

Emergency Preparedness Planner

A Newsletter for the Health System

Emergency Management Branch, Ministry of Health and Long-Term Care

Spring 2011

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A New Season with the Planner

Welcome to the spring edition of the Planner. With winter finally behind us, we'll be bringing you information on planning for some of the hazards that accompany the change of season. Inside you'll find information on some extreme heat planning initiatives underway at Health Canada, an update on flood planning, and information on the province's recent climate change adaptation strategy.

It's something of a new season here at the Emergency Management Branch (EMB) as well, with a new job for Allison Stuart, our former Director at EMB, and most recently Assistant Deputy Minister for Public Health Division. Allison spent 19 years at the Ministry of Health and Long-Term Care (MOHLTC), and has numerous accomplishments to her name, including the introduction of the publicly funded seasonal flu vaccine program, oversight of the creation of the Ontario Agency for Health Protection and Promotion and, of course, establishing the EMB and the Planner!

Allison is now taking up a new challenge as Assistant Deputy Minister and Chief of Emergency Management Ontario (EMO) at the Ministry of Community Safety and Correctional Services. All of us here at the EMB want to take a moment to acknowledge our deep gratitude for her leadership, determination, creativity and sense of humour - qualities without which you can't survive in emergency management! *(continued on page 2)*



We'll all miss her very much here in health, but we look forward to working with her in her new role.

Another theme that has emerged in this issue is collaboration. Inside you'll find a guest article from a highly collaborative emergency planning committee in Ottawa, and some answers to questions you've asked us about respective roles during nuclear emergencies in Ontario. And that's not all - please read on for a variety of other updates on Emergency Preparedness Week, some exciting exercises, the Ontario Public Health Convention, and other developments. Enjoy!

~ Gerilynne Carroll, Director, Emergency Management Branch

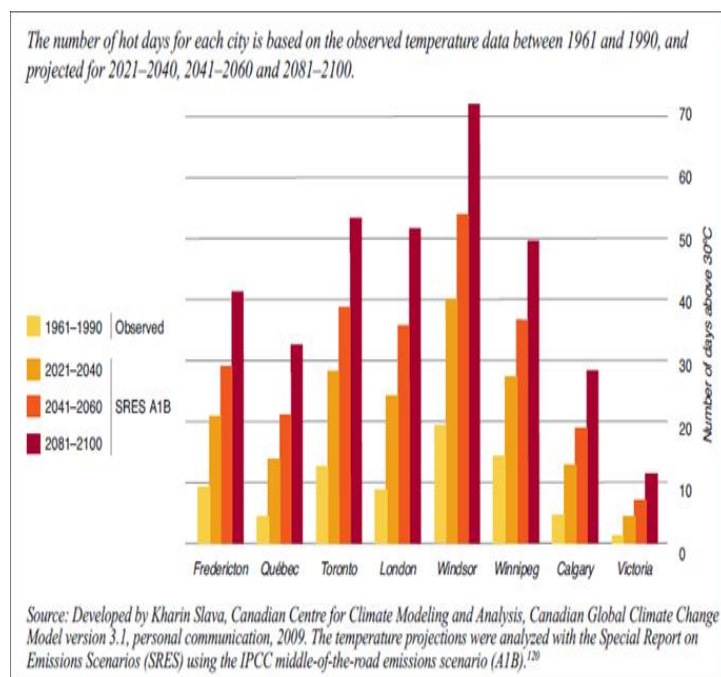
Extreme Heat Events

Q: I heard that this summer might be hotter than last one. Should I be planning for extreme heat events?

A: Extreme heat events are increasingly more frequent and more severe. In fact, in many major cities across the country the annual number of days when temperatures exceed 30°C is predicted to more than double in the coming decades.

Extreme heat events – perhaps better known as ‘heat waves’ - pose a risk to the health of Ontarians. To raise awareness about this emerging hazard, the Planner has teamed up with Health Canada to answer this question and to let you know about some soon-to-be-released planning resources.

Health Canada has developed four guidance documents to help public health and emergency management officials plan for and respond to extreme heat events. These guidance documents focus on supporting decision-makers' understanding these events and actions that can be taken to reduce associated health risks. Anticipated to be available in the near future, *but previewed here exclusively for Planner readers*, these planning resources address the following questions:



Q: How vulnerable are Canadians to extreme heat events in your community?

