Emergency Preparedness Planner

A Newsletter for the Health System

Emergency Management Branch, Ministry of Health and Long-Term Care October 2010

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Welcome Back to the Emergency Preparedness Planner!

The Planner was on hiatus during the pandemic (H1N1) 2009 (pH1N1) response period and the months following when reviews were underway, but after a very busy 18 months, we're beginning publication again.

You'll notice some changes. We're moving from a monthly newsletter to a schedule of five issues a year. The issues you do see will be longer. And you might notice that we've had a makeover - in compliance with the Accessibility for Ontarians with Disabilities Act, a new format has been developed to be more accessible for those who use assistive devices like screen readers. The Accessibility for Ontarians with Disabilities Act became law on June 13, 2005, and standards have since been under development. The first standard - for customer service - is now law, and other standards will be phased in over time. We encourage you to consider what these standards mean for your emergency preparedness programs. Also, for the first time, a French edition of the Planner will be available.

In this first issue of the new Planner, we'll update you on some of the activities that have been occupying the health sector since the last Planner. We'll touch on the health emergency preparedness aspects of the G8 and G20 summits. (continued on page 2)

Ontario

You'll read about our role in the isotope supply disruptions Ontario only recently ceased to experience. We'll alert you to some changes to our website, and other events or opportunities that may be upcoming. And we will, of course, talk about pH1N1.

It has been a long and eventful time for all of us in the health sector. All the hard work we have done since SARS was put to the test as the 21st century's first pandemic emerged, and challenged many of our assumptions. Overall Ontario was able to adapt and build on existing planning to launch a measured and effective response. Detailed guidance was issued, the course of the pandemic was tracked in multiple ways, measures were taken to accommodate demands on assessment and primary care providers, large-scale immunizations were delivered, and the province's stockpile of antivirals and supplies and equipment were distributed to support demand.

Not everything went as smoothly as we would have wished, and we have certainly heard from those of you who disagreed with our guidance documents, debated our policies, and were dissatisfied with some of the solutions developed. But what no one can debate is the tremendous hard work and expertise of Ontario's health care providers and planners. On behalf of the government of Ontario – and, I'm certain, its citizens – we thank you. Soon we will be sharing with you our lessons learned in a document to be found on our website: http://www.health.gov.on.ca/. Read more below.

Last but not least we want to invite you to contribute to the Planner. Do you have an event or initiative you'd like to feature? Do you have an idea for an article you think would be of interest to your colleagues? Please contact us at emergencymanagement.moh@ontario.ca and let us know. We are also inviting photo submissions. Send us photos from your events, exercises and responses, and we will choose one to feature in each issue. We look forward to hearing from you!

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

Health Planning for the G8 & G20 Summits

This past summer Ontario was the site of the largest security event in Canadian history: the back-to-back hosting of the G8 Summit in Huntsville (June 25–26) and the G20 Summit in Toronto (June 26–27). Canada was the first country to hold both the G8 and G20 summits on the same weekend, let alone in two different regions with such different needs.

While the summits were not primarily

health events, large gatherings of this kind do have implications for the health system. The influx of large numbers of people – such as dignitaries and their entourages, security personnel, and protesters – bring challenges to system capacity. Security measures and traffic disruptions affect patient transport and travel for home care and other community support providers. International participants, crowds, and summer weather conditions require public health efforts in everything from disease surveillance to food safety to extreme heat planning. And with high-profile, political events such as these, the potential for protest activities requires some unusual health sector planning – which in this case proved particularly important for the Toronto hospitals on University Avenue.

To be prepared for these possible impacts, a range of planning was needed to ensure the continuity of regular services, sufficient capacity to cope with any increases in demand, coordination with security planning, and preparedness to respond to any extraordinary events.

The Ministry's Emergency Health Services Branch (EHSB) worked with the federal and provincial security planners and summit agencies to develop temporary clinics to address the health needs of dignitaries, security personnel, persons living in the summit security zones, and protesters taken into custody.

