

Planning Guide for Respiratory Pathogen Season

Health System Emergency Management
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About the Guide

In Ontario, outbreaks of respiratory pathogens (such as influenza, respiratory syncytial virus and adenovirus) occur annually between November and April. Many parts of the health system experience an increase in the demand for patient care during respiratory pathogen season.

The Planning Guide for Respiratory Pathogen Season (the guide) highlights resources that health system partners can use to support their readiness for and response to this year's epidemic of respiratory pathogens. It also sets out the Ministry of Health's expectations of health system partners during respiratory pathogen season. Many resources highlighted in this guide provide guidance for influenza-related illness, and while influenza impacts the health system each year, the ministry and health system partners remain mindful of other respiratory pathogens and those potential impacts.

This guide is organized around some of the key activities implemented by the health system during respiratory pathogen season, such as surveillance, immunization, occupational health & safety (OHS) and infection prevention & control (IPAC), and assessment & treatment.

The audience for this guide includes health sector employers and health care workers working in organizations across the health system such as Local Health Integration Networks (LHINs), public health units, hospitals, long-term care homes, home care agencies, primary health care settings, midwife practices, paramedic services, health organizations in First Nation communities and others.

Surveillance

Surveillance is the systematic ongoing collection, collation and analysis of data with timely dissemination of information to those who require it in order to take action.¹

During respiratory pathogen season, effective surveillance enables health system partners to implement appropriate interventions in order to reduce morbidity and mortality.

Resources

There are a number of resources that provide information on respiratory virus activity in Ontario, influenza vaccine effectiveness, and the impacts to the health system:

¹ Last, J.M. (Ed). A dictionary of Epidemiology, Fourth Edition. Oxford University Press, United States, 2001.

- The Public Health Agency of Canada (PHAC) publishes the [FluWatch Report](#) to share its analysis of laboratory and epidemiological surveillance data on the spread of influenza and influenza-like illness (ILI).
 - Laboratory surveillance: PHAC leads a national laboratory influenza surveillance program to identify circulating strains and monitor antiviral resistance. Sixteen Ontario laboratories participate and provide laboratory results to PHAC.
 - Epidemiological surveillance: PHAC collects data on ILI consultation rates reported by community-based sentinel providers across Canada.
- Public Health Ontario (PHO) publishes the results of its analysis of respiratory pathogen activity in the [Ontario Respiratory Pathogen Bulletin](#), including the onset, duration, geographic patterns, severity and progression of seasonal influenza activity. PHO also reports on hospitalizations and deaths from influenza outbreaks in institutions and public hospitals. PHO organizes Grand Rounds on influenza every fall, and these are planned for October 1, 2019 this year. Health care workers can check [PHO's website](#) for rounds information and a copy of the slides after the session.
- The PHO Laboratory-Based [Respiratory Pathogen Surveillance Report](#) summarizes specimens tested at PHO Laboratory for influenza and other respiratory pathogens.
- PHO collaborates with the British Columbia, Quebec, and Alberta, who are all partners in the Sentinel Practitioner Surveillance Network, which evaluates influenza vaccine effectiveness during and at the end of each influenza season. PHO typically publishes the study's mid-season results in February on [its website and in the Ontario Respiratory Pathogen Bulletin](#).
- Health system partners flag concerns and system impacts through the ministry's Emergency Management Communications Tool (EMCT), a system for emergency planners to access a dashboard displaying near real-time data, providing an operational picture of the health system and acting as the central platform for information sharing and coordination during a disruption. Health organizations should identify an EMCT user(s) who will interact with the system on a regular basis. See [Appendix A](#) for more information on EMCT.
- Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health's [ILI Mapper](#) is a web-based tool that uses syndromic emergency room and hospitalization and surveillance data to share information on influenza-like illness (ILI) activity across the province. The tool consists of epidemic curves and map visualization of ILI data in public health units and LHINs across Ontario. The ILI Mapper is based on data captured from hospitals through the [Acute Care Enhanced Surveillance \(ACES\) System](#).
- The [Ontario Acute Care Surge Monitor](#), developed by KFL&A Public Health, leverages ACES data to help stakeholders visualize and better understand real-time demand on (1) the entire acute care system and (2) on an individual hospital. Stakeholders can see

system-level surge status and surge status by hospital; and various input rates are mapped and displayed as epicurves over the last 24 hours. Volumes are further disaggregated by Canadian Triage and Acuity Scale (CTAS), gender, and age, and are geographically aggregated by LHIN, by hospital, and for the entire province.

