BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

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Emergency Response Plan 2024

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Table of Contents

MIDDLESEX-LONDON HEALTH UNIT – 2024 Emergency Response Plan

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Record of Amendments

AMENDMENT NO.	DATE	DESCRIPTION OF REVISION	CHANGED BY

1.0 Introduction

1.1 Aim

The Middlesex-London Health Unit (MLHU) Emergency Response Plan (ERP) is the operational guideline for timely and effective organizational management and response to an emergency, disruption, or incident. The ERP intends to (a) protect the public health, safety, and wellbeing of clients of MLHU, the residents of Middlesex County and/or the City of London, and the staff of MLHU itself; and (b) ensure the maintenance and/or restoration of MLHU's functions and services.

This ERP is designed to be flexible and adaptable to any emergency or disruption that impacts the MLHU in whole or in part. For it to be operationally sound, all MLHU employees with identified emergency responsibilities (see Appendix A – MLHU Incident Management Team (IMT) Membership Roles and Contacts) must:

- Maintain familiarity with the ERP's contents and attachments,
- Contribute to the annual review of the ERP to ensure its contents remain current,
- Participate in scheduled emergency preparedness, response, and recovery training, and
- Participate in scheduled emergency drills and exercises as appropriate to their function as described in the ERP.

The ERP was adapted from the City of Hamilton Emergency Plan.

1.2 Authority

The legal authority for the ERP is detailed in the Health Protection and Promotion Act and corresponding Ministry of Health, Emergency Management Guideline, 2024 under the Ontario Public Health Standards (OPHS): Requirements for Programs, Services and Accountability.

Moreover, the ERP has been developed with consideration of broader legislative requirements for emergency management programs as outlined in the Emergency Management and Civil Protection Act.

1.3 Definitions and Relevant Terms

Business Continuity or Continuity of Operations Plan (COOP): a plan that guides an organization's internal response to an emergency to help ensure the delivery of time critical services.

Corrective Action Plan (CAP) - Action plans developed from the learnings of after-action debriefings for enhanced preparedness, response, and recovery.

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

Emergency - A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident, or an act whether intentional or otherwise.

Emergency Operations Centre (EOC) - A designated facility established by an agency or jurisdiction to centralize management and coordination of the agency or jurisdictional response and support to any emergency.

Emergency Management Guideline (EMG) -Within the Ontario Public Health Standards (OPHS), the EMG details the legislative requirements for public health units to develop their own public health emergency management programs that complement the municipal, provincial, and health sector emergency management programs (2024).

Emergency Reception Centre - Temporary emergency reception and/or lodging service for homeless, situationally vulnerable, or evacuated persons during any emergency.

Emergency Response Plan (ERP) - A set of documents, instructions, and procedures that enable the MLHU to respond to incidents, emergencies, disasters and/or threats in a controlled manner under the direction of the appropriately designated health officials and in cooperation with key external community partner agencies.

Emergency Site - The physical location or space occupied by any emergency event.

Health Hazards Identification and Risk Assessment (HIRA) - The process of identifying the nature and extent of risks from hazards within our community, including the causes and characteristics.

Incident Action Plan (IAP) - The document that contains response objectives, reflecting the overall strategy and specific tactical actions, and supporting information for each operational period. The plan may be oral or written. When written, the IAP may have several attachments (i.e., safety plan, communications plan, evacuation plan, map, etc.) An IAP can be modified as an emergency changes.

Incident Commander (IC) - The person at MLHU who coordinates and manages the overall response to the emergency.

Note: There may be an Incident Commander at another agency that leads the overall community response where MLHU is not the lead agency but supports an aspect of the emergency response depending on the nature of the emergency.

Incident Management System (IMS) - A standardized approach to emergency management encompassing personnel, facilities, equipment, procedures, and communications operating within a common organizational structure.

Incident Management Team (IMT) - The incident management team includes the incident leadership and those who work with them to manage the incident. They provide specialized knowledge, skills, and advice as needed. The roles and responsibilities of the IMT may be different from the regular workplace organizational structure.

Internal Mass Notification System (IMNS) - A method of alerting members of the Incident Management Team (IMT), any MLHU division, or MLHU staff, in whole or in part, to advise them of any emergency and to provide directions or issue orders.

Lower-Tier Municipalities - The inclusive corporations of the municipalities of Adelaide Metcalfe, Lucan Biddulph, Middlesex Centre, Newbury, North Middlesex, Southwest Middlesex, Strathroy-Caradoc, and Thames Centre.

Municipal Emergency Response Plan - An ERP prepared by the City of London, Middlesex-County, or any of the lower-tier municipalities.

Mutual Assistance Agreement - Written agreement between agencies and/or jurisdictions that describes how they will assist one another on request during any emergency by furnishing personnel, equipment, and/or expertise in a specified manner.

Ontario Public Health Standards (OPHS) - Published by the Minister of Health under the authority of Section 7 of the Health Protection and Promotion Act (HPPA) to specify the mandatory health programs and services for public health units (2021).

Operational Period (OP) - The period of time scheduled between IMT meetings for execution of a given set of operational actions as specified in the IAP. The length of time is varied but typically is no longer than 24 hours.