The Ministry's Emergency Management Branch worked more broadly with the health care sector to make sure that the system was informed and prepared. For the G8, where there was limited experience with large security events, the ministry worked with the North Simcoe Muskoka LHIN and directly with a wide range of health care providers throughout the region, putting in place a committee structure that supported planning in all parts of the health care system, from hospitals to laboratory services to disease surveillance to community mental health. This first stage of the process began as early as February 2009.

For the G20, given more compressed timelines and existing expertise with large gatherings, the Ministry supported the Toronto Central LHIN in taking on a lead role and leveraging planning networks that had been developed through pH1N1 and other events. The feedback on both planning structures has been positive, and they provide examples of different ways that planning can work in very different settings, as well as novel roles for LHINs in emergency management, a topic that has been much discussed in the last year with pH1N1.

Then, after more than 18 months of planning, the summit weekend was upon us, and we got to see the value of all that preparation. The Ministry Emergency Operations Centre (MEOC) was fully activated from June 24 to June 27, running a daily health communications cycle that kept the two locations and the various parts of the health system informed of any emerging challenges. The province's Emergency Medical Assistance Team carried out a pre-planned deployment

to Huntsville to provide additional critical care capacity if needed. The temporary clinics developed by EHSB with the Sunnybrook-Osler Centre for Prehospital Care successfully diverted several hundred people from the local health care system. Effective Public Health links meant that small clusters of gastrointestinal illness among security personnel in both Huntsville and Toronto were quickly investigated and contained. While things were relatively smooth on the Summit front in Simcoe-Muskoka, an unexpected tornado took place in Midland, which impacted the Georgian Bay General Hospital, leaving it reliant on its generator for power for an extended period of time. Ambulance services, the CCAC and community mental health services in the area also experienced an impact. The connections and contingency plans put in place for the G8 proved to be useful in the response to this unexpected emergency situation as well.

Bev McFarlane, Chief Nursing Officer and Senior Director, Patient Care/Clinical Services at Muskoka Algonquin Healthcare (which includes the Huntsville District Memorial Hospital), as well as Chair of the G8 Acute Care subcommittee, noted, "Perhaps one of the best things to come out of the G8 preparation in Muskoka was the opportunity to collaborate with a variety of North Simcoe Muskoka and provincial organizations. For Muskoka Algonquin Healthcare, the legacy of this event is a deep understanding of the importance of emergency preparedness preparation and the crucial role that communication plays both in planning for and dealing with extraordinary situations."

And anyone who was watching the news that weekend is aware of some of the impacts on the University Avenue hospitals in Toronto. With the Designated Protest Zone in Queen's Park North, the U.S. Consulate further down University, and the contentious security barrier south in the financial district, the University Avenue hospitals found themselves in the midst of much protest activity. Quite a lot of planning had focused on this possibility, so when confrontations between protesters and police escalated, the hospitals activated their plans for a state of limited lockdown - restricting public access, closing University Avenue entrances, and standing ready to shut down their ventilation systems if the word came that tear gas had been released nearby. The hospitals in both Toronto and the Simcoe-Muskoka region had also undertaken training to refresh their CBRN decontamination processes, so that they were ready to safely respond to any patients with tear gas or other substances who presented at their emergency departments, although luckily this capacity was not called upon during this event.

The hospitals were also impacted by the shut-down of the subways on the Saturday, which posed some challenges at shift-change. Luckily there was a break in the activities around the hospitals, which allowed staff to get in and out, but the lessons learned from this experience will certainly be reflected in future planning. "We had staff walk from Dupont station

or even farther away to get to work on University Avenue," said one representative of the Toronto Hospital Emergency Preparedness Committee. "It's just a measure of how devoted our staff are."

Toronto Central LHIN also commented on the commitment and dedication that was demonstrated. "We would like to thank all of the health service providers and stakeholders who stepped up during the G20 to ensure health care services were there for people who need them. By planning together and embracing the power of information technology, we were able to keep people safe and well throughout the Summit."

Overall the health planning can be considered a success. The health system continued to deliver the vital services it provides, and there were no major delays or disruptions, thanks in large part to the planning that took place. With the 2015 Pan Am games in Ontario's future, these experiences will serve us well in our upcoming planning for this event.

