Ministry of Health and Long-Term Care's Emergency Response Plan

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Ontario

Ministry of Health and Long-Term Care

Emergency Management Branch

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1. Introduction

1.1 Ministry Emergency Response Plan Objectives

The Ministry Emergency Response Plan (MERP) describes how the [Ministry of Health and Long-Term Care (MOHLTC)](#) leads or supports the response to an emergency through health system coordination and direction. For the purpose of the MERP, the term *emergency* refers to any 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.[*] This includes declared emergencies under the [Emergency Management and Civil Protection Act (EMCPA)](#) as well as undeclared emergencies. Components of this plan can also be used for emerging, critical health situations that may not meet this definition.

The EMCPA requires ministries to develop an emergency plan for the type of emergency they have been assigned by the Lieutenant Governor in Council. In Order in Council (OIC) 1157/2009, the MOHLTC is assigned the following emergency responsibilities:

- human health, disease and epidemics

- health services during an emergency

See the [Provincial Emergency Response Plan (PERP)](#) for information on OIC responsibilities of other Ontario government ministries.

The MERP ensures that the MOHLTC achieves compliance with the EMCPA and provides the framework for how the MOHLTC fulfills its responsibilities during any type of emergency.

1.2 Scope of the Ministry Emergency Response Plan

1.2.1 Emergency Procedures

Emergencies of any type can affect the MOHLTC's facilities and its staff. In such cases, the MOHLTC's first responsibility is to protect the health and safety of its employees. This responsibility is addressed through office emergency procedures such as evacuation procedures and protocols for responding to specific hazards (e.g., bomb-threats and suspicious packages). This responsibility is not addressed within the MERP. Information can be found on the [MOHLTC intranet](#) (note: this link can only be accessed by Ontario government staff).

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[*] Emergency Management and Civil Protection Act

1.2.2 Continuity of Operations

If a MOHLTC facility and/ or staff are impacted by an emergency or by the demands of the response efforts, this may result in the interruption of one or more of the MOHLTC's time-critical services that are designated for priority recovery in case of disruption. Examples of time-critical services include issues management by Communications and Information Branch and medical advice to government by the Chief Medical Officer of Health. In such cases, the MOHLTC must take steps to restore the affected time-critical service(s) to operational status in a timely and coordinated manner.

This obligation is addressed in the MOHLTC's Continuity of Operations Plan (COOP). Every branch and division of the MOHLTC is responsible for developing and maintaining a COOP. This responsibility is not addressed within the MERP.

1.2.3 Emergency Response

The MERP provides the general framework for how the MOHLTC leads and supports the health system's response to an emergency. The MERP can be used to guide the MOHLTC's response regardless of whether it is the primary or a supporting ministry for the Ontario government's response (see Section 2.2: Ministry of Health and Long-Term Care). Note that the MERP does not describe how the health system responds to an emergency. The MOHLTC is developing an emergency response plan for the health system that describes how health system partners work together to respond to events at the local level.

The focus of this document is emergency response; therefore, the MERP does not detail other aspects of emergency management such as the prevention and mitigation of, preparation for and recovery from emergencies.

Operating Protocols

The MERP outlines the overall emergency response structure of the MOHLTC and the resources that are available to support the health system. As part of its preparedness, the MOHLTC has developed a number of protocols that assist the operation of the Ministry Emergency Operations Centre (MEOC). These are available to MEOC personnel during an emergency response.

During the response to an emergency, additional operating procedures may be developed as part of the Incident Action Plan. These procedures must be consistent with the general response framework of the MERP.

Supporting the Local Response

As emergencies are primarily local in nature, the MERP provides a framework for the MOHLTC to support the local response. The MERP does not encompass the emergency response activities carried out by local jurisdictions and local responders. These activities remain the responsibility of local governments, first responders and other health organizations.

The MERP does not provide guidance to health organizations on the development of their emergency response plans. The MOHLTC has developed a number of hazard-specific plans that provide guidance to health organizations, such as the [Ontario Health Plan for an Influenza Pandemic](#), [Radiation Health Response Plan](#), and [Ontario Contingency Plan for the Management of Blood Product Shortages](#).

While the primary audiences for this plan are MOHLTC staff and provincial agencies, the MERP can be a resource to guide local planning by informing emergency planners and health system partners of the [resources and supports](#) that may be available from the MOHLTC during an emergency.

1.3   Updating and Exercising the Ministry Emergency Response Plan

The MOHLTC exercises the MERP regularly. Lessons learned from exercises, as well as the response to emergencies, are incorporated in subsequent MERP revisions.

This plan is reviewed annually, as per the requirement under the EMCPA. It is updated and amended, as required, by the Emergency Management Branch in consultation with other MOHLTC branches and partners.

The most current approved version of the MERP is posted for public access on the [MOHLTC's website](#) and shared with [Emergency Management Ontario](#).

2. Emergency Management Roles and Responsibilities

2.1 Emergency Management Ontario

At the provincial level, emergency response across government is coordinated by Emergency Management Ontario (EMO), a division within the Ministry of Community Safety and Correctional Services. EMO maintains the Provincial Emergency Response Plan (PERP), which establishes the general emergency response framework for the Ontario government.

The Provincial Emergency Operations Centre (PEOC) is the central location from which EMO coordinates the Ontario government's response. Every provincial emergency response has a designated primary ministry, with other ministries functioning as supporting ministries. According to the PERP "while the primary ministry executes its ministry emergency response plan for the type of emergency assigned to it …the PEOC will operate as the provincial coordinator, with a focus on coordination issues outside the scope of the primary ministry." (page 35)

2.2 Ministry of Health and Long-Term Care

2.2.1 Ministry of Health and Long-Term Care as the Primary Ministry

The Ministry of Health and Long-Term Care (MOHLTC) assumes the role of primary ministry for emergencies, declared and undeclared, when the primary governmental response falls under its emergency responsibilities of "human health, disease and epidemics" or "health services during an emergency" as assigned by Order in Council (OIC). The MOHLTC responds to the impacts on the health of Ontarians and on the health system.

During emergencies in which the MOHLTC has primary responsibility, the MOHLTC's response activities are carried out in accordance with this document and, where applicable, the relevant hazard-specific plan (e.g., Ontario Health Plan for an Influenza Pandemic, Radiation Health Response Plan).

Non-health impacts that may be associated with health emergencies (e.g., civil disorder and impacts on tourism) are addressed by the appropriate supporting ministry(ies).

2.2.2 MOHLTC as the Supporting Ministry

Other ministries lead the provincial response when the primary governmental response falls under their OIC emergency responsibilities. The MOHLTC acts in a supporting role in these scenarios.

Activities are carried out in accordance with the Ministry Emergency Response Plan (MERP) and, where applicable, the relevant hazard-specific plan. Some of the MOHLTC's hazard-specific plans are developed to support the emergency response plan of the lead ministry (e.g., Radiation Health Response Plan supports EMO's Provincial Nuclear Emergency Response Plan).

2.2.3   Ministry Emergency Management Program Coordinator

The Ministry Emergency Management Program Coordinator, under the Emergency Management and Civil Protection Act Ontario regulation 380/04, is responsible for coordinating the development and implementation of the MOHLTC's emergency management program. The Emergency Management Program Coordinator isn't a role under the MOHLTC's emergency response structure (see Section 4: Ministry Emergency Response Structure). The minister has designated the Director of the Emergency Management Branch to be the MOHLTC's Emergency Management Program Coordinator.

2.3   Public Health Ontario (Ontario Agency for Health Protection and Promotion)

Public Health Ontario (PHO) is an arm's-length government agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. PHO provides expert scientific and technical support relating to infection prevention & control; surveillance and epidemiology; health promotion, chronic disease and injury prevention; environmental and occupational health; and health emergency preparedness to help health care providers and other health workers, the public health system and partner ministries make informed decisions and take informed action to improve the health of Ontarians. In addition, PHO operates the province's public health laboratories and surveillance systems.

PHO is a critical partner in the MOHLTC's emergency response. PHO provides scientific and technical advice including risk assessment support to guide the MOHLTC's response during emergencies. As well, PHO continues to operate the province's public health laboratories and surveillance systems. An integrated response between the MOHLTC and PHO is key to a successful response. This integration is achieved in the MOHLTC's MEOC, where PHO staff participate in Incident Management System (IMS) functions as required, including as technical specialists.

