

EMERGENCY RESPONSE PLAN

Version 7 – Revised April, 2019



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1 Public Health's Role

The aim of Wellington-Dufferin-Guelph Public Health's (WDGPH) *Emergency Response Plan (ERP)* is to be prepared to effectively and efficiently respond to any health emergencies that occur within the agency or the community. This is a requirement of the *Health Protection and Promotion Act (HPPA)* that provides legal authority for boards of health to respond to a public health emergency such as a health hazard or a disease outbreak.

The *Ontario Public Health Standards* and the *Emergency Preparedness Protocol* detail the requirements for what must be included in the *ERP*. The *WDGPH Emergency Response Plan Policy* also summarizes the key requirements of the Plan.

WDGPH has an on-call system that is available 24 hours a day, seven days a week for responding to potential health hazards or incidents. Any emergency situation is communicated immediately to the Medical Officer of Health (MOH), Directors and the management team as necessary.

The *Health Protection and Promotion Act* also gives authority to the Medical Officer of Health (MOH) to activate the Emergency Response Plan when there are incidents or situations with actual and potential risk to the community. Other relevant legislation pertaining to the emergency plan includes, but is not limited to, the *Emergency Management and Civil Protection Act*, the *Occupational Health and Safety Act* and the relevant municipal bylaws of the County of Wellington, County of Dufferin and the City of Guelph.

2 Responsibilities of Municipalities

Emergency Management Ontario (EMO) requires each municipality to have an emergency plan and an annual training exercise for staff and members of the Municipal Emergency Control Group (MECG) which includes the Medical Officer of Health (or alternate).

In the event of an emergency, the municipality notifies the MECG and a state of emergency may be declared. If the municipality requires additional resources, the Warden may declare a county-wide emergency and a Joint Emergency Control Group (JECG) will coordinate the response.

3 Responsibilities of the Province

Emergency Management Ontario (EMO), under the jurisdiction of the Ministry of Community Safety and Correctional Services receives requests for assistance from municipalities, and at its discretion may deploy staff to assist with an emergency.

The Health System Emergency Management Branch (HSEMB) of the Ministry of Health and Long-Term Care (MOHLTC) is also available to provide support to the healthcare sector and professionals during emergencies. The Chief Medical Officer of Health (CMOH) has the authority to respond to a provincially declared emergency in accordance with the *Health Protection and Promotion Act* (HPPA).

Public Health Ontario (PHO) provides a broad range of scientific and technical expertise during emergencies, including laboratory testing and infectious disease surveillance.

The Ministry of the Environment (MOE) is involved in any emergency response involving the release of hazardous materials that impact land, air or water quality.

The Ministry of Labour (MOL) is responsible for the enforcement of the *Occupational Health and Safety Act* (OHSA) at all times including during an emergency.

Refer to the following table for definitions used by Emergency Management Ontario to clarify the scale of an event.

EVENT	DEFINITION
Threat	A person, thing or event that has the potential to cause harm or damage.
Incident	An occurrence or event that requires an emergency response to protect people, property, the environment, the economy and/or other services.
Emergency	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.
Hazard	A phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage. These may include natural, technological or human-caused incidents or some combination of these.
Natural Hazard	A naturally occurring event such as a forest fire, flood and/or severe weather that has the potential to harm people, property, the environment, the economy and/or services.
Technological Hazard	A hazard which results from the failure or misuse of technology, either intentional or unintentional such as a power outage or cyber attack.
Disaster	A serious disruption to an affected area, involving widespread human, property, environmental and/or economic impacts that exceed the ability of one or more affected communities to cope using their own resources.
Catastrophe	An emergency of particularly severe proportions.

Table 1.1. Emergency management definitions. Source: *Province of Ontario's Emergency Management Glossary of Terms*.

4 Region of Wellington, Dufferin and Guelph

WDGPH serves the communities of Wellington, Dufferin and Guelph in the south central part of Ontario with a population of approximately 272,000 in an area of 4,200 square kilometres which incorporates 16 municipalities. There are numerous Public Health offices throughout the region.

