emergency Management and Civil Protection Act, the Head of Council (Mayor, Reeve, or alternate) and the Premier of Ontario, have the authority to declare that an emergency exists in the municipality and to implement the municipality's emergency plan. The Act also authorizes the Head of Council to do what he/she considers necessary to protect the health, safety, and welfare of residents within the affected community. In a provincially lead emergency, the Act gives the Premier the authority to direct community resources to mitigate the effects of the emergency.

Employees of a municipality may take action under the emergency plan where an emergency exists but has not been declared.

In addition, members designated on the Municipal Control Group (MCG) may alert the Head of Council that an emergency exists and act as they deem appropriate to meet the immediate needs of the municipality.

E. Municipal Control Group

The Municipal Control Group, also referred to as the Emergency Control Group (ECG), is usually comprised of officials who are responsible for providing services needed to minimize the effect of the emergency on the municipality.

The MCG may consist of:

a) Head of Council or alternate
b) Community Emergency Management Coordinator
c) Chief Administrative Officer
d) Police Service representative
e) Fire Chief or alternate

f) Public Works Superintendent or alternate
g) Health Services Representative (MOH, Red Cross, Ambulance Services)
h) Other designated officials or supporting services deemed necessary.

As a member of the MCG, the MOH or alternate provides expertise on matters of public health and safety and supports the decision-making process regarding the declaration of an emergency or issuance of an evacuation notice. Where the Medical Officer of Health is not represented on the MCG, he/she is identified as a supporting agency. If a public health emergency or an emergency with public health impacts exist within Simcoe Muskoka, the MOH may request activation of any municipal Emergency Operation Centre (EOC). See Appendix I for details on requesting the activation of a Municipal EOC.

Simcoe County Municipalities	MCG Member	Supporting Agency
Adjala-Tosorontio		✔
Barrie		✔
Bradford-West Gwillimbury		✔
Clearview		✔
Collingwood		✔
County of Simcoe	✔	
Essa		✔
Innisfil		✔
Midland		✔
New Tecumseth		✔
Orillia		✔
Oro Medonte		✔
Penetanguishene		✔
Ramara	✔	
Severn		✔
Springwater		✔
Tay		✔
Tiny		✔
Wasaga Beach		✔

District of Muskoka Municipalities	MCG Member	Supporting Agency
Bracebridge		✔
District of Muskoka	✔	
Gravenhurst		✔
Georgian Bay		✔
Huntsville		✔
Lake of Bays		✔
Muskoka Lakes		✔

III. CONCEPT OF OPERATIONS

A. Hazard Analysis and Vulnerability Assessment (HAVA)

The Hazard Analysis and Vulnerability Assessment (HAVA) is a process of defining and describing potential hazards by characterizing their probability, frequency, and severity, and evaluating adverse consequences, including potential loses and injuries. The process further allows for the identification of risks, threats, and vulnerabilities that may impede the delivery of services. The overall process provides a comprehensive understanding of current capabilities and leads to the development of controls, safeguards, and strategies to mitigate the risks through the examination of the impacts on pre-identified time critical services, infrastructure, and human resources to determine potential surge impacts on each agency department. Once assessed, surge capacity and staff reallocation plans, and specialized training can be provided.

The hazard analysis and vulnerability assessment process for the Simcoe Muskoka District Health Unit involves four distinct steps:

1) Identifying and researching the risks/hazards. Our research focused on two components: a literature review of new and emerging hazards with public health implications and local community assessments with emergency planners to identify the most likely hazards within Simcoe and Muskoka.
2) Conducting a risk and vulnerability assessment for each identified hazard to determine the probability of occurrence and public health consequences and the measure of exposure to the risk on the community and the agency.
3) Establishing program priorities by using the risk assessment grid tool.
4) Development of incident specific plans for prioritized hazards.
5) Identifying priority populations[1] in the community relevant to specific hazards and assessing potential for disproportionate health impacts to high-risk populations for relevant hazards.

Priority Hazards:

The *following is a list of priority Public Health hazards for Simcoe Muskoka:*

- Infectious and contagious diseases
- Food related hazards
- Zoonotic/Vector borne diseases
- Environmental/weather related (tornadoes, forest fires, smog, earthquakes, heat waves, extreme heat/cold, severe summer, and winter storms)
- Water related hazards (low pressure, flooding, contamination of water supply)
- Hazardous material/chemical spill or explosion incidents (spills, leaks, fires)
- Technological/critical infrastructure failures (power/utility outages, water loss)

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[1] Priority populations can be understood as those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease; factors for disease; determinants of health, including social determinants of health; and/or the intersection between them. They are identified using local, provincial and/or federal data sources, emerging trends, local context, community assessments, surveillance, and epidemiological and other research studies (Emergency Management Guideline, 2023)

- Injury related (substance misuse, e.g., opioids)
- Bioterrorist events (biological agents only)
- Mass gathering events

For more detail on hazard analysis and vulnerability assessments, refer to Appendix N: Hazard Analysis and Vulnerability Assessment (HAVA) and the full HAVA process document, *Emergency Management Hazard Identification Risk Assessment for the Simcoe Muskoka District Health Unit.*

B. SMDHU Emergency Monitoring Status Indicators

The Simcoe Muskoka District Health Unit has adopted emergency monitoring status indicators to align with community partners' surveillance processes and to identify specific phases of an incident or emergency event. Each phase identifies activities that will be undertaken at each level of incident response. Based on the assessment of the situation, the Medical Officer of Health (Incident Commander) in consultation with the IMS Team will determine and communicate the monitoring status.

Simcoe Muskoka District Health Unit Emergency Monitoring Status Indicators	
Health Unit Status ROUTINE (GREEN)	**Routine** conditions means that the health unit is operating under normal conditions. Under these conditions the health unit maintains ongoing surveillance for unusual events/circumstances.
Health Unit Status ENHANCED (YELLOW)	**Enhanced** conditions means that an incident, potential or actual emergency, is occurring or impending. Under these conditions the health unit enhances its surveillance and monitoring activities through the Emergency Management Team, program departments and/or the MOH office. As events progresses, the EMT or lead program/operational team is responsible for updating the Medical Officer of Health (MOH) and Executive of the impending situation directly or through email/phone communication. The MOH will make the determination as to the next course of action and the response expectations of staff.
Health Unit Status INCIDENT/EMERGENCY (RED)	**Incident/Emergency status** means that there exists within Simcoe Muskoka an incident or emergency event that requires the health unit becoming involved in the response efforts. Under these conditions the health unit implements its Emergency Response Plan and/or its sub plans as well as activates its Emergency Operations Centre (EOC) in order to coordinate the appropriate response activities.
Health Unit Status RECOVERY (GREY)	**Recovery** conditions means that the health unit along with its partners are working to ensure a smooth transition from Enhanced or Emergency conditions to Routine conditions.

C. Activation of Emergency Control Group (IMS Team)

The decision to activate the health unit's emergency control group (IMS Team) lies with the Medical Officer of Health or alternate. The purpose of the IMS Team is to provide strategic incident management direction and guidance through the collaboration, coordination, and implementation of incident management policies and priorities, the facilitation of logistical support and resource tracking, critical resource allocation decisions, and the coordination of incident related information by employing various communications and information tools.

Any member of the health unit's IMS Team may contact the MOH to request convening of the IMS Team and the activation of our agency's Emergency Operations Centre.

