Emergency Preparedness Planner

A Newsletter for the Health System

Emergency Management Branch, Ministry of Health and Long-Term Care February 2011

New Directions in 2011

Welcome to the February issue of the *Emergency Preparedness Planner*. My name is Geri Carroll, and I'm pleased to greet you in my new role as the Director of the Ministry of Health and Long-Term Care's Emergency Management Branch (EMB). After nearly 30 years of experience in local public health - in everything from Healthy Babies programming to the Toronto Public Health SARS response - and extensive participation in pandemic planning at local and provincial levels, I'm excited to be taking on the provincial perspective at the EMB! I also want to thank Joy McLeod, who filled these shoes from October to December 2010, and who offers some parting thoughts in this issue.

I'm looking forward to sharing some of my interests with you in the pages of the Planner. One of the fascinating things about the EMB is the wide variety of work that goes on here, and I hope to further profile some of our initiatives in future editions, keeping you all aware of what's underway in the province.

As you'll see from this issue's updates, one of our top priorities is the renewal of the Ontario Health Plan for an Influenza Pandemic (OHPIP). We'll also be refreshing the ministry's own emergency response plan, and looking at how to better plan for vulnerable populations in an emergency, a topic to which I bring a strong personal commitment.

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Ontario

I also hope to keep building the Planner as a tool for our sector to share key lessons. My work at the local level has taught me the value of collaboration and of learning from each other's experiences. This month's issue certainly highlights this. We'll be hearing from colleagues in Ontario's southwest on the response to December's snowstorms, in which collaborative relationships played an integral role. We also have a guest article from Toronto Community Housing (TCH), in follow-up to our article on the health response to the 200 Wellesley fire. Read on for TCH's experience of the way that health and social service responses are closely intertwined.

Another theme in this issue is the Incident Management System (IMS). We'll be profiling upcoming IMS-related materials and activities from Emergency Management Ontario and others. The snow storm experience also demonstrates some examples of successful health sector IMS implementation!

And, of course, we bring you our usual updates, along with some additional guest commentaries on recent events or experiences. I hope you enjoy this jam-packed February issue, and I look forward to meeting many more of our health sector partners as we continue our work in 2011!

~ Gerilynne Carroll, Director, Emergency Management Branch

Reflections from Joy McLeod

The EMB was pleased to welcome Joy McLeod as Interim Director from October to December 2010. Before returning to her home position in the Ministry of Community Safety and Correctional Services (MCSCS), Joy sat down with the Planner to offer some perspectives from her experience with the EMB and some comments on the value of secondment opportunities.

Joy's regular position at MCSCS is Deputy Chief, Program Delivery, with Emergency Management Ontario (EMO). EMO is the provincial organization that plays a central coordinating role in the province's emergency preparedness and response. It runs the Provincial Emergency Operations Centre (PEOC), which continually monitors evolving issues, and coordinates other provincial ministries, municipalities, and federal agencies to support the necessary provincial activities. EMO also has a team of field officers located across the province, who work closely with municipalities and other local partners to help them to plan for and respond to emergencies.

Joy was familiar with planning and response from the overall provincial perspective. But what was new to her was the breadth of preparedness work that the EMB leads on behalf of the Ministry of Health and Long-Term Care (MOHLTC). Joy told the Planner "I was struck by the range of work that the EMB takes on. During my time at the EMB I was involved in everything from the H1N1 review to medical isotope supply disruption issues to ongoing responses to local events and the renewal of the OHPIP. It's fascinating to see the extent to which EMB takes on both policy development and operational response roles."

Joy also reflected on her new understanding of the complexities of Ontario's health system, "I hadn't fully understood the different emergency response roles and accountabilities within the health system. The range of stakeholders is tremendous."

All hazards have the potential to impact health or the functioning of the health system, and health preparedness is integral to emergency preparedness. Joy told the Planner that one lesson she will take back to EMO is to challenge emergency responders to define what they mean when they say they are working with 'Health'. "It's so important to know you have the right partners involved," said Joy.

The Planner asked Joy if she would recommend a secondment to others in the emergency management field. Her answer? A resounding yes!

"A big part of emergency management has always been coordination and relationship-building. The more you have opportunities to work in other parts of the emergency management world, the more you will be able to enhance existing relationships and bring new learning back to your regular role."