- CritiCall Ontario's [Provincial Health Resource System \(PHRS\)](#) provides a single source of information on the availability of acute care and psychiatric beds and resources in hospitals. The PHRS is available to all acute care and psychiatric hospitals in Ontario as a common system to keep bed/ resource information up to date. The PHRS also includes a [Repatriation Tool](#) that supports hospitals to create and receive requests for patient transfers/repatriations.
- CritiCall Ontario's [Critical Care Information System \(CCIS\)](#) provides near real-time data on every patient admitted to level 3 and level 2 critical care units in Ontario's acute care hospitals. The system also provides information on bed availability, critical care service utilization, influenza status and patient outcomes. Hospitals, LHINs, Critical Care Services Ontario (CCSO) and others use CCIS data to facilitate critical care bed resource availability during surge responses.
- The ministry's [Daily Bed Census Summary \(dBCS\)](#) facilitates the collection of hospital bed occupancy data on a daily basis to enable responsive policy and operational decision-making within the ministry and LHINs.

Expectations

Health system partners have a number of responsibilities with respect to surveillance activities during respiratory pathogen season:

- All health system partners should be up to date on the latest surveillance information to understand the progression and magnitude of the respiratory pathogen season. Some of the resources listed above may be a good place to start – and health system partners can also connect with their [public health unit](#) and LHIN to learn more about surveillance data sources and information that are specific to their jurisdiction.
- Physicians, nurse practitioners and registered nurses who are involved in primary care can sign-up to act as a FluWatch community-based sentinel provider by emailing PHAC at fluwatch@phac-aspc.gc.ca. By helping out with this important initiative, primary care providers support PHAC to measure how Canadians are affected by seasonal influenza.
- As a new objective for the 2019-20 influenza season, PHAC is expanding FluWatch to include volunteers from the general Canadian public. The new program is named [FluWatchers](#) and is an online participatory surveillance system for monitoring ILI. Health care workers should encourage their patients to sign up for the program.

- Primary care practitioners working in community settings are encouraged to participate in the [Sentinel Practitioner Surveillance Network](#) (SPSN). Sentinel practitioners collect specimens from patients presenting for care within 7 days of onset of influenza-like illness (ILI). The specimens are submitted to PHO Laboratory for multiplex respiratory viral PCR testing together with a short questionnaire. Results are reported back to the submitter and contribute to influenza surveillance and vaccine effectiveness evaluation.
- Central Ambulance Communications Centres (CACCs) direct the movement and deployment of paramedic services and:
 - monitor respiratory virus activity and communicate information to responding paramedics
 - prepare for a surge in requests for ambulance service and the potential increase in offload delays
 - participate in LHIN coordination calls.
- There are a number of responsibilities related to surveillance outlined in the [Health Promotion and Protection Act](#):
 - laboratory-confirmed cases of influenza in Ontario are reportable to the local medical officer of health
 - Physicians and Nurse Practitioners signing a Medical Certificate of Death where the cause of death was a disease of public health significance, such as influenza, are required to report those deaths to their medical officer of health
 - hospitals and other institutions² must report respiratory infection outbreaks to their medical officer of health.
- Public health units should enter data into the integrated Public Health Information System (iPHIS) on a year round basis as documented in PHO's [Influenza and Respiratory Infection Surveillance Package for 2019-20](#).³
- As per the LHIN-Hospital Service Accountability Agreement, hospitals must manually enter PHRS data four times per day (i.e., 0800, 1200, 1600, 0000 hours).⁴ This data entry is particularly important during respiratory pathogen season when there may be an increased demand for bed resources.

² Under the Health Protection and Promotion Act, the term institution includes child care centres, supportive group living residences, intensive support residences, homes for special care, long-term care homes, psychiatric facilities and correctional institutions.

³ To find the Influenza and Respiratory Infection Surveillance Package for 2019-20, scroll to the bottom of the webpage to find a link.

⁴ CritiCall Ontario has received funding from the ministry to upgrade PHRS so that occupancy data will be automatically transferred from hospital Admission-Discharge-Transfer (ADT) systems. This will result in a decreased workload related to manual PHRS data entry. Working in partnership with hospitals, CritiCall anticipates completing this update in the 2019-20 fiscal year.

