REGIONAL MUNICIPALITY OF HALTON

Infectious Disease Emergency Response Plan (IDERP)

Health Department

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Revision History

Version	Date Approved	Summary of Changes	Revised by	Approved by
1.0	2020	Created		

Amendment Procedure

The IDERP will be reviewed annually. The Health Departmental Management Team (HDMT) must approve updates and revisions unless revisions are ordinary maintenance, such as updating contact and resource information or title changes. The Public Health Emergency Management Coordinator (PHEMC) will revise the plan after lessons learned from lived experience or after action report recommendations.

It is the responsibility of each party named within the IDERP to notify the PHEMC of any administrative changes or revisions that may result in a change to the IDERP or its attachments.

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1.0 Introduction

The Infectious Disease Emergency Response Plan (IDERP) is Halton Region Public Health's (HRPH) guide for an effective and coordinated response to an Infectious Disease (ID) event. The IDERP provides a framework of how to activate, operate and demobilize during an ID event. An ID event is any infectious disease related event that needs a large scale, coordinated response involving multiple program areas/departments. The IDERP replaces the *Halton Region Pandemic Influenza Response Plan* which was revised in 2011. The IDERP can be used to respond to events such as novel and emerging agents such as SARS/ COVID-19, Diseases of Public Health Significance that require quick public health action, IPAC lapses where patient notification is required, along with other IDs that could cause severe and/or widespread illness in the population. This plan is intended to be scalable using levels of activation criteria and an Incident Management System (IMS) (for a basic IMS structure, see Figure 2). The IDERP at partial or full activation can be used as a pandemic response plan.

The IDERP was created is in response to:

- A Hazard Identification and Risk Assessment (HIRA) completed by Halton Region Public Health identified that the probability of an epidemic or pandemic happening in Halton Region is considered probable with a resulting consequence description of catastrophic if one does occur.
- The Ministry of Health's plan, *Building a Ready and Resilient Health System*, requires Health units to be ready for infectious disease threats.

1.1 Scope

This plan will provide the framework on how to activate, operate and demobilize in response to an ID event. The IDERP is intended for use by HRPH only and is not intended to be adapted for external stakeholders such as acute care facilities, long-term care homes, rest and retirement homes, correctional facilities or hospitals.

The purpose of the IDERP is to:

- Ensure an effective and coordinated response and the efficient use of departmental resources.
- Reduce the incidence of illness and deaths due to an ID event.
- Minimize societal disruption and economic impact resulting from an ID event.

1.2 Legislative Authority

HRPH follows the Ontario Public Health Standards (OPHS) and all other applicable protocols and guidelines. Below is a list of reference documents. Note this is not a comprehensive list.

Related Documents

- Ontario Public Health Standards, 2018 or as current
- Infectious Diseases Protocol, 2018 or as current
- Rabies Prevention and Control Protocol, 2019 or as current
- Tuberculosis Prevention and Control Protocol, 2018
- Vaccine Storage and Handling Protocol, 2018 or as current
- Emergency Management Guideline, 2018 or as current
- Management of Avian Chlamydiosis in Birds Guideline, 2019 or as current

- Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline, 2019 or as current
- Management of Echinococcus Multilocularis Infections in Animals Guideline, 2019 or as current
- Management of Potential Rabies Exposures Guideline, 2019 or as current
- Tuberculosis Program Guideline, 2018 or as current
- Control of Respiratory Outbreaks in Long-Term Care Homes, 2018 or as current
- Planning Guide for Respiratory Pathogen Season, 2018 or as current
- A Ready and Resilient Health System, 2016 or as current or as current

