



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 20, 2017
SUBJECT/REPORT NO:	Public Health Services Emergency Management Program Update (BOH17012) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

Council Direction:

Not Applicable

Information:

This report provides an update to the Board of Health (BOH) about the Emergency Preparedness program and fulfils the requirement to orient officials as set forth in the Emergency Preparedness Protocol made under the Ontario Public Health Standards. The report will consist of four main sections: 1) Legislative Overview and Compliance; 2) Program Highlights; 3) Current Initiatives and 4) 2017 Program Goals.

1) Legislative Overview and Compliance:

There are eight general requirements outlined in the Emergency Preparedness Protocol. These requirements are listed below with a brief summary of program activities related to the requirement. To avoid repetition, some related protocol requirements have been grouped together.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

Identify and Assess the Relevant Hazards and Risks to Public Health (requirement #1)

Public Health Services (PHS) participated in a city-wide group that was formed to complete an updated Hazard Identification Risk Assessment (HIRA) for Hamilton. This joint effort was led by the City Emergency Response Coordinators as this requirement also appears in their legislation, the Emergency Management and Civil Protection Act.

The top hazards in which PHS would lead or co-lead the response were ranked in the following order:

1. Human Health Emergency
2. Drinking Water Emergency
3. Extreme Temperature (Heat)
4. Food Emergency
5. Air Quality
6. Extreme Temperature (Cold)

Develop a Continuity of Operations Plan (requirement #2)

During an emergency event, decisions will need to be made about what programs and services must continue (continuity of operations) versus what programs and services will be deferred until the emergency event resolves. Business Impact Analysis and labour disruption plans have been completed for each division. PHS has added a Business Continuity Lead to their Emergency Control Group as continuity planning during emergencies is an ongoing task and challenge.

Develop an Emergency Response Plan and Orient Officials (requirements #3 & #7)

Emergency response plans need to be updated on a regular basis in order to ensure they contain the most current information and can respond to a variety of incidents based on the HIRA and changes in the health and municipal system. Major revisions to the emergency response plan are underway. The Emergency Response Plan is an all-hazards plan consistent with the Incident Management System (IMS). Using the IMS model ensures alignment with both the City's Emergency Response Plan as well as the Health Sector Emergency Management Committee, which involves external partners including the hospitals and primary care.

Develop, Implement and Document 24/7 Notification Protocols (requirement #4)

On-call staff are available 24/7 through the Customer Contact Centre to deal with emerging issues. Staff contact lists are maintained and formally updated quarterly or sooner on an as needed basis.

Increase Awareness Regarding Emergency Preparedness Activities and Deliver Education and Training (requirements #5 & #6)

All Command Staff and Chiefs on our Emergency Control Group participated in either an emergency exercise or an actual emergency activation in 2016.

PHS helped develop and participated in two city-wide exercises in 2016. A smaller internal training exercise was developed for the surveillance team to give them experience in an emergency outbreak scenario.

Exercise the Continuity of Operations Plan, Emergency Response Plan and 24/7 Notification Protocol (requirement #8)

All plans were exercised during actual activations in 2016 and during the city exercises. See section below for more details on recent activations.

2) Program Highlights:

PHS uses the IMS, a standardized approach to emergency management encompassing personnel, facilities, equipment, procedures and communications, to respond to emergencies. IMS can be used to manage any emergency regardless of cause, size or location. It is predicated on the fact that in every emergency there are certain functions that must be fulfilled. The staff fulfilling those functions make up the Public Health Emergency Control Group (PHECG). PHECG members are activated as needed during a response based on the situation. A complete expanded structure can be found as Appendix 'A' to the this report.

Recent IMS Activations

Meningococcal Meningitis - September 2015

Days Spent in IMS: 3

On September 26, 2015, PHS was notified of a lab-confirmed case of *Neisseria meningitidis* (meningococcal meningitis) in a student living in residence at McMaster University. After thorough contact tracing, two chemoprophylaxis (antibiotics) clinics were held for identified individuals on September 28th and 29th at the McMaster Student Wellness Centre. A total of 76 people received antibiotics to prevent the disease.

