

## **Chapter 3: Roles and Responsibilities**

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## **Chapter 3 Roles and Responsibilities**

### **1.0 Introduction**

All governments and all sectors have a role to play in preparing for, responding to and recovery from an influenza pandemic. It is critical that roles and responsibilities are clear and that there is good communication and coordination of efforts.

Planning and preparedness efforts are continuing at all levels of government. Current roles and responsibilities for the World Health Organization, Public Health Agency of Canada, Ministry of Health and Long-term Care and Renfrew County & District Health Unit are presented in Chapter 3.

The World Health Organization, Public Health Agency of Canada and the Ontario Ministry of Health and Long-term Care have all released influenza pandemic documents to guide the local planning process and to address prevention, preparedness and operational activities for an effective response and recovery. The overall goal of these plans is to minimize serious illness, death and societal disruption in the event of an influenza pandemic.

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### **2.0 International - World Health Organization**

The World Health Organization (WHO) is responsible for coordinating a global response to an influenza pandemic. The WHO has conducted influenza surveillance since 1947 to detect prevalent and emerging strains.

The mandate of the WHO with respect to pandemic influenza is to:

- Conduct world-wide surveillance and reporting of influenza
- Identify the beginning of a pandemic through the use of the phased response
- Co-ordinate global response to a pandemic
- Provide recommendations on the management of a pandemic

### **3.0 Federal – Public Health Agency of Canada**

The Public Health Agency of Canada (PHAC) is responsible for coordinating the nation-wide health response to pandemic influenza. Federal responsibilities include entering into agreements and arrangements with international organizations such as WHO to support surveillance, coordination and investigation activities.

The Canadian Pandemic Influenza Plan (CPIP) was first released in February 2004. The latest version was released in 2006. The plan details the federal government actions and expectations for the provinces and territories.

The mandate of the PHAC with respect to pandemic influenza is to:

- Liaise with the World Health Organization, the US Centers for Disease Control and other national/international organizations to coordinate surveillance, investigation and vaccine activities
- Procure/distribute diagnostic reagents and technical information to provincial/territorial public health laboratories
- Establish domestic influenza vaccine manufacturing capacity
- Acquire influenza vaccine and antiviral drugs and allocate them equitably to provinces and territories
- Work with provinces and territories to provide vaccine and antiviral drugs to specific populations for which the federal government is responsible (e.g., First Nations, RCMP, military personnel)
- Develop communication plans

## **4.0 Provincial - Ontario Ministry of Health and Long-Term Care**

The Ministry of Health and Long-Term Care (MOHLTC) is responsible for coordinating the province-wide response to an influenza pandemic, including the declaration of a provincial emergency. The Ontario Health Pandemic Influenza Plan (OHPIP) was released on May 31, 2004 and updated in September 2006. The mandate of the MOHLTC is to:

- Implement national recommendations on influenza surveillance and immunization programs
- Maintain provincial surveillance activities, report diseases caused by influenza and participate in national surveillance activities
- Coordinate investigations of outbreaks and clusters of febrile respiratory illness (FRI)/influenza-like illness (ILI)
- Undertake tasks most effectively done at the provincial level (e.g. bulk purchasing equipment, stockpiling and distributing vaccine and antiviral drugs, distributing medical supplies)
- Provide guidelines and direction to local public health authorities to ensure a consistent planning and response across the province
- Support special studies to enhance the province's capacity to manage a pandemic
- Coordinate public education programs
- Provide guidelines and direction to local pandemic planning groups
- Provide guidance to the health field during a pandemic

Other sections of the MOHLTC that are involved in emergency planning/management include the Public Health Division, Emergency Management Unit and the Provincial Infectious Disease Advisory Committee.

### **4.1 Public Health Division**

The Public Health Division of the MOHLTC oversees activities relating to Ontario's public health system and is led by the Chief Medical Officer of Health and Assistant Deputy Minister. The Infectious Diseases Branch provides leadership and support to Ontario's public health system including 36 boards of health. The Infectious Diseases Branch provides public health, epidemiological, expert consultation and technical support to local boards of health and other health agencies with respect to the programs of the Mandatory Health Programs and Services Guidelines (MHPSG). The Infectious Diseases Branch is also responsible for disease-related databases, communications and support for health units during outbreaks.