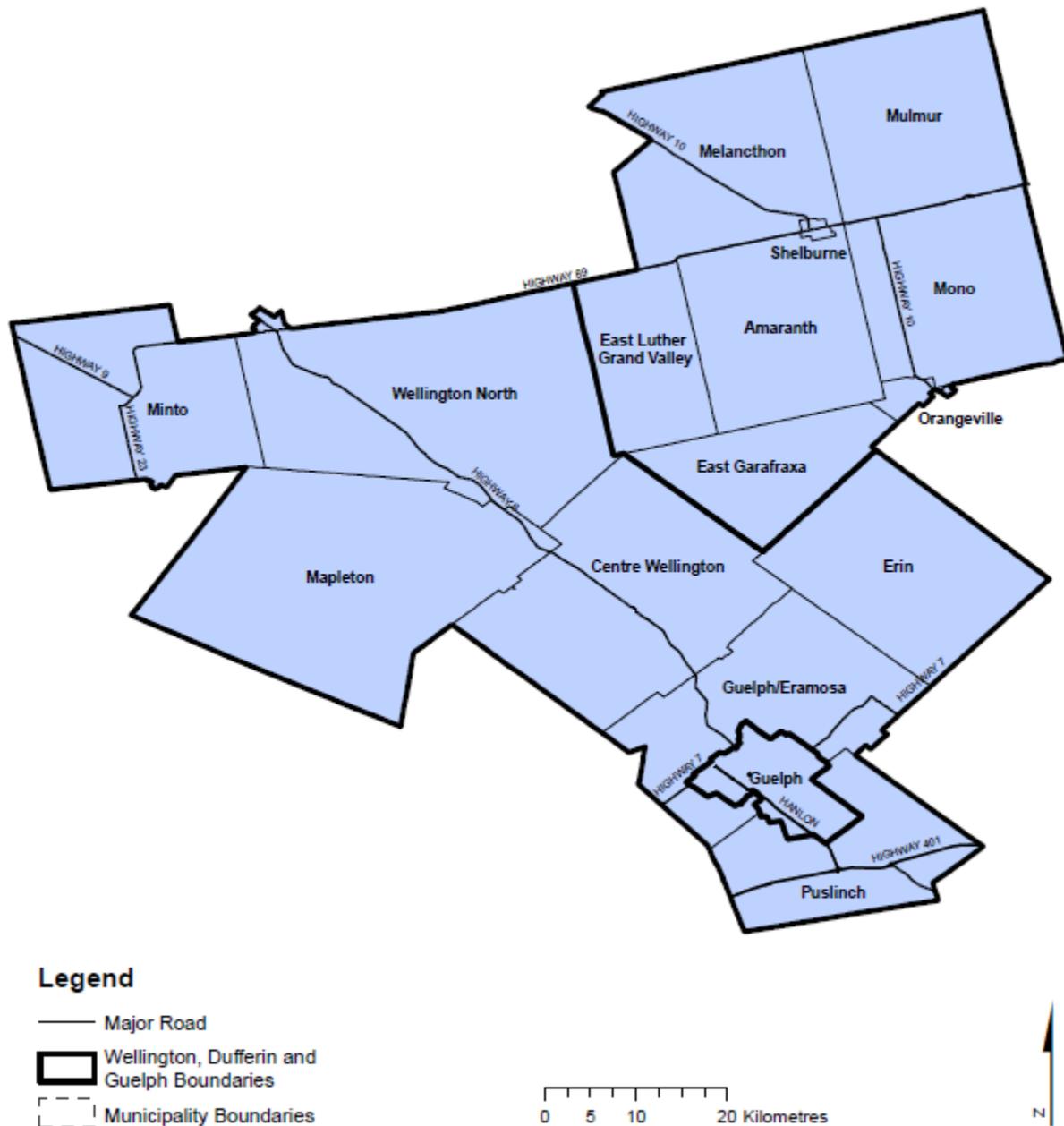


Figure 1.1. Map of the region of Wellington, Dufferin and Guelph.

County of Wellington

The County of Wellington covers an area of 2,660 km² and consists of seven municipalities:

- Town of Minto (Clifford, Harriston, Palmerston)
- Town of Erin (Hillsburgh)
- Township of Wellington North (Arthur, Mount Forest)
- Township of Mapleton (Drayton, Moorefield)
- Township of Centre Wellington (Elora, Fergus, Salem)
- Township of Guelph/Eramosa (Rockwood)
- Township of Puslinch (Aberfoyle, Morriston)

The population of approximately 95,000 is predominately rural. The County of Wellington does not include the City of Guelph which is a separate from the county.

The Grand River Conservation Authority oversees the Grand River watershed with features such as Belwood Lake, the Elora Gorge, the Elora Quarry, Conestoga Lake, Puslinch Lake, Conestoga River and the Luther Marsh.

There are three hospitals in the County of Wellington: Groves Memorial in Fergus, Louise Marshall Hospital in Mount Forest and the Palmerston and District Hospital in Palmerston.

The County of Wellington's risk profile ranks the following as the most likely to occur: tornadoes; ice storms; blizzards; terrorism; drought; extreme heat/cold; foreign animal disease outbreaks; and structural collapse.

County of Dufferin

The County of Dufferin covers an area of 1,486 km² and consists of eight municipalities.

- Town of Orangeville
- Township of Amaranth
- Township of East Garafraxa
- Town of Grand Valley (formerly East Luther Grand Valley township)
- Township of Mono
- Township of Mulmur
- Township of Melancthon
- Village of Shelburne

The population of the County of Dufferin is approximately 57,000. It is largely rural with three urban centres: Grand Valley, Orangeville and Shelburne.