PHO supports the MOHLTC and Chief Medical Officer of Health (CMOH) to develop recommendations, directives and response strategies during an emergency based on a scientific understanding of the threats to public health. PHO also plays a critical role in providing expert support directly to the health system related to public health best practice identification and implementation.

PHO also has rapid deployment teams that may be deployed upon the direction of the CMOH[†] to support local response efforts. Infection Control and Response Teams and Epidemiology Response Teams may be deployed to hospitals and public health units (PHUs) respectively to provide assistance with outbreak investigation and management.

2.4   Ministry of Labour

The MOHLTC and Ministry of Labour (MOL) form a unique partnership during emergency response, the key focus of which is the protection of health workers. In addition to information sharing, the two ministries collaborate on a number of levels:

- MOL provides a standing member to the Ministry Action Group (MAG)

- MOL provides technical specialists to participate in the MEOC to support the development and approval of recommendations and directives for the health system related to occupational health & safety

2.5   Ministry of Government Services

The Ministry of Government Services (MGS) is responsible for the Ontario government's workforce, procurement and technology resources. As the employer of the Ontario Public Service (OPS), MGS is responsible for leading the development of human resources policies and programs.

During an emergency, MGS is responsible for ensuring the occupational health & safety of Ontario government staff, including communicating with OPS employees and liaising with public service unions such as the Ontario Public Service Employees Union and the Association of Management, Administrative and Professional Crown Employees of Ontario.

2.6   Other Ministries

The provincial response to an emergency typically involves several ministries working together through the PEOC. Similar to the MOHLTC, other ministries become engaged in the response as per their respective OIC responsibilities and may decide to activate their own emergency operations centres to coordinate their ministry's efforts.

Supporting ministries provide assistance to the primary ministry while managing the impacts of the emergency on their partners, their critical infrastructure and the continuity of their operations.

[†] Throughout the MERP, when specific positions are named, the task may be designated to another position following normal designation mechanisms. For example, the CMOH may designate responsibilities to an Associate Chief Medical Officer of Health.

For more information regarding the emergency management responsibilities of other ministries, see the PERP.

2.7   Government of Canada

Federal emergency response is coordinated by Public Safety Canada through the Government Operations Centre. This facility connects relevant departments together in a manner similar to the PEOC that is managed by EMO.

The Government of Canada has jurisdiction over a number of emergency-related matters, including air and sea travel, border security, foreign affairs, foreign animal disease control, nuclear safety, the Royal Canadian Mounted Police and Canadian Forces.

2.7.1   Public Health Agency of Canada

The Public Health Agency of Canada (PHAC) has primary responsibility for health emergency management at the federal level.

PHAC develops national plans and frameworks in conjunction with provinces and territories, which influences planning at the MOHLTC. This includes planning for an influenza pandemic and other infectious disease outbreaks. PHAC plays a lead role in influenza pandemic vaccine procurement, allocation and distribution to provinces and territories.

The programs and resources of PHAC also pertain to natural disasters and to chemical, biological, radiological, nuclear and explosive emergencies; however, the response to radiological/ nuclear emergencies is the responsibility of Health Canada. PHAC manages a number of resources that may be required to support the province's response to emergencies. These include:

- National Microbiology Laboratory

- National Emergency Stockpile System

During a health emergency, PHAC also acts as the primary liaison with international organizations, such as the Centers for Disease Control and Prevention in the United States and the World Health Organization, and ensures compliance with the International Health Regulations.

2.7.2   Health Canada

The MOHLTC collaborates with Health Canada in two key areas of emergency preparedness and response:

- Health Canada is the lead federal department responsible for coordinating the response to a nuclear or radiological emergency under the Federal Nuclear Emergency Plan.

- Health Canada's [First Nations and Inuit Health program](#) oversees the delivery of health services in First Nation communities.

2.8 Public Health Units

The [36 PHUs](#) in Ontario are governed by three different legal structures: 22 are established under the HPPA; four are established by City-specific act; and the remaining ten are part of the municipal structure - the municipality acts as the board of health. PHUs take on a range of roles in emergency management, and depending on their organizational structure the medical officer of health (MOH) may participate in one or more community emergency operations centres.

Under the [Health Protection and Promotion Act](#), boards of health must comply with the mandatory health programs and services as established in the [Ontario Public Health Standards](#). These standards outline a range of programs and service areas that PHUs must address in order to prevent, eliminate and decrease the effects of health hazards, such as community sanitation, safe drinking water, control of infectious diseases/ immunization programs, injury prevention and others. There is a specific standard on [Public Health Emergency Preparedness](#) that aims to enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts across all PHUs.

2.9 Local Health Integration Networks

Ontario's fourteen [Local Health Integration Networks (LHINs)](#) are responsible for ensuring the health services funded under their structure can continue to deliver health services during an emergency. LHINs engage LHIN-funded health organizations – also known as transfer payment agencies – to coordinate emergency response activities and tasks. These organizations include public and private hospitals, Community Care Access Centres (CCACs), community support service organizations, mental health and addiction agencies, community health centres (CHCs) and long-term care homes.

Depending on the scope of the emergency and health support needs, coordination across LHINs may be required. LHIN coordination tables can be used to support this process with status reports to the MEOC. Cross-LHIN action plans to prioritize response activities are developed with established mechanisms to coordinate actions across LHIN boundaries.

2.10 Health Organizations/ Health Sector Employers

Health organizations/ health sector employers are responsible for delivering a range of health programs, complying with the [Occupational Health and Safety Act](#), and activating continuity of operations strategies to maintain time-critical services. Many health organizations lead or participate in special initiatives to address community needs during emergencies.

2.11 Health Liaison Organizations

Many provincial health associations, unions and regulatory bodies act as liaison organizations between their members and the MOHLTC during the planning, response and recovery phases. During an emergency, these health liaison organizations serve as a two-way conduit for information including distributing information to their members and participating in the MOHLTC Heath Stakeholder Teleconferences led by the MEOC.

2.12 Municipalities

As is the case for ministries, Ontario regulation 380/04 under the Emergency Management and Civil Protection Act sets out the requirements for municipalities to have a community emergency operations centre operating under the direction of the municipal emergency control group during an emergency. The organization of the municipal structure for undertaking emergency response operations is set out in municipal emergency response plans.

3. Ministry of Health and Long-Term Care Emergency Response Status

The Ministry of Health and Long-Term Care's (MOHLTC's) emergency response status is escalated/ de-escalated as the situation warrants (see Section 3.2: Activation Status and Section 3.3: Recovery Status). The MOHLTC posts its emergency response status on its public website.

3.1 Routine Monitoring & Engagement Status

During Routine Monitoring & Engagement Status, the Emergency Management Branch (EMB) develops and implements mitigation and preparedness initiatives in consultation and coordination with partners, including developing plans and implementing exercises and training/ awareness programs.

The MOHLTC, through the EMB, monitors the development of situations that may threaten the health system or the health of Ontarians. In addition to this daily surveillance process, the EMB may be advised of emergencies through a range of sources including:

- other branches in the MOHLTC

- other levels of government (e.g., federal and municipal levels) and health system partners

- other ministries and Emergency Management Ontario

- the media

Public Health Ontario (PHO) and the MOHLTC's Public Health Division (PHD) have established protocols for mutual alerting of developing incidents and health system threats. These include daily Morning Rounds, Joint Incident Assessments (JIAs) and other awareness activities.

In general, the Ministry Emergency Response Plan (MERP) is not used during Routine Monitoring & Engagement Status; however, components of the MERP may be used to support the MOHLTC's response to an emerging, critical health issue. As well, the Ministry Emergency Operations Centre (MEOC) may be activated during Routine Monitoring & Engagement Status to support the coordination of MOHLTC activities during the response to an emerging, critical health issue.

3.2 Activation Status

The decision to move to Activation Status is generally made by the Director of EMB, Executive Lead or at the request of the Chief Medical Officer of Health. The following triggers are considered in determining the need to move to Activation Status:

- number of affected jurisdictions within Ontario

- impact on continuity of operations of the health system or the MOHLTC

- consideration of whether coordination with other jurisdictions is required (inter-provincial or federal-provincial)

- morbidity/ mortality implications of the threat

- whether the MOHLTC is the lead or supporting ministry for the Ontario government

- media interest

- public attitudes and behaviours

The decision to move to Activation Status may be made as part of the MOHLTC's JIA process, a hazard-specific discussion between the PHD and PHO.