A: *The Guidelines for Assessing Health Vulnerability and Adaptation to Extreme Heat Events (available Summer 2011)* is intended to help public health officials acquire the information that they need about their community or region to understand and reduce heat-health risks. This publication identifies the key steps to conducting a heat-health vulnerability assessment. Information from assessments about population groups most at risk from extreme heat can guide the development of interventions to reduce adverse health impacts.

Q: How can we communicate effectively to get Canadians to reduce their risks from extreme heat?

A: The report *Communicating the Health Risks of Extreme Heat Events: Toolkit for Public Health and Emergency Management Officials* (now available) informs the development of science-based heat-health communication campaigns and important outreach products for different vulnerable groups. Audience-specific heat-health brochures are also available in the toolkit to provide heat-health messages that are tailored to the needs of heat-vulnerable groups.

Q: How can we prepare communities to reduce the impacts of extreme heat events?

A: The Community Heat Alert and Response Systems reduce risks of heat-related illness and death by institutionalizing and directing the community response to these dangerous events by alerting the public, and by providing individuals with information and other resources that help them take protective actions before and during the event. The report *Heat Alert and Response Systems to Protect Canadians: Best Practices Guidebook* (available Fall 2011) highlights best practices implemented in Canada and other countries and discusses steps that communities can take to mitigate heat-health risks and promote heat resiliency among Canadians.

Q: How can we prevent, recognize and treat extreme heat-related illnesses?

A: Health Canada has developed a series of three information products for health care workers. The *Guidelines for Health Care Workers Regarding Extreme Heat Events* (now available) provides evidence-based technical information for health care workers for recognizing, treating and preventing extreme heat-related illnesses. The guidelines include information on heat-health, health promotion and injury prevention, risk assessment of individuals, identification of heat-related illness signs and symptoms, and clinical recommendations to reduce heat-health risks. A companion User Guide (available Fall 2011) will provide policy guidance for health organizations and institutions. *Fact Sheets for Health Care Workers* provide health care workers with a quick reference for acute care, community care and facilities preparation to enhance the understanding of extreme heat vulnerability, prevention, and mitigation to a broad audience.

- For more information go to [Health Canada's](#) website.

- If you have any additional questions about these resources, please email Health Canada at climatinfo@hc-sc.gc.ca.
- Looking for heat-related resources from the MOHLTC? We have several [fact sheets](#) posted on our website to help Ontarians preparing for extreme temperatures.

Windsor Ontario Exercises Their Extreme Heat Plan

On February 24, 2010, the City of Windsor and Health Canada conducted an exercise to simulate the response to an extreme heat event. This exercise used a table-top design and involved over 40 participants and observers. Exercise participants were primarily from local first responder organizations (Essex-Windsor EMS, Windsor police, Windsor fire & rescue services), as well as the local Red Cross, Hôtel-Dieu Grace Hospital, the Erie St. Clair CCAC, and the Community Development and Health Services Unit from the City of Windsor. Unique to this exercise was the presence of observers from across the border - representatives from the Department of Health & Wellness Promotion from the City of Detroit, the Eastern Michigan Salvation Army and the Centers for Disease Control.

To design the exercise, the local planning team spent three months identifying potential participants, developing a scenario that fit the needs of the Windsor community and working out logistical details. "It was really important to us that we didn't use a 'cookie cutter' approach. This exercise had to make sense to us locally," said first time exercise planner Chris Brown from the City of Windsor.

The objective of this exercise was to examine how the local emergency response system would address the potential impacts of an extreme heat emergency - in this case of a blackout following a prolonged heat wave coinciding with a major downtown festival.

For many of the participating organizations, thinking about responding to an extreme heat hazard was new territory. Many participants reported that that they were more familiar with planning for an infectious disease outbreak or a Chemical, Biological, Radiological or Nuclear (CBRN) event. During the exercise many cross-cutting issues were identified, like the possible impact of curtailed water on a range of issues, from water safety to fire services and the continuity of operations at the hospital and other municipal buildings.

A key component of this exercise was looking at the differences in approach and emergency response protocols between the border communities, with a specific focus on communications and media messaging. When participants were paired with their counterparts from across the border, they worked to identify ways in which their response and communication protocols were different and how this could lead to confusion among the public- especially important in a region where local broadcast media have audiences on both sides of the border.

