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**CITY OF OSHAWA**

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**EMERGENCY MASTER PLAN**

---

May 2006

**RECORD OF AMENDMENTS**

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## FOREWORD

### GENERAL

In accordance with the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9 (formerly the Emergency Plans Act, 1983)*, there is a requirement for municipalities, ministers of the Crown, and designated agencies, boards, commissions, and other branches of government to develop and implement emergency management programs consisting of emergency plans, training programs and exercises, public education, and any other elements prescribed by regulation.

The City of Oshawa Master Plan establishes a framework document for responding to any type of emergency and outlines the following:

- Policy for emergency management;
- Emergency plans structure;
- Response strategies;
- Concept of operations; and
- Roles and responsibilities.

The City of Oshawa Master Plan is designed to prescribe the emergency organization and the response management to be implemented within Oshawa and will be regularly maintained by the Community Emergency Management Coordinator (CEMC) through the City Manager's Office. The Emergency Master Plan will be reviewed annually and updated from time to time as deemed necessary.

Departmental plans and implementing procedures must conform to this document in accordance with the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9*.

### CITY OF OSHAWA EMERGENCY MASTER PLAN

The Emergency Master Plan is formally titled the "City of Oshawa Emergency Master Plan" (henceforth to be known as the Master Plan). It was developed by the CEMC under the authority of a Council by-law and pursuant to the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9*.

This Master Plan was developed as a multi-hazard support plan for all types of emergencies (risk-specific plans) to which the City may be vulnerable. It was designed to ensure the timely and efficient delivery of emergency response services and recovery operations within the City of Oshawa. This Master Plan also provides the framework for the provision of emergency support services to other municipalities.

City departments, the Region of Durham, and local agency stakeholders were consulted to assist in the development of this Master Plan.

### MASTER PLAN AMENDMENTS

The City of Oshawa emergency response process was designed to utilize a Master Plan with supporting plans and implementing procedures. Departmental support plans have also been developed where necessary. All plans and amendments are coordinated and maintained through the CEMC office.

Council will approve major amendments to the Master Plan. Support plans may be revised and updated as deemed necessary by the CEMC or department. Amendments to any supporting municipal and departmental plans or procedures will be completed by, or in conjunction with, the department/lead agency, using a consultative process and reviewed by the CEMC.

### **DISTRIBUTION OF THE MASTER PLAN**

Copies of the Master Plan are distributed according to the distribution list appended in Appendix J. Copyholders of the Master Plan are responsible for updating their copies and keeping them current by incorporating amendments that may be issued by the CEMC from time to time.

### **PUBLIC ACCESS TO THE MASTER PLAN**

Copies of the Master Plan will be distributed to the main branches of municipal libraries for the information of the general public as well as the Ontario Fire College.

## CHAPTER 1.0

### GENERAL

#### 1.1 PURPOSE

- 1.1.1 The purpose of the Master Plan is to establish uniform policies, strategies, and a concept of operations for a planned, coordinated, effective response to all natural and human-caused emergencies within the City of Oshawa in order to protect human health, property, and the environment during an imminent or actual emergency in or affecting Oshawa. These emergencies may vary in size and severity and may affect localized businesses, residential areas, or the general welfare of the residents of Oshawa.
- 1.1.2 This Master Plan establishes a framework for an effective system of emergency management to accomplish the following specific purposes:
- i) To reduce the vulnerability of residents to the loss of life, to the loss of infrastructure, or to the adverse health effects resulting from a natural or a human-caused event;
  - ii) To ensure the preservation of essential municipal services and the local economic base within Oshawa;
  - iii) To prepare for prompt and efficient response and recovery activities for the protection of the lives, property, and infrastructure affected by the emergency; and
  - iv) To respond to all emergencies using all existing systems, plans, and resources necessary to preserve the health, safety, and welfare of residents affected by the emergency.

#### 1.2 SCOPE

- 1.2.1 Oshawa's Master Emergency Plan (the Plan) addresses the emergency management problems that any number of hazards could create for the City. (Risk Specific Plans are found in Part 3). It includes actions by Oshawa to assist Durham Region in support of emergency operations in other communities. The scope also includes guidance for the department heads for the development of departmental plans. In addition, it gives recovery-planning considerations.

This plan does not address nuclear emergencies at either Darlington or Pickering Nuclear Generating Stations. Nuclear emergencies are covered in *The City of Oshawa Nuclear Emergency Response Plan*.

- 1.2.2 The Plan also establishes Oshawa's emergency management structure under which the City will operate in response to natural or human-caused emergencies by:
- i) Using operations spanning the direction and control of an emergency from initial monitoring of policies, strategies, and assumptions;

- ii) Using a consistent and coordinated concept of operations through post-disaster response, mitigation, and recovery;
  - iii) Using municipal, regional, and other agency coordination mechanisms;
  - iv) Assigning specific functional responsibilities to appropriate departments and other agencies that outline methods of coordination with the private sector and volunteer organizations; and
  - v) Identifying the actions that the City and other agencies will take in coordination with provincial and federal counterparts as appropriate.
- 1.2.3 Under the *Emergency Management & Civil Protection Act, R.S.O., 1990, Chapter E.9*, municipalities are required to develop and implement emergency management programs consisting of emergency plans, training programs, exercises, public education, and any other elements prescribed by regulation. Local municipal plans and procedures must conform and be compatible with the regional level master plan.
- 1.2.4 This Plan has been designed as a master plan to prescribe the emergency organization and framework; to indicate the emergency response management to be implemented; as well as to provide guidance and direction for staff using this and other emergency support plans and procedures within the City of Oshawa.

### **1.3 LEGAL BASIS AND REQUIREMENT**

- 1.3.1 This Master Plan has been developed under the authority of Council as per By-law 77-2008 (Appendix D) to provide for a prompt and coordinated response to an emergency and may be updated without amendment to this by-law.
- 1.3.2 This Master Plan is filed with Emergency Management Ontario, Ministry of Community Safety and Correctional Services, per the *Emergency Management and Civil Protection Act, R.S.O., 1990, Section 6.2 (1)*.

### **1.4 LEGAL POWERS AND LIABILITY**

- 1.4.1 The Mayor or designated alternate may declare an emergency in the City of Oshawa in response to any emergency event within the City. (Refer to *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9, Section 4.*)
- 1.4.2 The Mayor may take such action and make such orders as he/she considers necessary, that are not contrary to any law, to implement the plan and to protect property; infrastructure; and the health, safety, and welfare of the inhabitants of Oshawa.
- 1.4.3 The Mayor and the City of Oshawa are responsible for their traditional sphere of jurisdiction under the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9*.

- 1.4.4 The Fire Chief assesses the need to implement the Master Emergency Plan. He/she may consult with the appropriate member(s) of the Municipal Control Group. However, unnecessary delay must be prevented. If activation of the Plan is required, the Fire Chief makes a recommendation to the City Manager as soon as possible after the initial report to Fire Dispatch. The recommendation includes the activation level. The City Manager approves activation of the Master Emergency Plan and the activation level.
- 1.4.5 The *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9*, provides that no action or other proceedings for damages lies or shall be instituted against a member of the Council, an employee of the City of Oshawa, or a Crown employee for doing any act or neglecting to do any action in good faith in the implementation or the intended implementation of this Master Plan or in connection with an emergency.

## 1.5 DECLARATION/TERMINATION OF AN EMERGENCY

- 1.5.1 The Mayor, under the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9, Section 4*, may declare that an emergency exists in the City of Oshawa or any part thereof.
- 1.5.2 Consultation will take place with the Municipal Control Group (refer to Section 5.2) before this declaration. The form for the declaration of an emergency is included in Appendix E.
- 1.5.3 In accordance with the *Emergency Management and Civil Protection Act*, after declaring an emergency, the Mayor shall ensure that the Minister of Community Safety and Correctional Services is notified forthwith. A copy of the signed declaration will be faxed to the Durham Emergency Management Office (DEMO) and/or Regional Emergency Operations Centre (REOC), Provincial Emergency Operations Centre (PEOC).and the remaining Durham Region Municipalities. A media release will also be issued immediately.
- 1.5.4 For a nuclear emergency, the Province may declare a provincial emergency. The Mayor may also declare an emergency.
- 1.5.5 In accordance with the *Emergency Management and Civil Protection Act*, the Mayor or the Council of the City of Oshawa may terminate an emergency at any time. The form of the termination of an emergency is included in Appendix E.
- 1.5.6 In accordance with the *Emergency Management and Civil Protection Act*, upon declaring that an emergency has terminated, the Mayor shall ensure that the Minister of Community Safety and Correctional Services is notified forthwith. A copy of the signed declaration as to termination of emergency will be faxed to the Durham Emergency Management Office (DEMO) and/or the Regional Emergency Operations Centre (REOC), Provincial Emergency Operations Centre (PEOC) and the remaining Durham Region Municipalities. A media release will also be issued immediately.
- 1.5.7 The Premier of Ontario may at any time declare that a municipal emergency has terminated (*Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9, Section 4 (4)*).

**1.6 PLAN MAINTENANCE AND ADMINISTRATION**

- 1.6.1 The City of Oshawa shall be responsible for the implementation and administration of the Master Plan through the Community Emergency Management Coordinator.
- 1.6.2 Each department tasked with responsibilities under this Plan will be responsible for developing their individual plans and standard operating procedures for the staff in their organization to address those assigned tasks.
- 1.6.3 All comments or suggestions relating to this plan shall be addressed to:

Community Emergency Management Coordinator  
City of Oshawa Fire Services  
199 Adelaide Avenue West  
Oshawa, ON L1J 7B1

- 1.6.4 Copies of the Master Plan will be issued in accordance with the distribution list contained in Appendix J of this document. Amendments will be issued by the CEMC (or designate) to copyholders listed in the relevant document distribution list.
- 1.6.5 Master Plan copyholders on the distribution list shall be responsible for inserting any new amendments and providing safekeeping of their copies.
- 1.6.6 The Master Plan will be reviewed at least annually and updated if required. All amendments will be referenced on the record of amendment.
- 1.6.7 The Master Plan will be revised and updated in coordination and consultation with those parties having responsibilities under this plan, in accordance with generally accepted municipal emergency management practices/procedures.

## CHAPTER 2.0

### SITUATION, PLANNING PRINCIPLES AND ASSUMPTIONS

#### 2.1 GENERAL

- 2.1.1 The City of Oshawa has been subjected to blizzards, power failures, floods, major fires, hurricanes, tornados, hazardous material spills, etc., in the last 50 years. Many have caused varying degrees of economic losses and property damage.
- 2.1.2 The Master Plan and any applicable risk-specific and support plans will be activated for an emergency at the municipal level. This includes nuclear emergencies that have the potential for requiring resources beyond the normal level of the municipality experiencing the emergency.
- 2.1.3 The success of implementing this Master Plan is dependent on the availability and the coordination of municipal resources, including personnel and their ability to procure additional resources at that particular time.

#### 2.2 SITUATION

- 2.2.1 This section of the Plan characterizes the realistic planning environment and that information is to be treated as fact rather than assumptions. (Refer to Section 2.4 – Planning Assumptions).
- 2.2.2 Municipalities have primary responsibility for response in emergency/disaster situations within their communities. They will commit all available resources to save lives and minimize injury to persons and damage to property and infrastructure. Emergency operations are initiated wherever most appropriate for a rapid response to the situation.
- 2.2.3 Municipalities have designated individuals called Community Emergency Management Coordinators (CEMCs) who will execute their assigned emergency responsibilities under this Plan and/or associated support plans. CEMCs are responsible and accountable for the development, implementation, and maintenance of the local municipal emergency management program as prescribed in the *Emergency Management and Civil Protection Act, R.S.O., 1990*.
- 2.2.4 Municipalities each have their own emergency management structure in place that includes a management group called the Municipal Control Group (MCG) that manages emergencies from a Municipal Emergency Operations Centre facility.
- 2.2.5 CEMCs report to their respective Municipal Emergency Operations Centre (MEOC) during emergencies to provide advice and guidance to the City Manager and MCG respecting all facets of the emergency management program.

- 2.2.6 Elected officials of the City of Oshawa are aware of the possible occurrence of emergencies/disasters and their responsibilities under this Plan and their respective municipal plans and will fulfill their duties as required.
- 2.2.7 The Municipal Emergency Operations Centre (MEOC) is the primary location from which municipal emergency management operations are conducted under the *overall* direction of the Mayor and City Manager. The MEOC is located at the Northview Community Centre, 150 Beatrice Street East. (Refer to Section 5.2 of this Plan.)
- 2.2.8 The alternate MEOC (AMEOC) is located at the Arts Resource Centre, 45 Queen Street (behind City Hall).
- 2.2.9 The Fire Chief, through the activation team, is responsible for the initial notification of the Municipal Control Group and supporting agencies.
- 2.2.10 Operational readiness of the Municipal Emergency Operations Centre is the responsibility of the CEMC through the designated setup team.
- 2.2.11 Staff briefings will be conducted during MEOC/AMEOC operations as often as required based on the emergency in progress and at the discretion of the City Manager (Operations Officer).
- 2.2.12 As appropriate, and through prearranged mutual assistance agreements (MAAs), regional and other municipalities, plus adjacent jurisdictions, provide assistance in emergency response and recovery capabilities if called upon.
- 2.2.13 Municipalities may exercise independent direction and control of their own resources, those outside resources assigned to them by the Regional Control Group, or resources secured through existing mutual aid/mutual assistance agreements with other municipalities, cities, or regions.
- 2.2.14 Provincial or federal aid will be coordinated through the Regional Control Group if required.
- 2.2.15 The Mayor will take a leadership role (executive authority) for natural or human-caused disasters.
- 2.2.16 Emergency operations and coordination at all levels of government will be carried out according to standard operational policies, guidelines, and industry-best practices.

## **2.3 PLANNING PRINCIPLES**

- 2.3.1 During any real emergency, the emergency event will be handled using best practices and solid emergency planning principles. Emergency planning principles include:
  - i) Applying systematic notification procedures for recalling all required emergency response personnel with responsibilities under applicable municipal or departmental emergency plans;

- ii) Developing municipal or departmental emergency plans based on clearly assigned responsibilities and accountabilities for specific components and procedures;
- iii) Developing clearly laid out emergency checklists for emergency response personnel to effectively implement this and any applicable departmental emergency plans or procedures;
- iv) Applying systematic procedures by which to initiate and undertake resident evacuations in an organized and effective manner, independent of time of day or time of year;
- v) Developing an emergency plan that incorporates coordination with the local media to maintain an information flow to the general public and municipal stakeholders;
- vi) Developing emergency and departmental plans that incorporate regular testing to provide reasonable assurance that the emergency procedures contained in the plan are effective and in good working order;
- vii) Developing emergency and departmental plans that take into account staff and general populations with special needs or disabilities, including methods of transportation, personal accompaniment, and medication if required;
- viii) Developing emergency and departmental plans, which, for reasons of risk management, include a degree of built-in redundancy (i.e. designated alternates for key staff, alternate operations centres, etc.); and
- ix) Developing emergency and departmental plans that incorporate a provision for accommodation and care through the provision of basic necessities to displaced persons, a plan to assist persons with family reunification/information, and a plan to assist residents with their return home.

## **2.4 PLANNING ASSPTIONS**

2.4.1 For the purpose of this Plan, the following assumptions were made:

- i) The municipality will respond to emergencies within their jurisdictional boundaries and may request support from Durham Region;
- ii) The municipality will commit all available resources to save lives and minimize injury and damage to property and infrastructure. Emergency operations are initiated whenever most appropriate for a rapid response to the situation;

- iii) Many emergencies/disasters can occur with little or no warning allowing little time for preparedness management;
- iv) The designated Community Emergency Management Coordinator will execute his/her assigned responsibilities under this Plan and the *Emergency Management and Civil Protection Act, R.S.O., 1990*;
- v) The Plan shall be compatible with the policies and procedures of the Region of Durham's Emergency Plan (*Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9, Section 5*);
- vi) In support of this Plan, the primary and supporting agencies of each emergency support function have developed emergency operating procedures for their own staff;
- vii) Local emergency response personnel could experience damage or loss to their homes and personal property and could themselves be the victims of a disaster;
- viii) Citizens and response organizations from other cities and provinces may send available resources in response to the disaster if requested and as conditions allow as outlined in any mutual assistance agreements;
- ix) While the probability of a nuclear emergency is very low, the effects on the residents of the City of Oshawa could be severe. Therefore, extensive, detailed planning must be undertaken at all levels for such an event; and
- x) The City of Oshawa will work in conjunction with Durham Region on such issues as emergency declarations or terminations, situation reports, media releases, and the provision of public information during a nuclear emergency.

## CHAPTER 3.0

### EMERGENCY RESPONSIBILITIES

The responsibility for emergency preparedness and response rests with individuals, businesses and industries, community organizations, and all levels of government, as outlined below.

Individuals, businesses, and industries will be informed of their responsibilities through regional and community emergency preparedness awareness programs.

