Ontario 🏛

Ministry of Health's
Emergency Response Plan (MERP)

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1. Introduction

Under the [Emergency Management Civil Protection Act (EMCPA), R.S.O 1990 c E-9](#), each minister of the Crown presiding over a ministry of the Government of Ontario is responsible for formulating an emergency plan for the ministry or branch of government, as the case may be, in respect of the type of emergency assigned to it by the Lieutenant Governor in Council, governing the provision of necessary services during an emergency and the procedures under and the manner in which public servants and other persons will respond to the emergency. [Order-In-Council (OIC) 1739/2022](#), provides that all ministries are responsible for formulating an emergency plan in respect of "any emergency that affects the continuity of operations and services in the Ministry". It further provides that the Ministry of Health (hereafter "Ministry") is assigned the following emergencies:

- Human health, disease, and epidemics; and
- Health services during an emergency

The Ministry Emergency Response Plan (MERP) provides the overall framework for how the Ministry responds during any emergency to meet its legislated responsibilities.

For the purpose of the MERP, the term 'emergency' refers to any situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise (EMCPA). This includes declared emergencies under the EMCPA as well as undeclared emergencies. The MERP can be used to guide the Ministry's response regardless of whether it is an emergency that aligns with its OIC responsibilities or not.

While the MERP was developed for Ministry staff and provincial agencies, it can be a resource for emergency planners and health system partners to guide their planning by identifying Ministry [resources and supports](#) that may be available to them during an emergency.

1.1   Local Office/Continuity of Operations (COOP) Plans

In the event a local Ministry office is impacted by an emergency, enterprise-wide and/or local office/building programs such as occupational health and safety, building fire and evacuation protocols etc. offer procedures for staff to ensure immediate safety. This responsibility is not addressed within the MERP.

In the event an emergency disrupts one or more of a Ministry's time-critical services, either at the local Ministry office or on a wider systems level, each Ministry's branch or divisional-level Continuity of Operations (COOP) plan outlines the planning to restore the critical services within pre-determined recovery time objectives. Examples of time-critical services in the Ministry include: issues management by Communications Branch and/or medical advice to government by the Chief Medical Officer of Health (CMOH).

The development and maintenance of a COOP plan is the responsibility of the respective ministry branch or divisional-level COOP Lead. COOP Leads are assisted in the process by the Health System Emergency Management Branch (HSEMB), which develops standardized COOP templates, training, and exercises to complete. Additional information on the COOP program is addressed in the Ministry's COOP plan which is developed as a standalone plan. This responsibility is not addressed within the MERP.

1.1.1 Local Health Partner Emergency Response Plans

In the event of a local community emergency, response activities are managed by local/regional health system partners utilizing their capabilities according to their plans and procedures. Where a community has determined that its capabilities/capacity are insufficient to address the needs of a community emergency, or when the impacts of a community emergency begin to expand e.g., multiple jurisdictions impacted, the Ministry can provide emergency response coordination and support. The Ministry works closely with Ontario Health (OH) which provides health system coordination during an emergency and reaches out to the Ministry for support, as required. The emergency response activities carried out by local jurisdictions and local responders are not addressed in the MERP, though the MERP may be utilized as a tool to understand how the Ministry may support a community response or health system coordination. The [Emergency Management Guideline](#) and the [Public Health Emergency Preparedness Framework and Indicators](#) are tools that can be used for the development, implementation, and evaluation of local/regional public health and health emergency partners' emergency management program and response plans.

1.2 Legislation, Guidelines and Standards

The development of the MERP is guided by several pieces of health and emergency management-related legislation, guidelines, and standards including:

- ***[Emergency Management Civil Protection Act (EMCPA)](#)***: establishes the province's legal basis and framework for managing an emergency, including defining the authorities and responsibilities of provincial ministries, municipalities, and specific individual appointments.
  - **[Ontario Regulation (O.Reg.) 380-04](#)** - sets out the minimum standards for emergency management programs required by municipalities and provincial ministries.
- **[Emergency Management Guidelines-](#)** intended to assist boards of health in developing, implementing, and evaluating emergency management programs according to the requirements of the OPHS.
- ***[Health Protection and Promotion Act](#) (HPPA)*** - provides for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.
- **Joint Emergency Management Steering Committee (JEMS) Standards** – the

JEMS Committee is responsible for the creation and maintenance of the JEMS Service Level Evacuation Standards. These standards define the criteria and expectations of organizations supporting First Nations communities displaced by an evacuation. The committee also helps guide the coordination of evacuations to ensure that evacuations are governed accordingly.

- *[Occupational Health and Safety Act (OHSA)](#)* - provides the legal framework for protecting workers from health and safety hazards on the job by: setting out duties for all workplace parties and rights for workers to help establish a strong internal responsibility system (IRS) in the workplace.
- *[Ontario Agency for Health Protection and Promotion Act (OAHPP)](#)* - establishes Public Health Ontario and provides for the organization and delivery of public health programs and services, the prevention of the spread of disease and the protection and promotion of the health of Ontarians. It is also intended to contribute to efforts to reduce health inequities through the establishment of an agency to provide scientific and technical advice and support to those working across sectors and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.
- [Ontario Public Health Standards (OPHS)](#) - identifies the minimum expectations for public health programs and services to be delivered by Ontario's boards of health.
- [Order-in-Council (OIC) 1739-2022](#) - identifies the various types of emergencies assigned to ministries to formulate an emergency plan for.
- *[Personal Health Information Protection Act (PHIPA)](#)* – sets out rules for the collection, use, and disclosure of personal health information.
- *[Public Hospitals Act](#)* – sets out the framework for the operation of public hospitals in Ontario.
- *[Connecting Care Act, 2019](#)* – Ontario Health is established under this legislation which is intended to improve Ontario's health care services by integrating service providers and coordinating the delivery and accessibility of health care services.
- *[The Public Health Agency of Canada Act](#)* - establishes the Public Health Agency of Canada for the purpose of assisting the federal Minister of Health in exercising or performing the Minister's powers, duties and functions in relation to public health.

1.3   Guiding Principles for Emergency Response

In addition to responding based on provincial legislative requirements and responsibilities, the Ministry's decision-making during an emergency is based on the following guiding principles:

1.3.1 Evidence

The Ministry uses scientific and technical evidence to inform decision-making, partnering closely with Public Health Ontario (PHO) and other multi-disciplinary technical specialists such as social scientists and behavioral scientists to obtain, understand, and communicate the evidence.

1.3.2 Precautionary Principle

In the final SARS Commission Report, Spring of Fear, dated January 9, 2007, Justice Archie Campbell recommends that the precautionary principle, "which states that action to reduce risk need not await scientific certainty" should be expressly adopted as a guiding principle throughout Ontario's health, public health, and worker safety systems. Although scientific evidence about an event or incident may be emerging, the CMOH and the Ministry should not await scientific certainty before taking action to protect health, especially during the early stages of an emergency when scientific evidence may be limited.[1] For example, the CMOH must consider the precautionary principle where the CMOH is considering issuing a directive under the HPPA to health care providers or health care entities related to worker health and safety if the CMOH is of the opinion that there exists, or may exist, an immediate risk to the health of persons anywhere in Ontario.

For more information on the precautionary principle, see the Guidance Note for Workplace Parties developed by the Ontario Health Care Health and Safety Committee under section 21 of the OHSA.

1.3.3 Ontario Public Service Values

The Ontario Public Service (OPS) has a set of values to guide the decisions and behaviours of public servants including integrity, inclusion and excellence. These values should be demonstrated by all public servants in their work, including during an emergency.

The Ministry may collaborate with technical specialists to develop incident-specific ethical guidelines for the field during a response.

1.3.4 Health Equity

Health equity is achieved when all people can reach their full health potential without being limited by economic, social, or environmental conditions. During an emergency, existing health

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[1] As outlined in clause 77.7(2)(b) of the HPPA, the CMOH must consider the precautionary principle when issuing a directive to a health care provider or health care entity related to health worker health and safety in the use of any protective clothing, equipment, or device.

inequities are often amplified which can increase negative outcomes and disproportionally affect certain populations. Working with underserved populations in a collaborative and sustainable manner prior to, and during, an emergency event is critical to the success of any emergency response.

