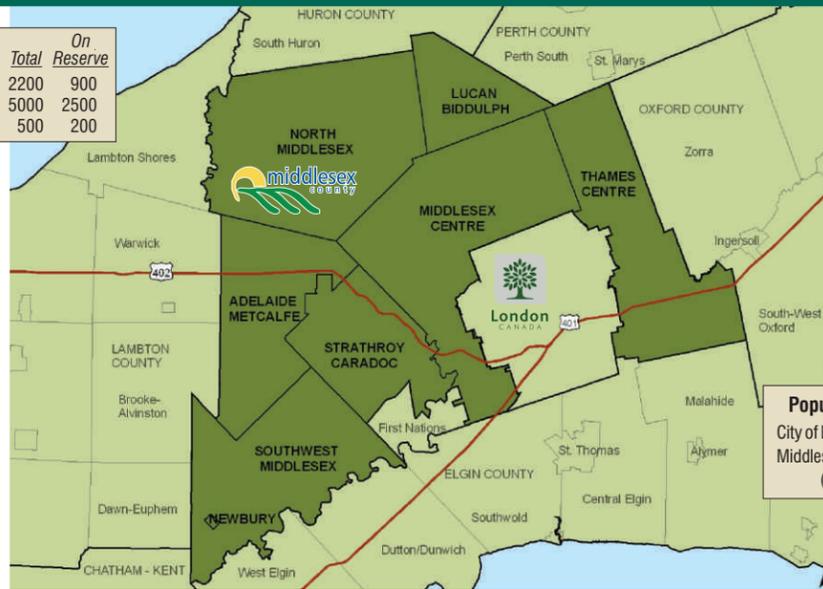


First Nations	Total	On Reserve
Chippewa	2200	900
Oneida	5000	2500
Munsee	500	200



Population (Approx.)
 City of London: 366,000
 Middlesex County: 71,000
 (2011 census)

8. Planning Process: MLHU is to engage in the planning process on a regularly scheduled basis, or when the situation has changed in such a way that an existing plan is put into question. All plans are to be reviewed annually.

Key stakeholders are to be included in the planning process where applicable. External stakeholders in the county and city, as well as within Emergency Management Ontario will be invited to review the plan.

The ERP identifies the process for managing most emergency related activities. In a community, a formal declaration of a municipal emergency has major implications with respect to funding. As a result, in most cases, only the Mayor (or Warden) or other senior elected official may issue a formal Declaration of an Emergency. A meeting of the CCG at the EOC would likely be called.

9. General types of emergencies:

- Natural Emergencies:**
- a) Severe weather including floods, tornadoes, storms i.e. ice, snow, high wind, rain, thunder/lightning
 - b) Forest fires, earthquakes, drought, heat wave, extreme cold and epidemics
- Technological or Man-made Disasters:**
- a) Transportation incidents (road, rail, water or air)
 - b) Large fires, large explosions
 - c) Large scale industrial incidents/fires
 - d) Spills of hazardous materials into the environment
 - e) Nuclear/radiation incidents
 - f) Construction failures (buildings, arenas, water systems)
 - g) Power or energy failures
 - h) Bioterrorism, bombings, civil and political disorder
 - i) Drinking water supply contamination

- Health Emergencies**
- Chemical:*
- a) Blisters/vesicants (e.g. mustard)
 - b) Blood arsenic
 - c) Choking/pulmonary damage (e.g. chlorine)
 - d) Incapacitating, nerve agents, vomiting
- Radiological:*
- a) Nuclear incidents
 - b) Depleted uranium
- Biological:*
- Anthrax (Bacillus anthracis), Smallpox (Variola major), Botulism (Clostridium botulinum), Plague (Yersinia pestis), Tularemia (Francisella tularensis), Viral hemorrhagic fever, Brucellosis (Brucella species), Q fever (Coxiella burnetii), alpha viruses, ricin toxin (castor beans), food safety threats (e.g. E.coli O157:H7), drinking water safety threats (e.g. Cryptosporidium parvum), Rabies, Meningococcal (Meningitis).
- Others:* Packages/materials suspected to contain chemical/biological materials

10. Risk Assessment

The Region
 Middlesex County is comprised of mainly rural communities, while the City of London is decidedly urban. This Southwestern Ontario area is geographically located within 200 to 300 kilometers of the major cities – Toronto, Detroit, and Buffalo. To the west is the chemical and industrial region in Sarnia, while the southwest Lambton region has a coal fired power generating station. North, in Kincardine, is the Bruce Nuclear power generating station.

