HALIFAX
REGIONAL MUNICIPALITY

PO Box 1749
Halifax, Nova Scotia
B3J 3A5 Canada

Item No. 10.4.1

Halifax Regional Council
August 11, 2009

TO: Members of Halifax Regional Council

SUBMITTED BY: Mayor Peter Kelly, Chair, Emergency Measures Advisory Committee

DATE: August 6, 2009

SUBJECT: **HRM Master Emergency Plan, Annex "D" Infectious Disease Plan**

ORIGIN

August 6, 2009 meeting of Emergency Measures Advisory Committee.

RECOMMENDATION

The Emergency Measures Advisory Committee recommend Regional Council approve Annex "D" Infectious Disease Plan, to the Master Emergency Plan as outlined in the June 19, 2009 staff report.

BACKGROUND/DISCUSSION

At the August 6, 2009 meeting of the Emergency Measures Advisory Committee, staff provided a presentation on the Infectious Disease Annex D to the Master Emergency Plan. The Committee passed a motion endorsing the Plan and recommended that it be forwarded to Regional Council for approval.

BUDGET IMPLICATIONS

None associated with this report. The attached staff report dated June 19, 2009 advises that there are no budget implications to the approval of the Plan. Please see attached report for further detail.

FINANCIAL MANAGEMENT POLICIES / BUSINESS PLAN

This report complies with the Municipality's Multi-Year Financial Strategy, the approved Operating, Capital and Reserve budgets, policies and procedures regarding withdrawals from the utilization of Capital and Operating reserves, as well as any relevant legislation.

ALTERNATIVES

The Emergency Measures Advisory Committee has not provided any alternatives.

ATTACHMENTS

Attachment 'A': Staff report dated June 19, 2009.

A copy of this report can be obtained online at http://www.halifax.ca/council/agendasc/cagenda.html then choose the appropriate meeting date, or by contacting the Office of the Municipal Clerk at 490-4210, or Fax 490-4208.

Report Prepared by: Sheilagh Edmonds, Legislative Assistant

ATTACHMENT 'A'

HALIFAX
REGIONAL MUNICIPALITY

PO Box 1749
Halifax, Nova Scotia
B3J 3A5 Canada

Emergency Measures Organization
Advisory Committee
~~July 7, 2009~~
August 6, 2009

TO: His Worship Mayor Peter Kelly and
Members of the EMO Advisory Committee

SUBMITTED BY: Wayne Anstey

Wayne Anstey, Acting Chief Administrative Officer

DATE: June 19, 2009

SUBJECT: **HRM Master Emergency Plan, Annex "D" Infectious Disease Plan**

RECOMMENDATION REPORT

ORIGIN

Section 10 of the Emergency Management Act (1990) of Nova Scotia requires that every municipality in Nova Scotia is to have an emergency plan. HRM currently has a master emergency plan, last revised in 2003.

RECOMMENDATION

It is recommended that the EMO Advisory Committee approve the attached Annex "D" Infectious Disease Plan, to the Master Emergency Plan and present it to Regional Council for approval.

BACKGROUND

HRM's Infectious Disease Plan was originally written in 2004 after the SARS outbreak and was intended to augment the municipality's emergency response capabilities in a large scale disease

outbreak, sometimes referred to as a Pandemic. It is designed to assist the municipality in the area of worker safety as well as service provision during an anticipated loss of labour that can accompany a large scale infectious disease outbreak.

DISCUSSION

The EMO Planning Committee has reviewed and approved the Infectious Disease annex to the Master Emergency Plan.

BUDGET IMPLICATIONS

There are no budget implications to the approval of this plan. If the plan is activated as part of a large scale infectious disease outbreak that is or has the potential to affect the municipality there will be associated costs incurred.

FINANCIAL MANAGEMENT POLICIES / BUSINESS PLAN

This report complies with the Municipality's Multi-Year Financial Strategy, the approved Operating, Capital and Reserve budgets, policies and procedures regarding withdrawals from the utilization of Capital and Operating reserves, as well as any relevant legislation.

ALTERNATIVES

The EMO Advisory Committee may elect not to approve the plan.

ATTACHMENTS

Master Emergency Plan, Annex "D", Infectious Disease Plan

A copy of this report can be obtained online at http://www.halifax.ca/council/agendasc/cagenda.html then choose the appropriate meeting date, or by contacting the Office of the Municipal Clerk at 490-4210, or Fax 490-4208.