The Ministry considers the needs of underserved populations[2] and populations at higher risk of being impacted by an event when developing response and recovery measures.

1.3.5 Emergency Communication Principles

The Ministry uses the following principles to develop communication processes and products in the event of an emergency:

- Timeliness – The Ministry is a leading voice in emergency response, providing rapid access to needed information.
- Transparency – The Ministry communicates clearly about what is known (and with what degree of confidence and certainty), what is not yet known, and what is being done to learn more about the situation.
- Accessibility – The Ministry uses plain language; complies with both the *French Language Services Act* and the *Accessibility for Ontarians with Disabilities Act 2005*; uses multiple modes of communication; and engages in two-way communication with health workers, health sector employers, health liaison organizations, public health units (PHUs) and Ontario Health (OH).
- Credibility – The Ministry bases its communications on the best available scientific evidence, including best practices. Messages are delivered by trusted spokespeople.

1.3.6 Ethics and Values

During emergencies, decision-making is based on societal values and balances ethical considerations i.e., when a health risk - like a pandemic - affects a population, a higher value is placed on collective interests. Good decision-making processes are also essential for ethical decision-making. They involve the following (based on the Canadian Pandemic Influenza Preparedness guidance) :

- **Openness and transparency -** the process is open for scrutiny, and information about the basis for decisions and when and by whom they were made is publicly accessible;

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[2] Underservice means there is an increased likelihood that individuals who belong to a certain population (and people can belong to more than one) may experience difficulties in obtaining eeded care, receive less care or a lower standard of care, experience different treatment by health care providers, receive treatment that does not adequately meet their needs, or that they will be less satisfied with health care services than the general population

- **Accountability** - being answerable for decisions;
- **Inclusiveness** - stakeholders are consulted, views are taken into account, and any disproportionate impact on particular groups is considered; and
- **Reasonableness** - decisions should not be arbitrary but rather be rational, proportional to the threat, evidence-informed and practical.

1.4   Updating and Exercising the Ministry Emergency Response Plan

As required under the EMCPA, the Ministry reviews the MERP annually. Lessons learned from exercises and emergency responses each year inform updates and amendments to the MERP.

The updates to the 2023 MERP seek to address initial lessons learned from the response to the COVID-19 pandemic. For the Ministry, this includes: improving and maintaining virtual Ministry Emergency Operations Centre (MEOC) functionality, providing surge capacity with training for staff that may be deployed to support the MEOC during a response, and ensuring that the Ministry and partners involved in a response include mental health and wellness strategies in their planning.

Ongoing analysis of lessons learned from the COVID-19 response, and other recent responses, as well as the incorporation of best practices will be ongoing for several years, both provincially and nationally.

The most current version of the MERP is posted for public access on the [Ministry's HSEMB website](#) and shared with [Emergency Management Ontario (EMO)](#).

2.   Emergency Management Roles and Responsibilities

2.1   Public Safety Canada

[Public Safety Canada](#) ensures coordination across all federal departments and agencies responsible for national security and the safety of Canadians. Its mission to build a safe and resilient Canada is supported by five agencies and three review bodies united in a single portfolio, reporting to two Ministers (Minister of Public Safety and Minster of Emergency Preparedness).

Federal emergency response is coordinated through the Government Operations Centre. This facility supports preparedness for, and leads the coordination of, the integrated federal response to all-hazard events of national interest.

The Government of Canada also has jurisdiction over a number of emergency-related matters, including but not limited to: air and sea travel, border security, foreign affairs, foreign animal disease control, nuclear safety, and the [Canadian Armed Forces](#).

2.2   Public Health Agency of Canada (PHAC)

Public Health Agency of Canada (PHAC) is part of Canada's federal health portfolio which also includes: Health Canada, the Canadian Institutes of Health Research, the Patented Medicine Prices Review Board and the Canadian Food Inspection Agency. Emergency preparedness and response is one of the functions/services overseen by PHAC, which gives them primary responsibility for health emergency management at the federal level.

PHAC develops national plans and frameworks in conjunction with provinces and territories on public health security and pandemic preparedness, which influences planning at the Ministry. This includes planning for an influenza pandemic and other infectious disease outbreaks. PHAC also plays a lead role in influenza pandemic vaccine procurement, allocation, and distribution to provinces and territories.

PHAC manages a number of resources that may be required to support the province's response to emergencies. These include:

- National Microbiology Laboratory
- National Emergency Strategic Stockpile

During a health emergency, PHAC also acts as the primary liaison with international organizations, such as the Centers for Disease Control and Prevention in the United States and the World Health Organization, and ensures compliance with the International Health Regulations.

PHAC's programs and resources also pertain to natural disasters and to chemical, biological, radiological, nuclear and explosive (CBRNE) emergencies. However, the federal lead for the response to radiological/nuclear emergencies is the responsibility of Health Canada.

2.2.1   Health Canada

Health Canada is part of Canada's federal health portfolio. It is the federal department responsible for helping Canadians maintain and improve their health. The Ministry collaborates with Health Canada in two key areas of emergency preparedness and response:

- Health Canada is the lead federal department responsible for coordinating the response to a nuclear or radiological emergency under the Federal Nuclear Emergency Plan.
- Health Canada's First Nations and Inuit Health program oversees the delivery of health services in First Nations communities.

2.2.2. Indigenous Services Canada (ISC)

[Indigenous Services Canada (IS)](#) is one of two departments in the Government of Canada with responsibility for policies relating to Indigenous peoples in Canada. ISC works collaboratively with partners to improve access to high quality services for First Nations, Innuits, and Métis. During an emergency response involving First Nations communities, the Ministry works collaboratively with federal partners, including ISC, to ensure the delivery of health services.

2.3   Ministry of Health

Per the EMCPA, the [Ministry](#) is required to develop and implement an emergency management program which includes developing emergency plan(s), training programs and exercises, and public education on risks to public safety and preparedness for emergencies. The Ministry must also identify and regularly monitor risks and assess hazards to public safety that could give rise to emergencies, and identify the necessary goods, services and resources that would be required to respond to various hazards and risks that could give rise to an emergency. Key roles in the development of the program are listed below. For key roles in a ministry (COOP and OIC) response, see [Section 4.](#)

2.3.1   Health System Emergency Management Branch (HSEMB)

The [HSEMB](#) is the branch where the Ministry's emergency management program resides. HSEMB develops the ministry's emergency management program, as well as coordinates the ministry and health sector response as it relates to disruptions and/or emergency events.

2.3.2   Ministry Emergency Management Program Coordinator (MEMC)

Per O.Reg. 380/04 under the EMCPA, every Minister shall designate an employee of the ministry as the Ministry's Emergency Management Program Coordinator (MEMC) and another employee as an Alternate to coordinate the development and implementation of the ministry's emergency management program, among other things. The Minister has designated the Director, Health System Emergency Management Branch as the MEMC, and the Managers of Planning and Readiness, and Response and Recovery as the Alternate MEMCs.

2.3.3   Emergency Management Program Committee

Per O.Reg. 380/04 under the EMCPA, the development and implementation of the Ministry's emergency management program work is done by the Emergency Management Program Committee (EMPC). The EMPC also advises the Minister on the development and implementation of the Ministry's emergency management program and is responsible for conducting an annual review of the Ministry's emergency management program to make recommendations to the Minister for its revision, as necessary. The Ministry has appointed the Chief Medical Officer of Health as the Chair of EMPC.

2.4   Public Health Ontario (PHO)

Public Health Ontario (PHO) is a crown agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. PHO assists health care providers and other health workers, the public health system, the Ministry (including the CMOH), and partner ministries to make informed decisions and take informed action by providing scientific and technical advice and support related to: laboratory testing; communicable diseases and outbreak management; infection prevention and control; surveillance and epidemiology; health promotion; chronic disease and injury prevention; environmental and occupational health; and health emergency preparedness and response.

On written direction of the CMOH in an emergency or outbreak situation, PHO staff may be redeployed to provide operational support. PHO also operates the province's public health laboratories and surveillance systems. PHO laboratories can assist in preparing and responding to emergencies by testing for agents of bioterrorism and other emerging infectious diseases, and supporting and contributing resources to incident management.