2.0 Emergency Response Plan Implementation

Emergency preparedness requires the ability to prevent, mitigate, respond, and recover from emergencies. In line with the Emergency Management Framework for Ontario, MLHU's Emergency Response Plan categorizes emergency management activities into the following four phases:

| Prevention / Mitigation | Plan Activation | Emergency Response | Termination / Recovery |

2.1 Prevention / Mitigation

It is imperative that all emergency management activities are informed by local needs and risks to build an effective program that protects the health and safety of the MLHU community. The MLHU completes this through:

- maintaining relationships that include collaborating and contributing to local Hazard Identification and Risk Assessment (HIRA) processes within the City of London and Middlesex County,
- where possible, utilizing local HIRA to inform specific sub-plans for emergencies likely to occur in our community, and
- completing ongoing surveillance of public health hazards and risks that may give rise to a public health emergency, with particular attention to impacts on priority populations.

2.2 Plan Activation

In an anticipated emergency, MLHU may activate an IMS structure to implement the ERP. This includes establishing the MLHU Incident Management Team (IMT), which may be assembled in whole or in part, dependent on the expertise and resources required at the time.

An emergency is declared when current programming cannot support the response needed. For more information about the MLHU IMT, see Appendix A: MLHU Incident Management Team (IMT) Roles & Contacts.

2.2.1 Authority to Activate this Plan

An urgent need to respond to a public health matter is different than a public health emergency. In an emergency, the ERP is activated when a hazard or risk impacts, or threatens to impact, the health, safety, and well-being of the Middlesex-London community and/or MLHU staff; and/or (b) additional resources and support beyond that which are available within the agency's regular organizational structure, or procedures are required.

The authority to identify the incident commander, activate the ERP and the associated IMT, occurs at the discretion of the Medical Officer of Health (MOH), Chief Executive Officer (CEO), Associate Medical Officer of Health (AMOH), or designate, based on the situation.

Some factors that impact the decision may include, but are not to:
- Nature of emergency
- Severity of emergency
- Impact on the Middlesex-London community
- Media attention
- Resources available to respond
- Anticipated duration of emergency
- Activation of City or County Emergency Operations Centre
- Provincial or Federal request
- Recommendation from Directors and Leaders
- Legislative requirements

Declaring an official emergency must be made by the **Mayor, Warden, or other senior elected official** in the community.

Consideration should be given to whether the Board of Health and/or the Ministry of Health should be notified in the event of a plan activation.

2.2.2 Procedure for Activation and Assembly

Continuum Approach

In a current or impending emergency, the ERP can be activated. An emergency is deemed when a situation constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property. The cause of an emergency may be a result of forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.

The ERP is activated at the discretion of the Incident Commander and can range from single site or small-scale public health emergencies of a short length (i.e., 6 to 24 hours), through to significant public health emergencies involving multiple sites or municipalities spanning a longer time-period (i.e., several days, weeks or months). An activation of the ERP is based on the determination that normal MLHU processes or resources required to deliver critical and essential public health services, are no longer sufficient, requiring the establishment of the IMT within the IMS for response. At this stage, the Business Continuity or Continuity of Operations Plan (COOP), Appendix C, can be enacted to help guide the organization's response with the goal to maintain the delivery of all other public health time critical services.

Relative to the situation, the Incident Commander determines the MLHU staff resources required to support the emergency response. The Incident Commander may also determine whether the IMT should be activated, in whole or in part. Should the IMT be activated, all members of the IMT deemed to be appropriate for the emergency, will be contacted by the Incident Commander (or designate) and instructed to assemble at a specific location to develop an initial Incident Action Plan (IAP). The IMT members may be contacted during business hours through normal telecommunications channels including e-mail or
telephone. For events occurring after hours requiring immediate response, the RAVE Mobile Safety may be used in line with the Internal Mass Notification System (IMNS) Policy (8-210). Where an activation of ERP requires the mobilization of additional human resources, refer to the After-Hours and Coverage Policy.

2.3 Emergency Response

For all emergencies, regardless of scale or complexity, the Incident Management System (IMS) structure requires the implementation of various management functions. These core functions include command, operations, planning, logistics, and finance/administration.
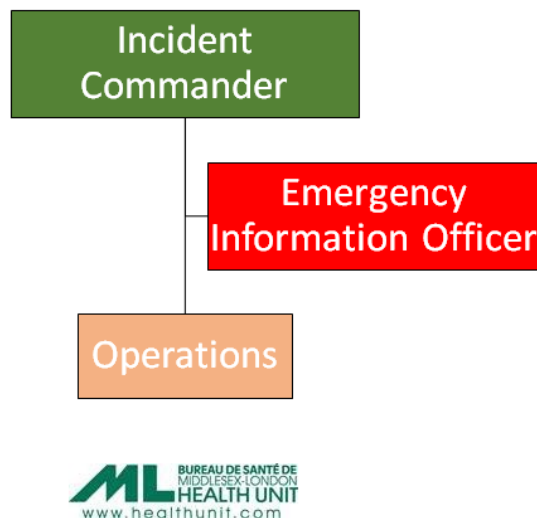
2.3.1 Incident Management Team (IMT)

At the MLHU, the Incident Management Team (IMT) would assume overall strategic direction and decision making for an emergency incident. The IMT utilizes IMS structures, which is the standardized structure and approach in emergency management across Ontario. Appendix D: Tools, Documentation and Resources outlines resources and tools for the IMT, needed to utilize IMS.