The mix of urban and rural communities provide the opportunity for industrial and agricultural risks. Residents receive their drinking water from various municipal water sources and wells. Flooding is a concern – Thames River has a history of swelling dramatically. Watershed Flood Warning System provides for warning of imminent flood conditions.

Middlesex-London falls within a tornado and extreme weather zone. With an increase in global travel, complex distribution of food supplies, an aging population and new emerging diseases, the possibility of human health emergencies will always be a concern.

HazMat Spill: Likelihood of an environmental emergency increases with the proliferation of vehicles using the transportation corridors bordering Middlesex and London.

Transportation: Rail lines, Hwys 401, 402 and the proximity to the London Int'l Airport contribute to the probability of a major transportation incident. Toxic wastes are also carried along the road and rail lines. There are numerous industries in Middlesex and London manufacturing toxic chemicals.

MLHU is vulnerable to these specific risks:

Computer viruses: This is a time of technological dependence and the staff is interconnected through the MLHU network, BlackBerries and Cell phones. Computer viruses have the capability to de-stabilize the network, threaten vital files, slow or stop work on essential services.

Workplace violence: Staff may be confronted with high risk clients, while working in our offices or at other external/remote locations.

Power outages: can occur for a variety of reasons. An outage would render medical supplies vulnerable and highly impact productivity.

11. Key Emergency Contacts

Emergency Mgmt:	(Tel. 519-)
County of Middlesex	434-7321
bweber@middlesex.ca	x 2227
City of London	661-2500
dcolvin@london.ca	x 7500
Regional care centres:	
London Hlth Sc. Ctr (LHSC)	685-8500
South Street Hospital	685-8500
University Hospital	685-8500
Univ. Hospital Emerg. Dept.	663-3197
Victoria Hospital	685-8500
Victoria Hospital E.D.	685-8141
Children's Hospital of LHSC	663-3163
St. Joseph's H-C Centre	646-6280
Lawson Hlth Research Inst.	646-6005
Mount Hope Ctr L-T Care	646-6280
Parkwood Hospital	685-4000 / 685-4555
Reg'l Mental H-C Centre	455-5110/ On call 646-6100
St. Joseph's Hospital	646-6100
Middlesex Hospital Alliance	245-1550
4 Counties Hlth, Newbury	245-1550
University/College	
University of Western Ont.	661-2111
• Emergency Mgmt	661-4010
Fanshawe College	452-4430
• 24 Hour Security	452-4400
• Emergency Mgmt	x2918 452-4430
Transportation	
VIA Rail	888-842-7245
CN General Line	888-888-5909
CN Police	800-465-9239
CP Comm. Connect Line	800-766-7912
Greater London Airport	452-4015
After Hours Security	452-4000
Conservation Authorities	
Upper Thames River	451-2800
Kettle Creek	631-1270
Saugeen Valley	367-3040
Lower Thames Valley	354-7310
Ausable-Bayfield	235-2610

Public announcements regarding the emergency situation in our organization will be made by the MOH supported by the Manager of Communications. The MOH will call an IMT meeting and state the cause and nature of the emergency. Staff will be kept up-to-date through mass email and voicemail. Staff are encouraged to check these from their homes.

If both the MOH and A-MOH are incapacitated or otherwise unavailable, a substitute MOH will make decisions regarding the emergency. If necessary, the Board of Health will recognize the authority of a substitute MOH. Memorandums of Agreement with other Health Units have been put into place to support this need.



