

Public Health Emergency Preparedness

An Overview

Phil Graham
Emergency Management Unit
Ministry of Health and Long-Term
Care

November 24, 2008
PHEP Workshop



Outline

- Background
- Current Context
- Need for Public Health Emergency Preparedness
- Next Steps

Did you know.....

- 40% of Canada's population lives in Ontario
- 50% of Canadian chemicals manufactured in Ontario; almost every major community has a hazardous facility located within its boundary
- 30 million shipments of hazardous products made in Canada annually; hazardous products pass through every community in Ontario
- 60% of Canada's road and rail accidents involving hazardous products occur in Ontario
- 40% of our power comes from nuclear generation
- Average of 20 tornadoes per year
- Floods, thunderstorms, blizzards and ice storms a common occurrence

Regulatory Framework in Ontario

- *Emergency Management and Civil Protection Act, 2006:*
 - Emergency powers support management of a declared provincial emergency
 - Amended definition to include dangers caused by disease or health risk
 - Formalizes use of orders (directives)
- Order-In-Council responsibilities for Ministry of Health and Long-Term Care under the *Emergency Management and Civil Protection Act*.
 - Human Health, Disease and Epidemics
 - Health Services During an Emergency

Regulatory Framework in Ontario (cont'd)

- *Health Protection and Promotion Act (HPPA), 2007* is the primary statute governing:
 - Organization and delivery of public health programs and services
 - Promotion and protection of the health of the people of Ontario
 - Prevention of the spread of disease
- HPPA was amended in 2007 to provide additional powers to the Minister of Health and Long-Term Care and Chief Medical Officer of Health to deal with emergency situations

Context

Public health emergency preparedness:

- Public Health Emergencies
e.g., infectious disease emergencies
- Emergencies with Public Health Impacts
e.g., power outages – food safety
flooding – safe water

Context (cont'd)

- Many emergencies will have public health impacts
- Medical Officers of Health and local public health units will be in high demand during an emergency, particularly one with clear public health implications
- Federal, provincial & local role in outbreak and incident response has been the subject of review and study: audit, post-event debriefs
- Public pressure for rapid detection, investigation and control of a number of threats that may endanger the health of the public

Context (cont'd)

- Ontario's experience with emergencies has highlighted the key role that public health can play as part of a coordinated response:
 - *Report of the Walkerton Inquiry (O'Connor Report, 2002)*
 - *Report of the National Advisory Committee on SARS and Public Health (Naylor Report, 2003)*
 - *Report of the Expert Panel on SARS and Infectious Disease Control (Walker Report, 2004)*
 - *Report Card: Progress in Protecting Public Health (Legionnaires in Toronto, Walker, 2005)*
 - *Spring of Fear – Report of the SARS Commission (Campbell Report, 2007)*

Context (cont'd)

Report of the Expert Panel on SARS and Infectious Disease Control, 2004:

“Public health must be able to effectively manage the local day-to-day logistics of infectious disease outbreaks; they must also be positioned to support any broader, health sector wide response to emergencies that threaten the health of the public on a larger scale.”

Other Lessons Learned:

- Need for on-going development, maintenance and testing of emergency plans, including continuity of operations/business continuity plans
- Coordination and partnerships within the health sector and beyond
- Structures and processes need to be in place to respond, including risk/crisis communications