The EMB certainly benefited from Joy's expertise during her time with the branch. Joy brought strong leadership and support to the EMB, acting as a trusted part of the team. We all wish Joy well in her return to her home position!

The Chronicles of Sarnia: A Snowy December in Southwest Ontario

In December 2010, southwestern Ontario experienced two major snow events that brought a winter's worth of snow in two weeks. Beginning December 5th, the London region experienced one of their worst snowstorms in decades, bringing more than five feet of snow in some areas. Schools were closed and public transit bus service was suspended.

On December 13, another severe snowstorm descended, this time on the Sarnia-Lambton area. Whiteout conditions and blowing snow closed roads and stranded hundreds of motorists along Highway 402 between Middlesex County and Sarnia.

It took until the afternoon of December 14 to remove more than 250 people from the highway and get them safely placed in the various warming centres opened in Lambton and Middlesex Counties.

Multiple responders and levels of government were involved. During the second storm, the Town of Petrolia and the counties of Lambton and Middlesex declared emergencies. The OPP – who has jurisdiction over the 400-series highways – set up an Emergency Operations Centre (EOC) in Strathroy and

led highway rescue efforts. Local fire services and other emergency responders were deployed. The Ministry of Transportation and city and county snow ploughs worked to clear roads, while Hydro teams responded to downed wires. Emergency Management Ontario issued a Red Alert and, as stormy conditions continued, requested assistance from the Canadian Forces, who deployed two helicopters and a Hercules aircraft to assist with rescues. The Canadian Border Services Agency closed the Bluewater Bridge to passenger traffic.

And, of course, the health system responded, from Emergency Medical Services (EMS) and the hospitals to public health and the Community Care Access Centres (CCACs). The Planner spoke to a number of the agencies involved to hear their perspective on how they weathered these winter storms.

Prehospital Responders on the Move

"It was the duration that really made this a challenge," commented Randy Denning President of Thames EMS, Middlesex – London, whose service was involved with both storms. "We've had worse storms with more snow - it's not totally unusual for snow to close roads for a day, or cause periodic whiteout conditions for four to six hours at a time. But for it to go on for days the way it did… I've never seen anything like it. "

Jeff Brooks, Acting Manager of the County of Lambton EMS, expressed a similar sentiment. "We get snow here - communities have their own severe weather plans. At the county level, this might not have been such an issue if it hadn't been for the situation on Highway 402. But the length of time, the number of people on the highway, and the significant percentage who weren't local – so didn't have friends or family in the area to go to - created other kinds of demands, like the number of warming centres needed."

A Lambton County paramedic was deployed to the largest warming shelter in Wyoming. This allowed for assessment and triage at the shelter itself, a measure that diverted about 30 people from local hospitals. The road conditions required other strategic solutions. In some cases paramedics managed to treat people in place without transport to hospital, patching through to base hospital physicians for direction and additional support. For one priority case, a snow plough led an ambulance from the Sarnia area right to London.

The value of strong partnerships was clearly demonstrated. Road conditions are always a concern to EMS, and addressing this was a true joint effort. "We had several ambulances get stuck in the snow," commented Denning. "The Fire Department and local tow trucks helped us out with the stuck vehicles. The City's control group was also great – that's how we arranged the Fire Department support, plus other EMS input. It helped us make sure we maintained our response times."

Lambton County also had kudos for their partners. “The snow plough crews were a really important partner, “ said Brooks, “and the OPP EOC was a great organizing asset. That was how we linked with the military helicopters to set up hand-off points for the patients they were bringing out for assessment.“

The Central Ambulance Communications Centres (CACCs) are key supports to EMS services as well, dispatching land ambulances and coordinating with other providers. The South West CACCs (including Wallaceburg, London and Windsor) had to ensure their critical operations were maintained during the storm. “Our main issue was staff getting into work,” said Paul Grady, London CACC Acting Manager. “We have contingency policies for emergencies that allow us to provide emergency accommodations for staff and cover things like meals. When staff still couldn’t make it in, we used part-time staff to supplement.”

Grady praised the southwest team. “Our Ambulance Communications staff here in London performed admirably. Together with local management, and with the support of Jill Ackerman, our Senior Field Manager at the S.W. Field office, we were able to meet the challenge successfully.”

The Planner asked if there were any key lessons from the EMS perspective. “Snow tires!” said Denning. “We had some vehicles equipped with them, but not enough for something on this scale.”