#### 3.1 INDIVIDUALS

- 3.1.1 Responsibility for initial response to an emergency lies with the individuals most affected. As a minimum, all individuals should prepare and implement initial emergency measures to protect life, property, and environment. For example, if a hurricane is imminent, heads of households and individual business operators are responsible to ensure adequate food and water supplies are available; take steps to mitigate the impact of loss of essential services such as telephone and power; and protect property from potential damage, as applicable.

Families, individuals, and business operators are also responsible to have plans to implement the two basic protective measures – sheltering and evacuation.

- i) Sheltering – Individuals should have plans to shelter their homes or place of business for hazardous material spills and other hazards. A shelter plan should include warning others, closing all doors and windows, turning off all furnaces/air conditioning and other air intake/ exhaust mechanisms (as required), and listening to designated radio or television stations for further instructions.
- ii) Evacuation – Heads of households and individuals are responsible for ensuring they are prepared to evacuate the area quickly during an emergency. Families and individuals should be prepared to evacuate with enough clothing and personal care items to be self sufficient for at least 36 hours. As a minimum, the following items should be considered: clothing, medication, money and credit cards, and sleeping bags.

Heads of households and individuals should have plans to secure their homes to protect their property. For example, all doors and windows should be closed and locked.

Persons without transportation should make arrangements to travel with family, neighbours, or friends.

- 3.1.2 It is vital that individuals with disabilities and/or special needs develop a plan to assist them and their families in an emergency. Emergency Management Ontario has developed a specific guide to assist people titled “Emergency Preparedness Guide for People with Disabilities/Special Needs. This guide can be downloaded through the Provincial website at [www.ontario.ca/emo](http://www.ontario.ca/emo).

### **3.2 BUSINESSES AND INDUSTRIES**

3.2.1 Businesses and industries are responsible for contingency plans for any emergency, which may result from their activities. They are responsible for initial response to those emergencies. Contingency plans must detail procedures to warn and protect their employees and other persons on their premises. The CEMC will provide advice as requested but Plan Maintenance is the responsibility of the associated department or organization.

Businesses and industries will be used to augment Oshawa's resources according to prearranged agreements and plans or as required during an emergency.

### **3.3 COMMUNITY ORGANIZATIONS**

3.3.1 Community groups and organizations, such as service clubs, are valuable resources for emergency response. They will be used to augment Oshawa's resources according to prearranged agreements and plans or as required during an emergency.

### **3.4 OSHAWA DEPARTMENTS**

3.4.1 Oshawa departments are responsible for the implementation of emergency measures to protect the population, property, and environment within the City. Therefore, if individuals, businesses, or industries cannot cope, the City's emergency services respond in accordance to departmental plans and procedures. Departments are responsible for implementing emergency response actions directed by the Municipal Emergency Operations Centre (MEOC) when activated. Departments are responsible for the implementation of measures (sheltering and evacuation) to protect their personnel. They are also responsible for identifying essential vehicles and equipment and for the development of procedures for their timely removal from danger areas, if required. All departments will have emergency plans and procedures which are compatible with this Plan. (See Appendix L). The CEMC will provide advice as requested but Plan Maintenance is the responsibility of the associated department or organization.

### **3.5 CITY OF OSHAWA**

3.5.1 Oshawa is responsible for the implementation of emergency measures to protect the population, property, and environment in the City. Oshawa is also responsible for providing resources in support of Durham Region's emergency operations.

### 3.6 DURHAM REGION

3.6.1 **First**, Durham Region is responsible for emergency coordination between the regional communities and the provincial government. This includes coordinating actions outside the City limits to minimize interference with the emergency operation. For example, traffic in the region may have to be diverted to ensure response operations are not impeded.

**Second**, in coordination with Oshawa's MEOC, the Durham Region Departments of Health and Social Services are responsible for the provision of emergency health and social services.

**Third**, Durham Regional Police Service is responsible for emergency police services within Oshawa.

**Fourth**, the Durham Emergency Management Office (DEMO) is responsible for providing additional resources when requested by Oshawa.

Finally, if Oshawa cannot manage the emergency or if it affects more than one municipality, Durham Region may assume overall responsibility for coordination of emergency response operations, if requested.

### 3.7 PROVINCE OF ONTARIO

3.7.1 The Province is responsible for providing additional resources when requested by Durham Region. They are also responsible for requesting resources not available in the province. Requests are made through Emergency Management Ontario.

The provincial government may also intervene when the emergency affects an area of provincial jurisdiction.

### 3.8 GOVERNMENT OF CANADA

3.8.1 The Government of Canada is responsible for providing federal resources requested by Oshawa. They are also responsible to arrange for resources not available in the province. Emergency Management Ontario makes requests to Emergency Preparedness Canada.

The federal government may also intervene when the emergency affects an area of federal jurisdiction.

## CHAPTER 4.0

### HAZARD ANALYSIS

#### 4.1 MUNICIPAL VULNERABILITY

- 4.1.1 The *Emergency Management and Civil Protection Act, R.S.O., 1990*, requires that each municipality identify and assess the various hazards and risks to public safety that could create an emergency. The Hazard Identification and Risk Assessment (HIRA) is a requirement for the essential level program standard verification.
- 4.1.2 The City of Oshawa is located within Durham Region along the shore of Lake Ontario. Oshawa is home to a multimillion-dollar vehicle manufacturing plant as well as smaller contributing factories. Two railway lines as well as Highway 401 cross through the City. Oshawa has a population of 150,000 people and covers an area of 150 square miles.
- 4.1.3 A structured emergency management program is required and necessary as The City Of Oshawa is vulnerable to hazards in each of the following categories:
- i) Natural Emergencies – Those related to naturally occurring elements and conditions including but not limited to floods, severe weather, or ice and snow storms; and
  - ii) Human-Caused Emergencies – Those that are accidental and include chemical spills, explosions or leaks, train derailments, plane crashes, public transit crashes, multi-car pileups, and power outages. Technological emergencies are also human caused and can affect critical infrastructure, computer technology, telecommunications, and other IT issues. Also included are those related to acts of human-based disorder intended to disrupt community services or activities such as terrorist action.
- 4.1.4 A comprehensive HIRA was developed in 2004 and will be reviewed on an annual basis. Risk-specific plans are developed in response to the results compiled in the HIRA.
- Hazard identification information is contained in Appendix G.
- 4.1.5 Oshawa lies between two nuclear power stations. Oshawa Nuclear Response Plan is contained in Appendix L. These nuclear power stations are assessed to have a low probability for accident, but should a severe accident occur, the potential consequences could be high.

## 4.2 CRITICAL INFRASTRUCTURE

### 4.2.1 Critical infrastructure defined:

*“Critical infrastructure is the interdependent, interactive, interconnected networks of institutions, services, systems, and processes that meet vital human needs, sustain the economy, protect public safety and security, and maintain continuity of and confidence in government.”*

In other words, critical infrastructure is the basic structural foundation of a society or an enterprise. It is the assets or systems that, if disrupted or destroyed, could have a critical impact on the health, safety, security, and economic well-being of citizens or could adversely affect the functioning of government.

4.2.2 Emergency Management Ontario (EMO) requires that every community identify its critical infrastructure to meet the essential level standard of the Community Emergency Management Program under the *Emergency Management and Civil Protection Act, R.S.O., 1990, Section 2.1 (1)*.

4.2.3 The identification of critical and essential facilities, equipment, and systems is a key step toward the protection and preservation of public health and safety, the local economy, and the continuity of government at all levels.

4.2.4 Eight broad sectors of critical infrastructure are identified by Emergency Management Ontario to help define the type of infrastructure in each local municipality. It is acknowledged that some government services are provided by the Region and that not all municipalities will necessarily have critical infrastructure in all categories. The eight sectors identified are as follows:

- i) Food and Water;
- ii) Electricity;
- iii) Telecommunications;
- iv) Financial Institutions;
- v) Gas and Oil;
- vi) Transportation;
- vii) Continuity of Government Services;
- viii) Public Safety and Security;
- ix) Health

4.2.5 Each of the broad sectors of the critical infrastructures identified above must be prioritized by the City. The critical infrastructures should be prioritized, progressing from Level 1 (the most critical) to Level 3 (the least critical).

4.2.6 It is the responsibility of each municipality to designate their public and private infrastructure that is critical to maintaining their own municipal operations within their own jurisdiction.

- 4.2.7 The City of Oshawa has developed a list of critical infrastructures for the municipality. The document will not be published for security reasons and will be used for emergency management purposes only. (Refer to Appendix H.)

### 4.3 EXISTING HAZARDS

4.3.1 The City of Oshawa is vulnerable to a wide range of emergency situations. Normally the frequency of a particular hazard is inversely proportional to its magnitude. As a result, large-scale, devastating emergencies occur very rarely. The City has a significant number of situations that present hazards to residents on a daily basis. All hazards have been identified relative to risk. These existing hazards include but are not limited to:

- i) Road Transportation – high volumes of traffic carrying significant volumes of dangerous goods through Oshawa on a daily basis;
- ii) Rail Transportation – carrying large volumes of hazardous materials/dangerous goods through Oshawa on a daily basis;
- iii) Commodity Pipelines – transverse the City carrying large volumes of gas and oil products;
- iv) Major Heavy Industry – use, handle, store, and transport large quantities of dangerous goods;
- v) Nuclear Generating Stations – pose potential risks of accidental radiation releases from equipment failure or emergencies resulting from terrorist activities;
- vi) Flood Prone Areas – flood plains and flood damage centres pose potential risks;
- vii) Air Transportation – daily commercial and business flights from Oshawa Airport. Oshawa is also on a flight path to Pearson Airport;
- viii) Shipping – Oshawa is an international port with potential for shipping accidents and large chemical spills; and
- ix) Weather – weather is always unpredictable and can create an emergency at any time.

#### 4.4 EVOLVING HAZARDS

4.4.1 The City of Oshawa must also plan and prepare for hazards that will increase in risk due to a number of reasons. Evolving hazards in Oshawa include but are not limited to:

- i) Heavy industry expansion;
- ii) Highway 407 extension (increased transportation of dangerous goods);
- iii) Terrorist threats at nuclear stations, major industry, key government facilities or infrastructure;
- iv) Global warming increases risks for weather extremes;
- v) Influenza pandemic;
- vi) Bio-terrorism;
- vii) Computer viruses;
- viii) Power outages; and
- ix) Potable water contamination.

#### 4.5 HAZARD ANALYSIS SUMMARY

4.5.1 The people, infrastructure, and environment of the City of Oshawa are vulnerable to a variety of natural and human-caused hazards based on historical records.

4.5.2 The risk assessment study (HIRA) is one of the tools used in the City of Oshawa and by other emergency planners in assessing risk hazards and in developing an effective emergency management program. It is not, however, the definitive listing as to where all the hazards lie. As an example, nuclear emergencies are not on the top ten lists.

4.5.3 Although nuclear emergencies are extremely low in probability, the potential affects on the residents of Oshawa would be severe. Hence, a large emphasis is placed on the planning for nuclear emergencies, making it an extremely high priority item.

4.5.4 Based on the HIRA, the types of hazards with a likely potential can be summarized as follows:

- Weather emergencies;
- Hazardous materials leaks or spills;
- Mass casualty emergencies; and
- Major fires/explosions.

These hazards translate into risk-specific plan requirements for weather emergencies, hazardous materials incidents, mass casualty incidents, and major fires/explosions. Risk-specific plans may be found in Part 3.

4.5.5 In connection with the above study, the most effective emergency management tools are as follows:

- i) Coordination of emergency response;
- ii) Crisis communication capacity;
- iii) Emergency exercises and training;
- iv) Emergency planning; and
- v) Emergency responder training.

4.5.6 The *Hazard Analysis and Risk Assessment* recommended that the focus of emergency planning be on the above hazard categories and that these hazard issues be addressed when conducting the following operations:

- i) Designing emergency planning exercises (involve one or more hazards);
- ii) Staff training (train for weather extremes, toxic spills, train derailments, etc.);
- iii) Developing expertise with external agencies respecting arson, bomb threats, etc.;
- iv) Purchasing/arranging speciality equipment and supplies (sandbags, spill control equipment, etc.);
- v) Purchasing/arranging for back-up generators;
- vi) Providing public education programs (what to do in weather extremes or power outages); and
- vii) Media and public communications.

The City of Oshawa's Emergency Program will address these items.

#### **4.6 SPECIAL FACILITIES/POPULATIONS**

4.6.1 The City of Oshawa is home to a number of special facilities/populations that need to be considered during any type of emergency event. Special facilities are those that would be, in effect, more vulnerable to the effects of given hazards than general facilities or the general population.

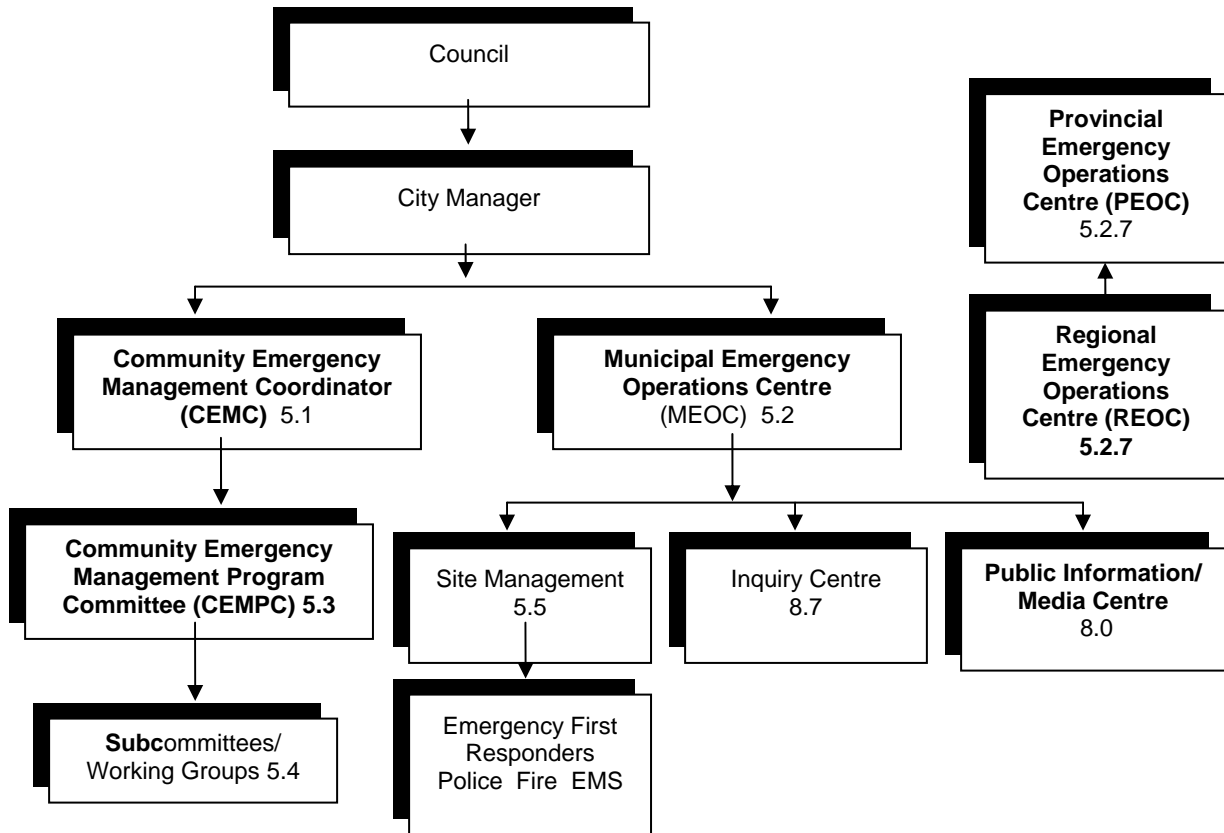
4.6.2 These facilities include hospitals, childcare centres, homes for the aged, nursing homes, public and secondary schools, and residential schools and may require a significant amount of specialized transportation assistance in the event of an emergency, dependent on the time of day or time of year.

4.6.3 Special facilities and populations without transportation will be assisted with their transportation needs through the Transportation Annex, an annex to the Durham Region Evacuation and Sheltering Plan under Part II, Durham Region Nuclear Emergency Plan. Although this is a nuclear support plan, the same principles could be adapted/applied to arranging transportation for other types of emergencies.

4.6.4 Special populations could include both non-ambulatory and disabled persons within the City of Oshawa.

**CHAPTER 5.0**

**CITY OF OSHAWA EMERGENCY PLANNING  
STRUCTURE AND RESPONSE ORGANIZATION**



**Figure 1 – City of Oshawa Emergency Planning Structure and Response Organization**

**5.1 COMMUNITY EMERGENCY MANAGEMENT COORDINATOR (CEMC)**

- 5.1.1 The CEMC is responsible for the development and implementation of the emergency management program consisting of emergency plans, training programs, exercises for City employees and partner agencies, public education on risks to public safety and public preparedness for emergencies, and any other elements required as prescribed in the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9*. The CEMC reports to the City Manager and to Council through the Operational Services Committee.
- 5.1.2 The CEMC is also responsible on a day-to-day basis for the coordination of plans and procedures for Oshawa departments.