Report Prepared by : Barry Manuel, EMO Coordinator, 490-4213

William H. Mosher

Report Approved by: Bill Mosher, Chief Director, Halifax Fire and Emergency, 490-4239

HALIFAX
REGIONAL MUNICIPALITY

Master Emergency Plan
Annex "D"

Infectious Disease Plan

DRAFT

Table of Contents

Approval of Infectious Disease Response Plan

This Infectious Disease Response Plan was approved at the following committee structures:

Emergency Planning Committee	Date: December 08, 2004
Emergency Advisory Committee	Date: May 26, 2005
Regional Council	Date:

The following table captures any amendments made to the Infectious Disease Plan since its approval by Council. When amendments are made, the entire Plan is re-printed and delivered to recipients on the distribution list. The previous version is collected and destroyed. This is designed to reduce the possibility of an out-of-date authorized version of the Plan being in circulation.

Amendments Schedule

Date	Location	Details

Distribution List

Department/Agency	# Copies	Comments
Chief Administrative Office	3	CAO, 2 Deputy CAOs
Mayor's Office	6	Mayor, Deputy Mayor, EMO Advisory Committee members
Chief, Regional Police	1	EMO Planning Committee member
Superintendent of R.C.M.P., Halifax Detachment	1	EMO Planning Committee member
Chief Director, Fire and Emergency Service	1	EMO Planning Committee member
Director, Business Planning and Information Management	1	EMO Planning Committee member
Director, Transportation and Public Works	1	EMO Planning Committee member
Director, Legal Services	1	EMO Planning Committee member
General Manager, Halifax Water	1	EMO Planning Committee member
Emergency Measures Office	4	EMO Planning Committee member EMO Operations Officers (4)
Public Information Officer	1	EMO Planning Committee member
Director Ground Ambulance, EHS	1	EMO Planning Committee member
Director, Community Development	1	
Director, Finance	1	
Director, Human Resources	1	
Director, Infrastructure and Asset Management	1	
Emergency Operations Center	1	
Emergency Management Office, Nova Scotia	1	
Capital District Health Authority	1	

CHAPTER 1: INTRODUCTION

1.1 Aim

The aim of the Halifax Regional Municipality Infectious Disease Plan is to prescribe the organization and measures required to provide essential municipal services before, during and after an impending or actual infectious disease emergency and also to provide support to the provincial Department of Health (DOH) in conjunction with the Capital District Health Authority (CDHA) in their efforts to minimize the effects of a large scale infectious disease outbreak.

1.2 Authority

This plan is written under the authority of the Nova Scotia Emergency Management Act, 1990, Chapter 08, section 10 subsection (1): "Within one year after coming into force of this act, each municipality shall" Paragraph (e): "prepare and approve emergency management plans".

and;

under the authority of the Halifax Regional Municipality Emergency Measures By-law E-100, 1996, Section 5; duties of the Emergency Measures Coordinator, subsection (3): "The Emergency Measures Coordinator shall", paragraph (a): "co-ordinate and prepare municipal emergency measures plans".

1.3 Planning Basis

The HRM Infectious Disease Plan is an annex of the HRM's Master Emergency Plan and all emergency management structures and policies that are included in the Master Plan shall apply to the Infectious Disease Plan as well.

The Infectious Disease Plan compliments both the Incident Command Systems (I.C.S.) and the Emergency Site Management System (E.S.M.) currently in use by the Halifax Regional Municipality (HRM).

1.4 Definitions and Scope

For the purposes of this Plan, an emergency is defined as:

"*An abnormal event, or threat of an event of a severity and magnitude that it may result in deaths, injuries, property damage and/or environmental damage. It will also require a coordinated response beyond the routine procedures, resources, and/or authority of the Regional Municipality and its elected officials, employees and volunteer fire fighters.*" (reprinted from the HRM Master Emergency Plan)

1.4.1 Scope

The scope of this Plan includes actions by the HRM Emergency Measures Organization and/or the Emergency Site Management team in the planning for, or response to an infectious disease outbreak, or threat of an outbreak like, but not limited to Pandemic Influenza.

The management of the situation will be the same as and consistent with the managerial procedures contained in the Master Emergency Plan. This Infectious Disease Plan will make full use of the emergency command and control procedures currently in place in HRM The Incident Command System, Emergency Site Management System, and the Emergency Operations Center procedures will be employed as necessary during the activation of the Infectious Disease Plan .

1.4.2 Definitions

The following definitions apply specifically to this Infectious Disease Plan. For a listing of general definitions, see the HRM Master Emergency Plan, Appendix "G".