## 4.2 Emergency Management Unit

The Emergency Management Unit (EMU) was created in December 2003 to support emergency management activities within the MOHLTC and the health care system. EMU is a branch of the Public Health Division and is focused on enhancing an integrated approach to the challenges faced during emergencies. Its mission is to collaborate with stakeholders to develop, implement and maintain a comprehensive strategy to prepare for, respond to and recover from health emergencies of known and unknown origins.

The EMU's mandate is to:

- Identify and develop the infrastructure required to ensure emergency readiness sustainability;
- Identify and coordinate the business continuity plan for the MOHLTC;
- Develop MOHLTC emergency readiness plan(s) and emergency response protocols that are consistent with Emergency Management Ontario's expectations and Ministry/health care system needs; and
- Ensure MOHLTC emergency plans are transparent with clear accountabilities within the health care system and with Ontarians.

The Emergency Management Unit (EMU) struck the OHPIP Steering Committee to oversee the development of the health influenza pandemic plan. The EMU has provided administrative support to OHPIP's Communications Sub-Committee. The EMU is also working collaboratively with Emergency Management Ontario (EMO) to ensure a coordinated response to an influenza pandemic.

During an influenza pandemic, the role of the EMU will be to coordinate the Ministry Emergency Operations Centre (MEOC), which will provide direction and operational management of the health care sector. The MEOC reports to the Emergency Executive Management Committee, which reports to the province's Chief Medical Officer of Health. The MEOC will be linked with the Provincial Emergency Operations Centre as part of a provincial effort to coordinate the emergency response in non-health related sectors (see Figure 3.1 on page 3-6). The provincial emergency is coordinated at Emergency Management Ontario (EMO).

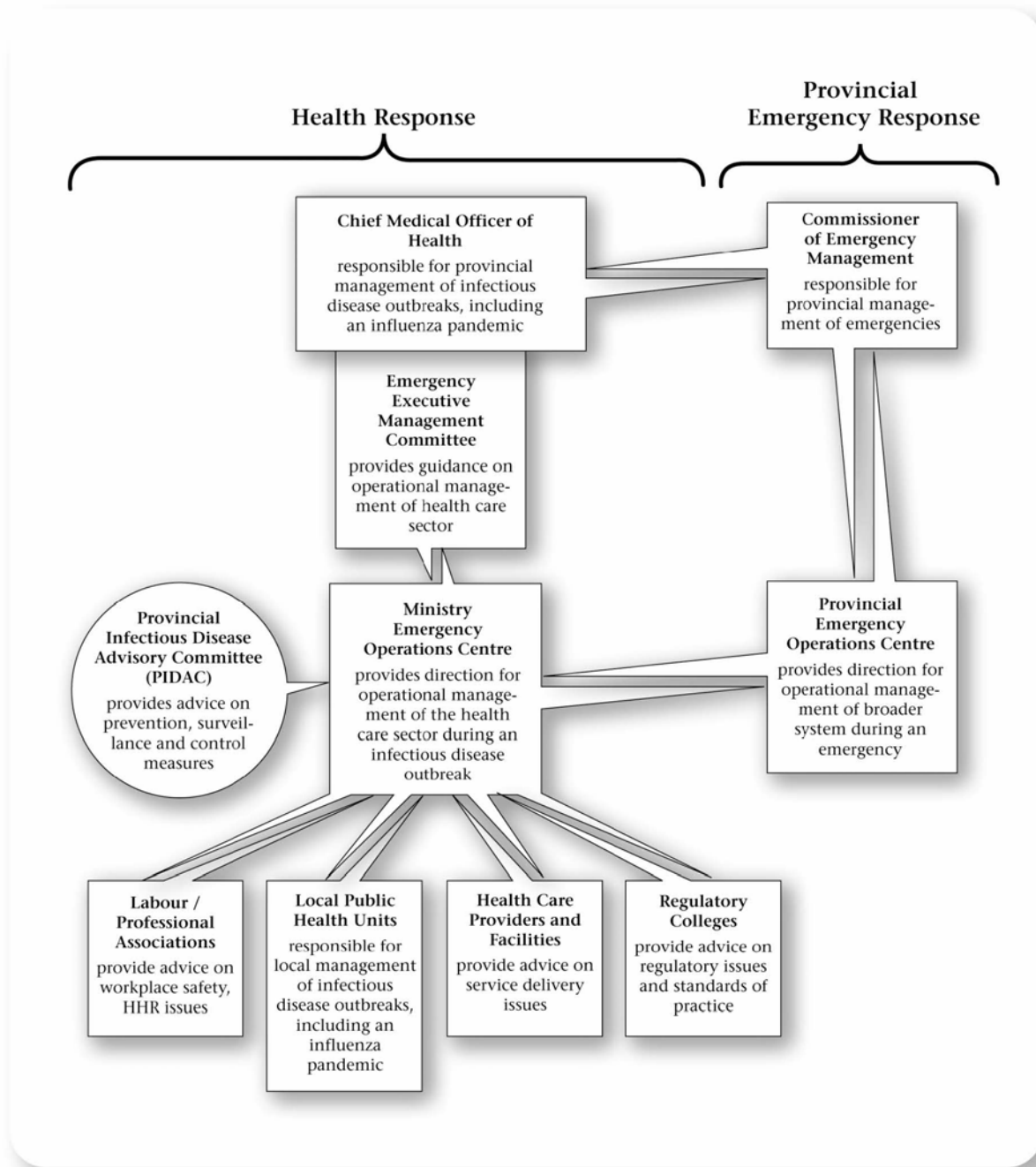
## 4.3 Provincial Infectious Disease Advisory Committee