## 5.2 MUNICIPAL EMERGENCY OPERATIONS CENTRE (MEOC)

- 5.2.1 The Municipal Emergency Operations Centre (MEOC) is situated at the Northview Community Centre, 150 Beatrice Street East, and is appropriately equipped to support emergencies. The alternate centre (AMEOC) is located at the Arts Resource Centre, 45 Queen Street (behind City Hall).
- 5.2.2 When the Emergency Plan is activated, the Municipal Control Group (MCG) will be brought together to the Municipal Emergency Operations Centre (MEOC). The Community Emergency Management Coordinator (CEMC) will be responsible for coordinating, planning, administering, and managing operations related to the MCG.
- 5.2.3 The MCG has the authority to make decisions on behalf of the municipality. The overall responsibilities of the MCG are as follows:
- i) The Municipal Emergency Operations Centre group consists of the Municipal Control Group and the MEOC support staff. The MEOC group is responsible for:
    - a. Resourcing emergency site(s);
    - b. Coordinating emergency actions outside the emergency site(s);
    - and
    - c. Providing essential services to the areas of the City not affected by the emergency.
  - ii) The Municipal Control Group's (MCG) responsibilities are to:
    - a. Assess the short, medium, and long-term emergency operating requirements for Oshawa;
    - b. Recommend declaring, extending, and terminating of a state of emergency;
    - c. Make policy decisions;
    - d. Set operational priorities, assign resources, and issue instructions to departments;
    - e. Resolve inter-departmental or inter-organizational disputes; and
    - f. Ensure communications with all other levels of government, external agencies, and the public is coordinated.
- 5.2.4 The MCG is comprised of:
- Mayor (Executive Authority);
  - City Manager (Designated Operations Officer);
  - City Clerk (Designated Control Officer);
  - Director of Recreation and Culture Services;
  - Commissioner of Corporate Services;
  - Commissioner of Development Services
  - Director of Public Works Services;
  - Director of Transportation Services;
  - Emergency Information Officer;
  - Durham Regional Transit East Representative;
  - Oshawa PUC Networks;

- Fire Chief;
- DEMO Representative;
- Durham Regional Police Service;
- Durham Emergency Medical Services;
- Other supporting groups, departments, or agencies as required.

5.2.5 MEOC Setup Team – The MEOC is not a permanently designated room and therefore, requires a complete setup prior to occupation. The Fire Services Communications Officer is responsible for the coordination of the setup team. A number of staff have been designated to the setup team and are contacted immediately prior to the MCG by the activation team in the event of an emergency.

5.2.6 Municipal Control Group Responsibilities – The responsibilities of the MCG are provided in Appendix B1. Each member of the MCG is responsible for providing their individual administrative support person(s). The City Clerk is responsible for providing overall support personnel to provide services as laid out in Appendix B5.

5.2.7 In the event of a nuclear emergency, both the Provincial Emergency Operations Centre (PEOC) and the Regional Emergency Operations Centre (REOC) will be activated and staffed. The Oshawa MEOC will take direction from and support the Province in this situation.

5.2.8 Roles and Responsibilities:

- i) The roles and responsibilities of the various members of the MCG can be found in the appendices. MCG members as well as external organizations have important roles to play and could be called upon to assist with response operations at any time.
- ii) In most cases, their respective responsibilities start with pre-planning before an actual emergency and extend during and after an emergency into the recovery phase.

**Table 1 – Roles and Responsibilities Appendices**

Municipal Control Group (MCG)	Appendix B1
Mayor	Appendix B2
City Manager (Operations Officer)	Appendix B3
Community Emergency Management Coordinator	Appendix B4
City Clerk (Control Officer)	Appendix B5
Fire Chief	Appendix B6
Durham Regional Police Service (DRPS)	Appendix B7
Commissioner of Corporate Services	Appendix B8
Director of Public Works & Parks Services	Appendix B9
Director of Recreation and Culture	Appendix B10
Public Utilities Networks	Appendix B11
Emergency Medical Services	Appendix B12
Commissioner of Planning and Development Services	Appendix B13
Emergency Information Officer	Appendix B14
Durham Region Transit East Representative	Appendix B15
Incident Commander	Appendix B16
Public Inquiry Coordinator	Appendix B17
Director of Transportation and Parking Services	Appendix B18

### **5.3 COMMUNITY EMERGENCY MANAGEMENT PROGRAM COMMITTEE (CEMPC)**

- 5.3.1 The Community Emergency Management Program Committee (CEMPC) is established to provide the City of Oshawa with a higher-level coordinating body to facilitate municipal level coordination and cooperation regarding the comprehensive emergency management program, which consists of writing plans, procedures, and operational guidelines; training and exercises; public education; and any other element required under legislation.
- 5.3.2 The CEMPC is chaired by the CEMC and consists of the following members or their designated alternates:
- a) Fire Chief/CEMC (Chair);
  - b) Deputy Fire Chief (Support Services);
  - c) Fire Services, Communications Officer;
  - d) Deputy Fire Chief (Operations);
  - e) Chief Fire Prevention, Fire Services;
  - f) Director, Property Management Services;
  - g) Director, Public Works Services;
  - h) Director, Recreation and Culture Services;
  - i) City Clerk;
  - j) Sergeant, Durham Regional Police;
  - k) Director, Planning Services;
  - l) Director, Information Technology;
  - m) General Manager, Durham Regional Transit;
  - n) Director of Finance;
  - o) Durham Emergency Medical Services;
  - p) OPUC Networks; and
  - q) General Motors Representation (Tom Zarobiak).
- 5.3.3 The creation of this Community Emergency Management Program Committee and subcommittee/working group structure is an essential component of the ongoing process to inform municipal staff and support agencies and to upgrade emergency management in the City of Oshawa.

### **5.4 SUBCOMMITTEES AND WORKING GROUPS**

Subcommittees and working groups of the CEMPC may be established as required.

### **5.5 SITE MANAGEMENT**

- 5.5.1 For a site-specific emergency, a site manager will be chosen by the Operations Officer in consultation with the MCG. The site manager will normally be chosen from the lead agency at the incident. Once chosen, this person must find a replacement for his/her former position.
- 5.5.2 The site manager will be responsible for all operations on site and will liaise with the Operations Officer at the MEOC.
- 5.5.3 Working in a unified command system, other emergency and non-emergency agencies shall report to the site manager and be responsible for their individual entities.

## CHAPTER 6.0

### NOTIFICATION AND RESPONSE

#### 6.1 PROCEDURE

1. The Fire Chief will be notified by Fire Dispatch of a major incident. After consultation with the City Manager (and the Mayor for nuclear incidents), the Fire Chief will notify a member of the activation team.
2. The activation team member will attempt to contact designates on the activation list beginning with the MEOC (Municipal Emergency Operations Centre) setup team utilizing the phone numbers provided.
3. In the event that the designate is not reached, a message will be left, if possible, to contact the Fire Chief by cell phone (905-260-1446). Whenever a designate is not contacted, the alternate will be called.
4. Once notified of the emergency, designates/alternates will be responsible for contacting support staff identified within their individual departmental plans.
5. Upon completion of notification of the designates and/or alternates on the activation list, the activation team member will contact the Fire Chief with a list of designates/alternates contacted.
6. The following message will be utilized when contacting designates/alternates:
  - *The City is activating the Emergency Plan as a result of the following situation*  
\_\_\_\_\_.
  - *You are being asked to report to the Emergency Operations Centre located at*  
\_\_\_\_\_ *(either Northview or Arts Resource Centre).*
  - *Will you please confirm your availability to attend at once?*
7. The Fire Chief will contact Durham Emergency Management Office (DEMO) and Durham Regional Police to confirm full activation of the Emergency Control Group.

## 6.2 NUCLEAR NOTIFICATION

6.2.1 Durham Region manages initial nuclear notification procedures.

Durham Region Nuclear Notification Procedures – For nuclear emergencies, the DEMO duty contact is the initial contact (24/7) for Durham Regional Police Service (DRPS) to initiate a regional, offsite response.

The DEMO duty contact person is advised by EMO of the offsite response requirements and then requests DRPS to notify the appropriate municipality of those response actions to be taken. In this “top-down” approach, the DEMO duty contact initiates all offsite response requirements ordered by the Provincial Emergency Operations Centre.

The four Nuclear Notification Categories are defined by the Province in the Provincial Nuclear Emergency Response Plan and are listed with their definitions.

**Table 2 – Nuclear Notification Categories**

<b>CLASSIFICATION</b>	<b>DEFINITION</b>
<b>Reportable Event</b>	An event affecting the nuclear installation that would be of concern to offsite authorities responsible for public safety.
<b>Abnormal Incident</b>	An abnormal occurrence at the station that may have a significant cause and/or may lead to more serious consequences.
<b>Onsite Emergency</b>	A serious system malfunction that results in a significant atmospheric emission of radioactive material or is likely to result in an emission at a later time.
<b>General Emergency</b>	An ongoing major atmospheric emission of radioactive material or is likely within the next 12 hours.

## 6.3 NUCLEAR RESPONSE ACTIONS

6.3.1 For nuclear events, Durham Region uses the standardized types of offsite response for each nuclear emergency classification set by the Province under the PNERP. Response to a liquid emission event will be dealt with under the *Regional Liquid Emission Response Plan* (LERP) and not the PNERP, unless it is combined with reactor-core damage.

In nuclear events, the Province determines the offsite response. Regional nuclear responses are outlined below. More specific actions will be contained in detailed regional, departmental, or agency standard operating procedures.

**Table 3 – Response Actions – Nuclear Events**

<b>CLASSIFICATIONS</b>	<b>REGIONAL RESPONSE LEVELS</b>
<b>Reportable Event</b>	<u>Routine Monitoring</u> – DEMO monitors situation from home or office and confirms communications arrangements with PEOC Duty Manager. CEMC’s notified and kept updated.
<b>Abnormal Incident</b>	<u>Enhanced Monitoring</u> – DEMO staff and Community Emergency Management Coordinators monitor situation from the REOC/MEOCs. DEMO to update the MEOCs, and other PZ municipalities.  DEMO to confirm communications arrangements with PEOC and MEOCs and review emergency preparedness arrangements.
<b>Onsite Emergency (No Emission Occurring)</b>	<u>Activation (Partial)</u> – Regional response notification to DRPS Communications, Central Ambulance Communications (CACCC), and all municipalities in both PZs.  Emergency plan activated and MEOC set-up.  REOC and affected MEOCs partially staffed. REOC/ MEOCs monitor media until JIC/PEOC is operational.
<b>Onsite Emergency (Emission Occurring)</b>	<u>Activation (Full)</u> – Regional response notification to entire Regional Emergency Response Organization.  Activate Public Alerting Plan for PZ.  Set up and fully staff the MEOC, reception, evacuee, and emergency worker centres on a 24-hour basis. Activate the Regional Evacuation and Sheltering Plan.  Declare a Municipal Emergency.
<b>General Emergency</b>	<u>Activation (Full)</u> – As noted above.

## CHAPTER 7.0

### CONCEPT OF OPERATIONS

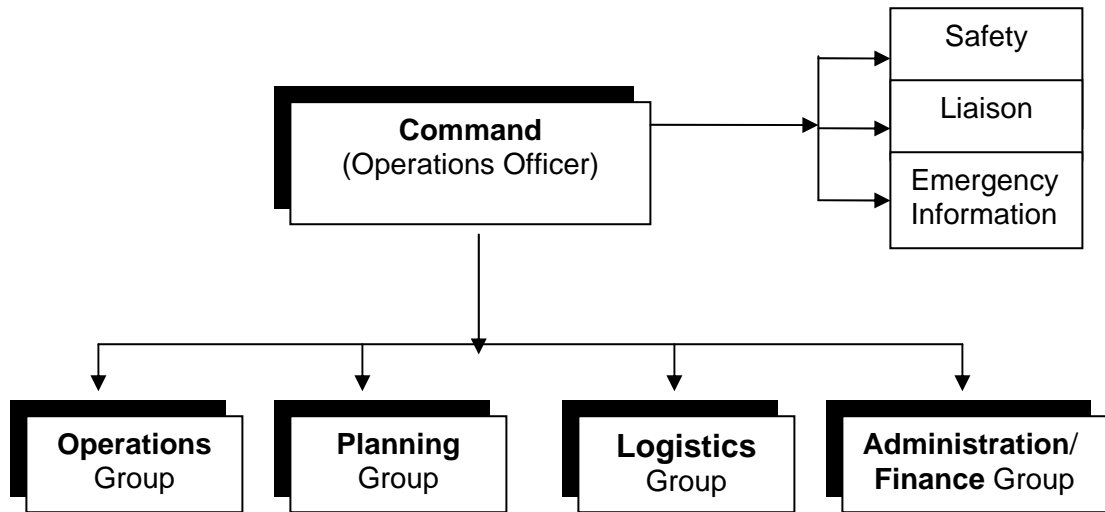
#### 7.1 GENERAL

- 7.1.1 Operations will normally be carried out in two phases for natural or human-caused hazards. These phases are called the response phase and the recovery phase.
- 7.1.2 Response Phase – Response includes the actions taken once an emergency has occurred to deal with the immediate effects and can include mitigation efforts expended at all locations and sites supporting the emergency effort. Such actions by the Emergency Control Group or lead departments will be mainly based on prearranged plans, procedures, and preparations.
- Response operations for major emergencies will be handled from the MEOC.
- 7.1.3 Recovery Phase – Recovery or restoration includes all the efforts necessary to restore a municipality to normal after a natural or human-caused emergency has occurred. This includes the actions required to assess and deal with the short and longer-term effects after the impact has passed.
- 7.1.4 It is expected that certain departments will take a lead or a partnership role in any emergency relating to their direct field of expertise.
- 7.1.5 The recovery phase begins once the immediate effects of the emergency have passed. At this point, the recovery plan will be activated to deal with the personal, infrastructure, and financial issues.
- 7.1.6 Recovery operations for major emergencies will not likely be handled from the Municipal Emergency Operations Centre but will be dealt with through formation of a number of committees to deal with the personal, infrastructure, and financial issues.

#### 7.2 INCIDENT MANAGEMENT SYSTEM (IMS)

- 7.2.1 IMS implementation is a requirement under the framework for Community Emergency Management Programs standards at the comprehensive level.
- 7.2.2 The Incident Management System (IMS) provides a command structure that is common to all emergency operations centres including the Provincial, Regional, department, and Municipal Emergency Operation Centres. It is a simple model that allows the organizational flexibility to *upscale* or *downscale* supporting resources as needed.
- 7.2.3 It is expected that all emergency sites and each community organization deployed will utilize IMS. *All groups utilize all the same functions and management structure at all emergency operations centres and all emergency sites* as required. Each group maintains contact with its counterpart in the Municipal/Regional Operations Centre(s) or respective organization centres. (See Figure 2.)

7.2.4 The standardized IMS is modelled after the North American emergency management standards and recommended best practices that draw substantially from the National Fire Protection Association (NFPA) 1561 and the National Incident Management System (NIMS).



**Figure 2 – The Incident Management System (IMS)**

7.2.5 IMS Functional Details

- i) Command (Operations Officer) – Has the authority to give formal orders, instructions, or directives. The three functions that support Command are:
  - Safety – Ensure safety of all site personnel, and pass on information received from Command (MEOC) indirectly impacting the overall safety of the emergency management efforts;
  - Liaison – Staff located in the MEOC that act as a link between Command (MEOC) and their organizations/group of organizations involved in the management of the situation; and
  - Emergency Information (EI) – Development and timely disseminate approved emergency information messages and bulletins to the media.
- ii) The Operations Group – Staff is responsible for coordinating the operational requirements (resources and equipment) of the site as required to fulfill the emergency management requirements. Staff action decisions made by the Incident Commander/Command and share information between all elements as required.
- iii) The Planning Group – Staff is responsible for the development, dissemination, and evaluation of emergency management and response plans. These response plans are incident specific and may make modifications should they be required. Staff action decisions made by the Incident Commander/Command and share information between all elements as required.

- iv) The Logistics Group – Staff is responsible for coordinating all material, services, equipment, and the resources required to manage and resolve the emergency. Staff act on decisions made by the Incident Commander / Command and share information between all elements as required.
- v) The Finance and Administration Group – Staff perform administrative, financial, and staffing duties specific to the emergency. This includes capturing incident-related costs, maintenance and scheduling of support personnel, records, and administering contracts.

7.2.6 It must be recognized that there is an overlap of the above four groups within the MEOC. The Emergency Control Group will perform some or all functions depending upon the nature of the emergency.

