

Grey Bruce Health Unit Emergency Response Plan



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**GREY BRUCE HEALTH UNIT
EMERGENCY RESPONSE PLAN
APPROVAL**

Maintained By:




Emergency Management Manager



Date

Approved By:




Medical Officer of Health



Date

RECORD OF AMENDMENTS

Version #	Date Approved	Summary of Changes	Revised by	Approved by
V1.0	April 2014	Multiple Changes-New format conform to the OPHS Emergency Preparedness Protocol & Accreditation Canada Guidelines	A Barton	
V 2.0	January 2019	<ul style="list-style-type: none"> ▪ Appendix B external contact lists Word versions replaced with Excel Workbook and updated. ▪ General revisions. ERP wording changed to reflect new foundational standard of emergency management from the former program of emergency preparedness, i.e. anywhere where emergency preparedness was mentioned in a general program perspective, has been changed to emergency management to include preparedness, response and recovery. ▪ Definition of Emergency changed to reflect that which is described in the emergency management guideline, 2018 ▪ Page 4, hazards changed to reflect revised HIRA ▪ Page 6, assistant changed to a scribe to reflect current terminology ▪ Page 7, graphic changed to incorporate the updated IMS chart as outlined in PHO ▪ Page 8, added security and correct spelling errors ▪ Page 10, to reflect notification system change of phone and pending ERMS ▪ Page 10, included after action work required post incident. ▪ Page 14 to 23, changed to the PHO checklist for each job action – now pages 11-34. ▪ Pandemic Plan, which is a copy of the Ontario plan has been updated based on the version found on the Ontario Government website...put link on the cover page to ensure people know where to access the most up to date version. ▪ Updated the Mutual Aid agreements ▪ HIRA was completely revised in 2017 to reflect the HIRA process, with the provision of background information. In 2018, document was reviewed and this version has been uploaded. Included revision of link that was broken. ▪ Emergency Evacuation Shelter document was added. ▪ Removed outdated locations for alternate EOCs 	D Leach	

Record of Plan Distribution

The "Plan Distribution" section shows to whom the plan has been circulated. It records the name, position and program area of each person that receives a copy of the plan as well as the date the plan was distributed to them. In addition the plan is available electronically.

The appendix to Emergency Response Plan (ERP) contains confidential information. This information is kept confidential by controlling those individuals who have a paper copy, and by ensuring that the electronic version is password protected. The record will also serve as a checklist for distributing revisions to the plan.

Internal Copies

	Plan Holder	Title	Signature	Date mm/dd/yy
1	Dr. Ian Arra	Medical Officer of Health (Share with BOH Chair)	<i>Ian Arra</i>	Feb 8 / 19
2	Denna Leach	Public Health Manager (Emergency Management program)	<i>Denna Leach</i>	Jan 31 / 19
3	Heather Smith	EA, Operations Director		

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Glossary of Terms and List of Acronyms

CEMC	Community Emergency Management Coordinator
EAP	Employee Assistance Program
ECG	Emergency Control Group
EMO	Emergency Management Ontario
EMCPA	Emergency Management and Civil Protection Act
EOC	Emergency Operations Centre
EOCG	Emergency Operations Control Group
ESF's	Emergency Support Functions
GBHUERP	Grey Bruce Health Unit Emergency Response Plan
GBHUEOC	Grey Bruce Health Unit Emergency Operations Centre
GBHU	Grey Bruce Health Unit
HIRA	Hazard Identification and Risk Assessment
HPPA	Health Protection and Promotion Act
IAP	Incident Action Plan
IC	Incident Commander
IMS	Incident Management System
IMT	Incident Management Team
MECG	Municipal Emergency Control Group
MEOC	Ministry Emergency Operations Centre (MOHLTC)
MOE	Ministry of the Environment
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
PEOC	Provincial Emergency Operations Centre
PERT	Provincial Emergency Response Team
SAC	Spills Action Centre

Background

Aim

The aim of the Grey Bruce Health Unit Emergency Response Plan is to provide a framework through which a timely and effective mobilization of Health Unit staff and resources can be achieved in order to protect the health and safety of residents and visitors to the area. It is a plan for the coordination of staff and services required in the event of a real or anticipated emergency. The plan will help assist Health Unit staff to:

- Provide a prompt response to the emergency
- Protect the health and safety of people in Grey and Bruce Counties
- Define the role of public health
- Assist in the management and control of the emergency
- Prevent or reduce morbidity and mortality, as a result of the emergency
- Prevent and control the spread of infectious disease(s)
- Provide accurate information to officials, the media and concerned citizens
- Provide appropriate public health personnel to deliver emergency public health services
- Cooperate with other emergency response agencies
- Provide services to address post emergency issues resulting from the emergency situation
- Continue delivery, of essential public health services. These services may include but are not limited to:
 - Public health announcements
 - Food safety
 - Water quality
 - Vaccination clinics
 - Control of disease outbreaks
 - Health information
- Assist in restoring the community and Health Unit to normal services

The Plan is intended to be a generic “all hazards” plan which can also be used in any emergency situation and in conjunction with other plans.

Annual Review

This plan will be reviewed at a minimum annually by the manager who holds the Emergency Management portfolio and the Grey Bruce Health Unit Emergency Management Committee. This plan will be reviewed for effectiveness through emergency exercises on an annual basis by testing the entire plan or parts of it. Appropriate changes to the plan will be made as a result of these reviews and tests.

Definition of Emergency

The Emergency Management and Civil Protection Act (EMCPA) defines an emergency as “a situation or an 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.” Note that emergencies may be other than as defined in the EMCPA. (Emergency Management Guideline, 2018)

Public Health Related Risk Assessment for Grey Bruce Health Unit

Based on [Hazard Identification and Risk Assessment](#) (HIRA), and recommendations from Emergency Management Ontario, the following high-priority hazards have been identified for Grey Bruce.

- Weather Related Emergencies, including: extreme temperatures, floods, snowstorm, blizzard
- Human Health Emergencies, including: epidemics, Pandemics, and drinking water emergencies

Authority

Emergency Management and Civil Protection Act (EMCPA)

The legal basis for emergency management in the province of Ontario is in part provided for in the Emergency Management and Civil Protection Act (EMCPA). The EMCPA requires ministries and municipalities to develop and implement an emergency management program consisting of emergency plans, training programs and exercises, and public education, as well as infrastructure to support emergency response. The EMCPA identifies through Order-in-Council (OIC) the specific emergency management responsibilities for the ministries of the Crown. The Ministry of Health and Long-Term Care, for example, has the OIC responsibility for taking a lead role in emergencies relating to human health, disease and epidemics and health services during an emergency. To achieve provincial and local level readiness, boards of health must develop their own public health emergency preparedness program to provide response capabilities in an emergency which complements the municipal and provincial emergency preparedness programs.