- As per the LHIN-Hospital Service Accountability Agreement, hospitals must use and update the CCIS immediately for each admission and discharge to a critical care bed. Hospitals must also complete patient-specific data a minimum of once per day during the patient's stay in a critical care bed – and neurological centres are required to update this data every four hours.
- As per a ministry communique sent to hospitals in May 2017, hospitals are required to conduct a bed census at midnight and report data in the dBCS on a daily basis.
- Via their users, hospitals and other health system partners should continue to flag concerns and issues not captured through other surveillance systems in EMCT. EMCT users should also monitor the system frequently for tickets that have been routed to their organization, and they should share information within their organization. See [Appendix A](#) for more information on EMCT.

Universal Influenza Immunization Program

One of the best ways to prevent influenza is by getting an influenza vaccine. Ontario's Universal Influenza Immunization Program (UIIP) provides free influenza immunizations for individuals six months of age and older who live, work or attend school in Ontario.

Many types of organizations and professionals participate as vaccine delivery agents for the UIIP, including community health centres, Aboriginal health access centres, family health teams, hospitals, long-term care homes, workplaces and pharmacies.

The ministry begins to distribute influenza vaccine to vaccine delivery agents across Ontario starting in October, with the rollout of the UIIP happening after this time.

Resources

The ministry bases its 2019-20 UIIP on recommendations in the National Advisory Committee on Immunization's (NACI's) [Seasonal Influenza Vaccine Statement for 2019-2020](#).

The [ministry shares details of the 2019-20 UIIP on its website](#), including the types of vaccines and target population for each vaccine.

Public Health Ontario has a [fact sheet on the UIIP vaccines](#), specifically focused on the vaccines available for those 65 years of age and over.

Expectations

As recommended in NACI's [Seasonal Influenza Vaccine Statement for 2019-2020](#), as well as the Ontario Hospital Association's and Ontario Medical Association's [Influenza Surveillance Protocol for Ontario Hospitals](#), it is recommended that health care workers be immunized for influenza on an annual basis.

As recommended in NACI's [Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2019–2020](#), it is recommended that health care workers promote and encourage the annual vaccine for their patients and in particular for those persons at high risk for influenza-related complications (e.g., children, pregnant women, people ≥65 years of age, adults with chronic health conditions such as cardiac or pulmonary disorders).

Occupational Health & Safety and Infection Prevention & Control

Healthy health care environments are essential for the safety of both health workers and those for whom they care. As Health Quality Ontario noted, “healthy and safe work environments for workers are associated with patient safety and service quality”.⁵ Having effective occupational health & safety (OHS) and infection prevention & control (IPAC) procedures in place contributes significantly to the protection of patients, health sector employers, health care workers and visitors.

Resources

PHO's [Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#) provides recommendations for infection prevention & control practices for health care settings. PIDAC's [Best Practices for Infection Prevention and Control Programs in Ontario in All Health Care Settings](#) provides recommendations on infection prevention & control programs, including recommendations about health care worker influenza immunization based on the growing body of evidence demonstrating reduced incidence of influenza and associated mortality in patients when health care workers are immunized. PIDAC's [Routine Practices and Additional Precautions in All Health Care Settings](#) provides guidance on appropriate infection prevention & control measures to reduce the risk of transmission of microorganisms in health care settings, including respiratory pathogens.

⁵ Health Quality Ontario, A Framework for Public Reporting on Healthy Work Environments in Ontario Healthcare Settings, 2010.

The Ontario Hospital Association's and Ontario Medical Association's Communicable Diseases Surveillance Protocols Committee developed the [Influenza Surveillance Protocol for Ontario Hospitals](#), which provides guidance to hospitals on preventing and managing influenza infections among health care workers and patients.

The ministry's [Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes](#) was developed to assist long-term care homes and public health units with the prevention, detection and management of respiratory infection outbreaks which arise from the transmission of common viral pathogens. Although the ministry developed the document for long-term care homes, other similar settings could consider implementing the recommendations in the document, such as complex continuing care or retirement homes.⁶

The ministry releases an [Influenza Educational Review Training Bulletin](#) for paramedics each year that highlights IPAC & OHS measures for paramedics, such as the importance of implementing routine practices and additional precautions.