During Activation Status, the MEOC is activated and an operational period is established. Typically, multiple areas of the MOHLTC are involved in responding to the emergency and the MOHLTC is in regular communication with health system partners regarding the response. To coordinate senior leadership decision making, the Ministry Action Group (MAG) may be activated as part of Activation Status.

The Provincial Emergency Response Plan (PERP) describes the triggers for the declaration of a provincial emergency. The Lieutenant Governor in Council and Premier have the power to declare an emergency. During a declared emergency, whether the MOHLTC is a lead or supporting ministry, the MOHLTC automatically moves to Activation Status.

3.3 Recovery Status

Recovery activities actually commence during Activation Status and recovery efforts are likely to extend beyond the timeframe of the emergency.

Ideally, triggers for Recovery Status are established at the outset of the emergency by the Planning Section. Doing so enables a clear understanding of when the formal response phase ends. The formal transition to Recovery Status indicates that emergency has ended or has begun to de-escalate and the MOHLTC and affected elements of the health system have begun to return to routine operations.

At this stage, the MEOC does not deactivate immediately, but continues activity at a reduced level to oversee the health system's and MOHLTC's return to routine business.

During Recovery Status, the MOHLTC typically leads an evaluation or debrief process in order to understand and document lessons learned that were identified by partners in the health system response. The MOHLTC may develop an after action report to serve as official documentation of lessons learned from the emergency, or there may be a formal audit/ inquiry process established to capture the lessons learned by a neutral third-party.

Cost tracking and reimbursement may be undertaken to cover extraordinary costs borne by health system partners for MOHLTC-approved activities/ measures as a result of responding to the emergency. The MOHLTC is developing a mechanism to begin this tracking as early in the process as possible, facilitating appropriate approvals and timely reimbursement.

4. Ministry Emergency Response Structure

The following sections outline the structure by which decisions are made, documented and carried out during the response to an emergency. The structures and processes outlined in the following sections apply when the Ministry of Health and Long-Term Care (MOHLTC) emergency response status is at Activation Status; however, components of these structures can be used to support the MOHLTC response to an emerging, critical health issue (see Section 6.1: Ministry Emergency Operations Centre Activation during Routine Monitoring & Engagement). Decision makers are responsible for ensuring that the processes they use and decisions that they make are based on evidence, legislation, the precautionary principle, Ontario Public Service (OPS) values, health equity and the MOHLTC's Emergency Communication Principles (See Section 6.3 Guiding Principles for more information on the principles that guide the MOHLTC's decision-making during an emergency).

4.1 Political/ Bureaucratic Leadership

The Ministry Action Group (MAG) may receive direction from political or bureaucratic leadership, including the Premier, the Minister of Health and Long-Term Care, the Deputy Minister (DM) and the Cabinet Committee on Emergency Management.

4.2 Ministry Action Group

The MAG may provide executive leadership for the MOHLTC's emergency response during Activation Status. Ontario Regulation 308/04 under the EMPCA establishes the requirement to have a MAG.

The MAG provides strategic direction to the Executive Lead and Ministry Emergency Operations Centre (MEOC) Command with respect to the response. It is activated and chaired by the DM. The MAG may also provide strategic advice to the minister on the use of his/ her emergency powers under the Health Protection and Promotion Act (HPPA) (e.g., seizure of supplies or issuing directives) or to the Lieutenant Governor in Council or Premier with its recommendation on the declaration of a provincial emergency. In addition, as described in the MOHLTC's Continuity of Operations Plan, the MAG may provide strategic direction regarding the MOHLTC's continuity of operations.

Note that the MAG may not be activated during every Activation Status – the need to activate the MAG is typically based on the size and complexity of the emergency (at the discretion of the DM). The MAG may be activated during the following situations:

- There is a declared provincial emergency under the Emergency Management and Civil Protection Act (EMCPA).

- Other government emergency response structures are activated – such as the ministry action groups for other ministries, the Cabinet Committee on Emergency

Management and government-wide DM or Assistant Deputy Minister (ADM)-level committees – and are providing direction to/ seeking advice from the MOHLTC that should be provided by the MAG.

- Co-ordinated senior-level decision making is required across the MOHLTC in order to support the response effort.

If activated, the MAG confirms the objectives and strategies of the Incident Action Plan (IAP).

The Executive Lead for the MOHLTC's response may identify the need to activate the MAG and make this recommendation to the DM.

The MAG may convene either face-to-face or via teleconference, if the former is not possible due to the circumstances of the emergency. All decisions and follow-up items are documented in meeting minutes and provided to the members as well as the MEOC as soon as possible after the conclusion of a meeting. The MEOC provides secretariat support to the MAG in conjunction with the DM's office.

4.2.1 MAG Members

Membership of the MAG is established by the DM as the emergency response requires.

The MAG always includes:

- DM (Chair)

- Executive Lead

- ADM, Communications & Information Branch (CIB)

- ADM, Corporate Services Division & Chief Administrative Officer

- ADM, Direct Services Division

- Chief Medical Officer of Health (CMOH)

- President/ Chief Executive Officer, Public Health Ontario (PHO)

- A representative of the Ministry of Labour (MOL) (in accordance with the Memorandum of Understanding between the Ministry of Labour and the Ministry of Health and Long-Term Care: Collaboration on Reportable Diseases, Communicable Diseases and/ or Outbreaks of Infectious Diseases that are, or may be, Occupational Health Hazards)

- MEOC Command

The MAG may also include (at the DM's discretion and based on advice from MAG members):

- Associate Deputy Minister(s)

- Director, Legal Services Branch

- Executive Director, Public Health Division (PHD)

- Associate CMOH(s)

- Chief Information Officer, Health Services Information and Information Technology Cluster

- ADM/ Executive Officer, Ontario Public Drug Programs (OPDP) Division

- Other MOHLTC ADMs

- Subject matter expert/ response lead, PHO

4.3 Executive Lead

An Executive Lead may lead the MOHLTC's response to an emergency, particularly when the MOHLTC is the lead ministry. The CMOH typically plays this role for emergencies that fall under the MOHLTC's Order in Council responsibility of "human health, disease and epidemics" and for health system emergencies focused on Ontario's public health units (PHUs). Alternatively, the DM may choose to assign senior leadership of the emergency response to the ADM of a relevant division, depending on the nature of the emergency.

The Executive Lead:

- provides input into the response objectives and strategies of the IAP; if MAG is not established, confirms these components

- oversees the work of MEOC Command

- briefs senior government leadership to provide situational and operational updates and receive advice/ direction, including the offices of the DM, minister and other government leaders

- participates on the MAG if it is established

- approves published messaging from the MOHLTC (including website content, Important Health Notices (IHNs) and other communiqués)

- functions as one of the MOHLTC's spokespersons

An Executive Lead may not be assigned for emergencies when the MOHLTC is a supporting ministry or when the tasks required do not require this position.

4.4   Chief Medical Officer of Health

In addition to being the MOHLTC's [Executive Lead](#) for emergencies that fall under the MOHLTC's OIC responsibility for "human health, disease and epidemics" and PHU emergency responses, the CMOH has a number of legislated powers under the HPPA that pertain to emergency management that can be used when required, including:

- the ability to investigate and take actions that he/ she considers appropriate to prevent, eliminate or decrease the risk to the health of Ontarians

- the ability to issue directives to boards of health and medical officers of health (MOHs)

- the ability to issue directives to a health care provider or health care entity related to health worker health and safety in the use of any protective clothing, equipment or device

The CMOH may also provide written certification, advice and guidance to the minister on the possession of premises for public health response and the emergency procurement of medications and supplies.

The CMOH may also play one or more of the following roles during the response to an emergency:

- directs PHO to provide technical and operational support to any person or entity in an emergency or outbreak situation that has health implications including outbreak investigation; emergency management support; data collection, interpretation, analysis and dissemination; advice on outbreak management; and laboratory services

- participates on the [MAG](#)

- provides leadership to PHUs/ MOHs

4.4.1   Executive Lead Advisory Group

The Executive Lead may choose to invite technical specialists (scientific, legal, policy, communications and/ or political advisers) to participate on an Advisory Group to support his/ her decision making process. These technical specialists may also have another position in the MOHLTC's Incident Management System (IMS) structure.

4.5   Incident Management System Structure

IMS is a standardized organizational structure and associated functions, processes and terminology used to manage many types of emergencies. IMS includes a scalable,

modular structure that enables organizations to use only those aspects that are suited to a given emergency. IMS language and its core structure are standardized among emergency response agencies and serve to reduce the risk of miscommunication, to avoid confusion and to enhance the efficiency of the overall response and efforts. This structure can be applied to any organization involved in emergency management.