The Ministry of Health and Long-Term Care established the Provincial Infectious Diseases Advisory Committee (PIDAC) in response to a recommendation by the Expert Panel on SARS and Infectious Disease Control (the Walker Panel) in order to provide a single standing source of expert advice on infectious diseases for Ontario.

PIDAC advises the Chief Medical Officer of Health (CMOH) on prevention, surveillance and control measures necessary to protect the people of Ontario from infectious diseases. PIDAC provides the CMOH with advice on issues such as standards and guidelines for infection control, emergency preparedness for an infectious disease outbreak, protocols to prevent and control infectious diseases and immunization programs.

The role of PIDAC during an influenza pandemic will be to provide advice on prevention, surveillance and control measures to the province's CMOH.

Figure 3.1: Emergency Management Roles and Relationships



## 5.0 Local

The mandate of municipal government and local health care authorities according to OHPIP and with respect to pandemic influenza is to:

- Maintain a local surveillance system, report clusters of febrile respiratory illness/influenza-like illness (FRI/ILI) and investigate outbreaks
- Develop plans to provide mass immunization and distribute vaccines, antiviral drugs and medical supplies
- Liaise with local partners (e.g. emergency responders, hospitals, community services, mortuary services, schools, workplaces)
- Assess the capacity of local health services, including health human resources and helping health services identify additional/alternative resources
- Define clear responsibilities for communication at the local and facility level during a pandemic
- Collaborate with the provincial government to deliver public information/education programs
- Deliver mass vaccination/prophylaxis program

Figure 3.2 on page 3-9, shows the relationship of local public health authorities to provincial and federal authorities in planning for and responding to an influenza pandemic.

### 5.1 Head of Council

The Head of Council of a municipality may declare that an emergency exists in the municipality or in any part thereof and may take such action and make such orders as he/she considers necessary and are not contrary to law to implement the emergency plan of the municipality and to protect property and the health, safety and welfare of the inhabitants of the emergency area (Section 4(1) of the Emergency Management Act). The Head of Council issues reports to the media regarding developments during an emergency and maintains liaison with provincial and local authorities during an emergency.

