

Emergency Preparedness Planner

A Newsletter for the Health Sector

Emergency Management Unit, Ministry of Health and Long-Term Care

March 2009



Emergency Preparedness: Spring Dispatches!

Spring is here, and our thoughts are turning to ... stockpiling.

Ontario has learned first-hand how important it is to make sure that our health service providers have access to personal protective equipment and infection control supplies to keep them safe during an infectious disease outbreak or other emergency situation. The ministry has been working hard over the past two years to make sure that a 4-week provincial health emergency stockpile is in place, and we want to take this opportunity to remind you of the importance of building your own stockpile. While the financial and logistical demands of building a stockpile are challenging, it's only through sharing responsibility that we can ensure that we're prepared. In this month's issue of the Planner, we're pleased to bring you news of an initiative that may help you with your own stockpiling challenges.

We're also pleased to offer you an update on emergency management support at the new Ontario Agency for Health Protection and Promotion, plus a wealth of information on local activities - from a feature on the role of Community Care Access Centres in an emergency to some sophisticated cross-border relationship-building in Niagara region. And, as always, if you have stories or interesting events you'd like to share, please contact us at emergencymanagement.moh@ontario.ca - maybe your news will be the next Planner feature!

Wishing you all a safe and healthy spring –

~ Allison J. Stuart, A/Assistant Deputy Minister, Public Health Division

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**Personal
Protective
Equipment in the
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New Support for Local Health Emergency Stockpiles

In an influenza pandemic – or other widespread infectious disease emergency - demand for personal protective equipment (PPE) and infection control supplies will be high worldwide, and traditional supply chains may well break down. Stockpiles of these vital supplies are an important part of our preparedness for such events. For example, the Ontario Health Plan for an Influenza Pandemic (OHPIP) recommends that health care settings and providers maintain a 4-week stockpile of these supplies – enough to cover half of a potential 8-week first wave of an influenza pandemic – and committed the Ministry to putting in place an additional four-week stockpile for the remainder of the first wave.

The ministry has been working over the past two years to build the provincial health emergency stockpile. Now we are launching an incentive program that will help the rest of the health care sector build theirs!

Pricing agreements for PPE and other emergency supplies have been established with the vendors who supplied the provincial stockpile. Organizations in the health and broader public sector (BPS) can now access these agreements, specifically to build their own emergency stockpiles. Available supplies include general infection control supplies and PPE such as gowns, gloves and respiratory protection (including N95 respirators).

While use of these vendors is optional, the highly competitive pricing offered through these agreements can offer a significant advantage for healthcare facilities who may have struggled with completing their stockpiles. A process has been developed to access these agreements, and to ensure that the important terms and conditions established by the vendors and the ministry are respected. Full information on this process is available on the EMU website at: <http://www.health.gov.on.ca/emergencystockpiling>

An effective response to a pandemic requires a comprehensive coordinated effort. We can't manage the challenges of emergency stockpiling without working together, and it is through partnerships and shared efforts such as these that we continue to enhance Ontario's health system readiness! If you have questions about this initiative, please contact: emergencystockpiling.moh@ontario.ca

Useful Online Resources

Ontario Hospital Association (OHA) members can now access the **OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals**.

This toolkit provides practical strategies and tools to support hospital planning, addressing everything from hazard identification and risk assessment to the Incident Management System to information on plan development, exercises, and evaluation.

For more information, visit the OHA website at https://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/page/Emergency+Management+Toolkit

Update on the Agency

What part will the Ontario Agency for Health Protection and Promotion play in an emergency? The Agency's Implementation Task Force Report "From Vision to Action" identified a number of roles that will help support the emergency management structures already in place in Ontario:

- Providing scientific advice and technical expertise before, during, and after an emergency
- Identifying trends and unusual occurrences, modeling of risk analysis and health threats based on surveillance activities
- Conducting research into the science of emergency management to augment best practices
- Expanding provincial capacity in modeling related to outbreak response planning
- Providing field support capacity as required in emergency and exigent circumstances

The OAHPP is now growing the infrastructure that will support such functions. An Agency Emergency Operations Centre (EOC) is under construction, and the Incident Management System (IMS) is being implemented Agency-wide. The EOC will be operational in the late spring, and in addition to its role in an emergency will serve multiple purposes throughout the year.