While the basic structure of IMS is standardized to enable inter-organizational efficiency, organizations implement these standard functions in a manner that best suits their organizational roles and functions. The MOHLTC has developed a customized application of IMS that best suits its needs while maintaining the traditional structure. The MOHLTC's structure is compliant with Ontario's IMS doctrine.

Whether the MEOC is staffed with only a few individuals or by many, IMS ensures that all functions are accounted for, while the number of individuals involved in the IMS structure remains scalable.

The MOHLTC's IMS structure consists of five core functions: Command, Operations, Planning, Logistics and Finance & Administration. Certain incidents and emergencies may require technical specialists with specialized knowledge and expertise. Technical specialists may be assigned to any of the core functions as required.

As per standardized IMS practice, all personnel within the IMS structure operate based on an IAP that establishes the objectives for any given operational period and describes the strategies and tactics for achieving them.

The IMS functions presented in this plan are not definitive, particularly in the Operations Section. The MEOC Command may add new functions to the structure and reorganize IMS sections at any time during the response. The Ministry Emergency Response Plan (MERP) outlines general areas of responsibility for the core functions.
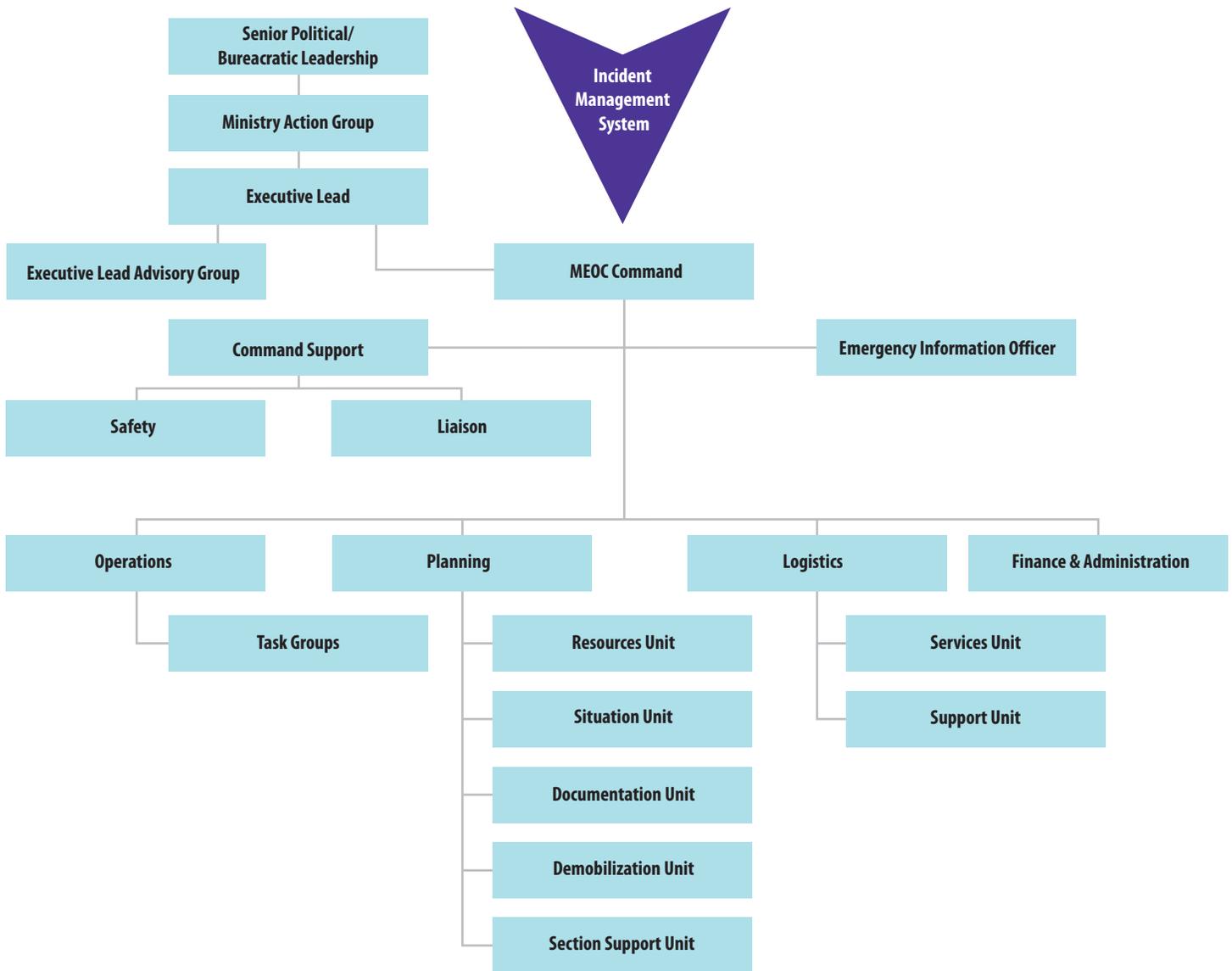
Figure 1. Potential MOHLTC Emergency Response Structure

4.5.1 Command

The Command Section is responsible for the overall management of activities in the MEOC.

MEOC Command is always activated when the MEOC is operating and is led by the MEOC Command, typically staffed by the Director of the Emergency Management Branch. The MEOC Command is a separate role from any other identified Emergency Management roles that the Director of EMB may also fulfill such as the Ministry Emergency Management Program Coordinator (see Section 2.2.3: Ministry Emergency Management Program Coordinator).

The MEOC Command has the following responsibilities:

- briefs the Executive Lead and/ or MAG (if activated) to obtain direction and input on the objectives and strategies of the IAP, including providing recommended objectives and strategies

- communicates response objectives and strategies to Section Chiefs

- reviews and approves the IAP for each operational period

- establishes the timing of the operational period

- assumes responsibilities of all positions until they are activated (i.e., Section Chiefs, Command Section)

- assigns positions within the MEOC to staff according to their skill-sets and roles

- briefs the Executive Director, PHD

The Command Section may also activate the following positions (note that MEOC Command assumes these responsibilities if the positions are not activated):

- the Liaison Officer coordinates MOHLTC response efforts with organizations other than health system partners (e.g., EMO)

- the Safety Officer supports the employer's responsibilities in ensuring occupational health & safety for responders in the MEOC

- the Command Support provides executive support to MEOC Command and may provide oversight of the Liaison Officer(s) and Safety Officer(s)

Transfer of command, for example at a shift change, normally involves a formal briefing to ensure the incoming MEOC Command is updated on the status of the IAP and response activities, the latest direction from the Executive Lead and/ or MAG and current issues.

Emergency Information Officer

The ADM of CIB has been designated the ministry's Emergency Information Officer (EIO), in accordance with Regulation 380/04 of the EMCPA. This position is always activated when the MEOC is activated. The EIO may choose to activate the MOHLTC's Crisis Communications Team (CCT) during a response. The CCT is responsible for the development and timely dissemination of emergency information distributed to the public. These efforts are carried out in accordance with the Crisis Emergency and Risk Communications Response Guide developed by CIB. The roles and responsibilities of the CCT include the following:

- alerts and reports on communication-related activities to the offices of the DM, minister and Cabinet Office Communication

- coordinates notices and bulletins to the public (in cooperation with the Provincial Emergency Operations Centre (PEOC) and Cabinet Office)

- updates the MOHLTC website to provide updates to partners and the public, including posting and translation of IHNs

- develops media products

- identifies MOHLTC spokespeople and backups

- communicates with media organizations

- coordinates media briefings and prepares MOHLTC spokespeople

- liaises and coordinates with communication counterparts in emergency information sections (EISs) from other jurisdictions (e.g., PHUs, Public Health Agency of Canada (PHAC))

In support of the development of the IAP, the CCT also:

- provides a status update on the above-listed responsibilities

- contributes to the emergency information component of the IAP (e.g., communications strategy and public messaging for the next operational period)

The Executive Lead must approve all published communications during an emergency response, ensuring that they adhere with the MOHLTC's Emergency Communications Principles. These publications include IHNs, memos and changes to the website. Command approves non-published electronic communications such as situation reports shared with internal and external partners.

4.5.2 Operations

The Operations Section implements the IAP.