7.2.7 Emergency Operations will be carried out in such a manner as to permit the departments, MEOC, external organizations, institutions, and industry to operate cohesively. The IMS will be used to define the basic command structure, roles, and responsibilities required for the effective management of an emergency situation.

7.2.8 The Site Incident Commander (IC) also uses this structure and reports to the equivalent command in the MEOC. Once a Site Manager is designated, he/she reports to the Operations Officer in the MEOC.

### **7.3 NUCLEAR**

7.3.1 Under the *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9*, the emergency powers conferred upon the Premier of Ontario may be delegated to a minister of the Crown. In the case of a nuclear emergency, that minister will be the Minister of Community Safety and Correctional Services.

7.3.2 During nuclear emergencies, the Province is in control of offsite emergency operations from the beginning of a nuclear emergency at either the Pickering or Darlington Nuclear Station. All other agencies and organizations (including The City of Oshawa) shall conform to the directives in the Provincial Nuclear Emergency Response Plan.

7.3.3 During nuclear emergencies, the Province will direct offsite response activities of the designated municipalities. Durham Region directs and coordinates the offsite response activities of local municipalities through the Regional Control Group from the Regional Emergency Operations Centre.

7.3.4 Using a consultative process, Durham Region will assist the local municipalities with the implementation of protective actions and precautionary management in their community as directed by the Provincial Emergency Operations Centre under the PNERP.

## **7.4 COMMAND AND CONTROL**

- 7.4.1 The MCG is responsible for the emergency coordination and the implementation of any protective actions required with the City. Support from Durham Region may be requested at any time.
- 7.4.2 In order to ensure that emergency site operations are conducted in an organized and coordinated manner, an Incident Commander (IC) will be appointed for the emergency site by the MCG. The IC will be responsible for the coordination of all emergency site team activities and reporting through the appropriate command at the MEOC. (Refer to Appendix B16 for specifics.)
- The Incident Commander will:
- Provide regular information updates;
  - Evaluate the need for and provide requests for resources; and
  - Maintain contact with the MEOC.
- 7.4.3 Information will be provided from the emergency site and requests for resources will be forwarded from the Site IC to their respective command in the MEOC. The MEOC will then provide existing or requested additional resources to assist the site.
- 7.4.4 The Site IC is designated by the Municipal Control Group based on the particular emergency in progress and could be chosen from any operating department or from the first responder groups.
- 7.4.5 For non-nuclear emergencies, the Regional Emergency Operations Centre will provide additional resources and assistance to any local municipality upon request. If a municipality becomes overpowered, the Regional Chair may declare a regional emergency. The REOC may also be asked to assume full responsibility of an emergency for a municipality.

## **7.5 PRECAUTIONARY MANAGEMENT**

- 7.5.1 Precautionary management is the measures taken in the early stages of an emergency to minimize the impact on the general public. These would include operations like school and park closures, the closing of workplaces in the private and public sectors, etc.

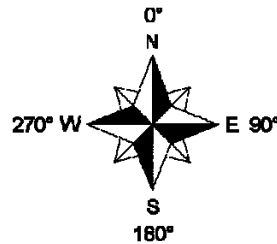
## 7.6 OPERATIONAL CONVENTIONS

7.6.1 The following operational conventions shall be utilized for emergencies within the City of Oshawa:

- i) Time – shall be local time and expressed as a 24-hour clock starting with zero at midnight and all timings will be given in local time. As an example, 6 p.m. shall be 18:00 hours.
- ii) Location – shall be expressed by urban features (e.g. street names, intersections, civic addresses).
- iii) Weather – *Temperature* – expressed in degrees Celsius.  
*Forecast* – provide forecast for next 24 hours.  
A weather board is provided within the MEOC.
- iv) Wind – wind shall always be referred to by the following three parameters:
  - a) the direction in degrees the wind is blowing from;
  - b) the direction in degrees the wind is blowing to; and
  - c) the speed expressed in km/hr (kilometres per hour).

i.e. The wind is blowing from 270 degrees to 90 degrees at 15 km/hr.

7.6.2 Nuclear operational conventions also express wind direction in degrees (compass points) and measuring clockwise with north being 0 degrees. It will always be expressed as X degrees to Y degrees.



i.e.: A 10 km/hr wind blowing from the west to the east shall be expressed as: from 270 degrees to 90 degrees at 10 km per hour.

## 7.7 COMMUNICATIONS

7.7.1 The primary means of communications in the Municipal Emergency Operations Centre (MEOC) are:

- i) Priority access dialling land-based telephones (analog or digital);
- ii) Hand-held wireless communications systems (cellular phones);  
and
- iii) 800 MHz radio systems.

7.7.2 Additional means of communications that may be utilized during an emergency are:

- i) Fax (incoming and outgoing);
- ii) Internet and email;
- iii) Amateur radios;
- iv) Satellite phones;
- v) Couriers; and
- vi) Runners to hand deliver messages.

## **7.8 BUSINESS CYCLE**

7.8.1 A business cycle is a structured meeting held at regular intervals during an emergency by the MCG. The purpose of regular business cycles are:

- To obtain status updates from all MCG members;
- Discuss strategy and required actions;
- To ensure that items requiring action are in the process of being completed;
- To inform each other of actions taken (briefings);
- To evaluate the status of the emergency and any change in status;
- To identify problems;
- To make decisions and plan actions and strategies required by each member/agency;
- To coordinate expertise, personnel, equipment, and supplies;
- To implement required actions;
- To report on these actions at the next business cycle; and
- To request assistance from Durham Region or other agencies as required.

7.8.2 Prior to the upcoming Business Cycle meeting, MCG members shall complete the internal situation report form (Appendix 1, Form 6) and be prepared to report on items within the scope of their department.

7.8.3 In the MEOC, the business cycle meeting is chaired by the Operations Officer and includes an update from all MCG members. Business cycle meetings should be brief. The Operations Officer's administration staff will take minutes of the meetings.

7.8.4 The Operations Officer will determine the frequency and length of business cycle meetings as the situation dictates.

## **7.9 LOG FORMS**

7.9.1 The Emergency Control Group and all other Control Group personnel will maintain their own departmental/agency log form of events, decisions, situation reports, declarations, actions, phone calls, correspondence, instructions, etc., and any and all messages and documents received or sent relating to the emergency. (See Form 1, Appendix I.)

7.9.2 Copies of any significant documents from log forms such as situation reports and declaration/terminations of emergency forms, to name a few, must be faxed to Emergency Management Ontario and Durham Emergency Management Office (DEMO) as soon as possible.

- 7.9.3 All log forms and correspondence (dated, signed, and numbered) must be completed and will be collected by Clerks Dept. and provided to CEMC for future reference to compile reports, file insurance claims, and/or to apply for disaster relief assistance.
- 7.9.4 Log forms from municipal emergencies must be maintained for a period of seven years.

## **7.10 TASK BOARD**

A task board shall be provided within the MEOC. Specific tasks arising from Business Cycle meetings shall be identified along with the person responsible and expected timelines.

## **7.11 MAJOR EVENTS BOARD**

The City Clerk shall be responsible for maintaining an electronic chart projected upon one of two screens located within the MEOC.

All major events associated with the emergency situation shall be recorded chronologically. Events recorded would include, but not be limited to such things as:

- Time emergency began
- MEOC operational
- Changes in emergency situation
- Declaration of emergency/termination
- Request/provision of major resources
- Benchmarks such as under control, loss stopped
- Resources requested / received at emergency site

## **7.12 MEOC LOGISTICS**

### **7.12.1 Evacuation**

The Operations Officer will determine if evacuation is necessary and whether it is immediate or imminent within the near future.

If evacuation is necessary and closure of the MEOC is required for an extended period, staff will remove all resources and equipment possible and report to the alternate MEOC at the Arts Resource Centre (45 Queen St.).

If it is anticipated that the evacuation will be short term (e.g. fire alarm activation), portable cell phones and lap tops will be removed and staff will be evacuated to the Library Branch located at 250 Beatrice St. E. An alternate short term evacuation site is Fire Station 3 located at 50 Beatrice St. E. The Fire Chief or alternate will provide access to these buildings using the building key safe and will secure the MEOC. Transportation may be arranged through Durham Region Transit if necessary.

### **7.12.2 First Aid/CPR**

EMS staff within the MEOC will be responsible for the provision of Emergency First Aid and/or CPR.

In a prolonged incident, EMS will arrange for physiological examinations if necessary.

7.12.3 Security

Commissioner of Corporate Services is responsible for contacting City Security Provider immediately upon notification of plan activation.

The City Of Oshawa Security provider will be responsible for providing security within the building including the MEOC.

Staff will enter and exit the MEOC using only the main door and must sign in and out with the time included.

Security staff will also control media access to the gymnasium during media briefings.

All MEOC staff must wear City Of Oshawa identification tags at all times in the MEOC and may require them while enroute to the MEOC.

**7.13 INFECTION PREVENTION AND CONTROL GUIDELINES**

7.13.1 It is essential that infection control practices be followed within the MEOC at all times but especially during an influenza pandemic.

7.13.2 MEOC designates shall consider workplace shortages due to an influenza pandemic within their divisional plans.

7.13.3. MEOC staff is strongly recommended to have regular immunizations of influenza following Ministry of Health Guidelines.

7.13.4 The MEOC shall be kept clean and frequently touched surfaces shall be disinfected regularly and also at the beginning of each new shift.

7.13.5 Staff experiencing flu symptoms should not attend the MEOC if possible. Those that must attend shall wear appropriate surgical masks and stay at least 1m from other staff.

7.13.6 Staff shall regularly wash hands and practice appropriate cough etiquette.

**7.14 RECOVERY PLANNING**

7.14.1 Recovery planning is a process of returning a community back to normal or near normal once the immediate threat to life and property has passed. The process starts when directed by the Municipal Control Group, and the timing will be determined by the nature of the emergency.

7.14.2 In a nuclear emergency, the Provincial Emergency Operations Centre will advise Durham Region when the immediate emergency has passed and the recovery process will begin. This information would then be communicated to the MEOC of the affected municipalities.

7.14.3 Normally, recovery planning will commence when the immediate response to an emergency has been completed and the situation has been stabilized. To begin the recovery process, a series of committees may need to be formed to deal with various aspects of the community assistance. These might include the following areas of need:

- i) Financial assistance;
- ii) Infrastructure repair/rebuilding; and
- iii) Personal assistance.

## CHAPTER 8.0

### EMERGENCY INFORMATION AND PUBLIC DIRECTION

#### 8.1 GENERAL

8.1.1 In the event of an emergency, emergency information procedures assist with:

- Providing emergency information to the media and general public; and
- Providing emergency information to municipal, regional, and provincial staff.

#### 8.2 COMMUNICATIONS HIERARCHY

8.2.1 Emergency information will be coordinated by the Emergency Information Officer. (Refer to Appendix B14.) It is important that media communications begin immediately after the emergency begins to provide the current status and then be provided at regular intervals thereafter.

8.2.2 The Emergency Information Officer will:

- Gather, verify, coordinate, and approve all information released to the media in consultation with the Mayor and Operations Officer as a result of updates provided during business cycle meetings or as developments take place;
- Produce media materials for dissemination to the media;
- Disseminate information to the media, PIC and members of Council on a regular basis as important new information becomes available;
- Change the City's website front page to feature an "Emergency Update" section and update on a regular basis.
- Process information requests;
- Arrange for an MCG member or expert to meet or communicate with the media in response to inquiries on a specific topic as required;
- Establish communication links and regular liaison with the MCG and IC to determine what information to release to the media and public and will attend all business cycle meetings;
- Establish communication links and regular liaison with the other media coordinators within the region or province to coordinate the release of authorized information;
- Set up and coordinate a media centre, and ensure that there is adequate administrative support, office or area space, and telephone facilities to support live interviews from local media;
- Inform appropriate agencies of the location/phone number of the media centre;
- Prepare for press conferences and briefings with the media;

- Prepare, distribute, and file hard copies of media materials;
- Set up and manage a media monitoring; and
- Provide “controlled” tours to the emergency site or to the MEOC if requested.

8.2.3 The City of Oshawa may request assistance at any time and be supported by the Durham Region Corporate Communications staff or the provincial emergency information resources if needed.

8.2.4 In the event of a water infrastructure or health emergency, the lead role will be taken by either Durham Region Works or Health Departments. The respective department involved will issue releases and updates to inform the Province, Regional, and Municipal staff; the media; and the general public on a regular and as-required basis.

8.2.5 Nuclear Emergencies (Pickering or Darlington Generating Stations) – Nuclear emergencies are controlled by Emergency Management Ontario who directs the offsite response actions to the designated municipality. (Durham Region is a designated municipality for the Pickering and Darlington Nuclear Generating Stations.)

The provincially-operated JIC (Joint Information Centre), through their operating procedures, coordinate the media emergency information and media releases for any type of offsite response due to a nuclear emergency. Local municipalities may issue media releases dealing with local issues such as road closures.

The JIC is assisted operationally by Regional administrative staff and has a direct link to the REOC.

### **8.3 MEDIA CENTRE**

8.3.1 The Media Centre will be located at Northview Community Centre and press conferences will be held in the gymnasium and / or at the emergency site upon the decision of the MCG.

8.3.2 Members of the public and press shall be brought into the gymnasium via the north east gym doors or alternatively through the east community centre doors. At no time will the press or public be allowed near the MEOC or be allowed within the building unattended. The EIO shall be responsible for policing the movements of the public and press and may utilize the City’s security provider if necessary.

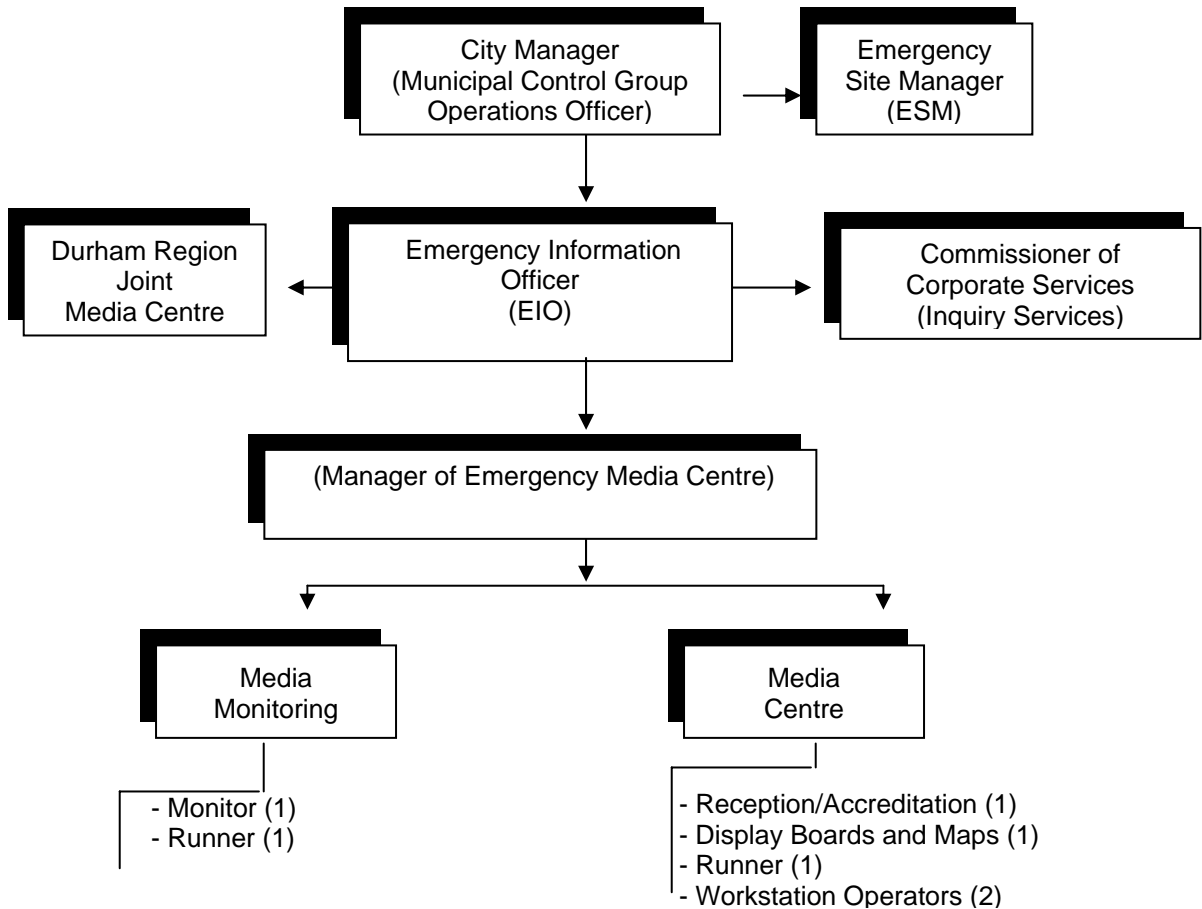
8.3.3. The EIO shall direct the Mayor and other media spokespersons into the gymnasium through the west entrance when possible and ensure appropriate tables and chairs are in place.