SNAPSHOT: ERP

January 2013

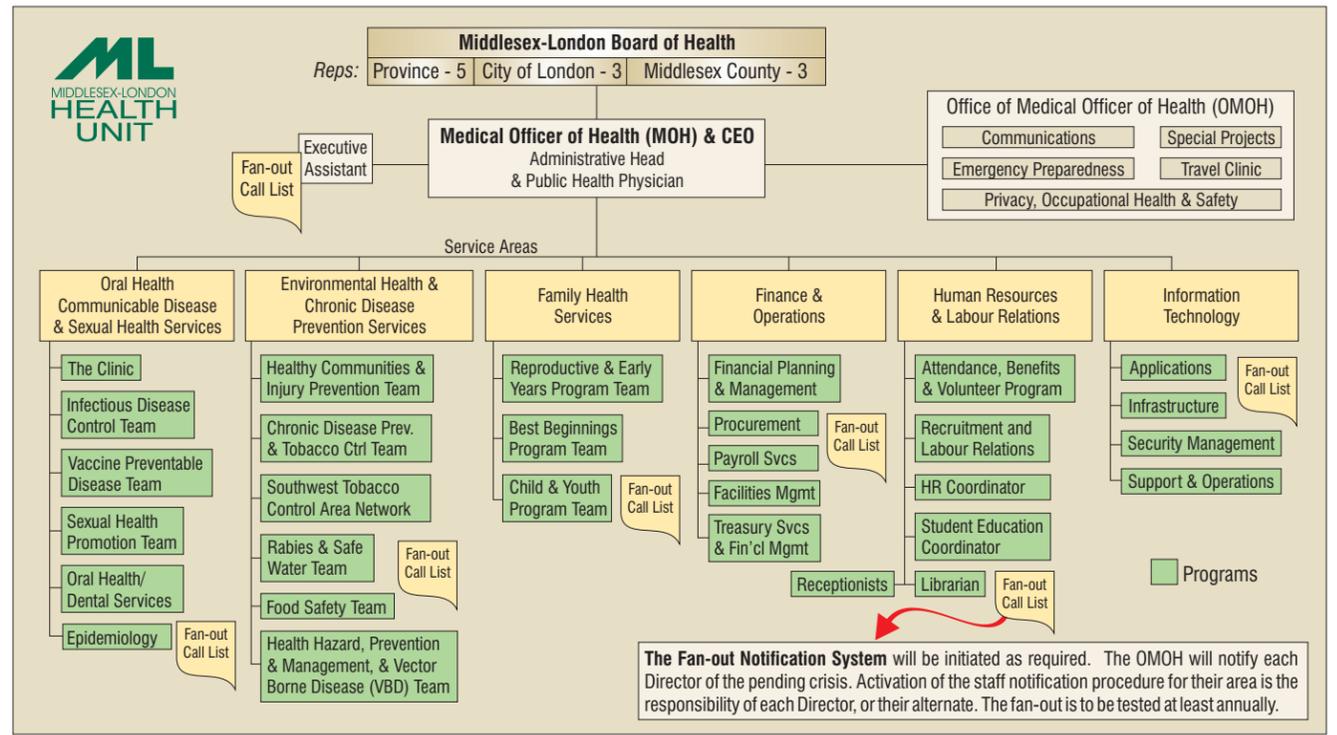
Emergency Response Plan (ERP)

This Snapshot is to serve as a quick reference and “road-map” through the ERP for the various staff, volunteers and community partners. Having a formal Plan encourages an integrated approach to disasters, and fosters prompt, efficient and coordinated response operations by the different elements of the emergency organization. It requires a system-wide integration of skills, people and resources. By pre-defining roles for each response, our agency reduces confusion, chaos and conflict during an emergency and will significantly decrease vulnerability of the public and their property to hazardous threats.

Emergency situations could threaten public safety, public health, the environment, property, critical infrastructure or economic stability. Major threats to social, environmental, political and/or economic well-being may also be considered as emergencies.

The Medical Officer of Health (MOH) will be notified once an internal incident/emergency requires resources beyond those of the initially responding persons. The MOH will decide on activating the Incident Management Team (IMT) and the ERP and will decide to what extent both are needed.

For an external emergency, the Mayor (or Warden) or designated elected official in the community may call together the Community Control Group (CCG). At which time the MOH will go to the Emergency Operations Centre (EOC) to meet with the CCG. The Mayor or Warden, in consultation with the members of the CCG may decide to formally declare an emergency. This decision will determine if the community's Emergency Response Plan is activated.



The Fan-out Notification System will be initiated as required. The OMOH will notify each Director of the pending crisis. Activation of the staff notification procedure for their area is the responsibility of each Director, or their alternate. The fan-out is to be tested at least annually.

