WELLINGTON-DUFFERIN-GUELPH PUBLIC HEALTH

EMERGENCY RESPONSE PLAN

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1. Introduction: Wellington-Dufferin-Guelph Public Health

Mission and vision

The mission of WDGPH is to work to improve the health of communities and individuals in Wellington, Dufferin, and Guelph through promotion, protection and prevention.

This is especially important during emergencies, when the health, well-being and property of residents are affected.

Public Health bases its work on the following core values:

- Accountability, professionalism and public responsibility for the greater need of the community
- Creativity and flexibility in responding to community needs
- Community focused services founded on evidence and best practices
- Diversity, dignity and the right to privacy
- Positive internal and external relationships supported through effective personal interactions and communication
- A healthy balance between work and personal needs

Strategic Directions

Five strategic directions guide how WDG Public Health uses its resources in the agency's Strategic Plan (2011-2016). They incorporate activities that enable the organization to meet and exceed the requirements of the Ontario Public Health Standards and the expectations of the communities served in all programs, including Emergency Preparedness.

- Community and Partner Relationships
- Evidence-Informed Practices
- Workforce Quality and Capacity
- Functional Infrastructure
- A Healthy Workplace

Population Served

Within the City of Guelph, the County of Wellington, and the County of Dufferin, WDGPH serves a population of approximately 270,000 in an area of 4,200 square kilometres. This incorporates 16 municipalities in total. There are five Public Health office locations throughout the jurisdiction. The area is located west of the Greater Toronto Area, in the south-central part of Ontario, where there is a balance of agriculture, commerce, industry and higher education facilities. For more information on the communities served by WDGPH, see **Appendix 11**.

2. Aim and Authority

This plan enables staff and management to respond to emergencies in a way that will protect the health and welfare of the employees and the communities they serve. It is essential that all staff, volunteers and management be made aware of the provisions of this plan and that every program area is prepared to carry out their assigned functions and responsibilities in an emergency. A comprehensive training program will enhance the agency's ability to utilize the plan in a response; however, management should also be prepared to review the plan and incorporate revisions and procedures within their program areas. The plan is designed for both internal and external emergencies.

Internal Emergency

An **internal emergency** is an incident-- such as a fire, power failure, or bomb threat --that occurs within the agency and affects staff's safety and well-being, and agency resources. The response to the incident may or may not impact on the agency's overall ability to deliver programs and services.

External Emergency

An **external or community emergency** is "a situation or 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."[1]

Legislative Authority

Ontario's *Health Protection and Promotion Act* (HPPA) provides the legislative authority for boards of health to respond to a public health emergency determined to be a health hazard or is the result of a communicable disease.

Other relevant legislation pertaining to the emergency plan includes but is not limited to the *Emergency Management and Civil Protection Act*, R.S.O. 1990, c.E.9., *Occupational Health and Safety Ac*t, R.S.O. 1990, c.0.1., and the relevant municipal by-laws of the County of Wellington, County of Dufferin and City of Guelph.

Ontario Public Health Standards

The ***Ontario Public Health Standards*** specify the mandatory health programs and services provided by boards of health. Program Standards are grouped as follows:

- Foundations
- Chronic Diseases and Injuries
- Family Health
- Infectious Diseases
- Environmental Health
- Emergency Preparedness

[1] *Emergency Management and Civil Protection Ac*t, R.SO. 1990, c.E.9, s.1.

The Emergency Preparedness Protocol

The goal of public health emergency preparedness, as defined in the Standards, is "to enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts."

The Emergency Preparedness Protocol provides direction on how boards of health must operationalize measures that will prepare the agency to respond to emergencies. Health units are directed to include at a minimum the following roles and responsibilities in their emergency management program:

- Identify and assess the relevant hazards and risks to public health
- Develop a continuity of operations plan
- Develop an emergency response plan
- Develop, implement and document 24/7 notification protocols
- Increase awareness regarding emergency preparedness activities
- Deliver emergency preparedness and response education and training for board of health staff
- Ensure that officials are oriented on the emergency response plan
- Exercise the continuity of operations plan, emergency response plan and 24/7 notification protocol

This protocol and its requirements form the basis of the WDGPH emergency management program.

3. Methodology, Review, and Exercise

Methodology

Emergency management is an ongoing process. It cycles through mitigation and prevention, preparedness, response, and recovery.

This plan uses that cycle to address the hazards and risks that have been identified as significant in terms of probability and consequence. It acts as an overall response plan that is supplemented by division- or program-based operational and business continuity plans.

Relationship to other Plans

This plan complements, but does not duplicate, the activities of government and stakeholders engaged in responding to specific risks in the community.

This plan was developed using best practices in emergency management, as well as a review of current WDGPH policies, procedures, and practices. The plan was drafted with input from:

- Emergency Management Action Committee
- Joint Health and Safety Committee
- Senior management team
- Representatives of health care and emergency response agencies from local municipalities
- Community Emergency Management Coordinators from the County of Wellington, County of Dufferin and City of Guelph

Review and Exercises

The Plan will be reviewed and updated annually by the Manager, Emergency Preparedness. Significant changes that impact the Plan must be approved by the Medical Officer of Health. Minor changes do not require such approval. The review procedure acknowledges that the emergency preparedness and response process is one of continuous improvement that affects all programs and departments in the agency. Consequently all staff has a role in ensuring its success.

The Emergency Response Plan will be tested in a cycle that includes discussion-based activities and table top and field exercises. The Plan—in full or in part--may be tested alone or with other agency or municipal exercises. The Communications Plan should be tested at least annually. This may be done in conjunction with scheduled agency or community exercises.

4. Agency and Government Roles in an Emergency

Responsibilities of the Medical Officer of Health

- Upon becoming aware of a situation or impending situation, activate the municipal emergency notification system in the affected municipality(ies) using protocols established in each municipality's emergency plan.
- Assume a lead role in response to a local human health emergency such as infectious disease outbreak through activation of the agency's Emergency Response Plan and Incident Management System (IMS).
- Approve information/instructions on public health risk reduction for the municipality to distribute to the public.
- Consult on the safe disposal of bio-hazardous and other dangerous material that may affect public health.
- Coordinate vaccine management and implement mass immunization plan as required.
- Advise affected municipal department(s) or response group(s) on the potability of emergency water supplies and sanitation facilities as required.
- Liaise with the Ministry of Health and Long-Term Care (MOHLTC) through the Ministry's Public Health Call Centre.
- Consult with coroner on temporary morgue facilities.
- Fulfill legislative mandate of the Medical Officer of Health (MOH) as outlined in relevant provincial legislation, such as the HPPA, *the Ontario Public Health Standards*, and related protocols.
- Provide direction on any matters that may adversely affect public health.
- Liaise with voluntary and private agencies.
- Liaise with social services on preventing human health risks in evacuation centres in areas of safe food preparation, infection control practices, water quality, and sanitation.
- Keep record of all Public Health activities including actions taken and decisions made.
- Participate in debriefings as required.

Responsibilities of the Board of Health

The Wellington-Dufferin-Guelph Board of Health operates separately from the administrative structure of the municipalities. As such, this plan is approved by the Medical Officer of Health and endorsed by the Board of Health.

- Identifying and preventing, reducing, or eliminating health hazards and addressing communicable diseases.
- Respond to a public health emergency that has been determined to be a health hazard or as the result of a communicable disease.
- Develop a public health emergency preparedness program to provide response capabilities in an emergency which complements the municipal and provincial emergency preparedness program.