The Ministry of Labour (MOL) maintains a webpage on [Flu and Your Workplace](#) to provide information for health care workers and health sector employers on influenza. Health sector employers and health care workers can find additional occupational health & safety information, resources and tools on MOL's [Health and Community Care webpage](#). For general inquiries, health sector employers and health care workers can call the MOL Health and Safety Contact Centre at 1-877-202-0008.

Expectations

Health care facilities are required to comply with applicable provisions of the [Occupational Health and Safety Act \(OHSA\), R.S.O. 1990, c.0.1](#) and its Regulations. All workplace parties, including owners, employers, supervisors and workers have a role to play in keeping workplaces safe and healthy, and this joint responsibility is known as [the Internal Responsibility System](#). The OHSA outlines the rights, duties and responsibilities of workplace parties that are expected to be upheld. The MOL's [Guide to the Occupational Health and Safety Act](#) provides some details about these requirements.

Some health care facilities fall under the [Health Care and Residential Facilities Regulation \(HCRFR, O. Reg 67/93\)](#), which contains specific requirements and duties. All workplaces in Ontario are expected to comply with the [Needle Safety Regulation \(O. Reg 474/07\)](#) for work requiring the use of safety-engineered needles.

⁶ Note that as per the Retirement Homes Act, retirement homes must consult with their medical officer of health on how to reduce communicable disease outbreaks at least once per year.

[Employers are required to report to the MOL](#) about workers who develop occupational illnesses, and this includes workers who have developed a respiratory infection linked to the workplace such as influenza. Employers who are advised by, or on behalf of, a worker that the worker has an occupational illness shall give notice in writing, within four days of being so advised, to the MOL, the Joint Health and Safety Committee or Health and Safety representative, and to the trade union, if any. For workplaces that fall under the HCRFR, the content of the notice requirements is outlined in section 5(5).

Workplace parties who want to notify the MOL about fatalities, critical injuries, occupational illnesses, work refusals, reprisals and unsafe work practices, or anyone who would like to make general inquiries may call the MOL Health and Safety Contact Centre at 1-877-202-0008 (TTY 1-855-653-9260).

Some health care settings have additional requirements related to IPAC outlined in legislation. For example, long-term care homes must meet the IPAC requirements outlined in the [Long-Term Care Homes Act, 2007, s. 86](#) and [O. Reg. 79/10, s. 229](#).

Assessment & Treatment

Health organizations provide assessment & treatment services for respiratory pathogens in a variety of ways – ranging from telephone assessments through [Telehealth Ontario](#), outbreak management activities supported by public health units in long-term care homes, and face-to-face assessment and treatment in primary care settings, emergency departments, and home care settings. Individuals living in First Nations communities may access primary health care through federal or community-run programs.

The health system may need to respond to an increased demand for assessment and treatment during respiratory pathogen season – and in particular, over the holiday period at the end of December/ early January. Health system capacity is reduced at this time as health care workers take time off for the holidays, a period that traditionally coincides with the peak of influenza activity.

Health organizations may implement business continuity strategies and surge strategies to meet the increased demand for assessment and treatment services. As well, health organizations may collaborate with their local health system partners to coordinate the response to and recovery from impacts on the health system during respiratory pathogen season.

The ministry may activate its Ministry Emergency Operation Centre (MEOC) to coordinate the provincial response to impacts on the health system during respiratory pathogen season.

Through the MEOC, the ministry works with its partners and stakeholders to plan, organize, acquire and allocate resources, and provide direction and support. Examples of MEOC support include facilitating the flow of critical information, providing policy direction, coordinating public and health system-focused communications, and directing the acquisition and deployment of resources.

Resources

Laboratory testing

PHO Laboratory issues [Labstracts](#) to provide health care workers with information about its laboratory testing guidelines, including updates on specimen collection, handling, testing or interpretation.^{7, 8} The [Respiratory Viral Testing Algorithm Labstract](#) provides information about PHO Laboratory's respiratory viral tests, including influenza.

Antivirals

The [Association of Medical Microbiology and Infectious Disease Canada's \(AMMI's\)](#) practice guidelines on antivirals, entitled [The use of antiviral drugs for influenza: A foundation document for practitioners](#), provide health care workers with foundational information on the use of antiviral drugs for the prevention and treatment of seasonal influenza. As AMMI releases supplements to describe new developments during the influenza season, health care providers should review [AMMI's practice guidelines website](#) often for the latest information.