This ERP is an overarching all-hazards document, and is supplemented with these procedure specific plans:

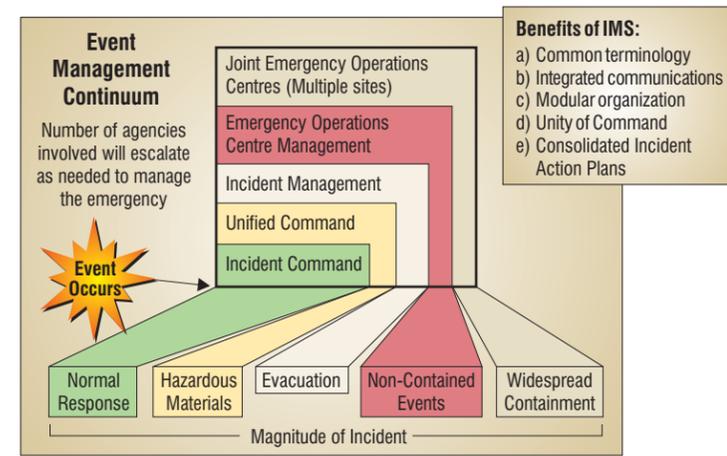
- a) Pandemic Influenza Plan for Middlesex-London (2006)
- b) Extreme Temperature Protocol (2007)
- c) The Unique Grief Reactions of a Victim (2007)
- d) CBRN-E Incident – Public Health Mgmt Guidelines (2008)
- e) Panic Alarm Protocol (2012)
- f) Guidelines for Handling Suspicious Packages (2009)
- g) Adverse Winter Weather Protocol (2012)

These plans have been widely distributed and are available from the Manager of Emergency Preparedness. The Emergency Response Plan is also on the Intranet. A sanitized version appears at www.healthunit.com

- MLHU Role during an Emergency**
1. Provide leadership in the management of public health emergency situations in the County of Middlesex and/or in the City of London.
 2. In external emergencies, provide public health expertise and knowledge to the Community Control Group (CCG) at the EOC to promote health, prevent disease and protect the community from health hazards.
 3. In internal emergencies, provide public health expertise and knowledge to the IMT.
 4. Provide appropriate public health staff to the response efforts to carry out duties that may or may not be part of their usual daily work.
 5. Ensure that a protocol is in place for the mobilization of health unit staff during and outside of business hours.
 6. Ensure that communication protocols are in place for outside agencies and municipal governments to contact the MLHU and the MOH during and after hours.

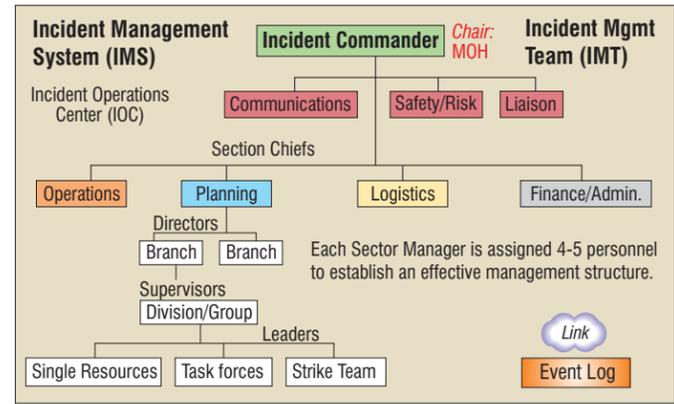
1. Incident Management Systems (IMS)

The MLHU endorses the use of an Incident Management System (IMS) to direct, control, and coordinate operations during and after an emergency. IMS is a widely recognized, interdisciplinary, systematic approach for establishing a command and control system at an incident. The first arriving responder typically establishes "Command". As others arrive, the most qualified/appropriate person (depending on the nature of the emergency) assumes the role of Incident Commander, following a briefing. Following the appointment of the person who is in charge of the overall scene, the Incident Commander divides responsibilities into sectors.



