simcoe muskoka
DISTRICT HEALTH UNIT

INFECTIOUS DISEASES EMERGENCY RESPONSE PLAN

Simcoe Muskoka District Health Unit

2024

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Contents

1.0 INTRODUCTION

In a changing and globalized world, factors such as international travel, migration, displacement, and climate change can increase the risk of infectious disease threats. Based on lessons learned from recent infectious disease events in the province, the Ministry of Health (hereby referred to as the Ministry) has reinforced the need for infectious disease threat preparedness within the health system in Ontario. The Ministry's plan, *Building a Ready and Resilient Health System,* outlines baseline requirements to ensure a robust health system that is ready and able to manage unexpected or escalating infectious disease threats.

An infectious disease emergency exists when infectious and emerging diseases of public health significance involving the potential for significant morbidity and mortality require urgent and possibly extensive public health and medical interventions.[1]

The 2020-2023 COVID-19 Pandemic has demonstrated the profound impacts that infectious disease events can have on individuals, priority populations, businesses, communities, and the health system. Key recommendations from Ontario's Chief Medical Officer of Health's 2022 Annual Report *Being Ready,* the Provincial Emergency Management Strategy and Action Plan, and findings from Simcoe Muskoka District Health Unit's (SMDHU) COVID-19 evaluations, were used to guide the revision of the SMDHU Infectious Disease Emergency Response Plan (IDERP).

This Infectious Disease Emergency Response Plan (IDERP) is designed as a scalable plan to assist SMDHU to manage and ensure public health capacity, readiness and resilience to respond to future infectious disease emergencies. Depending on the nature of the event, emergencies can vary in scope, duration, and time of onset, therefore, this plan considers strategies to manage and respond to events of varying duration, whether it be a short-term acute event, moderate or prolonged emergency. The SMDHU IDERP Plan aligns with the agency's Business Continuity Plan (BCP) which ensures the capacity to maintain critical public health functions during prolonged public health infectious diseases events.

The vice president (VP) of Clinical Service Department (CSD) will work with the Agency's Emergency Management Team (EMT) to ensure this plan is reviewed and updated annually or when information becomes available, as applicable.

1.1 PURPOSE

The purpose of the Infectious Disease Emergency Response Plan (IDERP) is to have a comprehensive plan that can be used for large scale incidents and investigations and prepares SMDHU to deal with infectious disease threats (human and environmental). This plan is designed with a flexible and scalable framework for incident management, appropriate and timely interventions, and allocation of resources to minimize the public health consequences of an infectious disease emergency.[1]

For the purpose of the IDERP, an infectious disease emergency is defined as an event caused by biological agents, such as bacteria, viruses or toxins that have the potential to cause significant illness or death in the population, and which exceeds the current capacity of the primary response program or requires an increased level of coordination and communication response. Infectious disease emergencies may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., Ebola, Avian Influenza), Infection Prevention and Control (IPAC) lapses, and bioterrorism (e.g., anthrax). The circumstances of infectious disease emergencies may vary by multiple factors, including type of agent, scale of exposure, mode of transmission and intentionality (bioterrorism). Some outbreaks or situations will require limited response

activities; other situations will require large-scale response efforts that involve many departments within the SMDHU and the cooperation and coordination of other health sector and community partners.

According to the Ontario Public Health Standards (OPHS), diseases of public health significance (DPHS) include, but are not limited to those specified as diseases of public health significance as set out by regulation under the Health Protection and Promotion Act (HPPA).

The SMDHU IDERP is a sub-plan of the agency's Emergency Response Plan (ERP). It identifies specific roles and responsibilities for Health Unit personnel and other key community stakeholders to ensure effective management of an infectious disease incident or emergency. The IDERP is designed in a modular fashion to enable each module to be used independently or in concert, when applicable. Modules within this plan may also be used to respond to other emergencies within Simcoe and Muskoka as appropriate. Only components of the Incident Management System (IMS) model and applicable modules that are relevant to the infectious disease emergency would be implemented at the time of the incident. Modules associated with this plan are as follows:

- Surveillance and Reporting
- Case Contact & Outbreak Management
- Mass Immunization
- Communications
- Contact Centre Activation

For additional incident management information, preparedness and response strategies involving zoonotic/vector-borne incidents (e.g., rabies, psittacosis, avian influenza), refer to incident specific guidance documents, plans, and protocols.

1.2 STRATEGIC OBJECTIVES

This plan's strategic objectives are to ensure a safe, effective, and coordinated public health response to an infectious disease emergency by:

- Describing how, when, and where public health resources are mobilized,
- Outlining the process of escalating and de-escalating a public health response,
- Building local readiness and resilience to cope, collaboratively respond, and recover effectively,
- Establishing surge capacity strategies by identifying skills and expertise within the health system that can be leveraged,
- Ensuring a continuous state of readiness through education, training, and testing of plans,
- Strengthening the Health Unit's ability to rapidly detect, assess and communicate risks,
- Incorporating health equity considerations in all aspects of the public health response,
- Sustaining core public health capacities and resources,
- Detailing high-level roles, delegations and authorities, and
- Linking the Health Unit's infectious disease emergency response into provincial and national response frameworks and arrangements. [2]

1.3 SCOPE

The IDERP will assist SMDHU to identify response needs and coordinate resources to effectively respond to and manage diseases of public health significance or any emerging infectious disease.

Infectious disease incidents or outbreaks are often managed within the capacity of the responding department (Clinical Service or Environmental Health) without requiring activation of this plan, however, where current capacity and resource needs have been exceeded, or where the situation impacts multiple areas within our jurisdiction or requires provincial coordination, then the IDERP may be activated in whole or in part.

2.0 LEGISLATIVE AUTHORITY

The OPHS indicate that preparedness planning, and its associated activities, is a critical role in strengthening the overall resilience of boards of health and the broader health system. The OPHS, Emergency Management Guidelines require that boards of health 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.

Within Ontario, the legal authority for emergency management is provided by the Emergency Management and Civil Protection Act (EMCPA) and its Regulation (Ontario Regulation 380/04) that requires the development of emergency management programs consisting of emergency plans, training programs, exercises, and public education, as well as infrastructure to support emergency response.

The HPPA provides authority and responsibility of local boards of health, medical officers of health, the Minister of Health, and the Chief Medical Officer of Health (CMOH) to organize and deliver public health programs and services to prevent the spread of disease, and the promotion and protection of the health of Ontarians. The HPPA also provides the 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 (this includes the ability to implement measures during a pandemic or other emergencies with public health impacts).

Public Health Ontario's (PHO's) Public Health Emergency Preparedness Framework and Indicators, 2020, guides public health emergency preparedness programming. According to this framework public health agencies should demonstrate the ability to adjust plans and/or protocols for emergencies in the context of new knowledge, learnings, and evaluation as a strategy to help to build resilience, preparedness, and response.

- Requirement 11 of the OPHS requires that the board of health shall provide public health management of cases, contacts, and outbreaks to minimize the public health risk in accordance with protocols and guidelines. The IDERP is underpinned by the following legislation and supporting documents (See Appendix B: Legislation ands Supporting Documents). In addition, there are existing SMDHU plans that may or will be activated to support response activities related to an infectious disease emergency. These plans include:
    - SMDHU Emergency Response Plan, 2023 *or as current*
    - SMDHU Business Continuity Plan, 2024 *or as current*
    - SMDHU Rabies Contingency Plan, 2018 *or as current*
    - SMDHU Respiratory Surge Plan, 2023 *or as current*

First Nation Communities

In Simcoe Muskoka there are four non-isolated (i.e., road access less than 90 km to physician services) First Nation communities: Wahta Mohawks of Gibson (Bala), Moose Deer Point (Mactier), Chippewas of Beausoleil (Christian Island) and Chippewas of Rama (Rama). It is important that SMDHU continues to engage with the Band Chiefs, Band Council members, administrators and health service workers when planning for and responding to infectious disease emergencies.

During previous infectious disease incidents, it was determined that the federal entity First Nation and Inuit Health Branch (FNIHB) will be responsible for surveillance activities. Ontario will provide prophylaxis (such as antivirals) to FNIHB for distribution through First Nation community health centres, and provincially supplied vaccine will be distributed to First Nation communities by local public health.

Indigenous people living outside First Nation communities have access to health programs and services in the communities in which they live.