Health Protection and Promotion Act (HPPA)

The HPPA identifies the powers and responsibilities of boards of health, medical officers 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 is a cornerstone of the HPPA and of public health activities in the province of Ontario. Boards of health have responsibility for identifying and preventing, reducing, or eliminating health hazards and addressing communicable diseases. The HPPA provides legal authority for boards of health to respond to a public health emergency that has been determined to be a health hazard or as the result of a communicable disease.

In an emergency, the Health Unit’s role is to:

- Assess the impact of the emergency situation on the health of the public.
- Advise the public on matters concerning public health, through communication channels established by the Municipal Emergency Control Group (MECG).
- Control communicable disease.
- Provide advice on the health and safety aspects of emergency water supplies, sanitation, shelters, food supplies, mass feeding, garbage and sewage disposal.
- The Health Unit is aware of certain vulnerable populations through the delivery of Health Unit programs and services. Depending on the nature of the emergency, and when resources permit, the Health Unit will assist in identifying and responding to stress reactions, both immediate and long term, in such vulnerable Health Unit clients. Where this is not possible, clients will be advised to access assistance using usual channels such as their family doctor and the emergency department.
- Notify other agencies and senior levels of government of health matters relating to the emergency

Relationship to other Plans

The GBHU Emergency Response plan aligns with the following plans:

- Ministry of Health and Long-Term Care Emergency Response Plan
- Grey County Emergency Response Plan
- Bruce County Emergency Response Plan
- The Municipal and City Emergency Response Plan's for the 17 Municipalities and Cities that form part of Grey and Bruce Counties.

It should also be read in consideration of Emergency Response procedures from other community partners including OPP, EMS, Fire, Hospitals, Social Services, Red Cross, Bruce Power, OPG etc.

Where inconsistencies between plans are encountered decisions should be based on achieving the best outcome in the individual circumstance. The Incident Commander will have the final say.

Declaration of Emergencies

Municipal Declaration of an Emergency

With the possible exception of a communicable disease outbreak, an emergency will normally be declared by the Head of Council or Acting Head of Council of a lower tier municipality. The Head of Council has the authority to declare that a municipal emergency exists within the boundaries of their municipality. This decision is made in consultation with other members of the Municipal Emergency Control Group (MECG). More than one municipality may declare an emergency at the same time. If the situation demands more resources than are available within the County, the County may declare an emergency (see below).

In each municipal plan, the Medical Officer of Health (MOH) or her alternate becomes a member of the MECG. The municipality's plan sets out responsibilities for the MOH and Health Unit during an emergency. While the MOH's role may include coordinating health services, it does not include supervision of triage at the emergency site or other aspects of mass casualty care.

In most cases when a Municipal emergency is declared, the GBHU Emergency Response Plan will be automatically activated

Declaration of an Emergency by a County

The County Warden as the Head of Council, in consultation with the County Emergency Control Group has the authority to declare an emergency to exist within the County. The County Emergency Management Plan may be activated under the following conditions:

- When the Head of a Municipal Emergency Control Group requests assistance and indicates that the County is being asked to provide assistance or to assume control of the emergency;
- When an emergency cannot be defined as a local emergency
- When County facilities are threatened or an extraordinary demand is placed on County resources and,
- When a County wide major occurrence or emergency happens

In most cases when a County emergency is declared, the GBHU Emergency Response Plan will be automatically activated.

Health Unit Representation

The MOH or designate will attend the MECG when requested and when they can safely do so. If possible the MOH or designate will be accompanied to the MECG by a scribe who's primary role is to accompany and support the MOH and Record all public health related information from the MECG. If multiple municipalities declare an emergency and a County emergency is declared the Health Unit may not have sufficient resources to send staff to each MECG. In this case priority will be given to the County ECG and those municipalities with the greatest need.

Termination of an Emergency

Termination of a Municipal Emergency

A Municipal Emergency may be terminated at any time by:

- The Head of Council or Acting Head of Council, or
- The Municipal Council, or
- The Premier of Ontario

Termination of a County Emergency

A County Emergency may be terminated at any time by:

- The County Warden, or
- County Council, or
- The Premier of Ontario

Incident Management System

The Grey Bruce Health Unit has adopted The Incident Management System (IMS) in order to respond to public health emergencies effectively. IMS has been adopted by many organization including; Emergency Management Ontario, MOHLTC, municipal/regional governments and by individual Public Health Units. It is a simple system that can be applied to any organization involved in an emergency. It allows for the standardization of functions across organizations, which makes communication and cooperation among the groups easier, and the process of managing an emergency more efficient. The system is scalable, meaning that one individual may take on several (or all) roles for an emergency requiring minimal Health Unit response, and conversely it can be expanded so that a separate individual takes on each function for large scale/full response emergencies.

IMS Roles

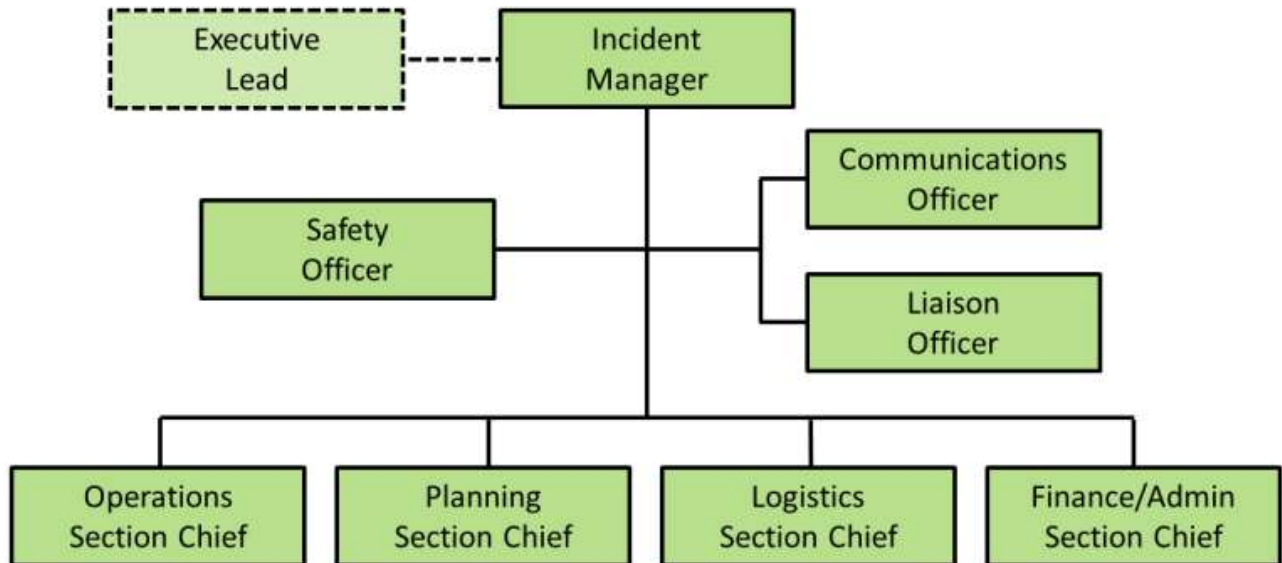
The following is a list of the primary IMS roles.