The Operations Section is led by the Operations Chief who has the following responsibilities:

- coordinates section activities

- participates in the development of the IAP

Functions in the Operations Section typically undertake specific time-limited assignments based on the specific event in the form of task groups. Some functions may be activated for the duration of the response – such as a Health System Coordination Task Group, PHO functions that are subsumed under Operations, or a Technical Specialist Task Group.

Membership of functions under Operations may include technical specialists and other staff from the MOHLTC, PHO, MOL, PHAC, Health Canada and external agencies/ organizations. Operations functions that involve the development of documents and other communication materials may include a technical writer to ensure that all materials are written in a clear, easy-to-understand language that is readily accessible by the intended audience.

For example, the Operations Section may include the following functions:

- an Antiviral Distribution Task Group to coordinate the distribution of antiviral medications to delivery points and other methods to ensure Ontarians' access to antivirals

- an Emergency Medical Assistance Team (EMAT) Task Group to coordinate the MOHLTC's role in activation and deactivation of the EMAT

- a Health Worker Guidance Task Group to develop and distribute recommendations for health workers and health sector employers, such as IHNs and knowledge translation tools (guidance documents)

- a Health System Coordination Task Group to coordinate teleconferences for health partners and to staff the Health Care Provider Hotline

- a Mass Immunization Task Group to coordinate a mass immunization strategy

- a Policy Development Task Group to develop draft urgent regulations or amendments

- a Psychosocial Support Task Group to arrange telephone psychological support and treatment services to affected Ontarians (see Section 5.7: Psychological Support Hotline)

- a Technical Specialist Task Group to provide scientific and technical advice in response to specific questions

- a Distribution Task Group to coordinate the distribution of supplies from provincial supply & equipment stockpiles, which may include activating the Emergency Order Management System (EOMS)

- specific PHO functions, such as Surveillance Services or Laboratory Services

4.5.3 Planning

The Planning Section is responsible for data collection, evaluation, analysis and dissemination within the MEOC; developing the IAP; and developing long-range plans.

The Planning Section is led by the Planning Chief, who has the following responsibilities:

- coordinates section activities

- develops the draft IAP for each operational period for approval by MEOC Command (verbal or preferably written)

The Planning Section may also activate the following functions in the form of units. Unlike Operations Task Groups, these units are pre-determined (note that the Planning Section Chief assumes any required responsibilities if the functions are not activated):

- The Resources Unit maintains the status of all assigned resources and personnel at the MEOC, including assessing future needs (human resources, technology and facilities).

- The Situation Unit collects, processes and organizes all incident information. This includes the development of situation reports. As well, the Situation Unit identifies and documents projections of incident growth and options for response for Command consideration and to inform IAP development. The Situation Unit also completes daily hazard identification and risk assessments regarding other hazards that may affect the MOHLTC's response.

- The Documentation Unit collects, stores and tracks documentation related to the MOHLTC's response. This includes gathering and filing response documentation from all IMS sections, the Executive Lead and MAG and relevant external organizations; sharing information with appropriate MEOC staff; and coordinating the use of the MEOC activity logging system and any additional information management systems.

- The Demobilization Unit prepares demobilization and recovery plans.

- The Section Support Unit provides administrative support for all IMS sections and MAG.

4.5.4   Logistics

The Logistics Section is responsible for the obtaining resources required for the response. Resources may include supplies, equipment, facilities, services or personnel that are needed to contribute to the MOHLTC's response.

The Logistics Section is led by the Logistics Chief, who has the following responsibilities:

- coordinates section activities

- participates in the development of the IAP

- continuity of operations coordination

The Logistics Section may also activate a Services Unit and/ or a Support Unit (note that the Logistics Chief assumes these responsibilities if the functions are not activated).

The Services Unit obtains the resources required for the MEOC or alternative MEOC, such as telecommunications and information technology. This unit also coordinates staffing requests across the MOHLTC and PHO for the MEOC, provides MEOC orientation and reception, schedules staff and tracks hours worked.

The Support Unit obtains the resources required to support the health system's response to the emergency, such as supplies & equipment. This unit monitors and reports on the status of the mobilization and deployment process for the benefit of other IMS functions until the resources are assigned. Once resources have been assigned, their status is monitored by the Operations Section. The Support Unit also coordinates and reports on overall continuity of operations activities for the MOHLTC by liaising with divisions/ branches/ units that have experienced a business disruption; coordinating support to restore time-critical services; obtaining regular reports on service restoration efforts; providing updates to the PEOC; and making recommendations to MEOC Command regarding continuity of operations of time critical EMB activities.

4.5.5   Finance & Administration

The Finance & Administration Section is responsible for the financial aspects of implementing the IAP, including recording, tracking and coordinating payment/ funding both for purchases related to the emergency response/ recovery of the health system and the MEOC itself. Purchases are endorsed by MEOC Command with direction from the Executive Lead and/ or MAG as needed, and are approved based on MOHLTC's usual financial requirements and processes.

The Finance & Administration Section is led by the Finance & Administration Chief, who has the following responsibilities:

- coordinates section activities

- participates in the development of the IAP (for example, flagging any financial issues early in an emergency response)

The Finance & Administration Section may recruit additional staff from relevant branches of the MOHLTC if required to meet its responsibilities, which may include assistance with:

- recording and tracking of expenditures

- securing and providing payment to transfer payment agencies, such as public health units and other health organizations

- ensuring the MEOC is following existing MOHLTC financial tracking and approval processes

- coordinating with other areas of the MOHLTC

The MOHLTC has robust financial tracking and approval processes that are used at all times, including during an emergency. To ensure that the MOHLTC's existing processes are used, the Finance & Administration Section may require the participation of Financial Management Branch, Fiscal Oversight and Performance Branch and/ or Account Policy and Financial Reporting Branch.

The [Ministry of Municipal Affairs and Housing (MMAH)](#) has responsibility per its OIC for the coordination of extraordinary provincial costs associated with emergency response. MMAH also leads cost-sharing/ reimbursement discussions with the federal government for emergencies that are under their jurisdiction. The MOHLTC collects and organizes cost information on behalf of the health system.

In the initial stages of an emergency, MMAH may dispatch a memorandum to Chief Administrative Officers across the OPS involved in the response in order to direct ministries to utilize an Emergency Corporate Initiative Code established within the Integrated Financial Information System. The Finance & Administration Chief liaises with MMAH to ensure that costs from the MOHLTC and/ or the health system are accurately captured and that the MOHLTC is represented in discussions regarding reimbursement.

4.5.6 Technical Specialists

Certain incidents or events may require technical specialists with specialized knowledge or expertise related to legal, scientific, occupational health & safety, communications and ethical matters. These technical specialists support the MOHLTC's decision-making process.

Technical expertise may be drawn from the MOHLTC, PHO, MOL, PHAC, Health Canada and external agencies/ organizations. Technical specialists outside the MOHLTC may be provided by or arranged for by PHO, or by a service provider

contracted by EMB for specific knowledge and technical expertise that has undergone a conflict of interest identification process.

These specialists may be assigned wherever their services are required in the MEOC, such as in the Executive Lead Advisory Group or in any of the five core IMS functions.

4.6 Ministry of Health and Long-Term Care and Public Health Ontario Participation in the Ministry Emergency Operations Centre

The MOHLTC's EMB, CMOH, Associate Chief Medical Officer of Health or PHD Executive Director takes a leadership role in the IMS structure. A number of MOHLTC branches/ units and PHO programs may also participate in the response based on their regular roles and responsibilities (e.g., Local Health Integration Network (LHIN) Liaison Branch (LLB), Emergency Health Services Branch (EHSB), PHO's Laboratory Services and Surveillance & Epidemiology Services).

As examples, Table 1 outlines IMS functions and areas of the MOHLTC or PHO that may participate. These are only examples; additional functions and areas are established based on the event.

Table 1. IMS functions and potential MOHLTC and PHO participants

IMS Functions	Potential Participants
Operations Section – Antiviral Distribution Task Group	OPDP Supply Chain & Facilities Branch
Operations Section – Health Worker Guidance Task Group	EHSB LLB Primary Health Care Branch PHO
Operations Section – Health System Coordination Task Group	LLB Public Health Planning and Liaison Branch
Operations Section – Laboratory Services	PHO
Operations Section – Mass Immunization Task Group	Public Health Policy and Programs Branch (PHPPB)

IMS Functions	Potential Participants
Operations Section – Policy Development Task Group	LLB

Performance Improvement and Compliance Branch

Health Services Branch

PHPPB

Legal Services Branch

Health System Information Management and Investment Division |
| Operations Section – Technical Specialist Task Group | PHO |
| Operations Section – Surveillance & Epidemiology Services | PHPPB

PHO |
| Logistics Section – Services Unit | Health Services I&IT Cluster

HR Ontario |
| Logistics Section – Support Unit | Supply Chain and Facilities Branch |
| Finance & Administration Section | Financial Management Branch

Fiscal Oversight and Performance Branch

Accounting Policy and Financial Reporting Branch |

In scenarios when many staff are needed to participate in the MOHLTC's response, MOHLTC staff may also be deployed to the MEOC to act in a role that is not directly related to their usual branch mandate.