The County of Dufferin is the highest plateau west of Georgian Bay and forms the watershed between four lakes: Huron, Ontario, Erie and Simcoe. Four rivers drain through the county: the Saugeen, Grand, Credit and Nottawasaga.

The Headwaters Health Care Centre in Orangeville is the only hospital in the County of Dufferin.

The County of Dufferin's risk profile ranks the following as the most likely to occur: snow and ice storms, high winds including tornadoes; widespread power outages; severe thunderstorms; and agricultural and food emergencies including water supply contamination.

City of Guelph

The City of Guelph is situated where the Speed and Eramosa Rivers meet. It is one of the fastest growing cities in Canada with a population of more than 120,000 (138,000 when University of Guelph students are included).

The largest business sector in Guelph is manufacturing. The three largest employers are Linamar, the University of Guelph and the Upper Grand District School Board.

The Guelph General Hospital and Homewood Health Centre are located on Delhi Street.

The City of Guelph's risk profile ranks the following as the most likely to occur: severe weather including tornadoes and ice storms; hazardous materials release from fixed or mobile sites; and human health emergencies.

Coordination with Other Agencies & Jurisdictions

The range of key agencies with which WDGPH may coordinate a response will vary depending on the nature and scope of the emergency. It may include local, provincial and federal agencies. Where ever possible mutual aid arrangements with neighbouring jurisdictions will be made.

5 Hazard Identification & Risk Assessment

Internal Risk Profile for WDGPH

A hazard identification and risk assessment (HIRA) is an important part of emergency preparedness and response planning. Annually, WDGPH is required to review its risk assessment to identify and rank the hazards posing the greatest risk to WDGPH staff, facilities, the community and the environment. This assessment is available in Section B. and specific plans and procedures for responding to the identified hazards are included as other Sections.

Municipal Risk Profile for Wellington, Dufferin and Guelph

The municipalities of Wellington, Dufferin and Guelph are also required to do an annual risk assessment do define their risk profile. For the entire jurisdiction, the top three hazards identified as posing the greatest risk are listed below. (A summary table listing all the hazards in WDGPH can be found in Section B.)

1. Severe weather (summer and winter)
2. Hazardous material released from a fixed or mobile site
3. A human health emergency

In the event of a human health emergency, Public Health would be the lead organization responsible for coordinating the response with healthcare professionals and the community.

Public Health would be a participating agency rather than the lead agency if the emergency was due to severe weather or a hazardous spill.

6 Occupational Health & Safety

The WDGPH Board of Health is committed to protecting and maintaining the health and safety of Board of Health staff. An urgent situation or the alteration of normal business due to an incident or emergency does not alter or supersede the agency's health and safety plans and policies or the provisions of the *Ontario Occupational Health and Safety Act and Regulations*.

In a situation where the agency's *Emergency Response Plan* has been implemented, the appointed Safety Officer (in addition to the Incident Manager, Emergency Preparedness Health and Safety Officer, Section Coordinators and Group Leaders) ensures that safe work practices are maintained and has the authority to stop any work deemed unsafe. Likewise, staff working in an emergency still have a responsibility to report any unsafe working conditions to their supervisors and the Safety Officer.

7 The Incident Management System

The Incident Management System (IMS) is a tool that provides a standard framework for responding to internal and external events that require an immediate reordering of daily priorities and deployment of human or material resources. It is based on an understanding that there are certain management functions that must be carried out as part of an emergency response.

The desired outcomes of IMS are:

- To provide a safe working environment for staff involved in controlling the incident
- To minimize the impact on the community and the environment; and
- To effectively and efficiently control the incident

IMS is used by Emergency Management Ontario and the municipalities and responder organizations in our region. The Ministry of Health and Long-Term Care has also adopted the IMS framework for emergency response in the *Ontario Public Health Standards*.

IMS provides a standard structure to organize personnel, facilities, equipment, procedures and communication. Whatever the level of complexity of the situation, IMS is flexible and can be scaled up or down as a situation develops. In an emergency, the Incident Management System also facilitates a common approach and understanding when organizations need to work together.

WDGPH will use the Incident Management System to respond to small or large-scale events to reduce harm and health risks to staff and the public.

IMS Organizational Structure

The IMS organizational structure establishes a command and reporting process to ensure an effective and coordinated response to all incidents. The command structure takes into account the number of individuals reporting to one person. This is referred to as “span of control.” The number of reporting individuals is limited to a person’s ability to effectively delegate and monitor tasks and performance.

The Medical Officer of Health oversees the assignment of an Incident Manager who is responsible for the overall strategy and management of the emergency response.

Every job function in IMS has a specific Job Action Checklist that details the responsibilities of the assignment. Job Action Checklists are available in Section A-3. The Emergency Control Group (ECG) consists of the job functions in the following organizational chart. Each of the positions provides a key management function in the emergency response. The type and scale of the incident will dictate what Group Leads and other job functions below the Group Leads are necessary (see Job Action Checklists in Section A-3 for these other job functions).

