

Emergency Management Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018 or upon date of release

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

Purpose

Emergency management programs need to be capable of addressing disruptions* or emergencies† that may affect Ontario’s public health system. To achieve provincial- and local-level readiness, boards of health must develop their own public health emergency management programs which complement the municipal, provincial and health sector emergency management programs. This Guideline is intended to assist boards of health in developing, implementing, and evaluating emergency management programs according to the requirements of the Standards. These minimum expectations are based on standards established in the former Public Health Emergency Preparedness Protocol (lapsed).

The References to the Standards section cites specific references to emergency management and related subjects in the Standards. The Context section provides a high-level introduction to emergency management as a Foundational Standard for public health in Ontario, and a brief overview of key concepts and frameworks to inform planning, implementation, and evaluation. Roles and Responsibilities identifies the core functions that boards of health shall consider in addressing their responsibilities for emergency management under the Foundational Standards.

* Disruptive events or disruptions are time-limited events that impact, or are likely to impact, the ability of the health system to maintain regular health services and where required, to support individuals hurt as a consequence of the disruption.

† The *Emergency Management and Civil Protection Act* (EMCPA) defines an emergency as “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.”³ Note that emergencies may be other than as defined in the EMCPA.

Reference to the Standards

This section identifies the standard and requirement to which this guideline relates.

Emergency Management

Requirement 1: The board of health shall effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.[‡]

Context

The legal basis for emergency management in the province of Ontario is in part provided for in the *Emergency Management and Civil Protection Act* (EMCPA)[§]. The EMCPA and its Regulation (Ontario Regulation 380/04) requires ministries and municipalities to develop and implement an emergency management program consisting of emergency plans, training programs, exercises, and public education, as well as infrastructure to support emergency response.³

The *Health Protection and Promotion Act* (HPPA) identifies the powers and responsibilities of local boards of health, medical officers of health, the Minister of Health and Long-Term Care, and the Chief Medical Officer of Health (CMOH).² Its purpose is to “provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.”²

Health protection is a cornerstone of the HPPA and of public health activities in the province of Ontario.² Boards of health have responsibility for identifying and preventing, reducing, or eliminating health hazards and addressing communicable diseases in their public health units. The HPPA provides legal authority for the boards of health to respond to a public health emergency that has been determined to be a health hazard or as the result of a communicable disease under the HPPA.²

Emergencies may occur suddenly (e.g. flash flood) or develop over a longer period of time (e.g. droughts). Some incidents may lead to declarations of emergency within a community, province, or country; whereas other disruptions do not. Boards of health regularly experience new and emerging events ranging from infectious disease threats

[‡] The ministry policy and guidelines for a ready and resilient health system will set expectations across the broader health system. This will include direction for boards of health in the establishment of an integrated program that incorporates emergency management practices.

[§] The Ministry of Community Safety and Correctional Services has announced a review of the *Emergency Management and Civil Protection Act* as part of the Emergency Management Action Plan announced in December 2017. The Emergency Management Action Plan is the first step to advance emergency management in the province and address the recommendations of the Auditor General of Ontario’s Value-for-Money Audit of Emergency Management (2017), the 3rd party review of provincial emergency management, the Elliot Lake Commission Report of Inquiry (2014), and the 2013 Southern Ontario Ice Storm After Action Report (2014).

such as Severe Acute Respiratory Syndrome (SARS), the H1N1 influenza pandemic, and Ebola virus disease to extreme weather events and environmental hazards such as flooding and forest fires. Boards of health are increasingly being asked to coordinate responses outside traditional roles because of the breadth of experience and capabilities staff possess (e.g. sheltering asylum seekers).

Emergency management programs must be broadened to all-hazards, focusing on roles and responsibilities that are common to many hazards and risks, with appropriate focus on high-priority risks, vulnerable populations, and system resilience. Emergency planning should be conducted in a whole-of-community, whole-of-government approach that coordinates efforts across sectors and levels of response. Emergency planning includes activities to ensure the continuity of operations and emergency response for boards of health. The Incident Management System is an important component of emergency planning. Emergency management relies on resilience theory principles including awareness, integration, self-organization, diversification, adaptation, and revitalization. As such, board of health programs should strive to develop cultures of collaboration, continuous learning, and improvement.

Effective emergency management programs ensure that boards of health are ready to cope with and recover from threats to public health or disruptions to public health programs and services. This is done through a range of activities carried out in coordination with other community partners. This planning, and its associated activities, is critical for strengthening the overall resilience of boards of health and the broader health system.

Roles and Responsibilities

Emergency management is one of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards)* Foundational Standards. As such:

- 1) The board of health shall consider emergency management in all public health program development and implementation.

