EMERGENCY MANAGEMENT PLAN

North Bay Parry Sound District Health Unit

Approval Date: October 11, 2024

Version 1.0

Contents

I. General

1. Aim

The Health Unit Emergency Management Plan facilitates timely and effective mobilization of Health Unit staff and resources to protect the health and safety of citizens in an incident or emergency. It follows the Emergency Management Cycle: prevention and mitigation, preparedness, response, and recovery (EMO, 2021).

With this plan, the Health Unit aims to:

1. Provide an appropriate and timely public health response to incidents or emergencies

2. Protect the health and safety of citizens

3. Protect the health and safety of staff while responding to incidents or emergencies

4. Maintain continuity of essential public health services and critical infrastructure during and after incidents or emergencies

5. Assist in the management and control of incidents or emergencies through participation at municipal emergency operations centres, as required

6. Identify priority populations most likely to be impacted by incidents or emergencies and work with partner agencies to ensure appropriate actions are taken to mitigate effects on identified groups

7. Cooperate with other emergency response agencies

8. Provide essential public health services including but not limited to:

   - Public health alerts and announcements

   - Food safety

   - Water quality

   - Vaccination clinics

   - Control of disease outbreaks

   - Health Information

   - Inspecting evacuation/reception centres and feeding operations

   - Health hazard identification, communication, mitigation, and remediation

9. Provide accurate and timely information to the public

10. Assist in restoring the community and Health Unit to routine services

11. Maintain readiness to respond to an incident or emergency, such as conducting training exercises and identifying training requirements for staff involved in emergency/incident response.

12. Evaluate and improve emergency management strategies and responses based on lessons learned and debriefing/after action reviews

13. Align Health Unit incident or emergency response efforts with applicable laws, regulations, and guidelines

2. Scope

The Health Unit Emergency Management Plan presents emergency planning, response expectations, and a description of the roles and responsibilities during an incident or emergency. The plan further focuses on a standardized approach to the management of incidents, including the Incident Management System. The plan is intended to be a generic "All Hazards" plan which can be used in any incident or emergency and in conjunction with other protocols and guidelines, sub plans, and standards of operations of the Ontario Public Health Standards under the *Health Protection Promotion Act* and the related legal statutes (i.e., *Emergency Management and Civil Protection Act*).

3. Service Area and Geographic Scope.

The Health Unit's service area spans over 23,000 square kilometers and serves a population of approximately 134, 400. This catchment area includes 31 municipalities, 6 First Nations communities, and 4 unorganized territories (view our service area map). Note: In the event of an incident or emergency that takes place in a First Nations community, the Health Unit does not have the authority nor is responsible for responding the emergency, however, may play a supportive role to assist the community with the emergency response from a public health perspective.

4. Legislation

Actions taken during an incident or emergency are guided by a legal/legislative framework which gives authority to emergency response agencies, such as municipalities and public health units, to coordinate appropriate responses.

Emergency Management and Civil Protection Act

The legal authority for emergency management in Ontario is established in the *Emergency Management and Civil Protection Act,* RSO 1990*,* (EMCPA), and its associated regulation, O Reg. 380/04. The *Emergency Management and Civil Protection Act* and regulation require ministries and municipalities to develop and implement an emergency management program consisting of emergency plans, training programs and exercises, and public education. This includes identifying and regularly monitoring and assessing the various hazards and risks to public health that could give

rise to emergencies, and identifying the necessary goods, services, and resources to respond to identified hazards and risks.

Health Protection and Promotion Act

The legal authority for the delivery of public health programs and services in Ontario is established in the *Health Protection and Promotion Act,* RSO 1990*, (*HPPA). The *Health Protection and Promotion Act* provides for the powers and responsibilities of local boards of health, medical officers of health, the Minister of Health, and the Chief Medical Officer of Health. Its purpose is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario" (*Health Protection and Promotion Act*, R.S.O. 1990, c. H7, s 2). Boards of health are responsible for identifying, preventing, reducing, or eliminating health hazards and addressing communicable diseases in their public health units. The *Health Protection and Promotion Act* provides legal authority for boards of health to respond to public health emergencies that pose a health hazard or that are the result of a communicable disease under the *Health Protection and Promotion Act*.

Ontario Public Health Standards and Emergency Management Guideline

The Ontario Public Health Standards, 2021 (or as current), published by the Minister of Health set out the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Ontario Public Health Standards including the protocols and guidelines referenced therein. Guidelines are program- and topic-specific documents which provide direction on how boards of health shall approach specific requirements identified within the Ontario Public Health Standards.

To achieve provincial and local readiness, boards of health must develop their own public health emergency management programs which complement the emergency management programs of municipal, provincial, and health sector partners pursuant to the Emergency Management Guideline (2024) under the Ontario Public Health Standards.

Personal Health Information Protection Act, 2004

The *Personal Health Information Protection Act, 2004,* SO 2004 (PHIPA), regulates the collection, use, and disclosure of personal health information by health information custodians as defined term in the *Personal Health Information Protection Act*, *2004*, which includes physicians, hospitals, long-term care facilities, medical officers of health, and the Ministry of Health.

The *Personal Health Information Protection Act, 2004,* also establishes rules for individuals and organizations receiving personal information from health information custodians. Consent is generally required to collect, use, and disclose personal health information; however, the *Personal Health Information Protection Act, 2004,* specifies certain circumstances when it is not required. For example, *Personal Health Information Protection Act, 2004,* permits disclosure of personal health

information to the Chief Medical Officer of Health or Medical Officer of Health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the *Health Protection and Promotion Act, 2004.* Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

Occupational Health and Safety Act

The *Occupational Health and Safety Act,* RSO 1990 (OHSA), is enforced by the Ministry of Labour. The *Occupational Health and Safety Act* imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The Health Unit, as an employer, has a legislated responsibility to promote health and safety in the workplace, protect workers against health and safety hazards on the job, and prevent or reduce the occurrence of workplace injuries and occupational diseases. The employer shares this responsibility with the worker. It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety forms an integral part of this organization, from the Medical Officer of Health/Executive Officer to the workers.

This concept of an internal responsibility system is based on the principle that the workplace parties themselves are in the best position to identify health and safety problems and to develop solutions.

II. Situations and Assumptions

Incidents or emergencies are situations, or imminent circumstances, which may occur slowly or suddenly without warning and affect property and/or the health, safety, and welfare of a [community](). These situations require a controlled and coordinated response by several agencies, both governmental and private.

5. Definitions

Emergency
In Ontario under the *Emergency Management and Civil Protection Act*, an emergency is defined as a situation or impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident, or an act whether intentional or otherwise (EMPCA, 1990).

Incident
An incident can be defined as an event that has the potential to cause interruption, loss of or a disruption within a community, or to an organization's operations, service, or functions. If an incident is not managed, the outcomes can be escalated into an

emergency (Business Continuity Institute, 2011).

Disruption

Disruptive events or disruptions are time-limited events that impact, or are likely to impact, the ability of the health system to maintain regular health services and where required, to support individuals negatively impacted as a consequence of the disruption (Emergency Management Ontario, 2011).

6. Activation of the Emergency Management Plan

The Incident Manager activates the Health Unit Emergency Management Plan and any Sub Plan for the management of an incident or emergency.

The plan may be activated in response to the following:

- An emergency or incident that requires the coordinated efforts of all or most Health Unit staff (and /or that cannot be managed within the scope of a program)
- An incident that affects Health Unit operations and infrastructure
- An emergency declared by the Head of Council for any municipality in the Health Unit service area
- A provincial emergency, declared by the Premier of Ontario
- A federal emergency, directed by Health Canada or another designated federal department

The Incident Manager is appointed by the Executive Team based on the job description of the Executive Director and nature of the emergency.

- **For Human Health Emergencies**: Executive Director of Clinical Services (or designate)
- **For Environmental Health Emergencies**: Executive Director of Community Services (or designate)
- **For Technological and/or Infrastructure Incidents**: Executive Director of Corporate Services (or designate)

The Emergency Management Plan Activation Flow Chart outlines next steps following activation of the Emergency Management Plan. Details can also be found in Section IV.18 under Operational Process.

7. After Hours On-Call Response

The Health Unit has a 24/7 on-call system to ensure uninterrupted response to issues of public health importance including reports of health hazards, environmental contamination, food borne issues, infectious diseases, rabies issues, adverse water concerns, issues impacting the Health Unit's

ability to deliver programs or services such as with facilities or technology, and any emergency or potential emergency. The on-call system is staffed by designated staff (public health nurse, public health inspector, managers, or executive directors) and the Medical Officer of Health. Calls are received by a central answering service and directed to the on-call public health nurse, public health inspector, designated manager or executive director based on the nature of the call. On Call Communication Procedures - WI-HU-064 outlines the process for staff to follow when responding to calls after hours.

8. Declaration of a Municipal or Provincial Emergency

Under the *Emergency Management and Civil Protection Act*, heads of council (Mayor, Reeve, or alternate) have the authority to declare that an emergency exists in the municipality and to implement the municipality's emergency plan. The *Emergency Management and Civil Protection Act* also authorizes heads of council to do what they consider necessary to protect the health, safety, and welfare of residents within the affected community. In a provincial emergency, the *Emergency Management and Civil Protection Act* gives the Premier the authority to direct community resources to mitigate the effects of the emergency.

9. Deactivation of the Emergency Management Plan

The decision to deactivate the Health Unit Emergency Management Plan is made by the Incident Manager in consultation with the Incident Management System Team.