Public Health Ontario has developed two [resources](#) to assist with use of antiviral medications for the treatment and prevention of influenza. The document entitled [Antiviral Medications for Seasonal Influenza: Information for Health Care Providers, 2019](#) provides detailed information on the use of antiviral medications. The second document entitled [Influenza Antiviral Medication Fact Sheet – Quick Reference](#) is a shorter, quick-reference document to support clinicians in using influenza antiviral medications for treatment, and in institutional outbreaks, for prevention.

Health care workers and their patients access antivirals through the regular pharmaceutical supply chain system (e.g., from a pharmacy or pharmaceutical company). The ministry maintains a supply of antivirals that may be accessed by the health system when the following conditions are met:

⁷ To subscribe to Labstracts, health care workers can email customerservicecentre@oahpp.ca or phone the PHO Laboratory helpline at 1-877-604-4567.

⁸ Some hospital laboratories may offer influenza testing to support hospital-based care, as well as testing for other respiratory pathogens.

- an influenza outbreak is confirmed or suspected by the public health unit within a closed population (e.g., long-term care home, retirement home, etc.) or there is evidence of a wide-spread community-based influenza outbreak AND
- the regular protocol for obtaining antivirals is not possible, meaning the availability of antivirals is depleted from local sources

To access the ministry's supply of antivirals, health care workers should contact their public health unit - and the public health unit will connect with the ministry.

Critical care

Critical Care Services Ontario (CCSO) provides ongoing support for a provincial [Surge Capacity Management Program](#) that provides Ontario hospitals with a standardized practice for managing spikes in patient volumes or demands for critical care services. The program provides critical care units and staff the tools needed to better handle increases in volume of patients who are in life-threatening situations. It also helps to ensure integrated communications plans, streamlined use of information technology and predetermined plans for human resources. In addition, it strengthens the capabilities to address surge events within hospitals, across the LHINs and throughout the province.

CCSO maintains a ventilator stockpile to assist hospitals across the province manage an increased demand for ventilator resources. The document entitled [Critical Care Ventilator Stockpile Guidance](#) provides details on the policies and procedures for requesting and releasing of ventilators from the provincial ventilator stockpile.

Other surge capacity strategies

A number of LHINs are leading planning initiatives to support their health service providers and other local health system partners to respond to surge capacity challenges during respiratory pathogen season, such as:

- Hamilton Niagara Haldimand Brant LHIN's Flu Surge Capacity Planning Table: A committee comprised of LHIN health service providers and other partners that develops strategies to mitigate risks when surge threatens patient care and access to services during the influenza season.
- Central East LHIN Emergency Department (ED) Surge Communications Template: As part of the overall Central East LHIN Emergency Management framework, this template aims to communicate critical information, as mutually determined by all the EDs across the Central East LHIN, to health system partners in order to initiate a system level or LHIN-wide response to an ED surge.

- Greater Toronto Area (GTA) LHIN Protocol for Pending Priority 1 Designation: This protocol aims to facilitate timely information sharing of information among the GTA LHINs when there is a LHIN-level systemic crisis that may result in the granting of a priority 1 designation.

For the 2019-20 respiratory pathogen season, the ministry has implemented a number of strategies to support the health system's surge capacity:

- The ministry provided LHINs with funding to deliver Short-Term Care Transitional Care Models (STTCMs) to support patients who no longer require hospital-level care to successfully transition to a more appropriate care setting (e.g., home with community care support). This helps hospitals manage their capacity pressures, **ensuring more hospital resources are available for those patients who need them.**
- The ministry has provided \$67 million in funding to sustain over 700 hospital beds to help hospitals experiencing high occupancy challenges.
- The ministry is establishing Reactivation Care Centre models of care with new bedded capacity wherein patients can receive hospital care that is targeted towards rehabilitation and reactivation to permit discharge to a more appropriate setting.

The ministry continues to support the [Emergency Medical Assistance Team \(EMAT\)](#), a mobile medical field unit that can be deployed in response to health system emergencies. Operated by Sunnybrook Health Sciences Centre, EMAT can be deployed anywhere in the province within 24 hours. The team is a modular and scalable medical unit capable of providing a variety of specialized services, from acute and critical care to primary and psychosocial health. Upon request from health system partners, the ministry will consider deploying EMAT to respond to extraordinary health system challenges, such as those experienced during a mass casualty event or a focused, not generally wide-spread, respiratory outbreak.