Responsibilities of Community health-care sector

- Be aware of the local epidemiology of infectious diseases of public health importance.
- Report instances of infectious diseases of public health importance to the MOH or designate through the 24/7 notification protocol. These diseases include, but are not limited to, those specified reportable diseases as set out by Regulation 559/91 (as amended) under the Health Protection and Promotion Act and include zoonotic diseases. Emerging infectious diseases may be considered of public health importance (For a list of reportable diseases, see **Appendix 6**).
- Collaborate with public health to increase public awareness regarding emergency preparedness activities.
- Be aware of infection prevention and control practices.
- Settings that are required to be inspected use appropriate infection prevention and control practices.
- Collaborate and consult with Public Health (as lead agency in a health emergency) to open and staff Assessment Centres in the community in the event of outbreaks such as pandemic influenza.

Responsibilities of Municipalities

- Develop and maintain an emergency management program, as mandated by Emergency Management Ontario (EMO) that includes an emergency plan, annual exercise and training for staff and members of the Municipal Control Group (MCG).
- Notify all Control Group members, including the MOH or designate, when an emergency occurs, even if their presence is not required at the Control Group.
- Declare that a municipal emergency exists, based on consultation with the MCG.
- If requested by the affected lower-tier municipalit(ies), the relevant upper tier will respond to the local emergency by providing assistance through the support of emergency services or other groups as detailed in each upper-tier municipality's emergency plan. The County-level Control Group may be activated to respond to the lower-tier emergency, but will not assume control of the emergency.
- When the resources of the affected local municipality become extended such that the local MCG can no longer effectively control or support the emergency, the Mayor or designate of the local municipality may request, in consultation with the MCG, that the County take over the management of the emergency situation.

- Establish a Joint Emergency Control Group (JECG) to coordinate the response between upper and lower-tiers when the emergency affects a large proportion of the population in e or more lower-tier municipalities.
- Declare a county-wide emergency (done by the Warden or designate of the affected county) based on consultation with the JECG.

Responsibilities of the Province

Emergency Management Ontario (EMO) - Ministry of Correctional Services and Community Safety

- Receives requests for assistance from affected municipalities at any time without assuming control or authority.
- The Province may, at its discretion, deploy EMO staff to a local emergency to provide a link between the municipality and province for both provincial and federal assistance.

Emergency Management Unit (EMU) – Ministry of Health and Long-Term Care

- Provides programs, services, and support to help the health sector and professionals during emergencies.
- The Chief Medical Officer of Health (CMOH) may issue directives to health entities prior to a provincially declared emergency in accordance with the HPPA.
- Local medical officers of health may issue orders under the HPPA to manage infectious diseases in their areas. In the event of a conflict, a directive by the CMOH prevails.[2]

Emergency Management Support – Public Health Ontario

- PHO's Emergency Management Support team supplements and supports the province in its emergency planning and response, providing a broad range of scientific and technical specialization.
- During emergencies, the team works closely with the Public Health Ontario Laboratories, Infectious Disease Prevention and Control, Surveillance and Epidemiology, and Environmental and Occupational Health to support the Ministry of Health and Long-Term Care, public health units and health professionals as they plan for and respond to health emergencies.

Ministry of Labour

- Enforces the *Occupational Health and Safety Act (OHSA)* at any time. The OHSA prevails over any emergency power or directive.[3]

Ministry of the Environment

- Guides and directs the response to environmental emergencies involving releases of hazardous materials (e.g., spills, leaks, fires) that impact land, air, or water quality.
- Enforces the *Environmental Protection Act*, *Ontario Water Resources Act, Safe Drinking Water Act, Nutrient Management Act, Environmental Assessment Act,* and the *Pesticides Act*.

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[2] Ministry of Health and Long-Term Care Emergency Response Plan, November 2007

[3] Ibid. p. 33.

5. Hazards and Risks to public health

Municipal Risk Profile for Wellington, Dufferin, and Guelph

The municipalities of Wellington, Dufferin and Guelph have each developed a comprehensive risk profile, through the hazard identification and risk assessment process. The risk assessment analyzes each hazard or risk for its community impact based on its probability and consequence. The risk assessment is subject to revision as events or changes occur within each municipality. Below is the risk profile for the whole jurisdiction listed in order of highest probability and consequence:

1. Severe winter weather including blizzards and ice storms
2. Severe summer weather including severe thunderstorms, tornadoes, and heat waves
3. Human health emergencies such as infectious disease outbreak, water and food contamination
4. Hazardous materials leaks, spills or fires (fixed site and mobile), CBRN(E) incidents
5. Floods
6. Agricultural emergencies such as animal disease outbreak
7. Widespread power outages
8. Critical infrastructure failure including large-scale facility explosions and fires, building collapse, dam failure, water system failure

Other lower-ranked but potential hazards include: drought, building/structure collapse, forest or wildland fires, and aircraft crashes.

Table 5.1 on the following page illustrates the potential areas of involvement specific to WDGPH by each type of external community risk, in the order of the HIRA ranking.

Table 5.1. Community Risk Assessment Summary

Hazard	Vulnerable Population	Type of Risk	WDGPH Role
Severe summer weather e.g.,(tornadoes, hail, extreme heat)	• Elderly; those without air cooling • Trailer parks • Outdoor enthusiasts • Outdoor workers	Environmental/building damage; power failure leading to food and water safety problems; access routes blocked with debris	**Participating organization**—technical expertise, public information, recommend measures to protect public health (e.g., issuing heat advisories, inspecting damaged food premises, info on food/water safety related to power outages; possible asbestos contamination from destruction of older buildings, inspection of evacuation shelters, screening for infectious disease in shelters)
Severe winter weather (e.g., ice storms, blizzards, extreme cold)	• Public • Schools	Power failure leading to food safety, water supply problems; access routes blocked with snow/ice;	**Participating organization**—technical expertise, public information, recommend measures to protect public health (e.g., food/water safety related to power outages, inspection of evacuation shelters, screening for infectious disease in shelters)
Human health emergencies	• May be general public, or specific subsets of population • Health care workers	Heath threats, public safety, response capacity of health care system	**Lead agency** – share information, directives, advisories to health care sector, public, media, stakeholders; manage outbreaks as per plans and protocols; open mass vaccination or prophylaxis clinics as required; maintain enhanced surveillance, case and contact management procedures; work with community partners in Control Group as needed to manage community response
Hazardous material leaks, spills or fires (fixed site and mobile), CBRNE incidents	• Immediate population in the affected area • Populations downwind/stream	Air, ground contamination; water table contamination both in affected community and downstream/downwind	**Participating organization**— technical expertise, public information regarding measures to protect public health for affected zones of community and first responders (as required)
Floods	• Populations in or near the flood plain	Ground erosion and water contamination	**Participating organization**—technical expertise, public information, recommend measures to protect public health
Agricultural emergencies	• Public	Travel restrictions, health threats	**Participating organization** - (led by federal/provincial agencies e.g., CFIA, OMAFRA) – depending on nature of pathogen, may provide vaccination clinics for agricultural workers
Widespread power outages	• Public	Food and water quality issues	**Participating organization**—technical expertise, public information, recommend measures to protect public health
Critical infrastructure failure (facility fire, dam failure, water system failure)	• Those in areas of risk; older buildings; those within the catchment area of a dam, users of water system	Public safety and security; health risks related to after-effects of failure (e.g., food/drinking water safety, mould, release of toxins, disease outbreaks from secondary effects)	**Participating organization**—technical expertise, public information, inspection of damaged premises related to food preparation/drinking water safety; infection control practices; issues related to public health in evacuation centres if established

Public Health Risk Profile for Wellington, Dufferin, and Guelph

1. Severe summer weather incidents with health impacts
2. Severe winter weather incidents with health impacts
3. Human Health emergency (e.g., influenza pandemic/other significant outbreak)
4. Hazardous materials spill/leak/fire (CBRNE)
5. Floods
6. Agricultural animal disease outbreak
7. Widespread power outages
8. Critical infrastructure failure with health impacts

Internal Risk Profile for WDGPH

Specific procedures for risks to WDGPH staff, facilities and specific major community risks are found in **Appendix 1**. Specific plans and procedures for responding to the hazards identified in the public health risk profile are included in the Appendices.