This article has touched briefly on much of the planning that was done, but below is some additional information on aspects of the planning you may not have considered.

CBRNE Decontamination Training with the Simcoe-Muskoka Hospitals – a Fruitful Collaboration

An exciting legacy of this planning comes through a provincial collaboration with the Public Heath Agency of Canada's Office of Emergency Response Service's (OERS) Training and Exercises section. The Emergency Management Branch reached out to their federal health colleagues for support in G8 planning, particularly in the area of hospital CBRN decontamination training. The OERS team responded with the development of a pilot program that included:

- identification of existing online resources (see the Upcoming Training and Exercises section on page 11 for links to these);
- hands-on training, developed with the support of hospital representatives and carried out in partnership with Muskoka Algonquin Healthcare, Orillia Soldiers' Memorial Hospital, and Royal Victoria Hospital in Barrie, and
- Opportunities for both a table-top and full-scale decontamination exercise in Huntsville

It's hoped that this collaboration will serve as the basis for materials that can be made available right across the country for other events in future.

Public Health Laboratory Planning for the Summits

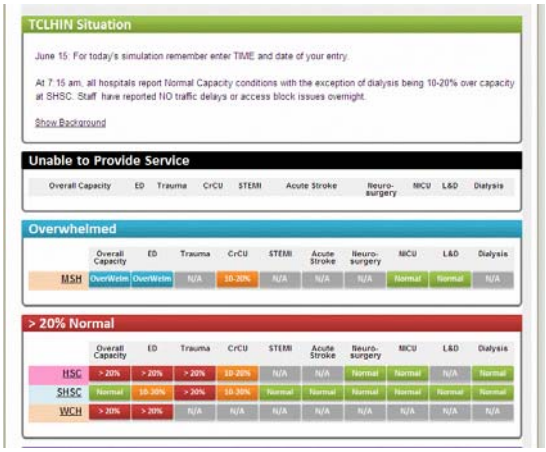
One scenario that must be considered in any event with a high political profile is suspicious packages. As part of their planning for the summits, the Ontario Agency for Health Protection and

Promotion (OAHPP) Public Health Laboratories worked closely with federal, provincial and community policing partners and the federal bio-response team on planning regarding the submission of suspicious packages to OAHPP laboratories for testing. The goal of this planning was to ensure clear roles and responsibilities when submitting suspicious packages. Updated guidance to submitting suspicious packages is available from the labs on a routine basis as well - to view it, please visit the OAHPP's Suspicious Packages/Material for the Investigation of Agents of Bioterrorism Guide

Picture: See the Huntsville Memorial District staff hard at work on their decontamination exercise.

Harnessing Information Technology for Coordination

As part of their coordination role, the Toronto Central LHIN and their IT staff developed an online “dashboard” which allowed not only sharing of planning materials but also real-time status and capacity updates during the response. This tool received tremendous positive feedback, and evaluation is underway as to whether it could be applicable for other events.



Continuity of Operations During the G20

The location of the G20 also raised some interesting continuity of operations questions for other health agencies located near University Avenue. The Emergency Preparedness Planner contacted the Toronto Central Community Care Access (TC CCAC) centre - whose main office is on Dundas Street just west of University – to find out how they handled this challenge. A TC CCAC representative provided us with the following update:

Our Agency connects individuals to quality community-based health care and resources daily. When we learned of the significant impact the G20 Summit was expected to have on the downtown core, we took the opportunity to complete a full-scale test of our emergency preparedness plans. We planned and implemented the relocation of all essential CCAC services - including the call centre, long-term care placement and service ordering - from our downtown main office to our three community offices across the city for a full two weeks leading up to and during the G20. Each community office was provided with the appropriate supplies and equipment to support these services. We certainly learned from this planned temporary relocation, and will be taking the opportunity to update and modify our existing plans for future emergencies."