Telecommunication technology was also key. The weather prevented many EOC representatives from making it into local EOCs, so much of the coordination was done by teleconference, with multiple calls throughout the day. “We had exercised the technology at the county level a year ago,” said Denning, “and it went very smoothly.”

The CCACs Carry On

Technology was important for the Community Care Access Centre (CCAC) response as well. The South West CCAC had to close their London office during the first storm. But the planning they’d done meant they could redirect key functions to their other offices, and that clients who needed care continued to get it.

“Since the CCACs were amalgamated along LHIN boundaries in 2007, we’ve been working towards a comprehensive southwest model,” commented Gordon Milak, a Senior Director at the SW CCAC. They were able to redirect their services easily, thanks to their web-based provincial electronic medical record – the Client Health Related Information System, or CHRIS - and a VOIP phone system, which enabled them to transfer operations and phones to function seamlessly at other sites.

“We were able to implement our planning very smoothly,” said Milak. “All our clients have a record in the home that includes an emergency plan we develop with them. We support them to develop 72-hour self-sufficiency wherever possible.” Another aspect of their preparedness was the Emergency Response Level coding system used to track which clients need urgent services within 12 to 24 hours.

Vulnerable clients were contacted by the CCAC Case Managers to ensure that they were safe during the storm and to initiate contingency plans if needed. “And our

service providers made sure all our priority clients were seen," said Milak. "We were even in touch with the local snowmobile club in case we needed extraordinary measures to get providers through – though luckily that proved not to be necessary."

The Erie St. Clair CCAC didn't need to close offices, but also confirmed the importance of having good severe weather plans in place, and the preparation done with their clients.

Hospital capacity is an important issue during an emergency, and an integrated discharge model in all hospitals across the southwest helps to manage it. The SW CCAC made sure their role in this system continued, redeploying staff who lived near the hospitals when regular discharge staff couldn't reach the hospital. "The core case management skill set is very transferable," said Milak. "The weather kept patients from physically leaving the hospitals, but our staff were able to continue carrying out assessments and setting up the necessary services, so that once the weather started to lift, there was no backlog."

"Collaboration in emergencies is so important, and it worked extremely well," said Milak. "We deal with many municipalities and six or seven different health units – and sometimes we're the only agency crossing all those lines. We need to keep building on those relationships."

Their lessons for next time? "We need to continue improving our communications with staff, service providers and other system partners," Milak noted, "including how to push information like weather conditions and road updates out in a nearly-live way, so we know quickly if roads are closed or office closures need to be considered."

At the Hospitals

London Health Sciences Centre (LHSC), the major referral hospital in the area, was also impacted by the storms. "Our chief challenge was staff travel – particularly once the bus service in London was suspended during the first storm. Many staff rely on public transit," said Laurie Gould, VP of Women's and Children's Services at LHSC and the Incident Manager for the event. "Some staff were asked or volunteered to stay on, but in some areas we ended up short-staffed. With that pressure we had to cancel surgeries and some ambulatory services as well. We were concerned about our patients traveling in such extreme weather – we didn't want them endangering their health to get here."

With public transit unavailable, LHSC got creative in getting staff to work.

"We have a contracted shuttle service we use between hospital sites," said Scott Davis, Emergency Planning Specialist at LHSC, "and they also run local school buses. With the schools closed, we realized they had a useful resource available. So we set up a system with pick-up points at five malls in the community. Staff were picked up by bus and taken to the nearest LHSC site, then used the shuttle to get to their specific work site."

Both city snow ploughs and LHSC's contracted grounds-keeping service were also important partners. "One snow plough spent nearly the whole storm just keeping the roads into our Emergency

Departments accessible," said Gould.

One key success factor in the LHSC response was the use of the IncidentManagement System (IMS). "We've been refining our IMS system over the last four years or so," commented Davis, "we've used it for a number of responses, and every time it gets stronger. Our leadership has really embraced it, and invested in developing tools."

"It's very helpful not just to have the tools, but to have the personal touch of someone who really knows the system and can help guide you through it as you begin a response," added Gould. "The role our emergency preparedness staff like Scott played made all the difference."

Clear and regular communication with staff was another important function. "Philosophically it was important to us that our staff were kept informed and our leadership was responsive, "said Gould. "That way our staff feel confident that the response is being well managed, and they can continue to focus on patients rather than worry."