6. Occupational Health and Safety

The WDG Board of Health is committed to protecting and maintaining the health and safety of board of health staff. An urgent situation or the alteration of normal business due to an incident or emergency does not alter or supersede the agency's health and safety plans and policies, or the provisions of the *Ontario Occupational Health and Safety Act and Regulations.*

In a situation where the agency's Emergency Response Plan and IMS have been implemented, the appointed Safety Officer (in addition to the Incident Commander, Section Coordinators and Group Leaders) ensures that safe work practices are maintained, and has the authority to stop any work deemed unsafe. Likewise, staff working in an emergency still has a responsibility to report any unsafe working conditions to their supervisors and the Safety Officer.

7. Plan Activation, Notification and Fan-out procedures

Plan Activation

When determining if a situation requires activation of the plan and IMS, consider the following:

- Could the event seriously impact the health (e.g., the physical well-being of people, environmental safety) of an affected group or community?
- Will it require the immediate deployment (or redeployment) of resources within WDGPH programs beyond normal or routine levels, such as nurses, inspectors, communications, or administration staff?
- Is it an unusual incident, even if it is a small or isolated occurrence?
- Will the incident affect other jurisdictions or agencies?

If the answer is "yes" to any of the above questions, activate the plan and IMS.

Notification Process

WDGPH uses a 24/7 on-call notification procedure in order to ensure two-way communications with board of health staff, key community partners, and government bodies. It provides access to the medical officer of health or designate during and after business hours and exists to receive, notify and respond to reports of an incident or emergency, a potential health hazard, or a reportable disease, including institutional outbreaks.

Internal emergency notification

In the event of an internal emergency affecting agency staff and facilities, any staff member may advise the agency of an impending or occurring situation by:

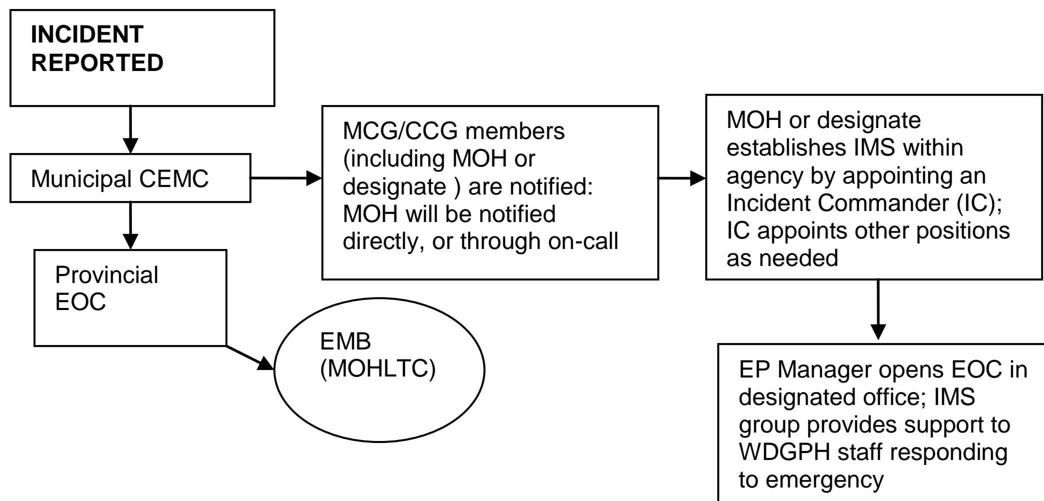
- Notifying the staff (through all-staff email, building's public address system, phone speaker system, contact of reception staff) of the hazard (include code colour as appropriate) and actions to be taken
- Ensuring that the MOH or designate is notified

External emergency notification:

General emergencies with health and health sector implications

Any member of a Municipal or Community Control Group (MCG/CCG) who is aware of an impending or occurring event must activate the affected municipality's emergency notification system. Notification of an emergency in a community with implications for public health (e.g. a chemical spill) typically occurs in the following way:

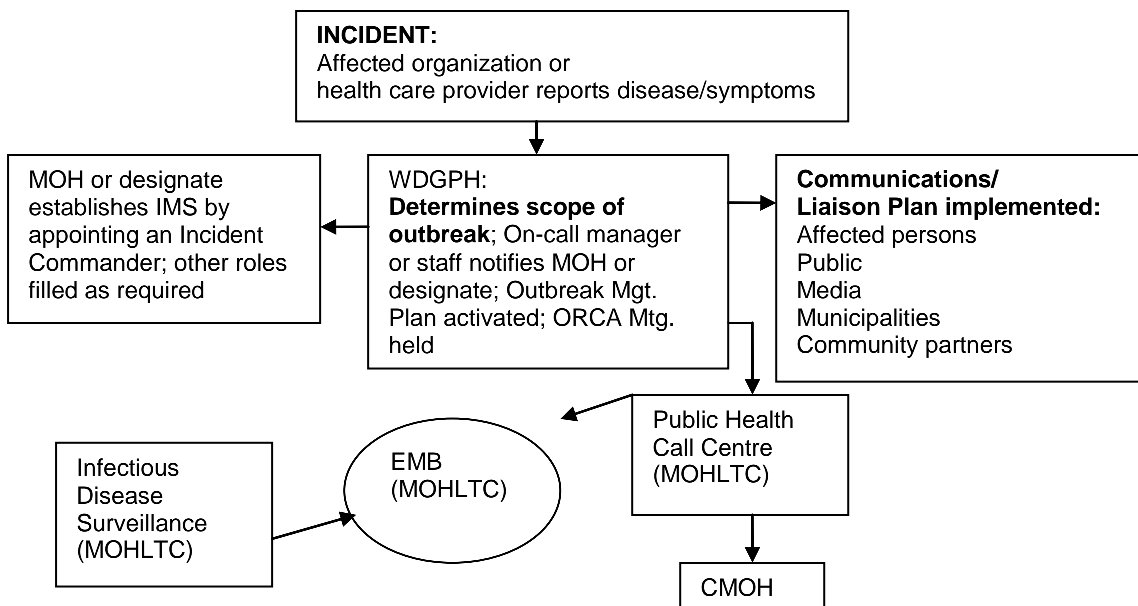
Figure 7.1 Community Emergency



Human health emergencies: Infectious disease outbreaks

In the event of an infectious disease outbreak, Public Health assumes the lead role locally. Public Health reports the outbreak to the larger community in the following ways:

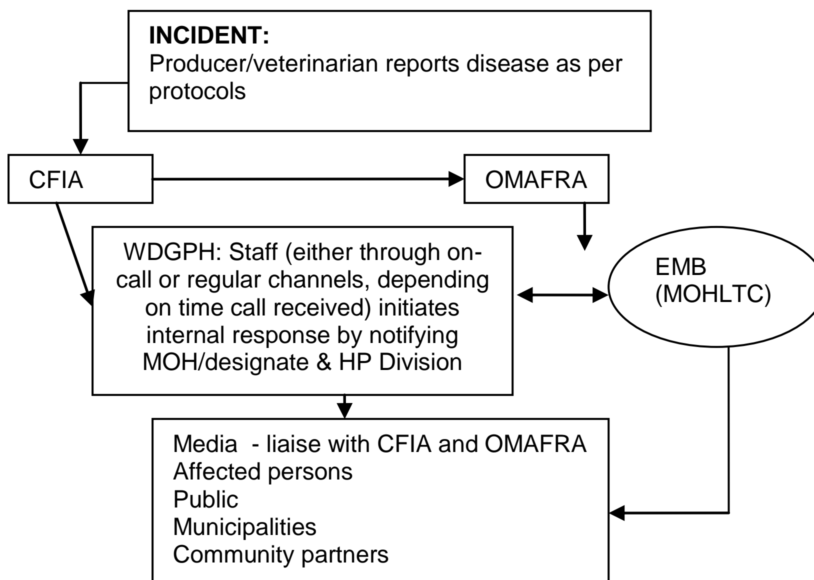
Figure 7.2 Human Infectious Disease Outbreak



Foreign Animal Disease Outbreak

In the event of a foreign animal disease (FAD) outbreak in Ontario, OMAFRA and CFIA assume primary roles, while MOHLTC and WDGPH assume supporting roles. Specific roles and responsibilities shift when there is significant human health risk and/or suspected or confirmed human cases.

Table 7.3 Animal Disease Outbreak



Notification: Community emergency – public health impacts
In the event of a community emergency the MCG/CCG members may be called to meet at the municipal Emergency Operations Centre (EOC). The specific location will be in the emergency notification message. The MOH or designate may be required to attend, and may call upon WDGPH staff to attend to participate as technical experts, scribes, or researchers.

City of Guelph:
- MOH or designate contacts the Guelph Police Duty Supervisor to request the notification system be activated (detailed information in **Appendix 2**).
- Guelph Police notifies all members of the MCG.
- If required, MOH or designate initiates internal response by activating IMS.

County of Wellington:
- MOH or designate contacts the County's call-answering service to activate the notification system (details in **Appendix 2**).
- The call answering service will notify the members of the MCG.
- If required, MOH or designate initiates internal response by activating IMS.

County of Dufferin:
- The MOH or designate contacts the CEMC to activate the notification system (details in **Appendix 2**)
- The CEMC will notify members of the MCG.
- If required, MOH or designate initiates internal response by activating IMS.

Notification: WDG internal fan-out

For fan-out charts see **Appendix 2.**

8. Declaration/Termination of a Municipal Emergency

Declaring a Municipal Emergency
The Head of Council or designate of a municipality is responsible for officially declaring an emergency in a community. The decision to declare an emergency will be made in consultation with the MCG/CCG.

The Medical Officer of Health may recommend that an emergency be declared in a community in the event of a disease outbreak or other threat to public health. A declared emergency requires the completion and distribution of a signed declaration form.

Terminating a Municipal Emergency
Terminating an emergency may be done only by the Head of Council or designate, the Municipal Council or the Premier of Ontario. If a health emergency required a formal declaration of a community emergency, the MOH advises the Head of Council when it is appropriate to issue a termination. It requires the completion and distribution of a signed termination form.

Undeclared emergencies
If no formal declaration of a health emergency is made in the event of a disease outbreak, the MOH will declare the outbreak over through the media.

9. Incident Management System

Definition of IMS

IMS, an international emergency management structure, has been adopted by the MOHLTC in the *Ontario Public Health Standards* as the mandated framework for responding to public health emergencies and is mandated in the Public Health Emergency Preparedness Protocol.

When to use IMS

WDG Public Health uses IMS to respond to internal and external events that require an immediate reordering of daily priorities and deployment of human and/or material resources.

These events can range in scale and scope to include:

- Incidents affecting an agency program or several programs
- Incidents with a localized or widespread reach in the community

Each IMS role is based on a specific response function. IMS does not follow the agency's regular management structure. See Section 7 (above), "Plan Activation and Notification" for additional criteria on activating IMS.

How IMS Works

IMS provides the basic command structure and functions required to manage an emergency situation effectively. It has six modules, which are described in more detail in **Appendix 3**:

Command Section

- Incident Commander: In overall charge of the incident within the agency; delegates authority to get work done efficiently and effectively.
- Communications Officer: Fields and directs media interviews, inquiries and internal communications with staff. May also oversee the Hotline during the response phase.
- Safety Officer: Reviews all internal operations from a health and safety perspective; can order unsafe work stopped.
- Liaison Officer: Links with ministries and outside agencies to collect and share information. This role may be folded into the Communications Officer's area of responsibility to coordinate the flow of information, particularly where large or multiple audiences are a factor in the response. The Liaison role may also be shared among several people, each of whom can be assigned to liaise with a particular group of audiences.

Operations Section

- Conducts the core business of the organization in responding to the incident

Planning Section

- Gathers, analyzes and manages data needed for incident management

Logistics Section

- Sources items, equipment and services for staff conducting operations

Finance and Administration Section

- Tracking costs associated with the incident, including human resources

Business Continuity Section

- Implements the agency's continuity of operations plan to ensure priority services are maintained during the incident

The Medical Officer of Health or designate appoints the Incident Commander, who is supported by three additional functions: Safety, Liaison, and Communications. Additionally, the agency's Manager, Emergency Preparedness acts as an advisor to the members of the IMS, particularly the Incident Commander, in effective use of IMS. The Manager, Emergency Preparedness will also monitor the key aspects of the in order to address quality improvement in the debriefing and post-incident reporting phase. The Scribe records the minutes of meetings and provides administrative assistance to the Incident Commander.

Benefits of IMS

IMS benefits over other ways of managing an event:

- Is based on management needs (e.g. can be used for a small-scale team response, or the entire organization)
- Uses management by objectives
- Documents actions and results
- Promotes coordination and integration of plans
- Integrates communications
- Manages control: no more than seven direct reports (five is ideal)
- Clear chain of command; each person reports to only one supervisor

The IMS Business Cycle

Business Cycles are regular meetings of key IMS members who gather regularly to receive updates on the emergency and develop priorities and task lists. These priorities and tasks are then summarized in the Incident Action Plan, which is used to guide the response until the next Business Cycle, when updates will be provided and new priorities set. Business Cycle meetings take place in the Emergency Operations Centre (EOC) and are restricted to key IMS members.

Conducting a Business Cycle Meeting

The Business Cycle is a fast round-table session among IMS members to report on activities that are of significance to the group. It should be of short duration (20 minutes) and should include:

- A brief update of any new information on the emergency from the Incident Commander
- A brief report of progress and problems on key priorities from each member that is relevant to the others in the Business Cycle
- Objectives set to be reached by the next Business Cycle which form the basis of the Incident Action Plan, approved by the Incident Commander
- The time of the next Business Cycle

Each member participating in the Business Cycle meetings must:

- Arrive on time for the meeting
- Prepare to speak only on the key points of relevance to the group
- Use issues should take place outside the Business Cycle meeting
- Avoid taking calls during the meeting
- Keep to assigned roles
- Avoid lengthy debates
- Brief assigned Group Leaders or staff upon the conclusion of the meeting
- Review minutes from the meeting and advise Scribe of corrections promptly

While the time spent in the Business Cycle meeting to develop the IAP is meant to be brief, the entire phase of meeting, planning tasks and executing them can be of varied length, from as little as one or two hours to 24 hours (typically not more than 24 hours). In a larger emergency, they may have to coordinate with provincial ministry or municipal business cycles.

IMS Incident Action Plans

The Incident Action Plan (IAP) contains the objectives for a given Business Cycle as well as the strategies and resources for meeting those objectives. Activities are organized so that they contribute either to the development of the IAP or the implementation of the IAP.

The IAP is approved by the Incident Commander prior to its release. For a template of an IAP, see **Appendix 3**.