IMT Structure (IMS Organizational Chart)

Because emergency responses are meant to be scalable and flexible, the IMS structures can vary, and change frequently depending on the resources needed. Some situations lead to activation of the ERP partially or in full. In all scenarios, the Strategic Advisor – Emergency Management can consult about ERP activation. An example of a partial activation is a single site emergency or small-sized public health event impacting a small amount of people and typically requiring an emergency response expected to last less than 24 hours. Naturally, this situation requires fewer resources. A small-scale measles outbreak is an example; see Figure 1.

IMS Structure in a small-sized event

```
            Incident
            Commander
                │
                │       Emergency
                │       Information Officer
                │
            Operations
```

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Figure 1: IMS Structure requiring a small-scale response.

As the IMT is structured by the IMS, this again allows for a scalable and flexible emergency response. Consequently, the IMT structure will change relative to the emergency, with positions of command staff activated or deactivated as needed. A relative scenario is during a single site emergency or larger public health event that impacts a single municipality. More MLHU staff are required if the event response is expected to exceed a 24-hour period.

Cross-divisional support may also be necessary leading to the decision toward a partial or full activation of the ERP. In this situation, the following IMS structure may be used to support a medium-sized emergency response requiring additional positions of command, but still not a full activation of the ERP, as shown in Figure 2. An example of a medium-sized event would be in response to an outbreak of Disease of Public Health Significance (DOPHS) where several cases are reported but perhaps the acquisition is known.

IMS Structure in medium-sized event

Incident Commander

Liaison Officer

Safety Officer

Emergency Information Officer

Operations   Planning   Logistics

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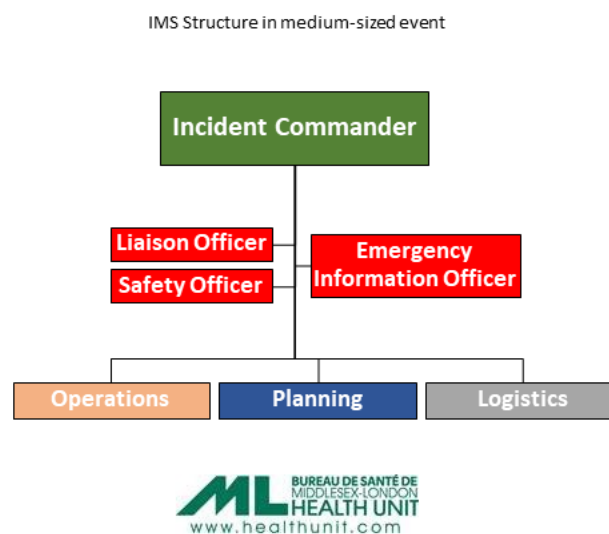
Figure 2: IMS Structure requiring a medium-scale response.

In the event of a major public health emergency, involving multiple sites within the City of London, Middlesex County, or multiple lower-tier municipalities, significant community impact is expected and may require orders to be issued (i.e., Section 22) by the Medical Officer of Health (MOH) or the Associate Medical Officer of Health (AMOH).

A disruption of this magnitude can last several days, requiring full activation of the IMT. Or alternatively, the MLHU could become a supporting partner of the City of London's Emergency Operations Centre (EOC) Policy Group or the County of Middlesex County Emergency Control Group (CECG), as outlined within the respective ERP's. As per the latter scenario, it will be determined if the MLHU's IMT is required or not to support other municipal efforts.