By providing early and ongoing surveillance and epidemiological data and analysis, as well as knowledge synthesis and public health interpretation of data, PHO supports partners in mitigating any related threats. An integrated response between the Ministry and PHO is key to a successful response. This integration is achieved in the MEOC, where PHO staff participate in a response under the Incident Management System (IMS) as scientific, technical and implementation specialists (see Section 4.5). This relationship is further strengthened in a Memorandum of Understanding between the Ministry and the Chair of PHO, which outlines their respective obligations and responsibilities.

2.5   Ontario Health (OH)

Ontario Health (OH) is a crown agency dedicated to overseeing Ontario's health care delivery and support health care providers to ensure better quality care for all Ontarians. OH's 6 regions are responsible for ensuring that the health services funded under their structure can continue to deliver health services during an emergency. OH engages OH-funded health organizations – also known as Transfer Payment Agencies (TPAs) – to coordinate emergency response activities and tasks. These organizations include public and private hospitals, community care access centres, community support service organizations, mental health and addiction agencies, and community health centres.

Depending on the scope of the emergency and health support needs, coordination across OH may be required. OH coordination tables can be used to support this process with status reports to the MEOC. Cross-OH regional action plans to prioritize response activities are developed with established mechanisms to coordinate actions across OH regions.

2.6   Treasury Board Secretariat

Treasury Board Secretariat (TBS) is a provincial ministry that supports the implementation of the government's fiscal plan by providing support and due diligence for decision-making related to capital, including expenditure related to the provincial emergency management program. TBS also provides oversight over labour relations between the government, the OPS, and broader public sector, and oversees corporate policy and agency governance to support accountability. Within TBS, the Supply Chain Transformation Office (SCTO) provides enterprise policy leadership to centralize public sector procurement, including providing oversight and ensures compliance of the new Supply Ontario agency in its delivery and support of supply chain management services. SCTO monitors and ensures that agency activities and governance align with government priorities and objectives. The provincial emergency management program is also within TBS.

2.6.1   Emergency Management Ontario (EMO)

Emergency Management Ontario (EMO) is a division within TBS that leads the province's emergency planning and preparedness function and reports to both a Deputy Minister and Commissioner of Emergency Management. EMO maintains the Provincial Emergency Response Plan (PERP), which establishes the emergency response framework for the Government of Ontario. The basic response structure established for an emergency that requires the coordination of multiple provincial organizations is depicted in Figure 1.

The Provincial Emergency Operations Centre (PEOC) is the central location from which EMO coordinates the Ontario government's response. While ministries and other provincial organizations involved in a response may activate their own emergency operations centres, coordinate their own response efforts based on their plans, and communicate directly with other organizations to carry out their response activities, the PEOC coordinates overall response efforts between multiple provincial ministries, provincial organizations, municipalities, the Government of Canada, neighboring jurisdictions, private industries, and non-governmental organizations.

2.6.2 Supply Ontario

Supply Ontario operates and manages Ontario's personal protective equipment (PPE) and other critical supplies and equipment (CSE) stockpiles and supply chain. The agency maintains ordering and distribution channels for health care entities to access provincial PPE and CSE stockpiles. Supply Ontario also alerts the ministry to critical supplies and equipment shortages, and facilitates access to the National Emergency Strategic Stockpile (NESS) when provincial PPE and CSE supplies are depleted.
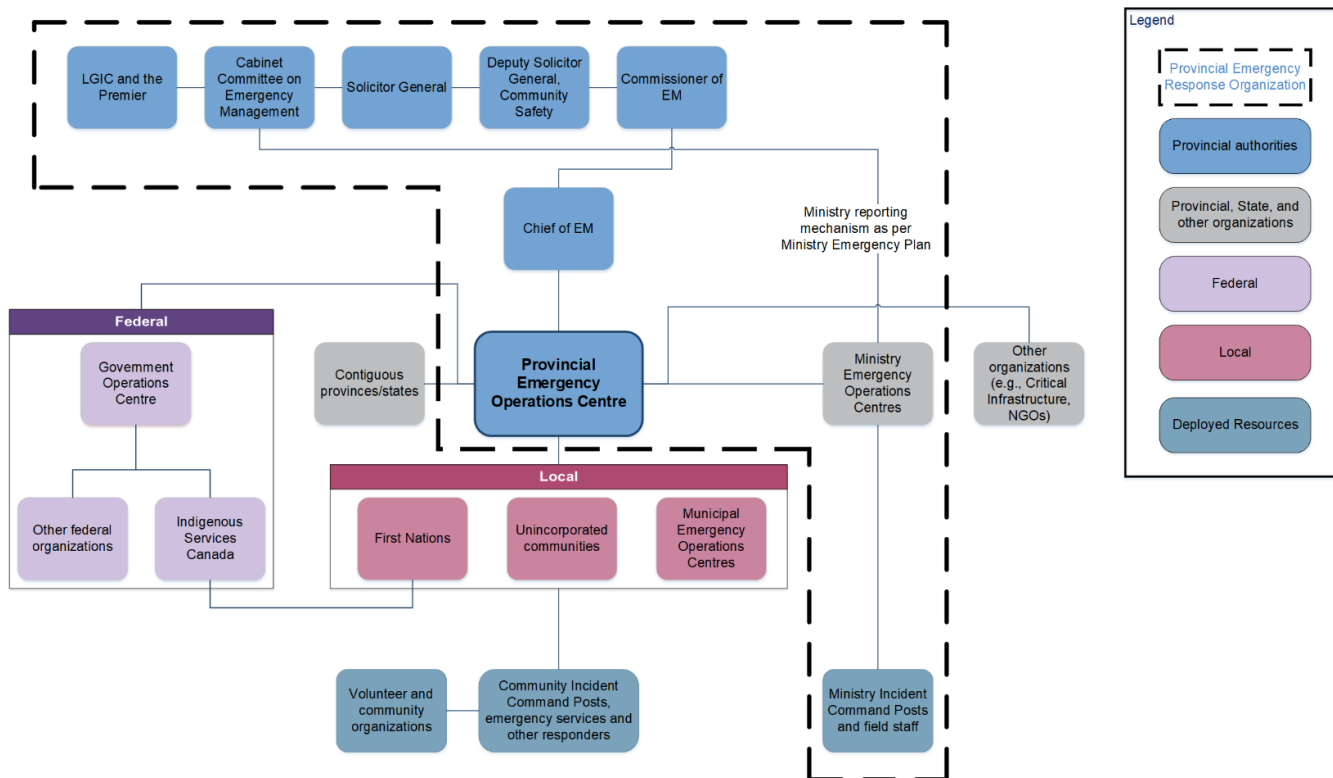
Legend
- Provincial Emergency Response Organization
- Provincial authorities
- Provincial, State, and other organizations
- Federal
- Local
- Deployed Resources

LGIC and the Premier — Cabinet Committee on Emergency Management — Solicitor General — Deputy Solicitor General, Community Safety — Commissioner of EM

Chief of EM

Ministry reporting mechanism as per Ministry Emergency Plan

Federal
- Government Operations Centre
  - Other federal organizations
  - Indigenous Services Canada

Contiguous provinces/states

Provincial Emergency Operations Centre

Ministry Emergency Operations Centres

Other organizations (e.g., Critical Infrastructure, NGOs)

Local
- First Nations
- Unincorporated communities
- Municipal Emergency Operations Centres

Volunteer and community organizations — Community Incident Command Posts, emergency services and other responders

Ministry Incident Command Posts and field staff

Figure 1: Provincial Emergency Response Structure. Accessible description of Figure 1.

2.7   Ministry of Labour, Immigration, Training, Skills and Development

The Ministry of Labour, Immigration, Training, Skills and Development (MLITSD) is a provincial ministry that works with the Ministry of Health during emergency response to support the protection of health workers. In addition to information sharing, MLITSD may provide technical specialists to the MEOC to support the development and approval of guidance and directives for the health system related to occupational health and safety.