Population health assessment, health equity, and effective health practice are also foundational standards. As such:

- 2) The board of health shall consider the above in the development, implementation, and evaluation of the board of health's emergency management program.
- 3) In addition, the board of health shall consider specific standards and requirements in the development of the board of health's emergency management program, including:
 - a) **Food Safety:** Requirement 5
 - b) **Healthy Environments:** Requirements 1, 2, 5, 6, 7, 8, 9, and 10
 - c) **Immunization:** Requirement 6
 - d) **Infectious and Communicable Diseases Prevention and Control:** Requirements 1, 5, 6, 20, and 21

- e) **Safe Water:** Requirements 1 and 8

General

- 4) The board of health shall:
 - a) Develop and maintain networks of community partners** for coordination and collaboration in the board's emergency management program activities as described in this section; and
 - b) Focus on continuous improvement in program activities and in recovery from disruptions and emergencies.

Health Assessment, Awareness, and Surveillance

- 5) The board of health shall conduct processes that maintain awareness of:
 - a) Public health hazards and risks that may give rise to an emergency or disruption;
 - b) Incidents that may disrupt public health service delivery;
 - c) Continuity of operations vulnerabilities to disruption; and
 - d) Priority populations†† in the community and the potential for them to experience disproportionate health impacts from emergencies or disruptions.
- 6) The board of health shall, in collaboration with community partners, increase public awareness regarding emergency management and public health.

Emergency Planning

- 7) The board of health shall conduct emergency planning in coordination with community partners and governmental bodies, including:
 - a) Continuity of operations to sustain the ongoing functioning of time-critical board of health services during business disruptions. Planning shall:
 - i. identify time-critical public health services that must continue to be delivered regardless of circumstance and dependencies upon which time-critical resources rely;
 - ii. assign resources to maintain time-critical public health services and outline the process for recovering time-critical public health services and communicating with partners should they be disrupted;
 - iii. be reviewed and updated as needed; and

** Community partners may include LHINs, hospitals, long-term care homes, paramedic services, Community Emergency Management Coordinator(s) (CEMC), local authorities (e.g. community police, emergency social services) and any other relevant community partners, in addition to board of health staff and governmental bodies.

†† Priority populations include those that may be at a higher risk from a potential hazard or service disruption (e.g. those with insecure housing or reliant on electricity for supportive devices).

- iv. engage the senior management team and be approved by the medical officer of health.
 - b) Coordination and management of emergencies or disruptions for which the board of health is responsible and for emergencies/disruptions that require the support of the board of health. Planning shall:
 - i. include governance that is, at a minimum, consistent with roles and responsibilities established in the HPPA;²
 - ii. align with the corresponding response plans of other government bodies, including but not limited to relevant local health sector, municipal, provincial and federal government response plans;
 - iii. be reviewed as needed; and
 - iv. engage the senior management team and be approved by the medical officer of health.
- 8) The board of health shall incorporate concepts consistent with the Incident Management System.

Communication and Notification

- 9) The board of health shall ensure access to the medical officer of health or designate during and after business hours.
- 10) The board of health shall develop, implement, and maintain 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies, including the ministry, for receiving, notifying, and responding to reports of an emergency or disruption, a potential health hazard, or a reportable or communicable disease including institutional and hospital outbreaks.
- 11) Boards of health shall ensure that 24/7 protocols across all programs and services are coordinated to ensure alignment and consistency in coverage and response.
- 12) The board of health shall identify and maintain a range of communication modes to ensure the dissemination of timely information (e.g. the Emergency Management Communications Tool, social media, news media).

Learning and Practice

- 13) The board of health shall ensure emergency management learning for board of health staff is conducted regularly, documented, and includes:
 - a) A workplace orientation for new board of health staff members; and
 - b) Regular learning for officials with a role in emergency planning, 24/7 notification protocols, or crisis communications.
- 14) If no lived experience from disruptions or emergencies has occurred in the past 3 years, the board of health shall practice, in whole or in part, emergency planning and 24/7 notification procedures every three years.

Glossary

Disruption: Disruptive events or disruptions are time-limited events that impact, or are likely to impact, the ability of the health system to maintain regular health services and where required, to support individuals hurt as a consequence of the disruption.

Emergency Management: “Organized activities undertaken to prevent, mitigate, prepare for, respond to, and recover from actual or potential emergencies.”⁴

Emergency: The *Emergency Management and Civil Protection Act* (EMCPA) defines an emergency as “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.”³

Hazard: “A phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. These include natural, technological or human-caused incidents or some combination of these.”⁴

Incident Management System: “A standardized approach to emergency management encompassing personnel, facilities, equipment, procedures, and communications operating within a common organizational structure. The IMS is predicated on the understanding that in any and every incident there are certain management functions that must be carried out regardless of the number of persons who are available or involved in the emergency response.”⁴

Risk: “The product of the probability of the occurrence of the hazard and its consequences.”⁴

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. *Emergency Management and Civil Protection Act*, RSO 1990, c E.9. Available from: <https://www.ontario.ca/laws/statute/90e09>
4. Emergency Management Ontario. English-French emergency management glossary of terms [Internet]. Toronto, ON: Queen's Printer for Ontario; 2011 [cited 2018 Apr 26]. Available from: <https://www.sdc.gov.on.ca/sites/mgcs-onterm/Documents/Glossaries/EMO%20Glossary%20EN-FR.htm>