Figure 3 outlines the IMT organizational chart including all potential positions in the IMT, internal to the MLHU, that may be activated as required to respond to a large-sized emergency. Appendix A-MLHU Incident Management Team (IMT) Membership Roles and Contacts outlines the specific individuals that would assume the various positions. An example of a large-scale response would be in response to a pandemic with community-wide spread.
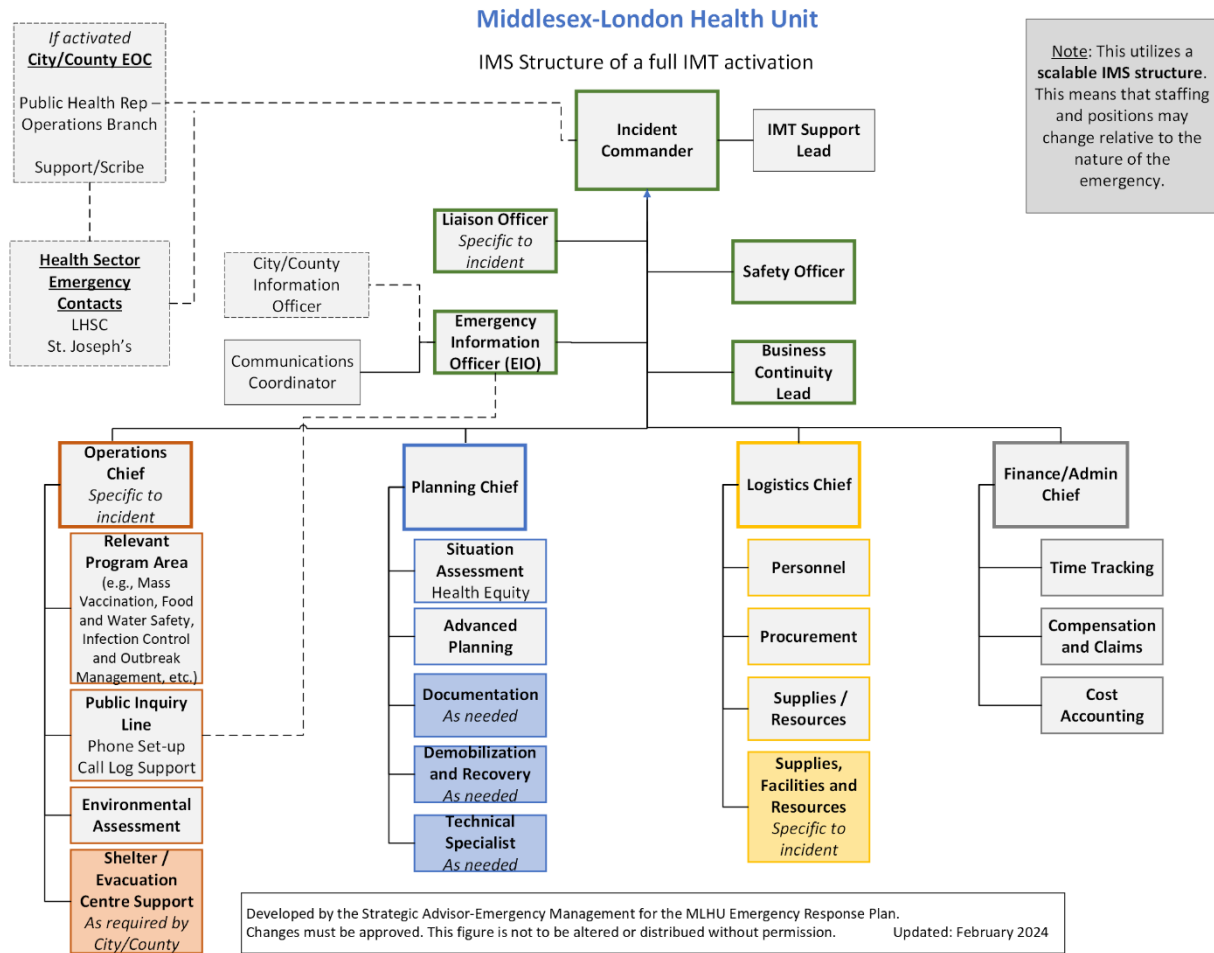

Figure 3: IMS Structure requiring a large-scale response.

IMS Roles and Responsibilities of the IMT

Generally, the roles and responsibilities of the IMT includes the following:

Function	Role
Command Staff	**Incident Commander** Leads and manages the overall public health response to the incident. Acts as the final decision maker for all response initiatives and objectives identified in the Incident Action Plan (IAP). **Safety Officer** Ensure safety of staff, clients, and visitors. Monitors and corrects hazardous conditions. Has authority to halt any operation that poses an immediate threat to life and health. **Emergency Information Officer** Serves as the conduit for information approved by the Incident Commander to internal and external stakeholders, including staff, clients, visitors, and the media. **Liaison Officer** Functions as the incident contact person in the IMT for representatives from other agencies and community groups that may be involved in the emergency response. **Business Continuity Lead** Provides overall direction for business continuity and maintenance of essential public health services while the MOH and other MLHU staff are deployed to emergency response.
Operations	Develops and implements strategy, tactics, and all other emergency operations to carry out the objectives established by the Incident Commander in the IAP.
Planning	Oversees the collecting, analyzing, and dissemination of information regarding the incident. Conducts planning meetings and prepares the IAP for review by the Incident Commander in collaboration with other sections.
Logistics	Organizes and directs operations associated with maintenance of the physical environment and with the provision of human resources, material, technology, equipment, and services, to support the incident activities. Participates in Incident Action Planning.
Finance and Administration	Monitors the use of financial assets and the accounting for financial expenditures. Supervises the documentation of expenditures and cost reimbursement activities.

2.3.2 Governance of the IMT

The Incident Management Team (IMT) functions within the operational structure of the MLHU. This means that despite the Incident Commander (IC) being the strategic decision-maker for the purposes of the emergency or disruption, the regular organizational reporting structure remains. As such, the governance of the IMT is relative to the position that assumes the IC position. For example, if the IC position is assumed by the AMOH, then the IC has accountability to the Medical Officer of Health (see Figure A). However, the IC position can be assumed by the MOH or Chief Executive Officer (CEO), depending on the scale, severity, or context for the emergency. In these situations, the IC role has direct accountability to the Board of Health (BOH), (see Figure B).
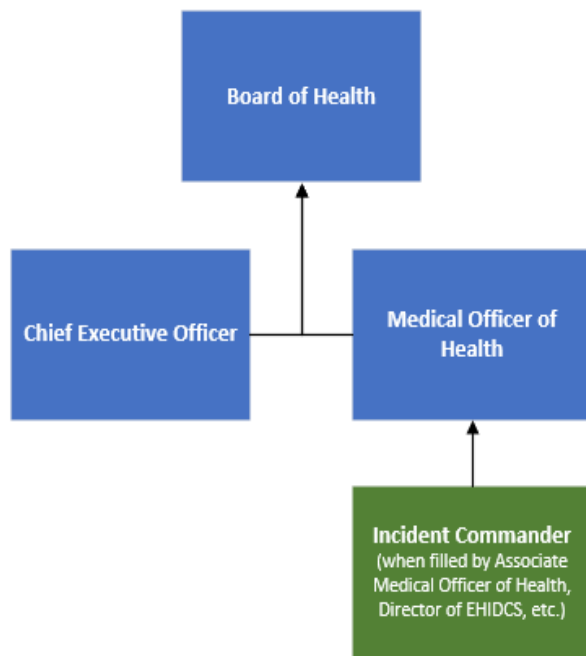
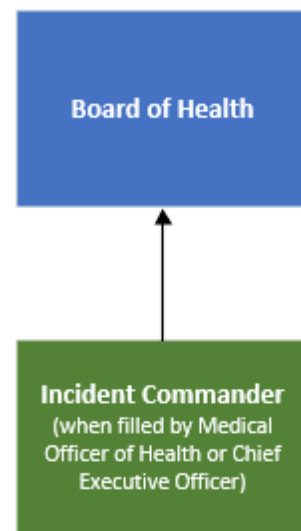Figure A: Governance Model for Incident Commander as MOH/CEO