Expectations

- Health system organizations should maintain the ability to provide assessment and treatment services throughout respiratory pathogen season. For example, some primary care physician groups must ensure that their offices are open for patient care as set out in their agreement with the ministry.
- In advance of respiratory pathogen season, LHINs, hospitals, public health units, long-term care homes, paramedic services and other health system partners should collaborate on strategies and plans to respond to potential impacts to the health system.

- Public health units, long-term care homes, and hospitals should make collaborative decisions about the transfers/ returns of residents between hospitals and long-term care homes during confirmed outbreaks, as per the guidance in the ministry's [Recommendations for Control of Respiratory Infection Outbreaks in Long-Term Care Homes](#).
- During respiratory pathogen season, LHINs, hospitals, public health units, long-term care homes, paramedic services, and other health system partners should communicate regularly regarding surge seen in the system, as well as outbreaks and any challenges encountered with repatriation of patients as a result of outbreaks.
- Hospitals must maintain contact with their LHINs throughout the respiratory pathogen season regarding challenges that they are experiencing in managing surge.
- Hospitals and other health system partners should post tickets on EMCT and monitor EMCT regularly to promote situational awareness about the impacts of respiratory pathogen season on the health system.

Appendix A. Emergency Management Communications Tool

The [Emergency Management Communication Tool \(EMCT\)](#) is a system for organizations across Ontario's health system to access near real-time data on disruptions and emergencies. EMCT is a secure, web-based communications and collaboration tool designed to enhance coordination of emergency preparedness and response activities. Organizations can use EMCT to alert and update health system partners about incidents that may impact their capacity to deliver services. This secure web-based system allows users to access it from wherever they find themselves located at a given time.

Hospitals, LHINs, and other health service providers should use EMCT to notify health system partners about pressures they are experiencing during the 2019-20 respiratory pathogen season.

Who should use EMCT?

Organizations across the health system should identify a representative who will act as an EMCT user(s). Organizations should also establish expectations for these EMCT users to ensure information flow both within and external to their organization. EMCT user responsibilities may include daily monitoring of tickets, creating and routing tickets on behalf of the organization, and sharing information gained from EMCT internally and with external partners as appropriate.

The ministry encourages organizations across the health system such as hospitals, LHINs, public health units, and paramedic services to identify an EMCT user. Health system partners can contact emct@lhins.on.ca for more information on how to register for EMCT.

What is an EMCT ticket?

EMCT users can submit an EMCT ticket to alert all relevant organizations to unusual occurrences within their organization that may impact ability to deliver services. By activating an EMCT ticket, users will facilitate a system-wide collaborative conversation.

When should users submit an EMCT ticket?

Users can submit an EMCT ticket to alert the ministry and other health system partners of an issue, provide details of health system pressures, and promote and maintain situational awareness. EMCT tickets are designed to allow users to provide a rich level of detail on the

situation, including situational stressors, severity level, timeframes, and requests for external assistance.

EMCT tickets are **not required when a user is able to functionally operate** despite being in surge or over capacity. **Users should submit tickets when their organization has deployed, or is considering, an extraordinary measure** which includes actions generally **outside of normal operating procedure**. Extraordinary measures include cancelling elective surgeries, opening unconventional spaces for patient care, rerouting incoming patients, requesting assistance from other health system partners, or closing beds due to an outbreak.

The ministry is aware that each users' definition of 'extraordinary measures' will differ based on size, internal policies and coping structures. However, the ministry requests that users report instances outside of standard operation procedures.

What should users include in an EMCT ticket?

EMCT tickets should provide a brief summary of the situation, including:

- status update
- overview of response measures underway, including any relevant declared code(s) or procedures implemented
- expected duration of event
- potential impact and ability to manage within existing resources
- other partners that have been engaged
- additional resources required or requested
- when new information/next update will be available and who/how to contact for more information

How should users submit an EMCT ticket?

Users can submit a ticket through the EMCT home page. The EMCT home page also includes links to a number of EMCT training videos. Please contact EMCT@LHINs.on.ca for site access.