2.8   Ministry of Municipal Affairs and Housing

The Ministry of Municipal Affairs and Housing (MMAH) is a provincial ministry that has responsibility per its OIC for the coordination of extraordinary costs associated with an emergency response. MMAH also leads cost-sharing/reimbursement discussions with the federal government for emergencies that are under their jurisdiction. In the initial stages of an emergency, MMAH may dispatch a memorandum to Chief Administrative Officers across the OPS involved in the response to direct ministries to utilize an Emergency Corporate Initiative Code established within the Integrated Financial Information System.

The Ministry's CAO, located within the Corporate Services Division, works with the MEOC to collect and organize cost information on behalf of the health system. Cost tracking and reimbursement may be undertaken to cover extraordinary costs borne by health system partners for Ministry-approved activities/measures as a result of responding to the emergency.

2.9 Other Provincial Ministries

The provincial response to an emergency typically involves several ministries working together through the PEOC. Similar to the Ministry of Health, other ministries, such as the Ministry of Long-Term Care, may be engaged in a response per their respective OIC responsibilities and decide to activate their own emergency operations centres to coordinate their ministry's efforts. For more information regarding the emergency management responsibilities of other ministries, see the [PERP](#).

2.10 Municipalities

As is the case for provincial ministries, O. Reg 380/04 sets out the standards for emergency management programs required by municipalities. This includes having a municipal Emergency Management Program Coordinator, an emergency operations centre to be used by the Municipal Emergency Control Group, a designated Municipal Emergency Information Officer, and municipal emergency response plans.

2.11 Public Health Units (PHUs)

Local public health units (PHUs) are established under the HPPA to deliver health promotion, health protection, and disease prevention public health programs. Each PHU is governed by a board of health, which is accountable for ensuring the provision of public health programs and services required by the HPPA. Part of the responsibility of a board of health includes appointing a full-time Medical Officer of Health who is responsible for the management of public health programs and services. Depending on their catchment area, a PHU's Medical Officer of Health may participate in one or more community emergency operations centres.

Under the HPPA, boards of health must comply with the mandatory health programs and services as established in the OPHS. The Emergency Management Guidelines within the OPHS aims to ensure consistent and effective planning and response to public health emergencies and emergencies with public health impacts across all PHUs.

2.12 Health Liaison Organizations

Many provincial health associations, unions, and regulatory bodies act as liaison organizations between their members and the Ministry during the planning, response, and recovery phases of an emergency. During an emergency, these health liaison organizations serve as a two-way conduit for information, including distributing information to their members and participating in coordination forums led by the MEOC. Examples include the Ontario Hospital Association, Ontario Nurses Association, and the College of Physicians and Surgeons of Ontario.

2.13 Health Organizations/ Health Sector Employers

Health organizations/health sector employers are responsible for delivering a range of health programs, complying with the OHSA, and activating COOP plans and strategies to maintain time-critical services during an emergency. Many health organizations lead or participate in special initiatives to address community needs during emergencies.

3. Ministry of Health Emergency Response Status

The Ministry's emergency response status is escalated/de-escalated as the emergency situation warrants.

3.1 Routine Monitoring and Engagement

During Routine Monitoring and Engagement status, HSEMB monitors the development of situations that may threaten the health system or the health of Ontarians. HSEMB may also develop and implement mitigation and preparedness initiatives in consultation and coordination with partners, including developing plans and implementing exercises and training/awareness programs.

HSEMB may be advised of developing situations or emergencies through a range of sources including:

- Other branches in the Ministry
- Other levels of government (e.g., federal and municipal levels)
- Health system partners
- The media
- Other ministries and EMO

PHO and the Ministry's Office of the Chief Medical Officer of Health (OCMOH) have established protocols for alerting each other of developing incidents and health system threats. These include regular Emerging Public Health Issues Coordination Calls, Joint Incident Assessments (JIAs) and other awareness activities.

During Routine Monitoring and Engagement status, the MEOC may be activated in part to support the Ministry to address an emerging, critical health issue. Examples of activities that may be coordinated through the MEOC in response to an emerging, critical health issue include:

Planning Functions:

- Risk assessment and scenario planning, including consultation with technical specialists.
- Surveillance (e.g. health system capacity, health of Ontarians).
- Situation Reports to share information on the emerging issue and support the Ministry and health system partners actions.

Operations Functions:

- Public communications via the Ministry's Communications Branch
- Health system communications and coordination (e.g. teleconferences, Health Care Provider Hotline, memos)
- Deployment of Ministry resources (e.g. supplies and equipment, the Emergency Medical Assistance Team (see Section 5)
- Coordination with partners (e.g. federal/provincial/territorial ministries, PHO, OH)
- Policy development

3.2   Activation

The decision to move to Activation status can be made by the MEMC, MEOC Command, and/or at the request of Emergency Management (EM) Executive Lead of the response. The following triggers are considered in determining the need to move to Activation tatus:

- Number of affected jurisdictions within Ontario
- Impact on continuity of operations of the health system or the Ministry
- Consideration of whether coordination with other jurisdictions is required (inter-provincial or federal-provincial)
- Morbidity/mortality implications of the threat
- Whether the emergency coincides with the Ministry's OIC responsibilities
- Media interest
- Public attitudes and behaviors

The decision to move to Activation status may be made as part of the Ministry's JIA process, a hazard-specific discussion between the OCMOH and PHO.

During Activation status, the MEOC is activated, and an operational period is established. Typically, multiple areas of the Ministry are involved in responding to the emergency and the Ministry is in regular communication with health system partners regarding the response.

3.3   Recovery

Triggers for Recovery status are established at the outset of the emergency by the Planning section (see section 4.4.3). Doing so enables a clear understanding of when the formal response phase ends. The formal transition to Recovery status indicates that the emergency has ended, has de-escalated, and/or response activities have been absorbed into standard operations. During this time, the Ministry and affected areas of the health system operate at a reduced level to oversee the health system's and the Ministry's return to standard business. Work is transferred to regular program areas within the Ministry.

During Recovery status, the Ministry typically leads an evaluation or debrief process in order to understand and document lessons learned that were identified by partners in the health system response. The Ministry may develop an after-action report to serve as official documentation of

lessons learned from the emergency, or there may be a formal audit/ inquiry process established to capture the lessons learned by a neutral third-party.

During emergencies that are long in duration (i.e., several weeks or months), the Ministry may conduct multiple in-action reviews rather than, or in addition to, an after-action review.

4. Ministry Emergency Response Structure

The following sections outline the structure by which decisions are made and carried out during the response to an emergency. The structures and processes outlined in the following sections apply when the Ministry's emergency response status is at Activation; however, components of these structures can be used to support the Ministry response to an emerging, critical health issue during Routine Monitoring and Engagement status.

Decision makers are responsible for ensuring that the processes they use and decisions that they make are based on evidence, legislation, the precautionary principle, OPS values, health equity and the Ministry's Emergency Communication Principles (see Section 1.3).

4.1 Ministry Action Group (MAG)

O.Reg 380/04 under the EMPCA establishes the requirement to have a Ministry Action Group (MAG). The Ministry's MAG directs the Ministry's emergency response by confirming the objectives and strategies of the Incident Action Plan (IAP) (see section 4.6.2). The MAG may receive direction from political or bureaucratic leadership, including the Premier, the Minister of Health, and/or the Cabinet Committee on Emergency Management (CCEM).

The MAG may also provide strategic advice to the Minister on the use of his/her emergency powers under the HPPA (e.g., seizure of supplies or issuing directives) or to the Lieutenant Governor in Council or Premier with its recommendation on the declaration of a provincial emergency. In addition, the MAG may provide strategic direction regarding the Ministry's continuity of operations response.

Activating the MAG is at the discretion of the Deputy Minister (DM), typically based on the size and complexity of the emergency. Depending on the nature and scale of the emergency, the DM may partially activate the MAG (whereby only certain MAG members are required to participate in the response), or the DM may fully activate the MAG (whereby all members will be requested to participate). The following triggers are considered in determining the need to activate the MAG:

- There is a declared provincial emergency under the EMCPA.
- Other government emergency response structures are activated – such as the MAGs for other ministries, the CCEM, government-wide DM or ADM-level committees.
- Co-ordinated senior-level decision making is required across the Ministry to support a response to an incident and/or event.