Health Unit's Emergency Control Group (IMS Team) Membership

Upon activating the emergency plan, the IMS Team will convene. The IMS Team consists of the following persons or their delegates:

- Incident Commander
- Information Officer
- **Operations**
  - Environmental Health Branch Chief
  - Community Health Nursing Branch Chief
  - Disease Investigation & Surveillance Branch Chief
- Planning Section Chief
- Logistics Section Chief
- Finance & Administration Section Chief

Support Team
- EOC Documentation Officer
- Emergency Management and Liaison Officer
- Health and Safety Officer
- Infrastructure and Technology Lead
- Professional Practice Lead
- Surveillance and Scientific Lead
- Information Management Lead

EOC Operating Cycles

Members of the IMS Team will gather at regular intervals to inform each other of actions taken and problems encountered. The **Incident Commander** will establish the frequency of meetings and agenda items. Meetings will be kept as brief as possible thus allowing members to carry out their individual responsibilities.

Staff Notification System

Upon notification of an emergency, the MOH or alternate will:

1. Notify AMOHs, Department Vice President, the health unit Emergency Management Coordinators, and designated support staff of the impending situation.

2. Vice Presidents will contact their Program Managers/Supervisors, who will contact, alert or deploy staff based on the event and the health unit response required according to the Staff Fan-Out List *(Section 5).*
3. The Department Vice President or their alternates, along with the Emergency Management Coordinator and designated support staff, will proceed to the health unit's Emergency Operations Centre or alternate site as determined by the Medical Officer of Health.
4. The health unit's Incident Commander (MOH) will activate the health unit's Emergency Operation Centre.

The MOH or alternate will also notify the following as required:

- the Ministry of Health and Long-Term Care
- the Public Health Laboratory
- the Chairperson of the Board of Health
- the appropriate municipality

When fan out activation is initiated by the MOH or designate, Staff Fan-Out Activation Forms (See Appendix B) shall be completed to track communications and procedures outlined within the Emergency Fan-Out Notification System Policy GEN0108.

D. Health Unit Emergency Operations Centre (EOC)

The Simcoe Muskoka District Health Unit has established a primary Emergency Operations Centre (EOC) site. Other EOC sites may be established depending on the circumstances and nature of the emergency.

The main purpose of the EOC is to serve as a single focal point and command centre for the purpose of management of emergency information, decision-making, and resource support and allocation in an emergency and recovery process.

Virtual EOC

In the event the physical space of the EOC cannot be accessed, the use of the virtual EOC will be employed to support all aspect of incident management, including situational assessment and response.

The incident commander will determine if the virtual EOC will be the primary space for incident management or it will be used in combination with the physical EOC.

The platform for the virtual EOC is determined by the agency's authorized technology system.

EOC Set Up

The Incident commander works with the EOC Documentation Officer, the infrastructure and the Technology leads to ensure the EOC is functionally operational, including setup and continued operation and the assurance of technological and resource supports are available for the EOC to support the management of the incident/emergency (See Appendix L).

For *Emergency Operations Centre (EOC) Operational Guideline*, refer to Appendix L.

E. Business Continuity

The Ontario Public Health Standards and Emergency Management Guidelines, under the Health Protection and Promotion Act (HPPA) require that the Boards of Health have the capacity to respond to an emergency 24 hours a day and ensure continuity of its time-critical public health services.

The *SMDHU Business Continuity Plan (BCP)* identifies systems and processes that can be implemented to ensure the maintenance of time-critical public health services and to assist with mitigation of impacts on agency programs, operations, resources and infrastructure, by pre-assessing hazards (risks) and pre-identifying potential consequences due to these anticipated hazards. The plan further identifies strategies based on the incident or emergency and impacts or needs identified through the business continuity planning process. The strategic components include:

- Reduction, restoration, and recovery strategies
- Human Resources, surge capacity and reallocation strategies
- Infrastructure security and technology strategies
- Communication and risk communication strategies

Based on assessments and consultation with the IMS Team members, the Incident Commander will activate the Business Continuity Plan as a sub-plan to the agency's Emergency Response Plan. The Business Continuity Plan may be activated in whole or in part to ensure the continuity of the SMDHU time-critical public health services.

F. Occupational and Mental Health

In any incident or emergency, compliance with the Occupational Health and Safety Act is required at all times. Under the Act, an employer has the duty to take all responsible precautions in the circumstances for the protection of a worker. The OHSA cannot be overridden by any emergency order made under the EMCPA or the HPPA.

The BCP outlines human resource strategies to ensure the health, safety, and well-being of staff, during and after the incident. Mental Health strategies including psychosocial identification and assessment processes, and the Employee Assistance Program (EAP), are essential to support staff during any incident or emergency.

IV. INCIDENT MANAGEMENT

A. SMDHU's Incident Management System

The Simcoe Muskoka District Health Unit utilizes the Incident Management System to facilitate the management of public health services to respond to incidents, events, or emergencies with public health impacts.

IMS is a framework upon which a plan can be developed and implemented. This framework can be activated in whole or in part to support any incident management. The Medical Officer of Health will determine the extent of framework activation.

IMS can be activated for a whole agency response or an operational/departmental response. Functional leads may differ depending on the type and extent of the response, but IMS uses a common emergency response nomenclature, identifies key emergency response functions that any agency needs to have the capacity to carry out, and reinforces use of a chain of command for decision-making.

Most emergency response organizations use the *Incident Management System (IMS)* to permit Emergency Response organizations to work together effectively to manage multi-jurisdictional incidents. The Incident Management System improves communication, coordinates resources, and facilitates cooperation and coordination between agencies.

Use of the IMS when implementing the SMDHU emergency response plan ensures that public health is an active player during any event that requires interagency collaboration.

IMS is based on the following principles:

- Provides a system of common terminology; and is flexible to allow for the functions to be expanded and contracted, depending on the demands of the incident.
- Provides a comprehensive resource management framework to effectively maximize use of resources in required areas and ensures accountability for resources and the health and safety of staff.
- Applicable to any agency, incident, event.
- Identifies key functions; it is not based on rank or existing organizational hierarchy.
- Defines a relationship between five key functions: Command, Operations, Logistics, Planning, and Finance/Administration.
- Specifies a chain of command and reasonable span of control.
- Emphasizes support (Logistics) and decision making (Planning) as essential elements to Operations.

SMDHU – Incident Management Model
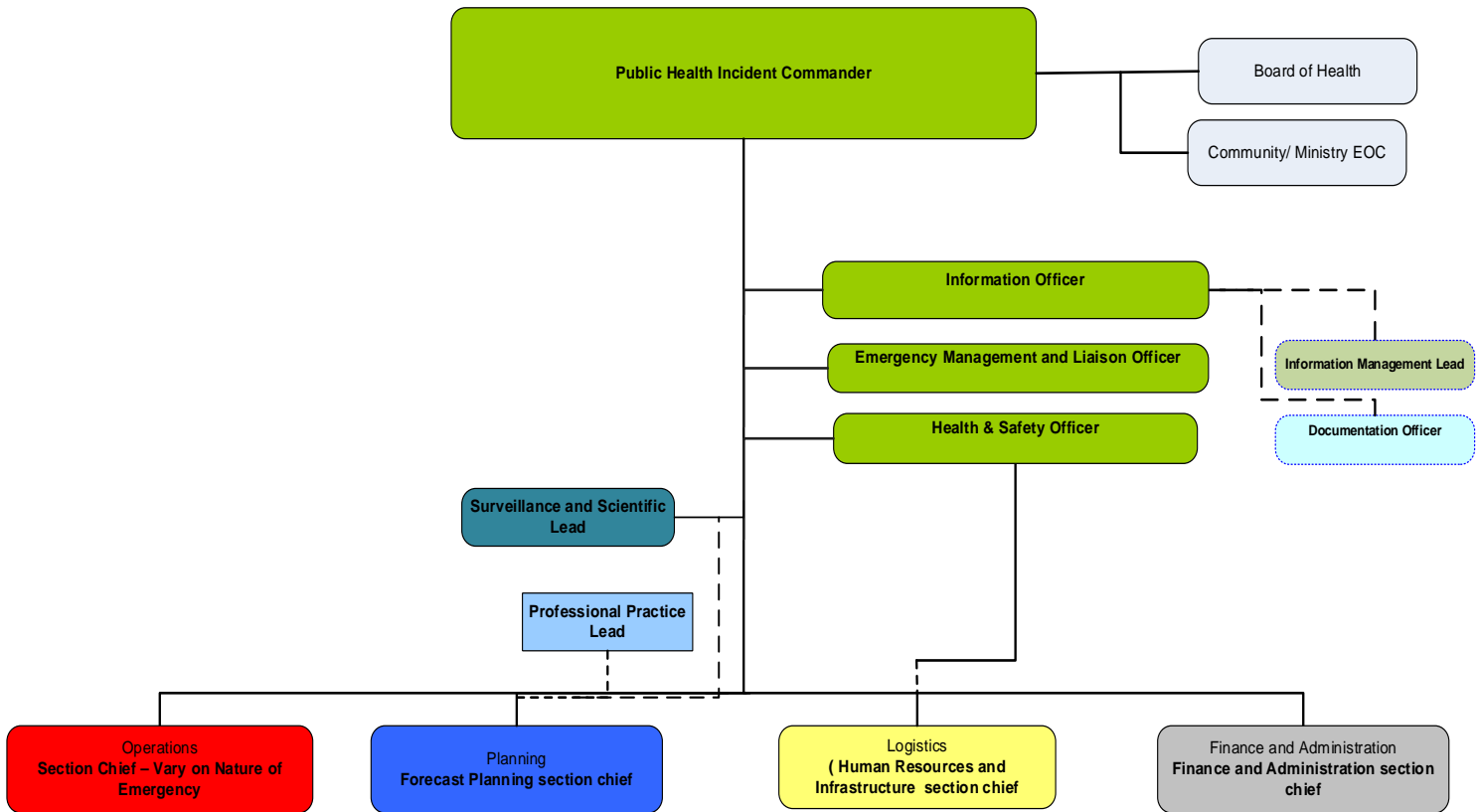
Outlined is a brief description of each IMS function:

- **Incident Command:** Sets the incident objectives, strategies, and priorities, and has overall responsibility at the incident or event.
- **Operations:** Conducts tactical operations to carry out the plan. Develops the defined objectives and organization, and directs all tactical resources.
- **Planning:** Collects, collates, and evaluates information relevant to the incident status and assists with forecasting. Provides feedback to operational team for modification of Incident Action Plan.
- **Logistics:** Contains two functional branches: Human Resources and Infrastructure and Technology. Provides support, resources, and all other services needed to meet the operational objectives.
- **Finance/Administration:** Monitors costs related to the incident. Provides accounting, procurement, time recording, and cost analyses.

B. Responsibilities of the Agency IMS Team

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Public Health Incident Commander

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Public Health Incident Commander

Primary: Medical Officer of Health
Alternate: Associate Medical Officer of Health, or covering Medical Officer of Health

The **Incident Commander (MOH or designate)** is the key decision maker. The Incident Commander has overall responsibility for managing the Incident by prioritizing objectives, planning strategies, and incorporating a health equity lens, and implementing specific actions related to occupational health and safety, and mental health for incident response.

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

- Determination of the appropriate level of EOC activation based on the situation as known.
- Activates the health unit's Emergency Operation Centre (EOC) location and works with the EOC Documentation Officer and the Infrastructure and Technology Lead to ensure the EOC is functionally operational (including setup and continued operations) to support management of the incident/emergency.
- Mobilization of appropriate personnel for initial EOC activation.
- Activation of the agency Emergency Notification System.
- Chairing the IMS Team meetings.
- Setting meeting agenda and approving the operational cycle.
- Activation of the Simcoe Muskoka Emergency Response Plan/incident specific plan and implementing concept of operations arrangements.
- Assessment of the incident situation and initial incident objectives.
- Defining the scope of the response and coordinate the expansion of required IMS functions.
- Managing the incident through the approval of an Incident Action Plan (IAP) based on established priorities.
- Ensuring "Planning" meetings are scheduled to facilitate the collection of information/data and to conduct on-going assessment of the situation to guide the development of an IAP.
- Defining the functions of various teams engaged in the incident/emergency and specifying the roles and responsibilities for all team members.
- Appointing an Incident Site Manager as required.
- Activation and Implementation of the agency's Business Continuity Plan.

- Assessing the need for implementation of business continuity strategies, including the reduction and/or the resumption of public health services and the re-deployment of staff.
- Assuming the role of primary public health spokesperson or appointing a designate.
- Approving media releases submitted by the Information Officer (IO).
- Providing medical advice in relation to public health issues.
- Overseeing/approving the provision of medical and public health related information and communication (i.e., Public Health Alert, teleconferences).
- Coordinating with the Ministry of Health (MoH) and Community Emergency Operation Centre.
- Receiving directives from the Ministry and directing local implementation of public health orders/directives/advice.
- Requesting assistance from the Ministry of Health (MoH).
- Providing representation at local municipal Emergency Operation Centre or assigning an alternate.
- Notifying affected municipality of public health related emergency and potential impacts.
- Recommending activation of a Municipal EOC and/or declaration of an Emergency.
- Conducting post incident/emergency debriefings.
- Prepare end of shift report and present to oncoming alternate.

> **Emergency Management and Liaison Officer**

Liaison Officer

The Emergency Management (EM) and Liaison officer serves a unique position to both agency and operational /departmental response. This position as a conduit for information related incident management and situational awareness as well as systems and infrastructures. Furthermore, the EM and Liaison Officer acts as a point of contact for supporting organizations or agency representatives involved in the incident response. The Liaison Officer also builds and maintains mutually beneficial relationships, facilitates communications and coordinates activities between departments, agencies, or organizations.

Primary: Manager of Emergency Management
Alternate: Emergency Management Coordinators (EMC's)
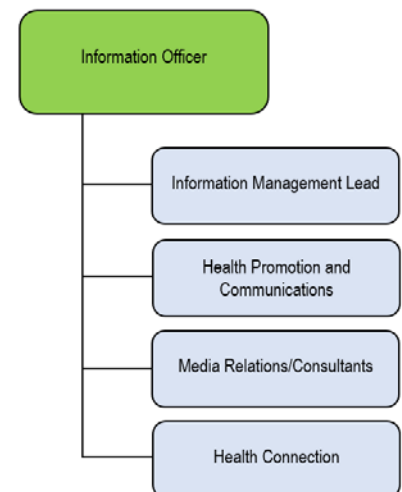
Responsibilities:

- Provides Emergency Management related information to assist with incident management and situational awareness, including but not limited to existing plans, guidelines, systems, structures, and processes to assist with incident management.

- Participate in planning meetings, providing current resource status, including limitations and capabilities of agency resources.
- Acts as a liaison between Command and other emergency response organizations involved with the incident/emergency and assists with the coordination of services.
- Monitor the incident/emergency to help identify current or potential inter-organizational problems.
- Assist in setting up and coordinating interagency contacts where applicable.
- Participates in forecast planning meetings to assist with the formulation and evaluate the Incident Action Plan (IAP).
- Keeps Lead Program Operations Section Chief up to date with actions of other agencies response and provides incident status updates.
- Posting incident related information approved by the MOH Office or required by the Ministry to identified emergency management platform.
- Maintains copy of master record and logs from Documentation Officer for future planning considerations and ensures documentation is accurate.
- Provides support to sub-committees (Recovery, Business Continuity).
- Assists with set up of the EOC (status boards, maps, record, minutes templates, notes and action).
- Maintains a personal log of all actions.
- Prepares end of shift report and presents to oncoming alternate.
- Maintains operational maps.