Figure B: Governance Model for Incident Commander

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2.3.3 Emergency Operational Planning Cycle

The IMT can utilize the following planning cycle to support the IMT in operating in a unified manner. Appendix D: Tools, Documentation and Resources (i.e., forms, checklists, and templates), are available to support the implementation of the IMT Planning Cycle.
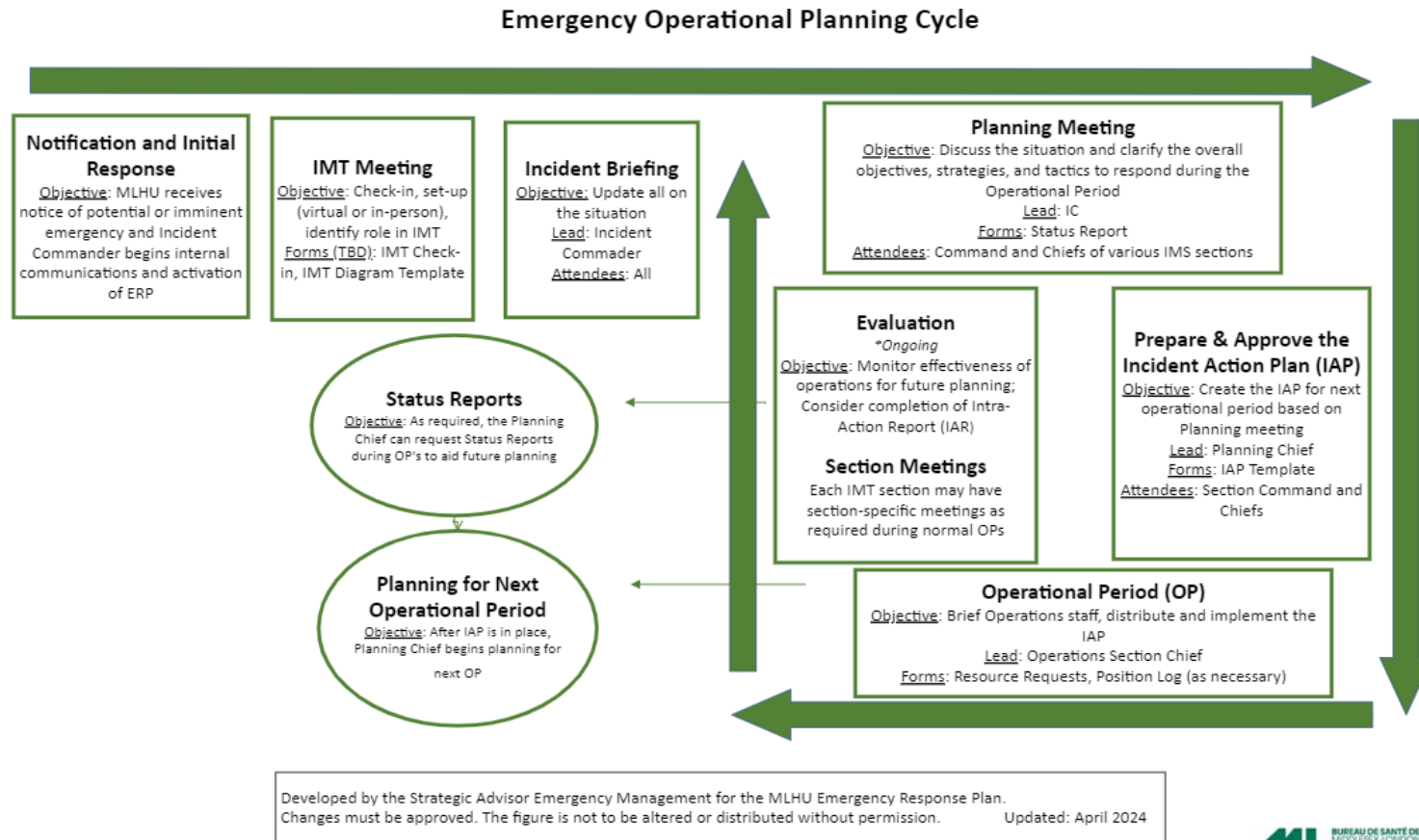
Emergency Operational Planning Cycle