Infectious Disease*	a condition of the living animal, or of one of its parts that impairs normal functioning and is spreading or capable of spreading rapidly to others
Infectious Disease Planning Committee	comprised with representation of HRM first response and support agencies that have been tasked to plan for an infectious disease outbreak
Infectious Disease Response Team	selected members of the Infectious Disease Planning Committee and others that activate during an infectious disease outbreak
Epidemic*	affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time
Pandemic*	occurring over a wide geographic area and affecting an exceptionally high proportion of the population
Influenza*	an acute highly contagious disease caused by any of several single-stranded RNA viruses (family Orthomyxoviridae) and characterized by sudden onset, fever, prostration, severe aches and pains, and progressive inflammation of the respiratory mucous membrane
Vaccine*	a preparation of killed microorganisms, living attenuated organisms, or living fully virulent organisms that is administered to produce or artificially increase immunity to a particular disease

Community Clinic	a facility within the HRM used for triaging and treating persons suffering from an infectious disease
Triage*	the sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors

* Merriam-Webster Dictionary

1.4.3 Pandemic Influenza Levels

The model of Pandemic Influenza phases that is utilized by the World Health Organization contains 6 phases, as follows:

1 No virus circulating in animals is known to have caused human infection
2 Animal influenza virus is known to have caused human infection
3 Isolated, small clusters of human to human transmission has occurred
4 Sustained human to human infection
5 Widespread human infection
6 Pandemic confirmed
Post Peak period
Post Pandemic period

A more detailed description of the WHO Pandemic Influenza phases can be found in Appendix "A" of this plan.

CHAPTER 2: CONCEPT OF INFECTIOUS DISEASE PLANNING

2.1 Infectious Disease Response - Two levels

Health care for the citizens of the HRM is the mandate of the provincial Department of Health and is provided through facilities operated by the Capital District Health Authority (CDHA). The CDHA in conjunction with the Department of Health (DOH) has developed an Infectious Disease Plan that discusses how an infectious disease outbreak like Pandemic Influenza will be mitigated. The key factor in the DOH/CDHA plan will be the use of non-traditional health care settings, such as primary assessment centers. The HRM does not provide health care services to its citizens but does recognize the need to support the provincial efforts to contain and mitigate a widespread infectious disease outbreak.

Any massive outbreak of an infectious disease that affects the citizens of the HRM will also by default affect the staff of the municipality. Absenteeism, due to municipal staff being ill, or at home caring for family members who are ill with an infectious disease will have the potential of seriously affecting the quality of services provided by the municipality.

The Infectious Disease Plan will therefore focus on the following two concepts, or levels:

Level One - Support to the Department of Health

The plan developed by the provincial Department of Health (DOH) and the Capital District Health Authority (CDHA) calls for community clinics, also known as primary screening centers as a way to treat people who are suffering from a wide spread outbreak of an infectious disease. It is hoped that by treating these types of sufferers away from the traditional hospital settings it will keep exposures of the hospitals to a minimum and thereby allowing the hospital to continue to provide a full range of other medical services as would normally occur in any community.

Obviously, in order for this concept to work, there is a need for a number of facilities in the community that can be used for such a purpose. The CDHA does not have an abundance of facilities that would be suitable for the establishment of primary assessment centers. The HRM, in support of the DOH/CDHA initiative will designated certain municipal owned facilities that can be utilized as primary assessment centers in an infectious disease outbreak. In areas where there are no suitable municipal facilities available, local privately owned establishments may be approached by the CDHA for the provision of primary assessment centers.

Level Two - Maintaining essential HRM services

This is a two faceted approach. All municipal business units have been broadly classed as to the essential need-level for continuity of service provision. Each business

unit or service has written a plan, which is attached as part of either its Departmental Emergency Plan or its Business Continuity Plan. The business unit plan will detail how it will provide essential and mission critical services during a wide spread infectious disease outbreak. In addition, the second facet of as part of level two, each business unit has developed plans that are geared to minimize the exposure risk to municipal staff.

2.2 Initial Response

When world events indicate that we are in a Pandemic Phase 4, that is when sustained human to human transmission has occurred, the HRM Infectious Disease Plan will enter a HRM EMO Level one ALERT, which is a standby mode. This will cause the activation of the plan and the Infectious Disease Planning Committee will meet to determine the threat level and the municipal response and operational protocols will be established at this time.

2.3 Activation of the Infectious Disease Plan

The Infectious Disease Plan may be activated, in whole, or in part at any time during or after the world is in a Pandemic Phase 4, or higher phase. It can be expected that the Infectious Disease Plan will be activated at the HRM ALERT Level One, however, it could be activated at level two or higher, depending on the world conditions at the time of activation.