The process for recruiting MOHLTC and PHO staff to the MEOC includes the following steps:

- the Planning Section, in coordination with the Operations Chief, identifies roles in the IMS that need to be filled/ activated as part of the IAP

- the Logistics Chief coordinates requests for human resources (these requests are communicated through the MEOC Command to the Executive Lead and/ or DM, who may coordinate recruitment through branch directors or ADMs)

- MEOC Command assigns people to positions within the IMS

- the Logistics Section provides a MEOC orientation and tracks hours

Success factors for branch participation in the MEOC include:

- assigning staff for several consecutive days, rather than rotating many staff through the MEOC

- activating the Continuity of Operations Plan of the branch that is sending staff to the MEOC

- participating physically in the MEOC – there may be some situations where remote participation could be arranged

- ensuring that branch representatives sent to the MEOC have decision-making authority or quick access to decision makers

Staffing requests for PHO are made by MEOC Command to the CMOH who communicates the request. Follow-up coordination is done by the Logistics Section.

The majority of MOHLTC staff are not involved in the response to the emergency and are expected to continue with their normal activities. However, heightened awareness is required during the emergency response and staff should determine and respond to how the unfolding events are affecting MOHLTC service delivery, partners and their own individual family welfare.

4.7   Operational Period and the Incident Action Plan

4.7.1   Establishing an Operational Period

MEOC operations are structured around an operational period. A period is based on the development, implementation and evaluation of the IAP (see Figure 2: Operational Period).

The MEOC Command determines the duration of each operational period depending on the size, complexity and pace of the emergency. Periods are typically no longer than 24 hours. It is common for operational periods to be shorter in the early phases of the emergency response (when the MEOC's understanding of the emergency is dynamic and new developments emerge rapidly) and to increase in length as the situation stabilizes.

Notification & Initial Response

EMB manages initial response activities.

Initial Situation Report

EMB provides situational awareness to MOHLTC staff, partners and health system stakeholders as needed.

Executive Lead Briefing

MEOC updates Executive Lead and receives strategic and operational input into the Incident Action Plan. Executive Lead establishes response objectives and strategies. Executive Lead may receive input from senior decision-makers (e.g. DM, MAG, Minister).

Operations Update

MEOC Command updates MEOC staff on current status.

Command and Chiefs Meeting

MEOC Command shares objectives and strategies with Command Section and other section chiefs.

Tactics Meeting *(optional)*

Operations Section establishes tactics to achieve objectives.

Planning Meeting

Section Chiefs provide the Planning Chief with input into the Incident Action Plan, including developing tactics.

Prepare and Approve Incident Action Plan

Planning Section develops the Incident Action Plan and MEOC Command approves it.

Commence planning for next operational period

Operations Briefing

Incident Action Plan presented to all MEOC staff by MEOC Command.

Evaluation

MEOC staff monitor and evaluate response and provide input to supervisors.

Implement Incident Action Plan

Section Meetings

Section Chiefs review Incident Action Plan with section staff.

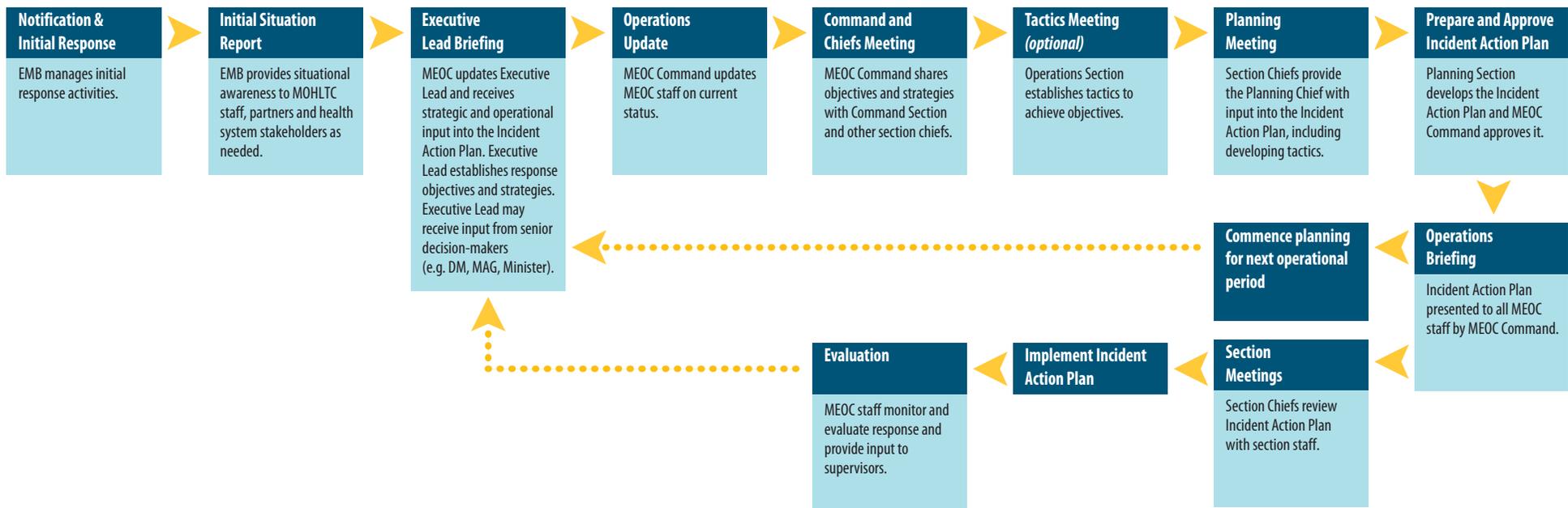**Figure 2. Operational Period**

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As outlined in Figure 2, an operational period revolves around the development, implementation and evaluation of an IAP. An IAP provides those involved in the response with direction for actions to be implemented within the next operational period. An IAP outlines the objectives, strategic direction and tactics that are required to coordinate activities. The level of detail in an IAP varies according to the size and complexity of the response.

The essential elements of the IAP include the following:

- statement of objectives, expressing in a measurable manner what is expected to be achieved

- clear strategic direction

- tactics to be employed to achieve each overarching incident objective

- list of resources that are required to implement the IAP

- assignment of responsibility to IMS sections for implementing the IAP

- the IMS structure for the operational period

- safety guidelines or requirements for MEOC staff

Decisions related to the response are developed, approved and documented as part of the IAP. Decision-making processes in the MEOC are based on evidence, legislation, the precautionary principle, the OPS values, health equity and the MOHLTC's Emergency Communications Principles.

As described in Figure 2, various players in the MOHLTC are involved in the development and approval of response objectives, strategies and tactics depending on the scale and complexity of the emergency. The individuals and/ or bodies involved in decision-making may vary over the duration of the event.

When an emergency is small and simple, the IAP is developed by the MEOC Command and Section Chiefs with direction and input by the Executive Lead on the following issues:

- response objectives and strategies

- escalation/ de-escalation of the MOHLTC response status

- management of complex MOHLTC continuity of operations issues

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- key messaging for health system partners and the public

- requests for technical expertise to support the MOHLTC's response

- management of extraordinary costs

- the MOHLTC position on provincial/ federal response-related issues

When an emergency is large and complex, the MAG may be activated. In these scenarios, MEOC Command prepares draft IAP objectives and strategies for MAG to provide direction and input to the Executive Lead and MEOC Command. MEOC Command shares this information with the Section Chiefs to support the development of the IAP. As the scale and complexity of an emergency changes over time, the MAG may not be required throughout the entire duration of an event.

The Executive Lead and/ or MAG may receive direction from other authorized levels of government that need to be incorporated into the MEOC incident action planning process – such as the Cabinet Committee on Emergency Management (the Minister of Health and Long-Term Care has a permanent role on this committee) and government-wide DM or Assistant Deputy Minister (ADM)-level committees. For information regarding the structure and roles and responsibilities of these players in the provincial emergency management structure, see the PERP.