### **8.4 MEDIA COVERAGE**

8.4.1 In the event of an emergency, the general public should monitor local radio and television stations for ongoing updates and regular status reports as well as the City website. ([www.oshawa.ca](http://www.oshawa.ca))

**8.5 SPOKESPERSON(S)**

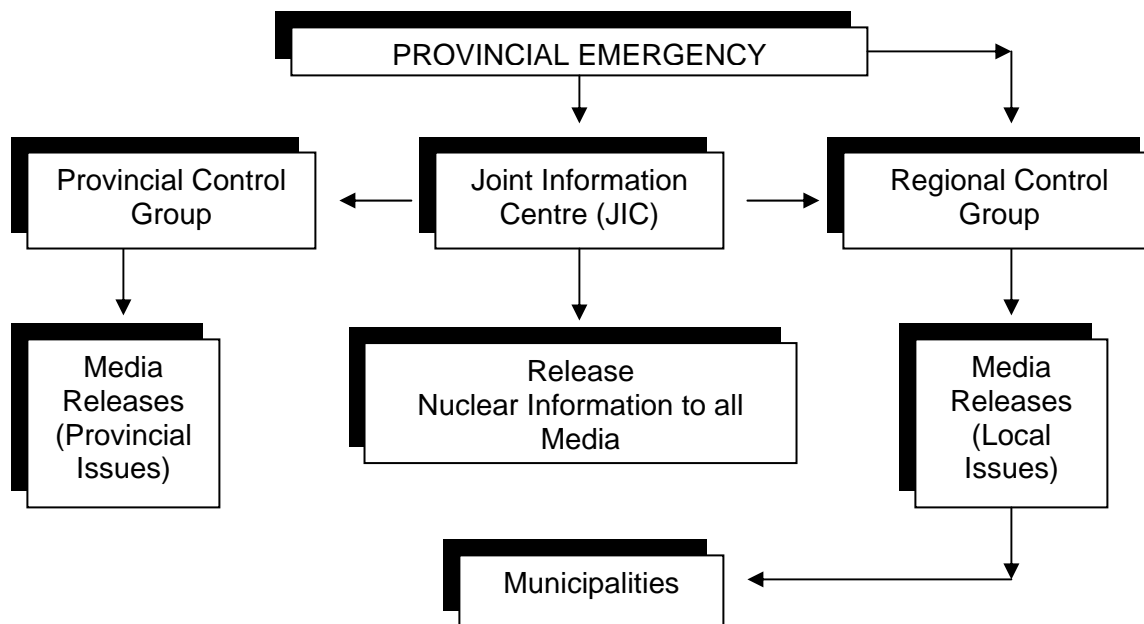
- 8.5.1 The designated municipal spokesperson for the City of Oshawa will be designated by the MCG in consultation with the EIO at the time of the emergency.
- 8.5.2 The Emergency Information Officer will assist the Mayor and any other designated spokesperson with the preparation and dissemination of public information. The Emergency Information Officer will prepare statements of public information for the Mayor and any other designated spokesperson based on information collected at the MEOC business cycle meetings.
- 8.5.3 Municipal spokespersons are normally the Mayor, Operations Officer, or others as designated.



**Figure 3 – Emergency Media Centre Organization Chart**

8.5.4 Nuclear Events

- i) In nuclear events, initial emergency information flows directly from the PEOC to the JIC and the REOC and municipal stakeholders.



**Figure 4 – Nuclear Events Organization**

- ii) It is important that stakeholders are an integral part of the regional emergency information distribution and that they be kept informed and updated of changing emergency conditions. These include but are not limited to:
  - a) The general public and vulnerable populations in the affected area (schools, hospitals);
  - b) Regional departments;
  - c) Local municipalities within Durham Region; and
  - d) Other involved stakeholders.
- iii) The JIC will be set up in the Regional Headquarters to relay emergency information to the REOC and to provide media monitoring and other relative media services.
- iv) Local municipalities may issue local information relating to road closures, etc., or other non-technical activities within their jurisdiction.

8.5.5 Nuclear Events – Responsibilities

- i) Province – In the event of a nuclear emergency, the Joint Information Centre (JIC) is set up by Provincial staff from Emergency Management Ontario (EMO) in Regional Headquarters.

The overall operational responsibilities are as follows:

- a) EMO is fully responsible for the setup and operation of the JIC at Regional Headquarters. This includes maintaining the Provincial Nuclear Emergency Response Plan (PNERP) and the JIC Procedures. The JIC Procedures are annually reviewed and updated as required by EMO;
  - b) EMO will be responsible for writing and also providing the prescribed PADs (Public Action Directives) for release to the general public during an event at either the Darlington or Pickering Nuclear Generating Station;
  - c) The Province (EMO) is fully responsible for the staffing and operation of the JIC; and
  - d) Media releases relating to technical related station activities must be approved by EMO and the JIC prior to release to the general public.
- ii) Durham Region – The Council Chambers (or other designated area) are used for media conferences. Durham Regional staff will forward all public (nuclear) inquiry calls to the Provincial Emergency Operations Centre.

The Durham Region Clerk's Department is responsible for providing staff administrative support to the JIC for nuclear and for the Public Information Centre (PIC) for non-nuclear events.

The Durham Region Facilities Management Department is responsible for providing staff to assist with the set up of the Council Chambers (Media Centre) and the lower level boardroom (B-15) or other rooms as required.

Durham Emergency Management Office maintains local nuclear emergency plans and provides a liaison between Emergency Management Ontario and Durham Region with respect to the JIC through the REOC.

DEMO is responsible for setting up and manning the REOC to ensure communication is managed during nuclear emergencies.

## **8.6 THE JOINT INFORMATION CENTRE (JIC)**

- 8.6.1 The Joint Information Centre (JIC) is a provincial facility set up to provide a current and accurate source of emergency information to the media and the general public on nuclear events.
- 8.6.2 The JIC will act as the main source of emergency information on behalf of these agencies during the emergency. During nuclear emergencies, the JIC provides timely information to the general public on the current status of the emergency situation at either the Darlington or Pickering Nuclear Station.

8.6.3 The JIC is operated by Emergency Management Ontario and has information linkages and operational relationships between the following centres:

- i) Provincial Emergency Operations Centre (directs overall nuclear response);
- ii) Regional Emergency Operations Centre (REOC) overseeing the local emergency response functions;
- iii) Affected organization/facility (e.g. OPG's nuclear stations); and
- iv) The federal government (the federal government provides spokespersons and assistant spokespersons representing Health Canada, as the lead agency, and the Canadian Nuclear Safety Commission).

8.6.4 The JIC operates under the JIC Procedures Manual prepared by the Ministry of Community Safety and Correctional Services.

## **8.7 PUBLIC DIRECTION**

8.7.1 The general public will take direction and implement subsequent protective actions from the information provided through local media. The Public Alerting System will initiate the offsite response (nuclear) or other actions required by notifying the general public.

8.7.2 Details of the situation in progress will be verified for the public through local television or radio. First responders may assist in the public notification process.

## **8.8 PUBLIC INQUIRY CENTRE**

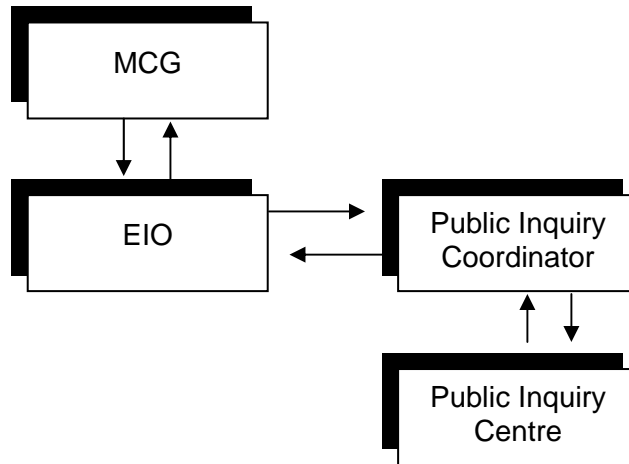
8.8.1 The Public Inquiry Centre provides a credible outlet for the general public to obtain current and accurate information relating to the emergency in progress. The Public Inquiry Centre is coordinated by the Commissioner of Corporate Services and is located at City Hall on the 1<sup>st</sup> Floor of B Wing. The phone number of the Public Inquiry Centre is (905) 436-3311 and will be issued as required at the beginning of or during an emergency.

8.8.2 The Public Inquiry Coordinator is appointed by the Commissioner of Corporate Services prior to an emergency and is responsible for the maintenance of lists of staff available to work at the Public Inquiry Centre and for their training. (Refer to Appendix B17.)

8.8.3 The Public Inquiry Centre works independently from the MEOC but maintains close contact with them. The Public Inquiry Coordinator liaises with the Manager of the Media Centre to identify what information can be released to the public and media.

8.8.4 Public Inquiry Service staff will record call information in the Customer Relationship Management (CRM) software and provide appropriate responses to public phone calls and questions. See Appendix I for a paper form for recording public calls in the event of a power outage.

- 8.8.5 Public Inquiry Service staff will redirect calls as needed to the appropriate department. The Public Inquiry Coordinator will determine if calls need to be redirected to the MCG.
- 8.8.6 Difficult questions will be sent from the Public Inquiry Staff to the Public Inquiry Coordinator. The Public Inquiry Coordinator will forward to the Manager, Media Centre if appropriate.



**Figure 5 – Interaction between Public Inquiry Service and MCG**

## CHAPTER 9.0

### FINANCIAL MANAGEMENT/ASSISTANCE

#### 9.1 GENERAL

- 9.1.1 During an emergency, it is imperative to have financial control and proper documentation in place to oversee any required emergency expenditures.
- 9.1.2 The Director of Finance through the Commissioner of Corporate Services will be responsible for developing the municipality's financial management process prior to the emergency, monitoring expenditures during an emergency, and assisting with expenditure reconciliation after an emergency, whereby emergency funding may be obtained if required.
- 9.1.3 The Director of Finance will report to the MEOC as requested by the Commissioner of Corporate Services.
- 9.1.4 Once an emergency situation has come through the recovery phase, it is imperative to attempt to recover lost revenues for emergency expenditures through normal insurance policies or disaster relief agencies.

#### 9.2 FINANCIAL MANAGEMENT

- 9.2.1 It is the intent of this Plan to:
- i) Provide guidelines for basic financial management to all departments responding under the provisions of this Plan;
  - ii) Ensure that any Council resolutions are provided expeditiously for expenses incurred during an emergency;
  - iii) Ensure that financial operations are conducted in accordance with the accepted accounting policies, best practices, and standards set within the City of Oshawa; and
  - iv) Provide guidance for basic assumptions so that lost revenues are recovered through insurance policies, Ontario Disaster Relief Assistance Program (ODRAP), or Disaster Financial Assistance Arrangements (DFAA) where possible.
- 9.2.2 Accepted emergency purchasing procedures will be developed by the Director of Purchasing and followed for all purchases made during the emergency with the following assumptions:
- i) The Manager of Purchasing shall maintain a list of emergency purchase orders for use during an emergency;
  - ii) Due to the nature of most emergency situations, finance operations will be carried out with compressed time frames and other pressures, from time to time, necessitating the use of non-routine procedures. This in no way lessens the requirement for sound financial management and accountability;

- iii) Each agency or organization involved in the emergency will have their own designated person responsible for financial management in accordance with their own approved process already in place;
- iv) It is expected that at least partial reimbursement will come from the provincial or federal governments for services and resources, but it is recognized that at least the initial payments will be borne by the City of Oshawa; and
- v) The Director of Purchasing shall maintain a list of available suppliers/contractors with 24-hour availability. This list shall be updated annually.

### **9.3 EXPENDITURE OF MUNICIPAL FUNDS**

- 9.3.1 Extreme care and attention to detail must be taken throughout the emergency response effort and recovery period to maintain logs, formal records, and file copies of all expenditures including personal timesheets in order to provide clear and reasonable accountability and justification for future reimbursement requests. All expenditures shall be recorded on the Emergency Expenditure form found in Appendix I.
- 9.3.2 Reimbursement is not automatically given unless proper procedures are used and accountability is maintained. Reimbursement is also subject to the terms and conditions of insurance policies or disaster relief programs.
- 9.3.3 All records relating to the allocation and disbursement of municipal funds pertaining to the elements and activities covered in this Plan must be maintained as applicable in compliance with standard policies and accounting procedures.
- 9.3.4 The City of Oshawa, as well as any agency or organization involved in the emergency response effort, is responsible for the allocation and disbursement of its own funds as well as individual record keeping.

### **9.4 FUNDING ASSISTANCE**

- 9.4.1 There are programs in place for municipalities to obtain reimbursement of funds after a major emergency or disaster has occurred. The City of Oshawa will first exhaust existing insurance policies before seeking compensation from additional programs.
- 9.4.2 Programs available include the Ontario Disaster Relief Assistance Program (ODRAP) and the (Federal) Disaster Financial Assistance Arrangements (DFAA). ODRAP requires some fundraising to obtain financial assistance for private costs as outlined in their documentation. DFAA provides financial assistance to the Province above a pre-determined level (funding formula) of expenditure.
- 9.4.3 The Ontario Disaster Relief Program (ODRAP) is intended to alleviate the hardship suffered by private homeowners, farmers, small business enterprises, and non-profit organizations (such as municipalities) whose essential property has been damaged in a sudden and unexpected natural disaster.

- 9.4.4 ODRAP will provide funding for those who have suffered heavy losses for essential items such as shelter and the necessities of life. When damages are so extensive that they exceed the financial resources of the affected individuals, the municipality and community at large are expected to assist and provide support. Individuals are, however, expected to bear the initial responsibilities for their losses.
- 9.4.5 ODRAP *does not provide* full cost recovery for all damages resulting from a disaster but helps eligible recipients restore essential furnishings and property only to pre-disaster condition.
- 9.4.6 ODRAP does not cover damages to privately-owned, non-essential property nor to essential property where private insurance is normally available.
- 9.4.7 If the City of Oshawa experiences extraordinary damage to public infrastructure due to a natural disaster, the local Municipal Services Office of the Ministry of Municipal Affairs and Housing will be contacted to determine eligibility for assistance.
- 9.4.8 The Minister of Municipal Affairs and Housing is authorized to declare a “disaster area” under the ODRAP Program. Municipal Council’s asking for assistance must adopt a Council resolution outlining the following issues:
- i) The municipality’s request for a disaster area declaration; and
  - ii) Whether all or part of the municipality is to be declared a disaster area.
- 9.4.9 Under ODRAP, the request for a disaster declaration must be submitted *within 14 working days* of the date of the disaster. Council resolutions should be *very clear about the definition of the disaster area as only damages within the declared area are eligible for ODRAP funding*.
- 9.4.10 The Council resolution must be accompanied by information supporting the request for assistance. This information includes:
- i) The number of private properties, farms, small businesses, and non-profit organizations that have incurred damages as a result of the disaster;
  - ii) The number of residents, small businesses, or farms affected;
  - iii) The extent and the preliminary cost estimates of damages suffered;
  - iv) Newspaper clippings, photographs, and other documentary evidence where available; and
  - v) Other information that Council feels is pertinent to add.
- 9.4.11 Durham Region may adopt a resolution in support of the City of Oshawa’s request for a disaster declaration and agree to adopt a disaster relief committee.

**9.5 FEDERAL DISASTER FINANCIAL ASSISTANCE (DFAA)**

- 9.5.1 In the event of a large scale disaster in Canada, the federal government can provide financial assistance to provincial and territorial governments through the Disaster Financial Assistance Arrangements (DFAA) to help them meet the basic costs of response and recovery when such expenditures exceed what an individual province or territory could reasonably be expected to bear on its own.
- 9.5.2 The provincial government designs, develops, and delivers financial assistance to the victims of emergencies and disasters, deciding on the amounts and types of assistance that may be provided. The federal government may then be requested by a provincial government to help pay the costs it incurred in responding to an emergency or disaster under the terms of the DFAA.
- 9.5.3 The DFAA has been in place since 1970 and is administered with the assistance of predetermined guidelines whose sole purpose is to ensure that federal financial assistance is provided in a fair and equitable way across Canada.
- 9.5.4 Federal assistance is paid to the province/territory under DFAA and not directly to individuals or communities. It is important to note that there is no fixed budget for disaster financial assistance because there is no way of predicting the amount that may be required in any given year.