Purpose of IMS:

1. Sizing up the incident
2. Identifying contingencies
3. Determining response objectives
4. Building a plan and org. structure
5. Taking action
6. Manageable span of control
7. Designated incident facilities
8. Resource management



2. IMT – Roles & Responsibilities

Incident Commander (typically is MOH)

- a) Organize and direct the MLHU's emergency response
- b) Appoint staff to assist as required; ensure team debriefings occur
- c) Ensure situational reports provided to internal/ external organizations

Operations Manager:

Operations covers surveillance, vaccines, antivirals, PH measures, investigations, consumer inquiries

- a) Work with service managers to ensure essential services/ programs continue
- b) If needed, explore enhancement capacity at an alternative site
- c) Ensure Occurrence Report filed immediately; carry out response activities
- d) Coord. operations, resource requests; assist IC in developing response goals

Planning Manager:

- a) Track client flow into/out of building/clinics
- b) Organize/ log support required for staff/ families
- c) Assist with contingency/recovery plans by looking ahead to possibilities
- d) Ensure documentation is collected for debriefing session(s)
- e) Provide situational assessments; address staffing
- f) Ensure resource needs; address resource deployment;
- g) Provide data management; oversee demobilization/ recovery/ documentation

Logistics Manager:

- a) Oversee procurement of equipment/ supplies; ensure equitable distribution
- b) Identify critical shortages that may impede operations
- c) Ensure return and proper storage of all emergency kits/ supplies
- d) Issues such as facilities, human resources, nutrition, staff accommodation

Finance Manager (Mgr, Finance & Operations)

- a) Document availability of funds; track emergency related costs
- b) Assess ability to increase space during an emergency
- c) Administer claim/compensation, procurement, insur., budget, legal, bldg maintenance

Safety/Risk

- a) Address health/ safety needs of staff; oversee safety function in emergencies
- b) Ensure JOHSC has right to be notified immediately of a fatality/ critical injury
- c) Address work refusal; incident reporting and investigation
- d) Provide all necessary resources; must be JOHSC representative
- e) Liaise with OH&S, infection control practitioners; interacts with MOL, WISB
- f) Ensure JOHSC worker mbrs designate 1 or more mbrs to investigate critical injuries/ fatalities; reports findings to inspector and JOHSC

Liaison

- a) Key contact for external agencies/ organizations; identify location of plans
- b) Develop mutual aid agreements with external responder partners
- c) Has written process for contacting MOHLTC-EMU for EMAT and EMO
- d) Facilitate communication and co-ordination among organizations
- e) Ensure all IMT meetings are organized/ planned; follow IMS format

- f) Provide incident status updates; support IC with other duties
- g) Monitor/ report inter-organizational issues;
- h) Main contact point for information flow to external groups

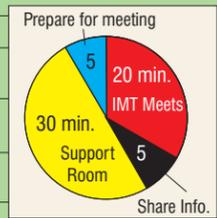
Communication

- a) Define lines of communications, internal and external
- b) Establish strategies for communicating critical info. to staff and families; JOHSC
- c) Obtain communication equipment; backup systems; train staff on use
- d) Develop news releases/ communiqués; apprise IC of media requests
- e) Arrange all media interviews; manage website updates, social networking site

3. Incident Management Team (IMT): Meeting Checklist

IMT are to have regular meetings to share information, discuss actions to be taken / issues to be resolved; meetings should be brief and free from interruptions.

✓	Action or Direction
<input type="checkbox"/>	a) MOH decides to convene IMT; notify managers of: Fin. & Ops, Emergency Preparedness, Privacy & Occ. Health & Safety, Communications, and Exec. Asst (scribe)
<input type="checkbox"/>	b) Mgr. Emergency Preparedness to set-up EOC – phones, maps, Major Incident Log, Personal Log sheets, refreshments, computers, etc.
<input type="checkbox"/>	c) Determine that appropriate IMT members are present (quorum); initiate staff notification processes; notify Board of Health.
<input type="checkbox"/>	d) Appoint Section Chiefs as per IMS chart.
<input type="checkbox"/>	e) Determine if additional IMT advisors are required e.g., CN Rail, MOL, MOE, Hospital, School Boards, Conservation Authority, etc.
<input type="checkbox"/>	f) Listen to brief situation reports by all Service Areas.
<input type="checkbox"/>	g) Determine areas affected by emergency – define emergency site(s) (if appropriate). Consult maps.
<input type="checkbox"/>	h) Appoint/confirm Emergency Site Manager(s) (ESM)
<input type="checkbox"/>	i) Determine immediate support that emergency site will require; cordon off area(s); consider security.
<input type="checkbox"/>	j) Determine community strategy to resolve/manage emergency; contact police, fire, EMS (CCG Meeting)
<input type="checkbox"/>	k) Determine and prioritize tasks; compare to resources available; consider stoppage of some services.
<input type="checkbox"/>	l) Consider Declaration of Emergency; notify staff
<input type="checkbox"/>	m) Notify Mayor, County CAO, Warden, other PH Units, MOHLTC, EMO; City/ County CEMC's as appropriate. Review Emergency Codes and use in notification.
<input type="checkbox"/>	n) Activate all or parts of ERP – may include Evacuation Plan, Reception Centre Plan, Emergency Information – included in media releases, Citizen Inquiry Line, Recovery Plan (Debris removal; CISM and EAP)
<input type="checkbox"/>	o) Activate IMT to appropriate Level of operation
<input type="checkbox"/>	p) Determine time/location for next CCG meeting (operating cycle)