The exercise helped to further develop Windsor's health alert response plan. The lessons learned from this exercise were submitted for inclusion in Health Canada's *Heat Alert and Response Systems to Protect Canadians: Best Practices Guidebook*.

Ontario: Climate Ready

Recently Ontario released [Climate Ready: Ontario's Adaptation Strategy and Action Plan](#).

Depending on where you live, the average temperature in Ontario has increased by up to 1.4°C since 1948. These may seem like small increases, but in fact can be accompanied by significant changes in patterns of wind and precipitation, with a variety of impacts. In 2007, Ontario appointed an expert panel to advise the government on how to develop an approach to climate change adaptation. One of the panel's top recommendations was the need to develop a provincial adaptation strategy and action plan.

The resulting plan builds upon the panel's recommendation, with 5 goals and 37 actions creating a vision and framework for collaboration across ministries and with external partners. Emergency planners may find Goal 3

of particular interest: *Create and share risk- management tools to support adaptation efforts across the province.*

Over the next four years a variety of tools are planned, including an Ontario-based risk management tool for municipalities being developed by the Ministry of Municipal Affairs and Housing. This tool will provide a digital matrix to help municipalities identify vulnerabilities and assess the magnitude of risks for potential climate impacts such as flooding. A climate change adaptation toolkit will also support municipalities in using the tool.

Another aspect of this goal is continuing work to educate the public about health hazards associated with climate change, such as an increased incidence of Lyme Disease.

For more information, consult the [plan](#).

Flooding Risks in Northern Ontario

Each spring, a number of remote, fly-in First Nation communities along the James Bay face a risk of flooding due to the break-up of ice along the rivers that empty into the bay.

In the event that one of these communities requires an evacuation, multiple sectors and levels of government work closely together to make sure residents are safely removed from their community and placed with a receiving host community. Emergency Management Ontario is the provincial lead for the response and plays an important role in ensuring a well-coordinated response in collaboration with First Nation, federal and local partners.

As with any emergency response, there are a number of health issues to consider when supporting an evacuation. The Ministry of Health and Long-Term Care works with its health system partners to support the medical evacuation of individuals out of their community, as well as to ensure the continuity of health service delivery at all phases of the response. Health system responders include frontline professionals, Emergency Medical Services and Ornge, hospitals and long-term care homes, Community Care Access Centres, Local Health Integration Networks and public health units.

In preparation for this year's spring break-up, the Ministry of Natural Resources (MNR) has been conducting surveillance flights to monitor ice conditions. More information about the MNR's flood programming can be found on the [MNR website](#). Ontario is not expected to face the kind of severe flood season that our colleagues in the prairies are currently experiencing, but the MOHLTC is working with its health system partners to take steps to ensure the health system is prepared in the event that an evacuation is required.

Interested in learning more about what you can do to keep you and your family safe after a flood? Check out the resources posted on the [EMB website](#). These resources will provide you with advice about how to keep food and water safe after a flood and what you should know before you start to clean up. It also provides links to other web resources.

Radiological Emergencies...Who's On First?

The recent crisis at the Fukushima Daiichi nuclear plant in Japan has increased public attention on the safety of nuclear plants in Canada and what guides the response should an incident occur. With 16 of the 18 active power reactors in Canada located in Ontario, the province is acutely aware of this issue. Ontario has three nuclear power plant sites at Pickering, Darlington and Bruce county,, as well as two operational research reactors at Chalk River Laboratories northwest of Ottawa. In addition, the Enrico Fermi nuclear generating station in Michigan lies very close to Ontario and is part of the nuclear planning in the province.

A response to a nuclear or radiological issue involves many plans and players. The federal government plays an important role in a nuclear emergency in a foreign country. Guided by the Federal Nuclear Emergency Plan (FNEP), the federal government liaises with the international community focusing on the protection of Canadians living or travelling abroad near the event site, the control of imports like food into Canada from areas affected by the emergency, the assessment of any impacts in Canada, and on the coordination of assistance to the affected country.