2.3.1 Activation Criteria

There are three criteria that will cause the activation of the Infectious Disease Plan. The Pandemic Phase 4 stage is the main trigger to activate the Plan. However, the plan may be activated upon advice of the DOH/CDHA In addition, the plan may also be activated if the DOH/CDHA Infectious Disease Plan has been activated.

2.3.2 Activation Sequence

Following notification that the world has moved to a Pandemic Phase 4, or higher and/or the DOH/C.D.H.A has activated their Pandemic Plan, and/or Pandemic Influenzas like symptoms are manifesting in Canada, the HRM Emergency Measures Coordinator will convene a meeting of the HRM Infectious Disease Planning Committee. The Infectious Disease Planning Committee will assess the need to activate the Infectious Disease Plan . If activation is required, the Infectious Disease Planning Committee will recommend an appropriate activation level to the Chief Administrative Officer (C.A.O.). The C.A.O. will also determine the need to activate the E.M.O. Planning and Advisory Committees. When the C.A.O. approves activation of the Infectious Disease Plan, the E.M.O. Coordinator alerts the following, as directed:

a. E.M.O. Advisory Committee members;

b. E.M.O. Planning Committee members;

c. EOC support staff;

d. The DOH/CDHA Liaison Officer

e. The E.M.O.(NS) Duty Officer

f. Infectious Disease Committee

HRM business units are responsible to activate their respective departmental emergency plans.

2.3.3 Emergency Operation Center

When the Infectious Disease Plan has been activated, the Infectious Disease Planning Committee will make a recommendation to the C.A.O. via the EMO Coordinator as to the advisability of activating the municipal Emergency Operations Center (EOC), in whole or in part to coordinate the management of information as well as the provision of municipal services. In order to reduce the likelihood of spreading the infection among the staff who would be assigned to the EOC, a partial or total "Virtual EOC" concept may be considered, via the use of telephone conference bridges or similar teleconferencing methods.

2.3.4 Activation Levels

Activation levels define the degree to which the Infectious Disease Plan is activated. The C.A.O has the authority to upgrade or downgrade the activation level. The Infectious Disease Plan's activation levels use the same terminology as the Master Emergency Plan. The activation level of the Infectious Disease Plan may be at a higher level than the Master Emergency Plan, but never lower.

The three activation levels for the Infectious Disease Plan are:

a. Level one ALERT (Standby Mode)

b. Level Two ALERT (Standby and be available)

c. Level Three ALERT (Active full call in)

Level one ALERT:

Level one ALERT corresponds to Pandemic Phase 4. Selected persons are notified and told of an existing or pending event that may require some action on their part. Persons notified may continue normal daily activities but are to ensure to the Emergency Measures Coordinator that they can be reached at all times. Notification will be made to persons named on the Infectious Disease ALERT list.

This is classified as a stand-by ALERT.

Level two ALERT:

Level two ALERT corresponds to Pandemic Phase 6, Pandemic confirmed. Pandemic has been confirmed, but not locally or in multiple geographical areas. The Infectious Disease Planning Committee transcends to the Infectious Disease Response Committee. Initial daily teleconferencing is put in place between the Infectious Disease Response Committee and selected others. The EOC or virtual EOC is not activated.

This is classified as a stand-by ALERT.

Level three ALERT:

Level three ALERT corresponds to Pandemic Phase 6, outbreaks in multiple geographical areas within Canada. The Infectious Disease Response Committee is formed, if not already in place and meets on a daily basis to determine the needs of the municipality and to provide information to the E.M.O. Planning and Advisory Committees. The EOC or virtual EOC is activated.

2.3.5 Infectious Disease Planning Committee transition

When the Infectious Disease plan is activated at an ALERT level 2 or higher, the existing Infectious Disease Planning Committee restructures itself and becomes the Infectious Disease Response team. The Infectious Disease Response Team is part of the EOC staff in either a live or virtual EOC operation.

2.3.6 CISM/EFAP Activation

Whenever the municipality enters in to a level 2 or higher Infectious Disease ALERT (HRM level, not Pandemic phase), the CISM/EFAP plan is activated. The CISM/EFAP response group will be added to the information distribution lists and will appoint a member to be a Liaison Officer to the Infectious Disease Team.

2.4 Record Keeping

Maintaining an accurate log is as critical for the Infectious Disease Response Team as any other response agency. All pertinent information is captured on standard EMO forms. Appendix "C" contains samples (if any) of any specialized forms unique to this annex. Detailed information about the following items are recorded during an emergency:

a. notification to the general public and other emergency organizations;

b. public inquiries;

c. media announcements;

Detailed information includes:

a. critical times;

b. information received/sent;

c. critical decisions;

d. instructions received/sent; and

e. actions planned/implemented.