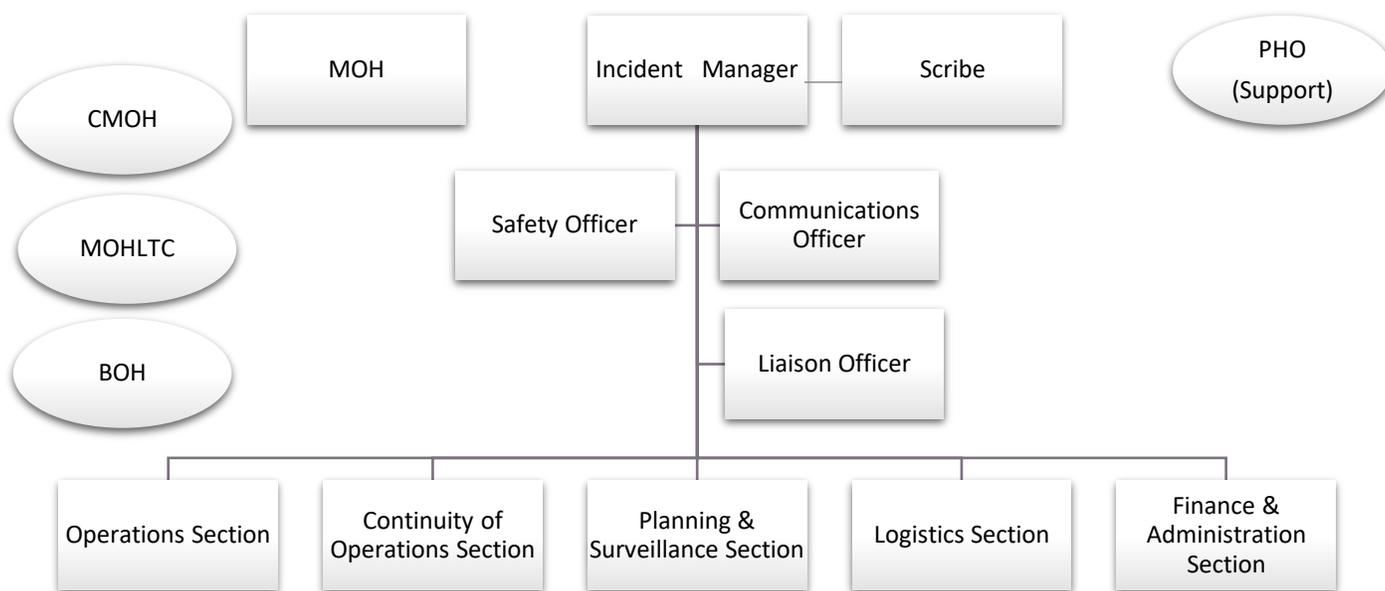


Figure 1.4. The Incident Management System (IMS) – Emergency Control Group (ECG).

There are six key sections in the agency’s IMS organizational structure: Command, Operations, Continuity of Operations, Planning and Surveillance, Logistics and Finance and Administration.

Command Section

- Incident Manager: Takes overall charge of the incident within the agency; delegates authority to get work done efficiently and effectively.
- Safety Officer: Ensures all health and safety precautions are taken and that any concerns are addressed.
- Communications Officer: Ensures accurate, up-to-date information is provided to the media, the public and staff.
- Liaison Officer: Maintains links with other agencies involved in the emergency response.
- Scribe: Records minutes and tracks all activities.

Operations Section

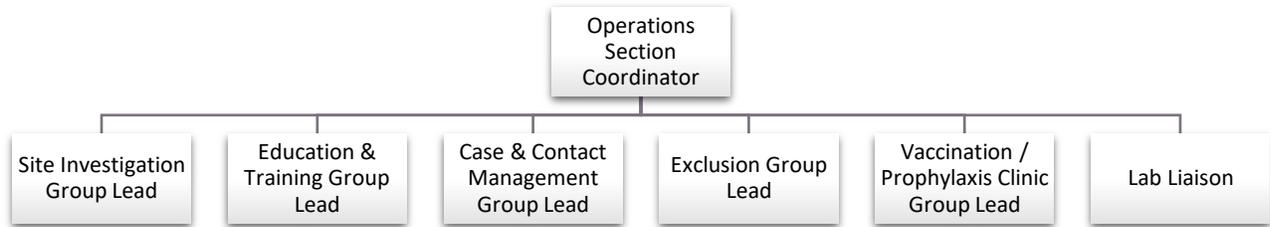


Figure 1.5. Operations Section Organizational Chart. The Operations Section manages all activities required to directly resolve the incident.