"Our key values at LHSC are respect, trust and collaboration," said Davis. "And I feel like we really demonstrated those values in our response."

Bluewater Health, with facilities in Sarnia and Petrolia, was also impacted. They too identified their use of IMS as key. "Activation of our command centre and IMS roles provided a mechanism to effectively manage our response," said Bill Beveridge, Security Supervisor and co-chair of the Emergency Planning Committee. Formal business cycle meetings allowed for regular updates, identification of arising issues, and some creative problem solving! "The use of IMS by the different responders definitely made it easier to communicate across sectors," said Beveridge.

"We can't say enough about our first responders and snow removal crews," Beveridge added. "By midnight on the 14th, arrangements had been made for two of our existing patients who needed to be transported to other centres. Snow ploughs, EMS and police worked together to help us safely get those patients to where they needed to go."

There were some unexpected surprises too, like supply issues when trucks couldn't make scheduled deliveries. "We had almost no linen left when the truck finally drove in. Then we found that the load had been on the truck for so long the entire shipment was frozen solid and couldn't be used," said Beveridge. Another shipment was quickly routed to alleviate the strain.

Bluewater staff who couldn't get home in the storm were either accommodated in-house or taken in by co-workers who lived in town. Many staff who were able to get into the hospital worked additional shifts to keep departments running smoothly, and most surgeries and services continued to function as normal. "It was most rewarding to see the generosity and professionalism of our staff shine through," said Beveridge.

Public Health in Action

In the public health world, both the Middlesex-London Health Unit and the County of Lambton Community Health Services Department also faced office closures and challenges getting staff and resources to where they needed to be.

When emergency shelters open, public health has a responsibility to ensure the adequacy and safety of the food and water supply, sanitary facilities, sewage and garbage disposal, infection control, and general building conditions. Much of the work around the warming centres had to be carried out by phone. With nine warming centres (seven in Lambton and two in Middlesex) serving more than 500 people over the course of the storm, health unit staff were kept busy making multiple calls to keep informed and deal with issues.

One issue that can arise lies in food preparation. While local volunteers are usually eager to help by bringing food to the shelters, public health has to ensure that food has been safely prepared, handled, stored and transported. This can be challenging with food prepared by individuals in their own homes.

”During emergencies it’s only human nature for members of the community to want to help in any way possible, including donating food,” said Chad Ikert, Manager of Environmental Health and Prevention Services at the Lambton Community Health Services Department. “To ensure food safety, though, we advise against donating perishable food items or food items prepared at home. Safe donation items include prepackaged foods from the local grocery store like baked goods, canned foods, uncut fruits and vegetables or other low-risk, non-perishable products. We encourage those members of the community who are interested in preparing food at emergency shelters to obtain their certificate in safe food handling, and join one of the community organizations tasked with preparing food in emergencies.”

Public health media updates were released, including cold temperature alerts and information on how to stay warm and keep food and water safe during a power outage. The County of Lambton’s Medical Officer of Health also played an important role not only in providing the local EOC with public health updates, but by serving as a liaison point for information on the status of other parts of the health system as well, such as hospital emergency rooms. And read on in the Planner for a very direct impact on Middlesex-London staff!

What We’ve Learned

Some clear themes have emerged from this response:

- The importance of collaboration (and in this case, of snow ploughs!)
- The role that telecommunications plays – making the resilience of these systems a vital planning piece!
- The value of IMS in supporting a health sector response
- Most of all, the value of making sure that rigorous planning has been done before an emergency hits.

“People are phenomenal in an emergency,” said Gordon Milak. “Everyone pulls together and does what needs to be done. But that’s no excuse for not having a good comprehensive plan in place!”

(Thanks to Thames EMS, Middlesex – London, for all snowstorm photos.)

A view from the Highway

~ A guest commentary from Middlesex-London Health Unit

Among those stranded on the 402 were Cheryl Tung, a Public Health Inspector with the Middlesex-London Health Unit, and her sister. Staying in the relative shelter of their vehicle, the women endured near freezing temperatures for more than 28 hours! With minimal information or means of communication, no food or drink, and howling winds that created snow drifts that all but buried their car, the hours grew longer as the cold continued to hold the sisters in its grip.