## CHAPTER 10.0

### MUTUAL AID/ASSISTANCE AGREEMENTS

#### 10.1 PURPOSE & PROVISIONS

- 10.1.1 As outlined by Emergency Management Ontario, all communities should attempt to create regional mutual aid and assistance agreements. Such agreements can greatly improve a community's ability to respond to larger-scale emergencies.
- 10.1.2 Mutual aid or assistance agreements are in place to supply additional resources when municipal resources have been depleted to deal with extraordinary emergency situations.
- 10.1.3 The City of Oshawa may receive assistance through the Durham Region Fire Mutual Aid Agreement. (Appendix L6)
- 10.1.4 The objective of the Mutual Aid Plan is to provide a means whereby the fire departments in Durham Region may initiate the necessary action to save and/or protect lives, property, and/or the environment during a major fire or emergency.
- 10.1.5 The Mutual Aid Plan is organized and operational on a reciprocal, or no charge basis, among the participating fire departments.
- 10.1.6 The *Emergency Management and Civil Protection Act, R.S.O., 1990*, suggests that municipalities may be directed by the Premier to provide assistance to other municipalities. Pre-arranged agreements will simplify the process of providing personnel, services, equipment, and material during an emergency.
- 10.1.7 As directed under the enhanced level requirements for municipal emergency plans, the City of Oshawa will enter into mutual assistance agreements with neighbouring municipalities and other agencies/organizations as needed.
- 10.1.8 Nothing in these agreements requires or obligates either party to provide assistance, and no liability arises against the assisting municipality if it fails to respond to a request for assistance.
- 10.1.9 The municipality may, at its discretion, determine the type and scope, nature, and amount of assistance to be provided.

## CHAPTER 11.0

### TRAINING

#### 11.1 TRAINING

- 11.1.1 The *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9, 3 (5)*, requires that every municipality conduct training programs to ensure the readiness of employees of the municipality and other persons to act under the Emergency Plan.
- 11.1.2 The CEMC is responsible for coordinating training programs and exercises to ensure the readiness of City staff to act under the Plan. The CEMC will maintain a database of staff training.
- 11.1.3 Staff training may be achieved through any or all of the following activities:
- i) Staff attending internal or external general training sessions;
  - ii) Staff attending refresher and/or upgrading sessions, as required;
  - iii) New staff, or staff transferred to different positions, attending training; and/or
  - iv) Departmental distribution of related material or information newsletters to staff with responsibilities under the Plan.
- 11.1.4 Professional development opportunities for staff may be provided, including attending appropriate emergency response courses, such as Red Cross Training, Emergency Preparedness Canada, etc.
- 11.1.5 Durham Emergency Management Office (DEMO) will offer training programs to local municipalities from time to time as the need arises.
- 11.1.6 Assistance or information about available training programs or conferences may be obtained through the CEMC.
- 11.1.7 Each department is responsible for ensuring that its' staff is trained to carry out their assigned duties under this Plan.

## CHAPTER 12.0

### EXERCISES

#### 12.1 TESTING THE PLAN

- 12.1.1 The *Emergency Management and Civil Protection Act, R.S.O., 1990, Chapter E.9, 3 (5)*, requires that every municipality conduct exercises to ensure the readiness of employees of the municipality and other persons to act under the Emergency Plan.
- 12.1.2 The CEMC, under direction and approval of the City Manager, is responsible for organizing annual testing of the Plan and conducting exercises. Conducting exercises is a municipal responsibility but from time to time will be done in coordination with DEMO.
- 12.1.3 Each component of the Plan can be tested in isolation as well as in coordination with one another. It is vital that all major elements of the Plan are tested annually.
- 12.1.4 The type of exercises/drills tested will vary from year to year and include a natural progression of exercises, as appropriate to community needs, with exercises becoming increasingly complex.
- 12.1.5 Immediately following an exercise, a debriefing will be conducted with departments, agencies, and key personnel to review and evaluate the exercise and make recommendations.

## CHAPTER 13.0

### PUBLIC AWARENESS AND EDUCATION

#### 13.1 GENERAL

- 13.1.1 The development and implementation of a Community Emergency Management Public Awareness Program is a requirement of the *Emergency Management and Civil Protection Act, R.S.O., 1990*.
- 13.1.2 Public awareness is an important component of the Emergency Management Program put in place so that the general public will know what to expect before, during, and after an emergency event.
- 13.1.3 Public awareness is general information provided to the broader public to increase awareness about emergency management.
- 13.1.4 Public education is specific information provided to a target audience to educate about protective actions to reduce the risk of life and property damage in the event of an emergency.
- 13.1.5 The City of Oshawa has developed a Public Awareness Strategy to ensure that these needs are met. This strategy will be reviewed and revised annually to ensure compliance with the enhanced and comprehensive program requirements under the *Emergency Management and Civil Protection Act, R.S.O., 1990*. (Refer to Appendix M)

#### 13.2 RESPONSIBILITIES

- 13.2.1 The CEMC is responsible for the development and implementation of public education and public awareness programs.
- 13.2.2 These programs will be coordinated with Durham Region and neighbouring municipalities, as well as the Durham Regional Police Service and other appropriate agencies.

#### 13.3 PUBLIC AWARENESS DELIVERY METHODS

- 13.3.1 The public awareness information program provided might include:
- Brochures;
  - Media releases;
  - City Web site;
  - Community displays; or
  - Other media as deemed appropriate.

### **13.4 PUBLIC EDUCATION**

13.4.1 Public education might include:

- Programs/presentations for students, service clubs, industries, institutions, etc.;
- Hazardous material education and training in the high school curriculum; and
- Providing specialized instructions, such as information regarding sheltering-in-place, for those living within a “high risk” area of the City.

13.4.2 Questions regarding emergency preparedness are referred to the Fire Chief/CEMC for follow up.

**CHAPTER 14**

**CITY OF OSHAWA**

***PANDEMIC INFLUENZA PLAN***

## **FOREWORD**

The City of Oshawa Pandemic Influenza Plan is a Risk Specific Plan in the City's family of emergency plans. This plan details the City's response to an influenza pandemic in the City of Oshawa.

The Durham Region Health Department will have the lead in managing the response to a pandemic and will have detailed plans to address all public health related issues in order to prepare for and respond to an influenza pandemic. This plan is closely coordinated with the Durham Region Pandemic Influenza Plan and Regional Health Department plan.

Holders of the plan are responsible for keeping it current by incorporating any amendments that may be issued in the future.

This plan is administered by the Community Emergency Management Coordinator (CEMC) and is issued under authority of City of Oshawa Bylaw 77-2008. Comments or suggestions relating to this plan should be directed to:

Community Emergency Management Coordinator (CEMC)  
City of Oshawa Fire Services  
199 Adelaide Avenue West  
OSHAWA, ON L1J 7B1

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# CITY OF OSHAWA PANDEMIC INFLUENZA PLAN

## 1.0 GENERAL

### 1.1 Background

1.1.1 Influenza is a contagious respiratory illness caused by a virus. Influenza is directly transmitted from person to person primarily when people infected with flu cough or sneeze and droplets of their respiratory secretions come into contact with the mucous membranes of the mouth, nose and eyes of another person (droplet spread). Influenza can also be transmitted indirectly when people touch contaminated hands, surfaces and objects (contact spread).

1.1.2 Influenza viruses are unique in their ability to cause sudden, pervasive illness in all age groups on a global scale. An outbreak on a world-wide scale of a new strain of influenza that is capable of causing serious illness is called a pandemic. There have been three pandemics in the last century, with the worst being the 1918 -1919 Spanish flu that caused over 20 million deaths worldwide.

1.1.3 The timing and pattern of the next influenza pandemic is unpredictable but a short lead time is likely. Outbreaks will occur simultaneously and an estimated 4.5 to 10.6 million Canadians could become clinically ill and between 11,000 and 58,000 could die.

### 1.2 Aim

1.2.1 The aim of this plan is to ensure that the City of Oshawa is prepared to effectively respond to an influenza pandemic in the City.

### 1.3 Objectives

1.3.1 The objectives of the response to an influenza pandemic as detailed in this plan are:

- to maintain essential services in the City during a pandemic.
- to support the Health Department in mitigating, preparing for, responding to and recovering from an influenza pandemic.
- to provide timely, authoritative information, to the public and the media on the provision of Municipal services.

### 1.4 Scope

1.4.1 This plan outlines the coordinated actions to be taken for the protection of the life and health of the citizens of the City of Oshawa in the event of an influenza pandemic outbreak.

1.4.2 This plan provides direction to all departments within the City of Oshawa.

1.4.3 As with the Oshawa Emergency Plan, this Pandemic Plan shall be reviewed annually and updated if required.

**1.5 Legal Powers**

1.5.1 The Medical Officer of Health and Associate Medical Officer of Health, under the *Health Protection and Promotion Act (HPPA), R.S.O. 1990*, have the authority to control communicable diseases and the power to identify, reduce or eliminate health hazards. Under the HPPA, public health inspectors also have the authority to identify, reduce or eliminate health hazards.

1.5.2 The Mayor, as Head of Council, under the *Emergency Management and Civil Protection Act, R.S.O. 1990*, may declare that an emergency exists in the City or any part thereof and may take action and make orders as he/she considers necessary to protect the property and the health, safety and welfare of the citizens.

**2.0 PLANNING BASIS**

**2.1 Risk Assessment**

2.1.1 To understand the magnitude of the problem and to develop contingency plans, estimates on the potential impact of an influenza pandemic are required. No one can accurately predict when the next pandemic will occur, nor can they accurately forecast who will become ill and suffer adverse health outcomes. However, the U.S. Centres for Disease Control (CDC) in Atlanta has developed a software programme to estimate impacts.

2.1.2 The Ontario Health Plan for an Influenza Pandemic utilized the CDC program and provides an estimate of the impact of an influenza pandemic in Durham Region shown in the table that follows. The figures are based on a worst case attack rate of 35% using population estimates from 2004.

	Totals
Clinically ill	78,015 – 197,638
Require Outpatient Care	81,768 – 150,024
Hospitalization Required	745 – 2,816
Deaths	249 – 832

## 2.2 Assumptions on the Virus Characteristics

2.2.1 The characteristics of a new virus strain are assumed to be consistent with other known influenza strains:

- Incubation period: 1 to 3 days (with no symptoms).
- Period of communicability: 24 hours before the onset of symptoms and up to 5 days after the onset of illness (usually 3 – 5 days in adults, up to 7 days in young children).
- Symptoms: sudden onset, fever, chills, headache, muscle aches, dry cough, sore throat, runny/stuffy nose.
- Method of Transmission: *direct* transmission from person to person when the infected individual coughs or sneezes and droplets of secretions come into contact with the mucous membranes of the mouth, nose or possibly eyes of another individual. It can also be transmitted *indirectly* when people touch contaminated surfaces, objects and hands.
- Transmission while an individual has no symptoms is possible but it is more likely when symptoms such as coughing are present.
- The virus will have the ability to survive for extended periods of time on environmental surfaces:
  - 24 - 48 hours on hard surfaces
  - 8 - 12 hours of porous surfaces e.g. paper, cloth
  - 5 minutes on skin.

## 2.3 Municipal Planning Basis

2.3.1 An influenza pandemic will affect all of Ontario and the rest of Canada. For planning purposes, a worst case prediction must be used.

2.3.2 As a basis for planning, it is therefore assumed:

- Little or no direct assistance will be provided by neighbouring communities, the Province or the Federal government (with the exception of the provision of vaccine and antiviral drugs, and other clinic supplies when available).
- The City of Oshawa must plan to respond to an influenza pandemic on its own, using its own resources.
- An influenza attack rate of 35% will be assumed when planning for the effects of an influenza pandemic. (Note: An attack rate of 35% means that over the course of a pandemic, about 35% of the population will have influenza severe enough to take a half day off work).

## 2.4 **Planning Assumptions**

2.4.1 The following are the assumptions that will apply to pandemic influenza planning in the City:

- Ontario will have a lead time of at most three months, possibly less, from the time a pandemic is first declared by the World Health Organization (WHO) to when it spreads to the province.
- An influenza pandemic usually spreads in two or more waves. A second wave could occur within three to nine months of the initial outbreak wave and may cause more serious illnesses and deaths than the first. The length of each wave of illness is approximately six - eight weeks.
- There will be an attack rate of 35% during the first wave.
- For planning purposes, it will be assumed that 35% of staff could be off work at the same time.
- About 55% of those who fall ill with influenza will require some form of care. At least one third of deaths are likely to be in people under the age of 65.
- A vaccine will not be available for at least four months after the virus is identified and therefore will not be available for the first wave of illness.
- Once available, the vaccine will be in short supply and high demand.
- Because Ontario will not have a large enough initial supply of vaccine to immunize everyone, the province will have to set priorities for who receives limited vaccine and antiviral drugs.
- The availability of health care workers during the pandemic could be reduced by up to one-third and the health care system will have to supplement existing resources through a variety of mechanisms.
- Individuals who recover from illness with the pandemic strain will likely be immune to future infection from that strain.
- An influenza pandemic will impact the provision of essential services provided in the City. During a pandemic, the availability of employees could be reduced by up to one-third due to illness over the approximately eight weeks of the first wave. In addition, there will be absenteeism due to concern about disease transmission in the workplace and employees staying home to care for ill family members.

## 3.0 **CONCEPT OF OPERATIONS**

### 3.1 **General**

3.1.1 In Durham Region, the Medical Officer of Health (MOH) has the overall responsibility for directing the public health response to an influenza pandemic. The MOH will direct health operations from the Health Emergency Operations Centre (HEOC).

3.1.2 Based on the projected effect in the City, the Mayor, on the advice of the Medical Officer of Health or as directed by the Province, will declare an emergency under the *Emergency Management and Civil Protection Act* and fully activate the Municipal Emergency Operations Centre (MEOC).

- 3.1.3 The Durham Region Medical Officer of Health will implement public health measures and manage the health response to the outbreak. The role of the City will be to support the Health Department efforts (see Annex D) and to maintain essential services in the City. Coordination for support to the Health Department and the maintenance of essential services will take place in the MEOC.
- 3.1.4 A provincial emergency will likely be declared early in the onset of a pandemic. The overall response to a declared emergency will be managed from the Provincial Emergency Operations Centre (PEOC) with the Ministry of Health and Long Term Care (MOHLTC) providing command and control services for the health care sector.
- 3.1.5 See Annex A for a schematic diagram showing the emergency management and health sector response structures.

**3.2 World Health Organization (WHO) Pandemic Phases**

- 3.2.1 The notification and response by the City to a pandemic influenza will follow the 2005 WHO pandemic periods and phases shown below. There is no timeframe for going from one phase to the next.

<b>PERIOD</b>	<b>PHASE</b>	<b>DESCRIPTION</b>
<b>Interpandemic Period</b>	<b>Phase 1</b>	No new virus subtypes have been detected in humans.
	<b>Phase 2</b>	No new virus in humans but an animal subtype poses a substantial risk of human disease.
<b>Pandemic Alert Period</b>	<b>Phase 3</b>	Human infections with a new subtype but not human-to-human spread.
	<b>Phase 4</b>	Localized small clusters with limited human-to-human spread.
	<b>Phase 5</b>	Larger clusters but human-to-human spread still localized, suggesting that virus is becoming better adapted to humans (substantial pandemic risk).
<b>Pandemic Period</b>	<b>Phase 6</b>	Sustained transmission in the general population.
<b>Post Pandemic Period</b>		Return to interpandemic period.

### 3.3 **Essential Services**

3.3.1 Each Department will examine its operational functions and services provided and categorize them using the following planning categories:

PRIORITY 1	Affects, or has the potential to affect, health and safety.
PRIORITY 2	Major inconvenience but does not affect health and safety.
PRIORITY 3	Major loss of revenue, legal exposure, damage to the image of the organization.

3.3.2 Essential functions and services are those that are identified as Priority 1 -those services whose reduction affect, or have the potential to affect, the health and safety of the public.

3.3.3 Priority 2 are those services whose reduction may cause a major inconvenience but do not result in a risk to the health and safety of the public.

3.3.4 Priority 3 is other services whose loss or degradation may affect the image of the organization, legal exposure, or non-critical support to other Priority 1 and 2 services/functions.

3.3.5 Each Department within the City should undertake an assessment of essential services requirements including materials and personnel.

3.3.6 For an outline of the business continuity process and steps to produce a pandemic business continuity plan for each essential service, see Annex B.

3.3.7 Within the City organizational structure, examples of essential services include:

- Fire Services
- MEOC Staff & Support Staff
- Road/Winter Maintenance
- Fleet Maintenance
- Facility Maintenance
- Finance
- Etc.

3.3.8 Examples outside the City level structure:

- Durham Regional Police
- EMS
- Hospitals
- Health Care facilities
- Individual physicians
- Central Ambulance Communications Centre
- Community Care Access Centres
- Essential staff at local utilities companies

### 3.4 **Communications**

3.4.1 The Medical Officer of Health will be responsible for providing public health information, direction and advice to health care stakeholders, other Regional stakeholders, the general public and the media.

3.4.2 There will be a requirement to coordinate public health communications with information on the provision of Municipal services. To accomplish this, the Emergency Information Centre and Public Inquiry Centre will be established in accordance with the Emergency Information Plan to coordinate the dissemination of information regarding essential services and to perform inquiry functions.