3.0 ASSUMPTIONS & ETHICAL PRINICIPLES FOR DECISION MAKING

3.1 PLANNING ASSUMPTIONS

- This plan assumes that the agency's ERP is activated in concert with this plan.
- This plan is intended to provide an overview of SMDHU response to an infectious disease emergency and will coordinate with other relevant plans and partners.
- This plan assumes that individuals occupying leadership roles have received IMS training.
- This plan outlines key functions and roles; however, one individual may fulfill more than one role depending on the scale of the event and response.
- If the MOH assumes the role of incident commander, the AMOH may act as advisor of the incident response by attending IMS meetings, providing subject matter expertise, advising the impacted operational teams and representing SMDHU in the media.
- This plan does not apply to routine disease investigations unless a surge event is declared and the response requires activation of the plan and/or corresponding modules, the redeployment of staff, or response coordination outside of normal operating procedures.
- Response to large scale events may require coordination with other local, provincial and federal partners.
- During an infectious disease emergency:
    - The availability of public health and health care workers could be reduced by up to one-third due to illness, concern about disease transmission in the workplace, or care-giving responsibilities.
    - The Health Unit will refer to the SMDHU Business Continuity Plan for redeployment considerations and to ensure the provision of critical services. During an infectious disease emergency, laboratory testing capacity may be reduced due to illness and supply shortages.
    - Hospital capacity may, or already be, limited and could be further reduced because of staff illness.
    - Inter-hospital assistance may also be limited depending on the scale of the emergency.
    - Home and community care and long-term care homes may provide surge capacity that will help avoid hospital admissions and allow early hospital discharges.
- Depending on the severity of the incident and the number of health care workers who are infected, redeployment of health care workers across sectors may not be practical. The health care system will have to use a variety of mechanisms to augment/supplement existing health human resources.
- If health unit staff are redeployed outside of their primary department, direct reporting managers/supervisors will ensure any critical job functions are still completed through the assignment of applicable staff or the modification of services as identified in the business continuity plan.
- Non-critical health services and public health programs may be significantly reduced, consolidated, or suspended completely.
- "Business as usual" will refer to the activities, processes and functions that the primary response team conducts on a day-to-day basis.
- Confidential information regarding individual cases will not be shared outside of those who need to know in order to fulfill legally mandated public health functions.[3]

3.2 ETHICAL FRAMEWORK

During an infectious disease emergency, it is expected that health system partners may have to make some difficult decisions. The process by which these decisions are arrived at can be made easier when guided by ethical principles and values.

Ethical decisions are based on the good quality information available and a solid, shared understanding of what values, principles and considerations are important. A good decision-making process helps to build trust, to increase legitimacy and acceptability of decisions, and to effectively implement them. Its hallmarks are:

- Accountability: decision makers are answerable to the public for the type and quality of decisions made or actions taken.
- Openness and transparency: decisions are made in such a way that internal/external partners and know, in a full, accurate and timely manner, what decisions are being made, for which reasons, and what criteria were applied, and have the opportunity to provide input.
- Inclusiveness: groups and individuals who are most likely to be affected by a decision are engaged in the decision-making and planning processes to the greatest extent possible.
- Responsiveness: decisions are revisited and revised as new information emerges.
- Intersectionality: an intersectional lens is applied to deliberation and decision making.

Table 1: Ethical Framework for Decision Making

Decision-Making Principle	SMDHU Approach
Trust through an open and transparent process Trust is the foundation upon which rest all relationships, whether between persons, persons and organizations, or citizens and government. In times of uncertainty, being open, truthful and transparent in decision making and communication is essential to establishing and promoting trust.	The IDERP was developed by the SMDHU Infectious Disease Emergency Planning Group (IDEPG), an internal committee comprised of six working groups involving more than 20 Health Unit staff and approved by the Executive Committee. A copy of the IDERP will be made available on the SMDHU.org website for public awareness. SMDHU's response to infectious diseases events are open and transparent to facilitate trust by internal and external partners and member of the public. SMDHU uses evidence-informed decision-making to guide its response and operational activities. SMDHU recognizes that Trust is essential to the success of many public health measures and that demonstrating that the evidence that public health measures are achieving their intended outcomes, or alternatively, timely and transparent explanations of why they have not, also help to maintain and promote public trust.

Justice Justice entails treating all persons and groups fairly and equitably, with equal concern and respect, in light of what is owed to them as members of society. A conscious and deliberate questioning of assumptions is essential in ensuring that responses and decisions do not reproduce the biases and stereotypes that are further entrenching inequalities	SMDHU recognizes that justice does not mean treating everyone the same, but it does mean considering the unintended impacts of decisions being made, who benefits and who is disproportionately affected by public health measures, discrimination, and where possible minimize or eliminate inequities in the distribution of burdens, benefits, and opportunities to preserve health and well-being.
Respect for persons, communities and human rights Respect for persons and communities means recognizing the inherent human rights, dignity, and unconditional worth of all persons, regardless of their human condition (e.g., age, gender, race, ethnicity, disability, socioeconomic status, social worth, pre-existing health conditions, need for support).	SMDHU recognizes that the unique capacity of individuals and communities to make decisions about their own aims and actions, and respecting the rights and freedoms that form the foundation of our society. SMDHU recognizes the importance of engagement through public consultation, where required, with individuals and communities to make an informed choice while respecting the specific rights of, and responsibilities towards these communities including those of Indigenous Peoples.
Minimizing Harm Public health authorities have an obligation to avoid causing undue harm and, given that some harm is likely unavoidable, to minimize risk of harm and to reduce suffering associated with public health response measures.	SMDHU recognizes that minimizing harm requires taking into consideration the variety of harms and suffering that may result from the current pandemic (such as ill health, increased anxiety and distress, isolation, social and economic disruption), as well as the differential impact of these harms on different groups and populations. Furthermore, to promote well-being and minimize harm, the following must be considered: • Effectiveness: there should be a reasonable likelihood that the proposed decision or action will achieve its goals, and that its implementation is feasible. If scientific evidence is available, the proposed action or decision should be supported by the evidence.

	• Proportionality: potential benefits should be balanced against risks of harm. Measures should be proportionate to the relevant threat and risks, and the benefits that can be gained. If a limitation of rights, liberties or freedoms is deemed essential to achieve an intended goal, the least restrictive measures possible should be selected, and imposed only to the extent necessary to prevent foreseeable harm. • Reciprocity: those who are asked to take increased risks or face greater or disproportionate burdens in order to protect the public good should be supported by society in doing so, and the burdens they face should be minimized to the greatest extent possible. • Precaution: scientific uncertainty should not prevent decision makers from taking action to reduce risks associated with an infectious disease. The continued search for scientific evidence should nonetheless be a goal.
Reasonable Decisions should not be arbitrary but rather be rational, proportional to the threat, evidence-informed and practical. Decisions should be made by people who are credible and accountable.	The SMDHU IDERP is closely aligned with direction provided in the federal and provincial planning guides. Decisions made, and that will be made in the future, are based on input from: • IDERP members and other Health Unit staff • Current literature and best practice • Local and provincial data, as available • Infectious disease/infection control experts and other relevant stakeholders as appropriate • Medical Officer of Health/Associate Medical Officers of Health
Responsive Decisions should be revisited and revised as new information emerges, and stakeholders should have opportunities to voice any concerns they have about the decisions (i.e., dispute and complaint mechanism).	SMDHU IDERP will continue to be developed, enhanced and revised as new information emerges from the federal and provincial plans and changing world experience. The vice president of the Clinical Service Department will ensure the IDERP is reviewed every three years.

3.3 ETHICAL VALUES

Simcoe Muskoka District Health Unit's response to an infectious disease emergency will be based on the following core ethical values.

Table 2: SMDHU Core Ethical Values

Core Ethical Values	SMDHU Approach
The Common Good vs/ Restricting Individual Liberty Individual liberty may be restricted in order to protect the public from serious harm.	Restrictions to individual liberty will: • Be proportional to the threat. • Be necessary to protect the general public. • Employ the least restrictive means necessary to achieve public health goals. • Be applied without discrimination. • Acknowledge impacts on equity-deserving populations.
Proportional Restrictions on individual liberty and measures taken should not exceed the minimum required.	SMDHU will: • Use the least restrictive measure possible when limiting or restricting liberties or entitlements. • Use more restrictive measures only in circumstances where less restrictive means have failed to achieve appropriate public health goals.
Protection from Harm Public health measures may be implemented to protect the public from harm.	Protective measures will: • Weigh the benefits of protecting the general public from harm against the loss of liberty for some individuals (e.g., isolation). • Consider and mitigate the harms to be experienced by equity-deserving populations (e.g., customer-facing, minimum wage workers with no sick benefits, victims of domestic violence, etc.). • Ensure all are aware of the medical and moral reasons for the measures, the benefits of complying, and the consequences of not complying. • Establish mechanisms to review decisions as the situation changes and to address stakeholder concerns and complaints. • Ensure clients have access to SDOH supports in the community to support compliance to public health measures if need is identified.