4. Alert and Notification

When the OMOH receives notice of the emergency in the community:

- a) Members of the Directors Committee are to be notified through all available means. They may be requested to meet as the Incident Management Team (IMT) or only be briefed on the situation;
 - b) During regular hours, staff will receive a brief mass voicemail and an email, initiated by the Manager of Communications. Messages will include standby and safety instructions, and may be received at any time – day/ night;
 - c) The MOH will initiate the fan-out system. Directors will initiate the fan-out processes within their service areas. Managers, making the fan-out calls are to use the Emergency Documentation & Feedback Form; completed Forms to be submitted to their Director, who will forward to the Manager of Emergency Preparedness within 48 hours;
 - d) After business hours, all members of the Directors Committee shall be notified through every available means using the Fan-Out System. The Director (or alternate) will start the fan-out process within their service area using their combined discretion on the circumstances of the event and the hour of the day. They will outline the expectations of their staff, at that time as well.
- Manager of Communications will remotely initiate the mass voicemail and email to all employees. If staff are required to work after business hours, a record of staff availability will be maintained and will be reported back to each service area Director. Particulars like nutrition requirements, overtime, scheduling, etc. will be addressed by the Incident Management Team (IMT).
- e) It is important that fan-out communication lists be used as standard procedure, to assist the IMT in making staff and program decisions and to access the number of staff available for the response.

Link [Fan-out Worksheet](#)

5. Internal Emergency Situations

The MOH will be notified as soon as possible, once an internal incident/emergency requires resources beyond those of the initially responding service area and/or personnel. The MOH will decide on calling an IMT meeting and if to activate the ERP.

The IMT may be asked to stand by, and await further directions.

Manager of Communications will, upon direction, initiate a brief mass voicemail and mass email to all employees; may be asked to post a message on the MLHU Website/ Intranet/ Twitter.

Emergency Contact Form: is annually updated by all employees; used to notify next-of-kin of emergency, particularly in the case of injury or other special concern. Human Resources is to issue a Quarterly Report to each Director, containing the current name/ address/ tel. no. for each employee in their service area. Service areas are to update their Fan-out List quarterly based on the information in the HR Quarterly Report.

Service Areas are responsible for:

- Method/ sequence of advising staff;
- Relaying the message;
- Method of reporting results in reverse order of original call.

Some emergencies/ disasters require mobilizing most/ all employees

- Staff are expected to:
1. Report to work unless otherwise advised
 2. Contact their manager for any clarification
 3. Follow procedures as directed
 4. Be prepared for possible reassignment
 5. Report to a designated area

6. External Emergency Situations

Typical sequence for external emergencies resulting in implementation of the MLHU ERP:

- a) Incident occurs;
- b) First Responders arrive on scene to assess and initiate response;
- c) Site Mgr calls for Health Unit to be notified;
- d) MOH may be called to CCG meeting at EOC;
- e) Emergency may be officially declared based on recommendations;
- f) MOH informs the IMT to assemble;
- g) Directors initiate Fan-Out within svc areas;
- h) Aspects of Emergency Plan are activated along with service area protocols;
- i) Meetings occur in cycle fashion;
- j) Emergency is managed by inter-disciplinary efforts;
- k) Termination of the emergency is formally declared;
- l) MOH informs the IMT and notifies all staff;
- m) Recovery efforts continue;
- n) Debriefing and Evaluation exercises are planned.