Planning & Surveillance Section

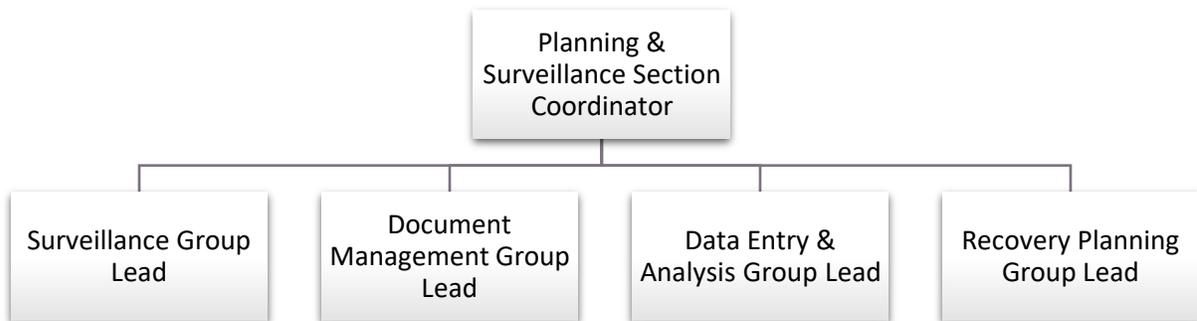


Figure 1.6. Planning and Surveillance Section Organizational Chart. The Planning and Surveillance Section manages the collection and analysis of data.

Logistics Section

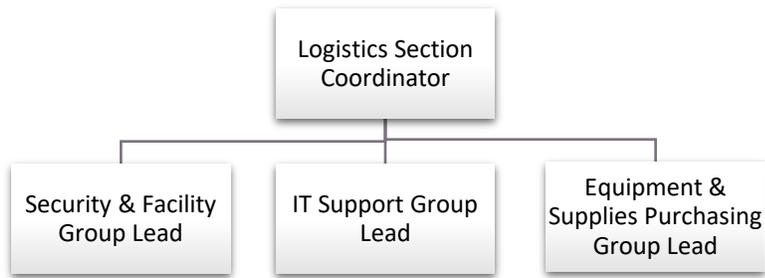


Figure 1.7. Logistics Section Organizational Chart. The Logistics Section manages all facilities, equipment, transportation and supplies.

Finance & Administration Section



Figure 1.8. Finance & Administration Section Organizational Chart. The Finance and Administration Section manages all financial aspects and human resources.

Continuity of Operations Section



Figure 1.9. Continuity of Operations Section Organizational Chart. The Continuity of Operations Section manages the continuation or disruption of services.

A fillable chart of the complete Incident Management System is available in Section A-5

The IMS organizational structure can be modified to suit the activity level of the incident and a toolbox approach provides the flexibility to use only those aspects of IMS that are appropriate for the situation. The tools available in IMS include position checklists, forms and templates.

WDGPH Emergency Operations Centre

An Emergency Operations Centre (EOC) is the pre-designated meeting place for those responding to an emergency. The MOH may require the activation of an EOC at one of WDGPH's offices once IMS is activated to respond to an emergency. Each location is equipped with supplies and equipment that may be required. Ensuring the EOC is ready to be used in the event that IMS is initiated is the responsibility of the Emergency Preparedness Health and Safety Officer. Information regarding the WDGPH EOCs is found in Section A-2.

Steps in the IMS Process - (See Section A. - IMS Response Toolkit)

When determining if a situation requires activation of the ERP and IMS, consider the following:

- Could the event seriously impact the health (e.g., the physical well-being of people, environmental safety) of an affected group or community?
- Will it require the immediate deployment (or redeployment) of resources within WDGPH programs beyond normal or routine levels, such as nurses, inspectors, communications or administration staff?
- Is it an unusual incident, even if it is a small or isolated occurrence?
- Will the incident affect other jurisdictions or agencies?

If the answer is “yes” to any of the above questions, Senior Leadership (SLT) will make the decision to activate the ERP and IMS.

IMS Activation Phase

An incident can be either an **internal** or **external** emergency (see Glossary) and depending on which type it is will determine how IMS is activated and structured, who is notified and the lead agency. (See Section A-1 for examples of scenarios.)

Declaring an Emergency

The Head of Council or designate of a municipality is responsible for officially declaring an emergency in a community. The decision to declare an emergency will be made in consultation with the MECCG/CCG.

The Medical Officer of Health may recommend that an emergency be declared in a community in the event of a disease outbreak or other threat to public health. A declared emergency requires the completion and distribution of a signed declaration form.

1) Activation Steps

Senior Leadership (SLT) will make the decision to activate the ERP and IMS and the following steps will be taken:

- a) An initial meeting is scheduled to assess the situation and to develop incident objectives.
- b) Based on the type and size of the incident it will be determined if the EOC needs to be activated.
- c) The ECG will be formed and the IMS organizational chart will be created based on the incident needs. (See Section A-5. for chart template.)
- d) Staff will receive their assignments according to the IMS command structure and will be given their Job Action Checklists explaining their roles and responsibilities. (See Job Action Checklists in Section A-3 organized by section.)
- e) Whatever resources are needed will be mobilized.
- f) The Incident Manager will oversee the development of a consolidated Incident Action Plan (IAP). The IAP outlines the incident objectives, the strategies to achieve them and the tactics for deploying staff and resources. (The IAP template can be found in Section A-4).