At home, federal responsibilities are focused at the site of an emergency, e.g. overseeing the response of a nuclear facility experiencing an emergency. The FNEP also guides the Government of Canada if a response is required to a major nuclear emergency with interprovincial and/or international implications. The Canadian

Nuclear Safety Committee (CNSC), an independent agency of the Government of Canada, is the national regulator for the nuclear industry in Canada. It has a number of responsibilities, including any actions taken in response to the radiological or nuclear aspects of an emergency to help protect the health, safety and security of Canadians and the environment.

With the federal focus on the on-site response, the provincial government is accountable for off-site effects and response. The Provincial Nuclear Emergency Response Plan (PNERP) clearly lays out the roles and responsibilities in planning for, and responding to, a nuclear emergency in Ontario. It is supported by a number of 'Implementing Plans' with specific measures for specific sites or situations. Emergency Management Ontario is the lead in a provincial response to a radiological/nuclear incident, and is responsible for implementing the PNERP and the Implementing Plans.

Numerous other provincial ministries have other important responsibilities. For example, the Ministry of Labour is responsible for monitoring radioactivity in the environment and around all nuclear installations in Ontario, as well as ensuring that employers meet their occupational health and safety obligations during a nuclear and/or radiological emergency. The Ministry of Transportation is responsible for a Joint Traffic Control Plan in case evacuation is required. The MOHTLC has an important role to play as well. MOHLTC is responsible for leading the health response and maintaining health services, including:

- coordinating health organizations in dealing with potentially exposed and/or contaminated persons;
- providing advice to local authorities regarding the need to implement protective measures to protect public health, like sheltering, evacuation and distribution of potassium iodide; and
- overseeing the required arrangements for follow-up medical monitoring, care and rehabilitation for those with significant irradiation exposure.

The MOHLTC is finalizing the Radiation Health Response Plan that will guide health planning for a radiological/nuclear incident of a deliberate or accidental nature at both the provincial and local levels. The plan will complement the PNERP and will be regularly updated and enhanced based on emerging scientific information and input from stakeholders.

Continuing a History of Interagency Collaboration in Ottawa

~ A guest article from the Hospital Emergency Preparedness Committee of Ottawa

The Hospital Emergency Preparedness Committee of Ottawa (HEPCO) held their 12th annual Disaster Conference in Ottawa on April 5th. 'Disaster' may not be the

most common current terminology, but there's a long history to this event and its name!

Struck in the eighties to prepare for the Papal Visit to Ottawa, the aim of the Committee (and its annual event) was to foster interagency collaboration at a time when hospitals were separate institutions, and agencies were accountable to different governments.

Membership includes the health sector, first responders, the airport authority, the City of Ottawa's Office of Emergency Management and Emergency Social Services and the Emergency Amateur Radio Group. Minutes are shared with the region's Ontario Emergency Health Services representative and their counterpart from Gatineau, Quebec. These long-standing partnerships were invaluable during the H1N1 pandemic, with the HEPCO chair leading the Clinical Care Command Centre (C4), the first implementation of a combined health decision centre in our history.

This year's conference goal was "creating and nurturing resiliency and sustainability to potential vulnerabilities linked to critical infrastructure, climate change and emerging Superbugs through interagency planning and partnerships" – well in keeping with HEPCO's mandate. The program attracted participants from the federal government as well as from outside our region.

One of the conference highlights was the dynamic presentation "Seismic Risk Assessment for Ottawa." Based on work done by the University of Ottawa, the presenter discussed the local risk, how to analyze your facility's risk, and how injuries occur. This was very timely, given recent disclosures that, while our probability ranks 3rd in Canada, our region's risk of impacts is highest due to the lack of mitigation and preparedness.

The program also included many other items of interest, from a presentation on the local Air Quality Health Information pilot project with Environment and Health Canada – which increased our awareness of an important emerging risk - to H1N1 presentations by the C4 lead and Public Health, and an account from Lakeridge Health of the 2007 fire and major evacuation at their Whitby site, a wake-up call for all!

Finally, participants learned about Operation INTERSECT, a multi-jurisdictional and all-hazards initiative within the National Capitol Region, which involves three levels of government and our communities who collaborate on threat assessments and planning initiatives.

HEPCO is already planning for the 2012 conference and will be sure to announce details in the Emergency Planner!