Notification and Initial Response
Objective: MLHU receives notice of potential or imminent emergency and Incident Commander begins internal communications and activation of ERP

IMT Meeting
Objective: Check-in, set-up (virtual or in-person), identify role in IMT
Forms (TBD): IMT Check-in, IMT Diagram Template

Incident Briefing
Objective: Update all on the situation
Lead: Incident Commader
Attendees: All

Planning Meeting
Objective: Discuss the situation and clarify the overall objectives, strategies, and tactics to respond during the Operational Period
Lead: IC
Forms: Status Report
Attendees: Command and Chiefs of various IMS sections

Status Reports
Objective: As required, the Planning Chief can request Status Reports during OP's to aid future planning

Evaluation
*Ongoing
Objective: Monitor effectiveness of operations for future planning; Consider completion of Intra-Action Report (IAR)

Section Meetings
Each IMT section may have section-specific meetings as required during normal OPs

Prepare & Approve the Incident Action Plan (IAP)
Objective: Create the IAP for next operational period based on Planning meeting
Lead: Planning Chief
Forms: IAP Template
Attendees: Section Command and Chiefs

Planning for Next Operational Period
Objective: After IAP is in place, Planning Chief begins planning for next OP

Operational Period (OP)
Objective: Brief Operations staff, distribute and implement the IAP
Lead: Operations Section Chief
Forms: Resource Requests, Position Log (as necessary)

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Figure 4: Operational Planning Cycle for the IMT

2.3.4 Staff Deployments

As deemed necessary, MLHU staff may be deployed to support emergency response efforts, particularly within the Operations section. Leaders and staff should be prepared for these response efforts when requested. Staff may be expected to perform a wide variety of roles, including but not limited to:

- case investigation and contact tracing,
- conducting inspections at a site,
- immunization administration,
- administrative support,
- staffing a public inquiry line,
- staff and support the establishing of a Reception Centre (emergency shelter),
- provide technical guidance and advice,
- transport supplies to clinics or other locations, and
- financial cost tracking and operation adjustments (i.e., HR support in scheduling).

All MLHU staff support emergency response and recovery operations, but not all have direct response and recovery responsibilities. Those who are not deployed to the emergency response will continue to play a key role in ensuring continuity of operations for essential public health services (also known as "business continuity"). See Appendix C for the MLHU Continuity of Operations Plan (COOP).

During emergencies that occur outside of normal business hours, additional human resources may be required. The process for calling in staff is articulated in the After-Hours and Coverage Policy.

2.3.5 IMT Activation Meeting Locations

The IMT, upon activation, will assemble at **110-355 Wellington Street (Citi Plaza)** in the **Board Room**. The alternative location will be at **51 Front St (Shops on Sydenham)** in the **Board Room**. As necessary, the Incident Commander may also determine that IMT meetings be held virtually (via Microsoft Teams).

2.3.6 Safety Throughout the Response

It is imperative that MLHU maintains a level of care and concern for staff and clients alike during an incident, and throughout the emergency response.

Critical incident stress occurs in a stressful or traumatic situation that cannot be prevented. Support should be initiated within the organization after a traumatic event and can be instrumental during extended and acute phases of any response.

During an incident, the Safety Officer will be responsible for maintaining critical incident support, as necessary. This may include:

- The provision of counselling services (i.e., Employee and Family Assistance Program (EFAP) and workplace wellness programs) for staff who have witnessed, responded to, been victimized by, or otherwise experienced a traumatic event.

- The provision of education on available resources and self-protection and coping mechanisms.
- Arranging debriefings, formally or informally for affected persons and/or within divisions and/or for all staff, depending on the need or circumstances of the event.

2.4 Termination and Recovery

While coordinated and clear response activities are critical during an emergency, it is equally important to properly terminate and articulate procedures and processes for recovering from a state of emergency.

2.4.1 Procedure for Termination

The termination of the ERP and/or internal emergency may occur as deemed appropriate by the Incident Commander. The following communication activities should be considered once the decision has been made to terminate this Plan:

- The Incident Commander will notify members of the IMT in writing, along with the Board of Health and/or Ministry of Health if originally notified of activation.
- The community and staff may be advised of plan termination and/or that the emergency within MLHU has ended and should be distributed by the **Emergency Information Officer** in consultation with the Incident Commander.
- Any termination of an external (and formally declared) emergency must be made by the **Mayor, Warden, or other senior elected official** in the community.
- In provincially declared emergencies, the declaration and termination announcements are made by the **Premier or Deputy Premier** only.

2.4.2 Recovery Roles and Activities

As the emergency or incident concludes, the recovery phase focuses on actions taken to return the MLHU to its pre-emergency condition or to a state of new normal when full recovery is not possible. This includes the process of shutting down response strategies and demobilizing resources to return to business as normal (or a new normal) following any emergency or continuity of operations event.

The role of the IMT upon conclusion of any emergency or continuity of operations event is to set priorities, actions, and timelines for the return to normal business operations, as well as issuing targeted communications to clients, employees, the public at large, and the Board of Health. This could include:

- demobilizing response activities and moving employees back to normal responsibilities,
- returning workspaces usurped for a higher priority function to their normal function,
- moving tools and technology back to their home office or user if moved,
- expanding any functions that were consolidated functionally or geographically,
- reactivating any processes that were ceased or reduced,
- establishing plans to clear any backlogs or recover any lost data,
- providing any employee assistance that may be required to recover post event, and
- establishing a thorough communication strategy for return of services.