- Incident Manager
- Communications
- Operations
- Planning
- Logistics
- Finance

These roles are discussed in more detail further on in this document.

IMS Structure

These roles are organized into a team structure. The team is known as the **Incident Management Team (IMT)**. Below is the organizational structure the Grey Bruce Health Unit will use to respond to emergencies that involve a public health response. If an emergency requires a significant Public Health response the full IMT will be mobilized. The IMT members will report to the Incident Manager in all matters pertaining to the incident response.



Overall, the Incident Management Team (IMT) responsibilities are to:

- assess the emergency from a public health perspective
- allocate Health Unit resources to address the emergency and coordinate the response across departments, including assignment of staff to other departments or duties as necessary
- prioritize programs to be maintained or deferred during the emergency
- ensure appropriate liaison with municipalities, other agencies and the Ministry of Health and Long-Term Care as necessary
- coordinate internal and external communications
- ensure that essential department activities are maintained during the emergency
- ensure there are adequate resources for each function's needs
- review each function's response after the emergency, and revise the Emergency Plan accordingly.

GBHU Emergency Support Functions

Various sub-groups or sub-functions can be organized under each of the IMS roles. These are known as Emergency Support Functions (ESFs). These allow the Incident Manger and the other key staff in the Emergency Operations Centre (EOC) to concentrate on the actual management of events as they unfold, by delegating specific staff members to deal with these various support functions. The following example shows some of the more common support functions each section might need in an emergency situation.

Operations

- Mass Vaccination and Post Prophylaxis
- Case contact tracing
- Epidemiological investigations
- Environmental surety (inspection and sampling)

Planning

- Situational awareness
- Documentation
- Continuity of Operations
- Human Resources

Logistics

- Supplies and Materials
- Staff needs
- Facilities
- Security

Finance

- Claims and Compensation
- Costing
- Procurement

Remember: support functions can be added or removed based on the need, the type, and severity of the emergency. This is not a complete list of all possible support functions.

Incident Management System (IMS) Roles

Each of the following roles provides a key management function for the emergency response. It should be remembered that only those sections required for the emergency response are activated. Sections can be activated and deactivated multiple times during an incident. The person who makes this decision regarding opening or closing sections is the Incident Manager.

Incident Manager

The Incident Manager role is in charge of the incident. Incident Manager has ultimate responsibility for development of an incident action plan, allocation of resources and assuring that the necessary roles are carried out. This role is provided with information and advice and counsel from the Incident Management Team for the roles that have been activated. Incident Manager oversees the development of the response objectives and from this comes the development of an incident action plan.

Communications

This role is responsible for ensuring that appropriate information is provided to the public and media and that required information is provided to Health Unit staff. This ensures consistent messaging. This information must be accurate, timely, and consistent with that of other agencies. The individual in the Communications role frequently serves as the official spokesperson for the Health Unit, or may brief or assist the Medical Officer of Health or Incident Manager when preparing for a press conference or other major information session.

Operations

This role carries out the specific tasks and objectives that the Health Unit needs to do in order to accomplish the goals of the incident response. This role is often the first to need the assistance of Emergency Support Functions (ESF's) as is essentially runs the Public Health "front line" response. The operations role ensures that the incident action plan is actually executed. Examples of Operation activities include risk assessment, epidemiological investigation and data collection, inspection and sampling, distribution of vaccines, and case investigation.

Planning

The purpose of this role is to organize data, make projections and forecasts about the event and report the information to the Incident Manager in order to deal with future issues. The role is responsible for prioritizing staffing to deal with the emergency and all ongoing essential services. The role assists the Incident Manager with establishment of an incident action plan (IAP). The information from Planning enables the Incident Manager to make decisions about ramping up or contracting services. The Health Unit's day-to-day operations will need to continue. At the same time that plans are made to respond to the Emergency the Health Unit will need to determine which of its day-to-day services are essential and which can be either reduced or temporarily suspended.

Logistics

The Logistics role provides the support to the functions that have been activated in the Health Unit so that the work can be accomplished. For public health, logistics is responsible for organizing training for new and redeployed staff and providing nutrition, materials and supplies, lodging and depending on the emergency family support for staff. Logistics also coordinates the use of Health Unit volunteers with the Volunteer Coordinator. Logistics acquires and sets up the supports that are needed for Operations to get the job done.

Finance

The Finance role has several key responsibilities. These include ensuring that a contractual and financial process is in place for emergency procurement of supplies and tracking of resources that are expended during the response (so that costs can be recovered by the agency during the recovery phase of the event). The role assists Logistics with the procurement and set up of internal and external facilities. The Finance role is responsible for payroll and any claims, compensation or work refusals related to the emergency.

Activation of the Grey Bruce Health Unit Plan

The Grey Bruce Health Unit may be made aware of an Emergency through a Municipality or other community partner, the MOHLTC, a member of public or the media. Notification may go to a Public Health Manager, or to a member of Staff. If a member of Staff receives such notification they are required to inform a Public Health Manager through the normal channels as quickly as possible. During evenings and at weekends the GBHU on-call procedure will ensure that a Public Health Manager is quickly made aware of the situation.

The Public Health Manager receiving notification of an Emergency situation will assume the role of Incident Manager. Their first task is to ascertain the nature and scale of the situation. This will likely require some follow up, although may be obvious from the original information. Depending on the situation the Incident Manager may be able to manage all the IMS roles themselves, or may transfer the Incident Manager role to a different Public Health Manager, Director or the MOH or initiate the fan-out process (either partial or full) to engage adequate resources.