Challenges of Emergencies

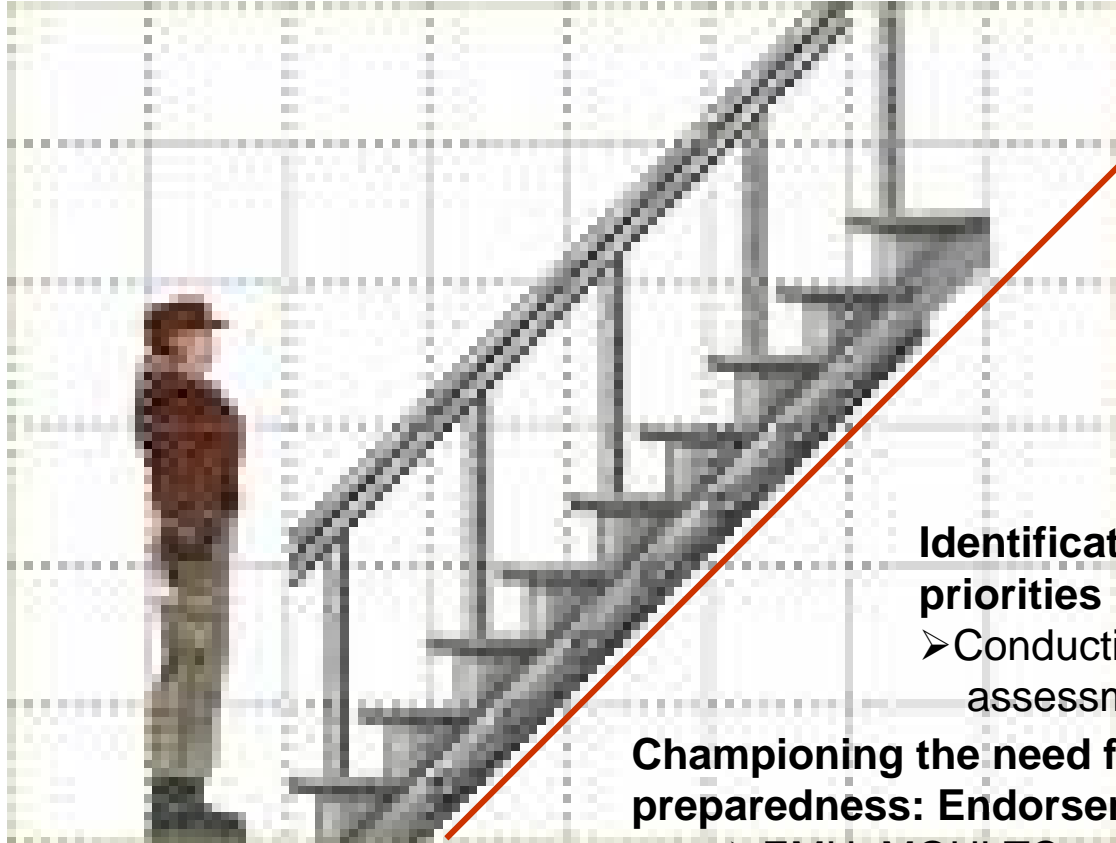
- Information is usually limited
- Balancing the demands of an emergency with the need to continue regular business
- Quick coordination to keep organized, informed and protected
- Factors accompanying an emergency can often trigger 'additional emergencies'

All require advance preparation to ensure activities are not done “on the fly”

Public Health Emergency Preparedness: Goals

- **Consistency** in the way the public health organizations respond to incidents and emergencies
- **Clarity** of roles and responsibilities among public health organizations, key community partners and government bodies
- **Coordination** among public health organizations and other partners/stakeholders
- **Enhanced** response and **communication** capabilities

Standard and Protocol at a Glance....



Training and exercises
Coordination through emergency preparedness planning and programs

- Emergency planning (i.e. all hazards, hazard specific, continuity of operations)
- 24/7 notification protocol

Identification of local hazards and planning priorities

- Conducting hazard identification and risk assessments

Championing the need for public health emergency preparedness: Endorsement & Advice

- EMU, MOHLTC
- Emergency Preparedness Steering Committee

Next Steps....

- Public Health Emergency Preparedness Advisory Committee (PHEPAC)
 - Comprised of 3 local Medical Officers of Health and 3 public health unit emergency planners
 - Mandate is to provide advice and guidance on public health emergency preparedness programming, including: education, training, plan development, etc.
- Future technical training on key aspects of public health emergency preparedness
- On-going advice and support from the EMU