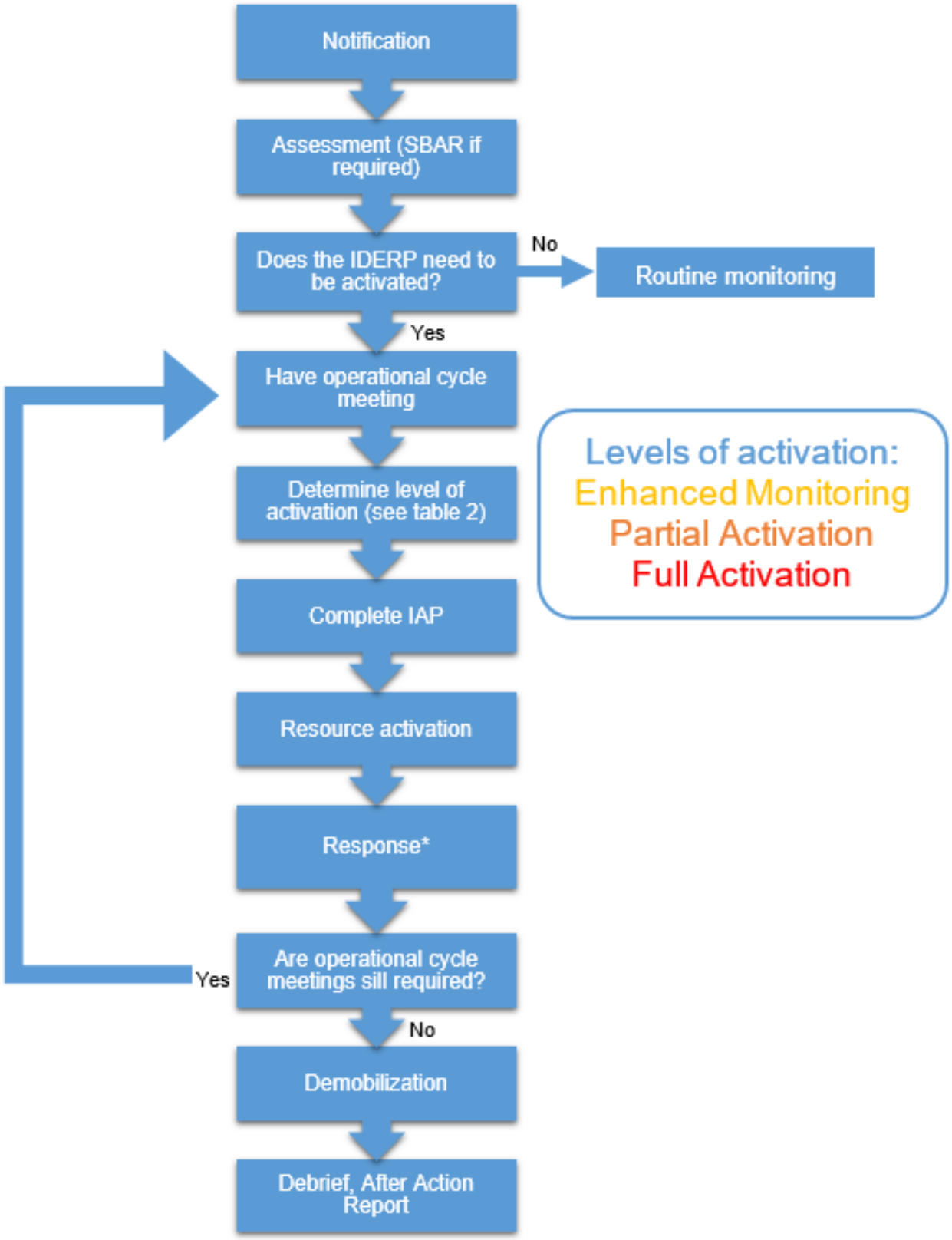
1.3 Assumptions

The following are assumptions of activating the IDERP:

- Activation of the IDERP may require the reallocation of staff which could lead to the activation of the Health Department Business Continuity Plans (BCPs).
- A sufficient number of staff are available to respond to the ID event.
- All management staff have received IMS 100 and 200 training.
- Response to large scale events may require coordination with external stakeholders including but not limited to local, provincial, and federal partners.
- If required, staff will be appropriately trained prior to performing activities outside of their routine duties (i.e., case and contact management training for those who don't regularly conduct case and contact management, immunization training is provided to those who do not regularly immunize etc…).
- During an infectious disease emergency, the availability of public health and health care workers could be significantly reduced due to illness, and care-giving responsibilities. HRPH will refer to the applicable plans dealing with Business Continuity to ensure the delivery of critical services.

2.0 Incident response framework

The flowchart below (Figure 1) will form the framework for the response, along with the levels of activation table (Table 2). These, along with an IMS structure (Figure 2) will help guide the response to the ID event. As new information becomes available, a re-assessment should be done to determine if the level of activation should scale up or scale down. This re-assessment can happen at the start of each operational cycle meeting, however if vital information is received between ops cycle meetings that will have profound impact on the response, an additional ops cycle meeting should be scheduled to alter the response accordingly. For example, if during a measles ID event, it was found the case was infectious while attending a childcare centre, that would require a large shift in priorities and should be addressed ASAP.



*****if new relevant information is received that can have an impact on the response, schedule another ops cycle meeting ASAP

Figure 1: Incident response framework

2.1 Notification

HRPH may be notified of potential or actual ID events through a variety of methods. These methods include, but not limited to: iPHIS referral, lab reports, calls from Health Care professionals, ministry notification, public health disease surveillance, and from other Health Units.

2.2 Assessment

A risk and situational assessment is a systematic process for gathering, assessing and documenting information. An assessment should be repeated as new information becomes available. If appropriate, an assessment of the situation can be communicated via an SBAR (situation, background, assessment, recommendation), or trough the provided situation/risk assessment form.

2.3 Plan Activation

The decision to activate the IDERP is based on the need for a large scale, coordinated response requiring multiple teams/program areas. A director or (A)MOH has the authority to activate the plan, and assign an incident commander.

2.4 Operational (Ops) Cycle meetings

The incident commander is responsible for scheduling an initial planning meeting with all appropriate staff. If external communication is required, or if media attention is expected, Corporate Communications and Access Halton should be included as part of the response team. During the initial meeting, determine what actions and/or resources will be needed in order to respond to the ID event. The incident commander will identify staff leads for the different sections of the IMS structure. An initial meeting planning checklist is available to assist the incident commander in preparing for the initial meeting.

An operational period is the time scheduled for executing the objectives as specified in the incident action plan (IAP). Operational periods can vary in length from 2-24hours. When developing an IAP at the initial planning meeting, the operational period will be established. An IAP covers one operational period and a new IAP will be developed at each new operational (ops) cycle meeting. All section leads (or their designates), along with other relevant staff will attend the ops cycle meetings.

Section leads should consider filling out a status update form and send it to the liaison officer ahead of the ops cycle meeting to include in the IAP. The status update form can also be used by staff who are not at the ops cycle meetings to be able to provide a clear and concise update, without details being lost in translation (i.e., a nurse/PHI who is following a PUI can provide an update on the situation through a status update form to be shared at the ops cycle meeting).