> **Information Officer**
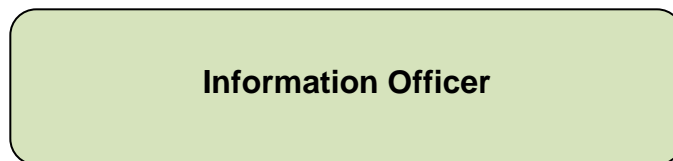
The Information Officer serves as the primary conduit for information dissemination to all relevant internal and external stakeholders. The Information Officer ensures coordinated and consistent communications to all parties and the establishment of an efficient mechanism designed for the tracking of all agency communications, while ensuring information being provided is accurate and clearly reflects a public health perspective. The Information Officer will apply a health equity and mental health lens to their role and function. The Information Officer will ensure the provision of credible, timely and transparent information and will consider when and how to counter and manage the spread of misinformation and disinformation.

Information Officer
- Information Management Lead
- Health Promotion and Communications
- Media Relations/Consultants
- Health Connection

Information Officer

Primary: Vice President of Program Foundations and
Finance/Chief Financial Officer
Alternate: Manager of Health Equity, Health Promotion and Communications
2nd Alternate: Manager of Finance Officer
3rd Alternate: Manager of Health Connection

Support Team:

- Health Equity, Health Promotion and Communications Team
- Information Management Lead
- Audio Visual (AV) and Resources Program Assistants
- Infrastructure and Technology
- Manager of Health Connection and Team
- Manager of Healthy Schools
- Branch Office Program Assistants

Responsibilities:

- Ensures communication technology and resource supports are in place for EOC operations.
- Assumes overall responsibility for the Documentation Officer functions.
- Assumes responsibility for the *Information Management Lead.*
- Maintains systems for communication with the public, staff, and Board of Health and provides consistent and up-to-date messages to the public, staff, and Board.
- Ensures that there is an efficient mechanism designed for the tracking of all agency communications.
- Ensures that all written communications are logged and maintained for future reference.
- Ensures media releases and staff updates are approved by the Incident Commander prior to dissemination.
- Ensures media releases are distributed to:

  o Media channels
  o Municipal Control Group, First Responders, and Vulnerable Populations through the *Liaison Officer*
  o Manager of Health Connection
  o EOC documentation officer for tracking and record keeping purposes and dissemination to other EOC members
  o Key external partners through the information management lead, as required.
  o Staff via email and blogs, etc.
  o Board through the Incident Commander

- Ensures communication is provided to respective community partners that are not routinely covered through other communication avenues and brings forward messaging needs to the Incident Commander.

- Develops messaging for staff, in consultation with Section Chief and associated Branch Chiefs, and distributes messaging via email and blogs, etc.
- Directs the development and dissemination of key public health emergency information as approved by the Incident Commander.
- Ensures regular updates and targeted information is provided to the Manager of Health Connection, Reception, Branch Office PAs, OSMs (BOLs), After-hours On-Call response teams, MOH office, ID, EHD, Family and Community Health liaisons and operational support staff, as necessary to ensure the most accurate and up-to-date information is disseminated to partners and to the public.
- Applies a health equity and mental health lens to their role and functions.
- Issues an initial incident information report to the news media (as required).
- Approves initial and updated scripts for interviews, hotlines, and websites prior to submitting to Incident Commander for final approval.
- Directs the set-up of interviews, teleconferences, video conferences, satellite broadcasts, website revisions, broadcast faxes, etc., upon request of the Incident Commander.
- Records important decisions and actions taken by the IMS Team.
- Informs the Logistics Section Chief of any equipment/supplies or staffing needs.
- Provides consultation and advice on records retention, filing, and records projects to Documentation Officer.
- Schedules routing briefings with Operations Section Chief and associated Branch Chiefs to receive status reports and updates the IMS action plan.
- Maintains a master log of action.
- Prepares end of shift report and presents to oncoming alternate.

> **Information Management Lead**

Information Management Lead

Primary: Manager of Health Equity, Health Promotion and Communications
Alternate: Health Promotion Specialist (1)
2nd Alternate: Health Promotion Specialist (2)

Responsibilities:

- Coordinates the development and dissemination of all public health messages/ information through the media, social media, internet and intranet to staff, Board of Health, and public as approved by the Incident Commander.
- Arranges interviews, teleconferences, video conferences, satellite broadcasts, broadcast faxes, etc., upon request of Incident Commander.

- Establishes systematic approach to receiving, tracking, storing, and disseminating information.
- Establishes electronic storage and retrieval that is accessible to users who need the information.
- Informs all staff of methods to access information so that staff are kept up to date on the status of the emergency and public health implications.
- Maintains information and ensures it is accurate and up to date.
- Participates in Forecast Planning meetings to assist with the formulation and evaluate the Incident Action Plan (IAP).
- Identifies key information and special instructions for dissemination to the health unit's IMS Team.
- Identifies and communicates critical information that will directly/indirectly impact on the safety of the response team.
- Liaises with Section & Branch Chiefs to receive and develop targeted information and facilitates the distribution of information as required.
- Acts as the communication link between the health unit's IMS Team and the following:

  o Manager of Health Connection
  o Reception/Switchboard
  o Branch Office Program Assistants
  o On-Call response staff

- Establishes a link with the site media spokesperson, the Manager of Health Connection, other media coordinators involved in the event.
- Provides consultation, support, and coaching for the spokesperson.
- Manages media requests as required.
- Contacts other on-scene agencies to coordinate release of information with respective Emergency Information Officers (EIO's) and informs Liaison Officer of action.
- Assists with activating and staffing a media centre, either internally or externally with partners.
- Liaises with the IMS Team to obtain up-to-date information for media releases, coordinates individual interviews, and organizes press conference releases.
- Communicates the telephone number of the media contact person and Health Connection lines to:

  o Media
  o Health unit's EOC
  o Switchboard
  o Site Media Spokesperson
  o Municipal Control Group
  o Neighbouring health units
  o Manager of Health Connection
  o Key external partners (including Ministry of Health)

- Posts news releases/PSAs in a timely manner to the website and social media channels.

- Arranges for the preparation and translation of communications materials. Directs media arriving at the office to the media centre and provides background information (copies of press releases, etc.).
- Monitors media releases to ensure that all information released to the media and public is accurate, timely, and consistent.
- Corrects erroneous information.
- Tracks and records media coverage and events.
- Prepares end of shift report and present to oncoming alternate.

> **EOC Documentation Officer**

EOC Documentation Officer

The Documentation Officer is the key personnel that ensures all activities within the EOC are logged and that all documentations generated from the incident response is filed and archived. This function also supports the initial set-up of the EOC.

Primary: Executive Assistant to MOH/CEO
Alternate: Administrative Assistant to AMOH's
EOC Scribe Support: Program Assistant (Designated by Operations Section Chief)

Support Team:

- Records Administrator

Responsibilities:

- Establishes a work area within the public health Emergency Operations Centre (EOC).
- Works with the Incident Commander and the Infrastructure and Technology Lead to support the initial set-up of the EOC.
- Arranges for equipment and support staff (e.g., laptops, IT) as requested.
- Communication of scheduled IMS Team meetings and tracking of attendees
- Ensures EOC master event log is updated to identify priority action items for discussion by IMS Team members.
- Supports the Planning Section Chief in the recording of discussions, tracking action items, and the identification of outstanding action items.
- Reviews entries/records for accuracy and completeness.
- Consults with Incident Commander for consultation and advice on records retention, filing, and records projects.
- Ensures all EOC documentation including the electronic storage files and materials are available for post-incident use or future reference.
- Provides a master record and logs to Liaison Officer for future planning considerations and for the purpose of debriefs and post-emergency reporting.

- Prepares end of shift report and present to oncoming Documentation Officer.