The MAG may initially meet virtually and determine if further face-to-face meetings are warranted. The MEOC provides secretariat support to the MAG in conjunction with the DM's office.

4.1.1 MAG Members

Membership of the Ministry's MAG includes:

- DM (Chair)
- EM Executive Lead
  - Associate DM (AsDM)/Assistant DM (ADM) identified by the DM at the onset of the response to align with portfolio expertise and hazard
- Ministry Emergency Information Officer (MEIO)/ Director, Communications Branch
- ADM/Chief Administrative Officer, Corporate Services Division
- ADM/Executive Officer, Health Programs and Delivery, Ontario Health and Insurance Plan and Drugs Division
- The senior ministry official appointed to the ministry's EMPC/CMOH
- MEMC/Director, HSEMB

The MAG may also consult the following individuals:

- Other AsDMs/ADMs
- Executive Lead, Public Health (EL/PH)
- Director, Legal Services Branch
- Associate CMOH(s)
- Chief Information Officer
- President/ Chief Executive Officer, PHO
- Subject matter experts from PHO
- Representative(s) from OH
- Representative(s) from MLITSD
- Other ministry ADMs

4.2 Emergency Management Executive Lead

The EM Executive Lead directs the Ministry's response to the emergency on behalf of the DM. The DM assigns the role of the EM Executive Lead at the onset of the emergency to align with portfolio expertise and hazard.

The EM Executive Lead:

- Provides input into the response objectives and strategies of the IAP; if the MAG is not established, confirms these components
- Oversees the work of MEOC Command
- Briefs senior government leadership to provide situational and operational updates and

receives advice/ direction, including the offices of the DM, minister, and other government leaders

- Approves published messaging from the Ministry (including website content and other communiqués) in coordination with the MEIO/Communications team
- Functions as one of the Ministry's spokespersons in coordination with the MEIO/Communications team

4.2.1 Ministry Emergency Information Officer (MEIO)

Per O.Reg. 380/04, every minister must designate an employee of the ministry as the Ministry's Emergency Information Officer (MEIO). The MEIO shall act as the primary media and public contact for the ministry in an emergency. The Minster has designated the Director of Communications Branch as the MEIO.

The MEIO may choose to activate the Ministry's Crisis Communications Team (CCT) during a response. The CCT is responsible for the development and timely dissemination of emergency information distributed to the public. The roles and responsibilities of the CCT include the following:

- Alert and report on communication-related activities to the offices of the DM, Minister, and Cabinet Office Communications
- Coordinate notices and bulletins to the public in cooperation with the Provincial Emergency Operations Centre (PEOC) and Cabinet Office
- Update the Ministry website to provide updates to partners and the public, including posting and translation of Situation Reports
- Develop media products
- Identify Ministry spokespeople and backups
- Communicate with media organizations
- Coordinate media briefings and prepare Ministry spokespeople
- Liaise and coordinate with communication counterparts in emergency information sections from other jurisdictions (e.g., PHUs, PHAC)
- Contributes to the communications and public messaging strategy

4.3   Chief Medical Officer of Health (CMOH)

The CMOH can be selected as the Ministry's EM Executive Lead for emergencies that fall under the Ministry's OIC responsibilities. Supporting the CMOH role are a number of legislated powers under the HPPA that pertain to emergency management that can be used when required, including the ability to:

- Investigate and take actions that he/ she considers appropriate to prevent, eliminate or decrease the risk to the health of Ontarians.
- Issue directives to boards of health and medical officers of health.

- Issue directives to a health care provider or health care entity related to health worker health and safety in the use of any protective clothing, equipment, or device.

The CMOH may also provide written certification, advice, and guidance to the Minister on the possession of premises for public health response and the emergency procurement of medications and supplies. The CMOH may also direct PHO to provide technical and operational support (e.g., outbreak investigation, data collection, laboratory services etc.) to any person or entity in an emergency or outbreak situation that has health implications and provide leadership to PHUs/MOHs.

4.3.1   Executive Lead Advisory Group

The Executive Lead Advisory Group are technical specialists (scientific, legal, policy, communications and/ or political advisers) identified by the EM Executive Lead, as required, to support his/ her decision-making process.

4.4   Incident Management System (IMS)

IMS is a standardized response system, and its associated structure, functions, processes, and terminology are used to enhance the interoperability and efficiency of responding agencies to the overall response effort. IMS offers a scalable and modular structure that enables organizations to implement it to best suit their organizational roles and functions.

The Ministry has developed a customized application of IMS that best suits its needs while maintaining the traditional structure as seen in Figure 2. The Ministry's structure is compliant with Ontario's IMS Guidance.

The Ministry's IMS structure consists of five core functions: Command, Operations, Planning, Logistics, and Finance and Administration. As per standardized IMS practice, all personnel within the IMS structure operate based on an IAP that establishes the objectives for any given operational period and describes the strategies and tactics for achieving them.

The IMS functions presented in this plan are not exclusive. MEOC Command may add new functions to the structure and reorganize IMS sections at any time during the response. The MERP outlines general areas of responsibility for the core functions.
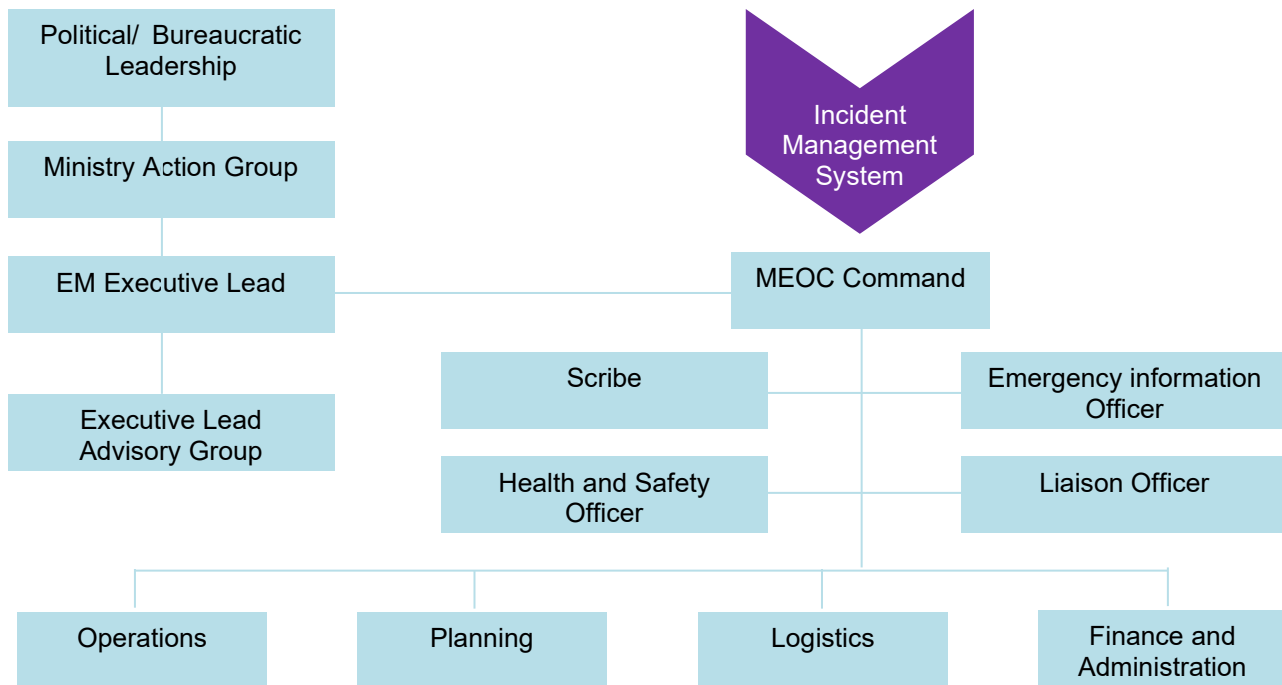
Figure 2. Sample Ministry Emergency Response Structure. This image illustrates the Incident Management System structure outlined in section 4.4

4.4.1 Command

The Command section is responsible for the overall management of activities in the MEOC and is led by the 'MEOC Commander', typically staffed by the Director of HSEMB. Transfer of command, for example at a shift change, normally involves a formal briefing to ensure the incoming MEOC Commander is updated on the status of the IAP and response activities, the latest direction from the EM Executive Lead and/ or MAG and current issues.

