

Emergency Management 2013 Annual Report

Ministry of Health and Long-Term Care

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Introduction

The [Ministry of Health and Long-Term Care](#) (MOHLTC) plays a critical role in the province's emergency prevention, mitigation, preparedness, response and recovery. Under the [Emergency Management and Civil Protection Act](#), the MOHLTC is assigned the following emergency lead responsibilities:

- human health, disease and epidemics; and
- health services during an emergency.

The [Emergency Management Branch](#) (EMB) coordinates many of the MOHLTC's emergency management activities, and resides in the Public Health Division (PHD) under the leadership of the [Chief Medical Officer of Health](#).

PHD's EMB serves the entire MOHLTC and health system as it responds to urgent and/or emergency situations, and is based on the vision that Ontarians are supported by public health and health care systems that are ready, willing, and able to respond to incidents and emergencies. Critical to achieving this vision is to build and promote emergency management capacity within the health system through meaningful engagement, guidance, direction, and collaboration.

This annual report outlines some of the MOHLTC's emergency management accomplishments in 2013 and is structured in four parts:

1. Anticipation
2. Plans and programs
3. Health system capacity
4. Emergency response

Anticipation

Daily Hazard Identification and Risk Assessment

The MOHLTC has developed and implemented a daily hazard identification and risk assessment (HIRA) process. This process includes a scan of information sources to identify emerging issues and/or incidents. This information is then analyzed and appropriate action is taken before they become an emergency. Each week, the outcome of the daily HIRA process is reviewed and discussed by EMB. This process supports mitigation efforts, planning activities, and the enhancement of risk assessment skills of branch staff.

Daily Morning Rounds

The MOHLTC has maintained Morning Rounds, a daily mechanism to facilitate the sharing of knowledge and information among the MOHLTC, [Public Health Ontario](#) (PHO), and others as needed. Morning Rounds are used as opportunities for further discussion, consultation, and follow-up regarding significant public health issues and/or events.

Plans and programs

Ministry Emergency Response Plan

In 2013, the MOHLTC updated its [Ministry Emergency Response Plan](#). This document outlines how the MOHLTC coordinates responses to emergencies regardless of the hazard. Objectives for the update included addressing recommendations from H1N1 evaluation reports and lessons learned from other responses, making the plan shorter and more operational, updating roles and responsibilities (i.e., alignment with the PHO mandate), improving alignment with the provincial [Incident Management System](#) (IMS) doctrine, and better describing how the MOHLTC responds to non-declared emergencies.

Radiation Health Response Plan

In 2011, the MOHLTC initiated the development of the Radiation Health Response Plan (RHRP), a plan required by the [Provincial Nuclear Emergency Response Plan](#). This health plan describes how Ontario's health system would respond to a radiological and/or nuclear incident of a deliberate or accidental nature, and the conditions under which precautionary and protective actions are ordered for the general public and health system. The RHRP includes detailed information in the areas of radiation basics, roles and responsibilities, planning for a radiation emergency, pre-hospital and hospital response measures, sheltering and evacuation planning, occupational health and safety, monitoring and decontamination units, psychosocial support, use of potassium iodide (KI), and communications.

Technical and expert working groups focusing on these various issues were convened from across the health system including, federal, provincial, and municipal levels of government, and experts from both the nuclear industry and private sector. Together, their input has helped create a robust plan. The RHRP has received senior management approval and will be released in early 2014.

In 2013, there were a number of accomplishments in relation to the RHRP:

- Important operational supports to the RHRP were developed, including: standard operating procedures for Ministry Emergency Operations Centre (MEOC) staff, radiological/nuclear emergency training for MEOC staff, a fact sheet on KI geared to the public, and collaboration with the [Office of the Fire Marshal and Emergency Management](#) (OFMEM) on the development of maps displaying health system services in the Primary and Secondary Zones of all nuclear generating stations in Ontario.
- The RHRP was tested during two table top exercises with federal and provincial partners during Exercise Cool Breeze.
- Scientific and technical support resources available to the MOHLTC at the federal and provincial levels were solidified in preparation for Exercise Unified Response in May 2014.
- The MOHLTC provided support to partners in the development of their plans and processes such as, Health Canada's Federal Nuclear Emergency Plan- Ontario Annex, and the Ministry of Labour's (MOL's) Assurance Monitoring Group Plan.
- A number of presentations were also delivered to various stakeholders describing the RHRP and how the plan can support the health system.