Operations Section

Operations Section Chief
General Operations Responsibilities:

- Coordinates and monitors Operations Section and available resources needed to assist with responses to the incident/emergency and request resources as needed.
- Applies the principles of health equity and strategies related to mental health and wellbeing to all levels of the incident response.
- Communicates directives to response team and provides feedback to the IMS Team.
- Briefs the Incident Commander routinely on the status of the operations.
- Recommends the activation of the agency's Emergency Response Plan and Business Continuity Plan to the Incident Commander.
- Recommends the activation of the Contact Center Management Plan to meet the operational needs to an incident.
- Directs resources and equipment and determines what type of resources are needed to deal with the incident.
- Liaises with the Planning Section Chief to inform the development of the Incident Action Plan.
- Maintains documentation of all actions and decisions on a continual basis; forward completed unit activity log to Documentation Officer.
- Reports Health & Safety issues to the Safety Officer under the direction of the Logistics Section Chief.
- Prepares end of shift report and presents to oncoming alternate Operation Chief.
- Observes staff for signs of stress. Report issues to Health & Safety Officer.
- Provides rest periods and relief for staff.
- Provides information to the Information Management Lead for the development of key messaging for distribution to staff, public, and external partners.
- Identifies names of operational support staff/teams to Information Officer and Information Management Lead to facilitate the dissemination of targeted messaging.
- Provides training for operational support staff.

Additional operational support functions will be identified within Incident Specific Response Plan.

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Disease Investigation and Surveillance Branch Chief

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Disease Investigation and Surveillance Branch Chief

Primary:　　　Vice President of Clinical Services
Alternate:　　Manager of Infectious Diseases (1)
2nd Alternate　Manager of Immunization (1)
3rd Alternate　Manager of Infectious Diseases (2)
　　　　　　　　Manager of Immunization (2)

Support Team:

- Manager(s) of Infectious Diseases and Team
- Manager of Sexual Health and Team
- Manager(s) of Immunization and Team
- Manager(s) of Oral Health and Oral Health/ Vision Screening and Team
- Epidemiologist: Program Foundations and Finance Service (PFF) may be redeployed to the Section managing the emergency)
- Research Analyst: (PFF) may be redeployed to the Department for managing the emergency.

Responsibilities:

- Provides a coordinated response to infectious disease-related emergencies or anticipated epidemics.
- The Disease Investigation and Surveillance Branch Chief will apply a health equity and mental health lens to all levels of the incident response.
- May act as an alternate for the MOH at meetings of the MCG as required (Infectious Disease Emergencies).
- Ensures 24-hour ID Investigator On-Call system and that resource information is provided.
- Provides disease surveillance, outbreak control, and contact tracing at emergency site and evacuation shelters as required.
- Provides an emergency site manager if required.
- Coordinates the storage, handling, and distribution of vaccines and anti-viral/antibiotic drugs.
- Collaborates with Planning Section to inform the Surveillance related activities (disease/outbreak) and the Incident Action Plan.
- Develops plans to provide mass immunization and distribute vaccines and antiviral drugs.
- Implements mass vaccination campaigns and distribution of antiviral/antibiotic drugs.
- Maintains an inventory of potential mass immunization clinic sites and assists Logistics Section Chief in the negotiation of user agreements.

- Develops Memorandums of Understandings between key stakeholders and the health unit related to security of mass vaccination clinics and vaccines and anti-viral/antibiotic pharmaceuticals.
- Provides advice and consultation to the IMS Team on issues related to human health emergency.
- Identifies key information and special instructions for dissemination to the population affected by the emergency.
- Identify and designate Clinical Services staff to participate in activities related to Evacuation Sheltering.
- Communicates issues, concerns, or resource needs related to shelter management to the health unit's IMS Team.
- Coordinates with external agencies to provide residents in shelter with:

  o Health assessment, support, and referral

- Provides important health information messages to all local partners in collaboration with the Information Officer and Information Management Lead.
- Collaborates with Information Officer to provide advice on communicable disease related matters and precautions to the public.
- Designates individuals to receive and provide information to Information Management Lead.
- Informs the Logistics Section Chief of any equipment/supplies or staffing needs.
- Prepares end of shift report and presents to oncoming alternate Operations Section Chief.

Additional operational support functions related to Evacuation shelter response are outlined within the Incident Specific Response Plan.

> **Environmental Health
> Branch Chief**

Environmental Health Branch Chief

Primary: Vice President of Environmental Health Department
Alternate: Manager of Assigned Program – may vary depending on nature of emergency

Support Team:

- Manager of Emergency Management, Rabies and Team
- Manager of Healthy Environments, Zoonotic and Vector Borne Disease and Team
- Manager of Safe Water and Team
- Manager of Food Safety and Team
- Manager of Smoke-Free Program and Team
- Other Program areas may be redeployed to assist

Responsibilities:

- May act as an alternate for the Medical Officer of Health at meetings of the Municipal Control Group as required (Environmental Health related emergencies).
- Ensures 24-hour EHD On-Call system is sufficiently staffed, and that resource information is provided to EHD On-Call Staff.
- Assesses human health and environmental health impacts as a result of the emergency and provides information and advice on the potential health effects.
- The Environmental Health Branch Chief will apply a health equity and mental health lens to all levels of the incident response.
- Identifies key information and special instructions for dissemination to the population affected by the emergency.
- Collaborates with Information Officer to provide advice on environmental related matters and precautions to the public.
- Liaises with the District Coroner to coordinate the activities of the mortuary within the community and provides assistance where necessary.
- Provides direction/advice to ensure the safety of food supplies and the safe disposal of waste in evacuation centres, food establishments, food vehicles, and private residences.
- Liaises with the Director of Public Utilities/Small Waterworks Operators within affected municipalities to ensure the provision of potable water, community sanitation, maintenance, and sanitary facilities.
- Provides ongoing surveillance/monitoring and testing of affected water systems.
- Issues Drinking Water Orders and Boil Water Orders or advisories as necessary.
- Provides an Emergency Site Coordinator as part of the Site Management Team, as required.
- Provides inspection and advice in collaboration with municipal representatives within the affected communities regarding the evacuation of residential buildings that pose a public health threat.
- Acts as the Liaison between assigned on-site staff at the Evacuation Shelter and the health unit's EOC.
- Communicates issues, concerns, or resource needs related to shelter management to the health unit's IMS Team.
- Directs the inspection of evacuation centres, makes recommendations, and initiates remedial action in areas of:
  - accommodation standards relating to overcrowding, sewage, and waste disposal, monitoring of water supply, air quality, sanitation, and facility layout, and operation.
  - food handling, storage, preparation, and service
  - general health and safety involving injury prevention.
- Coordinates with external agencies to provide residents in shelter with:
  - health assessment, support, and referral

- Collaborates with external community health service providers to assist community residents not in shelters to access food, shelter, and other daily necessities.
- Informs the Logistics Section Chief of any equipment/supplies or staffing needs.
- Designates individuals to receive and provide information to Information Management Lead.
- Prepares end of shift report and presents to oncoming alternate Operations Section Chief.

Additional operational support functions will be identified within Incident Specific Response Plan.

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Community Public Health Nursing Branch Chief

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Community Public Health Nursing Branch Chief

Primary: Vice President/Designate of Community and Family Health
Alternate: Chronic Disease Prevention Manager
2nd Alternate: School Health Program Manager

Support Team:

- Managers of Healthy Babies Healthy Children (PHNs and FHV's) and Team
- Managers of Healthy Growth and Development
- Manager of Substance Use and Injury Prevention

Responsibilities:

- Ensures all Baby Friendly Initiatives (BFI) and Infant and Young Child Feeding in Emergencies (IYCFE) recommendations are incorporated during planning and response activities.
- The Community Public Health Nursing Branch Chief will apply a health equity and mental health lens to all levels of the incident response.
- Identifies and designates Community Family Health staff to participate in activities related to Evacuation Sheltering.
- Coordinates with external agencies to provide residents in shelter (if required) with:

  o public health information and education and links to community supports and services to meet their immediate needs.
  o counselling and group sessions related to emotional stressors and coping strategies.
  o information and support for breastfeeding families on appropriate infant and young child feeding that is free from commercial influence and that protects and promotes breastfeeding.

    o information and support for harm reduction supplies including naloxone, as needed.