The decision is based on, but not limited to, the following factors:

- The incident or emergency is contained and no longer presents a public health hazard to the community

- Receipt of an external official declaration that an incident or emergency has been terminated, provided the situation no longer presents a health hazard to the community

- The incident or emergency is under control and no longer affects Health Unit operations, infrastructure, and/or the coordinated efforts of all or most of the Health Unit

The Incident Manager notifies all staff and relevant external agencies of the incident or emergency deactivation, as required.

III. RELATIONSHIP TO OTHER PLANS

10. Internal Sub Plans

The following are internal Sub Plans under the overarching Health Unit Emergency Management Plan. Sub Plans are linked to internal Health Unit data sources. Additional information may be requested if required.

- [Call Centre Plan](#) (under revision)

- [Communicable Disease Urgent Response Plan](#)

- [Continuity of Operations Plan](#) (under revision)

- [Emergency Communications Plan](#) (under revision)

- [Evacuation Centre Plan](#) (under revision)

- [Extreme Cold Advisory](#) (under revision)

- [Extreme Heat Advisory](#) (under revision)

- [Mass Immunization Plan](#) (under revision)

- [Pandemic Influenza Plan](#) (under revision)

- Isolation Centre Plan (*new: under development)

Throughout an incident or emergency, elements of internal Sub Plans may be activated by the Incident Manager and utilized to support the response effort.

11. External Plans

The Medical Officer of Health (or designate) holds a seat on each Municipal Control Group for the 31 municipalities within the Health Unit service area. The Health Unit Emergency Management Plan guides Health Unit activities to assist communities managing an emergency. The Municipal Control Group (also referred to as the Emergency Control Group), is comprised of officials who are responsible for providing services needed to minimize the effects of an emergency on the municipality. The Municipal Control Group may consist of:

- Head of Council or alternate

- Community Emergency Management Coordinator

- Municipal Clerk/Chief Administrative Officer

- Police Service Representative

- Fire Chief or alternate

- Public Works Superintendent or alternate

- Health Services Representative (Medical Officer of Health, Red Cross, Ambulance Services)

- Indigenous Leaders

- Other designated officials or supporting services deemed necessary

As a member of the Municipal Control Group, the Medical Officer of Health (or designate) provides expertise on matters of public health and safety and supports the decision-making process regarding the declaration of an emergency or issuance of an evacuation notice. Where the Medical Officer of Health is not represented at the Municipal Control Group, the Health Unit is identified as a supporting agency. If a public health emergency or an emergency with public health impacts exists within the Health Unit service area, the Medical Officer of Health may request activation of any municipal Emergency Operation Centre.

Within each municipal emergency response plan the Medical Officer of Health (or designate) responsibilities include:

- Coordinating public health services with various Municipal/Emergency Control Group members and related agencies in the Emergency Operations Centre

- Providing advice to the public and local health care professionals on matters which may adversely affect public health within the Health Unit service area (e.g., toxic spills, water quality, air quality)

- Consulting with the Ministry of Health, Public Health Division, and area medical officers of health as required to augment and coordinate a public health response as required

- Coordinating the surveillance and response to communicable disease-related emergencies or anticipated epidemics according to Ministry of Health directives

- Overseeing the coordination of vaccine/antiviral storage, handling, and distribution across the Health Unit service area

- Initiating and implementing mass vaccination clinics during outbreaks of disease within affected municipalities in the Health Unit service area

- Consulting with local public works and/or utilities representatives within affected municipalities to ensure the provision of potable water, community sanitation, maintenance, and sanitary facilities

- Providing inspection of evacuation centres, making recommendations, and initiating remedial action in areas of accommodation standards related to:
  - overcrowding, sewage, and waste disposal
  - monitoring of water supply, air quality, and sanitation
  - food handling, storage, preparation, distribution, and service

- Consulting with local social service agencies on areas of mutual concern regarding evacuation centres related to public health information

- Advising on or ordering any necessary evacuation, isolation, or quarantine measures

- Providing instruction and health information through public service announcements and information networks

- Issuing orders, if necessary, to mitigate or eliminate health hazards pursuant to the *Health Protection and Promotion Act*

- In the event of mass casualties, monitoring the situation to ensure early and sanitary disposition of human remains to minimize the spread of disease

- Consulting with coroners to coordinate the activities of mortuaries and assisting when necessary

IV. OPERATIONAL PROCESS

12. Hazard Identification and Risk Assessment

Hazard Identification and Risk Assessment is a critical part of every emergency management program in Ontario. Hazard Identification and Risk Assessment is a process of defining and describing hazards by evaluating their probability, frequency, and severity and evaluating adverse consequences (SMDHU, 2023). Pursuant to the Ontario Public Health Standards, 2021, health units must maintain ongoing awareness of hazards and risks relevant to their health unit area that may contribute to incidents or emergencies that have public health impacts. The results are used to inform incident specific preparedness plans, protocols, and business continuity plans as part of an emergency management program. The results are also used by health units to identify priority populations and the disproportionate health impacts they have on the identified populations to inform risk reduction strategies. Health units are required to publicly post results of their risk assessment or link to their municipality's publicly posted Hazard Identification and Risk Assessment (Ontario, Ministry of Health, 2024).

Priority Hazards:

The Health Unit uses a Hazard Identification Risk Assessment process to maintain a list of public health hazards for the North Bay Parry Sound District Health Unit service area. The following is a list of high and moderate hazards identified by the Health Unit in 2015:

High:

- Infectious Disease Outbreak
- Pandemic

Moderate:

- Enteric Disease Outbreak
- Extreme Cold
- Fire-External Infrastructure and Forest/Wildland
- Flood
- Severe Winter Storm
- Tornado
- Water-Contamination
- Windstorm
- Building/Infrastructure Collapse
- Communications Failure
- Flood-external (Dam Failure)
- Electrical Failure (Summer/Winter)
- Explosion
- Sewer Failure
- Supply Shortage-Health Unit
- Transportation-Rail Emergency
- Biological and/or Radiological high yield explosives

13. Health Unit Emergency Response Monitoring and Status Indicators

Emergency Response Monitoring and Status Indicators (ERSI) identify specific phases of an incident or emergency event. Each phase identifies activities undertaken at each incident response level. Based on the situation, the Contingency Preparedness group or the Incident Manager (depending on phase as per below) determines the monitoring status and ensures that it is communicated to staff. The Information Officer or designate will ensure that the current status (Green, Yellow, Red or Grey) is updated on the Emergency Management Intranet Page for staff awareness.

Status Level	Description
Health Unit Status **ROUTINE** **(GREEN)**	**Routine Status** means that the Health Unit is operating under normal conditions. - Normal Business Hours - Normal Business processes - Normal Capacity/Structure

Status Level	Description
Health Unit Status **EHHANCED** **(YELLOW)**	**Enhanced Status** means that a potential or actual incident or emergency is impending. The Executive Director of the lead program may assemble a contingency preparedness group (including the Medical Officer of Health) to review the situation and strategize response activities. Under these conditions, the Health Unit enhances its planning or operations through the lead program. There may be more than one program or department involved in the preparedness activities and/or response. The Executive Director of the lead program determines the course of action and response expectations of staff (i.e., move to next level or continue with response activities at this level) in consultation with the contingency preparedness group.
Health Unit Status **INCIDENT/EMERGENCY** **(RED)**	**Incident/Emergency Status** means that there exists within the Health Unit service area an incident or emergency that meets the criteria for an emergency as outlined in Section II. 6. Activation of the Emergency Management Plan. Under these conditions, the Incident Manager activates the Emergency Management Plan, and any sub plans as required. The Health Unit Emergency Operations Centre is also activated, and the Incident Management System team is established to coordinate the appropriate response activities.

Status Level	Description
Health Unit Status **RECOVERY** **(GREY)**	**Recovery Status** means that the Health Unit, along with its partners and stakeholders, are working to ensure a smooth transition from Enhanced or Emergency conditions to Routine conditions.

14. Activation of the Health Unit Incident Management System Team

When the Health Unit Emergency Management Plan is activated and the Incident Manager is appointed, the Incident Manager establishes the Incident Management System Team (also known as the Emergency Control Group) and assigns appropriate staff to Incident Management System roles. The Incident Manager is appointed by the Executive Team based on the nature of the emergency. The Incident Management System Team provides strategic incident management direction and guidance through the collaboration, coordination, and implementation of incident management roles and priorities, facilitation of logistical support and resource tracking, critical resource allocation decisions, and coordination of incident related information.

More information about the Incident Management System is in Section V.

15. Health Unit Emergency Operations Centre

The Health Unit Emergency Operations Centre serves as a command centre for managing emergency information, decision-making, and resource support. The Incident Manager determines the location of the Emergency Operations Centre in consultation with the Incident Management System team. Selection of the Emergency Operations Centre is dependent on the nature and location of the emergency. The following are designated Health Unit Emergency Operations Centre locations:

a) **North Bay Health Unit Office:**

   Nipissing Boardroom

b) **Parry Sound Health Unit Office:**

   Georgian/Eagle Boardroom

c) **Virtual:**

   The Virtual Emergency Operations Centre uses the Health Unit's authorized technology system (i.e., Teams). Use of the virtual Emergency Operations Centre supports all aspects of incident management, including situational assessment and response.

The Incident Manager decides if the virtual EOC is the primary space or if it is used in combination with a physical Emergency Operations Centre (North Bay or Parry Sound office).

d) Alternate Site (e.g., community partner office):

The Incident Manager determines an alternate Emergency Operations Centre site in consultation with Logistics Section Lead if the designated locations are not accessible.