Ontario Health Plan for an Influenza Pandemic

Since 2004, Ontario has had a plan to respond to an influenza pandemic: the [Ontario Health Plan for an Influenza Pandemic](#) (OHPIP). An updated OHPIP was released in April 2013 to reflect the lessons learned and best practices from the (H1N1) 2009-2010 influenza pandemic. Since this is the final iteration of the OHPIP, a new Ontario Influenza Response Plan (OIRP) will eventually replace it. Through this new plan, the provincial health system's focus will shift from preparing for an influenza pandemic to creating and building effective seasonal influenza responses and escalating those measures during a pandemic. The OIRP will link to updated pandemic response plans from the [World Health Organization](#) (WHO) and the [Public Health Agency of Canada](#) (PHAC). It will also address the next steps documented in the 2013 OHPIP and outstanding lessons learned and best practices from H1N1. The OIRP will outline influenza responses for the entire health system, including government, primary health care, community care, hospitals, and public health. The MOHLTC anticipates releasing the first iteration of the OIRP in 2015.

Seasonal Influenza Blueprint

Since the 2011-2012 influenza season, the MOHLTC has also released an annual [Seasonal Influenza Blueprint](#). This document sets out the actions that the MOHLTC, [PHO](#), and the [MOL](#) are taking in order to support the health system's response during the influenza season.

Continuity of Operations Plan

The MOHLTC's Continuity of Operations Plan (COOP) provides the strategic and operational framework to facilitate the continuity of time-critical MOHLTC services and functions in the event of business disruptions that may impact numerous services across the MOHLTC. In 2013, the COOP was reviewed and updated annually at the branch, division, and MOHLTC levels.

In addition, the MOHLTC:

- Redesigned branch plans for improved effectiveness in the initial stages of response to business disruptions.
- Transitioned branches with time-critical services to the redesigned plan format.
- Transitioned some branches to a year-round continual review and update process, reflecting the fact that recovery procedures can change throughout the year based on personnel or facility changes, in addition to ongoing business changes.
- Identified improvements to emergency notification processes and central coordination processes that will be undertaken in 2014.

Health system capacity

Ministry Emergency Operations Centre

The MEOC is the site where the MOHLTC coordinates its responses. The MEOC has been established to enable 24/7 operations when required (e.g., the MEOC has a natural gas generator to ensure continuity of operations during a power outage). Once activated, the MEOC can provide work stations with extensive telecommunications capacity for approximately 35 staff. In 2013, revisions and enhancements to the MEOC logging system and database were undertaken to customize the application based on lessons learned over the year. Additionally, an operational binder was enhanced to support staff working in the MEOC to define and describe core workflow and planning processes, and articulate standard operating procedures. Plans were also developed in 2013 to reconfigure space within the MEOC to better support collaboration and creative problem solving during a response.

Emergency Preparedness Planner

The [Emergency Preparedness Planner](#) is a newsletter that promotes emergency planning and effective response in Ontario's health system. Features are written by MOHLTC staff and guest writers in the field. The newsletter is available through a free subscription, as well as on the MOHLTC's website in both English and French. The most recent edition of the newsletter was released in spring 2013, and a winter 2013/14 issue is currently underway.

Website

The MOHLTC maintains online health emergency management resources for health professionals and the public. The MOHLTC website was updated as events occurred throughout 2013 (e.g., resources for health workers regarding seasonal influenza, the Middle East respiratory syndrome coronavirus (MERS-CoV), and the avian influenza A(H7N9) virus outbreak in China).

The website also includes the latest Emergency Preparedness Planner newsletters and several emergency plans, including the OHPIP. The MOHLTC also contributes to several hazard specific webpages that host preparedness and response information for health system partners.

These include webpages on [MERS-CoV](#); the [influenza A\(H7N9\)](#) virus and [seasonal influenza](#).

Webinars

The MOHLTC held a total of 10 webinars for health system stakeholders on a variety of emerging issues, such as seasonal influenza and emerging infectious respiratory diseases (MERS-CoV; avian Influenza A(H7N9) virus). These webinars supported the capacity of the health system to prepare for and respond to infectious diseases, including providing awareness of appropriate occupational health & safety, and infection prevention & control measures. [PHO](#) and the [MOL](#) were key partners in the rollout of these sessions.