- Liaises with the Disease Investigations and Surveillance Branch Chief where required to assist with public health assessment, support, and referral activities.
- Collaborates with external community health service providers to assist community residents not in shelters to access food, shelter, medical assessments, and other daily necessities.
- Designates individuals to receive and provide information to Information Management Lead.
- Identifies key information and public health messages for dissemination to the population affected by the emergency.
- Identifies School Health staff to liaise with School Boards and/or Schools, where required, to assist with public health assessment, information sharing, and planning / implementation of emergency management activities.
- Informs Logistics Section Chief of any equipment/supplies or staffing needs.
- Maintains a log of actions.
- Prepares end of shift report and present to oncoming alternate Operations Section Chief.

Additional operational support functions will be identified within Incident Specific Response Plan.

Planning
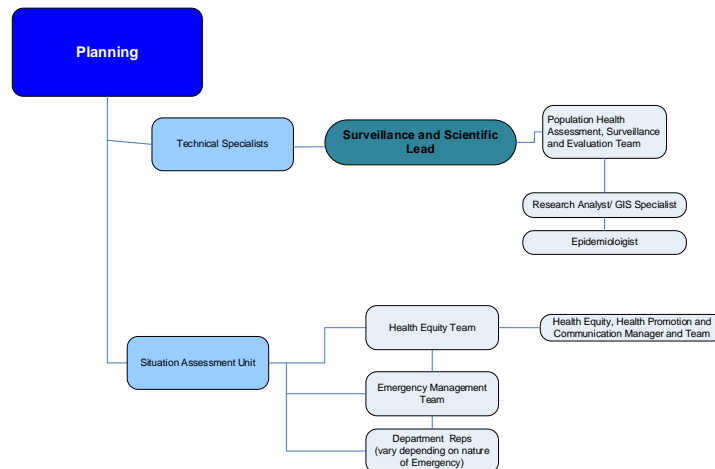
Planning Section

Planning Section Chief

Primary: Associate Medical Officer of Health (for the Lead Operations Team)
Alternate: Manager of Emergency Management
2nd Alternate: TBD

Support Team:

- Manager of PHASE Team
- Emergency Management Team
- Health Equity, Health Promotion and Communication Team
- Departmental Representative (dependent on nature of incident)
- Professional Practice Lead
- Epidemiologist
- Hub Librarian and Library Technician
- Evaluation Specialist
- Research Analyst

The Incident Commander will determine if there is a need for the Planning Section. If no planning section is established the Incident Commander will perform all the planning functions.

The Planning Section Chief will apply a health equity and mental health lens to all levels of the response.

The Planning Section is responsible for developing the Incident Action Plan (IAP). The incident action plan helps to guide future response activities. The action items from the IMT discussions will be used to inform the IAP.

The Planning Section Chief will also oversee the collection, evaluation, processing, dissemination, and use of information regarding the evolution of the incident and status of resources. This information is needed to understand the current situation, predict probable course of incident events, and lead the incident planning process. The planning section is divided into 2 Units: Technical Specialist and the Situation Unit.

The Technical Specialist provides special expertise useful in incident management and response. The Situation Unit collects and analyzes information on the current situation, prepares situation summaries, and develops maps and projections.

All documents including the written Incident Action Plan (IAP) must be forwarded to EOC *Documentation Officer at end of incident*.

Responsibilities:

- Conducts long-range and contingency planning with information available and works with the Surveillance and Scientific Lead to develop surveillance plan that forecast 72 hours ahead of current situation (appropriate support team will be designated dependent on the nature of the emergency).
- Attends Section meetings as necessary to ensure communication and coordination among Planning Section Units.
- Keeps Incident Commander updated on public health issues and responses.
- Provides case management and issue assessment to Section Chiefs.
- Assesses the incident on a continual basis and project possible contingencies and alternative courses of action.

- Assesses and identifies health equity impacts on the overall incident response including community engagement with priority populations and work with Command, Section and Branch Chiefs to address identified impacts.
- Continues to receive projected activity reports from Section Chiefs and Planning Section at appropriate intervals and modify Incident Action plan.
- Receives information and staffing requirements updates from Command and Operations Section Chief prior to Planning meetings.
- Develops Incident Action Plans in consultation with Operations and Liaison and bring forward to IMS Team.
- Reviews situational reports from Section/Branch Chiefs as appropriate to track deadlines.
- Maintains documentation of all actions and decisions on a continual basis; forward completed unit activity log to Operational Chief.
- Provides/forwards emergency planning considerations to the IMS Team.
- Ensures all requests for data or plan information/status are routed/documented through the Information Officer (IO).
- Prepares end of shift reports and presents to oncoming Planning Section Chief.
- Plans for the possibility of extended deployment.

Surveillance and Scientific Lead

Surveillance and Scientific Lead

Primary: Manager of Population Health Assessment Surveillance and Evaluation (PHASE)
Alternate: Epidemiologists

- Develops surveillance plan that forecast 72 hours ahead of current situation (working with appropriate support team).
- Works with the Planning Section Chief to provide the technical information required to inform and formulate the Incident Action Plan
- Ensures standardization of data collection, analysis, and reporting.
- Develops and maintains surveillance system as applicable.
- Provides disease/outbreak or environmental activity reports to the IMS Team and the Province.
- Monitors other data/resources and surveillance information systems to keep health unit apprised of current emergency situation in other jurisdictions.
- Collects, interprets, and synthesizes data regarding status and response of incident and provides reports to Operations Section Chief.
- Maintains documentation of all actions and decisions on a continual basis
- Ensures all requests for data status are routed/documented through the Planning Section Chief.

Professional Practice Lead

Professional Practice Lead

Primary: Chief Nursing Officer
Alternate: Senior Leadership Designate-Health Inspection
2nd Alternate: Senior Leadership Designate-Oral Health
3rd Alternate: Senior Leadership Designate-Dietetics

Responsibilities:

- Ensures work environment that supports professional practice and maximizes the use of the knowledge and skills of SMDHU employees.
- Contributes to emergency and incident action planning and decision making.
- Identifies opportunities for inter-professional practice to build business continuity re-deployment and incident response capacity.
- Facilitates IMS decision making through the identification of qualified, competent public health staff for incident re-deployment and business continuity assignments.
- Reviews SMDHU emergency plans, sub-plans, and incident action plans with Liaison Officer/Emergency Management Team and provides expert advice, direction, and leadership related to professional practice and quality assurance.
- Works with Planning Section Chief in the development of Incident Action Plans.
- Provides recommendations and advice to the IMS Team on best-practices and the identification of re-deployment assignment training needs.
- Consults with agency Leadership Designates, as appropriate.

Logistics

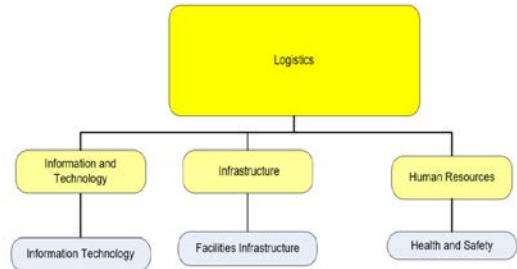## Logistics Section

Logistics Section Chief

Primary: Vice President of Human Resources and
                 Infrastructure
Alternate: Manager of Human Resources
2nd Alternate: Manager of Facilities
                 and Infrastructure

Support Team:

- EOC Documentation Officer
- Emergency Management Team
- Audio Visual (AV) and Resources Program Assistants
- Program Assistant Human Resources
- PFF/HRI Administrative Coordinator
- Human Resources Team
- Payroll
- Information Technology Team
- Facilities and Infrastructure Team
- Health and Safety Officer: (Certified Employee Representative & ONA Representative)
- Professional Practice Lead

The logistics section involves the Human Resources, Infrastructure and the Technology Branches.