**4.0 PLAN IMPLEMENTATION**

**4.1 Notification**

4.1.1 The Medical Officer of Health will be responsible for determining the pandemic phase for Durham Region including the City of Oshawa and for notifying all internal and external stakeholders and the public. Sources for determining the pandemic phase will come from WHO, Federal, Provincial and local influenza surveillance data.

4.1.2 Once the MOH has determined the pandemic phase for the Region, DEMO will contact the CEMC. The CEMC will consult with the City Manager and will advise the emergency management structure on the response level to be adopted. This will include notification of the response level to all departments. Departments are responsible for notifying all employees in their respective Divisions.

**4.2 Response Actions**

4.2.1 Actions to be undertaken by the Regional emergency response structure at each phase of notification are summarized below (refer to section 3.2 for detailed Phase descriptions).

PERIOD	PHASE	REGIONAL RESPONSE
Interpandemic Period	Phase 1 – no new virus	Routine Monitoring
	Phase 2 – new animal virus	Routine Monitoring
Pandemic Alert Period	Phase 3 – human infections	Enhanced Monitoring
	Phase 4 – limited human to human spread	Enhanced Monitoring
	Phase 5 – larger clusters human to human spread	Enhanced Monitoring
Pandemic Period	Phase 6 – sustained transmission	Partial Activation (Virus not in North America)
		Full Activation (Virus in North America)
Postpandemic Period		Routine Monitoring/Recovery

4.2.2 Note that the response action at each phase indicated in the chart above is a guide and the response may be modified at any time, depending on requirements.

4.2.3 Interpandemic Period, Phase 1 - 2

- Routine Monitoring.
- Health Department implements routine influenza programs and services.
- CEMC and appropriate departmental and municipal emergency coordinators will monitor the situation from their normal workplaces.

4.2.4 Pandemic Alert Period, Phase 3 – 5

- Enhanced Monitoring.
- Health Department will provide enhanced communications on details of the situation in the world.
- Designated staff will monitor the situation from their normal workplace and ensure that information from the Health Department is passed to all staff.
- Depending on the situation, Partial Activation may be implemented at Phase 5.

4.2.5 Pandemic Period, Phase 6 (Virus Outside North America)

- Partial Activation.
- All emergency operations centres to be opened and staffed with sufficient personnel and to operate 24/7, if required.
- All communication links will be tested (Departmental, Municipal, Regional and Provincial).
- All emergency response and emergency management personnel placed on standby.
- All planning arrangements to be reviewed and confirmed.

4.2.6 Pandemic Period, Phase 6 (Virus in North America)

- Full Activation.
- Full activation of all emergency operations centres with full staffing, and capable of operating 24/7, if required. (NOTE: see 4.3 below).
- Emergency Information and Public Inquiry Centres to be fully staffed.
- On the recommendation of the Medical Officer of Health, the Regional Chair will declare an emergency in the Region in accordance with the *Emergency Management and Civil Protection Act*.
- Public health measures as directed by the Health Department will be reviewed/implemented.
- The Mayor may declare an emergency in the City of Oshawa.

4.2.7 Post Pandemic Period

- Return to Routine Monitoring.
- Staffing and hours of operation of emergency operations centres to be reduced to a level commensurate with the requirement.
- Recovery process to return the community back to normal or near normal once the immediate threat has passed.
- Preparations will be made for the arrival of the “second wave” which could occur 3 to 9 months after the initial outbreak.
- Review response actions and lessons learned and revise plans and procedures.

### 4.3 Emergency Operations Centres

- 4.3.1 As noted, the response actions outlined in 4.2 are guidelines for planning purposes and response actions will be confirmed as the pandemic progresses.
- 4.3.2 Given the characteristics of the virus, at some point in the pandemic it may not be advisable to assemble all required personnel in emergency operations centres. Given the slower developing nature of a health emergency, the frequency of the requirement to meet face-to-face can likely be reduced.
- 4.3.3 Oshawa's Municipal Emergency Operations Centre shall have a plan to operate in a decentralized manner. Features will include:
- the ability of the Control Group to conduct meetings via teleconference.
  - staff in the emergency operations centre to answer and reroute telephone calls.
  - minimal administrative staff at the MEOC to process faxes, record and issue minutes, etc.
  - emergency operations centre layout to be rearranged if possible to facilitate distancing beyond "close contact" (1 metre).
  - strict cleaning procedures for phones, computer, fax machines and workspaces.
- 4.3.4 The Public Inquiry Centre will also have plans to operate in a decentralized manner.
- 4.3.5 At Full Activation response, the Municipal Emergency Operations Centre will establish a daily "Operational Cycle" for meetings, briefings, situation reports and media releases in conjunction with the Regional Emergency Operations Centre and Health Department.

### 4.4 Declaration of a Municipal Emergency

- 4.4.1 As the virus spreads and essential services are threatened (Pandemic Period, Phase 6), the Mayor will consider the declaration of an emergency for the City of Oshawa. The timing is flexible and will depend on the effects to essential services provided by the City and to the health care system. Advice on the timing of the declaration of a Municipal Emergency will be provided by the Medical Officer of Health via the Regional Chair.

### 4.5 Surveillance and Monitoring

- 4.5.1 A Regional influenza surveillance and monitoring system will be implemented by the Regional Health Department:
- to detect the entry and escalation of a pandemic influenza virus into the Durham Region community.
  - to continue to track the spread of the influenza virus through the community, after initial detection.
  - to confirm resolution of activity and monitor for reoccurrence of activity in Durham Region.
- 4.5.2 The Health Department will focus on the clinical surveillance of influenza-like illness in order to detect the arrival of influenza promptly and to provide timely information on influenza activity locally. The surveillance system will include the following:
- Sentinel Physician Reporting
  - School and Daycare Reporting
  - Hospital and Urgent Care Facility Reporting
  - Emergency Room visits
  - Respiratory illness admissions

- All cause mortality in hospitals
- Long Term Care Facility Reporting
- Community Case Reports.

4.5.3 The surveillance program will be flexible and scalable so that routine surveillance can be expanded quickly with the arrival of a pandemic virus in the Region.

#### 4.6 Antivirals and Vaccines

4.6.1 Antivirals: There are currently two classes of antiviral medications for the treatment of influenza A and B. Studies have shown these drugs to be 70-90% effective in preventing illness. Similar levels of efficacy can likely be achieved with new (pandemic) strains.

4.6.2 Recommended dosage for antiviral drugs to prevent influenza would require approximately 30 doses per month for each medication for the healthy population for as long as the exposure continues. For the treatment of ill people, doses would be approximately twice daily for five days, totalling 10 doses per ill person.

4.6.3 Both the Federal and Provincial Governments are securing a stockpile of antiviral agents which may be available for defined groups. Because of the large volume of medication that would be required for prevention and the anticipated short supply, antiviral drugs may not play a significant role in reducing the mass effects of a pandemic. At the direction of provincial and federal authorities, the Health Department will be responsible for implementing the distribution of available antiviral medications.

4.6.4 Vaccines: Inactivated influenza vaccine has long been considered the cornerstone of influenza control. It is assumed that vaccination will also serve as the central preventative strategy during the next pandemic. The Health Department will be responsible for making arrangements for the acquisition, transport, storage, security and delivery of vaccines. The Durham Regional Police Service and other Regional departments will provide assistance as required.

4.6.5 Supply: Because of the anticipated short supply, antiviral drugs will likely be reserved for designated priority groups, both in areas of treatment and prevention. Vaccination will serve as a central preventative strategy and as such a mass immunization program will be implemented. However, it is expected that the new vaccine will not be available for at least 4 - 5 months after the pandemic strain is identified, and thus initially, vaccine will be in short supply and high demand.

4.6.6 Prioritization for Immunization: The influenza strain in a pandemic will be unique. While the goal will be to obtain enough vaccine for the entire population of Durham Region, in the early stages of a pandemic, vaccine may be in short supply. In this situation, the Province will follow the national recommendations for priority groups for influenza immunization, adapting them as required to meet provincial needs.

4.6.7 To help ensure a consistent approach to the use of vaccine, the Province has developed working definitions and criteria to determine priority groups for immunization. The priority groups for vaccine during a pandemic are as follows:

1. Front-line health care workers and key health decision makers.
2. Remaining health care workers.
3. Emergency/essential service providers.

4. Persons at high risk of fatal outcomes (e.g. people in nursing homes, long-term care facilities, people with high risk medical conditions, people over age 65, children between the ages of 6 and 24 months).
5. Healthy adults.
6. Children 24 months to 18 years of age.

These groups may be redefined by the Province depending on the characteristics of the new pandemic virus.

- 4.6.9 Priority Group Enumeration. The Health Department will distribute priority group enumeration tools in order to determine the requirement for vaccine and antivirals. Detailed descriptions for defining each priority group will be provided.
- 4.6.10 Mass Immunization Program. The Health Department will be responsible for the organization and staffing for a mass immunization program for the general public in the Region. Public clinics will be established at designated locations, the number to be based on population requirements, available vaccine and staffing. The most likely location will be recreation facilities in local municipalities. Locations will also be identified for non-public clinics that will be set up to administer to designated priority groups. Regional departments and local municipalities will provide assistance with the set up and operation of clinics as requested by the Health Department. The DRPS will arrange for security. Municipalities will be requested to make available community centres as required.
- 4.6.11 Immunization Teams. The operation of clinics will involve a specific team of people to administer the vaccine and to run the clinic. The optimum number of teams will be pre-determined. As vaccine becomes available, team lists will be drawn up and clinic locations confirmed. The Health Department may require assistance from other Regional departments and local municipalities in staffing or setting up the clinics.

#### 4.7 Public Health Measures

- 4.7.1 In addition to the use of vaccines and antivirals to combat the spread of the pandemic virus, other infection control measures will be implemented. Public health measures are non-medical interventions including infection control that may be used to reduce the spread of the pandemic influenza virus.
- 4.7.2 The Medical Officer of Health is responsible for the implementation of public health measures in Durham Region. Implementation of these measures will be coordinated with the Province.
- 4.7.3 Both individual and community public health measures will be considered for implementation. However, it is difficult to predict the effectiveness of various public health measures until the characteristics of the influenza pandemic strain becomes known.
- 4.7.4 Individual public health measures include:
- case management and contact tracing.
  - self isolation (remain at home with influenza-like illness until symptoms resolve).
  - individual activity restrictions.

4.7.5 Community public health measures include:

- closing schools and daycares.
- banning public events such as sports/cultural gatherings.
- closing public centres such as recreation complexes (cinemas, theatres, bars, restaurants).
- reducing personnel at workplaces to critical process staff.
- closing work places.
- travel restrictions.

4.7.6 Infection control measures that should be implemented at all times include:

- hand hygiene
- sneeze and cough etiquette
- stay at home if ill
- environmental cleaning

4.7.7 See Annex C for details of public health measures.

## 4.8 Communications

4.8.1 Concept: Communications will provide the backbone for a coordinated response to an influenza pandemic. A wide range of groups will need to share accurate, timely and consistent information. The Health Department, Regional and local municipal information/communications programs will be integrated in order to prevent mixed messages or duplication of effort.

4.8.2 For the Interpandemic and Pandemic Alert Periods (Phases 1 – 5) the Health Department will direct the communications effort. At Pandemic Period, Phase 6, the Durham Region Emergency Information Plan will be implemented and the Emergency Information Centre and the Public Information Centre will be opened and staffed appropriately.

4.8.3 The Health Department will be responsible for providing health related information and direction to the health care community and other Regional stakeholders. The Region and City emergency information effort will focus on the status of essential services.

4.8.4 Components: Communications planning and operations for a pandemic will include the following components:

- public information.
- media information and media monitoring.
- public inquiry.
- rumour control.
- staff information.
- other targeted groups such as schools.

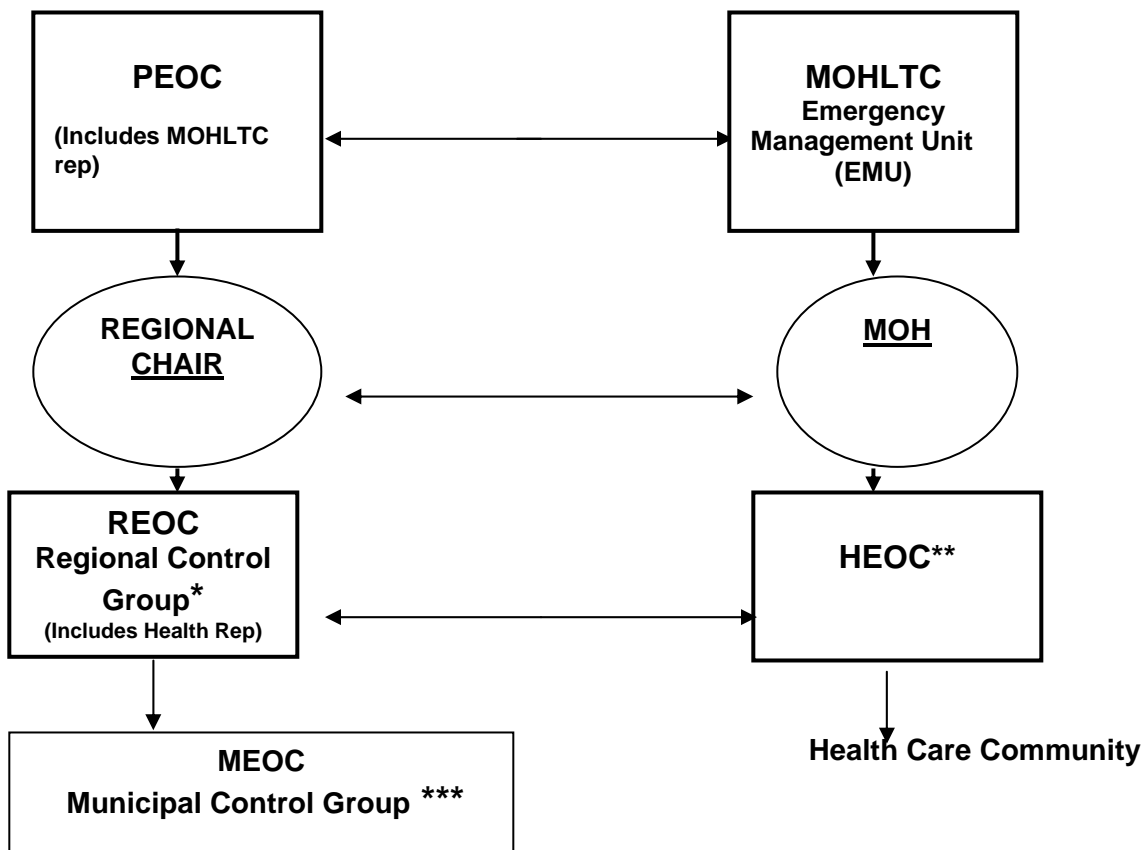
## **4.9 Personnel Administration**

- 4.9.1 **Succession Planning**: All Departments will have a succession plan in the event of absenteeism by key decision makers. Lists will be prepared and shared with other stakeholders at Phase 6.
- 4.9.2 **Staffing for Essential Services**: As the pandemic develops in the City, Priority 1 Municipal Services, as well as other essential services must be maintained. Each Department and essential service organization is responsible for maintaining those identified services using their own resources first. If there is difficulty meeting the staffing or other resource requirements, organizations will work through the Municipal Emergency Operations Centre (MEOC) for assistance.
- 4.9.3 **Attendance Reporting**: At Pandemic Period, Phase 6, all Departments will provide a daily report on staff status and the effect on the delivery of Priority 1 functions to the Director of Human Resources.
- 4.9.4 **Volunteer Management**: As the pandemic spreads, there may be individuals or groups who are able and capable of volunteering to provide assistance where needed. Human Resources will be tasked as the initial point of contact for all volunteers. The Department will record name, address, phone number, as well as any specialty experience. HR will then forward the names of volunteers to any department or agency in need of assistance. (Note: Those who have been ill with the pandemic strain and recover will be immune to further infection from that strain).
- 4.9.5 **Municipal Employee Reassignment**: During a declared emergency, By-Law #77-2008 designates all Municipal employees as emergency workers. They may be called out and assigned responsibilities to assist in the implementation of the Emergency Plan. Human Resources will maintain a list of those employees not working in Priority 1 essential services and who may be available to provide assistance elsewhere in the City. These employees will not be utilized in any high-risk environment.
- 4.9.6 **Employee Special Arrangements**: In order to ensure as high an employee turnout as possible throughout a pandemic, especially for those services deemed essential, special arrangements may be required. Human Resources will monitor employee needs and will establish a number of phone lines as “employee only” information lines. Other provisions may include the setting up of ad hoc daycare centres for children of employees should those facilities be closed in a pandemic
- 4.9.7 **Employee Non-Medical Support**: In conjunction with attendance reporting, each Department will contact those absent and determine any non-medical assistance that may be provided to those who may be ill. Support may include pickup and delivery of food and other household items.