When necessary the Incident Manager is responsible for the formation of the Incident Management Team (IMT). The members of the IMT will report to the Grey Bruce Health Unit Emergency Operations Centre (GBHUEOC) and create an incident action plan and discuss the Health Unit's response to the emergency.

Once a determination is made in regards to what roles are to be activated and the amount of staffing required; the necessary ESF's will be activated and notified through the Health Unit Notification/Fan-out Procedure to either report to the Health Unit, the site of the emergency or to remain on stand-by until further notice.

Note: Incident Management Team Members and Emergency Support functions will be notified through the use of the GBHU Notification System (telephone or ERMS). **See Appendix F.**

Termination of a Grey Bruce Health Unit Emergency Response

If the Emergency has not required activation of the IMT the Incident Manager will terminate the response. If the IMT was activated the Medical Officer of Health and Incident Management Team declare the emergency over, inform all responding internal staff, dismantle the Emergency Operations Centre ensure that plans for recovery are in place and deactivate the IMT. An After Action Form/Processes will be completed following the incident.

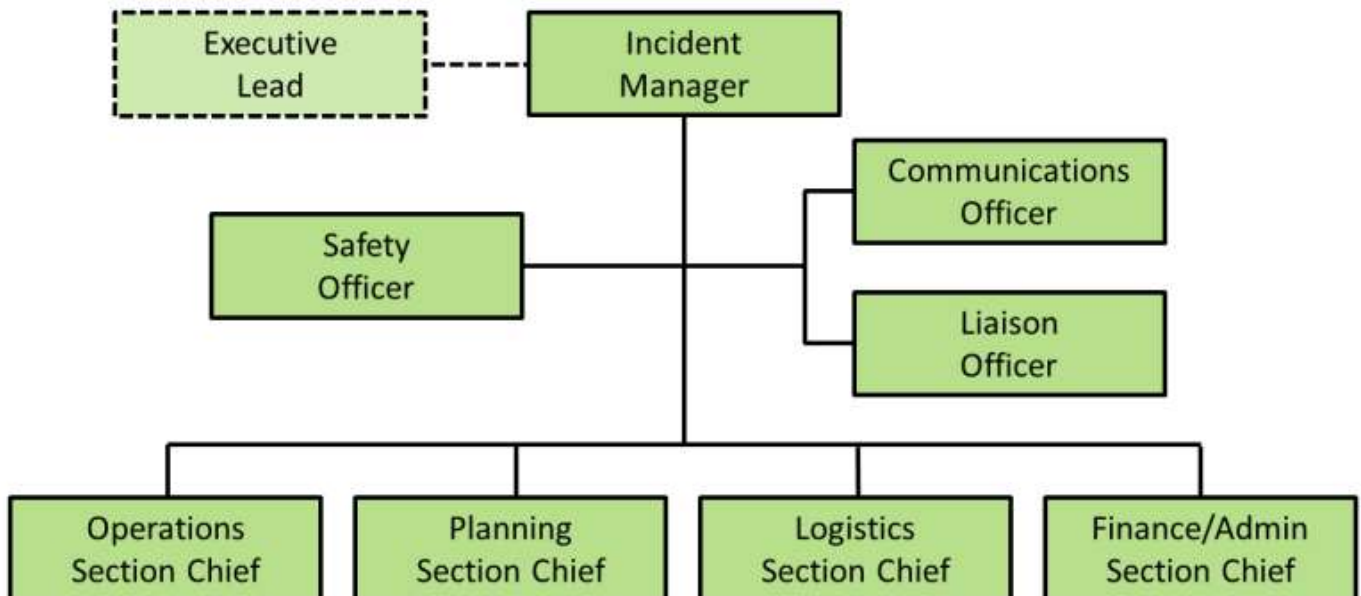
IMS Position Checklists: Common Responsibilities – All Incident Personnel

The IMS Position Checklists in the PHO public health emergency preparedness (PHEP) program have been adapted from the following two sources:

- Job Action Sheets of the Healthcare Incident Command System (HICS) of Albany University
- IMS Position Checklists of Emergency Management Ontario

These checklists do not reflect the entire inventory of either source; rather they are intended as a public health application of key concepts in the context of the PHO PHEP program. For more comprehensive information and training in IMS position checklists (of Job Action Sheets), please see those source materials.

This listing provides an overview of the common responsibilities applicable to all IMS positions. In most cases, these tasks are not repeated in the position-specific checklists. Some tasks are one-time actions, while other tasks are repetitive for the duration of the incident. All IMS personnel should review both this common checklists and their individual IMS position checklist. The individual IMS position checklists each have a legend in the top-right corner that refers to the IMS structure below.



Activation Actions:	
	<p>Receive assignment from your organization, including:</p> <ul style="list-style-type: none"> ○ Job assignment (e.g. Safety Officer) ○ Position checklist (if applicable) ○ Reporting location ○ Reporting time ○ Travel instructions (if applicable) ○ Safety instructions (if applicable) ○ Any special instructions (e.g. teleconference codes)
	<p>Receive briefing from immediate supervisor. Clarify any questions.</p> <ul style="list-style-type: none"> ○ Note: organization representatives from assisting or supporting organizations should report to the Liaison Officer at the EOC, after check-in.
	<p>Set up your workstation, review your position responsibilities and acquire work materials.</p> <ul style="list-style-type: none"> ○ Establish and maintain an Activity Log that chronologically describes your actions taken during your shift.
	<p>Organize and brief subordinates (if applicable) on:</p> <ul style="list-style-type: none"> ○ Specific job responsibilities ○ Co-workers within job function ○ Define functional work areas ○ Eating/sleeping arrangements ○ Procedural instructions for obtaining additional supplies, services and personnel ○ Identification of operational period work shifts ○ Clarification of any important points pertaining to assignments ○ Provisions for specific debriefing/handover at the end of the operational period ○ The current Incident Action Plan ○ Know the assigned contact information requirements for you area of responsibility (e.g. phone number, generic email address, PIN, etc.) and ensure that communication equipment is operating properly

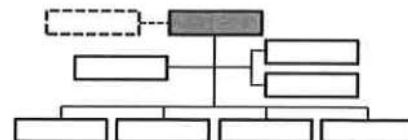
Operational Actions:	
	<ul style="list-style-type: none"> ○ Conduct all tasks in a manner that ensures safety and welfare of you and your co-workers utilizing accepted risk analysis methods. Maintain accountability for your assigned personnel with regard to exact location(s) and personal safety and welfare at all times. ○ Use clear text and IMS terminology (no codes) in all communications ○ Complete forms and reports required of the assigned position and send through the supervisor to the Planning Sections (Documentation Unit, if activated). Most large incidents rely heavily on the use of IMS form to manage