The IAP is prepared for a specific period of time known as an *operational period* and is updated for each Business Cycle, which are regular briefings of the ECG.

2) IMS Response Phase

- a) During the operational phase of IMS staff will complete all tasks of their assigned positions, maintain an activity log, and complete standard forms and reports to maintain records and accountability.
- b) Communication is an essential component of the emergency response and is maintained through regular Business Cycles.
- c) During each business cycle the IAP is updated for that operational period outlining action items to be completed before the next Business Cycle.
- d) After each Business Cycle the Section Coordinators brief their Group Leads and other section staff.

3) IMS Recovery Phase

Recovery from an incident begins as soon as the active response phase has ended. The trigger is either by the timeline of events (the fire is out) or by the diminishing volume and scope of the response work (the number of cases in a disease outbreak is dropping).

4) Terminating an Emergency

If a health emergency required a formal declaration of a community emergency, the MOH advises the Head of Council when it is appropriate to issue a termination. If no formal declaration of a health emergency is made, the MOH will declare the outbreak over through the media and other channels as required.

5) Maintaining the IMS Structure into the Demobilization of the Recovery Phase

Even if it is decided to exit IMS once an incident is declared over, it is advisable to maintain the IMS structure into the demobilization of the recovery phase, as all areas will have demobilization activities that will take time and resources to complete.

- Physical resources (e.g., equipment and supplies) need to be cleaned and returned
- All Section Coordinators may need to phase staff into and out of roles and evaluate the need for employee counselling
- Communications to convey appreciation to those in and outside of the agency who assisted with the response
- Debriefing completed at Group, Section and overall Command levels

6) Debriefing Steps

- a) A debriefing with the ECG, coordinated by the Incident Manager and the Emergency Preparedness Health and Safety Officer, will take place no sooner than one week following closure of the incident and no later than four weeks. Each Section Coordinator is expected to share the debriefing findings with their respective staff.
- b) A debriefing report is created within the same timeline to capture the findings.
- c) Within eight weeks of the incident a final After Action Report is completed and shared.

There may be times when a formal debriefing cannot be undertaken. These occasions should be rare. However, a debriefing should still be held and it will be the function of the Emergency Preparedness Health and Safety Officer in consultation with the Incident Manager to determine the style and use of specific debriefing methodology and reach agreement with the participating staff.

The objectives of the debriefing are:

- To allow participants, either on behalf of themselves and/or the area they represent, to reflect on the event and their experience in a process-oriented way (i.e., it is not a performance appraisal).
- To consider actions that took place during the event, and focus on what was supposed to happen and what actually happened.
- To identify any positive points or ideas that might establish “good practice” when responding to future incidents, exercises or training.

- To identify issues that may require further review and follow-up.
- To measure the response and set specific, measurable goals for quality improvement.

Refer to the Debriefing Process Protocol in Sections A-7, 8, 9

8 Support Mechanisms for Staff

In addition to peer and management support, the agency will use its Employee and Family Assistance Program (EFAP) to provide psychosocial supports for staff during and after an incident, as needed. Staff should be reminded that these supports are available at the beginning of an incident response and during the response. The Human Resources Group Leader will coordinate group meetings on-site and ensure other supports are in place as needed. The availability of these supports will be communicated to staff through the Communications Officer.

9 Acronyms

CBRN(E)	Chemical, Biological, Radiological, Nuclear (Explosive)
CDC	Centers for Disease Control and Prevention
CEMC	Community Emergency Management Coordinator
CFIA	Canadian Food Inspection Agency
CMOH	Chief Medical Officer of Health
EMO	Emergency Management Ontario (<i>Ministry of Community Safety and Correctional Services</i>)
EMU	Emergency Management Unit (<i>Ministry of Health and Long-Term Care</i>)
EOC	Emergency Operations Centre
FAD	Foreign Animal Disease
FIPPA	<i>Freedom of Information and Protection of Privacy Act</i>
HPPA	<i>Health Protection and Promotion Act</i>
HSEMB	Health System Emergency Management Branch (MOHLTC)
IAP	Incident Action Plan
JECG	Joint Emergency Control Group (upper and lower-tier municipalities)
MECG	Municipal Emergency Control Group
MOE	Ministry of the Environment
MFIPPA	<i>Municipal Freedom of Information and Protection of Privacy Act</i>
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
OAHP	Ontario Agency for Health Protection and Promotion
OHA	Ontario Hospital Association
OMAFRA	Ontario Ministry of Agriculture, Food and Rural Affairs
OHSA	<i>Occupational Health and Safety Act (Ministry of Labour)</i>
PHAC	Public Health Agency of Canada
PHIPPA	<i>Personal Health Information Protection Act</i>
PPE	Personal Protective Equipment
PUI	Person Under Investigation

10 Glossary

Advisory – Issued by Public Health to staff and to the public when the message is about an event, situation or condition that may:

- Cause an inconvenience or concern about human health to the target audience
- Pose a serious threat to human health
- Take place or is likely to occur
- **Immediate action is needed**

Alert – Issued by Public Health to staff and to the public when the message is about an event, situation or condition that causes or is very likely to cause illness, injury or death to the target audience; is taking place within the jurisdiction or is about to take place; and **requires immediate action**.