## **5.0 Responsibilities**

The responsibilities of Departments are found at Annex D.

**INFLUENZA PANDEMIC  
EMERGENCY RESPONSE STRUCTURE**



<p><b>* REOC Roles:</b>                  Essential Services                  Business continuity                  Municipal coordination                  Departmental coordination                  Support for the Health response                  Public Inquiry                  Communications</p>	<p><b>** HEOC Roles:</b>                  Lead the health response                  Precautionary &amp; protective measures                  Health response (e.g. surveillance, vaccines)                  Public direction                  Public Inquiry                  Communications</p>
<p><b>***MEOC Roles:</b>                  Essential Services                  Business continuity                  Departmental coordination                  Public Inquiry                  Communications</p>	<p>MOH = Medical Officer of Health                  PEOC = Provincial Emergency Operations Centre                  REOC = Regional Emergency Operations Centre                  HEOC = Health Emergency Operations Centre                  ← → Indicates close coordination required.</p>

## MAINTAINING ESSENTIAL SERVICES – BUSINESS CONTINUITY FOR A PANDEMIC

### General

Business Continuity Management is the process of identifying potential risks that could threaten business operations of an organization and the development of plans to respond to such incidents. Business Continuity Management (also referred to as Continuity of Operations) includes:

- Risk assessment and management
- Disaster recovery
- Personnel management
- Supply chain management
- Facilities management
- Safety management
- Security management

A complete business continuity plan must take into account all potential risks to an organization as well as disaster response.

This guide will focus only on business continuity relating to an influenza pandemic.

### Primary Threat

The primary threat or risk to maintaining essential services during a pandemic is **high absenteeism**. The objective of a business continuity plan for a pandemic is to determine how to maintain essential services/functions given high rates of absenteeism for reasons that may include:

- Sickness
- Staying at home to care for those family members who are ill
- Staying at home to care for children in the event that schools and daycares are closed
- Fear of coming into the work environment

### Outline Business Continuity Plan for a Pandemic

Step 1	Assume Responsibility
Step 2	Assign a Coordinator/Team
Step 3	Identify Essential Services
Step 4	Identify Staff to Maintain Essential Services
Step 5	Develop the Plan
Step 6	Educate/inform Staff

#### Step 1- Assume Responsibility

The City of Oshawa must recognize the requirement to prepare for a pandemic and provide commitment and support to the creation of a business continuity plan.

Department Heads must assume responsibility for the preparation of viable business continuity plans in advance of a pandemic.

**Step 2 – Assign a Coordinator/Team**

- Each Director will act as coordinator for developing a business continuity plan for a pandemic.
- Depending on the size of the department, a team may be designated to assist the Director.

**Step 3 – Identify Essential Services**

- Complete Appendix 1 of respective Continuity Plan (E, F, G, H) found in Appendix O (Restricted Circulation).
- List all services/functions provided by your department.
- Using the definitions provided at Section 3.3 of this plan, categorize each service/function as Priority 1, Priority 2 or Priority 3.
- Priority 1 services are those that relate to health and safety and these are the essential services that must be maintained throughout a pandemic.

**Step 4 – Identify Required Staff to Maintain the Essential Services**

- Complete Appendix 2 of respective Continuity Plan (E, F, G, H) found in Appendix O (Restricted Circulation).
- This will assist in identifying:
  - number of staff currently assigned to perform the service/function.
  - minimum staff assessed to be able to perform the function.
  - any potential staffing shortfall given a 35% reduction because of absenteeism.

**Step 5 – Develop the Plan to Maintain the Essential Services**

- Complete Appendix 3 of respective Continuity Plan (E,F,G,H) found in Appendix O (Restricted Circulation) for each functional activity of an identified essential service. This is an outline that will assist in developing a plan of action to ensure that essential services can be maintained throughout a pandemic.
- Considerations will include identifying:
  - succession planning - who are the key decision makers, who are the alternates.
  - surge requirements that may arise for the service during a pandemic.
  - alternate delivery options.
  - alternate staffing from other non-essential services/volunteers.
  - training requirements to ensure an adequate number of trained personnel are available.
  - critical supplies and suppliers.

**Step 6 – Write the Plan, Train and Educate Staff**

- Once the plan is developed in Step 5, it must be documented.
- Each essential service must have a plan and where applicable, these should be combined to produce an overall departmental/municipal plan.
- Once completed the plan must be communicated to all staff.
- Where required, make a plan to train additional staff in the delivery of the essential service according to the plan.
- Complete and maintain a staff qualification/certification inventory which identifies transferable skills if staff is needed elsewhere in the Corporation.

## PUBLIC HEALTH MEASURES

### **General**

Public health measures are non-medical activities that may be used to reduce the spread of the influenza virus. These include individual public health measures and community public health measures.

The type of public health measures used will depend on the characteristics of the new influenza virus. Measures directed toward community disease control have not been well studied or reported in scientific literature. However, there is broad agreement that when cases infected with a new virus first appear, aggressive measures will be valuable in delaying the impact or possibly containing an evolving pandemic.

### **Infection Control – NOW**

The following are infection control measures that should be instituted and promoted now as common practices by Departments.

Annual Influenza Vaccination - encourage all staff to get the annual flu vaccination. While this will not protect from the new pandemic virus strain, it will prevent other forms of influenza in 70% of the healthy population.

Hand Hygiene – frequent hand washing with soap and water or the use of hand sanitizers is very effective in limiting the spread of infection. Effective hand washing involves wetting hands, applying liquid soap, scrubbing for 15 seconds, rinsing and drying with a paper towel. Effective use of sanitizers involves applying enough sanitizer for hands to stay wet for 15 seconds, spreading sanitizer over all surfaces of hands and rubbing hands together until dry.

Hands should be washed or sanitized;

- After coughing, sneezing or blowing the nose.
- After using the washroom.
- Before preparing food.
- Before eating.
- Before touching the eyes, mouth or nose.
- After shaking hands.

Sneeze/Cough Etiquette – Covering your mouth and nose while sneezing and coughing will help limit the spread of infection. If possible cover your mouth and nose with a tissue or cough/sneeze into your upper sleeve. Dispose of used tissue and wash your hands after coughing or sneezing.

For information on implementing an effective hand washing and sneeze/cough education program, contact the Durham Region Health Department. Information and posters are available on the Health Department webpage on the Durham Region website.

Stay at home if ill – Staying at home when ill will help limit the spread of infection. In all workplaces, schools and childcare centres, it should be a common practice to stay home when ill.

Environmental Cleaning – Because the virus can survive on environmental surfaces (up to 48 hours on hard surfaces) frequent cleaning can reduce the spread of the virus in the home or at workstations. Cleaning should take place using common household disinfectants.

## **Community Based Public Health Measures During a Pandemic**

During an influenza pandemic, infection control measures outlined above should be reinforced at all levels. Additional public health measures for community based disease control will be considered.

The trigger for these measures will depend on the way in which the pandemic unfolds. Decisions on implementing these measures will be made by the Medical Officer of Health. However, directions may also be forthcoming from the Federal and Provincial governments to ensure consistency. Some measures have been assessed as being effective as a community based strategy. However, all community based public health measures will be assessed and these include:

**Self Isolation** – Individuals who are ill will be asked to stay home from public locations. Adults recommended for self isolation should remain home for a minimum of 5 days after onset of symptoms (7 days for young children) or until symptoms have resolved, unless they need to visit a health care provider. During this period people should avoid close contact with unexposed household members. “Close contact” is defined as face to face exposure within 1 metre (3 feet) of another individual. Frequent disinfection of household surfaces should be practiced.

**Quarantine** – At the very early stages of a pandemic, contacts and individuals linked to exposure sites may be promptly identified and if this is the case, these individuals may be quarantined in an effort to slow transmission in the community. This measure would only be applied if there were sporadic infections or clusters in the Region and not if there was efficient virus spread in the general population.

**School/Daycare Closure** – Children are known to be efficient transmitters of influenza. Closing schools and daycare facilities may reduce transmission or delay the spread of the disease, particularly if the pandemic was causing high attack rates in school aged children. This control measure will have an effect on the parents and caregivers and could divert essential workers to child-care responsibilities. School boards or daycare administrators may choose to independently close their facilities based on their own criteria for safe facility operation.

**Restriction of Large Gatherings** – This would involve closing of indoor gathering places for people. Gatherings may include sporting events, theatres, conferences as well as mass public transportation services. Because the effectiveness of this measure is not documented and the difficulty with sustainability of cancelling or restricting indoor gatherings, this measure is not recommended in the Canadian Pandemic Plan as a broad public health measure. However, this measure remains an option for targeted events to reduce transmission.

**Social Distancing** – Once a pandemic has arrived in a community, people should use “social distancing” as a way to reduce the risk of being exposed. The Health Department will provide advice. Some strategies for social distancing include:

- Avoid “close contact” with individuals (i.e. within 1 metre).
- Minimize visitors to homes
- Cancel family gatherings
- Avoid shaking hands, hugging, or kissing people as greetings
- Stock up of groceries and shop less frequently
- Work from home
- Minimize contact at work by teleconferencing
- Utilize means other than public transit

## Annex C

Use of Masks By Well Individuals – This measure is not recommended in the Canadian Pandemic Plan as a community based intervention. It is assessed that it is not likely to be effective in reducing disease spread in the general population. It is recognized that wearing a surgical mask properly at the time of an exposure may provide a barrier, if used with other infection control measures. If masks are used, they should only be used once and must be changed if wet (because they become ineffective when wet). As well, masks must be removed properly to avoid contaminating the wearer. It is not feasible to wear masks for the duration of a pandemic wave and there may be supply problems. Again, advice will be provided by the Health Department.

Hand Sanitizing Stations in Public Settings – Frequent hand washing is an effective infection control measure. However, the Canadian Pandemic Plan does not recommend establishing sanitizing stations in public settings such as public transit stations. It is assessed that this would not be effective in significantly reducing the spread of the disease in the general population. Compliance would not be assured and these stations would require human and financial resources to maintain. Hand washing must be encouraged and existing public washrooms should be appropriately stocked with supplies at all times.

Increased Frequency of Cleaning Surfaces in Public Settings – The frequency of hand contact with various “public” surfaces would require constant cleaning to have any effect on reducing the virus on these surfaces. Realistically this measure cannot be implemented. However, individuals can reduce their risk of exposure to infectious droplets by more frequent cleaning of their own environments and limiting hand contact with “public surfaces” (e.g. elevator buttons, public telephones). These strategies will be included in public education messages.

Screening at Critical Infrastructure Locations – Passive screening of staff by use of a questionnaire at the entrances to critical infrastructure locations (e.g. a water treatment plant) may assist in limiting the spread of infection. If deemed appropriate, the Health Department will provide advice on the implementation of screening including questions to be asked.

Travel Restrictions – Depending on the characteristics of the pandemic, the Federal or Provincial governments or the local Medical Officer of Health may recommend postponement of all non-essential travel to the affected geographic areas in Canada.

## **RESPONSIBILITIES INFLUENZA PANDEMIC PLAN**

The City of Oshawa Emergency Plan provides a framework and an emergency management structure to respond to any natural or human-caused emergency. It establishes policies, strategies and concept of operations for an effective system of emergency management.

The City of Oshawa Emergency Plan assigns responsibilities to Departments, before, during and after an emergency. The Plan can be found under Emergency Planning on the City of Oshawa website and the “J” network drive.

In addition to those listed in the Emergency Master Plan, there are responsibilities that apply specifically to an **influenza pandemic emergency**. These are listed below.

### **Interpandemic Period (Phase 1 -2)**

- Write a pandemic response plan for your department based on this plan and the guides at Annex B. Conduct annual reviews of the plan.
- In the absence of a corporate business continuity plan, identify/confirm departmental Priority 1 functions/essential services (see Section 3.3).
- Determine/confirm the resources required to ensure the continuance of the essential Priority 1 functions including personnel, supplies and outside services. Essential personnel must have sufficient backups identified/trained and plans must be in place for the continuing supply of critical commodities such as fuel and chlorine.
- Maintain up-to-date personnel contact lists and after hours notification procedures.
- Develop and maintain a succession planning list e.g. if the Department Head is not available, who is in charge? If that person is not available, who is next in line? (A succession plan should be in place for any emergency event).
- Complete forms provided by the Health Department to enumerate individuals for priority access to vaccine in accordance with defined Provincial criteria.
- Assist the Health Department in distributing information on the influenza pandemic.
- Promote hand washing and cough etiquette as common hygiene practices at work and in the community.

### **Pandemic Alert Period (Phases 3 – 5)**

- Assist in communicating information from the Health Department on influenza pandemic and on new virus activity in the world.
- Increase promotion of hand washing and cough etiquette as common hygiene practices at work and in the community.
- Update enumeration lists of priority individuals as directed by the Health Department.
- The CEMC is the primary contact for the receipt of influenza pandemic information from the Health Department and is responsible for disseminating that information to City staff.
- Assist in the education campaign by providing information to residents, businesses and other community organizations.
- At Pandemic Phase 5, review/update plans.

### **Pandemic Period (Phase 6) [Virus “OUTSIDE” North America]**

- The MEOC may be set up and staffed to appropriate levels.
- All MEOC staff and alternates to be placed on standby as required.
- All staff to be notified that the Region is at Pandemic Phase 6.
- Review procedures to run emergency operations centres in a decentralized manner (i.e. teleconference).
- Ensure all staff is informed of the influenza pandemic plan and procedures as well as Health Department updates on the pandemic.
- Confirm Municipal support to Health Department requirements such as mass immunization clinics and support to people who may be quarantined.
- Human Resources to confirm daily personnel reporting and recording procedures with Departments.
- Implement any public health measures ordered by the Medical Officer of Health (e.g. reduce non-essential travel/crowds, personal respiratory hygiene, cleaning and disinfecting surfaces, workplace screening, staying home if feeling sick) and assist in educating the public.
- Assist the Health Department in public education on public health measures and infection control.
- Review and reassess the supply chain for critical supplies.

### **Pandemic Period (Phase 6) [Virus “IN” North America]**

- Declaration of a Municipal emergency by the Mayor on the advice of the Medical Officer of Health.
- Implement all components of respective pandemic plans including attendance reporting, support for employees, emergency information and public inquiry centres.
- MEOC to be fully staffed and capable of operating 24/7 if required -operating by teleconference if directed to do so.
- As required or directed, reduce operations to essential services only.
- Implement public health measures as directed by the Health Department.
- Implement daily personnel attendance reporting to Human Resources.
- Conduct daily contact of those personnel who are off sick and provide any assistance where possible (e.g. if self quarantine is in effect, deliver groceries if required).
- Departments to provide MEOC with a daily status report on the provision of essential services.
- MEOC to issue daily situation reports to departments.
- Provide support to mass immunization clinics when vaccine is available.
- Assist the Health Department in public education on public health measures and infection control.

### **Post Pandemic Period**

- Post pandemic period will be declared by the Medical Officer of Health. Depending on the status of the provision of essential services, the Municipal emergency may be terminated.
- Return to routine monitoring. MEOC may close and staffing levels reduced to a level commensurate with the requirement.
- The City will establish a committee to assist the community in returning to normal or near normal once the immediate threat has passed.
- On direction of the Health Department, public health measures will be lifted.

## Annex D

- Commence preparations for the “second wave” of the pandemic which may occur 3 to 9 months after the start of the initial wave.
- Provide critical incident stress counselling for staff.
- Assess the impact of the pandemic on the community and the timelines to return to normal levels of service.
- Review response actions and lessons learned and revise plans and procedures.

### **Specific Tasks In Addition To The Above**

#### Human Resource Services

- Maintain a list of employees not working in designated Priority 1 essential services.
- When required, match employees with skill sets for employees to be reassigned to provide assistance elsewhere in the Municipality.
- When required, establish an "employee only" information phone line to update staff on the current situation.
- Monitor employee needs and implement any special arrangements that will assist in reducing absenteeism, especially for essential services workers.
- Act as the initial point of contact for any individuals or groups who may wish to volunteer their assistance. Record names, addresses, contact numbers and any specialty experience. Forward the names of volunteers to any department in need of assistance. (Note that individuals who recover from illness will be immune to future infection from that pandemic strain).
- Review personnel policies (sick, absent, work refusal, quarantine, holiday, overtime, temporary employees, care of family members, etc) in advance of a pandemic and prepare policies that may be required to be implemented for a pandemic emergency.

#### Finance Services

- Review critical supplies and suppliers with Departments and identify alternate suppliers if required.
- Set up a financial tracking system for expenses directly related to a pandemic and provide direction to other Departments.
- Implement this system at Phase 6.

#### Information Technology Services

- Ensure the technology and personnel are available to meet the increased demands and requirements for remote access to facilitate staff working from home (including full access to files as well as email).

#### Clerk's Services

- Make plans to ensure that essential Committee and Council meetings can be safely conducted during a pandemic. The Health Department will provide advice on how this can be achieved, given the public health measures that may be implemented.