Emergency Operations Centre Set Up

The Incident Manager collaborates with the Scribe and Logistics Section Lead (or delegate) to operationalize an Emergency Operations Centre, including set up and provision of technology and resource support.

Operating Cycle

To ensure response objectives are being met and communications are clear, the Health Unit Incident Management System Team meets regularly throughout the incident or emergency response. This is known as the **operating cycle** and is determined by the Incident Manager. The meetings are brief and intended to update the Incident Management System team and identify issues that require resolution. Following these meetings, the Incident Management System team members work with Branch Leads and staff to address the issues and support the response team.

During the initial stages of an incident or emergency when information is unclear, it may be necessary to meet more frequently, however the operating cycle may be lengthened in the latter stages of the response.

16. Staff Fan Out

The Incident Manager initiates the Staff Fan Out in consultation with the Incident Management System Team, if required.

The Logistics Section Lead oversees the Staff Fan Out process as follows:

a) The Incident Manager determines who needs to be contacted as part of the Staff Fan Out in consultation with Operations and Planning Section Leads, (e.g., all staff or specific staff members) and informs the Logistics Section Lead.

b) The Logistics Section Lead provides Executive Directors with details regarding staff that need to be notified.

c) Executive Directors contact their respective program/service managers or designates in the management non-union group (e.g., Human Resources staff) and

inform them of the following:

- Type of emergency

- Assistance required of them

- Where to report (if required)

- Who they are reporting to

- Specific frontline staff members they are required to notify as part of the fan out

- Any other pertinent information

d) The manager(s) (or designates as per above) will notify appropriate frontline staff and inform them of the following:

- Type of emergency

- Assistance required of them

- Where to report

- Who they are reporting to

- Any other pertinent information

e) When staff are notified, they are required to:

- Follow instructions as directed

- Be prepared to respond to the emergency and make arrangements to work, as necessary

- Report to their designated location (e.g., Emergency Operations Centre, Health Unit office, remote workstation, community setting, or other identified location)

Note: The fan-out list is saved in the Emergency Management Teams private channel titled "Internal Fan Out List." This private channel is in place to protect the privacy and confidentiality of staff information and is only accessible to the management team, the human resources (HR) assistant, and executive assistants. The fan-out list is updated monthly by the HR assistant.

f) The Information Officer (or designate) posts an update on the Intranet that outlines the status of the incident or emergency, initiation of the staff fan out, and any other pertinent details.

g) The Logistics Section Lead and/or designates (e.g., management non-union staff members) who implemented the internal Staff Fan Out will complete the **Fan Out Activation Form** and save it in the appropriate Emergency Management SharePoint folder (as directed by the Scribe).

17. External Notification

The Medical Officer of Health (or designate) notifies the following, as required (depending on type and scale of emergency):

- The Ministry of Health

- The Public Health Laboratory

- Public Health Ontario

- The Chairperson of the Board of Health

- The appropriate municipalities (Mayor, Reeve, or Community Emergency Management Coordinator)

- Chief Medical Officer of Health for the Province of Ontario.

- Northern Medical Officers of Health

- Indigenous Leaders as applicable

The Executive Team and Managers Team have access to confidential contact information for relevant external partners Emergency Management Teams private channels in SharePoint. The location of external community partner and agency contact lists are outlined in Section VII External Contact List.

18. Documentation

Documentation throughout an incident or emergency is essential to ensure accountability for decisions and actions taken.

Emergency Management documentation forms for all incidents or emergencies are as follows:

- **Unit Activity Log**: Completed by each Incident Management System team member and Branch Lead to record major activities completed (i.e. reports, media releases, bulletins distributed), issues encountered, decisions made, and notifications distributed during each operational period. At the end of each operational period, the person completing it is to insert an e-signature into the form and save it in the appropriate Emergency Management SharePoint folder. **Note:** This form is not used to collect or document personal health information. For documentation of

personal health information, please refer to Health Unit privacy policies and procedures.

- **Situation Update**: Completed by each Incident Management System team member and Branch Lead when an oncoming alternate is covering their role, and by an outgoing alternate when the Lead Incident Management System team member returns (if applicable). The person completing this form is to complete it, insert an e-signature, and save it in the appropriate Emergency Management SharePoint folder. **Note:** This form is not used to collect or document personal health information. For documentation of personal health information, please refer to Health Unit privacy policies and procedures.

- **Fan-out Activation Form.** Completed by the Logistics Section Lead (or designates), when the staff fan out is activated. The person completing this form is to complete it, insert an e-signature, and save it in the appropriate Emergency Management SharePoint folder.

- **Incident Management System Meeting Agenda and Minutes**: Completed by the Scribe for each Incident Management System meeting in consultation with the Incident Manager and saved in the appropriate Emergency Management SharePoint folder. It also serves as the **Main Event Log** and outlines major decisions made and action items decided on for the operational period.

- **Planning Meeting Agenda and Minutes**: Completed by the Planning Lead (or designate) and saved in the appropriate Emergency Management SharePoint folder.

- **Incident Action Plan:** Completed by the Planning Section Lead and approved by the Incident Manager for each operational period. This is saved in the appropriate Emergency Management SharePoint Folder. **Note**: This form is not used to collect or document personal health information. For documentation of personal health information, please refer to the Health Unit privacy policy and procedures.

- **In-Action Review and After-Action Review Report/Summary Report:** Completed by the Planning Section Lead in consultation with the Incident Manager within three months of deactivation of the incident or emergency response. This is saved in the appropriate Emergency Management SharePoint folder.

Filing and Storage of Incident or Emergency Documentation

All documentation generated during an incident or emergency is saved in the appropriate Emergency Management SharePoint folder, as directed by the Incident Manager and Scribe. When the emergency plan is deactivated, the Scribe ensures that all documents

are compiled and stored in the Emergency Management SharePoint folder for legal, historical, and analytical purposes.

19. Telecommunications

The Health Unit currently uses Bell Canada Telecommunications Company for telephone, internet, and cellular services.

On-call staff, managers, executive directors, and the Medical Officer of Health have assigned cell phones for business use during regular business hours and after hours (as per program requirements). Contact information for on-call staff, managers, executive directors, and the Medical Officer of Health is in the on-call calendar, which is accessible to the executive assistants and members of the management team (who are designated on call). More information about all staff contact information can be found in Section IV. 16. Staff Fan Out.

Communication During Infrastructure Failures

During major infrastructure failures, power outages, telephone and/or internet disruptions where normal channels of communication are affected, staff may receive instructions via local radio stations and TV if needed. Information for staff is also posted on the front doors of the Health Unit main office and branch office, as required.

Additionally, there are two active satellite phones owned by the Health Unit that can be signed out and used if required. These two phones are owned and maintained by the Information Technology Department.

20. Continuity of Operations

The Ontario Public Health Standards and Emergency Management Guideline under the *Health Protection and Promotion Act* requires that boards of health have the capacity to respond to an emergency 24 hours a day and ensure continuity of Time-Critical Services. These are services that cannot be interrupted for more than a predetermined period of time without significantly impacting the organization.

The Continuity of Operations Plan addresses response and recovery functions for the Health Unit and provides the Health Unit Executive Team, management, and staff with guidelines for continuity of operations. In consultation with the Incident Management System team, the Incident Manager activates the Continuity of Operations Plan, as a sub plan to the Health Unit Emergency Management Plan. The Continuity of Operations Plan may be activated in whole or in part to ensure continuity of Health Unit Time Critical Services.

21. Occupational Health and Safety

In any incident or emergency, compliance with the *Occupational Health and Safety Act* is required. Under the *Occupational Health and Safety Act*, the employer has a duty to take all responsible

precautions in the circumstances for the protection of a worker. This also includes mental health support, such as access to mental health resources, peer support models, policies and procedures, and the Employee Assistance Program. Likewise, staff working in an emergency also have a responsibility to report any unsafe working conditions to their supervisors and the Health and Safety Officer.

The *Occupational Health and Safety Act* cannot be overridden by any emergency order made under the *Emergency Management and Civil Protection Act* or *Health Protection and Promotion Act*. The Health Unit Operational Policy - Occupational Health and Safety OP-POL-10 outlines the principles of the Internal Responsibility System where all workplace parties (the employer, supervisors, and workers) have a direct responsibility for reducing the risk of physical and psychological injury in the workplace.

V. INCIDENT MANAGEMENT

22. Incident Management System

The Health Unit utilizes the Incident Management System to facilitate management of public health services to respond to incidents, emergencies, or planned events (mass gatherings). The Incident Management System is used by Emergency Management Ontario, municipalities, and emergency response organizations in the Health Unit service area. The Ministry of Health has also adopted the Incident Management System framework for emergency response in the Ontario Public Health Standards. The Incident Management System is based on an understanding that there are certain management functions that must be carried out as part of an emergency response. The Incident Management System improves communication, coordinates resources, and facilitates cooperation and coordination between agencies. The Incident Management System is a framework upon which a plan can be developed and implemented, and it provides a model for how personnel, facilities, equipment, procedures, and communications may be coordinated within a common organizational structure. The Incident Management System is flexible and can be scaled up or down as situations develop. In an emergency, the Incident Management System also facilitates a common approach and understanding when organizations/agencies are working together. The Incident Management System is used to respond to small- or large-scale incidents, emergencies, and planned events to reduce harm and health risks to staff and the public.