2.4.3 Hot Washes and After-Action Reports

Evaluating an emergency, or events leading up to an emergency, enhances MLHU's ongoing state of public health emergency preparedness. Activities like hot washes and after-action reports (AAR) are forms of evaluative actions taken to assess the lessons learned. These activities should be a positive learning process. These evaluations may be undertaken at the direction of the MOH, AMOH, CEO or designate, in consultation with the Strategy, Planning and Performance team.

Hot washes and debriefs are informal and high-level, capturing the strengths and weaknesses of the organizational response, while reflecting on learnings for future response and recovery efforts. The focus is typically on the management of the public health event and completed soon after the emergency has ended. For more information on completing a hot wash or debrief, see Conducting a Hot Wash or Debrief: Common Components for Public Health.

After-Action Reports (AAR) are formal qualitative reviews conducted after the end of an emergency response, usually after a hot wash and/or debrief, which identifies best practices, gaps, and lessons learned. An AAR aims to determine why things worked well or did not. These typically involve opportunities for feedback from stakeholders to identify shared experiences and ways to improve collaboration. Due to the more in-depth nature, they require more time after an event. For more information on completing an AAR, see Best Practices for Conducting In-and After-Action Reviews as part of Public Health Emergency Management.

Different types of evaluations have different resource requirements. Organizational capacity should be assessed when determining what type of evaluation will be conducted.

3.0 Communication and Coordination

3.1 24/7 Notification Procedures

The MLHU is legislatively required to maintain 24/7 notification protocols for communications in an emergency. As such, at any time the ERP is activated, appropriate and accurate information must be communicated to relevant individuals based on the type of emergency, including consideration of clients, staff, the public at large, the Board of Health, and other strategic partners. This information may include issuing action directives, responding to requests for information, and providing information to specific client or stakeholder groups.

Notification procedures and protocols are identified in the Internal Mass Notification System (IMNS) Policy (8-210) for **internal** communications. Broadly, this Policy governs the use of the RAVE Mobile Safety System at MLHU, managed by Emergency Management and Occupational Health and Safety, to notify MLHU staff and leaders in the event of any incident or emergency.

For **external** notification of any potential or imminent public health emergency, the Emergency Information Officer (EIO), often fulfilled by the Communications Manager role, will be responsible for issuing any media releases, social media posts, or other communications strategies as required, in consultation with the Incident Commander.

3.2 Coordination with Community Partners

The MLHU is an active member of our community's Emergency Management Program Committees (EMPC), led by our local municipalities (Middlesex County and City of London). This is where both health and non-health sector agencies gather to conduct ongoing, collaborative, and coordinated emergency planning and preparedness activities for our region.

Memberships include:
- City of London: Emergency Operations Centre (EOC) Policy Group
  - London Police
  - London Fire Department
  - Middlesex-London Paramedic Service (MLPS)
  - London Health Sciences Centre (LHSC)
  - St. Joseph's Healthcare – London (SJHC)
  - London Hydro
  - London Transit Commission (LTC)
  - City of London Emergency Management representatives
- Middlesex County: County Emergency Control Groups (CECG)
  - Various emergency management leads across the lower-tier municipalities, such as Mayors, Deputy Mayors, Councillors, Police and Fire Chiefs, and Public Works.
  - Health sector partners include representation from MLPS, and occasionally, Middlesex Hospital Alliance.
  - Middlesex County's Community Emergency Management Coordinator (CEMC)

The membership of the EMPC's will be reviewed annually in collaboration with MLHU's municipal partners.

Note: With support of MLHU's Health Equity and Reconciliation Team (HEART), there is ongoing work on documenting and supporting emergency response as required within the Indigenous communities in our region.

Agency responses to an emergency or incident can vary depending on the nature and complexity of the event. The lead organization of the emergency response would encompass the Incident Commander (IC) position with General Staff for the organizational structure. An IC can be transferred to another organization where the type or scale of the incident has expanded authority or training of the person in place. As an incident becomes larger and more complex, a supporting organization can be asked to join the organization leading the response to become part of a Unity of Command, reporting to the IC with decisions made jointly by two or more jurisdictions.

A partner organization's participation can also support the IC through activation of their Emergency Control Group (ECG), being the IMT for the MLHU. For specific emergencies, the MLHU's role varies depending on the most appropriate agency to lead the response. Some situations will require the MLHU to lead the response, where other circumstances will require municipal organizations to be the primary lead, with MLHU as a supporting partner.   See Table 1 outlining MLHU's typical primary lead role versus supporting partner role.

Emergency / Incident	MLHU Role	
	Lead Organization in Response	Supporting Partner in Municipal Response
Bioterrorism		✓
Bomb Threat		✓
Chemical • Spill, Explosion		✓
Communicable Disease • Outbreak, Epidemic, Pandemic	✓	
Food • Recall, Contamination	✓	
Industrial • Spill, Explosion, Contamination		✓
Nuclear		✓
Power / Infrastructure • Failure (including telecommunications, and cyberattack)		✓
Radiological		✓
Transportation • Train Derailment, Airplane Crash • Multi-vehicle Collision		✓
Water • Sanitary system failure or breakdown • Contamination	✓	
Weather / Nature • Floods, Winter Storms, Tornadoes • Extreme Temperature (Hot, Cold)***** • Air Quality*****		✓
Other		✓

Table 1: Lead roles identified for specific emergencies.
*MLHU has the expertise for an enhanced supportive role, having specific topic protocols and for public health education.

