

## **Chapter 6: Emergency Response and the Incident Management System**

### **Activation of the Emergency Response**

As the pandemic threat level changes, the Peel Medical Officer of Health (MOH) will notify the Regional Community Emergency Management Coordinator (CEMC) through the Regional Emergency Operations Centre (REOC). In turn, the Regional CEMC will notify the lower-tier CEMCs of the pandemic threat level and the possible need to activate their emergency plans. Depending on the situation, the CEMC may be notified directly by Emergency Management Ontario, who may also recommend the activation of local emergency response plans. The REOC is typically activated after the situation is assessed by the Regional Emergency Control Group (RECG). In consultation with the Regional Chair, the MOH may request that health sector agencies and key community stakeholders activate their own emergency response plans.

### **Declaration and Termination of an Emergency**

The Regional Chair (as Head of Council) has the authority, under the Peel Region Emergency Plan and By-Law Number 3-2005, to declare an emergency if deemed necessary for the pandemic response. Alternatively, the Premier may declare a provincial emergency in response to the arrival and/or spread of the influenza virus.

It is the responsibility of the Regional Chair to inform Emergency Management Ontario that an emergency has been declared, or terminated, in the Region of Peel. The lower-tier municipalities are not required to declare an emergency if the Regional Chair has declared an emergency for the Region of Peel. The Premier of Ontario may, at any time, terminate a municipal declaration of emergency.

### **Health Sector Coordinating Committee**

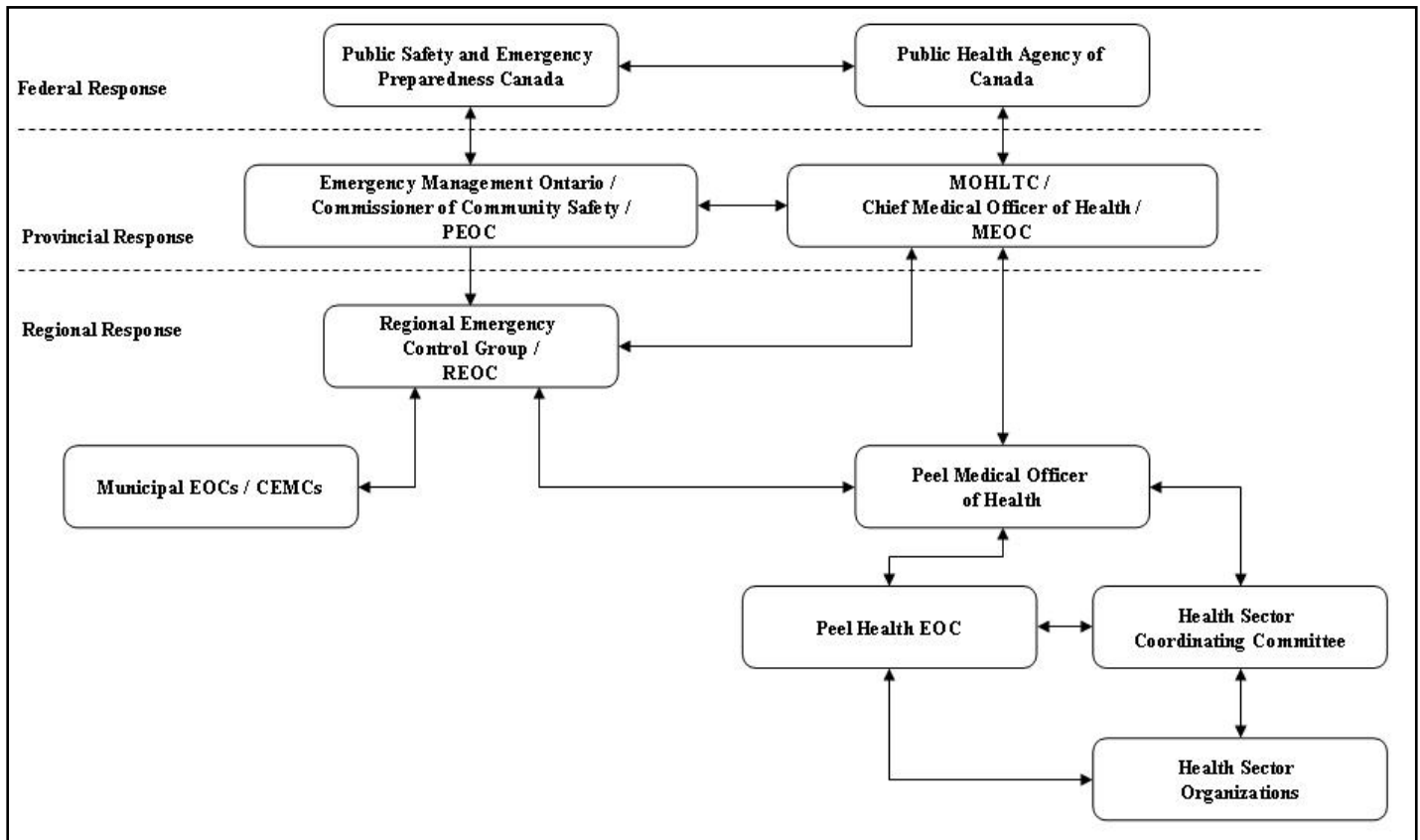
As a member of the Regional Emergency Control Group (RECG) along with the Commissioner of Health, the MOH will be responsible for advising the RECG about the health status of the pandemic, the capacity of the health care system in dealing with the pandemic, and health emergency management issues. A Health Sector Coordinating Committee (HSCC) will be established to help coordinate the health response and provide feedback through the MOH to the RECG. The relationship of this committee to the MOH and the emergency response is shown in Figure 6.1 on the next page.