In addition, a central registry of the names, tasks, hours worked, operating locations, and injuries of every person who takes direction from the Infectious Disease Response Team is maintained.

2.5 Preparation Phase

During the preparation phase, which will normally occur before an infectious disease outbreak occurs, the Infectious Disease Planning Committee will monitor world events gathering intelligence regarding the spread of an infectious disease. During a potential Pandemic Influenza outbreak, this will start during the Pandemic Alert Phase, if not already commenced.

The Infectious Disease Response Team will form an information exchange group. This group will be made up of internal HRM departments, external agencies and other related groups that have a common interest in infectious disease related information.

During an ALERT Level One, or higher response that is occurring, daily reports will be generated and distributed within the information sharing group. A distribution list will be maintained by the municipal E.M.O.

2.6 Response Phase

An outbreak of Pandemic influenza will come in phases and can take up to two years to overcome. During the response phase to an infectious disease, the Infectious Disease Plan will be activated. Protection of emergency responders will be paramount.. All business units will also activate their departmental Infectious Disease plans in support of the overall response. An essential component of these plans will be the gradual reduction of non-essential services in order to maintain the provision of essential services.

All business units within the HRM have written Infectious Disease plans that can be activated as required in order to ensure the provision of municipal services during the Response Phase. As absenteeism increases due to the effects of a pandemic outbreak, HRM will respond with a reduction in services, starting with the least essential, allowing remaining personnel to be

focused on the continued provision of the more essential municipal services.

During a Pandemic Response event there will likely be a high rate of absenteeism of municipal employees that are either affected with the pandemic illness or are home taking care of family members that are. This will reduce the numbers of staff that will be able to attend emergency events and/or maintain essential services. As a result of fewer emergency responders available for service calls and at the same time a higher request for service calls, all existing service response standards for police, fire, ambulance and public works will be suspended.

Due to the high mortality rate that can be expected in an infectious disease outbreak of Pandemic levels, the role of the Employee Assistance Plans (EAP) and the provision of Critical Incident Stress Management (CISM) programs will become critical to the safety of our employees. During the response phase of a pandemic infectious disease, a CISM Coordinator will be appointed by the Chief Administrative Officer (CAO). The CISM coordinator will be a member of the Infectious Disease Response Team, reporting directly to the CAO.

In addition to protection of emergency responders and the provision of essential services, the Infectious Disease plan will also provide support to the Department of Health and Capital District Authority in their efforts to mitigate the spread of the infectious disease. An essential component of the DOH/CDHA plan will be the provision of infectious disease assessment and treatment and away from the hospital setting in what will become known as primary and/or secondary assessment centers. The HRM and CDHA will form a joint committee to determine the best locations within the HRM for these clinics.

2.7 Recovery Phase

The recovery phase that follows after an infectious disease outbreak can take considerable time to complete. Essential services need to be stabilized as they are returned to a normal operating level. All municipal services and infrastructure will need to be assessed to determine what permanent damage has occurred that will need to be corrected in order to return the municipality back to a pre-event condition. During this time, the Infectious Disease Response Team will be re-structured to allow the best resources to be allocated. There is no anticipated time line for the recovery phase. The CDHA will ensure that all HRM provided facilities are decontaminated and returned in a pre-event condition.

2.8 Media

The role of media coordination will be done by the Emergency Public Information Unit (E.P.I.U.) as per the policies, roles and responsibilities contained in the Emergency Public Information Plan, a document located in Annex "B" of the HRM Master Emergency Plan.

During the various phases of an infectious disease outbreak, communicating information to the public will be critical. The Emergency Public Information Officer (E.P.I.O.) is responsible for all activities of the E.P.I. Unit and will be the designated Public Information Officer sitting on the Infectious Disease Response team. The E.P.I.O. will develop a communications plan for each stage of an infectious disease response.

The Duty Officer of the HRM. Emergency Operations Center (EOC) will ensure that there is a continuous telecommunications link with all broadcast media during the response phase of an infectious disease outbreak.

2.9 Administration of Vaccine

Procurement and distribution of any vaccine is the responsibility of the DOH/CDHA in the HRM. One of the issues that the Infectious Disease Response Team will be required to obtain sufficient quantities of vaccine for emergency first responders and/or other identified critical staff early enough to be of benefit. The Infectious Disease Response team will liaise with the DOH/C.D.H.A for the provision of any developed vaccine.