2.4.1 Health Department Operations Centre (HDOC)

If it is expected to be a prolonged response, consider activating the HDOC. The HDOC can be any room that meets the needs for the response and will be identified at the time of incident. The health department's operations centre (HDOC) can be partially or fully activated depending on the response. The level of activation of the HDOC does not need to align with the activation of the IDERP (i.e. you can have a fully activated HDOC in enhanced monitoring, or a partially activated HDOC in partial monitoring).

Specifications of the Merton Room:

- Seats 8, if combined with Scotchblock room (divider removed) seats 16
- TV screen available
- Telephone available

A partially activated HDOC is when the health department holds the Merton room for all or part of a day, to have it available for regular ops cycle meetings.

A fully activated HDOC is when the Merton room is staffed by those involved in the response. A fully activated HDOC would likely only happen in a very large scale response, with a number of departments and stakeholders responding to the incident, requiring on-site presence at all times.

2.4.2 Other Considerations

Additional resources that should be considered based on the type and scale of the response include:

- Translation services for calls with residents who do not speak English
- Translation of materials and media releases going on the website
- The need to make international phone calls
- Create a webpage specific to the incident to provide the general public with information on the scenario, to help decrease call volume
- When to, and not to use personal protective equipment (PPE) (i.e. masks, gloves, gowns etc.)
- Compass codes
- SharePoint site creation and maintenance
- Document management to ensure all staff have access to the most up to date and relevant documentation

2.5 Levels of Activation

In alignment with Halton Region emergency plans, there are four Levels of Activation designed to monitor, support and respond to an ID event, and can be found in Table 1 . Day to day operations is considered routine monitoring. The plan is considered to be activated at enhanced monitoring or higher. The different levels identify actions requiring diversion of resources from regular operations to respond to an incident or emergency. Examples and triggers for each of the levels of activation can be found in Table 2.

Table 1: Summary of the Levels of activation

Levels of Activation	Description
Routine Monitoring	The Health Department is operating **business as usual**. Consists of normal daily operations that the Health Department must carry out according to procedures, policies and/or legislation.
Enhanced Monitoring	An incident or emergency with **moderate** impact is occurring that requires an enhanced response to a specific threat, unusual event or situation.
Partial Activation	An incident or emergency with **significant** impact is occurring that requires a large scale response to a specific threat, unusual event or situation.
Full Activation	An incident or emergency with **major** impact, which requires full support from the Health Department (i.e., most staff are reallocated from regular duties in order to help with response)

Figure 1 below provides a basic IMS structure, a more detailed structure with suggested Public Health Department leads can be found in Appendix B.

