Guide to Developing Public Health Emergency Response Plans

Public Health Emergency Preparedness Protocol

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Ministry of Health and Long-Term Care
February 2009
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Foreword

This guide is intended to assist Public Health Units (PHUs) develop an Emergency Response Plan (ERP) that meet fundamental planning requirements as outlined in the Public Health Emergency Preparedness Standard and Protocol. The planning components specified in this document are the minimum elements of an ERP. Additional components can be included in the ERP, but these are left to the discretion of the PHUs.
1. Introduction

A definite plan to deal with public health emergencies is an important element of public health emergency preparedness. The need for rapid decisions, shortage of time, and lack of resources and trained personnel can lead to chaos during an emergency. Emergencies require special arrangements to ensure coordinated and effective response. Therefore it becomes imperative that roles and responsibilities, lines of authority, resources, and communication strategies are determined prior to an emergency. Preplanning is imperative in ensuring Public Health Units (PHUs) are able to respond quickly and effectively to mitigate the public health impacts from an emergency.

Besides the major benefit of providing guidance during an emergency, developing the plan has other advantages. The planning process may bring to light deficiencies, such as the lack of resources (equipment, trained personnel, supplies), ineffective communication strategies, insufficient recording keeping. These are items that can be rectified before an emergency occurs.

The expanding challenge of preparing for public health emergencies, whether caused by natural disasters, chemical spills or influenza pandemics, has resulted in a recommended all hazard approach to planning. This type of planning is broad enough to prepare PHUs to respond to a wide range of unpredictable incidents and emergencies and is a good first step in the emergency preparedness planning continuum.

Once PHUs have developed their all hazard’s emergency response plan (ERP), it is advisable that they look at the specific hazards in their PHU as defined by the hazard identification and risk assessment process. A response to specific high-risk hazards (i.e. influenza pandemic) may require a plan that has more specialized roles and responsibilities tailored to a particular incident. These plans for specific hazards will form supporting plans to the all hazard ERP.

2. Emergency Response Plan Development

It is recommended that a team approach be used when developing and revising the ERP. This will ensure that all program areas have the opportunity to provide input into the planning process resulting in a plan that accurately reflects all the roles within the PHU. It also allows for an opportunity to address any issues and make any necessary changes prior to an emergency.

3. Components of an Emergency Response Plan

3.1. Preface

The emergency response plan should begin with a preface that includes dated title page, revision history, record of plan distribution, table of contents, glossary of terms and a list of acronyms.
3.1.1. Title Page

The title page should identify the following:

- Name of PHU
- Name of plan
- Date of publication
- Latest revision date

3.1.2. Revision History

The "Revision History" lists the major changes made to the ERP from version to version. Every time a new version of the plan is made, the revision history should be updated to include the following information:

- Version Number - The current version of the plan. If the plan is new, it will be V1.0. If you are updating the plan, your version number should be V2.0 and so on.
- Date Approved - Date/Month/Year that sign-off on the current version was given
- Summary of Changes - Provide a summary of changes made to current version
- Revised By - Name and job title of the person who authored the changes to the revised plan
- Approved By - Name and job title of the person who signed-off on the current version of the plan

It is important to record all the above items to ensure everyone is using the most recent version of the emergency response plan.

3.1.3. Record of Plan Distribution

The "Plan Distribution" section shows to whom the plan has been circulated. List the name, position, program area, and division of each person that receives a copy of the plan as well as the date the plan was distributed to them.

ERPs contain confidential information. It is important that a list of individuals who have received a copy of the plan are kept. This distribution record can be included as an appendix to the plan. The record will also serve as a checklist for distributing later revisions to the plan.

3.1.4. Table of Contents

After you complete your plan, you must ensure the Table of Contents is updated to accurately reflect page numbering in the document. A Table of Contents makes finding information easier. It includes lists of all the sections in the plan to provide a quick overview.
3.1.5. Glossary of Terms and List of Acronyms

Each discipline has its own terminology and acronyms. To ensure there is no confusion for the user, it is important you include a glossary and list of acronyms that are used in the plan. This will help to ensure a consistent understanding of the public health ERP.

3.2. Background

3.2.1. Aim

The aim is typically a general statement detailing the purpose of the plan. You should include the main goals of the plan and provide a brief overview of the scope and contents.

3.2.2. Authority

This section should outline the legislation under which your PHU is authorized to respond to an emergency. The two main pieces of legislation are the *Health Protection and Promotion Act* and the *Emergency Management and Civil Protection Act*.

3.2.3. Relationship to other Plans

ERPs should include a description detailing how your public health emergency response plan aligns with other relevant plans. This description may include the relationship between PHU ERP and municipal, regional and provincial response plans.