Antivirals (such as TAMIFLU) – Drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours) can reduce influenza symptoms, shorten length of illness and reduce serious complications.

Area Municipality – The municipalities and townships within Public Health’s jurisdiction, namely Wellington County, Dufferin County and the City of Guelph.

Biological Hazard – Exposure to a biological agent (body fluid, microorganisms, toxins or biocides) that can cause sickness or disease in a human or animal.

Bulletin – A brief report of important and often unexpected news; does not require immediate action.

Business Cycle Meeting – The formal meeting in the Incident Management System (IMS) in which the Incident Manager requests updates and information from Command staff and Section Coordinators in order to prepare an Incident Action Plan (IAP).

Case – A person with the disease or problem under investigation.

Case Definition – The distribution of symptoms and clinical signs of a sufficient number of cases to characterize the definition for clinical cases.

Case Management – Process of interviewing a case to obtain interesting indices and useful information on exposure, which helps develop the hypothesis. Also as a means for contact tracing and to ensure treatment.

Chemical Hazard – Exposure to a chemical agent that can cause sickness or disease in a human or animal.

Communications Cycle – During an emergency, the schedule of meetings, interviews and release of approved information to the public, affected populations and community partners.

Community Resilience – The capacity of a community to counter hazards, to withstand loss or damage and to recover from the impact of an emergency.

Community Officer – Staff member from *Emergency Management Ontario* who acts as liaison between an affected community and the province of Ontario on emergency management matters.

Community Risk Profile – Identifies hazards and risks in a community based on probability and consequences of an event occurring. Used as a framework for emergency response planning.

Consequence – A determination of how severe a hazard is or might be under certain circumstances. This process is fundamental to the process of determining a community's vulnerable areas and populations.

Contact Tracing – The identification and notification of contacts of a case of a communicable/reportable disease. Depending on the disease prophylaxis or treatment, it may be indicated to interrupt transmission of the disease.

Control Group – The management team responsible for coordinating the response to a community emergency comprised of municipal staff, the Head of Council and representatives from community organizations. Control Groups may function at the lower tier, or at the County level.

County Warden – The Head of Council for the County of Wellington or the County of Dufferin and Chair of the respective Municipal Control Group.

Distribution – Refers to analysis by times, places and persons affected.

Emergency – (*Federal*) “An abnormal situation that demands prompt, coordinated actions that exceed normal procedures, thereby limiting damage to person, property and/or the environment”; (*Provincial*) “a situation or impending situation caused by the forces of nature, an accident, intentional act or otherwise that constitutes a danger of major proportions to life or property.”

Epidemic – The occurrence in a population (community or region) of cases of an illness/condition in excess of the normal expectancy.

Epidemiology – The study of the distribution of health-related states in a specified population.

Evacuation-Full – An emergency of any type that requires the evacuation of one or more of the WDGPH offices to another office location or a temporary facility in the community. It may be short-term or long-term.

Evacuation-Partial – An emergency of any type that requires the evacuation of part of one or more of the WDGPH offices, such as a specific floor or service area to another of the WDGPH offices. It may be short-term or long-term.

Exclusions – Authority given under legislative acts that allows the Medical Officer of Health to order a person to be excluded from attending a school or daycare to avoid ongoing transmissions within these settings.

Exposure – A general term to indicate contact with the postulated causal factors (or agents of disease) used in a way similar to risk factor.

External or Community Emergency – 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.

Fan-out – A telephone notification system that begins with telephone calls placed by key personnel who in turn notify others of the disaster, creating a multiplied effect.

Hazards – Conditions or processes that cause, or have the potential to cause, harm or loss to people and/or property. The hazard (undesirable event) produces adverse consequences and the possibility of an emergency. It is an event or physical condition that has the potential to cause fatalities, injuries, property damage, infrastructure damage, agricultural loss, damage to the environment, interruption of business or other types of harm or loss:

- A likely hazard is a hazard that has occurred in recent memory and is likely to occur again.
- A possible hazard is a hazard that has not occurred in recent memory, but could occur based on prior incidence or expert assessment (e.g., a nuclear facility incident, terrorism or earthquake).
- An unlikely hazard is a hazard that has never occurred, and will not likely occur (e.g., a mine emergency where there is no mine).