CHAPTER 3: Infectious Disease Plan - ORGANIZATION

3.1 Relationship to provincial Department of Health (DOH)

The provincial Department of Health (DOH) is seen as the lead agency in an outbreak of an infectious disease. In the HRM there exists an relationship between both the DOH as well as the Capital District Health Authority (CDHA) and the HRM In addition, there is a generic Memorandum of Understanding (MoU) between the municipality and the CDHA that mentions emergency planning and response. The DOH/CDHA has an infectious disease plan that establishes non-traditional primary assessment centers to assess Pandemic Influenza cases. The HRM has agreed to provide some of locations for the clinics, when asked. During an impending or actual infectious disease outbreak, the HRM. will work in partnership with the DOH/CDHA to mitigate the event. The DOH/CDHA will provide a liaison officer to the municipal EOC when it is activated in response to an infectious disease event.

3.2 Media Inquiries

All media inquires regarding the overall municipal response to the provision of municipal services in general and/or the protection of municipal emergency responders will be coordinated through the Emergency Public Information Unit (E.P.I.U.). Agency specific media inquiries will be mitigated at the departmental level with advisement being given to the E.P.I.U. The HRM will not comment on any portion of an infectious disease outbreak that is dealing with the prevention, triage, treatment and/or recovery from an infectious disease. Nor will the HRM comment on the procurement and disbursement of any vaccine to the general populace. These matters are outside of the jurisdiction of the municipality.

3.3 Public Inquiries

Public inquiries will be coordinated through the Corporate Call Center as detailed in the Emergency Public Information Plan (Annex "B" of the Master Emergency Plan). Additional information regarding areas of DOH/CDHA concern will be dealt with by providing the correct contact information to the caller. Any additional approved DOH/CDHA information may be released after approval of the E.P.I.U. and the Call Center manager.

3.4 Primary Assessment Centers

Establishment and operation of primary assessment centers are the responsibility of the CDHA The HRM has agreed to provide certain HRM owned facilities for use as primary assessment centers as the need arises. The requirement to open a primary assessment center will be coordinated between the CDHA and the HRM EOC, or the EMO Office if the EOC is not operational. The CDHA will provide on-going maintenance during the time the facility is operated as a community clinic and will perform such clean up and decontamination procedures as deemed necessary before returning the building back to the HRM during the recovery phase of an infectious disease outbreak.

3.5 Emergency Comfort, Reception and Evacuation Centers

Emergency comfort, reception and evacuation centers are part of the approved evacuation process as detailed in the Emergency Evacuation Plan (Annex "C" of the Master Emergency Plan) and as such, when a facility is being operated as described above, it will not be co-

located with a primary assessment center.

3.6 Triggering Process

The HRM EMO will provide the triggering process and will activate as necessary and set the initial activation level based on information acquired through internal or external sources. At the first meeting of the operational team, the team will recommend to the Chief Administrative Officer/EOC Manager an operational level as well as initial course of action to be taken by the municipality.

Information that can cause the triggering process to commence can be external in nature, such as world events, and/or advice from other levels of government. Or, internally, the triggering process can be started when departments start noticing a higher level of absenteeism than normal, for example.

CHAPTER 4: EMERGENCY RESPONSIBILITIES

4.1 Responsibilities not covered by this plan

HRM's Infectious Disease Plan's primary objectives are maintain the provision of essential municipal services and protection of staff during the wide spread outbreak of an infectious disease as well as supporting the provincial Department of Health and the Capital District Health Authority. This plan does not deal with the following issues which are the responsibility of other levels of government:

Research and development of an infectious disease vaccine;

Production, distribution and control of any vaccine;

Triage, treatment and care of suspected and confirmed influenza patients in non-traditional medical care settings;

HRM will assist the Department of Health in any way that it can in the above matters, but it must be clearly understood that the provision of health services is a provincial responsibility and the provincial Department of Health will be seen as the lead agency.

4.2 Infectious Disease Response Structure

The Management of an infectious disease will be effected by following existing HRM emergency management procedures as outlined in the Master Emergency Plan, Incident Command System and Emergency Site Management System. No additional emergency management structure or system will be put in place.

4.3 HRM Command Systems

The HRM uses two primary forms of emergency event management, namely the Incident Command System (I.C.S.) and the Emergency Site Management (E.S.M.) system. I.C.S. is normally agency or department driven and is the most often used system. The E.S.M. system is employed during larger scale events when there are multiple agencies and/or multiple internal HRM departments responding. The E.S.M. system does not replace any of the I.C.S. but will complement all command systems operating at an emergency site by providing a global emergency management structure to operate under.