The Section Action Plan (SAP) contains the objectives for the Section, based on the goals of the IAP. For a template of an SAP, see **Appendix 3**.

IMS Roles - Job Action Sheets

Each role in IMS has a specific set of responsibilities. A Job Action Sheet (JAS) is a tool that defines those responsibilities. Any additions or deletions to the role should be made in writing. A copy of the JAS should be given to the person assigned to each role. For Job Action Sheets for all of the main positions within the agency's IMS, see **Appendix 3**.

10. Public Health IMS – Command Group

The Command Group is the group of decision-makers that responds to the emergency. In IMS, the MOH or designate assigns control of the incident response through appointing an Incident Commander, and acts as an ex-officio member of the Command Group. The Public Health Emergency Command Group is comprised of:

- MOH
- Incident Commander
- Liaison Officer
- Safety Officer
- Communications Officer
- Operations Section Coordinator
- Planning Section Coordinator
- Finance/Admin Section Coordinator

- Logistics Section Coordinator
- Business Continuity Section Coordinator

In a Joint Control Group with a municipality, the Emergency Command Group may also include key personnel from the affected municipality, such as the Head of Council, Community Emergency Management Coordinator, and Communications Officer.

11. Public Health Emergency Operations Centre

Municipal and Agency Locations

An Emergency Operations Centre (EOC) is the pre-designated meeting place for those responding to an emergency. Each municipality has a primary and a backup EOC. The MOH may be required to attend the municipal EOC, depending on the nature and scope of the incident. Alternatively, a joint EOC may be established if the emergency affects more than one municipality. The MOH may require the activation of an EOC at one of WDG's offices in order to respond to an emergency. As such, each location is equipped with supplies and equipment that may be required.

Ensuring the EOC is ready to be used in the event that IMS is initiated is the responsibility of the Emergency Preparedness Manager. Locations, contact information, security information and supply lists for all WDG EOC's are found in **Appendix 4**.

Activities previously scheduled in the room(s) designated for EOC use may have to be cancelled or moved on short notice if the EOC is required for an emergency.

The Incident Commander will ensure the following information is posted in the EOC for use by on-duty staff:

- Timeline of the incident – what happened up to this point
- Situation reports – what is happening now
- Incident Action Plans – the priorities that must be addressed
- Outstanding items – what is still being dealt with

EOC Procedures

Due to the varying levels of technology and supplies available at both municipal and agency EOC's, procedures will vary from location to location. The following items are those that should be in place in each EOC:

Supplies

- Each EOC should be equipped with Internet access, Smart-board technology, at least one phone with speaker phone technology, white boards, projector (or have access to one), cupboard with office supplies, copies of emergency plan, and up-to-date reference materials
- Fact sheets, form templates and other standard communications materials should be prepared and available
- Break-out rooms and individual offices will be used for smaller meetings and the work of the business cycle

Security

- The EOC should only be open to on-duty staff with a specific role in the EOC
- Personal Protective Equipment (PPE) may be required within the EOC depending on the nature of the event; staff entering the EOC must be properly outfitted as required
- In a multi-agency setting, all persons entering the EOC must show photo ID, and sign in and out

Communication devices

- All communication devices should be set to "vibrate" or "silent" notification to reduce noise levels
- Side meetings should take place in separate, secure meeting rooms whenever possible
- IT support staff needs to be on hand to address issues as needed
- Information about back-up power systems should be provided upon entering the EOC

Food, water and personal care

- The Logistics Section Coordinator is responsible for ordering items to meet food, water, and personal care requirements for those working after-hour shifts in the EOC
- Otherwise, lunches and breaks are scheduled when possible
- Staff should be prepared with any essential items needed by them during their shift

12. Crisis Communications Plan

Timely dissemination and sharing of accurate information is one of the most important facets of the emergency response. The Crisis Communications Plan (see **Appendix 8**) provides procedures to coordinate internal and external communications.

The Manager of Communications for the agency is responsible for maintaining the Crisis Communications Plan and sharing information and updates about the plan with management and staff.

13. Disclosure of information permitted in an emergency[4]

Privacy legislation in Ontario does not prevent the rapid sharing of personal information in certain situations. While it is appropriate to recognize that personal information is protected by Ontario's privacy and access laws, it is also important to realize that these protections are not intended to stand in the way of the disclosure of vital—and in some cases, life-saving—information in emergency or other urgent situations.

In emergency and limited other situations, personal information, including personal health information, may need to be disclosed in a timely fashion, even if the person's consent has not been obtained. In such circumstances, the head of a public sector institution or a health information custodian (a defined term under the *Personal Health Information and Protection Act or PHIPA*), or those acting on their behalf, can—and in some cases must—disclose information that would normally be protected by Ontario's access to information and privacy laws. This information may be a record or records containing personal information or

[4] Permission to reproduce this fact sheet has been granted by the Office of the Information & Privacy Commissioner of Ontario.

personal health information, and the circumstances may include emergencies or critical situations affecting individuals or public health and safety, as well as situations calling for compassion. Although these disclosures are the responsibility of the head of an institution or a health information custodian, it is important for anyone working in such settings to understand what is permitted in certain situations.

A head of a public sector institution or a health information custodian is given the authority by Ontario's access to information and privacy laws to disclose such information. These laws also protect a health information custodian or a head from damages, provided that the custodian has acted in good faith.

Listed below are some circumstances under which a custodian can disclose personal information or personal health information, in the absence of an individual's consent.

1. Public Interest and Grave Hazards

If there are reasonable and probable grounds to believe it is in the public interest to do so, and the record of information reveals a grave environmental, health or safety hazard to the public, heads of institutions are required by the *Freedom of Information and Protection of Privacy Act (FIPPA)* and the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* to disclose records to the public or to affected persons. This disclosure is required even if the information in the record relates to an individual and may affect his or her interests. [5],[6]

2. Health and Safety of an Individual/Risk of Serious Harm to Person or Group

When there are compelling circumstances affecting the health and safety of an individual, heads of institutions may disclose personal information to a person other than the individual to whom it relates. FIPPA and MFIPPA allow this discretionary disclosure. However, the head must provide the appropriate notice to the individual to whom the information relates.[7]

Similarly, if a health information custodian believes on reasonable grounds that it is necessary, in order to eliminate or reduce a significant risk to serious bodily harm to a person or group of persons, to disclose personal health information without consent, the disclosure may be made. Such circumstances would even override an individual's prior express instructions not to disclose the relevant personal health information.[8]

3. Disclosures to Public Health Authorities

When a health information custodian has a legal duty to disclose personal health information, PHIPA facilitates the fulfillment of that duty. PHIPA recognizes as lawfully required disclosures[9], the requirements listed *Health Protection and Promotion Act*[10](HPPA) for

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[5] Both *FIPPA* and *MFIPPA* required that before disclosing the record, the head must give notice, if it is practicable to do so, to any person to whom the information in the record relates. The person may then respond and argue against disclosure. In an emergency, however, it may not be practicable to provide notice in advance of the disclosure.

[6] Please see section 11 of the *FIPPA* and section 5 of the *MFIPPA*.

[7] Please see sections 21(1)(b) and 42 (h) of *FIPPA* and sections 14 (b) and 32(h) of MFIPPA.

[8] Please see section 40(1) of the *PHIPA*.

[9] Please see sections 6(3) and 43(1)(h) of *PHIPA*.

[10] Please see, for example, sections 25-30 of the *HPPA*.

certain custodians to report diseases defined as reportable, communicable or virulent, to the Medical Officer of Health.