The MOHLTC also held 4 webinars with health system and municipal partners to support the readiness of potential host communities, and evacuees from isolated First Nation communities due to forest fires. In December, the MOHLTC held one webinar to provide an update on planning activities, and to support various health system stakeholders involved with the 2015 Pan/Parapan American Games.

Training

In December, the MOHLTC provided an IMS refresher and clarification training session to staff and management working in the MEOC. Some staff from EMB also completed the IMS 300 course.

In preparation for the release of the RHRP, the MOHLTC in collaboration with [Health Canada's Radiation Protection Bureau](#) hosted three two-day training sessions in 2013 on Medical Emergency Treatment for Exposures to Radiation (METER) for the health system in Ottawa, Toronto, and London. There was broad participation across the health system, including paramedic services, hospitals, and public health units. In March 2013, the MOHLTC hosted two radiological and nuclear emergency training sessions for MOHLTC staff, and staff from other ministries.

In addition, the MOHLTC held a three day training session for staff leads from all 14 Local Health Integration Networks (LHINs) in 2013. This training presented an overview of core concepts in emergency management, and included a table top exercise. The

purpose of this training was to support LHINs as they undertake work to define and operationalize their role within health emergency management in Ontario.

Emergency Medical Assistance Team

The MOHLTC's [Emergency Medical Assistance Team](#) (EMAT), operated by the [Sunnybrook Centre for Pre-hospital Medicine](#), ensures the MOHLTC can support and enhance local health surge capacity during an emergency response. EMAT is a mobile medical field unit that can be deployed within 24 hours anywhere in Ontario with road access. The EMAT can temporarily establish a unit of up to 56 beds, providing a staging and triage base. It has the capability to treat up to 20 acute care patients and 36 intermediate care patients. The EMAT is modular and can deploy specific resources as needed.

In 2013, EMAT took part in deployment, exercise, and forward planning activities. EMAT was deployed in June to assist in the Mississauga Hospital site of Trillium Health Partners with equipment needs due to a loss of power following extensive flooding in the Toronto area. In addition, a live training exercise took place in August at the 2013 Caribbean Carnival, which provided an opportunity to test patient flow processes.

In November, EMAT took part in Exercise Youthful Spirit, a planning symposium exercise for the 2015 Pan/Parapan American Games. EMAT is also involved in an upcoming nuclear exercise titled, Unified Response, and has engaged in planning activities to date. In preparation, several EMAT staff members have also completed the METER course provided by Health Canada's Radiation Protection Bureau. Additionally, EMAT has participated in advanced planning work in preparation for flood and forest fire season, seasonal influenza surges and the development of plans for potential deployment.

As a result of the December 2013 ice storm, several hospital emergency departments in the Greater Toronto Area experienced a high volume of patients who were frail elderly, infirm, and/or compromised due to the absence of electrical power. In response, EMAT was proactively deployed to Sunnybrook Health Sciences Centre to provide infrastructure support, and local surge capacity for the region due to ongoing power disruptions and cold temperatures. The structural set up of EMAT at Sunnybrook Health Sciences Centre consisted of 30 low acuity beds to receive patients who were CTAS 4 or lower. In addition, a memorandum of understanding was developed for how EMAT would receive and decant patients. The deployment of EMAT was also consistent with the Premier's direction to mobilize provincial resources to support communities as outlined in the [Premier's Statement on the Ontario Ice Storm](#).

Stockpiles

The MOHLTC continues to maintain stockpiles of antiviral medications, personal protective equipment, and mass immunization supplies for use in a large scale emergency. The MOHLTC has also updated the [Emergency Order Management System](#) to improve user navigation. This system allows for online requests from the field for provincial supplies and equipment during an emergency.

Role of LHINs in Emergencies

The policy outlining the LHIN role in emergency management has been endorsed by the Ministry Management Committee and LHIN CEO table, and was approved by the MOHLTC in 2012. This policy provides details regarding the role of LHINs during emergencies, and outlines the expectations of LHINs to support the health system response. The goal is to support and promote consistency for LHIN engagement in emergency management activities across the province. The 2012-2014 [LHIN Performance Agreement](#) was updated to reflect this policy and next steps in this process.