OPP officers eventually reached the sisters and snowmobile-ed them to a transfer area before they were airlifted by military helicopter to an evacuation centre in Lambton County. There Tung and her sister were able to get relief from the cold and enjoy the warm hospitality provided by the local residents and volunteers. The few hours that Tung and her sister had planned for their trip were stretched into a four-day adventure the pair will never forget.

Generator Maintenance in Cold Weather

During the winter months, it's important for facilities that rely on back-up power generators to take extra precautions to ensure the equipment is in good working order. Cold weather operating conditions are tough on generators, and it can also be harder to get supplies or fix any problems that might arise.

Testing and routine maintenance are highly recommended. Prior to the winter, a thorough inspection is encouraged – and pay particular attention to worn or defective parts, which should be replaced immediately. It's also important to ensure you have adequate supplies and equipment on hand. For fuel generators, it's crucial to have tanks properly filled during the winter months. And your inventory of replacement parts should be reviewed on a regular basis!

Another winter consideration is access. Make sure you have a safe, clear path to both the generator and your supplies, and that snow and ice don't block the way.

These precautions will help your facility be ready when you need to activate your generator on a cold winter's night!

The 200 Wellesley Fire: Toronto Community Housing Responds

~ A guest article by LoriAnn Girvan, Director, TCH Community Health Unit

"Hi, I'm the pharmacist for Ms. Johnston (*names have been changed*)," said the voice on the phone. "I noticed her medicine pack needs replacing. We don't deliver to her location, but we can provide a refill."

To this day, I don't know how she found me, or what it took to get my number. But the proactive effort by this pharmacist to ensure that her client - displaced by the fire - had the medication she needed was just one of the many highlights of collaboration during this response.

I was finishing work on a Friday evening when the notification came: a major fire at 200 Wellesley. I had joined Toronto Community Housing (TCH) only three months earlier as Director of the Community Health Unit. Our job is to coordinate community engagement, economic development and social support services that promote health, well-being and empowerment for residents. This includes connecting residents with long-term physical and mental health needs to the services and supports they need to sustain their housing. When I heard about the fire, I knew we had important work ahead of us – both health and social services have major responsibilities in addressing the needs of the most vulnerable during emergencies.

200 Wellesley is TCH's largest property. Over a dozen languages are spoken there. Its location means that children can walk or take transit to school, and that people can age in place, with stores and services within reach for those who use wheelchairs or scooters. The demographics of the building reflect this, including both families and seniors. Approximately 30% of leaseholders at 200 Wellesley are 59 years or older, including a significant proportion people 80 years and above.

I knew who the pharmacist was referring to right away. I'd met Ms. Johnston at the Wellesley Community Centre where residents were temporarily sheltered after the fire. A concerned tenant had found me as the building was being evacuated, and pointed out the residents she wanted me to look after. "This is my friend and neighbour Mrs. Johnston," she said. "She needs some special care."

She wasn't the only resident to come to the aid of her neighbours. As waves of tenants filled the community centre, TCH staff began the first of many shifts spent working with residents and other responders to identify vulnerable tenants and meet their needs, from coping with mobility restrictions to assisting those dependent on medications for either chronic or acute conditions.

As volunteer physicians carried out health assessments and wrote prescriptions, reassurance from TCH staff and fellow tenants that we would get the prescriptions filled and delivered made tenants feel secure enough to leave the temporary shelter for other

accommodation, at Long-Term Care Homes or the second reception centre. TCH staff helped transport people to medical appointments and used their knowledge of building demographics to help link with appropriate community agencies. They worked with health and other partners on coordinating solutions for tenants with complex needs that involved both housing and a range of other health, material and psychosocial supports. More profoundly, it was the core values of TCH, a compassionate landlord, that were reflected as staff worked to make sure that our most vulnerable tenants were listened to and supported throughout the immediate emergency response and ongoing months-long recovery.

After the pharmacist called me, one of my colleagues picked up the medication and delivered it to Ms. Johnston at the Long-Term Care Home where interim accommodation had been found for her. While at the home, she was quickly reconnected to personal nursing services and other coordinated support. And I'm pleased to report that Ms. Johnston returned home last week.

Her support and return was one of many successes that resulted from the coordination among Toronto Community Housing staff and the health and social services partners involved. Her story like those of many tenants, is a testament to the dedication of staff, friends and neighbours.