### 5.2 Upper and Lower Tier Municipalities

All upper and lower tier municipalities, must develop their own continuity of operations plan for pandemic influenza, and carry out training and exercises to prepare their staff for an emergency. They will be required to use these plans to ensure the continuity of essential services during an emergency. Renfrew County & District Health Unit provides health-related information to support pandemic influenza preparedness.

## 6.0 Renfrew County & District Health Unit

Renfrew County & District Health Unit (RCDHU) takes the lead in facilitating pandemic influenza planning throughout Renfrew County & District. Although local planning is critical, many decisions made at the federal or provincial level must be followed locally, such as establishing who has priority in receiving vaccination once a pandemic vaccine becomes available.

The specific RCDHU roles during a pandemic influenza emergency response will include:

- Disease surveillance and reporting
- Case investigation and management
- Identification and follow-up of close contacts
- Health risk assessment and communications
- Liaison with hospitals and other agencies
- Community-based control strategies
- Vaccine and antiviral medication administration and distribution

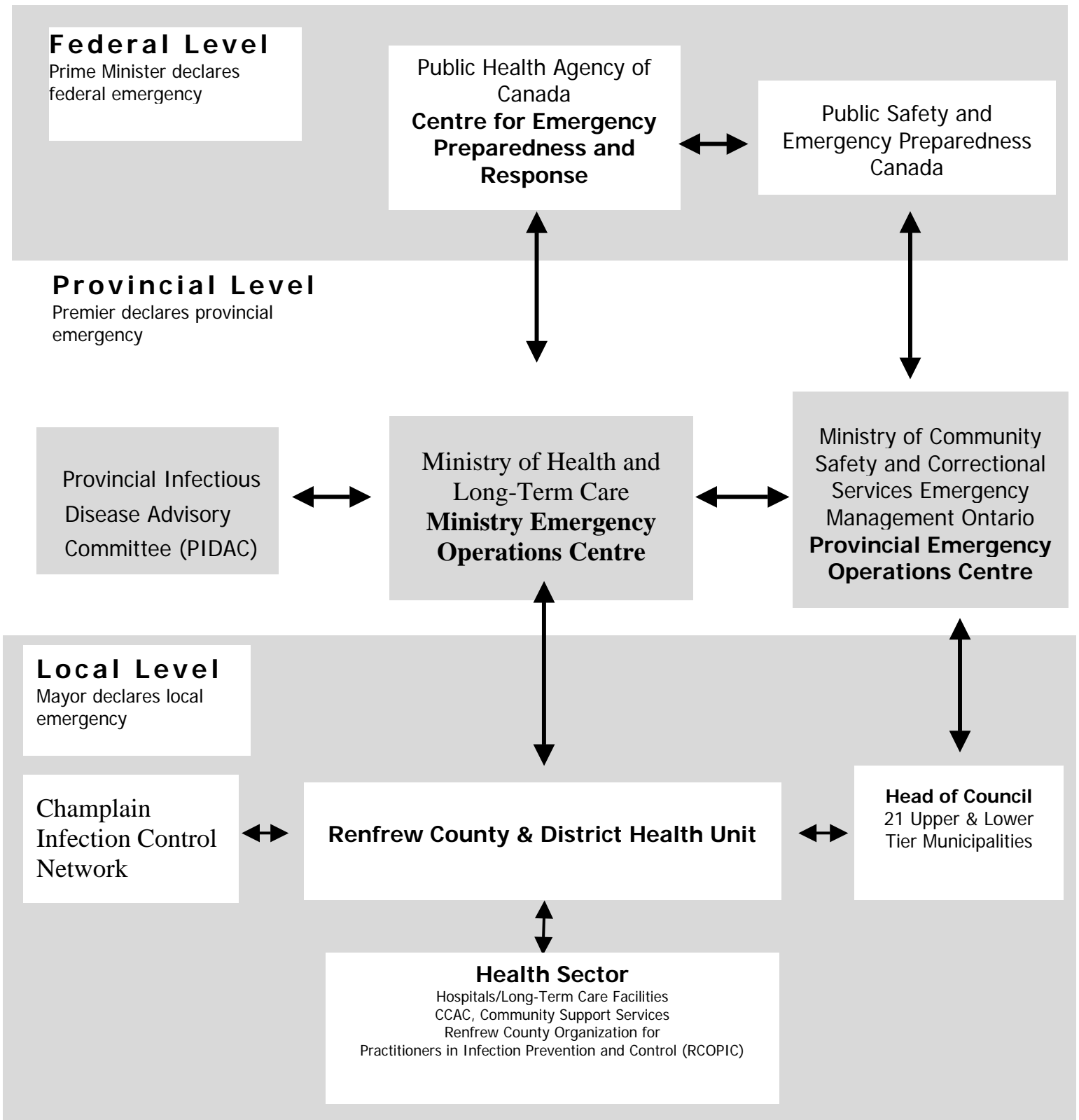
## **6.1 Board of Health**

The Board of Health is the governing body for RCDHU. It was established under the Health Protection and Promotion Act, and is required by the Act to ensure that specified public health programs and services are provided.

As the governing body for RCDHU, the Board must be kept fully informed in order to play its role during an emergency. RCDHU will therefore provide timely information to the Chair and members of the board during a pandemic influenza emergency.



**Figure 3.2: Emergency Management Structure for the Renfrew County & District Pandemic Influenza Plan**



## 6.2 Incident Management System

The Incident Management System (IMS) is an emergency response model that provides a way of coordinating the efforts of agencies and resources by using a common organizational structure that can expand or contract based on the scope of response. The more complex the situation, the more important it is for every agency involved to coordinate its efforts with those of other responding agencies. IMS design makes that possible, as it uses standard terminology and communication systems, consolidated action plans, pre-designated facilities, and an all-hazards approach appropriate for all types of emergencies.

The IMS structure, which is used by agencies across the county to respond to emergencies, is built around five functions: **Command (Incident Manager, Public Information and Liaison), Operations, Planning, Logistics, and Finance/Administration**. In a small-scale emergency response, one person can and often will perform all functions. In a complex, large-scale emergency response, the system can quickly expand to several hundred people supporting each function.