For more information, contact Jill Courtemanche, Emergency Preparedness Specialist Ottawa Public Health, at Jill.Courtemanche@Ottawa.ca

Emergency Preparedness Week 2011

This year marks the 16th anniversary of Emergency Preparedness (EP) Week. It was



held May 1-7. EP Week is a Canada-wide joint Federal/Provincial/Territorial initiative to increase awareness about individual and family preparedness, highlighting how the public can reduce the risks and consequences of an emergency by being better prepared. On Friday April 29, the Emergency Management Branch along with 20 ministries, agencies and non-government

organizations, participated in the kick-off event at Toronto's Yonge & Dundas Square coordinated by Emergency Management Ontario (EMO), Toronto Hydro and the Insurance Bureau of Canada.

The MOHLTC's presence included the Emergency Medical Assistance Team (EMAT). The EMAT is a 56-bed mobile medical field unit deployable within 24 hours to any road-accessible community in Ontario. Funded by the EMB, it is a key component of Ontario's health emergency preparedness program. The EMAT set up one component of its mobile medical field unit and featured some of the equipment used during a deployment.

In past years, the EP Week launch event has been held in the Queen's Park complex and attracted primarily Ontario Public Service (OPS) employees. Moving the event to the more public space at Dundas Square meant a much more public presence, helping to increase awareness in the general public about the importance of emergency preparedness.

We asked Charles Jones - Executive Assistant at the EMB and the EP Week lead for the MOHLTC – about the importance of promoting emergency preparedness. Charles said, “Emergency preparedness is a shared responsibility,” he noted. “It’s up to each and every Ontarian to learn what to do before, during and after an emergency situation. Personal preparedness takes on a special significance for health care employees and first responders. By ensuring their family is as safe as possible, health providers can comfortably come to work and meet their clients' needs during an emergency.”



**photos courtesy of Charles Jones*

EMB strongly supports personal and health system emergency preparedness throughout the province with tools and information on our [public website](#). Here you have access to personal emergency planning brochures on creating a family disaster response plan and assembling an emergency kit.

Below are some tips to help you and your family prepare and take care:

- Be sure your planning involves everyone who lives in your home, and includes a plan for pets!
- Prepare a portable emergency kit so that you and your family are self-sufficient for at least 72 hours. Your kit should include non-perishable food items, water, blankets, a flashlight and other important items such as a first aid kit.
- Know the location of emergency exits and be sure that the smoke detectors in your home are working. A good way to remember to change the batteries in your smoke (and carbon monoxide) detectors is to do so when you change your clocks.
- In case an emergency happens when you are not home, choose a meeting place that everyone in your household knows.
- Designate an alternate person to pick up your children should you be unavailable to pick them up from child care, school or a sporting event.
- Keep an emergency contact list in a common area of your home. Be sure to keep it up-to-date and keep a copy with you at all times.
- Keep personal documents and health information in a safe and accessible place, including information on prescription medications and assistive devices used by you or by family members.

Set a date to make a plan for you and your family; you never know when the next emergency will affect you and your community.

Agency Update

The Ontario Public Health Convention – hosted by the Ontario Agency for Health Protection and Promotion (Agency), the Association of Local Public Health Authorities (alPHA) and the Ontario Public Health Association (OPHA) - had its premier this year, and was judged by all to be a great success!

April 5-8 brought more than 550 public health professionals together from across Ontario and the rest of the country to participate in a choice of more than 50 sessions, ranging from 90-minute panel presentations to 3-hour workshops. The programming, commented one of the attending Medical Officers of Health, was as good as the well-established American Public Health Association Conference.

Some of the highlights of the convention from an emergency management perspective included:

- Two fully-subscribed emergency management-focused sessions, one on the Incident Management System for the health system, the second a three-hour workshop on lessons from the G8 and G20 for public health planning for mass gatherings.
- Lively and interested audiences for presentations on Hazard Identification and Risk Assessment and Continuity of Operations, as well as Long-Term Care evacuation planning.
- Panel presentations that included work being done at the Agency on vulnerable populations in an emergency.

One of the plenary sessions also offered a unique opportunity to hear the lessons learned from a major environmental emergency. Dr. LuAnne White, director of the Tulane Centre for Applied Environmental Health, presented on the integrated health and emergency sector response to the Deepwater Horizon oil spill in the Gulf of Mexico.

Dr. White emphasised the importance of careful assessment during an emergency to make sure that the true impacts of the emergency are understood and addressed. She also emphasised the challenges of communicating complex and evolving technical information to an anxious public.