	<p>information/resources and maintain accountability. Ensure all form are dated using the YYYY/MM/DD format.</p> <ul style="list-style-type: none"> ○ Maintain an Activity Log ○ At the end of your shift, provide a detailed hanover briefing to your relief. Ensure that all in-progress activities, outstanding issues, and follow-up requirements are identified
	<p>Other (per needs of the incident)</p> <p>(enter text here)</p>

Demobilization Actions:	
	<ul style="list-style-type: none"> ○ Respond to demobilization orders and brief subordinates regarding demobilization. ○ Ensure you are debriefed by your supervisor. ○ Deactivate your assigned position and close out logs when authorized by your supervisor. ○ Complete all required forms, reports and other documentation. All forms should be submitted through your supervisor to the Planning Section, as appropriate, prior to your departure. ○ Be prepared to provide input to the after-action report. ○ In another person is relieving you, ensure they are thoroughly briefed before you leave your workstation. Note any outstanding issues or unusual events. ○ Clean up your work area before you leave. ○ If de-activating email accounts or telephones, set up required notifications (e.g. out-of-office email or voicemail notification). ○ Leave forwarding contact information where you can be reached. ○ Then in assigned equipment. ○ Send all completed forms and reports through your supervisor to the Planning Section (Documentation Unit, if activated)
	<p>Other (per needs of the incident)</p> <p>(enter text here)</p>

Adapted with permission from:

Qureshi K, Gebbie KM, Gebbie EN. Public Health Incident Command System: a guide for the management of emergencies or other unusual Incidents within public health agencies, Volume I, 1st ed. Rensselaer NY: Centre for Public Health Preparedness, University at Albany School of Public Health;2006 [cited June 16 2016].



IMS Position Checklists: Incident Manager

Reports to: Medical Officer of Health.

Mission: Organize and direct the public health investigation/intervention. Give overall direction for emergency response and operation.

Immediate:	
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a full briefing of the incident.
	Appoint all Command Staff and Section Chiefs that are required for this response and establish assistants.
	Distribute IMS Position Checklists to the IMS team appointees.
	Activate the agency Emergency Operations Centre (EOC), as required.
	Confer with Command Staff, Section Chiefs and subject matter experts and develops and Incident Action Plan (IAP) for a defined period of time, establishing priorities (Section Chiefs will communicate IAP to each section and pertinent subject matter experts).
	Confer with Section Chiefs to identify and consider necessary health unit services
	Consider and assign communication responsibilities to agency staff, external agencies and public and media.
	Assure that contact has been established and resource information shared with relevant external agencies.
	Other (per needs of the incident)

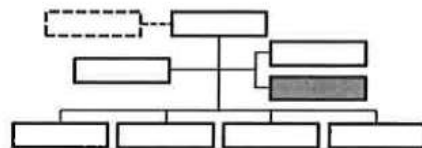
Intermediate:	
	Authorize resources as needed or requested by Section Chiefs, through the Finance/Administration Section Chief
	Schedule routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
	Maintain contact with relevant agencies
	Approve media releases submitted by the Communications officer.

Intermediate:	
	Other (per needs of the incident)

Extended:	
	Observe all staff for status and signs of stress.
	Provide for rest periods for staff.
	Prepare end of shift report and update with incident tracking board and present to MOH and incoming Incident Manager.
	Plan for the possibility of extended deployment
	Other (per needs of the incident)

Adapted with permission from:

Qureshi K, Gebbie KM, Gebbie EN. Public Health Incident Command System: a guide for the management of emergencies or other unusual Incidents within public health agencies, Volume I, 1st ed. Rensselaer NY: Centre for Public Health Preparedness, University at Albany School of Public Health;2006 [cited June 16 2016].



IMS Position Checklists: Liaison Officer

Reports to: Incident Manager

Mission: Function as incident contact person for representative from other agencies

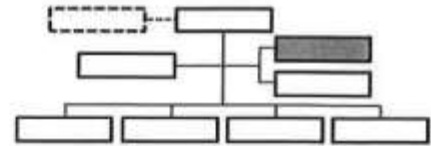
Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain briefing from Incident Manager and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).
	Establish contact with Liaison counterparts of each assisting and cooperating agency.
	Keep the Medical Officer of Health (MOH) and other agencies and organizations updated on changes in response to incident.
	Other (per needs of the incident)

Intermediate:	
	Respond to requests and complaints from incident personnel regarding inter-agency issues.
	Relay any special information obtained to appropriate personnel in the receiving facility (e.g., information regarding toxic decontamination or any special emergency conditions.)
	Keep agencies supporting the incident response aware of the incident status. Monitor the incident to identify current or potential inter-organizational problems.
	Other (per needs of the incident)

Extended:	
	Maintain a list of all assisting agencies, including their resources available.
	Observe all staff for signs of stress. Report issues to Safety Officer.
	Provide for rest periods and relief for staff.
	Prepare end of shift report present to oncoming Liaison Officer.
	Plan for the possibility of extended deployment
	Other (per needs of the incident)

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IMS Position Checklists: Communications Officer

Reports to: Incident Manager

Mission: Serve as spokesperson and person responsible for releasing information regarding the incident to the media or other agencies and the public. Only one Communication Officer is appointed per incident although assistants may be appointed as necessary.

Note: The title Communications Officer is a public health application of the traditional IMS position of Public Information Officer (PIO) or Emergency Information Officer (EIO), as it is the same role.

Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Identify restriction in the contents of news release information from Incident Manager.
	Establish a Public Information area away from the Incident Command Post and other activity areas.
	Obtain briefing from Incident Manager and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).
	Other (per needs of the incident)

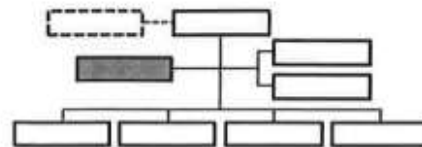
Intermediate:	
	Ensure that all news releases have the approval of the Incident Managers and/or Medical Officer of Health
	Issue an initial incident information report to the news media
	Inform on-site media of the areas which they may access and those which are restricted.
	Coordinate with Safety Officer.
	Contact other on-scene agencies to coordinate release of information with respective Communications Officers. Inform Liaison Officer of action.
	Arrange for interviews, teleconferences, video conferences, satellite broadcasts, web site revisions, broadcast faxes, etc., upon approval by Incident Manager or Medical Officer of Health.