23. Incident Management System Team Membership

The Incident Management System Team consists of the following positions:

- Incident Manager
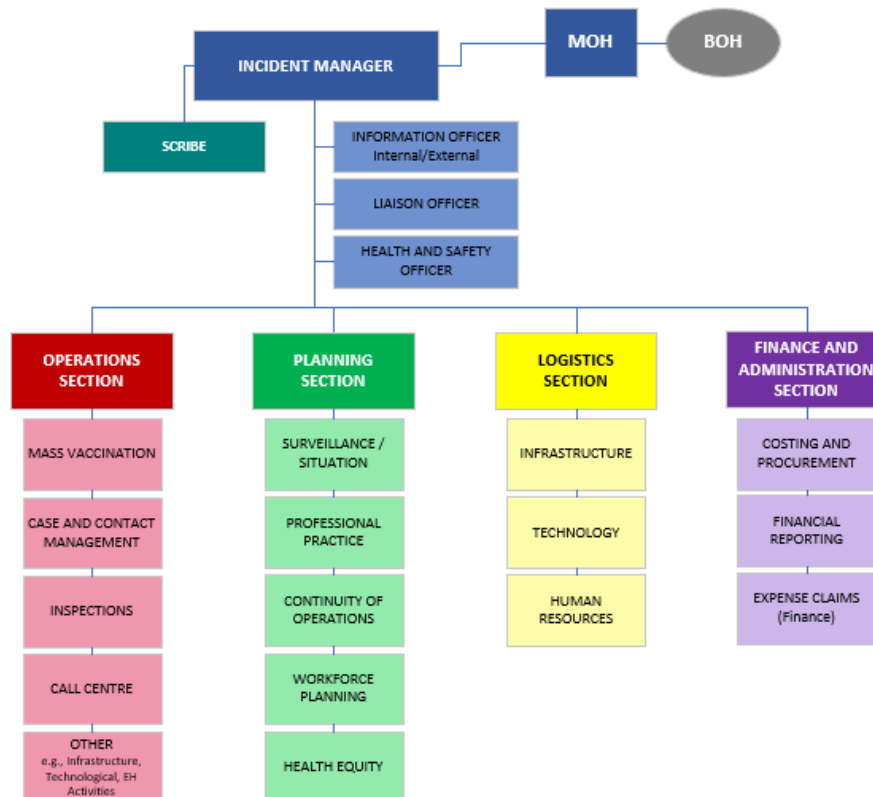 - Information Officer
  - Liaison Officer

        o   Health and Safety Officer

- Operations Section Lead

- Planning Section Lead

- Logistics Section Lead

- Finance Section Lead

The Incident Management System is flexible and scalable depending on the nature, size, and scale of emergencies. The Incident Manager establishes the Incident Management System Team and assigns Branch Leads as required for each incident or emergency. More information about Incident Management System branches can be found in Section V. 25. Incident Management System Sections and Branches.

24. Health Unit Incident Management System Structure

The Health Unit Incident Management System Structure is outlined below. Once the Incident Manager assigns Incident Management System roles, the Scribe updates and distributes the structure to the Incident Management System team.

**North Bay Parry Sound District Health Unit
Incident Management System Structure**

Brief description of each Incident Management System function:

- **Incident Manager (Command):** Sets the incident objectives, strategies, and priorities, and has overall responsibility of the incident or emergency

  - Roles of **Information Officer, Liaison, and Health and Safety Officer** may be assigned to additional staff as part of the command structure

- **Operations Section Lead:** Conducts tactical operations to carry out the plan; develops the defined objectives; and organizes and directs all tactical resources

- **Planning Section Lead:** Collects, collates, and evaluates information relevant to the incident or emergency status and assists with forecasting; provides feedback to the Operational Team for modification of the Incident Action Plan

- **Logistics Section Lead:** Includes two functional branches: Human Resources and Infrastructure and Technology; provides support, equipment, resources, and all other services needed to meet the operational objectives

- **Finance/Administration Section Lead:** Monitors costs related to an incident or emergency. Provides accounting, procurement, time recording, and cost analyses

25. Incident Management System Sections and Branches

The Incident Manager determines the appropriate Incident Management System Branches required under each Section in consultation with the Incident Management System Team. The assignment of leads for each branch, referred to as Branch Leads, is determined by the Incident Manager or the Lead assigned to the respective Section (Operations Section Lead, Logistics Section Lead etc.).

Branches can be added or removed based on the need, type, and severity of the situation. This is not a complete list of all possible Branches.

Information Officer:

- Internal Information

- External Information

Operations Section:

- Mass Vaccination Branch

- Case and Contact Management Branch

- Inspections Branch

- Call Centre Branch

- Other Operations Branches (Technological, Infrastructure or Environmental Health activities, as determined by the Incident Manager)

Planning Section:

- Surveillance/Situation Branch

- Professional Practice Branch

- Continuity of Operations Branch (includes Recovery)

- Workforce Planning Branch (may require more than one Branch Lead)

- Health Equity Branch (includes Indigenous Engagement)

Logistics Section:

- Infrastructure Branch

- Technology Branch

- Human Resources Branch

Finance & Administration Section:

- Expense Claims Branch

- Financial Reporting Branch

- Costing and Procurement Branch

26. Training Requirements for IMS Section and Branch Leads

As part of maintaining readiness to respond to an incident or emergency, all members of the management team and identified staff who may be assigned IMS Section and/or Branch Leads roles are required to complete IMS 100 training.

27. Responsibilities of the Incident Management System Team

Medical Officer of Health

Primary: Medical Officer of Health/Executive Officer

Alternate: Acting Medical Officer of Health

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Medical Officer of Health

- Assigning an Incident Manager in consultation with the Executive Team in the event of an incident or emergency

- Participating in Incident Management System Meetings and assisting the Incident Manager in decision making

- Issuing orders of Public Health importance pertaining to the *Health Protection and Promotion Act* (Medical Officer of Health/Executive Officer), when necessary

- Ensuring the Board of Health Chairperson is kept up to date on the status of the situation on a regular basis

- Acting as key spokesperson for the Health Unit

- Responding to media inquiries in consultation with the Incident Manager and Information Officer

- Approving media releases submitted by the Information Officer and Incident Manager

- Consulting with the Ministry of Health, Community Emergency Operations Centre, and other external contacts, when required

- Receiving directives from the Ministry of Health and directing local implementation of public health orders, directives, and advice

- Recommending activation of a Municipal Emergency Operations Centre and/or declaration of a Municipal Emergency

- Assuming role of Medical/Technical Specialist or delegate if required and needed - the purpose of Medical/Technical Specialist is to provide specialized expertise to the Incident Management System Team in areas such as infectious disease, legal affairs, risk management, and medical ethics

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Incident Manager

Reports to: Medical Officer of Health/Executive Officer (or designate)

Primary: Executive Director of lead program, depending on scale and nature of emergency

Alternate: Designate

The Incident Manager is the key decision maker who has overall responsibility for managing the incident or emergency by prioritizing objectives, planning strategies, incorporating a health equity lens, and implementing specific actions related to occupational health and safety and mental health.

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Incident Manager

- Activating the Emergency Management Plan in consultation with the Executive Team

- Assigning roles to the Incident Management System Team and coordinating expansion of required Sections and Branches

- Activating the Health Unit Emergency Operation Centre and working with the Scribe and Infrastructure/Technology Branch Leads to ensure the Emergency Operations Centre is fully operational

- Determining objectives and establishing immediate priorities based on the nature of the incident or emergency, available resources, and public health policy

- Ensuring the Emergency Operations Centre Action Item Event Log (also known as Master Event Log) is maintained by the Scribe to identify priority action items as discussed by Incident Management System Team members

- Activating Health Unit notification procedures (internal fan out and external notifications) in consultation with members of the Incident Management System Team.

- Chairing Incident Management System Team meetings and determining the operational period and operating cycle

- Approving the Incident Action Plan prepared by the Planning Section

- Activating Sub Plans as required (e.g., Continuity of Operations)

- Ensuring Planning meetings are scheduled to facilitate the collection of information/data, and conducting ongoing assessment of the situation to guide the development of the Incident Action Plan

- Overseeing implementation of the appropriate Incident Management System Sections as the incident or emergency shifts from phase to phase (i.e., response to recovery)

- Deactivating components of the Incident Management System functions as appropriate

- Deactivating the Emergency Management Plan in consultation with the Incident Management System Team

- Ensuring the In-Action Review, debriefing, and/or After-Action Review is completed in consultation with Planning Section Lead

- Identifying and bringing forward as soon as possible any occupational health and safety issues (physical or psychological) to the Health and Safety Officer

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Scribe

Reports to: Incident Manager

Primary: Executive Assistant, Quality Assurance

Alternate: Executive Assistant, Director's Office

The Scribe is the key role that ensures all activities within the Emergency Operations Centre are documented and all documentation generated by the incident/emergency response is filed and archived. This role also supports the initial set up of the Emergency Operations Centre.