An infectious disease outbreak will by its nature affect multiple areas of the HRM and therefore will require a coordinated approach to effectively manage the municipality's resources. This function will be coordinated as necessary from the municipality's Emergency Operation Center (EOC) and will compliment both the I.C.S. and E.S.M.. systems of site event management.

During an infectious disease outbreak, the EOC may be activated, in whole or in part, at the discretion of the Chief Administrative Officer. When the EOC is operational, it will be staffed as required under existing protocols. These protocols are covered in more detail in the HRM EOC Handbook (2003). The agencies present in the EOC will be dictated by existing service requirements and staffing levels.

4.4 Duty to Report

All agencies named to the EOC will attend on a schedule determined by the EOC management team and will attend such Situation Reports (Sit-Reps) as necessary. Staffing resource levels and provision of essential services will be the prime information required at these Sit-Reps.

All business units within the HRM will provide regular staffing levels and service provision reports to their respective directors. This information will be passed on to the EOC where it will be compiled and distributed as required.

The E.O.C team will determine a distribution list and distribution method for Sit-Reps. The distribution of EOC Sit-Reps will be the responsibility of the EOC Duty Officer.

4.5 Public Information

All public information released relating to an infectious disease outbreak will be coordinated by the Emergency Public Information Unit (E.P.I.U.) before release.

4.5.1 Spokespersons

Spokespersons are personnel from various departments and services within the HRM that may be required from time-to-time to give media interviews. While not directly attached to the Emergency Public Information unit, they should be aware of the requirements made by the E.P.I. unit, specifically:

a. Release information only for the service that they are representing;
b. Do not speculate on areas or questions outside of the service they are representing;
c. Clear information prior to being released with an E.P.I.O. to ensure there are no conflicts; and
d. Employ HRM accepted media interview techniques and methods.

4.6 Managing the day-to-day activities during an infectious disease outbreak

The EMO Planning Committee will review day-to-day municipal services and activities during an infectious disease outbreak. The review frequency will be determined by the current status of the infectious disease and the effect it is having on the municipality. Variances to accepted standards of service can be altered during an infectious disease outbreak to make better and safer use of the remaining municipal staff. Coordination of these variances will be done by the EMO Planning Committee.

4.7 Planned reductions in services

During an infectious disease outbreak it may be necessary to reduce or eliminate certain municipal services. This would be done in the less critical areas first, allowing remaining staff to focus on the safe, efficient provision of the remaining services. During this phase, certain service level standards and agreements may have to be altered to provide a balanced, safe service delivery.

4.8 Regional Council

Regional Council has provisions under the Municipal Government Act to align Council meetings and Quorum levels in accordance to local conditions. The EMO Advisory Committee will be the lead in this area to monitor the attendance level at Regional Council and relate this information to the C.A.O. as necessary.

4.9 Liaison Officers with the Capital District Health Authority

HRM will appoint a Liaison Officer for the Capital District Health Authority (CDHA) when requested. The role of the Liaison Officer will be to keep the CDHA up to date from the municipal side and to provide the EMO Planning Committee information and updates from the CDHA In pre-Pandemic conditions, this role will assigned to the EMO. During an infectious disease outbreak the role will be staffed under the direction of the EMO Planning Committee.

The CDHA will appoint a Liaison Officer to be a member of the HRM Infectious Disease Committee. The role of the CDHA Liaison Officer will be to keep the EMO Planning Committee up to date on DOH/CDHA events and to report back to the CDHA on HRM activities. During an infectious disease outbreak the role will be staffed under the direction of the CDHA.

CHAPTER 5: EMERGENCY FACILITIES AND EQUIPMENT

5.1 Emergency Operations Center

The HRM Emergency Operations Center (EOC) is located at 21 Mount Hope Avenue and will become the primary focal point for the coordination of the municipal response to an infectious disease event. The EOC, whether in virtual, full or partial activation mode, is operated as described in the Master Emergency Plan and the EOC Handbook (2003). When the EOC is operational, it will be classed as Critical Infrastructure Level 1. This same designation will apply to any alternate EOC if it is required to be utilized.

5.2 Other Emergency facilities

Other HRM emergency facilities are 911 call taking and dispatching centers (IES), corporate call centers, departmental operation centers (DOCs), Police, Fire and ambulance stations. As such, these facilities will also be designated as a Critical Infrastructure Level 1.

