To: Mayor and Members
Board of Health

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Council Direction:
This report is provided in keeping with the Board of Health policy on communication between the Medical Officer of Health and the Board of Health, as outlined in Report PH06038.

On January 1, 2009\(^1\), the *Ontario Public Health Standards 2008* (OPHS) came into effect, replacing the *Mandatory Health Programs and Services Guidelines, 1997* (MHPSG).

The Emergency Preparedness Program Standard and Protocols are new and replace emergency preparedness requirements in the Health Hazard Investigation Program and the Infectious Diseases Program in the 1997 Mandatory Public Health Service Guidelines.

The Board is responsible to ensure that PHS: conducts a hazard identification and risk assessment, develops a continuity of operations plan, develops an emergency response plan, has a 24/7 notification protocol, increases public awareness of emergency preparedness activities, provides orientation and training to the Board and regularly exercises the emergency response plan.

To enhance its response to the OPHS, Emergency Preparedness Standard and Protocol, PHS will continue its’ partnerships with emergency responders and planners within the community and health care sector, conduct a more recent hazard identification risk analysis, update its continuity of operations plan by Sept 2009, continue to regularly update its emergency response plan, continue to build capacity to increase public awareness and continue to train its staff. In addition, Public Health
Services (PHS) will continue work on Goal B of the PHS Strategic Business Plan which focuses on sustaining the emergency response capabilities of PHS.

Information:

Context


This report will:

• provide an overview the OPHS, Public Health Emergency Preparedness Standard and Protocols and
• outline PHS response to the Public Health Emergency Preparedness Standards and Protocols, identifying areas where further work is needed to address the requirements.

What is the Public Health Emergency Preparedness Standard and Protocols?

The Public Health Emergency Preparedness Standard and Protocols are intended to ensure a consistent level of emergency preparedness among the provinces 36 health units and contains many elements that are consistent with requirements set out for municipalities under the Emergency Management and Civil Protection Act.

The key requirements for the Board of Health include:

• conducting a public health hazard identification and risk assessment;
• developing a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions;
• developing emergency response plans in consultation with community partners and governmental bodies to address the identified hazards for which the board of health and Medical Officer of Health will have a lead response role;
• developing, implementing and documenting 24/7 notification protocols for communications with board of health staff, community partners and governmental bodies to facilitate the sharing of information;
• in collaboration with community partners, increasing public awareness regarding emergency preparedness activities;
ensuring the provision of emergency preparedness and response education and training for board of health staff;

ensuring that its’ officials are oriented to the board of health’s emergency response plan; and

exercising, in whole or in part, the continuity of operations plan, emergency response plan and 24/7 notification procedures.

How does the Emergency Preparedness Program Standard and Protocols differ from the MHPSG?

The protocols developed within the Emergency Preparedness Program Standard are new protocols replacing emergency preparedness requirements in the Health Hazard Investigation Program and the Infectious Diseases Program in the 1997 Mandatory Public Health Service Guidelines. The 2009 Emergency Preparedness Program Standard includes new requirements that enable and ensure an effective response to public health emergencies and emergencies with public health impact and increased self-sufficiency of the public and community partners during emergencies.

What has been PHS’ response to the new requirements?

Significant work has been done to meet the new OPHS Emergency Preparedness Standard and Protocols. There is significant synergy that exists between the PHS Emergency Response Planner and the City of Hamilton Community Emergency Management Coordinator. This relationship has assisted with the implementation of many of these standards. Much of the emergency preparedness work has been initiated through the implementation of PHS Strategic Business Plan 2007-2010 particularly as they relate to Goal B – “Support community preparedness for and response to public health emergencies”. PHS has, or will, address the requirements of the Emergency Preparedness Standard and Protocol in the following ways:

1. **Conduct hazard identification and risk assessment**

   This was completed by the City of Hamilton Emergency Management Program in 2008 and identifies the hazards and risk specific to the City of Hamilton. The assessment also identifies gaps between identified risk and the development of emergency plans to mitigate and respond to the risk.

2. **Development of continuity of operations plan.** PHS had completed templates in 2006 and 2008 that clearly defined the need to maintain services in order to ensure ongoing public health programs. With the development of H1N1 in April 2009, every city department was asked to complete continuity of operations plans in order to ensure the continuity of municipal services. Although PHS had completed continuity of operations plans forms, it was decided that every program will revisit their continuity of operations plan to be consistent with the development of the City of Hamilton continuity of operations plans. Work is under way to complete these plans within PHS by September 2009.
3. Development of emergency response plan. PHS comprehensive emergency response is reviewed and revised on a regular basis. It is understood that emergency response plans are evergreen documents that require regular updates and revisions post emergency event. Parts of the emergency response plan such as the notification form are updated every 3 months.

4. Establish a 24/7 notification protocol. The establishment of a 24/7 notification protocol has been in place since the MHPSG of 1997. This notification system involves the ability to notify any board of health member 24/7. PHS has developed an on-call mechanism with board of health members that ensure the availability of staff 24/7. The recent flooding in July 2009 demonstrated PHS’s ability to respond to any adverse report or emergency as requested.

5. Increase public awareness regarding emergency preparedness activities. PHS has established communication channels to inform the public of emergency preparedness activities. These channels involve:
   - updates to the PHS website;
   - development and regular meetings of a committee of public relations and communication officers from the city and community agencies; and
   - public education sessions.

6. Ensure the provision of emergency preparedness and response education and training for board of health staff. Board of health staff are trained on a regular basis for all public health emergencies. All emergency responders are required to attend a yearly training session on emergency response and all responders and members of the Public Health Emergency Control Group are asked to attend the Basic Emergency Management Course held by the provincial Emergency Management Ontario. Training is booked in September for educational sessions on the Incident Management System.

7. Ensure that their officials are oriented to the board of health’s emergency response plan. As emergency response plans are developed all board of health staff are orientated to emergency response plans and are aware of the storage of the plan and the process of assessing the plan on line or within PHS offices. Plans are distributed to all members of the Public Health Emergency Control Group and their alternates. Members of board of health are oriented to the plan through meetings, educational and training sessions and sometimes through activation of the Public Health Emergency Control Group where members are focused to utilize the plan in response to the emergency.

8. Exercise, in whole or in part, the continuity of operations plan, emergency response plan and 24/7 notification procedures. PHS participates in regular emergency exercises as part of emergency response training and education. In 2008 PHS was involved in two exercises. The first exercise was an exercise to test the ability to respond to an outbreak of food poisoning. The second exercise was a pandemic exercise. More recently, PHS has exercised their Pandemic Response Plan by responding to the H1N1 Pandemic.
What are the gaps and next steps?

Moving forward, PHS will need to:

- Conduct a more recent hazard identification risk analysis. Following the hazard identification risk analysis, PHS will develop hazard specific emergency sub-plans. The development of hazard identification sub-plans will provide assistance to the board of health members in responding to specified hazards and risk.


- Continue to build capacity to increase public awareness regarding emergency preparedness activities.

Continue to ensure the provision of emergency preparedness and response education and training for board of health staff.

Summary

As Public Health Services continues to prepare for an emergency, the framework and partnerships developed for emergency response has brought together many community partners to strengthen coordination at the municipal level and increase our joint capacity to respond to an emergency. Through emergency preparedness planning and working together, the City, PHS and its partners will be well equipped to reduce illness, death and social disruption in the City Of Hamilton in the event of a large-scale human health emergency.

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