The mandate of the HSCC will be to:

- Share current information about the pandemic and pandemic strategies;
- Provide a forum for problem-solving and joint decision-making; and
- Identify issues that the region or provincial government should address.

It is anticipated that the MOH will convene this committee periodically as the pandemic phase levels increase, and that weekly or bi-weekly meetings (normally by teleconference) will begin when pandemic activity nears the Region of Peel.

**Figure 6.1: Emergency Management Structure of a Pandemic Response in the Region of Peel**



The HSCC membership will consist of senior leadership from the following:

- Medical Officer of Health (chair);
- All three hospitals - CEO, Chief of Staff, Infection Control Practitioner, or their delegates;
- Both CCACs;
- Coroner;
- Paramedic Services;
- Long Term Care (Peel Health);
- Peel Public Health;
- Community sector; and
- Other agencies, as appropriate.

Membership in the HSCC does not preclude the member attending the REOC as a support group member.

## **Incident Management System**

The Incident Management System (IMS) is an international emergency management system that provides the basic structure and functions required to manage an emergency situation effectively. The use of IMS permits emergency response organizations to work together to manage multi-jurisdictional incidents. The benefits of IMS are to improve communication, streamline resources, enhance capacity, and facilitate the cooperation and coordination of operational activities between agencies.

IMS has been adopted by Emergency Management Ontario as an operational framework for emergency management in Ontario. The Ministry of Health and Long-Term Care (MOHLTC) also uses IMS to structure its emergency response activities. The *Ontario Health Pandemic Influenza Plan* suggests that all health organizations use the IMS model.

### **IMS Status in the Region of Peel**

A commitment to the use of IMS for emergency response has been made by Peel Health and all three hospitals in the Region of Peel. To ensure inter-operability with all stakeholders, it is recommended that all health sector organizations adopt IMS to structure and coordinate emergency response activities.

The REOC will also use IMS to coordinate overall emergency response activities, as will lower-tier municipalities.