The Public Health Agency of Canada, Ontario and Nunavut Region, also has offices located just off University Avenue. Their approach to ensuring their own continuity was to run an alternate Emergency Operations Centre (EOC) as a "hot site" – i.e. activated at the same time as their main EOC, and ready to go as soon as people arrived. And this planning certainly proved valuable – when events escalated on Saturday afternoon, the whole operation relocated to the alternate site, a transition which, thanks to their planning, went very smoothly.

Picture: See the Public Health Agency of Canada employees at work in their EOC during the G20.

Review of Ontario's Response to the Pandemic (H1N1) 2009

As part of the recovery phase of any incident, reviews, assessments and debriefs are undertaken to document what worked well and what response or planning process could be improved. Over the spring and summer, many organizations have taken the opportunity to reflect upon their experiences during the H1N1 influenza pandemic (pH1N1) response and to document their observations and recommendations. Many of these reports have been shared with the Ministry of Health and Long-Term Care, and other pandemic planning partners. This has been a valuable way to share ideas, develop a body of evidence and learn from each other.

For its part, the province has undertaken three parallel review processes to document

Ontario's response to pH1N1. The intention of the overall process is to identify opportunities to strengthen emergency response processes and plans at all levels of the health system, but each of the three reviews has a different focus. The lessons learned documented through all three processes will guide future influenza pandemic planning activities in Ontario, including the next update of the Ontario Health Plan for an Influenza Pandemic (OHPIP).

The first review process was initiated by Ontario's Chief Medical Officer of Health. Dr. Arlene King published *The H1N1 Pandemic - How Ontario Fared* in June 2010, and it can be found on the ministry website. This report provides a high level summary of the key impacts of pH1N1 in Ontario, compares this experience to other jurisdictions and documents some of the response structures and activities implemented. Dr. King's report also identifies areas of the pH1N1 response that worked well, with a focus on the high level of collaboration that occurred across the health system, the strong and collaborative strategy enacted to support First Nation communities, and the important work of the education sector in keeping schools open and promoting infection prevention and control strategies. Opportunities to strengthen health system structures and response activities were also indicated, such as a review of provincial immunization programs.

The second review process was an administrative review of the pH1N1 response by the Enterprise Wide Audit Service Team from the Ministry of Finance. This group of auditors was engaged by the ministry to look at internal and operational processes to improve a future response to a pandemic.

The third and final review process was undertaken by the ministry and focused on collecting feedback from you, our health stakeholders. Information was gathered from stakeholders both internal and external to government, including health organizations, organized labour and associations, the critical infrastructure sector, front line health providers, the media and the public. Information was collected through a wide variety of methods, including surveys, focus groups, deliberative dialogue sessions, review of documents collected during the response, and key informant interviews. The findings of this third review process, along with the observations documented in the Chief Medical Officer of Health's and Enterprise Wide Audit Service Team's reports will be documented in a consolidated ministry report which will be released in fall 2010.

pH1N1 Reviews From the Field

Other parts of the health care sector have also carried out their own reviews and evaluations, from Community Health Centres to the Ontario Medical Association to local public health units. The ministry has read these reports carefully, considering their important input as part of our own review processes. Some examples of the reviews that have taken place include:

- A Review of Community Health Centre (CHC) Flu Assessment Centre Operations – a process carried out by six Ottawa Community Health Centres who worked together to arrange key informant interviews with staff and volunteers from the CHCs, Ottawa Public Health and the Champlain LHIN.
- The Association of Ontario Health Centres electronically surveyed their members shortly after the second wave, and presented the findings at a debrief conference for health centres, LHINs and public health units.
- Many public health units undertook reviews of their own response activities. Peterborough City-County Health Unit undertook a mixed method review process (including a provider survey and an exercise to test primary care capacity) to identify key response components that engaged their primary care partners, interagency pandemic planning team and health unit staff.
- The Ontario Medical Review, the journal of the Ontario Medical Association, published a report which can be found at the OMA website.

Disruption in the Supply of Medical Isotopes

This August the National Research Universal (NRU) reactor at Chalk River Laboratories, Atomic Energy of Canada Limited (AECL) - one of a small number of producers of the medical isotopes used in diagnostic procedures like cardiac and bone scans – came back online after being out of service since May 2009, a shut-down of almost 15 months. This prolonged outage put a severe strain on the availability of these isotopes and required the health system to take action to make sure vital diagnostic results could still be delivered.