The logistics section is responsible for the acquisition of resources including staff, equipment and supplies to support the management of the emergency/incident.

Furthermore, the logistics section ensures that the agency infrastructure is maintained to support the needs of the incident.

Not all logistics branches may be required during an incident; they will be established as required.

> **Human Resources Lead**

Human Resources Lead

Primary: Manager of Human Resources
Alternate: Manager of Information Technology
2nd Alternate: Manager of Facilities and Infrastructure

Responsibilities:

- Establishes a contact person for staff inquiries and ensures a listing of the availability of staff and contact information is maintained.
- Establishes an emergency contact line for family members of staff to get up-to-date information about the status of their family members.
- Consult with Information Lead to develop messaging for staff.
- Manages staff resources. Receives requests for additional staff resources from Branch Chiefs.
- Receives staffing projection reports and forecasted implications from Planning Section Chief.
- Develop strategy for recruitment of volunteering and required staff.
- Assist with the recruitment of staff and volunteers.
- Work with Professional Practice Designate and Operational Lead for the onboarding of additional staff (as required) to support response.
- Work with Payroll to prepare timecard instructions and communicate to management and implicated staff.
- Work with Professional Practice Lead to monitors current response capabilities for redeployed and newly recruited staff or volunteers.
- Supports observation and recognition of signs of stress and human resources implications due to incident.
- Reports health and safety issues to the Health & Safety Officer under the direction of the Logistics Section Chief.
- Provides for and ensures the maintenance and operation of feeding, sleeping, and meeting areas at the EOC.
- Ensures the provision of food and potable water for personnel working within the EOC or part of the response team (if required).
- Liaises closely with Finance Section Chief to make arrangements for the procurement, requisition and delivery of supplies.
- Facilitates compensation/over-time considerations and resolves conflicts with collective agreement issues.
- Considers safety of staff and records injuries as a result of the emergency.

- Coordinates and consults with the Ministry of Labour and Workplace Safety and Insurance Board (WSIB), when required.
- Works with Section Chiefs and operational teams to identify need for mental health supports needs for staff during response or recovery periods and further facilitates the provision of mental health/psycho-social support to health unit employees through relevant and applicable sources.
- Coordinates with the Operations Section Chief to identify hazards or unsafe conditions associated with the incident and immediately alert and inform appropriate personnel.
- Ensures provision of employment related legal advice or assistance when needed.
- Prepares end of shift reports and presents to oncoming alternate Logistics Section Chief.

Health and Safety Officer

Health and Safety Officer

Primary: Manager of Human Resources
Alternate: H&S Certified Manager Representative
2nd Alternate: H&S Certified Worker Representative

Responsibilities:
- Works with the Logistics Human Resources Branch to monitor and track safety of personnel at site.
- Identifies areas of Occupational Health concerns to the Incident Commander and Operations Section Chief.
- Identifies specific hazardous situations associated with the incident.
- Ensures that adequate levels of protective equipment are available and being used.
- Provides safety educational information for dissemination to staff.
- Ensures that public health personnel responding to the incident/emergency are appropriately trained in safety and health practices, including the use of Personal Protective Equipment (PPE) for designated personnel.
- Provides Health & Safety updates at Forecast Planning meeting to support the development of IAPs.
- Ensures that the site safety and health plan is established, reviewed, and followed.
- Prepares end of shift reports and presents to oncoming alternate Health and Safety Officer.

EMERGENCY RESPONSE PLAN

> ### Technology Lead

Information and Technology Lead

Primary: Manager of Information Technology
Alternate: Technology Support Coordinator (1)
2nd Alternate: Technology Support Coordinator (2)

Responsibilities:

- Ensures that technological supports are established and adequate to assist with the management of an incident.
- Upon direction from the Incident Commander, work with the EOC Documentation Officer to ensure the EOC is functionally operational (including setup and continued operations) to support management of the incident/emergency.
- Liaises with Finance & Administration Section Chief to ensure the acquisition and management of equipment/supplies and support services requested by Section Chiefs.
- Liaises with Finance & Administration Section Chief to ensure adequate acquisition of outside services and/or equipment from other agencies or community (if required), through contracts, or pre-established agreements.
- Provides inventory and location tracking of resources.
- Initiates the necessary action to ensure telephone systems at the branch offices function as effectively as possible.
- Maintains documentation of all actions and decisions on a continual basis. Forwards completed branch activity logs to Documentation Officer.
- Provides for Disaster Recovery Response (servers/voice over IP, down data planning, and recovery programs).
- Prepares end of shift reports and presents to oncoming alternate.

> ### Infrastructure Lead

Infrastructure Lead

Primary: Manager of Facilities and Infrastructure
Alternate: Facilities and Infrastructure Coordinator
2nd Alternate: Manager of Human Resources

Responsibilities:

- Assesses office infrastructure implications as a result of the incident.
- Acts as communication link between the Office Site Manager and the IMS Team.
- Liaises with Finance & Administration Section Chief to ensure the acquisition and management of equipment/supplies and support services requested by Section Chiefs.
- Liaises with Finance & Administration Section Chief to ensure adequate acquisition of outside services and/or equipment from other agencies or community (if required), through contracts, or pre-established agreements.
- Provides inventory and location tracking of resources.
- Confers with Information Officer to establish areas for media personnel.
- Provides security for the SMDHU branch offices and staff, and liaises with Finance & Administration Section Chief for purchasing of enhancements.
- Maintains documentation of all actions and decisions on a continual basis. Forwards completed branch activity logs to Documentation Officer.
- Manages and coordinates the logistics requirements for the Health Unit.
- Ensures the delivery of needed resources and supplies to all service locations provided by the Health Unit.
- Arranges for the set-up, moves and tear down of all service locations provided by the Health Unit.
- In conjunction with Health and Safety addresses all Health and Safety issues.
- Prepares end of shift reports and presents to oncoming alternate.

Finance and Administration

Finance & Administration Section

Finance and Administration Section Chief

Primary: Vice President of Programs and
                Foundations and Finance/Chief Financial
                Officer
Alternate: Manager of Finance and Administration
2nd Alternate: Finance Administrators

Support Team:

- Program Assistant (Purchasing)
- Finance Team
- Records Administrator
- Reception/Switchboard Team

Finance and Administration

- Time/Cost Unit
- Purchasing Unit
- Compensation/Claims Unit
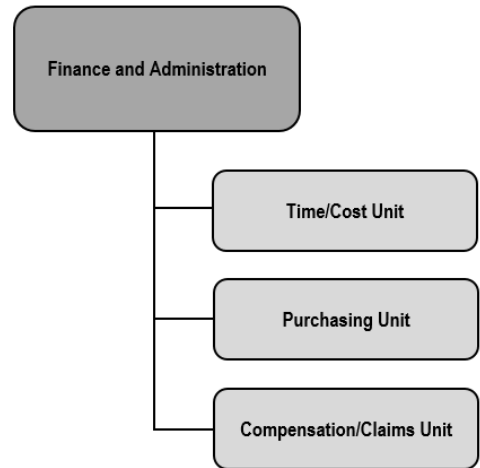
The Finance and Administration Section is set up for incident specific financial management.

The Finance Team is responsible for administering all financial matters pertaining to vendor contracts, leases, and fiscal agreements. The Time/Cost Unit is responsible for time recording for personnel involved in the incident and collects all cost data, performs cost effectiveness analyses.

The Purchasing Team works closely with the Logistics Section Chief, to ensure that resources or equipment are procured for use in an emergency.

The Compensation/Claims Unit works with the Human Resources Branch on claims related to activities during the incident.

Not all Units may be required during an incident; they will be established as required.