Intermediate:	
	Monitor incident as to the need to modify or change public alerts or risk communications.
	Approve initial and updated scripts for interviews, hotlines and web sites.
	Direct ongoing evaluation of message contents.
	Other (per needs of the incident)

Extended:	
	Review progress reports from Section Chiefs as appropriate
	Notify media about incident status.
	Observe all staff for signs of stress. Report issues to Safety Officer.
	Provide for rest periods and relief for staff.
	Prepare end of shift report present to oncoming Communications Officer.
	Plan for the possibility of extended deployment
	Other (per needs of the incident)

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IMS Position Checklists: Safety Officer

Reports to: Incident Manager

Mission: Develop and recommend measures for assuring safety and assessing and/or anticipating hazardous and unsafe conditions.

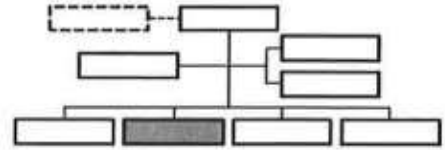
Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a briefing from Incident Manager.
	Establish a Safety Command Post in proximity to the agency Emergency Operations Centre (EOC).
	Review the Incident Action Plan (IAP) for safety implications.
	Other (per needs of the incident)

Intermediate:	
	Exercise emergency authority to stop and prevent unsafe acts.
	Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
	Arrange with Logistics to secure all areas as needed to limit unauthorized access.
	Advise the Incident Managers and Section Chiefs immediately of any unsafe or hazardous situations (review Hazardous Materials Plan).
	Schedule routine briefings with Incident Manager.
	Schedule routine briefings with Finance/Administration Section Chief.
	Monitor incident as to the need to modify or change public alerts or risk communications.
	Other (per needs of the incident)

Extended:	
	Observe all staff for signs of stress. Report issues to Incident Manager.
	Provide for rest periods and relief for staff.
	Prepare end of shift report present to oncoming Safety Officer.
	Other (per needs of the incident)

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IMS Position Checklists: Planning Section Chief

Reports to: Incident Manager

Mission: Identify data elements and data sources and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of Planning/Intelligence Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and person long range planning. Document and distribute Incident Action Plan and measure/evaluate progress.

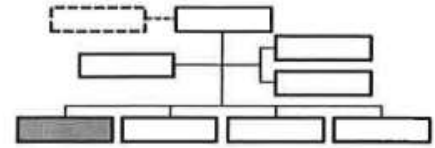
Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a briefing from Incident Manager.
	Activate the Planning/Intelligence Section leaders.
	Brief unit leaders after meeting with Incident Manager.
	Determine data elements required by the Incident Action Plan (IAP) and Section Action Plan (SAP).
	Identify and establish access to data sources as needed.
	Communicate all technical support and supply needs to Logistics Section Chief.
	Establish Planning/Data Collection Centre and other data entry sites as needed.
	Ensure standardization of data collection.
	Collect, interpret, and synthesize data regarding status and response of incident and provide reports to Incident Manager.
	Other (per needs of the incident)

Intermediate:	
	Assemble information in support of the IAP and or projections relative to the project.
	Other (per needs of the incident)

Extended:	
	Continue to receive projected activity reports from Section Chiefs and Planning/Intelligence Section at appropriate intervals.
	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Incident Manager.
	Assure all requests for data or plan information/status are routed/documented through the Communications Officer.
	Observe all staff for signs of stress. Report issues to Incident Manager.
	Provide for rest periods and relief for staff.
	Prepare end of shift report present to oncoming Planning/Intelligence Section Chief. Plan for the possibility of extended deployment.
	Other (per needs of the incident)

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IMS Position Checklists: Operations Section Chief

Reports to: Incident Manager

Mission: Activate and coordinate any units that may be required to achieve the goals of the Incident Action Plan (IAP). Direct the preparation of specific unit operational plans and requests and identify and dispatch resources as necessary.

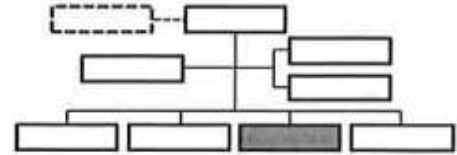
Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a briefing from Incident Manager.
	Establish Operations Section Centre in proximity to the Incident Command Post, as required.
	Appoint Operations Section team leads.
	Brief all Operation Section team leads on current situation and develop the Section Action Plan (SAP).
	Add addition (or delete) tasks as required.
	Identify and report to Liaison Officer and/or Finance/Administration Section Chief any tactical resources needed for the Incident Action Plan (IAP).
	Coordinate IT and data entry needs with Logistics and Planning/Intelligence Section Chiefs.
	Other (per needs of the incident)

Intermediate:	
	Brief the Incident Manager routinely on the status of the Operations Section.
	Coordinate and monitor Operations Section and available resources needed to achieve mission and request resources as needed.
	Other (per needs of the incident)

Extended:	
	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Incident Manager.
	Observe all staff for signs of stress. Report issues to Incident Manager.
	Provide for rest periods and relief for staff.
	Prepare end of shift report present to oncoming Operations Section Chief and Incident Manager.
	Plan for the possibility of extended deployment.
	Other (per needs of the incident)

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IMS Position Checklists: Logistics Section Chief

Reports to: Incident Manager

Mission: Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities), security, personnel deployment (movement) and provide for adequate levels of shelter and supplies to support the mission’s objectives.

Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a briefing from Incident Manager, including Incident Action Plan (IAP).
	Confer with appointed Logistics Section Unit Leaders and ensure the formulation and documentation of an incident-specific Section Action Plan (SAP) as approved by the Command Staff.
	Add (or delete) tasks as required.
	Establish Logistics Section Centre in proximity to the Emergency Operations Centre (EOC), as required.
	Advise Incident Manager on current logistical service and support status.
	Other (per needs of the incident)

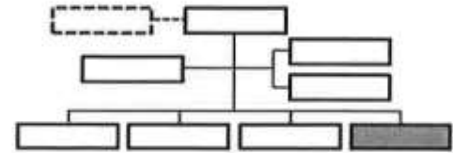
Intermediate:	
	Update Logistics Section staff on new developments and receive Section status reports.
	Secure areas as needed to limit access by unauthorized personnel.
	Obtain information and updated regularly from unit leaders and officers; maintain current status of all areas.
	Review IAP and estimate section needs for next operational period or shift.
	Through the Liaison Officer, initiate contact with jurisdiction’s emergency services agency for police, fire and paramedic services assistance when necessary.
	Prepare to manage large number of potential volunteers.
	Confer with Communications Officer to establish areas for media personnel.