Privacy Individuals have a right to privacy, including the privacy of their health information.	SMDHU will: • Determine whether the good intended is significant enough to justify the potential harm of suspending privacy rights (e.g., potential stigmatization of equity-deserving individuals and communities vs. the health of the general population). • Limit any disclosure to only that information required to achieve legitimate public health goals. • Take steps to prevent stigmatization (e.g., public education to correct misperceptions about disease transmission).
Equity All people have an equal opportunity to receive the health care they need, when and where they need it, and health care institutions are obligated to ensure sufficient supply of health services and materials. During an infectious disease emergency, tough decisions may have to be made about who will receive pre-existing public health services and how delivered, who will receive antiviral medication and vaccinations, and which health services will be temporarily suspended.	SMDHU will: • Strive to support access to health care services during an emergency to meet the needs of patients affected by the emergency and patients who need urgent treatment for other diseases. • Consider the needs and challenges of equity-deserving populations to access health services during an emergency and make every attempt to mitigate these challenges and barriers and implement strategies to meet the needs of these populations. • Establish fair decision-making processes/criteria regarding access to public health services. • Identify diversity and respect wherever possible (e.g., ethno-cultural-faith practice, gender identity, etc.).
Duty to Provide Care Health care providers (HCPs) have an ethical duty to provide care and respond to suffering. During an emergency, demands for care may overwhelm health care workers and their institutions, creating challenges related to resources, practice, liability and workplace safety. Health care workers may have to weigh their duty to provide care against competing obligations (i.e., to their own health, family and friends).	To support health care providers in their efforts to discharge their duty to provide care, SMDHU will: • Work collaboratively with staff, stakeholders, regulatory colleges and labour associations to establish practice guidelines. • Work collaboratively with staff, stakeholders, including labour associations, to establish fair dispute resolution processes. • Strive to ensure the appropriate supports are in place (e.g., resources, supplies, equipment). • Develop a mechanism for provider complaints and claims for work exemptions.

When HCPs cannot provide appropriate care because of constraints caused by the pandemic, they may be faced with moral dilemmas.	
Reciprocity Society has an ethical responsibility to support those who face a disproportionate burden in protecting the public good. During an infectious disease emergency, the greatest burden will fall on public health practitioners, other health care workers, patients, and their families and equity-deserving populations. Health care providers will be asked to take on expanded duties. Equity-deserving populations working may be at higher risk for exposure, morbidity and mortality due to the health inequities they experience. Both groups may be exposed to greater risk in the workplace, suffer physical and emotional stress, and be isolated from peers and family. Individuals who are isolated may experience significant social, economic, and emotional burdens.	Decision-makers within SMDHU will: • Take steps to ease the burdens of public health practitioners, other health care providers, patients, and patients' families. • Take steps to identify and address, in collaboration with community partners, the health inequities experienced by equity-deserving populations due to the infectious disease emergency.
Trust Trust is an essential part of the relationship between the government, health system partners and the public. During an infectious disease emergency, some people may perceive measures to protect the public from harm (e.g., limiting access to certain health services) as a betrayal of trust.	In order to maintain trust during an infectious disease emergency, SMDHU decision makers will: • Take steps to build trust with stakeholders before the emergency occurs in partnership with staff (i.e., engage stakeholders early). • Ensure decision-making processes are ethical and transparent • Maintain and build ongoing relationships with health care stakeholders via the liaison model. • Identify and mitigate misinformation and disinformation about the situation. • Engage public in conversations about the ethics and values that will guide public health decisions. • Use clear communication, including effective risk communication, to help build social trust and societal readiness.

Solidarity An infectious disease emergency will require solidarity among community, health system and social service partners, and government.	Solidarity requires good communication and open collaboration within and between these stakeholders to share information and coordinate health care and social service delivery both within the health unit, and throughout the community.
Stewardship In our society, both institutions and individuals will be entrusted with governance over scarce resources, such as vaccines, ventilators, hospital beds and even health workers. Those entrusted with governance should be guided by the notion of stewardship, which includes protecting and developing one's resources, and being accountable for public well-being.	To ensure good stewardship of scarce resources, SMDHU decision makers will: • Consider both the benefit to the public good and equity (i.e., fair distribution of both benefits and burdens).
Family-Centered Care A family's right to make decisions on behalf of a child, consistent with the capacity of the child will be respected.	In order to respect a family's decision, SMDHU decision makers and staff will: • Respect families' unique beliefs, values and cultural and religious practices and acknowledge their choices.
Respect for Emerging Autonomy When providing care for young people, their emerging autonomy will be respected.	In order to respect young people's emerging autonomy SMDHU decision makers and staff will: • Disclose age-appropriate information.

3.4 HEALTH EQUITY

In 2019, the World Health Organization stated, "While emergencies affect everyone, they disproportionately affect those who are the most vulnerable. The needs and rights of the poorest, as well as women, children, people with disabilities, older persons, migrants, refugees and displace persons, and people with chronic diseases must be at the centre of our work." This statement reflects Ontario's recent COVID-19 pandemic experience, which according to Ontario's Chief Medical Officer of Health, although comparatively good was not equitable. Health inequities are magnified during an infectious disease outbreak or emergency. Therefore, strategies to mitigate potential harms and reduce barriers to health for equity-deserving populations, as well as those to increase health benefits, must be considered during the planning and implementation of an infectious disease response.

A key strategy for emergency preparedness is for public health to have existing, collaborative and trusting relationships with local equity-deserving communities and populations in place. These relationships can improve overall health equity, enhance resilience within these populations, and help populations at risk be ready for disease emergencies, such as outbreaks and pandemics, when they arise.

Other equity-related strategies SMDHU should consider include:

- Build on current communications and collaborations between organizations, including those serving populations with unique needs, to share information, reduce duplication of services, identify funding opportunities, identify local needs and concerns, implement local solutions, and advocate collaboratively where warranted.
- Make programs and services that can mitigate the harms of any public health measures as tailored and accessible as possible (e.g., in client-facing programming, include skills for maintaining mental health while physical distancing), considering approaches to ensure access is not reduced for groups.
- Incorporate health equity perspectives, strategies and considerations throughout all modules of the IDERP.
- Ensure SMDHU health equity activities are considered priority A activities in the Business Continuity Plan (BCP).
- Develop surveillance tools and indicators that can identify populations at risk for health disparities and measure health inequities.
- Conduct health equity impact assessments on activities or strategies, as needed and appropriate.

In addition, working within an ethical framework that supports ethical decision-making, both by the health unit and collaboratively with health sector and other partners, will help to ensure that health equity is considered and addressed during any infectious disease or other emergency.

4.0 CONCEPT OF OPERATIONS

The SMDHU IDERP concept of operations plan identifies mitigation and response strategies for identified risks and outlines staffing or resource needs required to implement the strategies. The core areas of preparedness planning will facilitate the concept of operations portions of the plan, namely:

- Incident Management Systems and Infrastructure
- Surveillance and Reporting
- Case, contact and Outbreak Management
- Mass Immunization
- Communication
- Contact Centre Activation
- Education and Training

Table 3: Preparedness and Response Priorities	
Incident Management Systems and Infrastructure	Incident Management Systems (IMS) Plan Activation Emergency Operation Centres Emergency Declarations Roles and Relationships in Emergency Management Communication Systems and Planning Cycles Business Continuity and Occupational Health Plan Termination and Debriefing
Surveillance and Reporting	Surveillance • Roles and Responsibilities • Surveillance Activities • Training and Education • Contingency Planning
Case , Contact and Outbreak Management	Training and Education Case and Contact Management Resource Development Health and Safety
Mass Immunization	Clinic Pre-Planning Clinic Delivery
Communication	Communication Plan • Roles and Responsibilities • Key Messages and Target Audience • Communication Systems and Processes
Contact Centre Activation	Contact Centre Concept of Operations • Business • Technology • Facilities Activation Triggers Roles and Responsibilities Training
Training and Education	IMS Training Surveillance and Reporting Training Data Entry and Data Collection Tools Case and Contact Management Infectious Disease Etiology Medical Directives Health and Safety Communication Contact Centre Activation

4.1 INCIDENT MANAGEMENT SYSTEMS AND INFRASTRUCTURE

4.1.1 SMDHU EMERGENCY RESPONSE PLAN

The SMDHU Emergency Response Plan (ERP) was designed to assist the agency in effectively coordinating a local response to an emergency across internal departments, and with external emergency management officials and community partners as required. The ERP provides the standardized approach and general incident management framework for response to any incident or emergency. The ERP identifies general roles and responsibilities for each department. It also identifies how the emergency notification system will be activated to inform and mobilize Health Unit staff. This plan is intended to assist the agency in response to any emergency of public health significance. The level of response may vary depending on the type and severity of the emergency.

The SMDHU IDERP is a sub-plan of the agency's Emergency Response Plan. It identifies specific roles and responsibilities for Health Unit personnel and other key community stakeholders to ensure effective management of an infectious disease incident or emergency.

The activation of the IDERP either in part or in whole assumes the activation of the agency's emergency response plan.

4.1.2 PLAN ACTIVATION

Where an infectious disease emergency is identified within Simcoe Muskoka, which is an event caused by biological agents, such as bacteria, viruses or toxins that have the potential to cause significant illness or death in the population, and that exceeds the current capacity of the primary response program or requires an increased level of coordination and communication response, the Medical Officer of Health and the lead Vice President of Clinical Service will initiate discussion to garner immediate situational awareness and discuss which areas of the IDERP Plan to activate.

Note: Internal collaboration is needed, where appropriate and applicable, in early stages of a response, to ensure that agency leads are involved early in discussions and can provide input on activation and opportunities for early consultation/coordination.