On the surface, a medical isotope disruption may not seem like an emergency management issue, but the scans they support are a very important component of successful treatment, and the EMB was been engaged in monitoring and responding to the situation throughout. As the estimated timeline for completing repairs to the reactor moved from weeks to months to over a year, the EMB worked with the nuclear medicine community, Health Canada, and other provinces and territories, and operationalized the Draft Ontario Medical Isotope Disruption Plan (OMIDP). The OMIDP outlines how the Ontario health system responds to an unplanned disruption in the supply of isotopes.

The plan provides options for coping with a decreased supply of isotopes, including alternative procedures that can be employed, alternative isotopes that can be used, and directions on maximizing use of the limited supply that remains available. This plan is considered one of the most advanced in the country, and was used as the basis for the national guidelines released by Health Canada in response to the 2009-10 disruption. While a variety of longer-

term solutions are being discussed for the global supply of medical isotopes, and it's hoped that further prolonged shortages can be avoided, Ontario is well placed to respond to any further disruption that might occur.

Agency Update

In addition to the Public Health Laboratory planning already discussed, other programs and departments of the Ontario Agency for Health Protection and Promotion (OAHPP) were also involved in G8/G20 Summit planning. Key OAHPP staff participated in emergency response tabletop simulations, supported the development of fact sheets on chemical, biological, radiation and nuclear agents that were distributed to health providers, and built important relationships with key external stakeholders such as health units, emergency response groups and federal and provincial government partners.

Future issues of the Planner will include additional information on activities within the OAHPP, but currently some of the other emergency management priorities on the horizon at the agency are:

- Developing education and training opportunities for the field
- Ensuring business continuity and emergency plans at the Agency are up to date, robust and consistent with those of the Ministry and other agencies
- Supporting the ministry and public health units in the health impacts of non-infectious disease emergencies

What's New!

Changes Ahead for the Emergency Management Branch's Website

In the new year the Emergency Management Branch (EMB) will be overhauling and redesigning its web presence. As part of this refresh, EMB will review all of the documents on its website to ensure that they reflect current information, are available in French and are written and formatted in an accessible manner. This means that, as of January, some documents may be taken down from the main site while they are being reviewed or translated.

In advance of this transition, you may want to save a copy of documents that you use frequently to make sure that you have access to them. As this project develops, we will keep you updated through an ongoing section in the Planner. If you have any questions or concerns, you can always contact the branch directly. To contact EMB please call 416-212-0822 during regular business hours or by email at emergencymanagement.moh@ontario.ca.

Upcoming Training and Exercises

As part of the CBRNE training and exercise collaboration with the OERS, a number of online training resources that might be of interest to health care providers were identified:

- Surge, Sort, Support: Disaster Behavioural Health: A training module to help health care providers understand and embrace the role of behavioural health during emergencies. Available at PHAC's Website (Participants must register and create a user account and then choose Surge, Sort, Support: Disaster Behavioural Health).
- CBRNE Awareness is training aimed at providing individuals with information on how to recognize potential CBRNE threats, protect themselves, and alert those who need to respond.
- CBRN Basic: Designed for those who may be in a position to recognize and respond to a CBRNE incident, but wouldn't be the ones to intervene, this training focuses on how to recognize potential CBRNE threats and incidents, protect oneself, and respond accordingly. Both this and the CBRN Awareness course can be accessed at: Public Safety Canada's Website (Participants must register and create a user account).
- Another exciting activity in the province is Operation White Cloud, a tabletop exercise simulating a major chemical spill, which is being sponsored by Ramara Township on November 25, 2010. A number of partners are participating, including County of Simcoe, City of Orillia, Severn Township, Rama First Nation, Orillia Soldiers Memorial Hospital, Simcoe Muskoka District Health Unit, the Ontario Provincial Police, CN, and Steppan Canada. Look for a report on this exercise in a future edition of the Planner

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