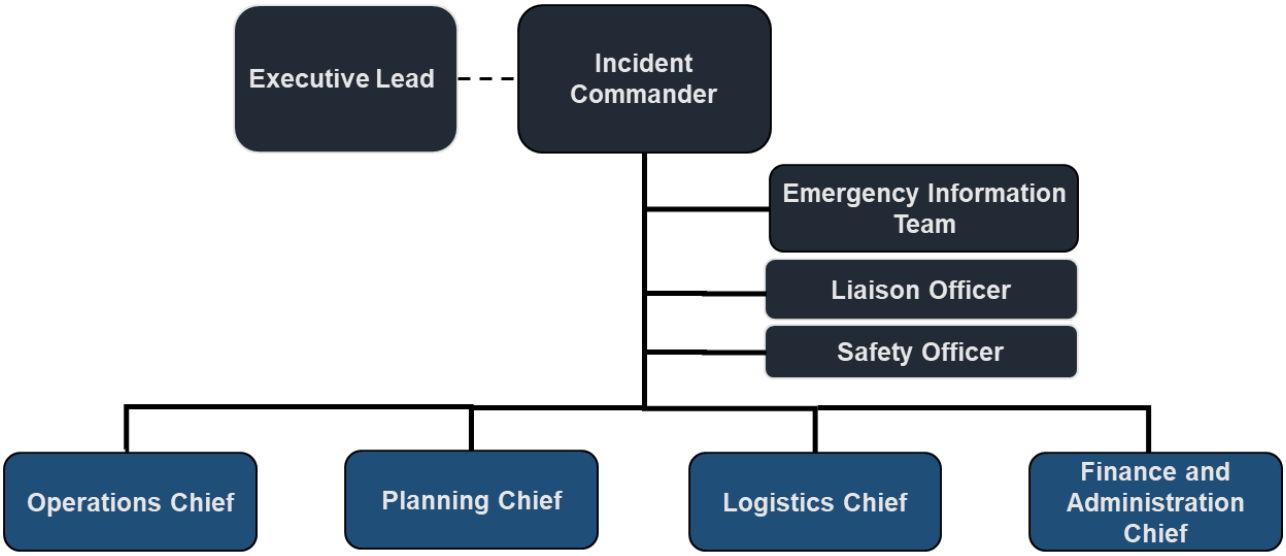


Figure 2: Basic example of an IMS framework

Table 2: Levels of activation, triggers and examples

Levels of Activation	Description	Activities*	Authority to Activate	Possible Triggers or examples	Past Halton Examples
Routine Monitoring	The Health Department is operating business as usual. Consists of normal daily operations that the Health Department must carry out according to procedures, policies and/or legislation.	▪ Routine case and contact management ▪ Routine surveillance ▪ Routine inspections ▪ Other routine activities			
Enhanced Monitoring	An incident or emergency with **moderate** impact is occurring that requires an enhanced response to a specific threat, unusual event or situation.	▪ Hold regular ops cycle meetings. ▪ Complete Incident Action Plan (IAP) for each ops meeting ▪ Consider sending Haltonissues ▪ Monitor call volumes. (Additional HD staff may be required to up-staff queue phones) ▪ Immunization services may be required ▪ Monitor workload of those involved in the response -business continuity plans may need to be activated	Director or (A)MOH	▪ Response goes outside of: - normal processes - normal capacity - normal business hours ▪ Known or small number of contacts and exposure sites ○ Consider type of exposure as well (child care center/hospital vs grocery store) ▪ Rapid immunization clinic required (less than ~150 people) ▪ Regularly scheduled support provided from supporting departments (corporate communications, Access Halton) Additional considerations: ▪ Media attention ▪ Public awareness/concern ▪ Duration of response	▪ Measles case with a large number of contacts and/or exposure locations (2017 measles case-Sheridan student) ▪ Hepatitis A school outbreak of 2019 ▪ Hep A in food handler, Oakville 2020 ▪ 2014/15 influenza season institutional outbreaks (vaccine mismatch)
Partial Activation	An incident or emergency with **significant** impact is	In addition to the actions for enhanced:	Director or (A)MOH	In addition to the triggers/examples for enhanced:	▪ Measles case with a high number of contacts and/or exposure locations, or known secondary

Levels of Activation	Description	Activities*	Authority to Activate	Possible Triggers or examples	Past Halton Examples
	occurring that requires a large scale response to a specific threat, unusual event or situation.	▪ Immunization staff may be required to stop all other regular duties to assist with immunization clinics ▪ Staff from other teams (outside of those already involved in the response) may be required to assist (i.e. nurses may be asked to help with case and contact management of an EVBD, or vice versa). ▪ Significant overtime for multiple staff		▪ A **significant** number of contacts or exposure sites ▪ A statistically significant increase in the number of confirmed cases of a specific disease with an unknown exposure ▪ Establishing a large rapid immunization clinic (more than ~150 people). ▪ IPAC lapse identified through CD investigation ▪ 2 or more ID events occurring at the same time (both requiring activation of the IDERP)	transmission (2013 provincial outbreak-6 Halton cases) ▪ IPAC lapse with ++++ contacts (2017 dental IPAC lapse) ▪ 2003 E.C. Drury prom E. coli outbreak (75 reported sick, over 250 interviewed)
Full Activation	An incident or emergency with **major** impact, which requires full support from the Health Department (i.e., most staff are reallocated from regular duties in order to help with response)	In addition to the actions for enhanced & partial: ▪ Regularly scheduled programs and operations may be suspended or altered. ▪ Many staff are being pulled from their regular duties to assist in the response	(A)MOH	In addition to the triggers/examples for enhanced & partial: ▪ Large or widespread event (multiple health units, province, federal, or international) ▪ Multiple responding agencies ▪ F/P/T declaration of an emergency	▪ H1N1 ▪ SARS

* activities listed are not an exhaustive list and others may be required- review job action sheets for additional responsibilities

2.6 Complete Incident Action Plan (IAP)

Once the IDERP has been activated at 'Enhanced Monitoring' or higher, during each ops cycle meeting, an IAP will be created, which provides the objectives for the incident management. An IAP allows the response team to respond to the incident with common goals, strategies, objectives, all while documenting the progress of HRPH investigation and response. Once the IAP is finalized, each section chief is responsible for ensuring that agreed upon objectives are completed by the next ops cycle meeting.

The essential elements in the IAP are:

- Incident summary
- Statement of objectives or priorities
- Clear strategic direction
- People or teams responsible to carry out the tasks
- Key communications messages
- Long term planning items/issues

2.7 Resource Activation

Examples of resources that may be required to support the response include:

- Staff
- Facilities (immunization clinic, meeting rooms)
- Software/Applications (database, data analysis tools)
- Equipment (laptops/tablets, queue phones)
- Materials/Supplies (signage, FAQ, fact sheets, immunization clinic supplies)
- External communications (media release, notification letters)

2.8 Response

The coordinated HRPH response will focus on achieving the response needs identified during the initial planning meeting. The IDERP is meant to complement the Halton Region Emergency Program and Plan as well as other Halton Region Departmental Emergency Plans. The response will be consistent with established legislative requirements, such as those set out in the Infectious Disease protocol.

The time between ops cycle meetings gives staff the opportunity to respond to the event. Objectives are identified in the IAP and should be completed before the next ops cycle meeting.

Until the response is considered over, repeat steps 2.4-2.8, until the plan can be deactivated.

2.9 Plan Deactivation

The incident commander can deactivate/scale-down the IDERP as appropriate. Demobilization of resources should be considered from the earliest stages of an incident, since keeping resources dedicated to an incident where they are not needed is not only expensive, but also renders them unavailable for other important work.

A debrief should be done once the IDERP is deactivated. Ideally it should be done as soon after deactivation as possible and include all members of the response. This will ensure future responses build upon strengths from past response and identify lessons learned. The Liaison officer is responsible for scheduling the debrief, and writing an after action report with recommendations and lessons learned.

Items to consider for the debrief; what went well? What could have been improved upon? Lessons learned, and recommendations for future responses.

3.0 Health Department Roles and Responsibilities

This section outlines the general roles and responsibilities of staff involved when responding to an ID event. HRPH staff conduct and manage responses via communication to the public, surveillance, infection prevention and control, case and contact management, inspections, as well as immunization.

Job actions sheets are available in Appendix C and can be provided to the staff assigned to the chief roles to help respond to the incident.