### **Description of the IMS Structure**

The IMS structure is built around five sections (see Figure 6.2):

- (1) Command;
- (2) Planning and Intelligence;
- (3) Operations;
- (4) Logistics; and
- (5) Finance and Administration.

The size of the IMS structure is scalable, and is normally determined by the size of the emergency response organization and the complexity of the incident. In a small-scale, short-duration incident, one person may lead multiple sections. In complex, large-scale emergencies, the IMS may be expanded to include several people supporting each function. The scalability of the IMS allows for maintaining a span of control such that a person in a leadership role has no more than six persons reporting directly to him or her.

The **Command** section includes several key positions (e.g. Incident Commander, Liaison Officer, Public Information Officer, Safety Officer, and Document Control Officer).<sup>8</sup> It determines the overall flow of emergency operations by identifying an operational (i.e. business) cycle and the strategic objectives to be achieved within operational periods. The Command Section is also responsible for communicating with the general public, monitoring the safety of departmental personnel, maintaining a record of all emergency response activities, and coordinating liaison activities with external partners. For Peel Public Health, emergency operations are lead by the Incident Commander, who consults with, and reports to, the MOH and the Peel Health Commissioner, who are members of the RECG.

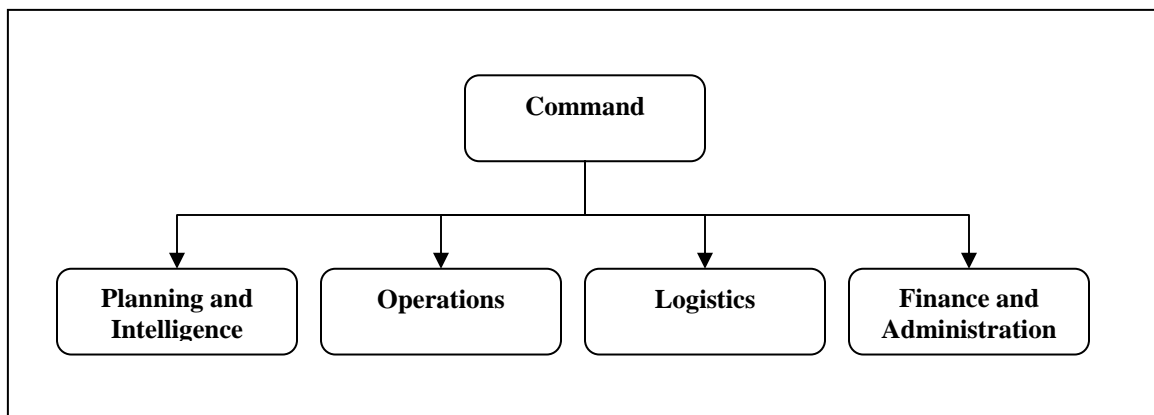
The **Planning and Intelligence** section is responsible for assessing the situation, identifying strategic objectives, and creating action plans so that objectives may be achieved within specific timeframes. For example, planning activities for Peel Public Health include the collection and analysis of influenza surveillance data.

The **Operations** section is responsible for coordinating the operational activities of the agency or organization to achieve the strategic objectives identified by the Incident Commander. For example, operational activities for Peel Public Health may include mass vaccination clinics, pandemic telephone hotlines, and enforcement of medical orders.

The **Logistics** section is responsible for providing the physical space, services, materials, equipment, technology, and technical support necessary for all sections to achieve their objectives. For example, logistics activities for Peel Public Health may include the transportation of vaccines or secure physical space for a mass vaccination clinic.

The **Finance and Administration** section tracks all expenditures, claims, purchases, employee time-sheets, service contracts, and coordinates human resources, as well as, manages volunteers.

**Figure 6.2: Typical IMS Structure**



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<sup>8</sup> IMS position titles may be revised upon the release of the Provincial Incident Management System (PIMS), to reflect terminology used by Emergency Management Ontario. The release date for the PIMS is expected to be in the fall of 2007.