The Command section has the following responsibilities:

- Assumes responsibilities of all positions until they are activated.
- Communicates response objectives and strategies to different IMS sections.
- Reviews and approves the IAP for each operational period.
- Establishes the timing of the operational period.
- Assigns positions within the MEOC to staff according to their skill sets and roles.
- Briefs EM Executive Lead and/or MAG (if activated) to obtain direction and input on the objectives and strategies of the IAP, including providing recommended objectives and strategies.

The Command section may also activate the following positions:

- The Liaison Officer coordinates Ministry response efforts with organizations other than health system partners (e.g., EMO).

- The Safety Officer supports the employer's responsibilities in ensuring occupational health and safety for staff in the MEOC.

4.4.2 Operations

The Operations Section implements the IAP. The Operations Section is led by the Operations Chief who has the following responsibilities:

- Coordinates section activities.
- Participates in the development of the IAP.
- Implements the IAP and makes adjustments, if necessary, as the incident develops.
- Coordinates day-to-day support and EOC coordination activities on behalf of Command
- Communicates with Command and other IMS sections to keep them informed of the current situation.
- Manage the operations of resources assigned to an incident.

The Operations Section may include technical specialists and other staff from: the Ministry (including, but not limited to: acute care, primary care, laboratories, paramedicine, public health, home and community care, and independent health facilities), OH, PHO, MLITSD, PHAC, Health Canada and external agencies/ organizations. Operations functions that involve the development of documents and other communication materials may include a technical writer to ensure that all materials are written in a clear, easy-to-understand language that is readily accessible by the intended audience.

The Operations section typically undertake specific, time-limited assignments in the form of task groups. For example, the Operations section may include the following groups/functions:

- Health Worker Guidance Task Group to develop and distribute recommendations for health workers and health sector employers, such as knowledge translation tools e.g. guidance documents.
- Health System Coordination Task Group to coordinate meetings, teleconferences or videoconferences for health partners and staff the Health Care Provider Hotline.
- Mass Immunization Task Group to coordinate a mass immunization strategy.
- Policy Development Task Group to develop draft urgent regulations or amendments.
- Psychosocial Support Task Group to arrange telephone psychological support and treatment services to affected Ontarians.
- Technical Specialist Task Group to provide scientific and technical advice in response to specific questions.
- Distribution Task Group to coordinate the distribution of supplies from provincial supply and equipment stockpiles e.g. antivirals.
- Specific PHO functions, such as surveillance services or laboratory services.
- Specific OH functions, such as provincial laboratory network services or coordination of

the healthcare sector.

- Emergency Medical Assistance Team (EMAT) Task Group to coordinate the Ministry's role in activation and deactivation of the EMAT.

4.4.3　Planning

The Planning section is responsible for data collection, evaluation, analysis, and dissemination of information within the MEOC. This includes developing the IAP and developing long-range plans. The Planning section is led by the Planning Chief, who has the following responsibilities:

- Coordinates section activities.
- Develops the IAP for each operational period for approval by Command (verbal or written).
- In coordination with the Operations Chief, identifies roles in the IMS that need to be filled/ activated as part of the IAP.
- Identify human resources, technology and facility needs.
- Completes daily hazard identification and risk assessments regarding other hazards that may affect the Ministry's response.
- Prepares demobilization and recovery plans.

4.4.4　Logistics

The Logistics Section is responsible for obtaining resources required for the response. Resources may include supplies, equipment, facilities, services, or personnel that are needed to contribute to the Ministry's response. The Logistics Section is led by the Logistics Chief, who has the following responsibilities:

- Coordinates section activities.
- Participates in the development of the IAP.
- Coordinates requests for human resources.
- Obtains the resources required to support the health system's response to the emergency, such as supplies and equipment.
- Set up, maintain, and demobilize facilities such as the MEOC.
- Coordinate efforts around tracking and records.

4.4.5　Finance and Administration

The Finance and Administration Section is responsible for the financial aspects of the response, including recording, tracking, and coordinating payment/ funding both for purchases related to the emergency response/ recovery of the health system and the MEOC itself. Purchases are approved based on the Ministry's standard financial requirements and processes. The Finance and Administration section is led by the Finance and Administration Chief, who has the following responsibilities:

- Coordinates section activities.
- Participates in the development of the IAP e.g. flagging any financial issues early in an emergency response.
- Record and track expenditures.
- Secure and provide payment to TPAs, such as PHUs and other health organizations.
- Ensure the MEOC is following existing Ministry financial tracking and approval processes, including coordinating with other areas of the Ministry and MMAH.

To ensure that the Ministry's existing processes are used, the Finance and Administration section may require the participation of the Ministry's Corporate Services Division to assist in accurate financial reporting.

The Finance and Administration Chief may liaise with MMAH to ensure that costs from the Ministry and/ or the health system are accurately captured and that the Ministry is represented in discussions regarding reimbursement.

4.4.6 Technical Specialists

Certain incidents or events may require technical specialists with specialized knowledge or expertise related to legal, scientific, occupational health and safety, communications, and ethical matters. These technical specialists support the Ministry's decision-making process.

Technical expertise may be drawn from the Ministry, OH, PHO, MLITSD, PHAC, Health Canada and external agencies/ organizations. Technical specialists outside the Ministry may be provided by, or arranged for, by OH, PHO, or a service provider contracted by the MEOC for specific knowledge and technical expertise that has undergone a conflict-of-interest identification process. These specialists may be assigned wherever their services are required, such as in the Executive Lead Advisory Group or in any of the five core IMS functions.

4.5 Ministry of Health and Public Health Ontario Participation in the Ministry Emergency Operations Centre

Staffing requests for PHO are made by the MEOC Commander to the CMOH who communicates the request. Follow-up coordination is done by the Logistics section.

During routine MEOC activations, the majority of Ministry staff are not involved in the response to the emergency and are expected to continue with their normal activities. However, heightened awareness is required during the period of emergency response and staff should determine and respond to how the unfolding events are affecting ministry service delivery, program partners, and their own individual/family welfare.

In scenarios when additional staff are needed to participate in the Ministry's response, staff may be deployed to the MEOC to act in a role that is not directly related to their usual branch mandate. Success factors for additional staff participation in the MEOC include:

- Assigning staff for several consecutive days, rather than rotating many staff through the MEOC.
- Activating the Continuity of Operations Plan of the branch that is sending staff to the MEOC.
- Training/practice in participating remotely during an emergency response as physical participation in the MEOC may not always be possible/practical.
- Ensuring that branch representatives sent to the MEOC have decision-making authority or quick access to decision-makers.
- Ensuring mental health and wellness strategies are in place to support staff working on the emergency response.

4.6   Operational Period and the Incident Action Plan

4.6.1   Establishing an Operational Period

MEOC operations are structured around an operational period. A period is based on the development, implementation, and evaluation of the IAP (see Figure 3).