Role	Responsibilities
Executive Lead	Responsible for the overall management of the incident, including the establishment of the incident objectives/strategies
Medical Lead	Responsible for the overall medical direction of the incident.
Incident Commander	The Incident Commander is responsible for the overall management of the incident, including the establishment of incident objectives/strategies and the overall coordination of incident activities.
Emergency Information Team "The Communicators"	The Emergency Information Team is responsible for the development and release of approved emergency information to the public. Health Department Emergency Management Team (HDEMT) must approve all emergency information that the Emergency Information Team releases.
Liaison Officer "The Coordinator"	The Liaison Officer serves as the primary contact for assisting and supporting organizations and advises the incident commander of issues related to outside assistance and support, including current or potential health department or regional needs.
Safety Officer "The Protector"	The safety officer provides expertise for the management of safety, and infection prevention and control (IPAC) issues
Operations Chief "The Doers"	The Operations Chief is responsible for providing overall supervision and leadership to their program area. They are responsible for implementing the Incident Action Plan and organizing, assigning and supervising all resources assigned operational tasks within an incident.
Planning Chief "The Thinkers"	The Planning Chief is responsible for the collection, analysis, interpretation and dissemination of data.
Logistics Chief "The Getters"	The Logistics Chief is responsible for providing facilities, services and materials in support of the incident.
Finance and Administration Chief "The Payers"	The Finance and Administration Chief is responsible for financial and administrative support to an incident, including all business processes, cost analysis, financial and administrative aspects.

4.0 Communication

The Emergency Officer along with the incident management team will make the decision about appropriate communications at the time of the incident.

When the IDERP has been activated at enhanced monitoring or higher, ensure that Access Halton (AH) and Corporate Communications departments have been notified, and if appropriate attend the ops cycle meetings. The Incident Commander shall have final approval on all media releases where HRPH is lead for the incident.

Access Halton(AH) is Halton Region's tier 1 call centre and will triage all incoming calls into 311 as per their established procedures. They will track call volumes to determine the need to scale up response. AH may need to activate their surge capacity plan, which will provide additional resources to respond to a surge in incoming calls. If the decision is made by AH and HRPH that there is a need to staff an additional intake line from HRPH, then a queue phone will be set up.

4.1 Stakeholder Communication

Stakeholders may need to be notified of the ID event. Within Halton Region, any time the following criteria have been met, a HaltonIssues should be sent by the (A)MOH. This is an FYI only and is not meant to receive any response from any recipients of the email. It is a way to inform other department what is going on.

HaltonIssues should be sent when a situation or event satisfies any of the following:

- Non-routine interruption or disruption of service delivery
- There is a potential impact on our communities
- Has potential to attract or has attracted media and/or social media attention
- Regional Chair/Councillors may be contacted by the public and/or may need to be notified

Other stakeholder notification may include, but is not limited to:

Internal stakeholders

- Regional Emergency Management Team (any time any department has activated their emergency response plans, the regional EMT should be notified. This does not mean that the regional EMT takes any action- it is just so they are prepared to assist if required)

Other Halton Regional Departments such as:

- Access Halton
- Corporate Communications
- Social and Community Services
- Public Works
- CAO's office
- Regional council

Local stakeholders, such as:

- Schools
- Child care centres
- Long term care homes/institutions
- School boards
- Local hospitals
- Physicians
- Ontario Health Teams (OHT)s
- Community organizations

External stakeholders

Relevant Local, Provincial and Federal agencies such as:

- Public Health Ontario (PHO)
- The Ministry of Health
- The Ministry of Long Term Care
- Health Canada
- Public Health Agency of Canada
- Canadian Food Inspection Agency (CFIA)
- Ontario Ministry of Agriculture, Food and Rural affairs (OMAFRA)
- Local municipalities
- Other health units

5.0 Immunization

At the time of writing this plan, an Immunization Response Plan (IRP) is under development. Until such a time that the IRP has been approved, refer to the draft Mass Immunization Clinic Flow Procedure.

6.0 Plan testing, review and maintenance

Testing the Procedure

Ideally, an ID event will be used in order to test the IDERP, if no such event occurs an exercise can also be created in order to test it. Revisions and suggestions from staff involved will be considered and included in the IDERP if appropriate. The PHEMC will train all HD staff within six (6) months of approval of the final plan. All new hires will also receive training as a part of their orientation to HRPH.

Review and Maintenance

If the IDERP is not activated at least one (1) time in a calendar year (Jan 1 to Dec 31), an ID exercise will be created by the PHEMC. This will ensure all staff are trained and ready to respond to real ID events when one occurs. If any issues are identified with the IDERP during any real or mock responses, the PHEMC is responsible to ensure that revisions are made and approved.

Appendix A: Definitions & Abbreviations

Diseases of public health significance: A list of specified diseases which are mandated to be reported to the Medical Officer of Health required by the Ontario's Health Protection and Promotion Act (HPPA) by physicians and other healthcare professionals/practitioners, laboratories, and hospital administrators.

HDEMT: Health department emergency management team

HDOC: Health department operations centre. The HDOC can be partially or fully activated. The HDOC is where the response group assembles to share information, evaluate options and make decisions regarding the response.

IAP: incident action plan

IMS: incident management system

Infectious Disease Event (ID event): An ID event is any infectious disease related event that needs a large scale, coordinated response involving multiple program areas/departments, requiring activation of the IDERP.