CHAPTER 6: AGREEMENTS

6.1 Mutual Aid Agreements

Mutual aid agreements and memorandums of understanding (agreements) may be developed in support of the implementation of the Infectious Disease Plan . As per the Master Emergency Plan, the Emergency Measures Coordinator is responsible for identifying required agreements to the Emergency Measures Planning Committee. The coordinator is also responsible for developing agreements as directed by the Planning Committee. All negotiated agreements must be approved by Council.

6.2 Review of Agreements

Also, as per the Master Emergency Plan, the Emergency Measures Coordinator is responsible for reviewing agreements periodically. Recommendations for the correction of any deficiencies should be presented to the Emergency Planning Committee, Emergency Advisory Committee, and Council (in that order) within 60 days. All persons affected by the revision(s) must be notified of the change(s) in writing.

CHAPTER 7: TRAINING AND EXERCISING PROGRAMS

7.1 Training

This plan is written as a contingency plan for a large scale infectious disease outbreak. Any infectious disease outbreak will cross all municipal, provincial and federal borders and will be, by its effects, known as a multi-jurisdictional, multi-agency, multi-site emergency event. Therefore, specific training for this plan will be conducted at a high level, and in an inter-departmental and inter-agency format. This is to allow the multi-faceted components of the plan to be best represented.

Training for this plan should, whenever possible, be done as part of existing EMO training programs and incorporated when applicable and will follow accepted EMO training procedures.

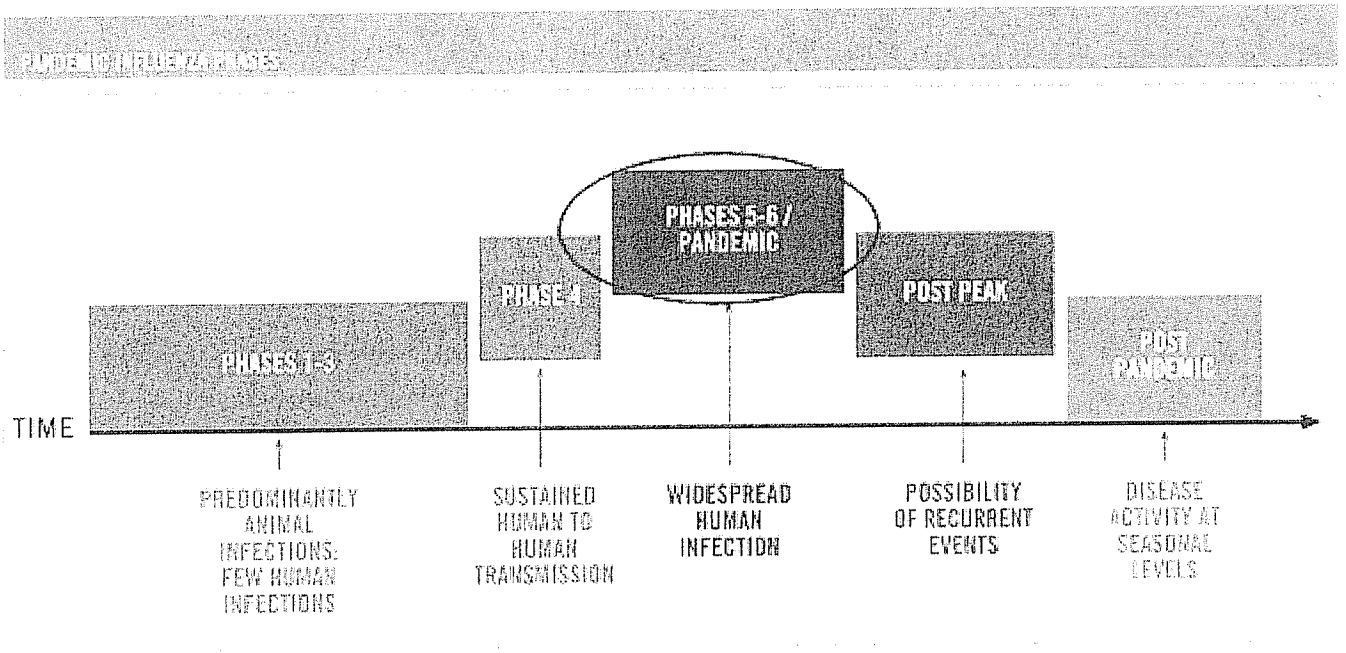
7.2 Exercising

The Infectious Disease Plan will be exercised on a schedule determined by the EMO office, either alone or part of a larger exercise of the region's Master Emergency Plan

APPENDICES

Appendix "A" Stages of Pandemic

Taken from the World Health Organization (WHO)
(http://www.who.int/csr/disease/avian_influenza/phase/en/)



In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO

region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.