1. **Command** determines the flow of decision-making and communications. In an influenza pandemic, the **Incident Manager** will lead the command function and the overall response effort. As the emergency expands, the Incident Manager will assign people to fill the positions of Public Information and Liaison. Although these responsibilities are delegated to others, they remain under the authority of the Incident Manager.

**Liaison** co-ordinates with participating agencies and represents the Incident Manager in dealings with other agencies and community groups. This function establishes formal communication with agencies and services involved in pandemic influenza response (such as the Board of Health, Heads of Councils, hospitals, long term care facilities and physicians) and with other community groups as needed.

**Public information** is responsible for media relations, communications strategy, and releasing information about the pandemic influenza.

2. **Operations** is responsible for managing the RCDHU response operations, such as Health Information Line and case management.
3. **Planning** assesses the situation and creates an Incident Action Plan, which identifies public health objectives for the emergency response and the response activities.
4. **Logistics** coordinates facilities, services, materials, and personnel for the emergency response. This includes organizing and confirming the availability of staff.
5. **Finance/Administration** tracks all expenditures, claims, purchases, and contracts initiated during the emergency. Administration monitors all expenses and identifies RCDHU resources used during the emergency response.

The IMS is used by agencies across the county to respond to emergencies. RCDHU has adopted the IMS and will organize itself accordingly to communicate, cooperate and respond collectively with other county emergency response partners. Figure 3.3 (on page 3-11) illustrates RCDHU's IMS organization and functions in a pandemic which allows RCDHU to coordinate its own efforts, integrate our activities with other responding agencies and manage resources during an emergency.

In addition to creating specific plans regarding the application of the IMS model in the circumstances of Pandemic Influenza response, Renfrew County & District Health Unit has developed a **Service Continuity Plan** outlining service areas that must continue, as well as service areas from which resources can be temporarily be pulled to assist with the emergency response.

Figure 3.3: Renfrew County & District Health Unit Public Health Pandemic Influenza Incident Management System