Based on the situational assessment, the MOH, or designate will activate the agency's Incident Management Team (IMT) to further conduct a situational assessment to determine the:

1. Level and extent of the incident
2. Implications to delivery of public health services
3. Implications to our human resources
4. Implications on agency infrastructure and physical resources

4.1.2.1 NOTIFICATION & REPORTING

Where there is a large-scale infectious diseases event/outbreak the Medical Officer of Health will notify the Office of the Chief Medical Officer of Health and Ministry of Health along with neighbouring health units of the event and the likely implications for their jurisdictions.

Contact information for the Office of the Chief Medical Officer of Health's On-Call system (24/7 Health Care Provider Hotline, 1-866-212-2272).

4.1.3 INCIDENT MANAGEMENT STRUCTURE

The incident management system (IMS) permits emergency response organizations to work together effectively to manage multi-jurisdictional incidents while improving communication, coordination of resources and to facilitate cooperation and coordination between agencies.[4] Incident Management System further allows public health agencies to provide a standardized approach to their response encompassing personnel. Facilities, equipment's, procedures and communications within a common organization structure . Roles and responsibilities for the incident management team members are outlined within the agency's Emergency Response Plan. SMDHU utilizes the IMS model to facilitate the management of any incident or emergency that may impact public health. For the purposes of the IDERP, an IMS model has been constructed specifically for an infectious disease emergency response as outlined in ***Appendix C: SMDHU Infectious Disease Emergency Incident Management Model***

4.1.4 PHASES OF RESPONSE

The SMDHU Infectious Diseases Emergency Response Plan consists of four phases of event response (See Table 5: SMDHU Phases of Response). Phase 1 and Phase 2 responses address smaller scale events and/or emergencies that can be managed by a few sections within the lead operational team utilizing resources within their own department. These events may require enhanced planning and/or operations within specific programs.

A Phase 3 response is able to address larger scale events and/or emergencies that require agency-wide support, and support from other departments within the SMDHU. These events would likely exceed normal business hours, processes, capacity, and resources.

Table 5: SMDHU Phases of Response

Phase 1: ROUTINE	**Routine** conditions means that the Health Unit is operating under normal conditions. No current large scale infectious disease incident or emergency in, or may arise and impact, Simcoe Muskoka. • Normal business hours • Normal business processes • Normal capacity/structure
Phase 2: ENHANCED	**Enhanced** conditions means that an incident, potential or actual emergency is occurring or impending. • The incident will require enhanced planning and/or operations within the lead operational team and department, or • More than one front-line program involved
Phase 3: INCIDENT/EMERGENCY	**Incident/ Emergency status** means that there exists within Simcoe Muskoka an incident or emergency event which requires a larger, coordinated Health Unit response effort. • Additional resources, finances, and logistics may be required outside of the lead operational department
Phase 4: RECOVERY	**Recovery** conditions means that the infectious disease emergency has abated and the Health Unit along with its partners/stakeholders are working to ensure a smooth transition back to routine conditions.

In addition, the table below outlines the public health priorities and activities that should be considered during an infectious disease emergency response.

Table 6: Incident Management and Control		
Area	**Preparedness and Response Priorities**	**Public Health Activities**
Incident Management and Control	**Incident Management Systems and Infrastructure**	**IMS/EOC Activations** • If the current situation meets Phase 2 IDERP, the lead identified as IMS Branch Chief (EHD or CS Department VPs) will initiate recommendation to the MOH for a partial activation of the plan and IMS. • Where Phase 3 criteria is met, the lead identified IMS Branch Chief (EHD or CS Department VPs) will initiate recommendation to the MOH for a full activation of the plan and IMS. • With MOH approval/direction, implement the IMS system to assist with incident management at a department level, or • If situation requires enhanced supports and infrastructure outside of the operational department capacity, request formal activation of the agency's IMS Committee and corresponding plans. • Refer to *Business Continuity Plan* to identify required and enhanced operational activities and support needs based on current situation. • Consider the activation of other relevant internal and external plans. • Refer to agency's ER Plan for Incident Management Team (IMT) functions. • Set operational, planning and communication cycles utilizing standard templates and based on current situation. **Incident Management** **Environmental Health Department/Disease Investigation and Surveillance Branch Chief (Incident Specific Activities)** • Communicate with the IMT members to identify infrastructure, and human and physical supports needed to implement the operational activities and assign operational task group leads. • Work with the assigned operational task groups to implement operational activities, establish operational and communication cycles, and documentation expectations. • Work with operational task group lead to assess ongoing capacity and supports including On-Call Response. • Work with Logistics Section Chief to activate a contact centre, if required (Contact Centre Management Module). • Work with Planning Section Chief to develop Incident Action Plans. • Participate on provincial/multi-jurisdictional teleconferences where incident management requires coordination.

		• For incidents that may involve multiple jurisdictions, consult with Public Health Ontario (PHO) and the Ministry if there is evidence of increased activity and the possibility of multi-jurisdictional involvement/response. **Liaison (Emergency Management Team (EMT))** • Upon confirmation of an incident and direction from the SMDHU IMT, the EMT will notify the Health Care Provider Hotline and or MEOC, if required. • Participate on provincial/multi-jurisdictional teleconferences where incident management requires coordination. • Acts as a liaison between SMDHU Command and other emergency response organizations involved with the incident/emergency and assists with the coordination of services. • Provides emergency management related information to assist with incident management and situational awareness, including but not limited to existing plans, guidelines, systems, structures and processes to assist with incident management. **Health and Safety** • Oversee and make safety recommendations for all employees responding to the incident. • Oversee and make IPAC recommendations to prevent the spread of infections during service delivery to both staff and clients.

4.1.5 EOCS: ACTIVATION OF PROVINCIAL AND LOCAL/UPPER TIER MUNICIPAL PLANS

During complex infectious disease incidents/emergencies where there are significant community or health system implications, the activation of an Emergency Operations Centre will be integral for incident management and community response.

In the event of a local infectious disease incident/emergency the Medical Officer of Health (MOH) will activate the Health Unit's Emergency Operations Centre and based on the extent and scope of the incident, establish a virtual forum for all designated municipal/upper tier reps receive information on current status, trends and direction, and to provide local situational assessments of issues in their local communities and coordinate an effective response.

Individual municipalities may activate their EOC independently depending on localized activity, or upon recommendation by the Province, the County or District, to allocate resources and coordinate response locally. The MOH or designate will be represented at an upper tier or local municipal EOC, as requested, to provide public health advice and to coordinate services with other community stakeholders.

In addition to municipal activation the MOH may also request that health sector agencies and key community stakeholders activate their own emergency response plans. Each agency will be impacted differently, therefore individual agencies may implement their plans independently or in conjunction with the Health Unit and the County and/or the District.

4.1.6 ROLES AND RELATIONSHIPS IN EMERGENCY MANAGEMENT

Working in collaboration with the Ministry of Health, the Office of the Chief Medical Officer of Health, and other health system and community partners to collectively plan and prepare for and manage largescale infectious disease outbreaks and emergencies, while ensuring access to continued critical health services. Public health authorities are primarily responsible for planning local response to an infectious disease event with direction from both the provincial and federal governments. Locally, OH and OHT's are assisting with providing leadership for this planning. Consistent with our *SMDHU Pandemic Preparedness Action Plan*, and 23-24 *Strategic Plan*, public health is involved and engaged in local surge and respiratory preparedness planning and enhancing emergency management mechanisms. This involves liaising with health and non-health system partners locally, provincially and federally. It is likely that the local public health authorities, through existing or enhanced surveillance, may initially detect an infectious disease event and therefore it is vital that the lines of communication within the community and up to the Province are clear and established in advance of an emergency.[5]

The Medical of Office of Health leads the response to an infectious disease incident/emergency within Simcoe Muskoka. The Ministry of Health will provide provincial leadership and coordination with the broader health system through the Ministry's Emergency Operations Centre. The Ministry may issue directives to all health system partners, and therefore through continued collaboration and coordination the Health Unit will ensure that the response in Simcoe Muskoka is in line with the provincial response and directives issued by the Ministry. The response infrastructure for health emergencies and the relationship to the broader emergency response system are outlined in ***Appendix D: Inter-Relationship Roles***.

4.1.7 EMERGENCY DECLARATION

The *Emergency Management and Civil Protection Act* stipulates that only the Head of Council or the Premier of Ontario has the authority to declare an emergency. Under the Act, the Premier of Ontario may declare that a provincial emergency exists throughout Ontario or in any part thereof. The Premier or a designated Minister may take such action as necessary to implement emergency plans and to protect the health, safety, welfare, and property of the inhabitants of the emergency area. The Premier of Ontario may further require any municipality to provide such assistance, as is considered necessary, to an emergency area or part thereof that is not within the jurisdiction of the municipality and may direct and control the provision of such assistance.

In an infectious disease situation, recommendations to declare a provincial emergency will likely involve the Secretary of Cabinet, the Ministry of Health, the Ministry of the Solicitor General and the Chief of Emergency Management.[6] The Premier may terminate the emergency status at any time.