3.3. Activation and Termination of the PHU Emergency Response Plan

3.3.1. Activation

The purpose of this section is to identify who is responsible for activating the ERP and to provide examples of situations when it could be activated.

3.3.2. Emergency Notification System

Your plan should include procedures for making staff notifications during business hours and during after hours emergencies. This notification system may include establishing “Call Trees” and distribution email lists to initiate the rapid emergency notification. It is important that the plan clearly outlines how staff will be notified and by whom. PHUs may wish to discuss the different levels of notification (full notification versus stand-by) and the responsibilities of staff during each of the different notification levels.

3.3.3. Termination of an Emergency

This section should outline the procedure and circumstances for notifying staff that the emergency and the activation of the plan have been terminated.
### 3.4. Incident Management System

The Incident Management System (IMS) is the organizational structure through which the PHU should direct emergency response operations. IMS has been adopted by many organizations, including Emergency Management Ontario, MOHLTC, municipal/regional governments, and individual PHUs. It is a simple structure that can be applied to any organization involved in an emergency. It allows them to standardize contact information across organizations, which makes communication and cooperation among the groups easier, and the process of managing an emergency more efficient. The involvement of PHUs in multi-jurisdictional response is becoming more frequent with many emergencies being focused on public health concerns such as influenza pandemic and SARS. PHUs must be able to dovetail their response with other agencies and therefore require an understanding and ability to work within the IMS framework.

IMS provides the basic command structure and functions required to manage an emergency situation effectively. It has five components: Command, Operations, Planning, Logistics and Finance and Administration. While this framework is fairly new to most PHU, it is a system where all PHU roles and responsibilities can be represented within the framework.

![IMS diagram]

#### 3.4.1. Incident Management System Roles and Responsibilities

The following section provides a basic understanding of each function and their role within the IMS structure. These roles are intended to be common amongst all response organizations. Each PHU may decide to sub-divide each function section to provide further direction in each functional area (i.e. operations may include sub functions such as investigations, surveillance, etc.)

**Command**

The PHU emergency control group guides the overall management of the public health emergency and guides the PHU response activities. The composition of this group typically includes senior management from individual program areas. This group is an important piece in ensuring a coordinated response to public health emergencies and therefore the composition of the group and roles and responsibilities should be determined prior to an emergency.
The PHU emergency control group may function with only a limited number of members depending on the emergency. However, while all members may not be required to respond to an emergency, it is important to notify all members of the emergency.

The command function should be lead by the chair of the PHU emergency control group. The chair can be selected at the time of the emergency and according to the nature of the emergency. The command function has the authority to direct the PHU’s response efforts to manage the emergency.

Command is supported by three standard functions: liaison, safety and information coordinator.

- **Liaison** – Acts as the link to PHU response activities and any other organizations that are involved in the emergency response. They are the point of contact for external stakeholders and therefore should establish linkages to share planning information/data with other response organizations upon request.

- **Safety** – Safety is tasked with monitoring and ensuring the safety of personnel involved in the response effort, including obtaining information regarding occupational health and safety, such as employee stress.

- **Information (communication coordinator)** is responsible for the coordination of communication activities and to provide incident-related information to internal and external stakeholders and the public. Depending on the PHU structure, this position may be filled by a PHU staff or a member of the municipal/regional communications department.

Functional Leads:

The PHU emergency control group will designate a lead for each of the functional sections. Each lead will be responsible for the determining the priorities and activities for each section and for carrying out directions given by the PHU emergency control group.

**Operations**

Operations is the principal group involved in responding to the emergency. This function directs the staff resources to accomplish the PHU response activities. The operations function can be subdivided into the necessary component involved in responding to the emergency (e.g. investigation, sampling, epidemiology - surveillance, vaccine clinics, involvement at reception, etc.).

**Planning**

The planning group contains the technical expertise required to respond to the outbreak and engages in data analysis activities to ensure that informed advice based on epidemiological, laboratory and other data is available for Command and Operations.
staff. Sub-functional planning areas may include developing policies and procedures, forecasting the needs for the emergency, determining recovery strategies.

Logistics

Personnel within the Logistics function procure, mobilize and deploy resources to assist in the emergency response. Resources may include any supplies, equipment, facilities, services or personnel that are needed to contribute to the response. This group also facilitates any necessary training for staff and ensures that continuation of PHU time critical program services.

Finance & Administration

The Finance & Administration section is responsible for all financial aspects including recording, tracking and coordinating payment/funding both for purchases related to the emergency and the PHU emergency operations centre itself.

3.5. Public Health Emergency Operations Centre

It is helpful to identify a public health emergency operations centre prior to an emergency. The centre can then be stocked with vital records, critical software and I & IT capabilities and resources. Therefore, once an emergency has been declared or the PHU ERP has been activated, your PHU emergency control group will have the right tools to coordinate the emergency response.

