When an emergency strikes... we're ready! How prepared are you?

Middlesex-London Health Unit

- community partners in response -

When disaster strikes our part includes:

- emergency health communications
- disease outbreak management
- immunization
- monitoring of water quality
- food safety
- home safety
- pandemic planning
- hazardous materials
- air quality
- family preparedness
- extreme weather response

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

50 King Street, London, ON N6A 5L7
519-663-5317

EXECUTIVE SUMMARY OF EMERGENCY RESPONSE PLAN 2012

Table of Contents

**This summary should be used as a guide for MLHU Staff;
if you are in an emergency situation, CALL 9-1-1 immediately.**

Introduction

This booklet has been prepared for the staff of the Middlesex-London Health Unit (MLHU) to facilitate a first response to an emergency in our community. It contains a summary of reference and contact information to inform and assist the user in responding to emergencies within our offices and/or emergencies that may occur in the community.

For further information, refer to the EMERGENCY RESPONSE PLAN hard copies are available in each service area and an electronic copy can be found on the MLHU website and on the Intranet.

The EMERGENCY RESPONSE PLAN is a basic document, while additional procedure specific plans such as these have added additional dimensions to the planning parameters:

a) Pandemic Influenza Plan for Middlesex-London (2006)
b) Extreme Temperature Protocol (2007)
c) The Unique Grief Reactions of a Victim (2007)
d) CBRN-E Incident – Public Health Management Guidelines (2008)
e) Panic Alarm Protocol (2009)
f) Guidelines for Handling Suspicious Packages (2009)
g) Adverse Winter Weather Protocol (2012)

All of the above plans have been widely distributed, are posted on the intranet and are also available from the Manager of Emergency Preparedness.

Polices and procedures in the EMERGENCY RESPONSE PLAN (are designed to compliment the *County of Middlesex Emergency Response Plan (2012)* and the *City of London Emergency Response Plan (2012)*. This plan is now compliant with *Canadian Standards Association, Standard Z1600-08: "Emergency Management and Business Continuity Programs".*

The Middlesex County Emergency Response Plan (2012) can be found at:
http://www.middlesex.ca/living-here/emergency-planning

The City of London Emergency Response Plan (2012) can be found at:
http://www.london.ca/d.aspx?s=/Emergency_Management/plan.htm

(See Appendix section in the EMERGENCY RESPONSE PLAN
for the County and City Emergency Response Plans)

In the event of an emergency, families should have back-up plans in place. Children should understand where they should go, in the event of school closures or an early dismissal. Childcare arrangements at home or on the same bus route should be made in advance. Changes that have children moving to unfamiliar bus routes may cause other stresses and concerns. Pre-program cell phones to include emergency contact numbers.

Households should have a 72 Hour Emergency Kit, which contains enough essentials for all members of the family (including pets). Typically these items would include non-perishable food, water, changes of warm clothing and hygiene supplies. Dressing in a manner appropriate for the weather is essential.

WHAT TO DO IN AN EMERGENCY:

- ✓ **CALL 9-1-1** and Yell for Help!
- ✓ Keep calm. Somebody will assist you.
- ✓ Make sure you are not in any danger.
- ✓ Call the appropriate staff member and/or to inform them of the event.
- ✓ Ask a staff member to assist you in making and receiving calls in order to ensure that important information is communicated as quickly as possible.
- ✓ Refer to the EMERGENCY RESPONSE PLAN Keep an event log to track important details and communications. Be sure to clarify any requests for assistance, noting important timelines/deadlines for decision-making.
- ✓ Pass along <u>all</u> information you may have to the Manager of Emergency Preparedness and the Office of the Medical Officer of Health.

WHAT NOT TO DO IN AN EMERGENCY:

- × Do not panic!
- × Do not answer public, municipal or media inquiries. Take down the caller's information and advise the Manager of Communications.

Update your supervisor with any information you may have regarding the emergency, including information on:

- type of event;
- location;
- residents impacted;
- health;
- environmental/safety issues;
- any other details available.

Policies

MLHU Administration Policy Manual policies relevant to emergencies:

Policy Number	Policy Title
Policy 5-035	Vulnerable Sector Screening
Policy 7-40	Responding to Fridge Alarms at MLHU
Policy 8-051	Respirator Protection – Fit-testing
Policy 8-20	Employee Injury/Incident
Policy 8-21	Non-Employee Injury/Incident
Policy 8-22	Critical Injury and Fatality
Policy 8-23	First Aid Requirements
Policy 8-25	Workplace Violence
Policy 8-40	Workplace Hazardous Materials Information Systems (WHMIS)
Policy 8-50	Infection Control
Policy 8-60	Immunization and TB Skin Testing Recommendations for Staff
Policy 8-70	Personal Safety
Policy 8-80	Inclement Weather
Policy 8-90	Office Closure due to Inclement Weather
Policy 8-110	Fire Plan
Policy 8-120	Emergency Response to External Disaster
Policy 8-130	Safe Driving

http://intra.mlhu.on.ca/policies/

Hazard Identification and Risk Assessment (HIRA)

Middlesex County and the **City of London** have identified in their **Community Risk Profile** the potential of experiencing an emergency based on any of these circumstances:


Middlesex County

- Winter storms (snow storms, blizzards, ice and sleet storms, hail storms);
- Wind storms/tornadoes;
- Snow storms, lightening storms, hail storms, ice storms;
- Hazardous material – fixed sites;
- Energy emergencies;
- Critical infrastructure failure;
- Hazardous materials/transportation incidents;
- Transportation incident (road, rail, air);
- Petroleum/gas pipeline emergencies;
- Animal disease;
- Human health emergencies and epidemics;
- Agriculture and food emergencies;
- Water quality emergencies;
- Floods;
- Fog.