Locally, the Head of Council of a municipality may declare that an emergency exists in that municipality and may implement the municipality's emergency response plan. The Act also authorizes the Head of Council to do what they consider necessary to protect the health, safety and welfare of the residents. This allows the municipality to draw from any resource or service within the community. See ***Appendix E: Inter-Agency Emergency Management Structure***.

The decision to declare an emergency locally at the County or District level will be made by the Head of Council (Warden or District Chair respectively) in consultation with other municipal emergency control group members, including the Medical Officer of Health. The CEMC will notify the Provincial Emergency Operation Centre of a potential/actual infectious diseases situation and request assistance.

4.1.8 COMMUNICATION SYSTEMS AND PLANNING CYCLES

Communication Cycles

An important component of public health planning is the establishment of a coordinated and integrated communications approach with key stakeholders. A communication cycle will need to be established for the duration of the event. The concept of having a unified communication cycle ensures that relevant, consistent and timely information is shared among all stakeholders and with the general public. The SMDHU retains critical emergency contact information for key stakeholders that may be involved with complex incidents and emergencies.

Local communication systems will be activated to facilitate communication with municipalities, community response, health system and other relevant stakeholders. Relevant stakeholder may include but are not limited to, Board of Health staff, the Ministry, community partners, school boards, other government ministries, regulatory bodies and other government agencies.

A communication cycle will be used to link in with internal and external stakeholders. Communication and planning cycles will be set for each operational period using a 24-hour clock-based model and internal and external stakeholder teleconference times will be established at time of event. Planning cycles will be set by the Planning Section Chief and planning meetings will take place for each operational cycle to assess the current situation, forecast operational and response needs and determine corresponding resource requirements. Incident Action Plan (IAP) templates will be completed for each cycle. The SMDHU communication/planning cycles will consider the need for:

- SMDHU Liaison/Internal IMS Steering Committee Meetings/Teleconferences .
- SMDHU Operations Meeting/Teleconferences.
- Infectious Disease Internal Forecast Planning Meeting.
- Liaison/Stakeholder Meetings/Teleconferences.
- Provincial/Health System Teleconferences.

Provincial reporting and communication systems will be utilized to update and report to health system partners, including the Emergency Management Communication Tool (EMCT). Contact information for the Ministry's On-Call system (24/7 Health Care Provider Hotline, 1-866-212-2272) to provide situational updates and request resources or technical or scientific support as required. Additional details can be found in the Communications Module of this plan.

Planning Cycles

In support of ongoing situational assessment and the application of incident management strategies, the EOC will establish meetings at regular intervals to assess, inform and strategize. In addition to EOC communications, primary stakeholders, including provincial and local partners, will need to be contacted for further sharing of information, direction and the identification of resource needs and response expectations.

To facilitate the communication through the Emergency Operations Centre, the Liaison Officer and Operational leads will coordinate the establishment of:

a) A teleconference with the Ministry EOC to confirm notification and initial steps with SMDHU leads.
b) Contact with local stakeholders.

Each briefing session and teleconference will be held to enable coordinated and effective response. These meetings include a review of any data/evidence and current situational assessment to further l assist with the:

- Provision of logistical support to field responders.
- Coordination of services and clarification of responsibilities .
- Redeployment of staff as required.
- Ongoing provision of agency time-critical services.
- Maintenance of a communication strategy for staff, public, and community stakeholders (i.e., health promotion and communication strategies).
- Activation of operational teams to assist with the implementation of activities outlined within this plan.

4.1.9 BUSINESS CONTINUITY, OCCUPATIONAL HEALTH & SAFETY AND WELLBEING

Business Continuity

The SMDHU Business Continuity Plan identifies the strategies to ensure minimal or no interruption to the availability of time-critical public health services from any identified hazard, including an infectious disease event. Strategies include: human resources and re-deployment, reduction and restoration of public health services, infrastructure, and security and communication strategies. These allow for risk reduction, recovery, and risk management by determining alternatives or identifying the need for creation of new processes to ensure service continuance and maintenance.

To further support incident management, the business continuity plan ensures that pre-established agreements have been established between the SMDHU and other Boards of Health to provide for mutual aid and assistance between the public health units when the resources normally available to a Board of Health are not sufficient to cope with a situation as a result of an incident or emergency. The agency can also access additional support from the Ministry of Health through the Health Care Provider Line (866) 212-2272.

Human Resource Strategies

Occupational Health Safety and Wellbeing

Occupational Health and Infection Prevention and Control

A commitment to occupational health and safety and infection prevention and control is critical when planning and responding to any infectious disease related incident or emergency. This commitment is part of the Internal Responsibility System (IRS) that is based on the principle of all working together to identify health and safety concerns and develop solutions to mitigate any existing or potential matters. The agency's health and safety policy clearly denotes the general responsibilities and sets out general principles and duties for all persons (Board of Health members, employees, students, volunteers, and contractors) performing work in/on behalf of the organization.

It is important that infection prevention and control routine practices and occupational health and safety measures are implemented to ensure safe workplaces and protect SMDHU staff, clients and visitors. In addition to general occupational health and safety requirements that are required in the workplace, all staff will follow routine practices or additional precautions dependant on a risk assessment, at all times. The following routine practices must be adhered to at all times:

1. Risk assessment.
2. Screening measures and procedures (i.e., active and passive screening of clients and staff).
3. Spatial distancing.
4. Immunization/prophylaxis.
5. Personal protective equipment.
6. Hand hygiene.
7. Environmental cleaning.
8. Disposal of waste including sharps management.

The appropriate use and availability of personal protective equipment (PPE) as a control measure is dependent on a personal and organizational risk assessment of all hazards. It is the employer's responsibility to provide PPE and train staff on its proper use. Staff are responsible for conducting a risk assessment and correct use and maintenance of PPE assigned to them. *HSO Policy 118 Infection Prevention and Control: Routine Practices and Additional Precautions* provides information to all staff on routine practices, how to put on and take off PPE, and links to IPAC Core Competencies for IPAC education.

The agency's Business Continuity Plan provides a detailed list of the personal protective equipment and training required for any staff performing a particular function. This PPE identification is based on a thorough hazard assessment and clearly stipulates that all staff must be properly equipped and trained prior to redeployment or assignment of any time-critical public health services or critical support functions. (See Business Continuity Plan – Human Resources and Redeployment Strategies).

Stockpiling and Inventory Management
N95 Mask Fit testing and stockpiling of resources.

The SMDHU Human Resources Department is responsible for conducting agency mass fit testing, ordering and maintaining supplies for N95 masks. SMDHU retains a listing of staff who are currently fitted for N95 masks. Further details related to staff capacity, stockpiling, and training and education strategy, are outlined within the agency's Business Continuity Plan.

4.1.10 PLAN TERMINATION

Decisions related to the de-escalation of response activities and the demobilization of response resources will be at the discretion of the MOH or alternate. The MOH or alternate in consultation with the IMS Committee will conduct a reassessment of the situation and may terminate the agency's Emergency Response plan, the SMDHU Infectious Disease Emergency Response Plan or any subsequent plans that were activated to assist in response to the incident.

4.1.11 DEBRIEFING AND EVALUATIONS

Following deactivation of the plan, debriefing sessions will be held to identify lessons learned for future planning and response. The MOH or designate will call for the debriefing sessions and the EMT will facilitate the sessions.

Debriefings will occur with the following groups:

a) SMDHU Incident Management System (IMS) Committee.
b) Operational Teams/Impacted staff.
c) Community and Health Sector Partners.

4.2 SURVEILLANCE AND REPORTING

Surveillance is the systematic and ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know, so that action can be taken. It contributes to effective public health program planning, delivery, and management.[3]

Surveillance during an infectious disease emergency response requires flexibility to respond to local needs and scalability to move from a brief incident response to a more sustained response. The Surveillance module focuses on outlining the surveillance approach during a brief incident response, along with the changes that would be required to support surveillance needs during a sustained response.

Many surveillance processes are dependent on the work and processes of other programs at Simcoe Muskoka District Health Unit and must be a collaborative endeavour, with ongoing communication between programs to support data entry and reporting needs.

4.2.1 Purpose of Surveillance Activities

Surveillance strategies are implemented to identify cases (establish a case definition), contacts, population(s) at risk, and the source and magnitude of the infectious disease emergency, as well as to inform public health response. Using the data collected through surveillance and in collaboration with the Infectious Disease Program and Immunization program, the Surveillance Team is able to:

- Conduct epidemiological investigations to establish person, place, and time associated with an event, as well as detailed epidemiological investigations such as, cohort and case-control studies, as needed.
- Monitor trends in the incidence and prevalence of disease to identify new or unrecognized exposures or risk factors.
- Describe the epidemiological and clinical features of an event (e.g., clusters, risk factors, symptomology).
- Assist in describing risks to community partners and the general public via dashboards or other means of communication, when necessary.
- Modeling for forecasting purposes, when necessary.
- Explore new or emerging data and methods of surveillance (i.e., wastewater) and incorporate when necessary.
- Monitor healthcare utilization.
- Monitor uptake of public health interventions (e.g., vaccination campaigns).
- Explore the collection of health equity data above what is normally available.
- Conduct subpopulation analysis to support focused public health interventions.