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Scribe

- Attending Incident Management System meetings

- Scheduling Incident Management System meetings, distributing meeting invitations, and tracking attendance at meetings

- Working with the Logistics Section Lead (or Infrastructure and Technology Branch Leads) to support the initial set up of the Emergency Operations Centre as requested by the Incident Manager

- Arranging equipment and supports for the Emergency Operations Centre, as required

- Documenting minutes of Incident Management System meetings, tracking action items, and documenting any matters of potential legal significance throughout the situation

- Maintaining Emergency Operations Centre Action Item Event Log (also known as Master Event Log)

- Assisting the Planning Section Lead with scheduling Planning meetings, taking minutes, and tracking attendance at meetings

- Working with the Planning Section Lead in documentation of the Incident Action Plan

- Informing Incident Management System Team members and Branch Leads of the location of the Emergency Management SharePoint folder, where to save documentation and private channel locations

- Reviewing entries and records for accuracy and completeness

- Compiling and saving all documentation generated by the situation in the appropriate Emergency Management SharePoint folder

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required
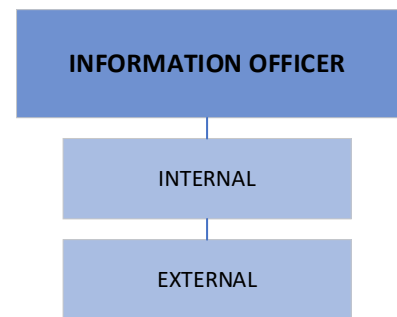
Information Officer

Reports to: Incident Manager

Primary: Executive Director/Privacy Officer, Corporate Services

Alternate: Manager, Communications

The Information Officer serves as the conduit for information dissemination to the media, the public, health unit staff and other groups, as required. The Information Officer coordinates consistent communications to all parties and establishment of an efficient mechanism designed for tracking all agency communications, while ensuring information being provided is accurate and clearly reflects a public health perspective.

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Information Officer

- Attending Incident Management System meetings

- Supporting the Incident Manager with development and implementation objectives and strategies for the Incident Action Plan

- Determining required resources to respond to an incident or emergency, including assignment of Internal and External Branch Leads

- Consulting with the Liaison Officer to obtain contact information for Information Officers from other agencies, if needed

- Collaborating with Information Officers and/or communications staff from external agencies to ensure consistent and collaborative messaging

- Reviewing key messaging developed by Internal and External Branch Leads prior to dissemination

- Verifying facts, dispelling misinformation, and relaying accurate information to Branch Leads and Operations Section Lead, when needed

- Overseeing systems for Communications activities and ensuring there is an efficient mechanism designed for tracking all agency communications

- Ensuring that all communications related to the situation are documented and saved in the appropriate SharePoint folder

- Ensuring that media releases, public service announcements, staff updates, and any other pertinent communications are approved by the Incident Manager or delegate prior to dissemination

- Determining resources (human resource and/or other) required for communications activities to respond to the type and scale of the situation

- Collaborating with the Finance Lead to secure additional funds for resources (human and/or other), as required

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Internal Information Lead

Reports to: Information Officer

Primary: TBD by Information Officer based on nature and scale of Incident or Emergency

Secondary: TBD

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Internal Information Lead

- Developing messaging for staff in consultation with the Incident Manager and designated content experts, if required **Note:** all staff messaging related to health and safety is communicated by the Health and Safety Lead

- Working with External Information Branch Lead on an ongoing basis to ensure consistency in messaging to staff

- Distributing and coordinating messaging to staff using Intranet Communities, all staff emails and/or other methods

- Supporting the Incident Management System Team members in delivery of staff town hall events, when required

- Ensuring the Emergency Response Status Indicator is updated on Intranet as directed by the Incident Management System Team

- Reviewing Incident Management System Team or Executive Team all staff updates and supporting internal dissemination, when needed

- Forwarding any updates received from the Ministry of Health or other external agencies to the Information Officer

- Liaising with the Surveillance and Situation Branch Lead regarding situation updates to inform internal staff communication (case counts, situation status)

- Supporting activation of the internal Staff Fan Out by disseminating required information to all staff as directed by the Logistics Lead

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

External Information Lead

Reports to: Information Officer

Primary: Public Relations Specialist, Communications

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the External Information Lead

- Attending Incident Management System meetings

- Working with identified content expert(s) in the Operations Section to assist with messaging development, reviewing of resources, and clarifying facts and misinformation

- Working with Internal Information Lead on an ongoing basis to ensure consistency in messaging to staff

- Coordinating, developing, disseminating, and promoting public health messaging and information through the media, social media, website, and other methods as required

- Coordinating and supporting responses to media inquiries and arranging media interviews, teleconferences, video conferences, and/or media conferences

- Developing, implementing, and evaluating a strategic communications plan as it relates to the situation

- Establishing a systematic approach to receiving, tracking, sorting, and disseminating information

- Participating in Planning meetings to assist with the formulation and evaluation of the Incident Action Plan

- Liaising with the Operations Section Lead, and/or content experts to obtain up-to-date information for external communications (e.g., media releases)

- Liaising with the Surveillance and Situation Branch Lead regarding situation updates to inform external communications (i.e., case counts, situation status for website)

- Arranging for preparation and translation of communication materials developed by Communications

- Coordinating and facilitating media conferences (in person or hybrid)

- Following up on any feedback or questions received from the public or other media outlets

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Liaison Officer

Reports to: Incident Manager

Primary: Community Emergency Management Liaison or TBD by Incident Manager

Alternate: Designate

The Liaison Officer builds and maintains mutually beneficial relationships, facilitates communications, and coordinates activities with external emergency response agencies and organizations (governments, municipalities, municipal Emergency Operations Centres, first responder services, and private sector organizations).

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Liaison Officer

- Attending Incident Management System meetings

- Supporting the Incident Manager with development and implementation objectives and strategies for the Incident Action Plan

- Serving as a liaison between the Incident Manager and other emergency response organizations involved with the situation and assisting with the coordination of services

- Determining required resources to respond to incident or emergency including the appointment of additional liaison team members (depending on nature and scale of emergency).

- Consulting with the Operations Section Lead and monitoring the situation to help identify current or potential inter-organizational problems

- Assisting with set up and coordination of interagency contacts where applicable

- Reporting to the Municipal Emergency Operations Centre(s) (possibly alongside Medical Officer of Health) to coordinate with other agencies, as necessary

- Consulting with Community Emergency Management Coordinators within affected municipalities, as required

- Participating in planning meetings, when needed, to assist with the formulation and evaluation of the Incident Action Plan

- Posting incident or emergency related information approved by the Medical Officer of Health or required by the Ministry for the identified emergency management alert platform

- Providing supports to Continuity of Operations and Recovery Working Groups

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Health and Safety Officer

Reports to: Incident Manager

Primary: Manager, Human Resources

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Health and Safety Officer

- Attending Incident Management System meetings

- Supporting the Incident Manager with development and implementation objectives and strategies for the Incident Action Plan

- Determining resources necessary to respond to type and scale of the incident or emergency in a safe manner

- Monitoring safety conditions and developing safety measures for the situation

- Identifying Occupational Health and Safety concerns to the Incident Manager and Operations Section Lead

- Identifying specific hazardous situations associated with the incident or emergency and ensuring appropriate action is taken

- Assessing appropriate personal protective equipment and safety device requirements

- Ensuring public health staff responding to the situation are appropriately trained in health and safety practices, including the use of personal protective equipment for designated staff

- Communicating health and safety messaging to staff accordingly

- Providing Health and Safety updates at Incident Management System and Planning meetings to support development of the Incident Action Plan

- Ensuring that health and safety regulations and related policies and procedures are disseminated to staff, and followed, as required

- Verifying that staff are performing work safely

- Coordinating documentation on alleged injury claims made by staff and/or others

- Exercising authority (in consultation with the Incident Manager) to change, suspend or stop any activities that are deemed hazardous in order to protect the health and safety of staff and/or others

- Considering the safety of staff and recording injuries resulting from the situation

- Informing and consulting with the Joint Health and Safety Committee, as appropriate.

- Coordinating and consulting with the Ministry of Labour, when required

- Working with Section Leads and Operational Teams to identify needs for psychological health and safety supports for staff during response or recovery periods

- Completing the Unit Activity Log, inserting an e-signature and saving it in the

applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required
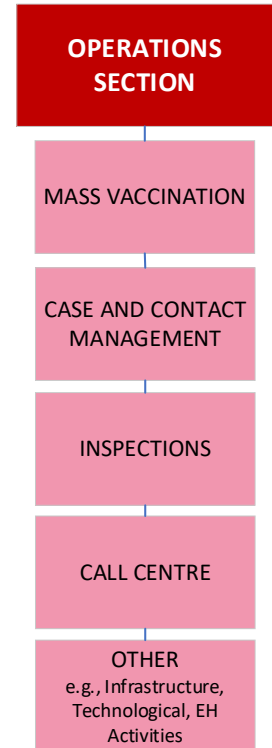
Operations Section

Reports to: Incident Manager

Primary: Director or manager of lead program, depending on nature and scale of emergency.