Following the chemoprophylaxis clinics a sub-set of that group, who were anticipated to have ongoing close contact with the case, were contacted to receive immunoprophylaxis (immunization). The process followed the guidelines set forth in the Ontario Public Health Standards and the Canadian Immunization Guide, along with expert advice from Public Health Ontario. Two immunization clinics were held on

October 1st and October 2nd at the McMaster Student Wellness Centre. A total of 42 people received the vaccine.

Raccoon Rabies - December 2015

Days Spent in IMS: 4

On December 2, 2015 an ill raccoon was apprehended by Animal Services which later tested positive for raccoon strain rabies. This was significant as raccoon rabies had not been identified in Ontario in over 10 years. The Ministry of Natural Resources and Forestry (MNR) began baiting the area with vaccine to prevent further spread. On December 8th MNR indicated that preliminary testing of 19 animals collected from Animal Services yielded 3 positive results for rabies. These results were later confirmed by the Canadian Food Inspection Agency (CFIA).

The decision to partially activate the PHECG was made due to the anticipated workload, coordination required with other agencies and expected questions from the public. PHECG activities included setting up and staffing a public inquiry hotline, liaising with all agencies involved, media releases, vaccine inventory management, media interviews, council updates and surveillance. On December 11th the decision to deactivate the PHECG was made and continual management of the situation is being done within the Vector Borne Disease program.

Syrian Newcomer Resettlement - February 2016

Days Spent in IMS: 46

On February 25, 2016 PHS activated their IMS to respond to a probable cluster of varicella within the Syrian newcomer population housed in interim lodging sites (ILS) within the city. PHS made the decision to help relieve pressure on the Primary Care Health Table by setting up mass vaccination clinics at the ILS' to vaccinate newcomers against all vaccine preventable diseases. Over the course of the activation PHS ran 8 clinics, seeing 274 clients and administering over 1000 immunizations.

PHS also ran dental screening clinics to address some of the dental concerns that were identified by the Primary Care Health Table. The initial focus of the screenings were on children aged 17 and younger so they could be registered for the Healthy Smiles Ontario (HSO) program which would allow them immediate access to needed dental care that is not covered by the Interim Federal Health Program (IFHP) or OHIP. A total of 136 assessments were completed with 85 being registered for the HSO program.

3) Current Initiatives

1. North American Indigenous Games (NAIG) Planning

Toronto will be hosting the NAIG this summer from July 16th-23rd. Hamilton will serve as a hub for the games with multiple athletic venues being used across the city as well as an Athletes Village at McMaster housing up to 2000 athletes.

The NAIG will require PHS to develop and implement preparedness initiatives to reduce any public health risks for participants, spectators and the community during the games. Lessons learned during Pan Am will inform the PHS response. Work will involve multiple programs and will be coordinated by the Emergency Response Coordinator.

2. Ontario Public Health Standards (OPHS) Modernization

The proposed new OPHS changed Emergency Preparedness from a Program Standard to one of the four Foundational Standards meant to underlie and support all program standards. The name of the standard has also changed to Emergency Preparedness, Response, and Recovery to reflect the overall goal of enabling consistent and effective preparedness for, response to, and recovery from emergency situations. The standard references a forthcoming ministry policy for a ready and resilient health system. Details of this policy have not been released.

Current program work involves providing feedback through the consultation process, identifying opportunities to contribute in the development of supporting policies and documentation and compliance with the requirements of the standard once finalized.

3. Opioid Response

Multiple PHS programs, including Emergency Management, have been involved in the response to address opioid misuse in the city. Work in this area is ongoing as PHS along with community partners work together to address the issue. See BOH17006-Opioid Response Summit for more details.

4) Plans and Goals for 2017:

1. Advanced Business Continuity Planning

Create a departmental Inclement Weather Plan and assist the City Emergency Management Coordinators with implementing their Business Continuity work within PHS.

2. Fixed-Site Chemical Spill Preparedness

The HIRA lists fixed-site chemical spills as the city's highest risk. To advance PHS' preparedness for these spills, we will use the province's E2 database to identify potentially dangerous chemicals in the city and develop some advanced planning, including messaging and mapping of these areas that would expedite a response in the event of a spill.

3. Emergency Guidelines for Staff

A working group has been established from multiple city departments to develop emergency quick-guides for employees. The guides will provide a quick reference on how to respond in various emergency scenarios (e.g., fire, flood, extreme weather, active shooter, earthquake, etc.).