PHIPA also provides that a health information custodian may disclose personal health information without a patient's consent to the Chief Medical Officer of Health or to a local medical officer of health[11], in order to comply with the purpose of the HPPA.[12] That purpose includes preventing the spread of disease, and promoting and protecting the health of the people of Ontario. An example of such a disclosure might be a report of an outbreak in a hospital of a suspicious condition that is not identified as one of the reportable, communicable or virulent diseases, but which the health information custodian feels could be dangerous.

4. Compassionate Circumstances

In situations calling for compassion, when there is a need to notify next of kin or a friend about an individual who is injured, ill or deceased, institutions may disclose personal information or personal health information without consent in order to facilitate this contact. FIPPA and MFIPPA allow this discretionary disclosure.[13] For example, a municipal worker could contact a family member of an employee to advise that the employee had collapsed and was taken to hospital.

PHIPA allows a health information custodian to disclose personal health information without consent in order to contact a relative, friend or potential substitute decision-maker if an individual is injured, incapacitated or ill and unable to consent. Similarly, a health information custodian may also disclose personal health information about a person who is deceased for the purpose of informing any person who it is reasonable to inform that the individual is deceased and the circumstances of his or her death. A health information custodian may also disclose personal health information about a deceased person or a person suspected to be deceased (cause of death, or identifying information, for example) to his or her spouse, partner, sibling or child if it is reasonably required to enable these persons to make decisions about their own health care or about the health care of their own children. PHIPA allows a health information custodian to disclose personal health information without consent about a deceased individual or one who is suspected of being deceased for the purpose of identifying the individual.

Example: After the 2004 tsunami disaster in Thailand and Sri Lanka, Ontarians were asked to obtain dental records (and DNA samples) of missing loved ones, to be compared with those of unidentified casualties at the scene. Ontario's PHIPA sanctions the release of such records without the consent of the individual to whom the information relates.

5. Providing Health Care

When consent cannot be obtained in a timely manner and disclosure is reasonably necessary for the provision of heath care, a health information custodian may disclose personal health

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[11] Or a similar public health authority in another jurisdiction if the disclosure is made for a purpose substantially similar to a Health Protection and Promotion Act purpose. See Section 39 (2) of PHIPA.
[12] Please see section 2 of *HPPA*.
[13] Please see section 42(i) of *FIPPA* and 32 (i) of *MFIPPA*.

information to certain other health information custodians[14] (Unless a person has pro-actively forbidden disclosure of the relevant personal health information).

Example: On receiving a blood test result containing an anomaly, a family physician decides that it would be advisable to consult a specialist but the patient is on a lengthy holiday. The family physician could disclose the personal health information to the specialist in order to obtain timely advice unless the patient had indicated that such results should not be disclosed to anyone without the person's express consent.

6. Liability Protection

Heads of institutions, health information custodians and those people acting on their behalf are protected from actions or proceedings if they act in good faith and do what is reasonable under the circumstances.[15] The protection relates to, among other things:

- The disclosure (or non-disclosure) of information; or
- The giving of a required notice, if that person took reasonable care to give the required notice.

14. Response Procedures by Hazard

The *Ontario Public Health Standards* indicates that in terms of health hazard prevention and management, the role of public health is to

- Prevent or reduce the burden of illness from health hazards in the physical environment.
- Reduce public exposure to health hazards, and to minimize adverse health outcomes from exposure to chemical, radiological, biological and other factors in the environment.
- Prevent or reduce the burden of infectious diseases of public health importance. These diseases include but are not limited to those specified reportable diseases as set out by Regulation 559/91 (as amended) under the Health Protection and Promotion Act and include zoonotic diseases.[16]
- Respond to and manage health hazards in accordance with the *Health Protection and Promotion Act* and the related provincial standards and protocols
- Implement control measures to prevent or reduce exposure to health hazards in accordance with provincial protocols. Some of this may be done in consultation with other provincial ministries (e.g., the Ministry of the Environment or the Ministry of Health) or federal departments (e.g., Health Canada or the Public Health Agency of Canada).

The hazards are listed below in their order of probability. Response procedures for these hazards are listed in detail in **Appendix 1**. Each set of procedures has:

- Examples of plan activation for each hazard
- General response instructions for all staff

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[14] Such a disclosure may be made to those custodians listed in section 3(1), paragraphs 1-4 of *PHIPA*. The listed custodians are primarily frontline health care providers and institutions. This kind of disclosure is addressed in section 38(1) of *PHIPA*.

[15] Please see section 62(2) of *FIPPA*, section 49(2) of *MFIPPA* and section 71 of *PHIPA*.

[16] Ontario Public Health Standards, January 2008, page 43.

- References to divisional plans if detailed response procedures are needed
- An IMS diagram showing which positions would likely be filled

Table 12.1 Procedure Codes and hazards

Code	Hazard
Red	Fire in facility
Green	Evacuation
Blue	Medical emergency
Black	Bomb threat/suspicious package
White	Violent person
Brown	Hazardous material spill or leak
Orange	Community emergency
Yellow	Missing person
Grey	Infrastructure failure

Response procedures for health emergencies such as infectious disease outbreak are found in **Appendix 5**.

15. Arrangements for psychosocial supports for staff

In addition to peer and management support, the agency will use its Employee Assistance Program (EAP) to provide psychosocial supports for staff during and after an incident, as needed. Staff should be reminded that these supports are available at the beginning of an incident response and at intervals during the response. The Human Resources Group Leader will coordinate group meetings on-site and ensure other supports are in place as needed. The availability of these supports will be communicated to staff through the Communications Officer. For more resources regarding staff supports, see **Appendix 4**.

Critical Incident Stress Management

Critical Incident Stress is a normal reaction to sudden and unexpected events beyond our normal range of everyday experiences, including disasters and workplace incidents.
Critical Incident Stress Management (CISM) represents an integrated "system" of interventions which is designed to prevent and/or mitigate the adverse psychological reactions that so often accompany emergency services, public safety, and disaster response functions. CISM interventions, such as CIS Debriefings, are especially directed towards the mitigation of post-traumatic stress reactions.
The Critical Incident Stress Debriefing (CISD) process is specifically designed to prevent or mitigate the development of post-traumatic stress among emergency services professionals.

A CISM Debriefing Team is a multi-agency team, of peers and mental health providers, that responds to the needs of emergency services organizations or personnel involved in traumatic events (critical incidents); also upper and lower tier municipalities in times of declared emergencies. For contact information, see **Appendix 2**.

16. Coordination with other agencies

It is recognized that the range of key agencies with which WDGPH may coordinate will vary depending on the nature and scope of the emergency. It may include local agencies and provincial ministries. For a list of key agencies by type of emergency, see risks in **Appendix 1.**

17. Recovery

Recovery from an incident begins as soon as the active response phase has ended. The trigger is either by the timeline of events (the fire is out) or by the diminishing volume and scope of the response work (the number of cases in a disease outbreak is dropping).

If a health emergency required a formal declaration of a community emergency, the MOH advises the Head of Council when it is appropriate to issue a termination. If no formal declaration of a health emergency is made, the MOH will declare the outbreak over through the media and other channels as required.

Maintaining IMS in the Recovery Phase

It is advisable to maintain IMS into the recovery phase, as all areas will have recovery activities that will take time and resources to complete.

- Physical resources (e.g., equipment and supplies) cleaned and returned
- All Section Coordinators may need to phase staff into and out of roles and evaluate the need for employee counseling
- Communications to convey appreciation to those in and outside of the agency who assisted with the response
- Debriefing protocol completed at Group, Section and overall Command levels

18. Debriefing Protocol

Introduction

Debriefing is a way of capturing experiences that took place internally when responding to an incident and sharing results. Through the debriefing process, the aim is to revise and improve practices, procedures and processes related to emergency response. Debriefing is not about recriminations or blame.