Secondary: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Operations Section Lead

- Attending Incident Management System meetings

- Supporting the Incident Manager with development and implementation objectives and strategies for the Incident Action Plan

- Leading the public health "front line" response and ensuring that the Incident Action Plan is executed

- Advising the Incident Manager about operational branches required for a response to the situation and assigning Branch Leads as required

- Assigning staff as needed to collaborate with relevant community partners/agencies that are linked to operations (e.g., school boards, hospitals, health care providers etc.) **Note:** the nature of how this is structured within the Operations Section is determined by the Operations Section Lead, as it is dependent on the incident or emergency type and scale, and program requirements

- Coordinating and monitoring the Operations Branches and available resources needed to assist with the situation, and requesting resources as needed

- Communicating directives to the response team(s) and providing feedback to the Incident Management System Team as required

- Reporting regularly to the Incident Manager on implementation of public health objectives and strategies outlined in the Incident Action Plan

- Maintaining communication with Leads in each established Operations Branch

- Liaising with Workforce Planning Branch Lead(s) to determine staff roles and number of

OPERATIONS SECTION

MASS VACCINATION

CASE AND CONTACT MANAGEMENT

INSPECTIONS

CALL CENTRE

OTHER
e.g., Infrastructure, Technological, EH Activities

staff needed for Operational Branches

- Liaising with the Planning Section Lead to inform development of the Incident Action Plan

- Providing information to the Information Officer for development of key messaging for distribution internally to staff and externally to the public

- In consultation with the Health and Safety Officer and applicable Branch Leads, verifying that Operations staff are performing work safely and ensuring there are rest periods and relief for staff

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Planning Section

Reports to: Incident Manager

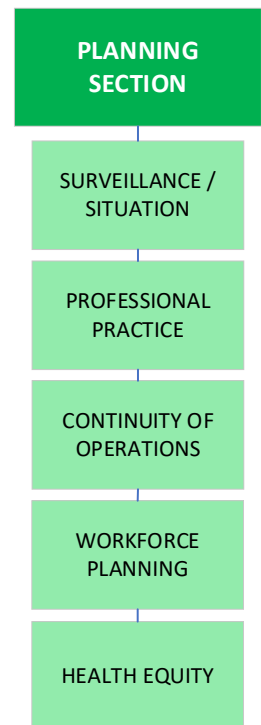**Primary: Manager, Planning and Evaluation**

Alternate: Designate

The Planning Section Lead applies a health equity lens to all levels of a response and is responsible for developing the Incident Action Plan. The Incident Action Plan helps to guide future response activities. The action items from the Incident Management System Team discussions are used to inform the Incident Action Plan.

The Planning Section Lead also oversees the collection, evaluation, processing, dissemination, and use of information regarding the evolution of an incident or emergency and status of resources. This information is needed to understand the current situation, predict the probable course of incident or emergency events, and lead the planning process.

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Planning Section Lead

- Attending all Incident Management System meetings

- Assigning Branch Leads to Planning, as necessary, in consultation with the Incident Management System Team

PLANNING SECTION

SURVEILLANCE / SITUATION

PROFESSIONAL PRACTICE

CONTINUITY OF OPERATIONS

WORKFORCE PLANNING

HEALTH EQUITY

- As a first priority, developing the Incident Action Plan for each operational period in consultation with Planning Branch Leads and other IMS Leads (as necessary) and bringing it back to the Incident Management System Team

- Share the Incident Action Plan with Incident Management Systems Team Members and required Branch Leads.

- Ensuring Planning meetings with all Planning Branch Leads are held regularly to inform decision making for the Incident Action Plan.

- Developing long-term plans that consider all possible situations and resource needs beyond the current operational period

- Developing contingency plans that incorporate possible risks and outcomes based on best- and worst-case scenarios

- Bringing forward to the Incident Management System Team the interpretation of data and trends noted to assist with forecasting the situation 72 hours ahead or longer

- Ensuring the establishment of data elements, databases and/or applications for surveillance, in consultation with the Situation and Surveillance Branch Lead

- Keeping the Incident Manager updated on public health issues and responses

- Providing activity reports to the Incident Management System Team and other leading organizations/agencies (e.g., Province of Ontario), if required

- Communicating any technology needs to the Logistics Lead

- Assessing and identifying health equity impacts on overall incident or emergency response including community engagement with priority populations (assign Health Equity Branch Lead to assist with this, as necessary)

- Identifying internal staff to collaborate with identified equity populations to facilitate communications between the Health Unit and agencies/communities (e.g. Indigenous agencies or other equity communities), if required

- Receiving information and staffing requirement updates from the Incident Management System Team and Operations Section Lead prior to Planning meetings (assign Workforce Planning Branch Lead to assist with this, as necessary)

- Fostering a work environment that supports professional practice and maximizes the use of the knowledge and skill of Health Unit staff, in consultation with the Professional Practice Branch Lead

- Overseeing implementation of the Continuity of Operations Plan, which also includes

recovery planning in consultation with the Incident Manager. Assigns a lead to this branch if required

- Ensuring all documents including the written Incident Action Plans are saved in appropriate Emergency Management SharePoint folder at the end of incident for documentation purposes

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Surveillance and Situation Branch

Reports to: Planning Section Lead

Primary: Epidemiologist, Planning and Evaluation

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Surveillance and Situation Branch Lead

- Attending Planning meetings as directed by the Planning Section Lead

- Attending Incident Management System Team meeting as directed by the Planning Section Lead and/or Incident Manager

- Consulting with Incident Management System Team members and Branch Leads, as required

- Coordinating surveillance team meetings (e.g. weekly; bi-weekly) with supporting epidemiologists, research assistants, the Planning Section lead, public health nurse specialists, and other roles deployed for data support, as required

- Working with the Planning Section Lead to provide the technical information required to inform and formulate the Incident Action Plan

- Ensuring standardization of data collection in collaboration with nurse specialists in designated programs (Communicable Disease Control and/or Sexual Health), if applicable

- Interpreting data collected and trends noted to assist with incident action planning, long term planning, contingency planning, interventions, and communications activities

- Coordinating with the surveillance team members to collect, interpret, and synthesize

data regarding status of and response to the situation and providing reports to the Planning Section Lead and/or Incident Management Team, as appropriate

- Coordinating with the surveillance team members to adapt forms or demographic info (fields) collected by the Health Unit to inform next steps from a health equity perspective

- Coordinating with the surveillance team members to monitor other data/resources and surveillance information systems to keep the Incident Management System Team apprised of the current situation in other jurisdictions

- Adapting forms or demographic info (fields) collected by the Health Unit to inform next steps from a health equity perspective

- Coordinating with the Planning Section Lead to ensure all status update requests are routed/documented through the Service Desk Ticket Portal

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Professional Practice Branch

Reports to: Planning Section Lead

Primary: Manager, Professional Practice

Alternate: Designate (senior staff member in lead program)

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Professional Practice Branch Lead

- Attending all Planning meetings as directed by the Planning Section Lead

- Fostering a work environment that supports professional practice and maximizes the use of the knowledge and skill of Health Unit staff

- Contributing to incident and emergency response action planning and decision making

- Participating in professional practice consultations and leading the development of medical directives, procedures, and guidelines to support requirements for regulated health professionals and safe quality care

- Identifying opportunities for interprofessional practice to build business continuity and response capacity, and to facilitate redeployment

- Working with the Workforce Planning and Human Resources Branch Leads to facilitate Incident Management System decision making through the identification of qualified, competent public health staff for incident redeployment and continuity of operations assignments

- Liaising with local post-secondary educational institutions if assistance from students (e.g., nursing and/or other disciplines) is required to assist with surge capacity related to the situation

- Reviewing Heath Unit Emergency Plans, Sub Plans, and Incident Action Plans and providing expert advice, direction, and leadership to the Incident Management System team related to professional practice and personal health information

- Leading initiatives that support the response as directed by the Planning Section Lead and/or Incident Manager

- Providing or connecting staff with required knowledge and skills to support equity groups (e.g., in-services for immunizing children and youth, training on gender diverse language)

- Consulting with Incident Management System Team leads, as appropriate

- Assisting with staff training if required

- Ensuring Health Unit services and practices follow legislated requirements for the collection, use, and disclosure of personal health information

- Following up with any concerns related to personal health information and Health Unit services

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Workforce Planning Branch

Reports to: Planning Section Lead

Primary: Designate

Alternate: Designate

The Workforce Planning Branch Lead(s) are established if redeployment/recruitment and or hiring is required to support operational tasks. The Incident Manager, in consultation with Operations, determines how many Workforce Planning Branch Leads are required to support required

operations dependent upon the nature and scale of an incident or emergency.

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Workforce Planning Branch Lead

- Attending all Planning meetings as directed by the Planning Section Lead

- Developing systems for forecasting and determining staffing needs based on information received from the Planning Section Lead and Incident Action Plan

- Working with the Professional Practice Lead to identify staff competencies needed for required operational tasks

- Working closely with Logistics and/or Human Resources Branch Lead to ensure they are informed about staffing requirements for specific operations

  o specific roles required (e.g., clinic assistants, nurses, public health inspectors)

  o number of staff needed for each role

  o dates, times, and location where staff are needed

  o competencies required

- Consulting with other assigned Workforce Planning Branch Leads, where applicable, to ensure there is no duplication of staff assignments (e.g., call centre, vaccine roll out)

- Assisting in the development of a scheduling system for staffing in consultation with the Logistics Section Lead or Human Resources Branch Lead, when required

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Health Equity Branch

Reports to: Planning Section Lead

Primary: Designate

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Health Equity Branch Lead

- Facilitating identification of the groups impacted by inequities that are most likely to be disadvantaged by the incident or emergency

- Facilitating identification of community partners that have access to populations impacted by inequities relevant to the situation

- Identifying and coalescing Health Unit staff with pre-existing community relationships and/or knowledge relevant to the situation to assist with Health Equity planning

- Supporting the coordination of communication between the Health Unit and community partners who are linked to health equity groups to ensure timely dissemination of information to the population and receipt of questions and/or concerns

- Applying or adapting prompts, checklists, or mechanisms to facilitate consideration of equity areas and understanding of the needs of relevant populations when planning aspects of a response (e.g., clinics, logistics, communications)

- Collaborating with Operational Branch Leads and other Leads, as required, and coordinating actions to facilitate an equitable response

- Integrating health equity considerations into initial and ongoing organizational emergency response planning and decision making, including Incident Management System meetings, Planning meetings, and external communications strategies

- Prompting proactive planning and collaborative action for Health Unit staff and community partners to consider and supporting groups impacted by inequities early in the situation with needed information, supports, or resources

- Consulting with the Workforce Planning Branch Lead and Human Resources to protect capacity for health equity work

- Consulting and collaborating with the Professional Practice Branch Lead to facilitate required equity-related training for staff

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Logistics Section

Reports to: Incident Manager

**Primary: Executive Director/Privacy Officer, Corporate Services**

Alternate: Executive Director, Human Resources

The Logistics Section includes Infrastructure, Technology, and Human Resources.