The LHIN emergency management role is intended to support the local health care system to prepare for, respond to, and recover from emergency events. The focus of LHIN emergency response activities will involve capacity management, and to ensure facilities funded under the LHIN structure are coordinated; and can continue to deliver health care services during emergencies, or critically emerging situations with health system implications

The MOHLTC will assemble an MOHLTC-LHIN implementation working group in 2014 to support implementation of the LHIN role and complete key deliverables over a three-year period.

Exercises

The MOHLTC has conducted regular exercises as part of a weekly training and exercise program for all staff within EMB. Examples include tabletop exercises ranging from a major chemical spill, mass immunization, a mock deployment of EMAT, and radiation emergencies. In addition, the MOHLTC conducted drills on information management and documentation processes within the MEOC.

In March, the MOHLTC participated in the [Ontario Critical Infrastructure Assurance Program's](#) 2013 Interdependencies Exercise, which focused on the consequences of an Armageddon cyber-attack on all nine Ontario Critical Infrastructure Assurance Program sectors.

In November, the MOHLTC along with federal, provincial, [Pan/Parapan Am Organizing Committee](#) (TO2015), and various municipal organizations took part in the first Pan/Parapan Am Games 2015 provincial exercise, Youthful Spirit. This exercise involved a discussion based scenario that allowed participants to exchange operational planning assumptions, share initial plans, and identify gaps in planning related to the Games. The next provincial exercise titled, Sustainable Spirit will be hosted in the fall of 2014.

Continuity of Operations Exercising

The MOHLTC participates in a variety of continuity of operations exercises at branch, division, and ministry levels. Some exercises are designed to explore scenarios for improvements to future plans, and others are designed to validate documented processes. All serve as opportunities to educate personnel who are new to continuity of operations, and to refresh knowledge and familiarity for others.

In 2013, EMB participated in the design and execution of the following COOP exercises:

- Branch exercise for the [Psychiatric Patient Advocate Office](#).
- Branch exercise for the [Assistive Devices Program](#).
- Branch exercise for the [Emergency Health Services Branch](#).
- Divisional exercise for the Direct Services Division.

These exercises involved detailed scenarios and thorough testing of relevant COOP plans. Other branches and divisions designed and executed their own exercises without EMB assistance that included notification drills, and functional drills involving individual recovery processes.

Public Health Emergency Planners Network

Throughout 2013, the MOHLTC continued participating in the Public Health Emergency Planners Network. This group of emergency planners from the 36 public health units uses an online site to share information and resources, and has already played an invaluable role in information sharing, and promoting collaborative approaches.

Federal/Provincial/Territorial Planning

In 2013, the MOHLTC participated on a number of federal, provincial, and territorial public health emergency management initiatives, including: the maintenance of the National Antiviral Stockpile, updates to the [Canadian Plan for an Influenza Pandemic for the Health Sector](#), development of the Pan-Canadian Health Emergency Response Plan, and operational protocols for the implementation of mutual aid and surge capacity support among jurisdictions in Canada. The MOHLTC also works closely with the federal government to prepare for, and respond to First Nations emergencies, such as evacuations of isolated communities due to spring flooding and forest fires. Similarly, the MOHLTC continues to ensure a strong partnership with the regional office of the [PHAC](#) which has led to a number of instances of collaboration on emergency preparedness and response throughout the year.

The MOHLTC also sits on the Federal/Provincial/Territorial Radiological/Nuclear Emergency Management Coordinating Committee, and has a strong partnership with Health Canada's Radiation Protection Bureau.

Planning for the Pan/Parapan American Games

The MOHLTC is participating in the coordinated planning around the 2015 Pan/Parapan American Games. This includes involvement in various committees within the provincial coordinating structure established by the Pan/Parapan American Games Secretariat, and participation in the consequence management planning process led by OFMEM. It also includes coordinating the health system awareness and contingency planning process to support readiness for any health impacts, and extraordinary events resulting from the games.

In March 2013, health system planning priorities were validated through a stakeholder consultation, and a planning coordination structure was established, including a Steering Committee and various task or work groups to address specific challenges; such as infectious disease surveillance, and food and water safety. The number of work groups will increase as planning continues.

The MOHLTC is currently in the process of supporting regional coordination tables across the footprint of the 2015 Pan/Parapan American Games through the LHINs.