3.3 Relationship to Other Plans

3.3.1 INTERNAL

The MLHU has other internal plans that provide additional direction for specific emergencies and disruptions, in which MLHU is more likely to be the lead organization in the response.

These plans must align to the general roles, responsibilities, and processes detailed in the ERP, and include:

- Continuity of Operations Plan (not yet started) (See Appendix C)
- Labour Disruption Plan (Some previous document) (See Appendix E)
- Pandemic Plan (not yet started) (See Appendix F)
- Mass Vaccination Plan (not yet started) (See Appendix G)

The Emergency Management program will also maintain a list of associated policies, procedures, and/or protocols that exist and are managed by teams responsible for those programs that describe MLHU's responses to specific public health scenarios or risks. In most instances, the MLHU's response to these risks does not constitute an emergency and does not require the activation of the ERP. However, in instances when the response to these risks requires additional resources and support beyond that which are available within the agency's regular organizational structure or procedures, the ERP will be activated, and these plans will be critical to informing the Incident Action Plan (IAP).

These include:

Plan, Procedure, or Protocol	MLHU Team Responsible
Facility / Infrastructure Failure Plan	Procurement & Facilities/Information Technology
Waterborne Illness Outbreak Response Procedure	Safe Water, Tobacco Enforcement and Vector Borne Disease
Respiratory Season Plan (*to be reviewed annually by the MLHU Respiratory Season Planning Workgroup*)	Infectious Disease Control
Case and Contact Management Protocol	
Outbreak Management Protocol	
Food Recall Procedure	Food Safety and Health Hazards
Foodborne Illness Outbreak Response Procedure	
Extreme Temperature Protocol	
Air Quality Protocol	
Extreme Weather Protocol	

There are other relevant policies that are closely aligned with the Emergency Response Plan, including:

- After-Hours Service and Coverage Policy (*under development*).

3.3.2 EXTERNAL: Municipalities
*CURRENTLY UNDER REVIEW WITH PARTNERS

The MLHU is required to provide ongoing support and advice to municipal partners on all emergency-related health matters, as well as participate in collaborative planning and preparedness activities.

Specific responsibilities as assigned to MHLU through the MOH or AMOH by the municipalities through their respective ERP's are described below.

MIDDLESEX-LONDON HEALTH UNIT – 2024 Emergency Response Plan

3.3.3 EXTERNAL: Hospitals and Primary Care
*CURRENTLY UNDER REVIEW WITH PARTNERS

While MLHU plays a critical role in supporting the health system's response to emergencies, further efforts are required to formalize this coordination.

3.3.4 EXTERNAL: Indigenous Communities

Work is underway with the MLHU's Health Equity and Reconciliation Team (HEART) to consider how MLHU can support emergency planning and preparedness with our local Indigenous community partners.

3.3.5 EXTERNAL: Conservation Authorities

Conservation Authorities within the Middlesex-London region include the Ausable-Bayfield Conservation Authority (ABCA) and the Upper Thames River Conservation Authority (UTRCA). MLHU has no specific responsibilities in the event of a flooding emergency but will support any emergency response as required and maintain awareness of flood alerts and warnings.

4.0 Maintenance and Testing

4.1 Exercising the Plan

It is the responsibility of the Strategic Advisor – Emergency Management (SA-EM) to test this plan in collaboration with the Senior Leadership Team, either in whole or in part, in compliance with the OPHS (2021) and associated MOH Emergency Management Guideline.

Testing of the ERP normally occurs annually by completing an exercise involving the participation of the members of the IMT. Broadly, the SA-EM will prepare:

1. A discussion-based exercise (e.g., tabletop) to familiarize participants with current plans, policies, and procedures, as well as to develop new plans, or
2. An operations shadow-based exercise to validate plans, policies, and procedures and identify resource gaps.

Upon completion of the exercise, an evaluation, and an after-action report (AAR), including a corrective action plan (CAP), to identify shortfalls and necessary corrective actions will be completed to continuously improve the ERP and MLHU's overall emergency preparedness.

4.2 Staff Training

The SA-EM will maintain a current list of the IMT roles and contacts, see Appendix A, including training achievements. The SA-EM is required to facilitate training opportunities for staff based on the training courses available, role within the IMT structure, need for refresher learning, and based on Public Health Competency requirements related to the COOP, outlined in Appendix A: A1 MLHU Emergency Management Training Program. Dayforce software will be used to track and inform staff regarding required training.

4.3 Review and Amendment

The SA-EM within the Public Health Foundations (PHF) Division is responsible for maintaining the ERP and facilitating all revisions and any amendments, annually or as required. The SA-EM is supported in this task by the members of the Management Leadership Team (MLT), acting as the emergency preparedness designates (program delivery subject matter experts) from each Division. Any revisions to the ERP will be reflected in the Record of Amendments (Page 2).