When to use Debriefings

Debriefings are not limited to incident response. They can benefit a variety of activities, including:

- Non-emergency event planning
- Training courses
- Exercises

A debriefing with the IMS members, coordinated by the Incident Commander and the Emergency Preparedness Manager, will take place no sooner than one week following closure of the incident and no later than four weeks. In that time, each Group Leader and Section Coordinator is expected to undertake a debriefing with their respective staff.

In the event that the incident is expected to last for several weeks (such as an infectious disease outbreak), debriefings may occur throughout the response phase, so that information is not lost as the response continues. These will focus on relevant long-term issues related to recovery and restoration of regular business activities.

Within four weeks of the incident:

- Debriefing completed
- Report drafted

Within six weeks of the incident:

- Final post-incident report approved and released

It is recognized that there may be times when a formal debriefing cannot be undertaken. Such occasions should be rare. However, a debriefing should still be held and it will be the function of the Manager, Emergency Preparedness in consultation with the Incident Commander to determine the style and use of specific debriefing methodology and reach agreement with the participating staff.

Objectives

The objectives of the debriefing are:

- To allow participants, either on behalf of themselves and/or the area they represent, to reflect on the event and their experience in a process-oriented way (i.e. it is not a performance appraisal)
- To consider actions that took place during the event, and focus on what was supposed to happen and what actually happened
- To identify any positive points or ideas that might establish 'good practice' when responding to future response to other incidents, exercises, or training
- To identify issues that may require further review and follow-up
- To measure the response and set specific, measurable goals for quality improvement.

Debriefing Process and Format

i. Leader

The Incident Commander is responsible for ensuring the completion of the debriefing process, in coordination with the Emergency Planner. When IMS is established to respond to the incident, the Incident Commander, in consultation with the Emergency Planner, will identify the participants of the debriefing and hold the first debriefing meetings before IMS is officially stood down.

ii. Format

The format and process for debriefings will be:

- Email questionnaire and related forms to IMS members and other staff as required
- Compile resulting comments
- Invite IMS members (and other staff as required) to a single group debriefing for discussion

Analysis of the questionnaire will form a supplementary report to the main debriefing report. Staff may also request individual meetings with the Manager, Emergency Preparedness or the designated leader of the debriefing.

iii. Documentation

A tape recording of the debriefing can be made to assist with the production of the debrief report. Alternatively an administrative assistant may make notes.

The Manager, Emergency Preparedness will be responsible for retaining a copy of any relevant paperwork as a matter of historical record. The finished report will be posted for staff review within six weeks of the debriefing. Completed copies will be held in the agency's intranet-based Evidence Warehouse.

iv. Report

Where considered appropriate, the debrief report should be supported by a factual record of the event/incident, including a brief description of the incident, chronology/time line of incident, and agencies involved. The debrief report will include:

1) Background
2) Facts of initial case (if relevant, information must be purged of identifying personal health information)
3) Implementation of IMS
4) Other factors to consider
5) Findings of the debriefing
6) Lessons learned
7) Action Plan recommendations & reporting timeline

v. Communicating the Report

Internal:

- Send draft to all staff involved
- Post final draft on agency intranet

External:

It is acknowledged that following any serious incident, the public, through the media, will seek information about the response, lessons learned and how to improve future response.

If necessary, the senior management team will produce a statement for issue to the media on the findings of the debriefing process. Where considered appropriate, copies of the debrief report and actions may be circulated to other agencies in the community for information and monitoring purposes.

Consequently, at the conclusion of the debriefing process, the key findings of a serious incident may be made public by means of a formal media briefing, with the approval of the Medical Officer of Health. The content will be based on extracts of the findings of the debrief report and will focus on the organizational level of response rather than individuals.

vi. Post-Incident Action Plan

The Incident Commander and Manager, Emergency Preparedness will meet with relevant managers and directors to determine an 'Action Plan' for implementing lessons learned, with relevant timelines. See **Appendix 10** for the Post-Incident Action Plan template.

The Post-Incident Action Plan will be a primary reference document used by the IMS team at the start of subsequent incidents, in order to highlight what the main issues were in previous responses.

Prohibitions to Debriefing

It is acknowledged that certain incidents (or aspects thereof) may be subject to subsequent legal process that renders full and frank discussion inappropriate at that time. In such circumstances, the debriefing should proceed as far as is reasonably possible, acknowledging the aspects which cannot be discussed at that time. Wherever possible, such issues should be re-visited as circumstances change.

Debrief Protocol Review

This protocol will be subject to review and revision as part of the Emergency Response Plan.

19. Acronyms and Glossary

CBRN(E)	Chemical, Biological, Radiological, Nuclear (Explosive)
CDC	Centers for Disease Control and Prevention
CEMC	Community Emergency Management Coordinator
CFIA	Canadian Food Inspection Agency
CMOH	Chief Medical Officer of Health
EMO	Emergency Management Ontario *(Ministry of Community Safety and Correctional Services)*
EMU	Emergency Management Unit (*Ministry of Health and Long-Term Care)*
EOC	Emergency Operations Centre
FAD	Foreign Animal Disease
FIPPA	*Freedom of Information and Protection of Privacy Act*
HPPA	*Health Protection and Promotion Act*
IAP	Incident Action Plan
JECG	Joint Emergency Control Group (upper and lower-tier municipalities)
MCG	Municipal Control Group
MOE	Ministry of the Environment
MFIPPA	*Municipal Freedom of Information and Protection of Privacy Act*
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
OAHPP	Ontario Agency for Health Protection and Promotion

OHA	Ontario Hospital Association
OMAFRA	Ontario Ministry of Agriculture, Food and Rural Affairs
OHSA	*Occupational Health and Safety Act (Ministry of Labour)*
PHAC	Public Health Agency of Canada
PHIPPA	*Personal Health Information Protection Act*
PPE	Personal Protective Equipment
PUI	Person Under Investigation

GLOSSARY

Advisory–Issued by Public Health to staff and to the public when the message is about an event, situation or condition that may:

- Cause an inconvenience or concern about human health to the target audience.
- Pose a serious threat to human health.
- Take place or is likely to occur
- **Immediate action is needed**.

Alert–Issued by Public Health to staff and to the public when the message is about an event, situation, or condition that causes or is very likely to cause illness, injury, or death to the target audience; is taking place within the jurisdiction or is about to take place; and **requires immediate action**.

Antivirals (such as TAMIFLU)–Drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours) can reduce influenza symptoms, shorten length of illness, and reduce serious complications.

Area Municipality-The municipalities and townships within Public Health's jurisdiction, namely Wellington County, Dufferin County, and the City of Guelph.

Biological Hazard – Exposure to a biological agent (body fluid, microorganisms, toxins, or biocides, that can cause sickness or disease in a human or animal.

Bulletin – A brief report of important and often unexpected news; does not require immediate action.

Business Cycle Meeting–The formal meeting in the Incident Management System (IMS) in which the Incident Commander requests updates and information from Command staff and Section Coordinators in order to prepare an Incident Action Plan (IAP).

Case – A person with the disease or problem under investigation.

Case Definition-The distribution of symptoms and clinical signs of a sufficient number of cases to characterize the definition for clinical cases.

Case Management–Process of interviewing a case to obtain interesting indices and useful information on exposure, which helps develop the hypothesis. Also as a means for contact tracing, and to ensure treatment.

Chemical Hazard–Exposure to a chemical agent that can cause sickness or disease in a human or animal.

Communications Cycle–During an emergency, the schedule of meetings, interviews, and release of approved information to the public, affected populations, and community partners.