The following are a standard list of emergency operations centre supplies and equipment. The list is not intended to be exhaustive but merely to offer suggestions based on best practice evidence.

The suggested supplies for supporting communication activities include the following:
- Telephones
- Dedicated telephone line
- Cellular telephone
- Radios
- Television
- Walkie Talkies
- Flashlights and spare batteries

The following office supplies are also recommended:
- Message slips
- Lined pads
- Pencils/pencil sharpener
- Pens/markers/erasers
- Masking tape/scotch tape
- White board
- Easel with paper pad
- File folders, paper clips, rubber bands, rulers, scissors, staplers, etc
Access to the following office equipment:
- Printer
- Copiers
- Computers
- Fax machine
- Paper shredder

Documents:
- Health Department Emergency Plans (including all sub plans)
- Business Continuity Plans
- Recent Emergency Response Guidebook
- Local Street Map
- Local telephone Directories

### 3.6. Operation Briefing

The PHU emergency control group should meet on a regular basis to share information, determine priorities, make decisions and solve problems. The chair of the PHU emergency control group must establish an operation briefing cycle to set the meeting intervals. The length and frequency of these meetings may vary depending on the nature of the emergency.

### 3.7. Mutual Aid

Mutual Aid is the formal request for assistance from a neighbouring jurisdiction when the resources of the responding jurisdiction are overwhelmed. PHUs may find it helpful to establish Mutual Aid Agreements with other PHUs prior to an emergency. This agreement would set out surrounding the request for assistance including; roles and responsibilities, reimbursement strategies, accountabilities, etc.

### 3.8. Crisis Communication

Effective internal and external communications provide the backbone for a coordinated response to an emergency. A wide range of groups at all levels will need to share accurate, timely and consistent information about the emergency and the risks to public health. Providing focused, timely, accurate, accessible and concise communications to the public, key stakeholders and board of health staff. Therefore, PHUs should develop a comprehensive crisis communication strategy to outline how key audiences will be advised of the emergency.

A crisis communication strategy should address the following:

- Establish a mechanism to provide immediate access to all crisis-related information. Media, public and key stakeholders should be aware of access mechanisms prior to an emergency (i.e. dedicated phone line, website location, etc.)

- Process and control of information – to and from key internal and external audiences – to reduce any possible misinformation during and after the crisis
• Selection of preferred delivery mechanisms

• Ensure internal and external messages are consistent and effective

• Determine primary spokes person for the PHU

• Create and keep logs (event, media) to contain all details of the crisis

To help manage the communications in an emergency, it is recommended that a crisis communication team be created. The team lead should link with the PHU emergency control group to achieve approval of key messages prior to their release.

3.9. **Occupational Health and Safety**

Under the Occupational Health and Safety Act (OHSA), an employer has the duty to take all responsible precautions in the circumstances for the protection of a worker. The OHSA cannot be overridden by any emergency order made under the EMCPA or the HPPA.

Your ERP should include a statement that the board of health is committed to the safety of board of health staff and include a description of the process to address any health or safety concerns during an emergency.

3.10. **Support Mechanisms for Board of Health Staff**

Staff should be offered a range of support services during and following an emergency. These support services should be made available to those who wish to use them on a confidential basis. Support mechanisms that may be offered include:

• Support from fellow staff members (peer support)
• Support from managers
• Access to support via helplines
• Access to counselling
• Encouragement of a no-blame culture
• Psychological intervention including large group therapy, defusing and individual crisis intervention, etc.
• Access to occupational health services for the follow-up and aftercare of staff and their families

4. **On-going Plan Development**

4.1. **Document Control**

Good document control practices are an important element of the ERP. A person must be identified to coordinate the development and updating of the ERP, as well as to maintain version control.

4.2. **Plan Maintenance**

The Emergency response plan is a living document. Over time, gaps emerge, information changes, and roles of other government agencies alter. It is therefore important that the plan adapts to these changes to remain useful and up-to-date. PHUs should establish a process for review and revision of the emergency response plan and assign this responsibility to a particular individual within the board of health. This should be accomplished on an annually basis to ensure all relevant information is current in the plan.

4.3. **Training and Exercises**

In this section, PHUs need to determine a training and exercise frequency. At the minimum, board of health staff should receive annual training and participate in an exercise yearly. This will help to familiarize staff with the ERP and their specific roles and responsibilities. In addition, training and exercises will help to identifying any gaps in the ERP and set priorities for the emergency preparedness program.
References


Ministry of Health and Long-Term Care, Ministry Emergency Response Plan, August 2008.

Ministry of Health and Long-Term Care, Ontario Health Plan for an Influenza Pandemic, November 2007.