Intermediate:	
	Obtain supplies as requested by Planning/Intelligence or Operations Sections.
	Other (per needs of the incident)

Extended:	
	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Finance/Administration Section Chief.
	Participate in the development and execution of the demobilization and make recommendations to Incident Manager as necessary.
	Observe all staff for signs of stress. Report issues to Incident Manager.
	Provide for rest periods and relief for staff.
	Prepare end of shift report present to oncoming Incident Manager and Logistics Section Chief.
	Plan for the possibility of extended deployment.
	Other (per needs of the incident)

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IMS Position Checklists: Finance/Administration Section Chief

Reports to: Incident Manager

Mission: Monitor the utilization of financial assets and human resources. Ensure the documentation of expenditures relevant to the emergency incident. Authorize expenditures to carry out the Incident Action Plan (IAP) and ensure appropriate documentation.

Immediate:	
	Receive appointment from Incident Manager.
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a briefing from Incident Manager.
	Appoint Human Resource and Finance Unit Leaders.
	Inform team leaders of incident name.
	Obtain unique finance code for incident from the agency finance officer.
	Confer with appointed Unit Leaders and ensure the formulation and documentation of an incident-specific Section Action Plan (SAP) as approved by the Command Staff.
	Establish Finance/Administration Section Centre near the Logistics Centre and ensure that there are adequate documentation/recording personnel.
	Other (per needs of the incident)

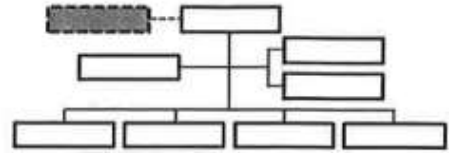
Intermediate:	
	Approve a “cost-to-date” incident financial status in agreement with the Incident Manager and summarize financial data as often as required by the nature of the incident, reporting personnel and hours worked, supplies, equipment, facilities and miscellaneous expenses.
	Obtain briefings and updated from the Incident Manager as appropriate.
	Incorporate information into financial status reports.
	Schedule planning meetings with Unit Leaders to discuss updating the Section Action Plan and termination procedures,
	Authorize utilization or diversion of financial resources.

	Other (per needs of the incident)
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Extended:	
	Observe all staff for signs of stress.
	Provide for rest periods and relief for staff. Review Issues with the Safety Officer.
	Coordinate response regarding staff work related issues, assignments and questions; work with Human Resources Director as appropriate.
	Coordinate injury or incident reporting procedures and protocol with Safety Officer.
	Create end of shift report for Incident Manager and the oncoming Finance/Administration Section Chief.
	Plan for the possibility of extended deployment.
	Other (per needs of the incident)

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IMS Position Checklists: Executive Lead

Reports to: Medical Officer of Health (MOH) or Chief Medical Officer of Health (CMOH), and MOTLTC

Mission: Provide executive support to the Incident Manager, authorizing extraordinary measures as required.

PHO has occasionally found it convenient to split the traditional ISM role of “Incident Command” into the two separate roles of Incident Manager and Executive Lead. Driven by both the needs of the incident and the governance structure of the health unit, this split is entirely optional.

- **Incident Manager**
The Incident Manager is in charge (i.e., conducts) the public health investigation and is analogous to the Incident Commander of the *IMS for Ontario* (2008).
- **Executive Lead**
The Executive Lead reports to government and other senior officials and is analogous to the Policy Group of the *IMS for Ontario* (2008).

Immediate:	
	Read this entire position checklist and the entire Common Responsibilities Checklist. Review organizational chart
	Obtain a full briefing of the incident from Incident Manager.
	Provide advice to the Incident Manager as required.
	Brief the MOH/CMOH and MOHLTC, and advise of current status and actions.
	Other (per needs of the incident)

Intermediate:	
	Monitor progress of the incident watching for impacts on the health unit and/or health system that may have political implications or other ramifications and consult with the MOH/CMOH and MOHLTC for possible solutions.
	Other (per needs of the incident)

Extended:	
	Observe all staff for signs of stress.
	Plan for the possibility of extended deployment.
	Other (per needs of the incident)

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After Action Report: Executive Summary

Incident Name:

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Description of the event:

<p>Information in this section should clearly identify the specific event. Data should include the event name, date(s), location(s), and participating local government and nongovernmental agencies, mutual-aid jurisdictions, and provincial and federal partners.</p>	
Date(s)	
Location(s)	
Participating local governmental and non-governmental agencies	
Mutual-aid jurisdictions	
Provincial and federal partners	

Sequent of events:

This section provides a brief description of the sequence of events, and key decisions and interventions that led to accomplishing the objectives.	
Brief description of the narrative (What happened?)	
Key decisions	
Actions taken	

Reflection:

This section lists the successes, lessons learned, makes recommendations for improvements to your emergency preparedness program, and lists the next steps.

Successes	
Lessons learned	
Recommendations	
Next Steps	

General Considerations

Flexibility

To maximize efficiency efforts will be made to minimize disruptions to priority services, however in the case of more significant events disruptions could occur. In these cases flexibility is important as:

- work conditions may be different and difficult
- assigned tasks may be different and unfamiliar (although the IMT will attempt to minimize this situation).
- assigned tasks may be physically demanding and stressful
- unfamiliar people from other departments may be assigned to work in the same situation to bolster resources
- supervisors may be unfamiliar to staff and vice versa
- common sense should prevail.

Identification

- all employees are to carry their Health Unit identification card (with photo)
- Some Municipal Emergency Control Groups (MECGs) will also supply identification.
- Florescent vests or other means of identification may be provided.

Records

- All staff must keep accurate records of all communications and actions, to include date and time, nature of communication or action, and signature
- Staff should create an "emergency folder for e-mail messages relating to the emergency and file all pertinent incoming and sent e-mail in it.

Notification / Fan-out Procedure Internal Notification

The Medical Officer of Health along with the Incident Management Team will initiate the fan-out system. **See Appendix 1: Notification Protocol** for more details on the notification process.

The fan-out procedure shall be tested at least annually and include the:

- Method and sequence of advising each employee
- Message to be relayed as decided by Command.

During a real emergency situation and fan out notification staff will be required to:

- Report to work unless otherwise advised
- Follow procedure as directed
- Be prepared to be assigned appropriately and possibly re-assigned as the emergency progresses.
- Staff will be asked to report to one of:
 - ❖ Designated control room at specified location
 - ❖ Their own desks; or
 - ❖ Other designated location.

Point of Contact for GBHU Staff during Emergencies

In the event of an emergency situation, refer to Section E of the On-Call procedures manual.