The Logistics Section Lead is responsible for the acquisition of resources including staff, equipment, and supplies to support the management of an incident or emergency response.

Also, the Logistics Section Lead ensures that Health Unit infrastructure is maintained and can support the needs of an incident or emergency response.

All branches may not be required during an incident or emergency; they are established as required**.**
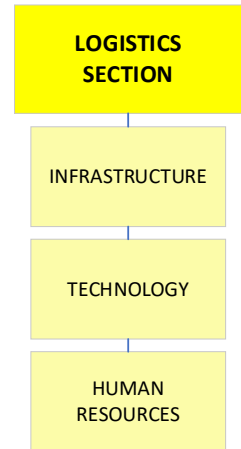
Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Logistics Section Lead

- Attending Incident Management System meetings

- Supporting the Incident Manager with development and implementation of objectives and strategies for the Incident Action Plan

- Procuring and supplying facilities, services, staff, equipment, and materials to meet the needs of the situation, and upholding delivery of time critical services offered by the Health Unit

- Ensuring operationalization of the Health Unit Emergency Operations Centre, when activated

- Ensuring equipment, materials, and supplies at facilities are procured and available to support the situation

- Working with designated Operations Branch Lead to ensure facilities are safe and accessible (e.g., clinic set up in accessible areas)

- Ensuring access to facilities used by the Health Unit outside of business hours, when required

- Implementing Staff Fan Out process as directed by the Incident Manger

- Assigning Logistics Branch Leads (Infrastructure, Technology, and Human Resources), as required

Diagram boxes:
LOGISTICS SECTION
INFRASTRUCTURE
TECHNOLOGY
HUMAN RESOURCES

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Infrastructure Branch

Reports to: Logistics Section Lead

Primary: Manager, Facilities Operations

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Infrastructure Branch Lead

- Assessing Health Unit infrastructure implications as a result of the situation

- Liaising with Finance and Administration Section Lead to ensure the acquisition and management of equipment, supplies, and support services requested by Operations and Planning Section Leads

- Liaising with the Finance and Administration Section Lead to ensure adequate acquisition of outside services and/or equipment from other agencies or the community, if required, through contracts, or pre-existing agreements

- Providing security for Health Unit offices and liaising with the Finance and Administration Section Lead to purchase enhancements, if required

- Ensuring delivery of required resources and supplies to all service locations provided by the Health Unit when needed

- Arranging for the setup, move, and tear down of all service locations provided by the Health Unit in collaboration with lead staff assigned to Operations

- Providing inventory and location tracking of resources

- Working with the Information Officer to establish areas for media personnel, if required

- Correcting all infrastructure health and safety issues identified by the Health and Safety Officer, or others

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and

providing it to the oncoming alternate, if required

Technology Branch

Reports to: Logistics Section Lead

Primary: Manager, Information Technology

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Technology Branch Lead

- Reporting regularly to the Logistics Section Lead for status reports and in turn relaying important information to Information Technology staff

- Ensuring that technology supports (hardware, software) are established and adequate to assist with incident or emergency operations (e.g., call centre, technology supports for mass vaccine clinics etc.)

- Working with the Scribe to ensure operationalization and functionality of the Emergency Operations Centre(s), including set up and continued operations

- Liaising with Finance and Administration Section Lead to ensure the acquisition and management of technological equipment and supplies requested by the Incident Management System Section Leads

- Initiating the necessary action to ensure technology systems function effectively (agency telecommunications, call centre, etc.)

- Providing inventory and location tracking of resources

- Supporting allocation of call centres and programming of interactive voice response systems

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Human Resources Branch

Reports to: Logistics Section Lead

Primary: Executive Director, Human Resources

Alternate: Designate

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Human Resources Branch Lead

- Developing and implementing a strategy for recruitment, onboarding, orientation, and deployment of staff and volunteers to support the emergency response

- Working with the Planning and Operations Section Leads to support staffing requirements

- Establishing a contact person for staff inquiries and securing a list of staff availability and contact information

- Establishing a notification system for family members of staff to get up-to-date information about the status of staff members, if required

- Preparing timesheet instructions and communicating them with management and applicable staff

- Assigning a Sub Lead for Payroll/Compensation related to the situation, if required

- Working with the Professional Practice Branch Lead to monitor the current response capabilities for redeployed and newly recruited staff and/or volunteers

- Recognizing and responding to signs of stress and other human resources implications due to the situation

- Ensuring provision of nutrition and accommodation for response teams or Incident Management System Team, if required, in consultation with the Incident Manager

- Facilitating compensation and overtime considerations, and resolving conflicts with collective agreement or employment contract issues

- Organizing and confirming 24-hour availability of staff, as needed (provide continuous staffing in the event of a prolonged emergency)

- Assisting with scheduling staff for various operations in consultation the Workforce Planning Branch Lead and Operations Section Lead, if needed

- Providing or obtaining employment related legal advice or assistance, if needed

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

Finance and Administration Section

Reports to: Incident Manager

Primary: Executive Director, Finance
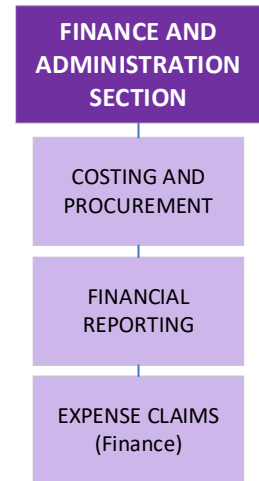
Alternate: Designate

The Finance and Administration Section is set up for incident- or emergency-specific financial management.

The Finance and Administration Lead is responsible for administering all financial matters pertaining to vendor contracts, leases, and fiscal agreements except for compensation (which occurs under Logistics Section - Human Resources Branch). They work with the Logistics Branch to ensure sufficient financial resources are available for extra compensation, contracts and other procurement and suitable cost tracking systems are in place

All branches may not be required during an incident or emergency; they are established as required. Those listed above are suggestions for splitting up the responsibilities when the lead cannot manage alone.

Responsibilities During an Incident or Emergency Response:

- Following the Job Action Sheet for the Finance and Administration Section Lead

- Attending all Incident Management System meetings

- Supporting the Incident Manager with development and implementation objectives and strategies for the Incident Action Plan

- Providing information and advice on financial matters as they relate to the situation

- Authorizing expenditures related to the situation, including payment and settlement of all legitimate expenses and claims

- Liaising with the Logistics Section Lead to ensure payment is processed for all equipment, supplies, and resources procured for the management of the situation

- Monitoring and maintaining records of all expenses associated with the situation (compensation, parking, mileage, meal allowance, etc.)

- Ensure procurement authorization of resources

- Preparing a summary report of all human resource costs, expenditures, and claims reported during the situation in consultation with Human Resources

- Administering accounts payable to contract and non-contract vendors and maintaining separate accounting records for all contracts and purchases specific to the situation

FINANCE AND ADMINISTRATION SECTION

COSTING AND PROCUREMENT

FINANCIAL REPORTING

EXPENSE CLAIMS (Finance)

- Assigning Finance Branch Leads for Costing and Procurement and Expense Claims as required and ensuring they are informed about the status of the situation and their responsibilities (Finance Branch Leads require finance knowledge and experience and access to and training on accounting systems)

- Contact the Ministry of Health for their reporting requirements. The usual requirement is to track costs in excess of normal (Overtime, additional hires etc.)

- Completing all financial reporting, including detailed costing and forecasting, for the Board of Health and Ministry of Health, as required

- Completing the Unit Activity Log, inserting an e-signature and saving it in the applicable SharePoint site at the end of each operational period

- Completing the Situation Update, saving it in the applicable SharePoint site and providing it to the oncoming alternate, if required

VI. PLAN DEVELOPMENT, MAINTENANCE and EVALUATION

28. Plan Review and Maintenance

The Emergency Management Plan is reviewed and revised annually, as needed, as directed by the Director of Corporate Services (Ontario, Ministry of Health, 2024).

Minor administrative changes can be made directly to the plan without approval and recorded on the amendment notice at the end of the plan.

The Director of Corporate Services is responsible for ensuring all plans (public and internal Health Unit plan) reflect all changes made.

The Human Resources department ensures that prepopulated fan out lists are updated monthly and saved in the Emergency Management Microsoft Teams private channel for Internal Notifications.

29. Testing

The Health Unit conducts an exercise, or exercises, at least annually to test some or all components of the Emergency Management Plan (Ontario, Ministry of Health, 2024).

Post exercise debriefs are conducted with exercise participants, and relevant findings are used to inform future testing, plan components, and staff education.