Levels of Activation:

- **Routine monitoring:** The Health Department is operating **business as usual**. Consists of normal daily operations that the Health Department must carry out according to procedures, policies and/or legislation. This comprises the activities, processes and functions HRPH conducts on a day-to-day basis. This includes case and contact management for Diseases of Public Health Significance (DoPHS), infection prevention and control (IPAC) lapse investigations involving regulated healthcare professionals, outbreak management, surveillance, reporting and consultation with external stakeholders.
- **Enhanced monitoring:** An incident or emergency with **moderate** impact is occurring within the Health Department that requires an enhanced response to a specific threat, unusual event or situation.
- **Partial Activation:** An incident or emergency with **significant** impact is occurring within the Health Department that requires a large scale response to a specific threat, unusual event or situation.
- **Full Activation:** An incident or emergency with **major** impact on the Health Department is occurring and requires coordination of multiple resources/ jurisdictions.

PHEMC: Public Health emergency management coordinator

Appendix B: Sample IMS structure

The following is a sample IMS structure that can be used to start the foundation of the response team. Multiple roles can be completed by a single person, and multiple people can be assigned to the same role if required. Depending on the resources required in the response, additional duties may be required. The structure can expand and contract depending on the response and people involved. Suggested positions have been included in *italics* in some roles below.

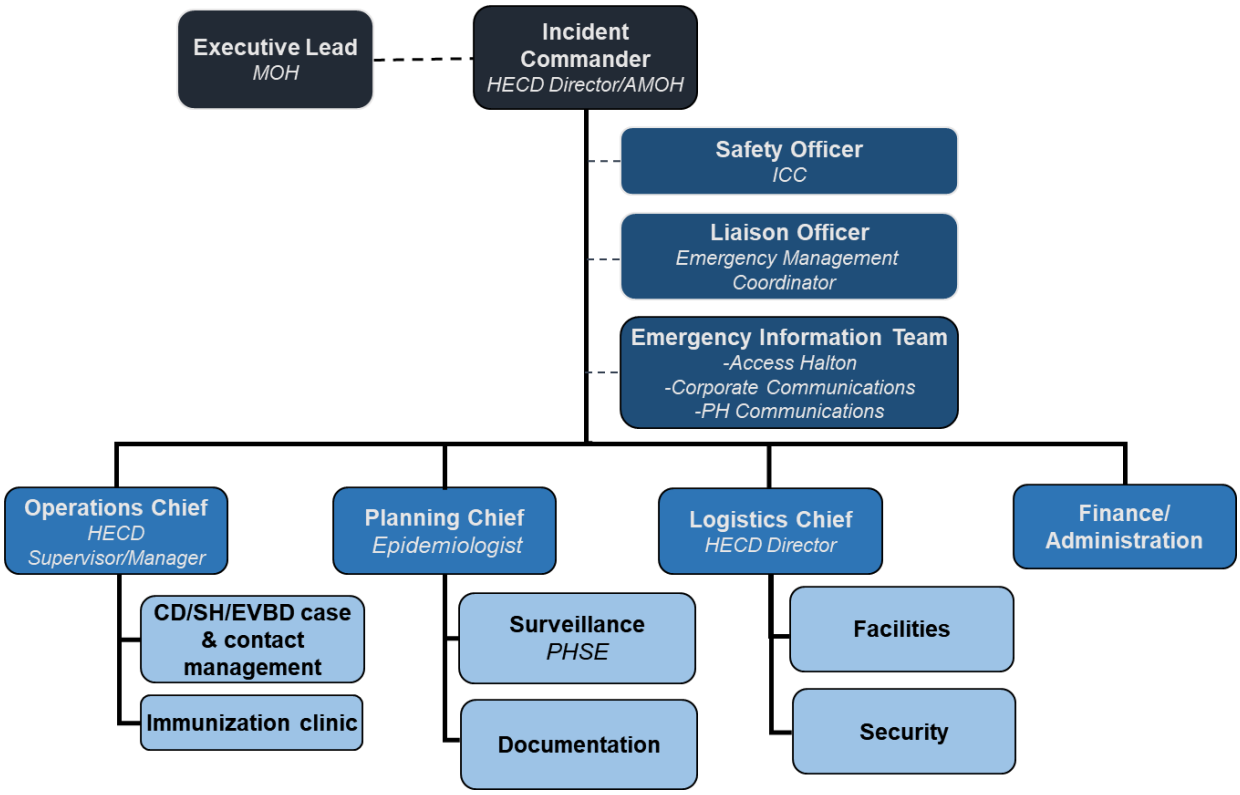


Figure 3: Sample IMS framework with suggested leads

Appendix C: Job Action Sheets

Executive Lead

Lead: MOH

Description:

Responsible for the overall management of the incident, including the establishment of the incident objectives/strategies.

Key Activities:

- Attend regular ops cycle meetings
- Approve and authorize release of information to the public and media
- Liaise with the Ministry of Health, Public Health Ontario (PHO), Emergency Management Ontario (EMO), as required
- Media relations
- Coordinate with external departments/organizations such as hospitals and school boards
- Communicating with Management committee/HaltonIssues and Regional Council

Partial/Full activation

- Determine need for, establish, and participate in Unified Command, if applicable.

Demobilization:

- Participate in debrief

Medical Lead

Lead: (A)MOH

Description:

Responsible for the overall medical direction of the incident.

Key Activities:

- Attend regular ops cycle meetings
- Review assessment (potentially SBAR) with case investigator and appropriate management
- All medical consults including case and contact management
- Contact person for physicians including sending medical advisories

Demobilization:

- Participate in debrief

Incident Commander

Lead: Director or AMOH or MOH

Description:

Responsible for determining who is required for the response and the overall coordination of the incident activities. Chairs ops cycle meetings.