Responsibilities:

- Provides information and advice on financial matters as they relate to the emergency.
- Administration of matters pertaining, but not limited to, vendor contracts, leases, and fiscal agreements.
- Authorizes expenditures related to the incident/emergency (provides payment and settlement of all legitimate invoices and claims).
- Provide procurement authorization of resources.
- Liaise with Logistic Section Chief to monitors and tracks claims and compensation, maintenance, and scheduling.

- Monitors and maintains records of all expenses associated with the incident/emergency response.
- Liaises with Logistics Section Chief to ensure the payment of all equipment/supplies and resources procured for the management of the incident.
- Identifies and reports cost due to incident/emergency response.
- Prepares end of shift reports and presents to oncoming alternate Finance and Administration Section Chief.

V. EMERGENCY COMMUNICATIONS AND EVALUATIONS

A. Emergency Communications System

The Simcoe Muskoka District Health Unit (SMDHU) uses Rogers Communication Systems. For a list of critical after-hours emergency contact numbers, please refer to Appendix C - SMDHU On-Call Roster Emergency contact numbers. Cell phone numbers for the MOH office, management and Vice-President can be found within Appendix H. All other cell phone or contact information can be accessed through the fan out lists in Section 5.

B. Emergency Mass Communication

The health unit employs a variety of communication tools and strategies to ensure that health unit staff are informed of issues internal or external to the agency. Access to accurate and timely information supports a coordinated and effective response to emerging public health issues, health hazards, and public health emergencies. Utilizing systems such as RAVE as well as mass texting are some of the tools that the agency can employ to disseminate critical and time sensitive information to staff.

C. Staff Notification Via Media, During Infrastructure Failures

During major infrastructure failures, power outages, telephone disruptions, etc. where normal channels of communication are affected; staff may receive instructions via main local radio stations and TV if needed.

For this purpose, the health unit may utilize the following radio stations: ROCK 95 FM (Barrie-based with countywide reach), The Peak FM (Collingwood local), BIG 101.1 FM (Barrie-based with countywide reach), MORE 105.5 FM (Muskoka-based), MOOSE 99.5 FM (Muskoka-based), and local television stations, to assist us in informing and mobilizing health unit staff as required during an emergency (See Appendix K for Staff Notification During Infrastructure Failure).

D. Evaluation of the Emergency and Report Standard

During the course of an emergency, detailed logs (Appendix A) will be kept of agency actions and responses and of external events that are perceived to impact on the effectiveness of the emergency response.

Following termination of the emergency, the Department Vice-President will prepare a detailed report reflecting the activities of the service, addressing any concerns encountered, and making recommendations for amendments to the Emergency Response Plan.

The report will contain as a minimum:

- The date and time of occurrence of the emergency.
- The nature of the emergency.
- The location of the emergency.
- The date and time of activation of the plan.
- A record of the emergency response, including dates, times, a description of activities and measures taken, as well as personnel and equipment costs.

- Other agencies involved.
- Ongoing activities.
- Problems encountered and their resolution.
- Recommendations for future prevention and improved response.

E. Post Incident De-briefing and Evaluation

The Incident Commander with the assistance of the Emergency Management Team, will conduct a facilitated debrief/after-action-report following an emergency, which identifies learnings to improve future responses. Reports outlining key findings will be provided and presented for the purposes of amending the emergency response plan to enhance the agency's effectiveness in responding to incidents or emergencies in Simcoe Muskoka.

VI. PLAN DEVELOPMENT AND MAINTENANCE

A. Review the Plan

- The Emergency Response Plan is reviewed and revised annually by the Emergency Management Coordinator (EMC) in conjunction with Department Vice-President and forwarded to the Executive Committee for approval.
- The EMC Liaises with the MOH and Department Vice-President to ensure the Emergency Response Plan is maintained.
- Minor administrative changes may be made directly to the plan without approval and recorded on the amendment notice at the front of the manual.
- The EMC is responsible for ensuring all manuals reflect changes made.

Community Resources and Contacts:

The Emergency Management Coordinator is responsible for maintaining an inventory of community resources.

Equipment:

The Emergency Management Coordinator is responsible for ensuring that the emergency response kits in each office are checked every six months to ensure inventory is intact, test equipment, change batteries as necessary.

The EMC researches and recommends the acquisition of resources, equipment, and supplies for the agency to function effectively in the event of an emergency**.**

Fan-Out Lists:

The Emergency Management Coordinator works with each department Administrative Coordinator to ensure prepopulated and printed versions of fan-out lists are updated bi-annually or as changes occur.

B. Testing

The Simcoe Muskoka District Health Unit will conduct an exercise or exercises at least annually that test all or some components of the Emergency Response Plan including its Emergency Notification System. The aim of the exercise is to assess the readiness of staff to effectively respond in an emergency. The **Staff Fan-Out Activation or Test Form** is completed to track fan out notification communications (Appendix B).

Post exercise debriefs will be conducted with exercise participants and relevant findings will be recorded and be utilized for reevaluation of agencies response capacity, future training, and education for staff. The Emergency Management Coordinator will support Department Vice-President in orienting staff to the Emergency Response Plan and updating staff on a regular basis.

EMERGENCY RESPONSE PLAN

VII. RESOURCE/EXTERNAL CONTACT LIST

Information below is accessible through agency Outlook Database

Board of Health
Coroners
Health and Social Service Contacts
Ambulance
Community and Social Service Agencies
Hospitals
ICP
Walk-in Clinics
Federal Contact List
Provincial Contact List
Ministry of Health, Public Health Branch
Ontario Medical Officers of Health
Ontario Health Unit After Hours Numbers
Public Health Emergency Preparedness Leads
Municipalities (Mayor, Deputy Mayor, EM Co-or)
Municipal Emergency Operation Centres
Community Emergency Management Coordinators
General Utilities
Fire
Police
Public Health Labs

VIII. GLOSSARY OF TERMS

Business Continuity – *A proactive planning process which ensures that the appropriate level of agency response and time-critical public health services can continue during and after a large-scale incident or emergency through the identification of strategies to assist with mitigation of impacts on agency programs, operations, resources and infrastructure, and by pre-assessing and identifying hazards (risks) and their potential consequences.*

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

Emergency Control Group *("SMDHU IMS Team")* – *Primary decision makers that provide strategic incident management direction and guidance through the collaboration, coordination, and implementation of incident management policies and priorities, the facilitation of logistical support and resource tracking, critical resource allocation decisions, and the coordination of incident related information by employing various communications and information tools.*

Emergency Operations Centre – *A central local where decision makers involved in a response gather to support decision-making and incident management activities.*

Incident – *An event that has the potential to cause interruption, loss of or a disruption within a community, or to an organization's operations, services, or functions – which, if not managed, can escalate into an emergency.*

Incident Management System – *Is a recognizable system for use in response by various emergency response stakeholders, governments, federal, provincial or local, first response agencies (fire, police, and emergency medical services) and private sector. IMS provides a modular and scalable framework that allows for strategic and coordinated response efforts to mitigate the impacts of an incident or emergency.*

HAVA (Hazard Analysis and Vulnerability Assessment) – *A process of defining and describing potential hazards by characterizing their probability, frequency and severity and evaluating adverse consequences, including potential loses and injuries.*

Public Health Emergency – *A Public Health emergency may be defined as the occurrence or imminent threat of a situation, such as an outbreak of an infectious agent, natural disaster or large-scale environmental hazard, that poses a substantial risk of a large number of deaths or serious harm to a population, and which has the potential to overwhelm routine capabilities to address the threat and/or the health consequence.*

Post-Incident Debriefing – *Formalized approach used to evaluate the response efforts from an event, incident, or emergency. This process allows for an evaluation of the operational effectiveness, the identification of outcomes (expected and unexpected), lessons learned, strengths and weaknesses, and proposed actions for improving service delivery.*