30. Evaluation

The Planning and Evaluation program, with support from the Incident Manager, conducts an After-Action Review following termination of an incident or emergency response. If required, an In-Action

Review may also be undertaken, specifically when the incident or emergency is prolonged. The AAR/IAR process will follow *Public Health Ontario's Best Practices for Conducing In- and After-Action Reviews (2022)*. The Planning and Evaluation Team will ensure an After-Action Report outlining key findings is presented to the Executive Team for the purpose of amending the Emergency Management Plan to enhance Health Unit effectiveness in responding to incidents or emergencies within its service area. (Ontario, Ministry of Health, 2024)

VII. EXTERNAL CONTACT LIST

Contact links are to Health Unit internal data sources not available externally.

Name	Description	Location of Contact Information/Distribution Lists
Community and Social Service Agencies	Community and Social Services Agencies-General	Community and Social Services Agencies
Community and Social Service Agencies	North Bay Jail	North Bay Jail Contacts
Community and Social Service Agencies	School Boards and School Transportation Services	See Emergency Management - Microsoft Teams private channel named: *Municipality and Partner Contacts*
Health Care Contacts	Health Care Provider Mailing List	Health Care Providers
Health Care Contacts	Physicians	Health Care Provider Mailing List 2023
Health Care Contacts	Infection Control Practitioners	Hospitals LTCH and Nursing Homes
Health Care Contacts	Hospital Contact List	Hospitals
Health Care Contacts	Long Term Care Home and Nursing Homes	LTCH and Nursing Homes
Health Care Contacts	Walk in Clinics and Nursing Stations	Walk In Clinics Nursing Stations
Indigenous and First Nations	First Nations and Inuit Health Branch (FNHIB) and Support Services	First Nations and FNHIB

Name	Description	Location of Contact Information/Distribution Lists
Indigenous and First Nations	Indigenous Services Canada	Indigenous Services Canada
Indigenous and First Nations	First Nations Reserves	First Nations and FNIHB
Provincial Contacts	Emergency Management Ontario (EMO) Field Officers	See Emergency Management Microsoft Teams private channel named: *Municipality and Partner Contacts*
Provincial Contacts	Public Health Labs /Private Labs	Labs - Public Health Ontario and Private
Provincial Contacts	Ministry of Health (MoH) Divisions	See Emergency Management Microsoft Teams private channel named: *Municipality and Partner Contacts*
Provincial Contacts	Northern Medical Officers of Health	See Emergency Management - Microsoft Teams private channel named: *NMOH Emergency Contacts*
Provincial Contacts	Regional Coroner	See Emergency Management - Microsoft Teams private channel named: *Municipality and Partner Contacts*
Federal Contacts	Public Health Agency of Canada Canadian Food Inspection Agency (CFIA) Environment Canada	See Emergency Management - Microsoft Teams private channel named: *Municipality and Partner Contacts*
Provincial Contacts	Ontario Health Unit Emergency Management Leads	Ontario Health Unit Emergency Management Leads
Federal Contacts	Diseases of Public Health Significance (DOPHS) Federal Reserve Contacts	DOPHS Federal Reserve Contacts

Name	Description	Location of Contact Information/Distribution Lists
Federal Contacts	Canadian Forces Base (CFB) North Bay Contacts	Canadian Forces Base (CFB) North Bay Contacts
Municipalities	Community Emergency Management Coordinators	Community Emergency Management Coordinators
General Utilities	Gas/Hydro/Power Companies	See Emergency Management - Microsoft Teams private channel named: *Municipality and Partner Contacts*
Emergency Services	Fire, Ambulance, and Police Contacts and Designated Officers	Fire Ambulance Police Contacts and Designated Officers List

VIII. GLOSSARY OF TERMS

ACTING MEDICAL OFFICER OF HEALTH: The Board of Health appoints a physician as acting Medical Officer of Health to ensure that the statutory duties and authority to exercise the powers of the Medical Officer of Health continue to be fulfilled when the position of Medical Officer of Health of a Board of Health is vacant, or the Medical Officer of Health is absent or unable to act and there is no Associate Medical Officer of Health, or the Associate Medical Officer of Health is also absent or unable to act. Refer to current Board of Health Bylaws Section IX Medical Officer of Health.

AFTER-ACTION REPORT: A report that documents the performance of tasks related to an incident or emergency, exercise, or planned event and, where necessary, makes recommendations for improvement.

AFTER-ACTION REVIEW: Qualitative review conducted after the end of an incident or emergency response to identify best practices, gaps, and lessons learned. After-Action Review allows stakeholders to reflect on shared experiences and perceptions of a response and work together to identify what worked well and why, what did not work and why, and areas for improvement.

ALL HAZARDS APPROACH: An emergency management approach to risk assessments that helps identify, analyze, and prioritize the full range of potential threats when planning for response capacities and mitigation efforts.

COMMUNITY: Can be the entire population or a sub-set of the population that is affected by the incident or emergency (e.g. special population or population of interest related to

the emergency).

COMMUNITY EMERGENCY MANAGEMENT COORDINATOR (CEMC): An employee of a municipality or a member of a municipal council responsible for the development and implementation of a municipality's emergency management program.

CONTINUITY OF OPERATIONS PLAN (COOP): A plan developed and maintained to direct an organization's internal response to an incident or emergency.

EMERGENCY MANAGEMENT PROGRAM: A risk-based program consisting of prescribed elements that considers components of emergency management such as prevention, mitigation, preparedness, response, and recovery.

EMERGENCY OPERATIONS CENTRE (EOC): A designated location where personnel representing communities and organizations come together to support site response efforts. Activities in an Emergency Operations Centre include managing and providing information and resources, long-term planning, and other forms of coordination.

EXECUTIVE TEAM (ET): Consists of the Executive Directors and Medical Officer of Health/Executive Officer for the North Bay Parry Sound District Health Unit.

EXERCISE: A simulated emergency in which players carry out actions, functions, and responsibilities that would be expected of them in a real emergency. Exercises can be used to validate plans and procedures and to practice prevention, mitigation, preparedness, response, and recovery capabilities. Exercises can be discussion based (e.g., seminars, workshops, tabletop exercises) or operations-based (e.g., drills, functional exercises, full-scale exercises).

HEALTH EQUITY (HE): Means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, or other socially determined circumstance.

HEALTH HAZARD: Means a) a condition of a premises; b) a substance, thing, plant or animal other than man; c) solid, liquid, gas, or a combination of any of them, that has or that is likely to have an adverse effect on the health of any person.

HAZARD IDENTIFICATION AND RISK ASSESSMENT (HIRA): A structured process for identifying the nature and extent of risk of those hazards which exist within a selected area and defining their causes and characteristics.

IN-ACTION REVIEW: Qualitative review conducted during an incident or emergency response to identify opportunities for ongoing learning and allow for implementation of actionable items to improve the response. The In-Action Review and After-Action Review process are similar except the In-Action Review is smaller in scope, follows a shorter

timeframe, and can inform a longer-term response.

INCIDENT ACTION PLAN (IAP): A verbal or written plan which describes how an incident or emergency is managed. It includes written objectives, strategies, and tactics. The written Incident Action Plan is coordinated by the Planning Section and explains how incident responders work together and utilize resources to achieve the response objectives.

INCIDENT MANAGEMENT SYSTEM (IMS): A standardized approach to emergency management encompassing personnel, facilities, equipment, procedures, and communications operating within a common organizational structure. The Incident Management System is predicated on the understanding that in any and every incident or emergency there are certain management functions that must be carried out regardless of the number of persons who are available or involved in the response.

OPERATIONAL PERIOD: The time scheduled for executing a given set of objectives (operation actions) specified in the Incident Action Plan. Operational period can be of various lengths, although usually not over 48 hours.

PLANNED EVENTS: Mass gatherings.

PREPAREDNESS: Activities, programs, and systems developed and implemented prior to a disaster or emergency that are used to support and enhance mitigation of, response to, and recovery from disasters or emergencies.

PRIORITY POPULATIONS: Those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease; factors for disease; determinants of health, including social determinants of health; and/or the intersection between them. They are identified using local, provincial, and/or federal data sources, emerging trends, local context, community assessment, surveillance, epidemiological and other research studies.

RECOVERY: Activities and programs designed to return conditions to a level that is acceptable to the entity.

RESPONSE: In disaster or emergency management applications, a response involves the activities designed to address the immediate and short-term effects of the disaster or emergency.

TIME CRITICAL SERVICES (TCS): These are services that cannot be interrupted for more than a predetermined period of time without significantly impacting the organization.

IX. OTHER

31. Record of Amendments

Revision Date	Page Number	Subject	Initial

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X. Appendices

Appendices are linked to internal Health Unit data sources. Additional information may be requested if required.

A. Job Action sheets
   1. Medical Officer of Health
   2. Incident Manager
      - Information Officer
         o Internal Information Lead
         o External Information Lead
      - Liaison Officer
      - Health and Safety Officer
      - Scribe
   3. Operations Section Lead
   4. Planning Section Lead
      - Surveillance and Situation Branch Lead
      - Professional Practice Branch Lead
      - Workforce Planning Branch Lead
      - Health Equity Branch Lead
   5. Logistics Section Lead
      - Infrastructure Branch Lead
      - Technology Branch Lead
      - Human Resources Branch Lead
   6. Finance and Administration Section Lead
B. EMP Activation Flow Chart
C. Incident Action Plan Template
D. Unit Activity Log
E. Situation Update
F. Fan out Activation Form
G. IMS Meeting Agenda Template

H.   Planning Section Agenda Template