Key Activities:

- Attend regular ops cycle meetings
- Regularly update the Executive lead and Medical lead about ongoing situation
- Determine the appropriate level of activation
- Determine which IMS sections are needed and include appropriate people. Assign Section Chiefs as appropriate and ensure they are staffing their sections as required.
- Fill out initial planning meeting document to identify what resources will be required
- Collect potential updates from internal and external stakeholders
- Ensure all organizations/contacts impacted by the ID event have been notified
- Ensure the Health Department Operations Centre (HDOC) is properly activated (partially or fully), if required.
- Ensure completion of an IAP at each operational cycle meeting and that objectives are being completed in a timely manner
- Continually monitor the situation to determine if the level of activation needs to be scaled up or down
- Have clearly defined roles and responsibilities to ensure no duplication or confusion regarding tasks
- Keep internal staff informed of the situation/incident, using a situation report
- Ensure Business Continuity Plans are used to obtain resources for the IDERP while still maintaining continuity of normal operations
- Demobilize as appropriate

Demobilization:

- Participate in debrief

Emergency Information Team

"The Communicators"

(Co)-lead(s): Access Halton lead and/or Corporate Communications lead and/or Health Department management team

Description:

To establish and coordinate the implantation of a communications strategy for receiving and providing information to the general public and media relations personnel throughout the response. This includes communications such as media releases, e-faxes, notification/information letters, and responses to media inquiries. Continuous monitoring of website activity, social media, call volumes and media inquiries.

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Develop a communication plan to inform and educate both internal and external key stakeholders, including but not limited to:
    - Dedicated webpage for the response
    - Media releases
    - Notification letters
    - E-faxes
    - Media requests
- Provide copies of all internal and external communications to the to the liaison officer to ensure posting in centralized location
- Establish and maintain internal and external communications by all media venues
- Coordinate mass printing of consent forms, fact sheets, flyers, etc.
- Monitor website activity, including social media, media release viewings
- Monitor call volumes through Access Halton and Siebel
- Coordinate all activities with on-scene media coordinator (person from the service or Local Municipality involved)
- Create/approve signage if required

Demobilization:

- Deactivate webpages as appropriate
- Scale down access Halton staff as appropriate
- Participate in debrief

Liaison Officer

"The Coordinator"

Lead: public health emergency management coordinator (alternate-experience with emergency management ie, previous incumbent of public health emergency management coordinator)

Description:

Serves as the primary contact for assisting and supporting departments/organizations and advises Incident Commander of issues related to outside assistance and support.

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Work with the Incident Commander and the Information Section Chief to identify internal and external stakeholders
- Establish centralized location for all documentation
- Distribute IDERP as appropriate
- Identify if there are any concerns from responding departments/organizations in regards to resources, capabilities, or restrictions. Provide this information at Planning Meetings, as needed.
- Monitoring of incoming call volumes for public inquiries (both through Access Halton and health department intake lines), to determine if health department response needs to be scaled up or down
- Bring issues pertaining to logistical problems or communications to the attention of Incident Commander.
- Coordinate with internal or external departments/organizations, as required.
- Attend Planning Meetings and brief on areas of responsibility, as required.
- Document all activities and actions, including dates and times
- Collect any IDERP status update forms (Appendix E – Resources
- from staff ahead of the operational cycle meeting and include in the IAP

Demobilization:

- The submitting of final reports by each individual
- Recording, and reporting lessons learned
- Creating records for future reference
- Capturing inputs that are relevant to the overall incident After-Action Report

Safety Officer

"The Protector"

Lead: Infection control coordinator

Description:

To provide expertise for the management of safety, and infection prevention and control (IPAC) issues

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Provide expert advice on safety and IPAC related issues
- Develop and provide evidence-based IPAC resources
- Liaise with external stakeholders to address IPAC issues
- Coordinate communication between stakeholders during the response (e.g., long-term care homes, hospitals, schools, daycares etc.)
- Attend external stakeholder IPAC meetings during the response
- Collaborate with Incident Commander, and Emergency Information team to develop IPAC key messages
- Predict need for staff or visitor health screening

Demobilization:

- Participate in debrief

Operations Chief

"The Doers"

(Co)-lead(s): Appropriate management (Communicable disease, enteric and vector borne diseases, sexual health), and/or immunization

Description:

To coordinate all operations for case and contact management, inspections and immunization clinic services during the ID event response.

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Manage workload of staff during ID event, to ensure proper resource allocation.
- If required, establish team to conduct case and contact management if beyond the capacity of case investigator
- If applicable, ensure proper health and safety recommendations are followed
- Coordinate and approve notification letters
- Coordinate with surveillance (iPHIS, school, panorama) on any data needs
- Provide relevant data to PHSE for epidemiological analysis
- Oversee clinic operations when required
- Liaise with PHO and PHOL regarding case and contact management
- Brief on call after hours staff
- Ensure that all sectional activities are executed in a timely manner
- Document all activities and actions, including dates and times

Demobilization:

- Deactivate webpages as appropriate
- Scale down access Halton staff as appropriate
- Participate in debrief

Planning Chief

"The Thinkers"

Lead: CD Epidemiologist

Description:

To oversee all planning and surveillance activities for the response.