These developments will support business continuity, streamline surge capacity in the Public Health Laboratories, and enhance the Agency's ability to access data and expert advice. It will also help integrate the OAHPP's response to public health emergencies with the Ministry, public health units and other stakeholders. We all look forward to continued collaboration in planning for and responding to health emergencies!

Community Care Access Centres: on the Frontlines in an Emergency!

It's the middle of winter, and the power goes out in your community. How do you make sure that people who are bedridden or on life support at home are safe?

There's a major outbreak, and your local hospitals need to free up beds as quickly as possible – how do you expedite the discharge process and make sure people get the care they need in other settings?

There's a flood, and a large group of people is evacuated into your community, away from their usual supports and care-givers. How do you provide vulnerable evacuees with the health services they need?

These are all challenges that your local Community Care Access Centre (CCAC) might face. Ontario's CCACs – and their contracted service providers - play a vital and complex role in emergency preparedness, something that Ontario has had plenty of opportunity to learn over the past two years.

"One challenge is that not everyone is aware of what we do on a regular basis, let alone in an emergency," commented Tara Tyson, a Senior Manager at the Toronto CCAC (TOCCAC). CCACs have diverse clients and programs, large geographic areas to deal with, and multiple points of referral to their services - their emergency response capacity needs to be fast and flexible.

"Our role may be completely different in different kinds of emergencies. What we do in a blackout – where we need to ensure clients' immediate safety - may be very different from a situation like a pandemic, where we'd look at mitigating the demand on hospitals through discharge planning and supporting care in the home. Once we know what we're facing in a given emergency, then we need to identify who the clients most at risk are and move quickly to ensure they're OK," says Tyson.

Geography is always an issue for CCACs in their planning, from coping with the density and sheer numbers of somewhere like Toronto to the challenges of distance in the north. Two very different CCACs have shared their experiences with us.

On January 15, 2009, a transformer station flooded and a large portion of western Toronto lost power. Tens of thousands of people were affected by the blackout, and almost 4,000 of them were TOCCAC clients. As the city struggled to restore power, TOCCAC worked with their contracted service providers and contacted every one of those 4,000 clients by phone or in person to make sure they were safe. "We'd set up transportation to the warming centres, but many clients didn't want to leave their homes. That meant we had to be in constant contact with them throughout the event to make sure they had what they needed." TOCCAC also worked to minimize impact on hospitals by finding other solutions for clients who were unable to stay in their homes. This included partners like Castlerview-Wychwood Long Term Care Home, which provided a space that could quickly receive clients and help with care while they were there. "There was a real outpouring of effort from our staff, service providers, and partners like Castlerview-Wychwood - I can't say enough about how helpful they were," comments Tyson.

In April 2008, severe flooding in the north caused the evacuation of a site of the James Bay Hospital and the surrounding First Nations communities. In the midst of rapidly changing weather, the North East CCAC (NECCAC) worked to help place fragile individuals in Long-Term Care Homes and make sure that vulnerable individuals in the evacuation centres were connected to care in all of the host communities. This wide-spread effort required a multi-pronged approach including the CCAC itself, the NE LHIN, service provider agency partners, and the rest of the health care sector and emergency responders.

"Continuous communication was key," reports Cathy Barnhart, a Senior Manager at NECCAC, "it was vital to keep everyone in the loop. With the kinds of distances we deal with, we're used to using available technology to meet the challenge of our geography – and our links with our community partners are very strong."

Following these experiences, what do these CCACs recommend to others for their emergency planning? See the tips above! For more information, contact Cathy Barnhart at cathy.barnhart@ne.ccac-ont.ca or Tara Tyson at tara.tyson@toronto.ccac-ont.ca.