The MEOC Command determines the duration of each operational period depending on the size, complexity, and pace of the emergency. Periods are typically no longer than a 24-hour cycle. It is common for operational periods to be shorter in the early phases of the emergency response (when the MEOC's understanding of the emergency is dynamic and new developments emerge rapidly) and to increase in length as the situation stabilizes.
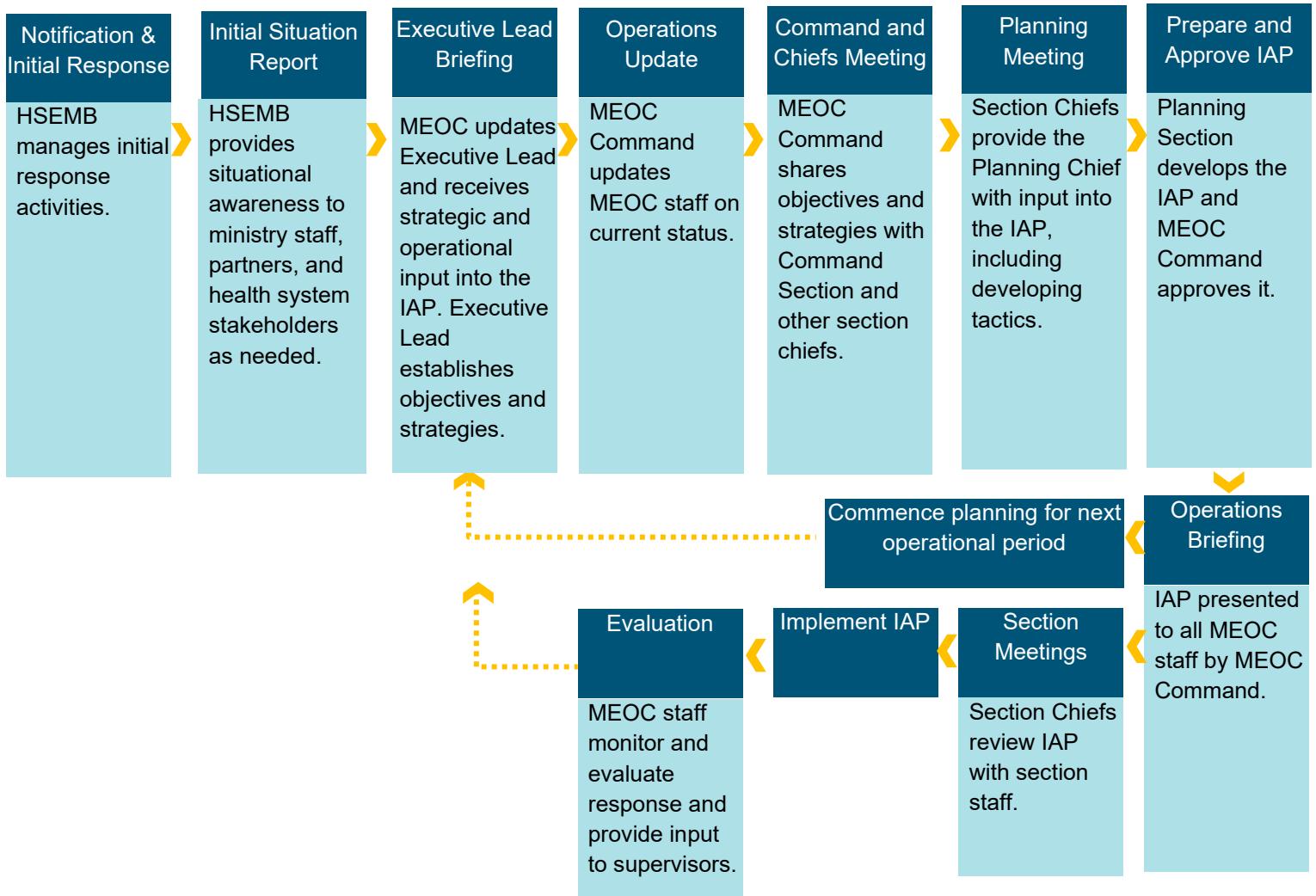
Figure 3. Operational Period

4.6.2 Incident Action Plan (IAP)

As outlined in [Figure 3](#), an operational period revolves around the development, implementation, and evaluation of an IAP. An IAP outlines the objectives, strategic direction and tactics that are required to coordinate activities. It provides those involved in the response with direction for actions to be implemented within the next operational period and can be easily shared with executive leadership as requested. The level of detail in an IAP varies according to the size and complexity of the response.

The essential elements of the IAP include the following:

- Statement of objectives.
- Clear strategic direction.
- Tactics to be employed to achieve each overarching incident objective.
- List of resources that are required.

- Assignment of responsibility to IMS sections.
- The operational period.
- Safety guidelines or requirements for MEOC staff.

Decisions related to the response are developed, approved, and documented as part of the IAP.

Various players in the Ministry are involved in the development and approval of response objectives, strategies and tactics depending on the scale and complexity of the emergency. The individuals and/ or bodies involved in decision-making may vary over the duration of the event.

The IAP is developed by the Planning section with direction and input by the EM Executive Lead (who may be informed by the MAG), MEOC Command, and other IMS Sections on the following issues:

- Response objectives and strategies.
- Escalation/ de-escalation of the Ministry response status.
- Management of complex Ministry continuity of operations issues.
- Key messaging for health system partners and the public.
- Requests for technical expertise to support the Ministry's response.
- Management of extraordinary costs.
- The Ministry position on provincial/ federal response-related issues

4.7 Emergency Information and Resources

4.7.1 Emergency Information Cycle

The emergency information cycle is a tool through which the MEOC implements public and health system information components of the IAP. The establishment of an emergency information cycle is done in coordination with the MEIO and the CCT.

Establishing a clear and recurring schedule enables the Ministry to maintain effective communication throughout the response. The specific elements and timing/ frequency of these elements may be different for each emergency, depending on:

- The nature of the emergency.
- The specific partners involved in the response.
- The timing of key elements in other partners' information cycles e.g., PEOC briefings, local teleconferences, federal briefings.
- Other elements in the MEOC operational period.
- Media schedules (evening news deadlines for major media outlets and weekly periodic news cycles of rural media should be considered).

4.7.2   Development and Approval of Emergency Information

Key messages for the public are established by the MEOC Commander in consultation with the EM Executive Lead. The MEIO, through the CCT, develops information for the public based on these key messages and supports the dissemination of messaging to the public, including posting of materials on the Ministry website, as needed.

Key messages for health system partners are established by the MEOC Commander in consultation with the EM Executive Lead. The Operations section develops information for health system partners based on these key messages. The EM Executive Lead approves emergency information for health system partners. The CCT arranges for posting of materials on the Ministry website, as needed.

The Ministry's public communications must be coordinated with the emergency information section (EIS) of the PEOC (if activated) to coordinate emergency communications across government. The EIS of the PEOC provides information for the Ministry of Public and Business Service Delivery to inform OPS communications.

4.7.3   Information Resources for Health System Partners

The HSEMB manages a comprehensive database of internal and external contacts for use in the distribution of emergency-related information, both during the Routine Monitoring and Engagement Status as well as Activation Status.

Situation reports are developed by the Planning section. Situation reports are shared with internal Ontario government partners and PHO. MEOC Command may also share versions of the reports with health system partners, including health liaison organizations, OH and PHUs, who then share information from these reports with their members/ TPAs and local partners. Situation reports provide recipients with up-to-date and accurate details on the following information (if available/ applicable):

- The nature of the emergency, including details on the risk to the health and safety of Ontarians.
- Affected area(s) of the province.
- Reported injuries or casualties, including quantitative reporting/statistics and charts.
- Health services affected.
- Response activities at the local level.
- Response activities at the provincial level.
- Hyperlinks to critical guidance, directives, data tools and other resources.
- Attachments, as required.
- Next steps.

The frequency of situation reports is generally decided upon at the outset of the emergency (but can be reevaluated as the situation evolves) and is part of the operational cycle of the

Ministry's response (e.g., distribution is scheduled at the end of the day). In a situation where the emergency is quickly evolving, distribution of situation reports can be daily. As the emergency and response is settled into a more predictable pattern, the frequency in the distribution of situation reports may change.

Situation reports are numbered, dated, and distributed in both English and French, where possible. They may be accompanied by knowledge translation tools (e.g., guidance documents, strategy documents) and other types of communiqués to disseminate the ministry's recommendations, directives, and response strategies to support health system partners. Knowledge translation tools may also be communicated to the health system through a separate process (e.g., Bulletins, memos to specific health sub-sectors). The Operations Section oversees the development, approval and dissemination of these products, which are approved by the EM Executive Lead.

The Ministry's **emergency management website** is used to share information and resources to support the health system's response to an emergency, such as knowledge translation tools (guidance documents, strategy documents) and links to other relevant web pages. Webpages may contain information to target specific audiences and/or hazards.