The information obtained by epidemiology, and surveillance activities will be used to guide containment activities and provide situational awareness.

The surveillance activities for this plan are outlined in an independent module. This module will be used to support all surveillance activities that may be associated with the management of an incident, and should be used in concert with the implementation of other modules, to ensure that reporting/communication requirements and data collection through case and contact management or mass immunizations are aligned." For the purposes of the Infectious Diseases Emergency Response Plan, surveillance activities outlined in this module do not apply to routine infectious disease data collection or large-scale disease investigations that do not trigger an emergency response as defined in the IDERP.

The Surveillance Module that supports the plan can be accessed in **Module 1: Surveillance and Reporting**. The module highlights the following areas of response:

- Surveillance Roles and Responsibilities.
- Surveillance Data Collection, Analysis & Reporting Activities.
- Surveillance Training and Orientation.
- Knowledge Exchange.
- Contingency Planning.

4.3 PUBLIC HEALTH MEASURES

During an infectious Diseases emergency, public health measures (PHM's), such as wearing masks, PPE, physical distancing, isolation, closures and IPAC measures, may be essential in helping to significantly reduce the spread of infectious diseases within the community and to help secure and protect health system infrastructure so that it is stable to support health care services within the community.

In Ontario, the Chief Medical Officer of Health has legal authority to issue directives or orders to help prevent, mitigate or control a public health emergency. Within local jurisdictions throughout Ontario, Medical Officers of health have the authority to impose local restrictions or requirements. Under the HPPA, the MOH has powers under Sections 13 (which deals with health hazards such as the presence of a harmful substance), and 22 (which deals with preventing communicable diseases). It is important that public health measures are risk-based, researched, and evidence based to ensure that measured have an overall positive impact within the community.

Secondary and unintended impacts should be considered when assessing risks and implementing public health measures. Multi-layered approaches such as immunization, handwashing, environmental cleaning and disinfection, and staying at home when sick, may help to control outbreaks within the community, preventing the need to impose more stringent measures.

4.4 CASE CONTACT AND OUTBREAK MANAGEMENT

The purpose of the Case, Contact and Outbreak Management module is to provide a framework that provides flexibility to respond to any infectious disease incident. This module is intended to support any infectious disease incident/emergency outside of zoonotic/vector-borne incidents (such as rabies) which have incident-specific guidance documents, plans and protocols. The goal of the module is to support any infectious disease incident/emergency, to manage the cases and contacts, and contain the potential spread of illness within the community. Activities that may be implemented during an infectious disease incident/emergency response include, but are not limited to:

- Coordinating with health system partners, emergency services, local, provincial, and federal agencies, and other emergency or community organizations responding to the emergency.
- Developing and disseminating information and guidance for local health care providers, emergency service workers, general public, and special populations and settings.
- Working with partners to implement infectious disease containment measures such as infection prevention and control, mass prophylaxis (e.g., vaccines, immunoglobulin), isolation and quarantine, or exclusion.
- Collaboration between SMDHU departments to coordinate joint investigations to gather exposure information, collect samples, interview cases and contacts, and inspect facilities. (ID, IP, EHD)
- Conducting epidemiological surveillance and investigation activities, such as syndromic surveillance, data collection, outbreak investigation, and laboratory testing in collaboration with the Population Health Assessment, Surveillance and Evaluation program, as needed.
- Collecting, verifying, and analyzing data, including client sociodemographic information, to support the development of objectives, strategies, and policies in collaboration with the PHASE program. See Surveillance Module.

The Case, Contact and Outbreak Management module that supports the plan can be accessed in **Module 2: Case Contact and Outbreak Management**. The module highlights the following areas of response:

- Resource Management.
- Training and Education.
- Case Contact and Outbreak Management.
- Resource Development.
- Partner Engagement, Crisis Communication and Health System Management.
- Health and Safety.

4.5 MASS IMMUNIZATION PLAN

The *Mass Immunization Plan (MIP)* supports the IDERP as a module of the plan and is intended to provide a scalable operational response plan, including the rollout of public health mass immunization clinics (MICs) in Simcoe Muskoka. The goal of the MIP is to provide immunization to all eligible individuals in a timely, safe and efficient manner. MICs are usually required as part of a larger infectious disease response when there is a vaccine available to provide protection against the pathogen.

Changes in the epidemiology of an infectious agent, directives from Public Health Agency of Canada (PHAC), the Ministry of Health, and local public health needs all have a significant impact on the implementation of any MIP. The MIP provides a high-level overview of the steps and considerations for any mass immunization response that is needed in Simcoe Muskoka and also provides flexible and scalable strategies.

Assumptions:

- Mass immunization campaigns vary depending on the severity of the disease, vaccine availability, and public demand for vaccine. These conditions may change over time during a specific response; as a result, the MIP needs to be flexible and scalable.
- Staffing availability will be based on the nature and scope of the response.
- The publicly funded vaccine supply will be provided by the Ontario Ministry of Health. In the event of limited supply availability, SMDHU may implement priority sequencing.

- In the event of a province-wide mass immunization campaign, direction will be provided by the Ministry on vaccine supply, prioritization, and distribution. SMDHU may need to do further local prioritization based on the supply provided.
- Where limited supply and high demand for vaccine exists, SMDHU will provide vaccines in accordance with the provincial recommendations for priority groups, as applicable.

The Mass Immunization plan highlights the following areas:

- Clinic Pre-planning.
- Clinic Delivery.

The Mass Immunization Plan that supports the IDERP can be accessed in **Module 3: Mass Immunization Plan**.

4.6 COMMUNICATIONS

A comprehensive coordinated Communications Plan is critical to ensure that the communication needs of the Health Unit regarding infectious disease preparedness and response are met. The OPHS, Infectious Diseases Protocol requires that there be a distribution mechanism for mass notification (as well as a back-up communications capability) of Board of Health staff, the Ministry, community partners, other government ministries, regulatory bodies and other government agencies involved in the control and prevention of exposures to, and transmission of, infectious diseases.

The IDERP Communications Plan includes general, high-level communications activities, broken down for each of the four IDERP phases of response. The Communications Plan is intended to provide the Health Unit with communications guidance and recommendations, and to coordinate communication activities to ensure credible, relevant, accurate and timely communication to external and internal audiences. The Communications Plan objectives are:

- To coordinate and share communications among all health system stakeholders prior to public release of incident information to ensure accurate and consistent messaging.
- To ensure consistent messaging to the media, public and partners.
- To inform the public of any risk to individual health, and the preparedness of the health care system to manage potential disease outbreak under investigation or confirmed case(s).
- To direct the public to Health Connection and the SMDHU website as credible sources of information.
- To ensure staff receive timely, relevant, and current information regarding agency direction and public messaging.
- To ensure staff are using accurate and consistent messaging with their stakeholders, partners and specific audiences.

The communications plan that supports the IDERP can be accessed in **Module 4: Communications**. The module highlights the following areas of response:

- Roles and Responsibilities.
- Assumptions and Considerations.
- Key Messages and Target Audience.
- Communications Systems and Processes.

Stakeholder Engagement and Communication

The goal of stakeholder engagement and communication is to facilitate prompt, effective action in response to complex incidents and emergencies to provide effective communication to the public, partner agencies and stakeholders for infectious disease response and control. SMDHU has created a communication strategy that provides a broad overview of public education and awareness activities required during an infectious disease incident or emergency.

SMDHU collaborates and coordinates with external organizations such as, but not limited to, health system partners, federal and provincial governments and respective ministries, local municipalities, public and private sectors, and other community stakeholders to:

1. Identify and recommend public health activities and actions to the external partners associated with responding to infectious disease incidents and emergency response.
2. Identify and make recommendations with respect to the development and implementation of health promotion strategies.

Table 7: Stakeholder Engagement and Communication

	Public Health Activities	**Leads and Supports**
Stakeholder Engagement	• Communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious diseases issues. • Communicate reporting/notification process to key stakeholders to inform key stakeholders of incident and clarify reporting mechanisms. • Liaise with other health system agencies to encourage communication and information sharing. • Communicate to stakeholders to ensure familiarization with incident and proper reporting mechanisms. • Provide timely dissemination and situational awareness between key stakeholders to assist with the identification of local trends/issues and enable expedited response and control activities.	**Lead Spokesperson:** MOH/AMOH, Department VP **Supports:** Lead Department Managers Lead Department Coordinator/Liaison/Lead EMT
Communication	Implement relevant communication activities, such as: • Website. • Media release. • Public service announcement (PSA). • Social media messaging. • Joint press conferences. • Media monitoring.	**Lead Spokesperson:** MOH/AMOH, Department VP **Supports:** Lead Department Managers HEHPC Team

	• Mechanism for the utilization of Notification Systems (Public Health Alert, VP Notification System). • Staff blogs.	**Cross Reference Plans:** IDERP Communication Plan Communication infrastructure VP Plan

4.7 CONTACT CENTRE ACTIVATION

A contact centre uses a variety of methods to communicate, ranging from telephone to email, social media, webchat and more. *Health Connection (HC*) is the contact centre for the Simcoe Muskoka District Health Unit.