Given the nature and magnitude of this event, many different types of concerns were identified, from human health to food safety and the health of the environment and there was a need to assess where the specific hazards to health lay. For instance, while the public perception - reinforced by media coverage - was that the presence of the oil was dangerous in itself, Dr. White noted that generally petroleum hydrocarbons have a low degree of toxicity to humans. Toxicological analysis was able to focus on the specific compounds within the oil that were a concern (e.g. benzene), and which required monitoring or response.

More than physical health, the mental health impacts of the event were significant for Louisiana. Residents faced not just concern about the event itself, but economic impacts, disruption of livelihood and local culture, and competing public views and opinions. Demand on mental health services in the coastal area increased noticeably.

With more than 49,000 responders and volunteers involved, occupational safety and issues like the effect of high seasonal temperatures on the response efforts were paramount. Health and occupational safety agencies worked together to make sure that questions about the long-term effects on responders could be addressed – workers were tracked during the response and will now be followed as part of a long-term study.

For more information on the response, from food safety to surveillance to the role of natural oil-degrading bacteria in preserving the Gulf-area ecology, please visit the [TOPHC website](#), where presentations will soon be posted.

The theme for next year's convention – planned to be an even bigger event - is "Getting ahead of the curve." We look forward to seeing what it brings us!

What's New at the EMB?

Passing of the Health Protection and Promotion Amendment Act, 2011

On April 12, 2011 the Ontario legislature unanimously passed the Health Protection and Promotion Amendment Act, 2011. The Act will give the CMOH new authority to direct Boards of Health and Medical Officers of Health to adopt measures during a pandemic or other public health emergency. The CMOH will only take these steps if there is an immediate public health-related risk, or where a coordinated response is necessary to protect the health of Ontarians.

Of course, any public health response needs an appropriate balance between provincial standardization and local flexibility. The ministry is working on establishing a 'rapid response review process' to involve both local Medical Officers of Health and the Ontario Agency for Health Protection and Promotion in providing input to inform CMOH directives.

This is just the latest initiative in Ontario's ongoing efforts to strengthen and improve the coordination of our response to public health emergencies. For more information on the legislation, please go to the [Legislative Assembly of Ontario](#) website.

An International Award for a Member of Ontario's Emergency Medical Assistance Team!

Patrick Auger, a key leader in the Incident Management Team for Ontario's EMAT, recently received international recognition. In his 'day job' as an Ottawa-based Critical Care Paramedic with Ornge, the transport medicine organization that provides aero-medical services in Ontario, Pat was awarded the Tim Hynes Flight Paramedic of the Year Award from the International Association of Flight Paramedics (IAFP) - the first non-American to receive this award.

Pat has been with EMAT since its inception, and has played a number of key roles during EMAT deployments, including Incident Commander during the G8 summit in 2010, Deputy Incident Commander in EMAT's response to the Sudbury hospital fire in 2007, and Medical Team Leader for the health assessment response during the evacuation of Kashechewan in 2005.

Pat is just one example of the extraordinarily skilled and dedicated health professionals who make up the EMAT team, whose complement is currently at an all-time high of 150 volunteers! Stay tuned for more updates on exciting developments with EMAT in future issues of the Planner.

For more about the Tim Hynes Award, visit the [International Association of Flight Paramedics](#). For more information about [Ornge](#), and [EMAT](#), please visit their websites.

Training and Exercises

The Middlesex-London Health Unit Practices IMS

~ A guest article from the Middlesex-London Health Unit

The Middlesex-London Health Unit (MLHU) spent much of 2010 engaged in a wide-ranging and systematic emergency exercise program that tested a variety of systems and procedures. First came a series of monthly small-scale drills and exercises, testing things like our panic/duress alarm system, the public address system, fax notifications to community stakeholders, an awareness campaign for the colour code system, distribution of the revised Emergency Response Plan, and the set-up of our incident command room. Then MLHU participated in County and City emergency exercises. Then, in November 2010, we held our own tabletop emergency exercise, designed to test our use of the Incident Management System (IMS).

Members of the non-union management staff, the directors and administrative assistants came together to work through six scenarios offering different possible public health emergencies, anything from extreme weather to a chemical spill to a monkeypox outbreak. The scenarios were specifically designed to get staff problem-solving using IMS. As preparation for the exercise, participants were asked to complete Emergency Management Ontario (EMO)'s IMS 100 online course, which reviews the core roles/components of an IMS structure: Command, Communication, Safety, Liaison, Planning, Operations, Logistics and Finance.