Some Planning Tips

- Keep your business continuity and emergency response plans flexible and up to date; with any new program you take on, consider the impact of an emergency.
- Make sure links are in place – with the municipalities in your region as well as health care.
- Plan for how to coordinate and sustain your response – e.g. the in the blackout, the TOCCAC put one group of staff on maintaining their regular business, while a separate group concentrated on the emergency response.

Local Profile: Niagara Region Cross-Border Planning

In the January edition of the *Emergency Preparedness Planner*, we featured some of the exciting cross-border initiatives occurring in Ontario. Niagara Region in particular has been engaged in cross-border planning for a number of years, and has first-hand experience in building strong relationships between Ontario and our American partners.

One notable piece of their cross-border work has been establishing links with the Western New York Public Health Alliance (WNYPHA), a consortium of 8 Western New York County Health Departments. This alliance, formed in 1992, addresses a wide range of public health issues, including bioterrorism and health emergency preparedness. One of WNYPHA's most significant projects was the 2002 creation of the Western New York Regional Office of Public Health Emergency Preparedness. Through this initiative WNYPHA has been able to provide coordinated planning, training and exercises, and Niagara Region has been working beside them.

A July 2004 cross-border infectious diseases emergency planning session, organized by Niagara Region Public Health (NRPH), helped identify the need for an initiative like the one that eventually became the Great Lakes Border Health Initiative, featured in the January edition of the *Planner*.

In 2007, Niagara Region participated in a New York State pandemic exercise with WNYPHA, assisting in the development of the scenario and playing alongside the Western New York players. As the exercise played out in each jurisdiction simultaneously, designated staff from Niagara Region Public Health and Western New York County Health Departments relayed decisions and information through established communication points.

And the coordination didn't stop there. NRPH also sought Western New York's input into the provincial mass immunization exercise held in November 2007, and welcomed WNY observers. WNY participated in Niagara Region's emergency planning review with the Niagara Hospitals, and were consulted during the development of Niagara's pandemic planning strategy. In addition, the two jurisdictions are currently planning a Chemical, Biological, Radiological, Nuclear cross-border exercise involving a border crossing which will have roles for both groups as well as other agencies such as police, emergency medical services and other departments.

Recognizing the necessity and importance of sharing resources and manpower in times of disaster, Niagara Region – under the auspices of the Canadian Consul-General's Office in Buffalo - and counties of Erie and Niagara in the State of New York have established the *Cross Border Contingency Plan*. This plan provides a framework to support a full and effective emergency response and best utilization of critical resources for the safety and welfare of the population.

Niagara Region Public Health is continuing to develop their cross-border emergency plan, as well as a public health annex dealing with cross-border issues such as pandemic planning, vector-borne disease, infectious disease monitoring and surveillance. Progress in these initiatives has been enhanced by development of a long-standing relationship which has included information sharing on infectious disease outbreaks and epidemiological data. These partnerships are a good reminder to us all of how important establishing such relationships can be in ensuring the health and safety of both ourselves and our neighbours.

For more information on cross-border activities occurring in Niagara Region contact: Dr. Doug Sider, Associate Medical Officer of Health, Niagara Region Public Health at doug.sider@niagara.ca.

Important Dates

From **May 3 to May 9, 2009**, Emergency Preparedness Week will be celebrated across Canada. Health professionals have an important role to play in emergency preparedness and protecting both our own and the public's health and safety, and EP week is always a good opportunity to raise awareness.

To support you in promoting emergency preparedness week, the EMU is developing a variety of online resources that can be used in Ontario's health sector. These resources will include template articles for newsletters, personal preparedness tip sheets, event ideas for endorsing the week, and much, much more.

The materials will be available in early April - please take a moment to visit the ministry's "What's New" section at: www.health.gov.on.ca/emergency to access them. You may also wish to visit Public Safety Canada's Emergency Preparedness Week website at www.epweek.ca.

Good luck with your planning!