From previous experience, other effective methods of keeping the staff updated on the emergency have been:

- Email (don't rely on it because staff don't always have time to check)
- Phone and Cell Phone
- Team meetings

External Notification

The Medical Officer of Health, along with the Grey Bruce Health Unit Incident Management Team is responsible for notifying and maintaining communications with:

1. Emergency Management Unit (Ministry of Health and Long Term Care)
2. Neighbouring Medical Officers of Health as appropriate
3. Agencies, services, institutions, municipal officials and other stakeholders as appropriate.

Grey Bruce Health Unit Emergency Operations Centre

Authorization to activate the GBHU Emergency Operations Center will be given by the Incident Manager. The Incident Management Team will work together at the EOC to make decisions, share information, and provide support during the response to the incident. Please note that for less impactful situations the EOC may not have to be activated, it is acceptable to use other spaces to conduct necessary meetings etc. Also note that during an extended emergency such as a Pandemic, the EOC will likely be activated at certain times (such as a daily cycle) to allow sufficient staff resources to be applied at the Emergency Support Functions such as planning and operations. The EOC is located at the Grey Bruce Health Unit Office at 101, 17th Street East, Owen Sound, Ontario, Canada.

Set-Up Notes:

- Teleconference unit is permanently set up
- Multiple phones may be set up in the EOC by bringing phones from other locations (they retain their original numbers). This process was tested during an exercise and it should be noted that the use of more than 4 or 5 phones creates excessive noise in the EOC.
- Laptops can be used in the EOC in the normal manner. If the GBHU wireless network is down, a temporary wireless network can be set up using an air card and mobile hub. This process was tested during an exercise and found to work well. It should be noted that this would place a cap on the number of people able to connect to the internet.
- Grab bags containing Emergency Response kits are stored in the EOC closet (Boardroom), The Grey Bruce Health Unit's back-up generator supplies power to the EOC in the event of a power outage.

Supporting the Emergency Operations Centre

EOC Administrative Assistant

The Incident Manager may request an EOC Administrative Assistant who will:

- Provide minute taking for the Incident Management Team meetings
- Document the Incident Action Plan from Incident Management Team meetings - "To Do List"
- Provide clerical support for the Incident Management Team.
- Maintain a map(s) containing information relative to the emergency
- Run messages
- Photocopy
- Maintain Incident Documentation Binders that include correspondence, media clippings, media releases, references etc.

Break out Rooms

If the EOC does require full activation there may also be need for break out rooms. These may be used for secondary meeting rooms, food services, etc.

Alternate Sites for the Grey Bruce Health Unit Emergency Operations Centre

If the Grey Bruce Health Unit offices were unavailable it is likely that initial EOC contact would be via

cell phone, e-mail and home phones. If it was felt necessary to meet face to face the following spaces may be available (depending on the extent of damage to the surrounding area and the activity level of other EOC's).

Grey County Building, 595 9th Ave East Owen Sound. (The County of Grey's EOC meets here and would have priority for this space)

Business Cycle

To ensure the response objectives are being met and communications are clear, the GBHU Incident Management Team (IMT) will meet regularly throughout the incident response. This usually takes the form of what is called: a BUSINESS CYCLE. This cycle is determined by the Incident Manager. The purpose of the business cycle is to periodically gather all the key IMT members together for information sharing, brain storming, decision making, and plan development. The business cycle also allows time for the IMT members to work with their respective leads and/or teams to address the emergency.

Timing of the Business Cycle

The Incident Manager is responsible for the timing and frequency of the business cycle. The length and frequency of these meetings may vary depending on the nature of the emergency. For example, during the initial stages of an emergency, when information is unclear, it may be necessary to meet more frequently. In the latter stages of the emergency, the business cycle may be lengthened.

Meeting Portion of the Business Cycle

- The Incident Manager chairs the meeting
- All necessary Incident Management Team Members attend
- Discuss response priorities and objectives. Brainstorm for possible future scenarios/responses
- Create an Incident Action Plan (IAP) for the cycle ("To Do" List)
- Incident Manager delegates "to do's" to the IMT Members
- IMT members update the team on their previous "to do list" items if required
- Conduct fast round the table updates including review of "To Do" list from previous meeting
- Decisions to be brief and to the point
- Set time for next meeting
- Adjourn meeting. Chiefs to return to respective teams/leads to discuss "to do's" for the cycle

Working Portion of the Business Cycle

- IMT Members meet with respective response teams/leads
- Priorities/objectives set out in the "to do's" from the IMT meeting are delegated to the teams/leads
- Members of the response teams/leads work at meeting the priorities and objectives
- Leads/teams provide feedback to Section Chiefs regarding progress, questions, problems and other issues that might have come up since the last cycle. The respective IMT Member then takes these issues/updates to the next IMT meeting to discuss.

Mutual Aid

Mutual Aid is the formal request for assistance from a neighbouring jurisdiction when the resources of the responding jurisdiction are overwhelmed.

The Grey Bruce Health Unit has signed formal Mutual Aid Agreements with:

- [Chatham-Kent, Elgin-St. Thomas, Huron County, Lambton, Middlesex-London, County of Oxford, Perth, and the Windsor-Essex](#)

In addition, health units have historically come to the aid of other health units in emergency situations, without a formal Mutual Aid Agreement having been signed.

Occupational Health and Safety

Under the Occupational Health and Safety Act (OHSA), an employer has the duty to take all reasonable precautions in the circumstances for the protection of a worker. The OHSA cannot be overridden by any emergency order made under the EMCPA or the HPPA. The Board of Health is committed to the safety of all board of health staff during any emergency response.

To ensure that any/all health and safety concerns are correctly addressed, the following roles and responsibilities will be applied.

The Incident Manager will ensure the safety of all responders through discussions with the Incident Management Team during regular meetings to ensure all responders are working safely.

Any safety concerns that are identified by the “support functions” will be given to the specific “Section Chief” for that function (for example: if a safety concern is identified by a worker in the Operations section, the concern should be given to the Operations Chief to take to the Incident Management Team meeting for resolution).

In the case of a work refusal the Administration Chief will be responsible for addressing the work refusal and will follow the specific procedure identified under the Occupational Health and Safety Act to resolve the situation.

Support Mechanisms for Board of Health Staff

Grey Bruce Health Unit staff will be offered a range of support services during and following an emergency. These support services will be made available to those who wish to use them on a confidential basis.

Support mechanisms that will be offered include:

- Support from fellow staff members (peer support)
- Support from managers
- Access to counseling through the Employee Assistance Program (EAP)
- Encouragement of a no-blame culture
- Access to Critical Incident Debriefing.