The MOHLTC participated in the November planning symposium exercise for the 2015 Pan/Parapan American Games (Exercise Youthful Spirit), along with a number of health system representatives who will also be participants in an upcoming table top and functional exercise for 2014-2015. In order to engage additional representatives, the MOHLTC developed a health system strategy to support exercise opportunities in the field that includes a table top based on Exercise Youthful Spirit, a potential exercise on a mass casualty incident response scenario, and avenues for the local level to identify key drills and/or exercises for potential MOHLTC support.

The MOHLTC is also working with stakeholders to post guidelines and checklists for preparedness, and emergency planning across the health system through a website that will promote awareness and common resources.

In addition, the MOHTLC also facilitated [TO2015](#) in making key contacts in the health system to further develop the Games Medical and Health Services Plan.

Emergency Response

Emerging Infectious Respiratory Diseases

In 2013, the MOHLTC supported health system readiness related to two emerging infectious respiratory diseases: MERS-CoV and the avian Influenza A(H7N9) virus. MERS-CoV emerged in 2012 and continued to spread throughout the Arabian Peninsula in 2013, with imported cases seen in Europe and North Africa. The avian Influenza A(H7N9) virus emerged in China in the spring of 2013, and no cases of this virus have been seen outside of the region. Both of these diseases are characterized by high morbidity and mortality rates.

The MOHLTC worked closely with [PHO](#) and [MOL](#) to respond to this issue and ensure that the health system is prepared to address this risk. The MOHLTC's preparedness and response activities include:

- Communications to health workers and health system employers (Important Health Notices, Chief Medical Officer of Health memos, and webinars).
- The development of response tools for health partners (diagnostic algorithms, occupational health & safety, infection prevention & control recommendations, and case and contact guidance).
- The development of response plans and strategies, and
- Contribution to federal/provincial/territorial planning.

ORNGE Helicopter Crash

On May 31, 2013, the MOHLTC was alerted to a helicopter crash involving an air ambulance operated by [ORNGE](#). The crash resulted in a loss of air ambulance transport between the Weeneebayko General Hospital on Moose Factory Island, and the Moosonee Airport. The MOHLTC coordinated with the hospital to assess the situation and risks of impact to patient care, and supported alternate transport options for the community area.

Evacuations and Forest Fire Planning

The MOHLTC assisted in the evacuation of three First Nations communities on the James Bay coast in the spring of 2013. This was due to expected flooding caused by annual ice break-up on local rivers, and unexpected infrastructure failure. In collaboration with local health care providers and the Federal government, the MOHLTC coordinated the evacuation and placement of elders in long-term care homes throughout the Northeast; and worked with the LHIN to ensure medical services were available in host communities until residents were able to return home. This work also included the evacuation of the hospital in Moose Factory due to flooding, and the

MOHLTC assisted the local hospital corporation in evacuating patients with assistance from [Criticall](#) and ORNGE air ambulance.

In response to the decreased forest fire activity of 2013, the MOHLTC utilized this as an opportunity to engage in a more robust planning process which included a series of well attended webinars; two of which were specifically targeted for municipal partners.

Ontario Ice Storm and Power Outages

In December 2013, significant amounts of freezing rain blanketed most of southern Ontario, resulting in widespread power outages across many communities. Several health service providers including hospitals, long-term care homes, community care providers, and emergency medical services experienced continuity of operations challenges and critical infrastructure disruptions. In order to support the health system, the MOHLTC activated the MEOC from December 21 to December 27 and engaged in several response activities, such as: coordination and information sharing with LHINs and [Community Care Access Centres](#), activation of EMAT to support Sunnybrook Health Sciences Centre, prioritizing activities for power restoration, and providing backup generator support to long-term care homes within the Greater Toronto Area.

Other Responses

The MOHLTC served as a coordination platform for the response to provincial outbreak investigations (e.g., E.coli, Staphylococcus aureus, etc.), a drug supply shortage, and flooding in a number of communities.

Significant Accomplishment

The ACE awards ceremony is an annual celebration of achievements at the MOHLTC. In November, staff at EMB received the ACE award for Outstanding Achievement for their role in initiating the response to a nation-wide drug supply shortage in 2011. As part of the response, EMB developed and implemented a 5-point plan that allowed the MOHLTC to successfully monitor inventory, redistribute available supplies, identify the use of alternative products, and develop guidance to support ethical decision making on resource use.