This event should remind us of the many vulnerable people who don't have the means and social supports to handle an evacuation on their own. There is a tremendous opportunity for our sectors to work together to develop integrated evacuation protocols for the most vulnerable, addressing everything from access to primary care to culturally inclusive procedures to education of residents on personal emergency preparedness. As a compassionate housing provider, TCH is eager to continue partnering with our peers in the health and social services sectors to learn from this response.

One Year Later: A Retrospective from the Region of Peel

~ A guest commentary from Region of Peel

January 2011 marked one year since Region of Peel staff - including paramedics, emergency social services, emergency management and Peel Regional Police - were deployed to Lester B. Pearson International Airport to assist humanitarian flights arriving from Haiti after the 2010 earthquake.

Peel's response was based on a contingency plan developed quickly in the days following the earthquake, using the lessons learned from the humanitarian flights during the 2006 Lebanon crisis. Many contributed to the Region's plan, from the Greater Toronto Airport Authority to federal agencies like the Canadian Border Services Agency to Peel Regional Police and other regional departments.

Peel staff assisted two humanitarian flights, one mostly bringing returning staff from non-governmental organizations, the second carrying over 100 repatriated Canadians. With each arrival, regional staff, including paramedics, were pre-staged according to the contingency plan to provide appropriate assistance. The Canadian Red Cross and Salvation Army also participated, providing support and winter clothing.

The second flight required the greatest response, due to the number and condition of the passengers. Paramedics quickly transported some to area hospitals as soon as they deplaned. Others only became symptomatic after arrival, and were transported as needed. During this time, Peel Region worked very closely with the MOHLTC EMB and the Provincial Emergency Operations Centre to coordinate issues with the hospitals.

“What I really remember is the resilience of the children,” said Andre Luc Beauregard, Manager of the Peel Regional Emergency Program. “Most of them were trying winter clothing for the first time. Some laughed at how cumbersome the clothes were, while other younger ones cried because they couldn’t imagine wearing such heavy things. Older children helped the younger ones pick out their boots, jackets, gloves and toques - you can imagine the multitude of colour combinations!” The resilience of the children was also displayed in the role many performed as translators, assisting their parents and grandparents in completing their needs assessment and other basic requirements.

“It was amazing to see children come from such trauma, and still be able to laugh,“ reflected Beauregard. “I can’t believe a year has already passed. Those flights left an indelible imprint on all the staff who responded.”

Planning a Reception Centre? Some Tips from Peel

- Even when timelines are short, try to test your plan. Schedule your arrival at the reception centre site with enough time to introduce all the participants – especially if multiple agencies are involved – clarify roles, and run through your needs assessment process, in case last minute modifications are required.
- Consider having a physician on site as well as paramedics, which can help with assessments and mitigate demand on local emergency departments.
- Be aware that for people coming out of traumatic situations, the true extent of their health needs may not be apparent right away, and may only emerge once they start to feel safe.

Agency Update

The Ontario Agency for Health Protection and Promotion is busy preparing for The Ontario Public Health Convention (TOPHC), scheduled for April 5-8 in Toronto. The convention, co-hosted by the Agency with the Ontario Public Health Association and the Association of Local Public Health Agencies, will feature a mix of research presentations and educational workshops designed to encourage skills development.

Look for joint offerings from the Agency’s Emergency Management Support group and the EMB on topics like public health planning for mass gatherings, cross-border issues in public health, and IMS. A plenary presentation on the BP oil spill may also be of interest to our readers! Consult the convention’s website for regular updates.

And watch this space for future updates on some exciting work the Agency is doing around IMS in the health sector!

What's New!

Ontario Health Plan for an Influenza Pandemic (OHPIP) Renewal

On January 19, the Ontario Health Plan for an Influenza Pandemic (OHPIP) Steering Committee met in Toronto to launch the latest OHPIP renewal process. While the OHPIP has always been an evergreen document, this next version is unique in being the first to have the experience of an actual 21st century pandemic on which to draw. Revisions will reflect the best practices and lessons learned from the pH1N1 experience, and will be heavily guided by the recommendations in Pandemic (H1N1) 2009: A Review of Ontario's Response - the ministry's review of the H1N1 response.