Each of six breakout teams had a different scenario, and two advisors/auditors participated to coach the team on the specific roles within IMS. The advisor/auditor role was played by our community partners in emergency planning, including representatives from municipal and first responder organizations, hospitals, the college/university sector, and non-governmental organizations.

The evaluation from this exercise delivered a number of recommendations that will influence our planning for our next exercise, scheduled for June 2, 2011, including:

- (1) The need for training to go "3 deep", identifying and training two additional people to fulfill the each role.

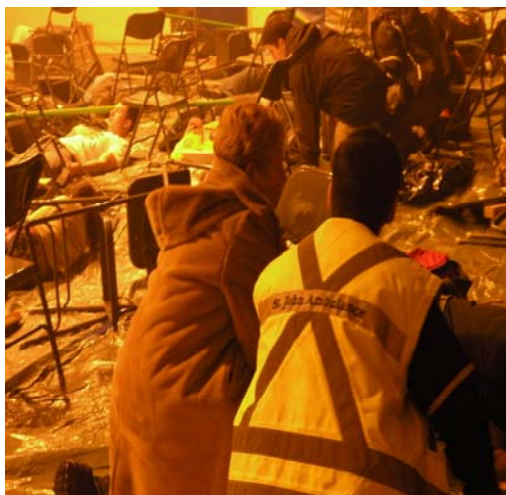


- (2) Members of the IMS team and their alternates must become familiar with and use the Job Action Sheets for exercises and real situations.
- (3) The need to put in place and maintain appropriate training for the various roles, from the scribe training - which we are now recommending for all administrative assistants - to IMS 100 for our non non-union management team, and the EMO Basic Emergency Management course for all directors and their designated alternates.

Integrating the concept of IMS into Public Health seemed novel at one time, and we were concerned that importing a 'command and control' system into the public health vision of 'negotiation and consensus' would create a culture clash. However, with IMS officially adopted as an approach by EMO, incorporated in the 2008 Public Health Emergency Preparedness Standards, and adopted as accepted practice within the Ontario Hospital Association (OHA), we are coming to see it much more as the norm. And our own exercise certainly demonstrated for us the value of using a system that supports clarity, consistency and clear role delineation.

St. John Ambulance Gets “All Shook Up”

In February, the Barrie Simcoe Muskoka Branch of St. John Ambulance held Exercise All Shook Up, the latest mass casualty exercise in what has become an annual series. The scenario centred on an earthquake striking Base Borden in Angus while a drug awareness presentation was being held for students and parents in the main gym. Many casualties were trapped by falling debris and, with widespread damage in surrounding communities, local emergency services contacted St. John Ambulance for assistance.



Over the course of about an hour and a half, approximately 90 injured patients were triaged and cared for by St. John Ambulance Medical First Responders until local ambulances were cleared from other 911 calls.

“We learned a couple of important lessons out of this event, both for exercise planning as well as our actual response,” commented Tait Mitchell, a member of the board for the

Barrie Simcoe Muskoka Branch and one of the core organizers of the event. “One, the time needed to organize large numbers of mock casualties requires a dedicated person. Our exercise design team was all volunteers, with basically five core people.



Between our organization, simulators, casualties and other individuals who assisted, the event took over 800 volunteer hours. With over 90 people to organize as casualties, that was a significant part of the workload.”

Their second lesson was around incident command. “Our evaluators agreed that triage and treatment was well done,” said Tait, “and our responders were swift and professional. But our challenge lies with incident command. A big part of the focus for us has to be how to work with allied agencies that already have incident command established - and no matter how much training we do, once we respond to the real deal, there are always surprises.”

And this branch certainly does its fair share of training! Their next mass casualty exercise will be held on October 2, 2011, and will be an outdoor event. All St. John units are invited to attend. If you have questions or are interested in attending, please contact Tait Mitchell at tmitchell@on.sja.ca

Not on the Emergency Planner Distribution List?

If you would like to be added to the Emergency Preparedness Planner’s distribution list or would like to update your current registration, please contact Emergencymanagement.moh@ontario.ca or call 416-212-0822.