Content related to a health emergency on the Ministry's emergency management website is drafted, collated, and/or reviewed by the Planning and/or Operations section with contributions and coordination from Ministry and health-system partners such as Ministry of Long-term Care, OCMOH, PHO etc. Guidance posted on the Ministry's website goes through a multi-party review and approval process that includes subject matter experts, labour, legal, language, and accessibility specialists. Content on the Ministry's website is communicated in both English and French, but resources e.g. vaccine consent forms and information sheets may also include content in many other languages.

5. Ministry Emergency Response Resources

5.1 Ministry Emergency Operations Centre (MEOC)

The MEOC is a dedicated space where the Ministry coordinates its emergency response.

The Ministry has procedures in place to maintain MEOC readiness in non-emergency times and has established an alternate MEOC site that may be activated in the event the primary site is compromised.

The MEOC can also function virtually, or in a hybrid of virtual and physical space, when use of a physical space is not possible or advisable for all or some staff. To facilitate virtual operations, MEOC staff use technologies such as video conferencing and teleconferences to coordinate work and actions. These functionalities are part of regular business operations and maintained through these operations.

5.2   Health Care Provider Hotline

The Health Care Provider Hotline (1-866-212-2272) provides real-time response to questions from health workers and health sector employers during an emergency regarding the interpretation of Ministry recommendations and directives; direction on provincial response strategies; and requests for, or follow-up, on Ministry assistance and technical concerns. Health workers and health sector employers can call the Health Care Provider Hotline anytime, including during Routine Monitoring and Engagement status to ask questions about emergency preparedness, as well as to inform the Ministry of an emerging emergency at the local level.

During Routine Monitoring and Engagement, the Health Care Provider Hotline is staffed by the HSEMB. During Activation Status, it is staffed by MEOC personnel under the Operations section.

5.3   Emergency Supply and Equipment Stockpiles

Working closely with the Ministry of Health, Supply Ontario manages and maintains an emergency stockpile of PPE and CSE to support the health system during emergencies or infectious disease outbreaks. Supply Ontario can also facilitate access to the NESS when provincial PPE and CSE supplies are depleted. The NESS is managed by PHAC and may be accessed by the Ministry in an emergency through a Request for Assistance (RFA). See section 2.6.2.

The Ministry, in coordination with Critical Care Services Ontario, manages the provincial ventilator stockpile program to support the province's response to critical surges when a hospital's demand for ventilators exceeds its existing resources. Hospitals can request access to the Provincial Ventilator Stockpile following the instructions provided in the Ontario's Ventilator Stockpile Guidance Document.

Per the Ontario Health Plan for an Influenza Pandemic (OHPIP), the Ministry maintains a stockpile of influenza antivirals to treat infected patients during an influenza pandemic. The stockpile is currently comprised of oseltamivir and zanamivir (Relenza). Healthcare organizations that require support to continue to provide services during respiratory virus outbreaks and critical surges can access provincial PPE and CSE stockpiles. To enquire about or order supplies from the provincial PPE and CSE stockpiles, health care providers should use the PPE Supply Portal.

5.4   Ontario 211 InfoLine

211 Ontario is a helpline that connects people to the social services, and program and community supports they may need in both normal and emergency times. Members of the public can call 211 with any questions they may have on Ontario government services. Ontario 211 is available 24/7 and service is available in 150+ languages. During emergencies, members of the public may call the 211 with requests for information on the response to the emergency or any supports they may require.

5.5   Health811/Santé811

[Health811](#) / [Santé811](#) is a free, secure, and confidential service that enables Ontario patients to receive health advice from a registered nurse or find health services and information, available 24/7. Health811 can be accessed by calling 811 (TTY: 1-866-797-0007) or online at Ontario.ca/health811. During Activation status, the Ministry may recommend that members of the public call Health811 before seeking face-to-face care (if their symptoms are mild). During an emergency response, the Ministry works with Health811 to ensure accuracy in messaging and direction.

5.6   Ontario Government Pharmaceutical and Medical Supply Service

The Ontario Government Pharmaceutical and Medical Supply Service supports the planning and implementation of programs, including managing the acquisition and distribution of inventory (i.e., vaccines, drugs and medical supplies) related to those programs to achieve economies of scale through an effective and efficient use of limited resources; support program personnel with activities related to inventory management; support Ontario government ministries, OPS agencies and facilities meet the needs of their individual programs.

5.7   Emergency Medical Assistance Team

The Emergency Medical Assistance Team (EMAT) is a mobile medical field unit that can be quickly deployed by the Ministry to support hospitals and communities across Ontario in a modular and scalable fashion. It is operated by Sunnybrook Health Sciences Centre on behalf of HSEMB.

The capabilities of EMAT are wide-ranging, but it is primarily adept at providing surge capacity to support a variety of incident types. Once the team arrives at the destination, it takes approximately four to six hours to become fully operational. The team can be onsite within 24 hours anywhere in Ontario, including to fly-in communities. The team can set-up a multi-bed unit that provides a staging and triage base and has the capability to treat acute care and intermediate care patients. In addition, EMAT can provide:

- Patient isolation in the case of an infectious diseases outbreak.
- Medical support and decontamination in the case of a chemical, biological or radiological incident.
- Case management and triage of patients in a mass casualty situation.

EMAT is deployed when local health services are unable to meet the needs of the emergency. The Ministry's DM must approve the deployment of EMAT.

6. Acronyms

ADM	Assistant Deputy Minister
AsDM	Associate Deputy Minister
CCEM	Cabinet Committee on Emergency Management
CCT	Crisis Communication Team
CMOH	Chief Medical Officer of Health
COOP	Continuity of Operations Plan
CSE	Critical Supplies and Equipment
DM	Deputy Minister
EIO	Emergency Information Officer
EIS	Emergency Information Section
EM	Emergency Management
EMAT	Emergency Medical Assistance Team
EMCPA	Emergency Management Civil Protection Act
EMO	Emergency Management Ontario
EMPC	Emergency Management Program Committee
HEIA	Health Equity Impact Assessment
HPPA	Health Protection and Promotion Act
HSEMB	Health Services Emergency Management Branch
IAP	Incident Action Plan
IMS	Incident Management System
JIA	Joint Incident Assessment
OH	Ontario Health
LTCHA	Long Term Care Home Act
MAG	Ministry Action Group
MEOC	Ministry Emergency Operations Centre
MEIO	Ministry Emergency Information Officer
MERP	Ministry Emergency Response Plan
MMAH	Ministry of Municipal Affairs and Housing
MOH	Ministry of Health

MLITSD	Ministry of Labour, Immigration, Training, Skills and Development
OCMOH	Office of the Chief Medical Officer of Health
OH	Ontario Health
OHSA	Occupational Health and Safety Act
OHPIP	Ontario Health Plan for an Influenza Pandemic
OIC	Order in Council
OPS	Ontario Public Service
PEOC	Provincial Emergency Operations Centre
PERP	Provincial Emergency Response Plan
PHAC	Public Health Agency of Canada
PHO	Public Health Ontario
PHU	Public Health Unit
PPE	Personal Protective Equipment
SCTO	Supply Chain Transformation Office
TBS	Treasury Board Secretariat
TPAs	Transfer Payment Agencies

7. Key Revisions – December 2023

Section	Change
Section 1.0	• Consolidation of 'Scope' and 'Objectives' into one section • Consolidation of 'Local Office Plans' and 'COOP' section • Added reference to EM Guidelines and PH Emergency Preparedness Framework and Indicators • New section called 'Legislation, Guidelines, and Standards' which consolidates all this information in one place • Health Equity section – reframing from 'vulnerable populations' to 'underserved populations'' • New section on Ethics and Values
Section 2.0	• Tightening language to focus solely on EM program rather than response • New section on TBS and SCTO • New section on Supply Ontario
Section 3.0	• General clean-up and reorganizing for better flow
Section 4.0	• Updates to MAG list • New language to define role of CMOH • Updates to IMS diagram and section responsibilities
Section 5.0	• Updated information on Emergency Supply and Stockpile Equipment • Updated EMAT description
General	• Re-organizing sections for better flow • Incorporation of some lessons learned from COVID-19 response (e.g. surge capacity, virtual MEOC, etc.)