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Communicate health and safety recommendations to staff
- Ensure that all sectional activities are executed
- Determine data requirements for the response
- If applicable, provide surveillance reports to the incident commander
- Assist in developing the IAP and agenda for each operational cycle meeting
- Partial/Full activation
- Provide Surveillance reports to Incident Commander

Demobilization:

Participate in debrief

Logistics Chief

"The Getters"

Co-Lead(s): Immunization manager (if clinic required), management with capacity/experience with facilities/security/supplies

Description:

To manage issues related to facilities and supplies for the ID event Response.

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Identify facility needs and coordinate booking of those facilities
- Consider accessibility of potential facility
- Identify supply needs to support clinic functions and order/collect supplies
- Identify security needs and ensure security measures are implemented
- Delegate acquisition of clinic supplies and equipment, if required
- Ensure non-staff resources such as clinic equipment and supplies (including stationary, refreshments, and communication technology) are available and operational
- Maintain inventory of clinic equipment and supplies
- Ensure signage for clinics are ready for use or order signage as required.
- Ensure normal business functions continue as usual, consider activating Business Continuity Plans
- Document all activities and actions, including dates and times for record keeping
- Provide support to direct reports
- Liaise with the Incident Commander and other Section Chiefs, as required
- Brief and transfer relevant information to any individual covering this position
- Administrative and financial duties will be handled by the logistics chief

Demobilization:

- Participate in debrief

Finance and Administration Chief

"The Payers"

Lead: Manager or designate of PHBPI

Description:

To manage financial and administrative support to an incident, including all business processes, cost analysis, financial and administrative aspects.

Reports to:

Incident Commander

Responsibilities:

- Attend regular ops cycle meetings
- Create compass codes for the response
- Track financial expenditures and make cost projections
- Assist in developing the IAP and agenda for each operational cycle meeting

Demobilization:

- Participate in debrief

Appendix D: Diseases of Public Health Significance

- Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Paralysis
- Amebiasis
- Anthrax
- Blastomycosis
- Botulism
- Brucellosis
- Campylobacter enteritis
- Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- Cholera
- Clostridium difficile infection (CDI) outbreaks in public hospitals
- Creutzfeldt-Jakob Disease, all types
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Diseases caused by a novel coronavirus, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)
- Echinococcus multilocularis infection
- Encephalitis, primary, viral
- Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified
- Food poisoning, all causes
- Gastroenteritis, outbreaks in institutions and public hospitals
- Giardiasis, except asymptomatic cases
- Gonorrhoea
- Group A Streptococcal disease, invasive
- Group B Streptococcal disease, neonatal
- Haemophilus influenzae disease, all types, invasive
- Hantavirus pulmonary syndrome
- Hemorrhagic fevers, including: Ebola virus disease, Marburg virus disease, Lassa fever, and other viral causes
- Hepatitis A, viral
- Hepatitis B, viral
- Hepatitis C, viral
- Influenza
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- Measles
- Meningitis, acute, including: bacterial, viral and other
- Meningococcal disease, invasive
- Mumps
- Ophthalmia neonatorum
- Paralytic Shellfish Poisoning
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Plague
- Pneumococcal disease, invasive
- Poliomyelitis, acute
- Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- Smallpox
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)
- West Nile Virus Illness
- Yersiniosis

Appendix E – Resources

Initial Response Planning Meeting Checklist

IDERP Initial Response Planning Meeting Checklist
Incident Commander:
Date:
Incident name:
☐ **Risk/situational form or SBAR is complete** (use this to inform IAP)
Ensure the following people are included, and if not provide reasoning (check job action sheets for a list of key activities and responsibilities). ☐ HECD director ☐ Appropriate manager/supervisor (CD, EVBD or SH) ☐ Case investigator ☐ Public Health Emergency management coordinator ☐ Immunization services (if immunizations are required) ☐ Epidemiologist ☐ Infection control coordinator ☐ Admin staff (if required) ☐ Communications ☐ Access Halton (if increase in call volume is expected) ☐ Other (as required) _____

Situation/Risk Assessment Form

Situational/Risk Assessment Form
Name:
Program Area:
Date:
High level summary: (e.g. scenario 1: confirmed measles case in a 2-year-old unvaccinated child Scenario 2: confirmed measles case in a 30-year-old, who has not left house since onset of symptoms)
Current information: (e.g. scenario 1: visited multiple exposure sites(provide dates and locations if known), no known travel history Scenario 2: no exposure sites identified, only 1 close household contact)
Assessment: (e.g., scenario 1: based on ID protocol, contacts need to be identified for follow up scenario 2: only 1 contact identified and education/counselling can be provided)
Suggested response: (e.g., scenario 1: based on number of potential contacts and exposure sites, suggest activating IDERP scenario 2: based on assessment, contact management can be managed by case investigator so no coordinated response is required)

IDERP Status Update Form

IDERP Status Update Form		
Name:		
Program Area:		
Subject:		
Current Operational Period:	**Date:**	**Time:**
Summary:		
Next steps:		

Halton Region Public Health Incident Action Plan

Incident/Event Name:					
Prepared for Operational Period No:		**Start Date/ Time:**		**End Date/ Time:**	
Attendance					
Level of Activation:					

Meeting Updates:

Agenda:

Objectives/Priorities: What activities are necessary to complete during this next operational period?

Objective:	Done	Responsible	Notes
By next ops cycle meeting			
Future objectives			

Objective:	Done	Responsible	Notes
By next ops cycle meeting			
Future objectives			

Objective:	Done	Responsible	Notes
By next ops cycle meeting			
Future objectives			

Key Communication Messages (internal and external)

Long Term Planning Items/Issues

Next Operations Cycle Meeting:	

Prepared by:	