The MOH (or designate) is to notify and maintain communications with:

- a) The Board of Health.
- b) MOHLTC – Emergency Mgmt Unit
- c) Neighbouring MOH and Health Units
- d) Public Health Ontario
- e) CCG both City and County (and county municipalities);
- f) Agencies, services, institutions, municipal officials and other stakeholders as deemed approp.



7. Roles and Responsibilities

Program Managers: Continue to monitor service areas and the ability to maintain services; expected to provide support, updates to their directors and team members.

Public Health Nurses

- a) Establish a program of preventative health care to avoid the spread of communicable diseases and other illnesses
- b) Establish procedures to detect and refer persons with medical or health problems to appropriate specialists and facilities in the community
- c) Provide health care and personal needs for evacuees – infants, elderly, pregnant women, physically disabled, home cared
- d) Request procurement of special apparatus for evacuees with special needs
- e) Ensure prescription drugs needed for evacuees will be provided
- f) Ensure safe/ secure storage of all meds in reception centre; ensure proper storage to maintain effectiveness
- g) Secure transportation for those evacuees requiring hospitalization through EMS
- h) Does not include triage.

MLHU Role	Emergency	Lead	Support
Bioterrorism		●	●
Bomb Threat		●	●
Chemical – spill, explosion		●	●
Food – recall, contamination		●	●
Industrial – spill, explosion, contamination		●	●
Communicable Disease – outbreak, epidemic, pandemic		●	●
Nuclear		●	●
Power / Infrastructure – failure		●	●
Weather / Nature – floods, winter storms, tornadoes, extreme heat, extreme cold		●	●
Radiological		●	●
Transportation – train derailment, airplane crash, multi-vehicle collision		●	●
Water – Sanitary system failure, water line breakdown/ contamination		●	●
Other		●	●

Public Health Inspectors

- a) Help determine scope of the disaster; how it may affect local population
- b) Help prevent serious disease outbreaks from food or water contamination
- c) In conjunction with health and environmental laboratories, monitor problems to determine health effects on the local population; propose remedial measures
- d) Monitor the direct effects of a toxic spill or a similar disaster
- e) Monitor the effects of secondary toxins released during a flood or fire; residual effects on food/ water/ local habitation
- f) Provide planning input re: building needs, food/water supplies, vector ctrl, waste disposal
- g) Monitor the reconstruction efforts to ensure prevailing health standards are met
- h) Carry out water purification measures, if required
- i) Provide regular health inspection of reception centres in operation
- j) Perform risk assessments to determine type/ extent/ impact of health hazards
- k) Perform ongoing environmental health functions re: vulnerable populations, rabies/ infection/communicable disease control, safe food/ water/air
- l) Liaise/advise on environmental health issues with Ministry of Labour, Ministry of Environment, CFIA, Ont. Ministry of Agriculture, Food and Rural Affairs, etc.
- m) Inspect population health and secondary hazards associated with population migration housing and feeding during evacuations or relocations.

Shift Rotations: No staff member should work more than 12 hours in one shift. Hold face-to-face briefings between outgoing and incoming personnel to cover

Personal Protective Equipment (PPE): and appropriate clothing is to shield or isolate individuals from the chemical, physical and biological hazards that may be encountered. PPE should be used in conjunction with other protective methods and its effectiveness should be evaluated regularly.

When selecting PPE consider:

- Identification of the hazards or suspected hazards
- Potential exposure routes (inhalation, skin absorption, etc.)
- Performance of PPE materials and its ability to provide a seamless barrier to these hazards.

PPE could include:

- Masks/respirators
- Gloves
- Gowns/suits
- Eye protections
- Foot covering, etc

MLHU personnel must wear appropriate PPE whenever they are near an emergency site. The appropriate PPE will be made available after the JOHSC and IMT come to an agreement and staff will be directed accordingly.

During the emergency, employees are to wear their ID badges and when appropriate, wear the white Health Unit Emergency Vest, white hard hat and use the magnetic MLHU car signs.

- Link
- 1. Program Mgmt
 - 2. Emergency Codes
 - 3. Communications
 - 4. Plan Exercises