Health Hazard

(a) A condition of a premises

(b) A substance, thing, plant or animal other than man or

(c) A solid, liquid or combination that has, or that is likely to have, an adverse effect on the health of any person

Hotline – Telephone line(s) set up to manage an increase in call volume to the organization on an emerging situation/problem of interest.

Impact – Expressed quantitatively or qualitatively, it is the estimated damage/loss to, or the ultimate effect on an entity as an outcome of an event caused by a hazard. This phase may last for moments (e.g., a tornado or crash) or for several days (e.g., a flood or forest fire).

Internal Emergency – An incident, such as a fire, power failure or bomb threat that occurs within the agency and affects staff's safety and well-being and agency resources. The response to the incident may or may not impact on the agency's overall ability to deliver programs and services.

Jurisdiction – The geographical area under the authority of Wellington-Dufferin-Guelph Public Health, comprising Wellington County, Dufferin County and the City of Guelph.

Mitigation/Prevention – Actions taken to eliminate or reduce the degree of long-term risk to human life, property and the environment from natural and technological hazards. Mitigation assumes that we are exposed to risks whether or not an emergency occurs. Mitigation measures include, but are not limited to, hazard and risk analysis, monitoring and inspection, public education, safety policies and procedures, building design, insurance, legislation and stocking emergency supplies.

Municipal Emergency Control Group – The management team responsible for coordinating the response to a community emergency, comprised of municipal staff, the Head of Council and representatives from community organizations. Control Groups may function at the lower tier, or at the County level.

On-Call – A system put in place to ensure 24/7 access to a Public Health professional for the purpose of reporting a reportable disease, outbreak or another emergency with public health significance.

Outbreak – The sudden increase in the incidence of a disease or condition in a specific area.

Pandemic – An epidemic occurring worldwide that crosses international boundaries and affects a large number of people.

Patient Confidentiality – The maintenance of privacy by not sharing or divulging privileged or trusted information to a third party.

Person Under Investigation – Anyone who is being investigated for symptoms of clinical illness consistent with the disease under investigation in an outbreak.

Preparedness – Actions that are taken in advance of an emergency to develop operational capabilities and facilitate an effective response should an emergency occur.

Probability – The determination of the likelihood of occurrence for each identified community hazard, often judged by past experience and expert advice.

Quarantine – Ordered limitation of the freedom of movement of healthy persons or domestic animals that have been exposed to a communicable disease (for a period of time equal to the longest incubation period of the disease).

Radiological Hazard – Possible contamination or undue exposure to atomic radiation.

Recall – Action taken to remove a product from the market.

Recovery – Activity that returns vital support systems to minimum operating standards and long-term activity designed to return life to normal or an improved level including some form of

economic viability. Recovery measures include crisis counselling, damage assessment, debris clearance, computer systems restoration, disaster unemployment assistance and full-scale business resumption.

Rescind Notices – Official documentation that notifies the end of an MOH-ordered exclusion of a student. It is sent to the school and parents to allow the student to return to their or daycare.

Response – Actions taken immediately before, during or directly after an emergency event to save lives, minimize damage to property and the environment, and enhance the effectiveness of recovery. Response measures include, but are not limited to, emergency plan and alert-system activation, emergency instructions to the public, emergency medical assistance, emergency operations centre staffing, senior management alerting, resource mobilization and warning systems activation.

Severity – The potential or intensity associated with a hazard to disrupt normal operations and/or cause damage to an entity. (Severity of a hazard may be countered with measures to lower an entity's vulnerability to the hazard.)

Social Isolation – Healthy people who have been exposed to a communicable disease and are within an incubation period are asked to restrict all social activities where they may expose others to the disease (e.g., school, daycares, after school activities, theatres, pools, etc.).

Surveillance – The systematic ongoing collection, collation and analysis of the data and the timely dissemination of information to those who need to know so that action can be taken.

Total Coliform – The coliform group of microorganisms has been the most commonly used bacteriological indicator of water quality. Their presence in drinking water is indicative of inadequate disinfection.

Triage – The sorting of incoming evacuees or casualties requiring treatment or care, whereby priorities are determined to affect the placement of the victims for treatment purposes.

Update – Provides new information about an event, situation or condition that the target audience is aware of through previous communications.

Vaccines – Administered orally or by injection and are the primary means to prevent illness and death from certain communicable diseases. They cause the production of antibodies against the virus included in the vaccine, providing immunity against the virus.

Virulence – Severity of disease in a host expressed as a ratio of the number of cases of severe disease and fatalities divided by the total number infected.

Vulnerability – The degree of susceptibility to potential hazards in terms of damage or losses from such hazards as faced by a specific entity, the environment or population.

Warning – Applies mainly to emergencies with a more gradual onset– those that may be forecast. For instance, severe weather patterns and rising flood levels may be issued as warnings allowing time for preparation.