4.8   Emergency Information Cycle

4.8.1   Establishing an Emergency Information Cycle

The emergency information cycle is a key tool through which the MEOC implements public and health system information components of the IAP.

Establishing a clear, recurring schedule enables the MOHLTC to maintain effective communication throughout the response. The specific elements and timing/ frequency of these elements may be different for each emergency, depending on:

- the nature of the emergency

- the specific partners involved in the response

- the need to issue regular public and/ or heath system communication

- the timing of key elements in other partners' information cycles (e.g., PEOC briefings, local teleconferences, federal briefings)

- other elements in the MEOC operational period

- media schedules (evening news deadlines for major media outlets and weekly periodic news cycles of rural media should be considered)

The following are key activities that may be included, and the times when they may occur:

- 0830h – the Operations Section may host a Health Stakeholder Teleconference with the MOL and health liaison organizations, including associations, labour organizations, regulatory colleges, LHINs and other identified partners

- 1300h – if public health units require separate communications, the MEOC Operations Section may host a public health unit teleconference with the CMOH, PHO and local MOHs

- 1500h – the CCT may host a media briefing, facilitated by designated MOHLTC spokespersons, mid-afternoon to enable sufficient time for messages to be incorporated into evening editions and evening news broadcasts

4.8.2 Development and Approval of Emergency Information

Key messages for the public are established by the MEOC Command in consultation with the Executive Lead. The EIO, through the CCT, develops information for the public based on these key messages. The Executive Lead approves emergency information for the public. The EIO, through the CCT, supports the dissemination of messaging to the public, including posting of materials on the MOHLTC website as needed.

Key messages for health system partners are established by the MEOC Command in consultation with the Executive Lead. The Operations Section develops information for health system partners based on these key messages. The Executive Lead approves emergency information for health system partners. The CCT arranges for posting of materials on the MOHLTC website as needed.

Provincial Coordination of Emergency Information

The MOHLTC's public communications must be coordinated with the EIS of the PEOC (if activated) to coordinate emergency communications across government. When the MOHLTC assumes the role of primary ministry for the government, the EIO may assume responsibility as the Provincial Chief Information Officer for the response and lead the EIS. The EIS of the PEOC provides information for the Ministry of Government Services to inform OPS communications.

4.8.3 Communication Tools for Health System Partners

Situation Reports

Situation reports are developed by the Planning Section. Situation reports are shared with internal Ontario government partners and PHO as necessary. The MEOC Command may also share versions of the reports with health system partners, including health liaison organizations, LHINs and PHUs, who then share information from these reports with their members/ transfer payment agencies and local partners.

Situation reports provide recipients with the following information (if available/applicable):

- the nature of the emergency, including details on the risk to the health and safety of Ontarians

- affected area(s) of the province

- reported injuries or casualties

- health services affected

- response activities at the local level

- response activities at the provincial level

- next steps

The MEOC utilizes situation reports throughout the duration of the emergency to transmit regular updates as needed regarding the status of the response.

EMB uses situational reports to provide information to partners during the Routine Monitoring and Engagement Status as part of its ongoing communications processes. The EMB manages a comprehensive database of internal and external contacts for use in the distribution of emergency-related information, both during the Routine Monitoring and Engagement Status as well as Activation Status.

Important Health Notices

The Operations Section oversees the development and approval of IHNs. The MOHLTC uses IHNs to communicate recommendations or CMOH directives rapidly to health workers and health sector employers. The Executive Lead and MEOC Command decide if an IHN is an appropriate communication vehicle depending on the urgency or severity of the situation. The Executive Lead approves IHNs.

An IHN is a short information bulletin that provides health system partners with information such as:

- the details of the emergency, including a description of the risk to the health and safety of Ontarians

- recommended clinical procedures and occupational health &safety and infection prevention & control measures

- links to knowledge translation tools

- instructions on how to access the MOHLTC's stockpile of supplies & equipment

- MOHLTC's [Health Care Provider Hotline](#) contact information for further support

[Technical specialists](#) support the development of IHNs, including developing recommended clinical procedures and occupational health &safety and infection prevention & control measures. This includes a special role for the MOL in developing and approving recommendations that have implications on occupational health & safety. The EIO/ CCT is also consulted on the development of the IHNs to ensure they align with the MOHLTC style guidelines (e.g., document accessibility).

Health workers and health sector employers can [sign-up for the IHN distribution list](#). The MOHLTC can send IHNs to registered individuals by e-mail and/ or fax. It is also possible for the MOHLTC to target IHNs to specific geographic locations (based on postal code) or types of health care providers and organizations that have signed up for the IHNs. The MOHLTC also sends IHNs to [health liaison organizations](#) and requests that they send them onward to their members to ensure that all health workers and health sector employers can access the documents.

IHNs are posted on the [MOHLTC's website](#) by the CCT after they are distributed by the Operations Section.

Knowledge Translation Tools

The MOHLTC may develop and issue knowledge translation tools (e.g., guidance documents, strategy documents) and other type of communiqués to disseminate its recommendations, directives and response strategies. These may accompany an IHN, or may be communicated to the health system through a separate process (e.g., [Bulletins](#), memos to specific health sub-sectors). The [Operations Section](#) oversees the development, approval and dissemination of these products, which are approved by the Executive Lead.

Ministry of Health and Long-Term Care website

The MOHLTC uses its website to share information and resources to support the health system's response to an emergency, such as knowledge translation tools (guidance documents, strategy documents) and links to other relevant MOHLTC webpages (IHN website, Bulletin website).

The MOHLTC also uses its website to share information with the public.

5. Ministry Emergency Response Resources

5.1　Ministry Emergency Operations Centre

The Ministry Emergency Operations Centre (MEOC) is dedicated space within the Emergency Management Branch (EMB) where the Ministry of Health and Long-Term Care (MOHLTC) coordinates its emergency response.

The MOHLTC has procedures in place to maintain MEOC readiness in non-emergency times and has established an alternate MEOC site that may be activated in the event the primary site is compromised.

5.2　Health Care Provider Hotline

The Health Care Provider Hotline (1-866-212-2272) provides real-time response to questions from health workers and health sector employers during an emergency regarding the interpretation of MOHLTC recommendations and directives, direction on provincial response strategies, and requests for or follow-up on MOHLTC assistance and technical concerns. Health workers and health sector employers can also call the Health Care Provider Hotline during Routine Monitoring & Engagement Status to ask EMB questions about emergency preparedness, as well as to inform the MOHLTC of an emerging emergency at the local level.

During Routine Monitoring & Engagement Status, the Health Care Provider Hotline is staffed by the EMB. During Activation Status, it is staffed by MEOC personnel under the Operations Section.

5.3　Emergency Supply and Equipment Stockpile

The MOHLTC maintains a stockpile of personal protective equipment and hand sanitizer sufficient to supply the health system for four weeks of the response to a moderate influenza pandemic. These supplies may be used in other emergencies.

The MOHLTC stockpile also includes immunization supplies & equipment that could be used to mount a mass immunization campaign during an emergency.

The National Emergency Stockpile System is managed by the Public Health Agency of Canada (PHAC) and may be accessed by the MOHLTC in an emergency. Some of the program's supplies & equipment are pre-positioned, with the remainder stored in Federal Reserve warehouses.

5.4　Public Health Ontario

Public Health Ontario (PHO) has a number of resources that may be used during an emergency response, as described in Section 2.3, including Infection Control and

Response Teams and Epidemiology Response Teams, Regional Infection Control Networks, PHO Laboratories and Ontario's surveillance system I&IT infrastructure.

5.5 Emergency Order Management System

The Emergency Order Management System (EOMS) is an online system for health organizations to order supplies & equipment held by the MOHLTC. When it is activated, the Operations Section manages EOMS and liaises with contracted warehouse and distribution providers to ensure deliveries are completed in a timely manner. Instructions on accessing the provincial stockpile through EOMS are provided by the MOHLTC at the time of an emergency through an Important Health Notice (IHN).

5.6 Antiviral Medication Stockpile

The Ontario Health Plan for an Influenza Pandemic commits to maintaining a stockpile of antivirals to treat infected clients/ patients/ residents during an influenza pandemic. The stockpile is currently comprised of oseltamivir (Tamiflu) and zanamivir (Relenza). Combined, the stockpile can currently treat approximately 20% of Ontarians during an influenza pandemic.