Health Connection provides general response to the public seeking public health information and advice as well as access to Health Unit programs and services. Health Connection is staffed by Public Health Inspectors, Public Health Nurses and Registered Practical Nurses who work in one of four HC teams: Infectious Diseases, Environmental Health, Sexual Health and Health Connection Core.

Given the unpredictable nature of public health emergencies and incidents it is prudent to have a contact centre activation plan that allows for a scalable surge capacity in order to effectively cope with demand.

Each of these elements is important by itself and is interdependent on the others.

The contact centre activation plan may be implemented in situations where a potential or actual public emergency or incident is impending or occurring.

The contact centre plan highlights the following areas:

- Business - the processes and human resources used to manage and support contact centre operations during a public health emergency or incident.
- Technology - the technical requirements and resources needed to support contact centre operations during a public health emergency or incident.
- Facilities - the work area and set up required to support contact centre operations during a public health emergency or incident.
- Activation Triggers.
- Roles and Responsibilities.
- Training.

The contact centre plan can be accessed in **Module 5: Contact Centre Activation**

4.8 TRAINING AND EDUCATION

Knowledgeable and well-trained staff members are essential for an effective and coordinated response to any incident. The training and education module of the Infectious Disease Emergency Response Plan provides a high-level overview of the necessary training required by staff to support and enhance the necessary knowledge and skills required to effectively and competently respond to any infectious disease incident/emergency.

Training and education to the overall IDERP plan complements the agency's Business Continuity Staff Training and Education Plan. Emergency practice exercises will be considered as part of required training (e.g., IDERP tabletop exercise) and will follow the schedule outlined within the BC Plan.

Furthermore, specific IDERP training and education strategies will be reflected in each IDERP module, and cross referenced within the Business Continuity Plan.

- Training and Education Requirements.
- Health and Safety Training Requirements.
- Infection Prevention and Control.
- Training Resources and Supports.
- Identified Staff.

4.9 PLAN AWARENESS

This document is to be included as part of orientation for all new staff. Department leads identified within the Business Continuity (BC) Staff Training and Education Plan will ensure training on the IDERP is provided at least once every three years, or more often as required, to relevant staff identified as having functions within the plan. SMDHU management will ensure that the individuals who would likely be assigned to the roles outlined in this document and modules are the intended focus of training sessions. Specific Training and Education is identified in each individual Module of the IDERP and further outlines the specific training requirements needed for each program area and department.

Emergency practice exercises will be considered as part of required training (e.g., IDERP tabletop exercise). Training and education will follow the schedule outlined within the BC Staff Training and Education Plan.

APPENDIX A: ACRONYMS AND ABBREVIATIONS

AMOH	Associate Medical Officer of Health
BCP	Business Continuity Plan
BFI	Baby Friendly Initiative
CSD	Clinical Service Department
DPHS	Diseases of Public Health Significance
EMC	Emergency Management Coordinator
EMT	Emergency Management Team
EOC	Emergency Operations Centre
ERP	Emergency Response Plan
HC	Health Connection
IAP	Incident Action Plan
ID	Infectious Diseases Program
IDEPG	Infectious Disease Emergency Planning Group
IDER	Infectious Disease Emergency Response
IDERP	Infectious Disease Emergency Response Plan
IMS	Incident Management System
IP	Immunization Program
IPAC	Infection Prevention and Control
IYCFE	Infant and Young Child Feeding in Emergencies
MEOC	Ministry Emergency Operations Centre
MICs	Mass Immunization Clinics
m-Imms	Mobile Immunization Management System
MIP	Mass Immunization Plan
Ministry	Ministry of Health
MOH	Medical Officer of Health
OGP	Ontario Government Pharmacy
PHAC	Public Health Agency of Canada
PHASE	Population Health Assessment, Surveillance and Evaluation
PHIPA	Personal Health Information Protection Act
PHO	Public Health Ontario
PPE	Personal Protective Equipment
SMDHU	Simcoe Muskoka District Health Unit
VP	Vice President

APPENDIX B: LEGISLATION AND SUPPORTING DOCUMENTS

These are the applicable legalisation and supporting documents that underpins the Infectious Diseases Emergency Response Plan:

a) Health Protection and Promotion Act, R.S.O. 1990 H.7
b) Personal Health Information Protection Act, 2004, S.O. 2004, c.3 Sched. A (PHIPA)
c) Quarantine Act, S.C. 2005, c. 20
d) Coroners Act, R.S.O. 1990, c. C.37
e) Occupational Health and Safety Act, R.S.O. 1990, c.O.1
f) Public Hospitals Act, R.S.O. 1990, c. P.40
g) Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9
h) Designation of Diseases O. Reg. 135/18
i) Communicable Diseases – General R.R.O. 1990, Reg. 557
j) Control of West Nile Virus O. Reg. 199/03

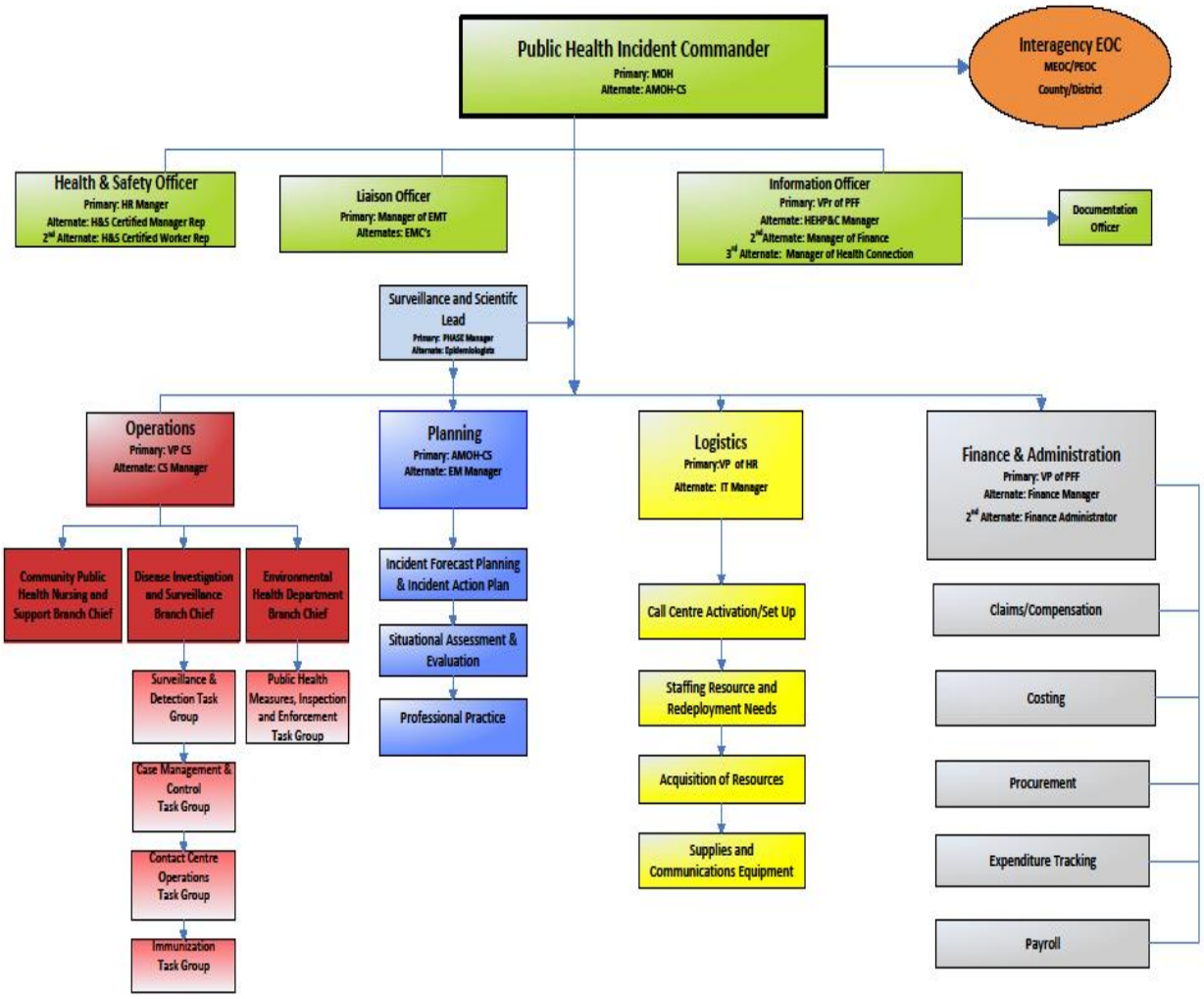
Related Documents

- Ontario Public Health Standards, 2018 or as current
- Control of Respiratory Outbreaks in Long-Term Care Homes, 2018
- Emergency Management Protocol, 2024 or as current
- Infectious Diseases Protocol, 2023 or as current
- Institutional/Facility Outbreak Management Protocol, 2018 (or as current)
- Management of Avian Chlamydiosis in Birds Guideline, 2019
- Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2019
- Management of Echinococcus Multilocularis Infections in Animals Guideline, 2019
- Management of Potential Rabies Exposures Protocol 2019
- Planning Guide for Respiratory Pathogen Season, 2018
- Population Health Assessment Surveillance Protocol, 2018
- Rabies Prevention and Control Protocol, 2023 or as current
- Sexual Health and Sexually Transmitted/Blood-Borne Infections Prevention and Control Protocol, 2018 (or as current)
- Tuberculosis Prevention and Control Protocol, 2018 or as current
- Tuberculosis Program Protocol, 2018 or as current
- Vaccine Storage and Handling Protocol, 2018 or as current