Community Resilience–The capacity of a community to counter hazards, to withstand loss or damage, and to recover from the impact of an emergency.

Community Officer-Staff member from Emergency Management Ontario who acts as liaison between an affected community and the province of Ontario on emergency management matters.

Community Risk Profiles-Identify hazards and risks in a community based on probability and consequences of an event occurring. Used as a framework for emergency response planning.

Consequence–A determination of how severe a hazard is or might be under certain circumstances. This process is fundamental to the process of determining a community's vulnerable areas and populations.

Contact Tracing–The identification and notification of contacts of a case of a communicable/reportable disease. Depending on the disease prophylaxis or treatment, it may be indicated to interrupt transmission of the disease.

Control Group-The management team responsible for coordinating the response to a community emergency, comprised of municipal staff, the Head of Council, and representatives from community organizations. Control Groups may function at the lower tier, or at the County level.

County Warden–The Head of Council for the County of Wellington or the County of Dufferin and Chair of the respective Municipal Control Group.

Distribution-Refers to analysis by times, places, and persons affected.

Emergency–(*Federal*) "an abnormal situation that demands prompt, coordinated actions that exceed normal procedures, thereby limiting damage to person, property and/or the environment" (*Provincial)* "a situation or impending situation caused by the forces of nature, an accident, intentional act or otherwise that constitutes a danger of major proportions to life or property".

Epidemic–The occurrence in a population (community or region) of cases of an illness/condition in excess of the normal expectancy.

Epidemiology-The study of the distribution of health-related states in a specified population.

Evacuation–Full–An emergency of any type that requires the evacuation of one or more of the WDGPH offices to another office location or a temporary facility in the community. It may be short-term or long-term.

Evacuation-Partial–An emergency of any type that requires the evacuation of part of one or more of the WDGPH offices, such as a specific floor or service area, to another of the WDGPH offices. It may be short-term or long-term.

Exclusions–Authority given under legislative acts that allows the Medical Officer of Health to order a person to be excluded from attending a school or daycare to avoid ongoing transmissions within these settings.

Exposure–A general term to indicate contact with the postulated causal factors (or agents of disease) used in a way similar to risk factor.

Fan-out–A telephone notification system that begins with telephone calls placed by key personnel who in turn notify others of the disaster, creating a multiplied effect.

Hazards–Conditions or processes that cause, or have the potential to cause, harm or loss to people and/or property. The hazard (undesirable event) produces adverse consequences and the possibility of an emergency. It is an event or physical condition that has the potential to cause fatalities, injuries, property damage, infrastructure damage, agricultural loss, damage to the environment, interruption of business or other types of harm or loss:

- A likely hazard is a hazard that has occurred in recent memory and is likely to occur again.
- A possible hazard is a hazard that has not occurred in recent memory, but could occur based on prior incidence or expert assessment (e.g., a nuclear facility incident, terrorism, or earthquake).
- An unlikely hazard is a hazard that has never occurred, and will not likely occur (e.g., a mine emergency where there is no mine).

Health Hazard

(a) A condition of a premises,
(b) A substance, thing, plant or animal other than man, or
(c) A solid, liquid or combination, that has, or that is likely to have, an adverse effect on the health of any person.

Hotline–Telephone line(s) set up to manage an increase in call volume to the organization on an emerging situation/problem of interest.

Impact–Expressed quantitatively or qualitatively, it is the estimated damage/loss to, or the ultimate effect on, an entity as an outcome of an event caused by a hazard. This phase may last for moments (e.g., a tornado or crash) or for several days (e.g., a flood or forest fire).

Jurisdiction–The geographical area under the authority of Wellington-Dufferin-Guelph Public Health, comprising Wellington County, Dufferin County and the City of Guelph.

Mitigation/Prevention-Actions taken to eliminate or reduce the degree of long-term risk to human life, property, and the environment from natural and technological hazards. Mitigation assumes that we are exposed to risks whether or not an emergency occurs. Mitigation measures include, but are not limited to, hazard and risk analysis, monitoring and inspection, public education, safety policies and procedures, building design, insurance, legislation, and stocking emergency supplies.

Municipal Control Group- The management team responsible for coordinating the response to a community emergency, comprised of municipal staff, the Head of Council, and representatives from community organizations. Control Groups may function at the lower tier, or at the County level.

On-Call–A system put in place to ensure 24/7 access to a Public Health professional for the purpose of reporting a reportable disease, outbreak, or another emergency with public health significance.

Outbreak–The sudden increase in the incidence of a disease or condition in a specific area.

Pandemic–An epidemic occurring worldwide that crosses international boundaries and affects a large number of people.

Patient Confidentiality–The maintenance of privacy by not sharing or divulging privileged or trusted information to a third party.

Person Under Investigation–Anyone who is being investigated for symptoms of clinical illness consistent with the disease under investigation in an outbreak.

Preparedness-Actions that are taken in advance of an emergency to develop operational capabilities and facilitate an effective response should an emergency occur.

Probability–The determination of the likelihood of occurrence for each identified community hazard, often judged by past experience and expert advice.

Quarantine–Ordered limitation of the freedom of movement of healthy persons or domestic animals that have been exposed to a communicable disease (for a period of time equal to the longest incubation period of the disease).

Radiological Hazard–Possible contamination or undue exposure to atomic radiation.

Recall –Action taken to remove a product from the market.

Recovery–Activity that returns vital support systems to minimum operating standards and long-term activity designed to return life to normal or an improved level, including some form of economic viability. Recovery measures include crisis counselling, damage assessment, debris clearance, computer systems restoration, disaster unemployment assistance, and full-scale business resumption.

Rescind Notices–Official documentation that notifies the end of a MOH-ordered exclusion of a student. It is sent to the school and parents to allow the student to return to their or daycare.

Response–Actions taken--immediately before, during, or directly after an emergency event --to save lives, minimize damage to property and the environment, and enhance the effectiveness of recovery. Response measures include, but are not limited to, emergency plan and alert-system activation, emergency instructions to the public, emergency medical assistance, emergency operations centre staffing, senior management alerting, resource mobilization, and warning systems activation.

Severity–The potential or intensity associated with a hazard to disrupt normal operations and/or cause damage to an entity. (Severity of a hazard may be countered with measures to lower an entity's vulnerability to the hazard).

Social Isolation–Healthy people who have been exposed to a communicable disease and are within an incubation period are asked to restrict all social activities where they may expose others to the disease (e.g., school, daycares, after school activities, theatres, pools etc.)

Surveillance–The systematic ongoing collection, collation, and analysis of the data and the timely dissemination of information to those who need to know so that action can be taken.

Total Coliform–The coliform group of microorganisms has been the most commonly used bacteriological indicator of water quality. Their presence in drinking water is indicative of inadequate disinfection.

Triage–The sorting of in-coming evacuees or casualties requiring treatment or care, whereby priorities are determined to affect the placement of the victims for treatment purposes.

Update–Provides new information about an event, situation, or condition that the target audience is aware of through previous communications.

Vaccines–Administered orally or by injection and are the primary means to prevent illness and death from certain communicable diseases. They cause the production of antibodies against the virus included in the vaccine, providing immunity against the virus.

Virulence-Severity of disease in a host expressed as a ratio of the number of cases of severe disease and fatalities divided by the total number infected.

Vulnerability–The degree of susceptibility to potential hazards in terms of damage or losses from such hazards as faced by a specific entity, the environment or population.

Warning–Applies mainly to emergencies with a more gradual onset– those that may be forecast. For instance, severe weather patterns and rising flood levels may be issued as warnings allowing time for preparation.