5.7 Psychological Support Hotline

The MOHLTC has a partnership with the Ontario Psychological Association to provide psychological support to Ontarians by telephone during and after an emergency. Instructions on how to access this hotline would be communicated by the MOHLTC at the time of an emergency.

5.8 ServiceOntario InfoLine

Members of the public can call the ServiceOntario InfoLine (Toll free: 1-866-532-3161 or Text Telephone (TTY): 1-800-387-5559) with any questions they may have on Ontario government services during the Routine Monitoring & Engagement Status. The regular hours of operation are Monday to Friday, 8:30am - 5:00pm. During Activation Status, members of the public may call the ServiceOntario InfoLine with requests for information on the response to the emergency.

5.9 Telehealth Ontario

Telehealth Ontario (Toll free: 1-866-797-0000 or TTY: 1-866-797-0007) is a free, confidential telephone service that Ontarians can call to get health advice or general health information from a Registered Nurse 24 hours a day/ seven days a week. During Activation Status, the MOHLTC may recommend that members of the public call Telehealth Ontario before seeking face-to-face care (if their symptoms are mild).

5.10 Ontario Government Pharamaceutical and Medical Supply Service

The Ontario Government Pharmaceutical and Medical Supply Service supports the planning and implementation of programs including managing the acquisition and distribution of inventory (i.e., vaccines, drugs and medical supplies) related to those programs to achieve economies of scale through an effective and efficient use of limited resources; support program personnel with activities related to inventory management; support Ontario government ministries, Ontario Public Service agencies and facilities meet the needs of their individual programs.

5.11 Emergency Medical Assistance Team

The Emergency Medical Assistance Team (EMAT) is a mobile medical field unit that can be deployed anywhere in Ontario with road access within 24 hours. EMAT can set-up a 56 bed unit that provides a staging and triage base and has the capability to treat 20 acute care patients and 36 intermediate care patients at any one time. In addition, EMAT can provide:

- patient isolation in the case of an infectious diseases outbreak

- medical support and decontamination in the case of a chemical, biological or radiological situation

- case management and triage of patients in a mass casualty event

6.Appendices

6.1   Ministry Emergency Operations Centre Activation during Routine Monitoring & Engagement

During Routine Monitoring & Engagement Status, the Ministry Emergency Operations Centre (MEOC) may be activated to support the Ministry of Health and Long-Term Care (MOHLTC) to address an emerging, critical health issue. Components of the Ministry Emergency Response Plan (MERP) are used to guide the response. In general, Emergency Management Branch (EMB) staff work in the MEOC to support the response effort; however, staff from other areas the MOHLTC may also be recruited. The Executive Lead for the response, PHD's Executive Director, the Chief Medical Officer of Health (CMOH) and the MEOC Command determine which activities are coordinated by the lead division outside of the MEOC and which activities are coordinated by the lead division in partnership with EMB in the MEOC.

Examples of activities that may be coordinated through the MEOC in response to an emerging, critical health issue include:

- Planning functions:

- risk assessment and scenario planning, including consultation with technical specialists

- surveillance (health system capacity, health of Ontarians) (may include Public Health Ontario (PHO))

- response documentation

- Operations functions:

- health system communications and coordination (teleconferences, Health Care Provider Hotline, memos, Important Health Notices (IHNs)

- public communications (via Communications & Information Branch)

- deployment of MOHLTC resources (e.g., supplies & equipment, Emergency Medical Assistance Team; see Section 5: Ministry Emergency Response Resources)

- coordination with partners (federal/ provincial/ territorial, PHO, other ministries, rest of MOHLTC)

- policy development

- debrief

6.2 Crisis Emergency and Risk Communications Response Guide

Under development.

6.3 Guiding Principles

The MOHLTC's decision-making during an emergency is based on the following guiding principles.

6.3.1 Evidence

The MOHLTC uses scientific and technical evidence to inform decision-making, partnering closely with PHO and other technical specialists to obtain, understand and communicate the evidence.

6.3.2 Legislation

The MOHLTC responds based on provincial legislative requirements and responsibilities.

6.3.3 Precautionary Principle

The precautionary principle was defined by Justice Archie Campbell in the final SARS Commission Report entitled Spring of Fear: "reasonable steps to reduce risk should not await scientific certainty." This means that, although scientific evidence about an event of incident may be emerging, the CMOH and MOHLTC do not await scientific certainty before taking action to protect health. For example, the CMOH applies the precautionary principle when developing recommendations and directives related to health worker occupational health & safety measures during an emergency; especially during the early stages when scientific evidence may be limited.[‡]

For more information on the precautionary principle, see the Guidance Note for Workplace Parties developed by the Ontario Health Care Health and Safety Committee under Section 21 of the Occupational Health and Safety Act.

6.3.4 Ontario Public Service Values

- The Ontario Public Service (OPS) has a set of values to guide the decisions and behaviour of public servants. These values should be demonstrated by all public servants in their work, including during an emergency.

[‡] As outlined in the HPPA, the CMOH must consider the precautionary principle when issuing an order to a health care provider or health care entity related to health worker health and safety in the use of any protective clothing, equipment or device.

The MOHLTC may collaborate with technical specialists to develop incident-specific ethical guidelines for the field during a response.

6.3.5 Health Equity

The MOHLTC considers the needs of vulnerable populations[§] when developing response and recovery measures.

To accomplish this, the MOHLTC may use the Health Equity Impact Assessment (HEIA), a decision support tool developed by the ministry to identify how a health program, service or policy impacts population groups in different ways. Work is underway at the MOHLTC to adapt the HEIA for a health emergency management context to ensure that provincial and local interventions do not exacerbate health disparities during an emergency.

6.3.6 Emergency Communication Principles

The MOHLTC uses the following principles to develop communication processes and products.

- *Timeliness* – The MOHLTC is a leading voice in emergency response, providing rapid access to needed information.

- *Transparency* – The MOHLTC communicates clearly about what is known (and with what degree of confidence and certainty), what is not yet known, and what is being done to learn more about the situation.

- *Accessibility* – The MOHLTC uses plain language; complies with both the French Language Services Act and the Accessibility for Ontarians with Disabilities Act; uses multiple modes of communication; and engages in two-way communication with health workers, health sector employers, health liaison organizations, PHUs and LHINs.

- *Credibility* – The MOHLTC bases its communications on the best available scientific evidence, including best practices. Messages are delivered by trusted spokespeople.

[§] The OHPIP defines vulnerable populations as a group of people who, because of the determinants of health, are more likely to be exposed to influenza, more likely to experience a serious impact because of exposure, less likely to benefit from response and recovery measures and/ or who may be negatively affected by response and recovery measures.

7. Acronyms

ADM	Assistant Deputy Minister
CCT	Crisis Communications Team
CIB	Communications & Information Branch
CMOH	[Chief Medical Officer of Health](#)
COOP	Continuity of Operations Plan
DM	Deputy Minister
EHSB	Emergency Health Services Branch
EIO	Emergency Information Officer
EIS	Emergency Information Section
EMAT	[Emergency Medical Assistance Team](#)
EMB	[Emergency Management Branch](#)
EMCPA	[Emergency Management and Civil Protection Act](#)
EMO	[Emergency Management Ontario](#)
EOMS	Emergency Order Management System
HEIA	[Health Equity Impact Assessment](#)
HPPA	[Health Protection and Promotion Act](#)
IAP	Incident Action Plan
IHN	[Important Health Notice](#)
IMS	Incident Management System
JIA	Joint Incident Assessment
LGIC	Lieutenant Governor in Council
LHIN	[Local Health Integration Network](#)
LLB	LHIN Liaison Branch
LTCHA	[Long-Term Care Homes Act](#)

MAG	Ministry Action Group
MEOC	Ministry Emergency Operations Centre
MERP	Ministry Emergency Response Plan
MGS	Ministry of Government Services
MMAH	Ministry of Municipal Affairs and Housing
MOH	medical officer of health
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
OHSA	Occupational Health and Safety Act
OIC	Order in Council
OPDP	Ontario Public Drug Programs
OPS	Ontario Public Service
PEOC	Provincial Emergency Operations Centre
PERP	Provincial Emergency Response Plan
PHAC	Public Health Agency of Canada
PHD	Public Health Division
PHPPB	Public Health Policy and Programs Branch
PHO	Public Health Ontario
PHU	public health unit
PICB	Performance Improvement and Compliance Branch
TTY	Text Telephone

8.Revisions

Section	Change

Ontario