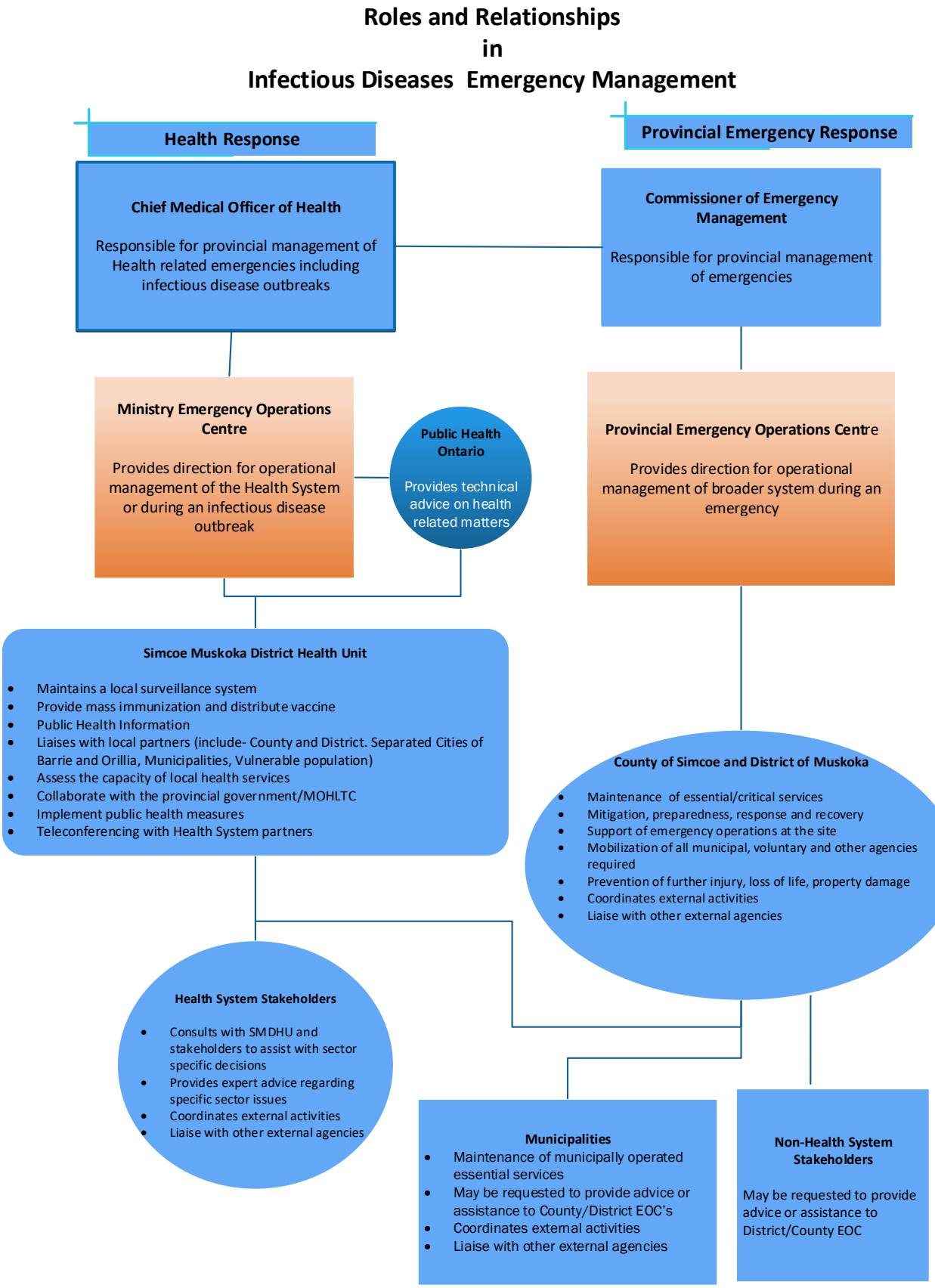
SMDHU Sub-Plans

SMDHU 23/24 Fall/Winter Respiratory Surge Plan

APPENDIX C: SMDHU INFECTIOUS DISEASE EMERGENCY INCIDENT MANAGEMENT MODEL

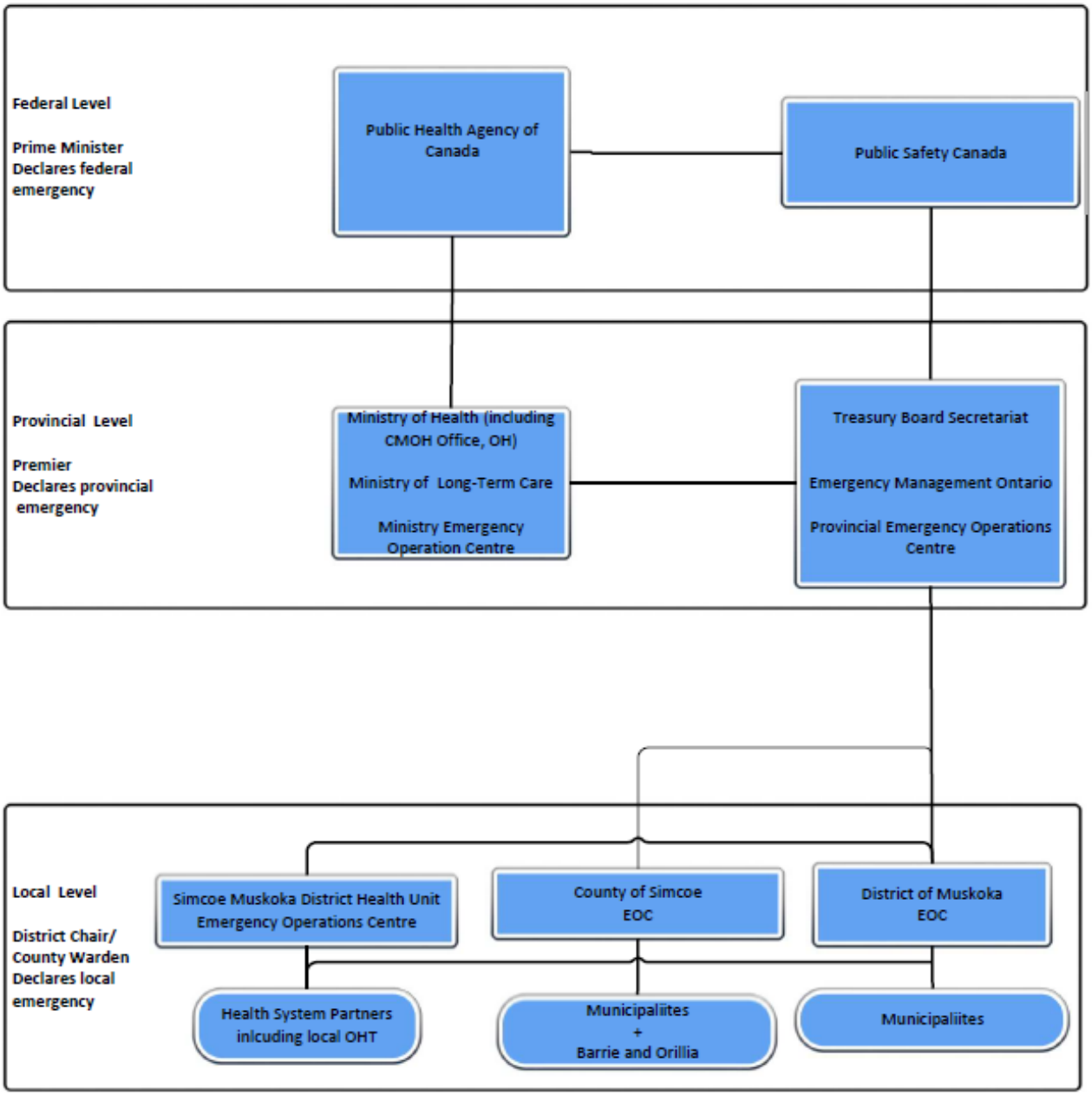


APPENDIX D: INTER-RELATIONSHIP ROLES



APPENDIX E: INTER-AGENCY EMERGENCY MANAGEMENT STRUCTURE

Interagency Emergency Management Structure
In
Infectious Diseases Emergencies



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