This will also be the first OHPIP iteration to be supported by the resources of a fully implemented OAHPP. Dr. George Pasut, Vice-President of Science and Public Health at the OAHPP, is the new Co-Chair of the OHPIP Steering Committee, joining long-standing Co-Chair Allison Stuart, Assistant Deputy Minister, Public Health Division, MOHLTC. Dr. Pasut is a well-known leader in public health in Ontario, having held senior positions within the MOHLTC, Simcoe Muskoka District Health Unit, and Cancer Care Ontario.

The ministry wishes to sincerely thank Dr. Susan Tamblyn, the previous Co-Chair, for her many years of dedicated leadership. Dr. Tamblyn is a national pandemic planning expert whose knowledge and insights have guided national and provincial pandemic preparedness through many important planning stages. We are very pleased that Dr. Tamblyn will continue to contribute to the OHPIP as a member of the Steering Committee.

The Steering Committee reviewed the OHPIP renewal workplan and identified priorities for the upcoming year. One notable change is that the new OHPIP will be released in a staged process, with chapters being released to the field as they are developed. This should ensure that planners have access to pandemic resources as soon as they are available. Local planners can look for some of the initial revised OHPIP chapters to be released starting in fall 2011.

The priorities identified include ensuring access to timely surveillance information, developing definitions of triggers that could signal the need to begin or end various response measures, and further clarification of emergency management roles and responsibilities within Ontario's health system.

A variety of workgroups have been formed and tasked with acting on specific recommendations from the ministry's review of pH1N1. Current workgroups are:

- Surveillance Workgroup
- Public Health Measures Workgroup
- Infection Prevention and Control & Occupational Health and Safety Workgroup
- Immunization Workgroup
- Influenza Assessment, Treatment, and Referral Strategies Workgroup
- Laboratory Workgroup

- Provincial Paediatric Pandemic Influenza Planning Steering Committee (led by the Hospital for Sick Children)
- First Nations Technical Workgroup

Other planning processes will address communications with the public and health providers, guidelines for primary care, and many more activities.

The ministry looks forward to continuing to work with our stakeholders, the OAHPP and other partners to keep Ontario a leader in pandemic preparedness!

Upcoming Training and Exercises: Focus on IMS

Emergency Management Ontario (EMO) & IMS

In early 2009, EMO released the ***Incident Management System (IMS) Doctrine for Ontario,*** outlining a common, Ontario-based IMS. IMS is a standardized approach to emergency management, providing common organizational structures, functions, processes, and terminology to support coordination. Ontario officially adopted IMS as an approach following several events in 2003, and EMO has been working to establish the doctrine and develop materials to support implementation ever since. Now more of these supporting materials are in the process of being released.

Three courses currently support IMS implementation:

- **Introduction to IMS in Ontario**: the newest version of this course features exciting new multimedia e-learning content, and is available as a downloadable reading package supported by an online exam.
- **Basic IMS**
- **Basic IMS Instructor**

Intermediate and Advanced IMS courses are also being developed.

Additional materials to help you and your organization better understand and use IMS will include:

- A PowerPoint presentation providing an introduction and overview of the Ontario IMS.
- ***Guidelines for the Application of IMS at EOCs***: guidance and options for implementing IMS at Emergency Operations Centers (EOCs) in a variety of settings and levels. An interim version of this document is currently being circulated for a one-year pilot period.
- A series of standardized forms: designed to be used in any EOC that is operating under IMS, these forms will assist with processes and procedures, as well as form a record of decisions and actions, and are applicable to both site-level and EOC-level response. Twelve forms will be released in the near future, also for a one-year pilot period, with additional forms to come.

By the time you read this, these materials should be available on EMO's IMS website!

Ontario Hospital Association (OHA)

- The OHA, in partnership with Toronto EMS, is offering an upcoming **IMS for Health Care Facilities** program, scheduled for May 11-13, 2011.

  This program will help standardize the approach health care providers use in dealing with emergency management, provide a basic tool kit to support the development of IMS within the health care sector, and demonstrate how to apply IMS to hospital emergency codes.

- Another exciting opportunity with the OHA is an **Emergency Exercise Design** course, running March 21 - 22.

  This course will explore various types of exercises, including case studies, tabletop and full-scale exercises, as well as roles and responsibilities and requirements for design and staging.

- For more information, visit the OHA education website.

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If you would like to be added to the Emergency Preparedness Planner's distribution list or would like to update your current registration, please contact Emergencymanagement.moh@ontario.ca or call 416-212-0822.