City of London

- Heat/cold winter storm emergencies;
- Severe weather incidents (fog, hailstorms, lightning storms);
- Windstorms and tornadoes;
- Hazardous materials: fixed site;
- Hazardous materials: transportation emergency;
- Explosions/fires;
- Flooding;
- Human health epidemics;
- Energy supply emergencies.

All documents pertaining to Middlesex County have been copied on **pink** paper. All documents pertaining to City of London have been copied on **blue** paper.

Community Emergency Response Volunteers (CERV)

CERV is an acronym for **Community Emergency Response Volunteers**, which is a province-wide program to improve safety and security in Ontario Communities – large or small, urban or rural. The Middlesex-London Health Unit is the first public health unit in Ontario to have its own CERV team!

CERV provides support to municipalities by administering volunteer emergency response. When someone volunteers for **CERV**, special skills are not necessarily the first priority. A willingness to step up to the challenge when members of the community need help is just as important. These volunteers are trained in: basic search and rescue, community emergency management, critical incident stress management, emergency and disaster response skills, emergency exercise training, emergency first aid and CPR certification, fire safety and prevention, pandemic planning and infection control, personal and family emergency preparedness, public awareness and education, reception centre assistance, registration and inquiry, volunteer health and safety
More information can be found at:
http://healthunit.com/sectionList.aspx?sectionID=595

Critical Incident Stress Management (CISM)

Critical incident stress is a condition that occurs when someone experiences a stressful or traumatic situation. Emergency Management Ontario (EMO) has identified this issue as one that needs to be addressed in emergency plans. When reality does not equal expectations, the result will be increased stress levels.

It will be the responsibility of all employees to be aware of the concerns of fellow employees after the crisis has been resolved. Signs of stress could be verbal or non-verbal and could include increased absenteeism, etc. Staff members are encouraged to consult with their manager and/or Human Resources as soon as possible if they are concerned about other staff as well as their own issues.

Special Needs

The MLHU is a facility open to the public, and on any given day, there may be people with special needs attending our offices for services. Therefore it is critical for all staff to be aware of the special needs of some people. People with disabilities who are self-sufficient under normal circumstances may have to rely on the help of others in a disaster. Fire Services personnel will be directed to assist with the evacuation of those with impaired mobility. However, in the event of, and during an emergency, the MLHU has a responsibility to respond to the particular evacuation requirements of person(s) with special needs.

KNOW THE CODE

CODE YELLOW: MISSING PERSON

1. Time is critical, immediately conduct a search, checking your service area.
2. **CALL 9-1-1.**
3. Secure doors to prevent persons entering or leaving the office until police arrive.
4. ***Notify a supervisor, reception and the Office of the MOH.***
5. Write down as many details of the incident as possible.

CODE ORANGE: DISASTER

1. If you are involved or a witness, **CALL 9-1-1 IMMEDIATELY.**
2. MOH will initiate a fan-out of information to the incident management team.

CODE RED: FIRE

1. **CALL 9-1-1.**
2. If possible, remove all occupants from the area of danger.
3. **DO NOT RUN**, if safe to do so, stop for personal belongings you may need in the next 24 hours.
4. **DO NOT USE ELEVATOR**.
5. Loudly, notify managers, co-workers and reception staff.

CODE WHITE: VIOLENT/BEHAVIOURAL SITUATION

1. **CALL 9-1-1.**
2. ***Notify a supervisor, reception and the Office of the MOH***
3. Pull alarm mechanism found in reception, travel clinic, and sexual health clinic or the resource room.

CODE BLUE: MEDICAL EMERGENCY

1. Begin Cardiopulmonary Resuscitation (CPR), if certified to do so and alert others to **CALL 9-1-1.**
2. If not certified, yell for someone to assist you, reassure patient and those in the vicinity of the patient.

CODE GREEN: PRECAUTIONARY EVACUATION

1. **CALL 9-1-1.**
2. Evacuate to designated spots away from the building.
3. Attempt to account for all co-workers.

CODE PINK: MEDICAL EMERGENCY (INFANT/CHILD)

1. **CALL 9-1-1.**
2. If child or infant is not responding, the ABC's of basic life support are followed: airway, breathing and circulation.

CODE BROWN: IN FACILITY HAZARDOUS SPILL

1. **CALL 9-1-1** for large spills and evacuate.
2. Safely evacuate persons from the affected area and perform first aid if required.
3. Prevent the spread of fumes by closing doors, if possible.
4. Report spill to a Manager and to the Director of Finance and Operations.

CODE PURPLE: HOSTAGE TAKING

1. **CALL 9-1-1.**
2. Restrict staff response to hostage taking.
3. Evacuate all clients, visitors, and staff from the immediate area, if safe to do so.

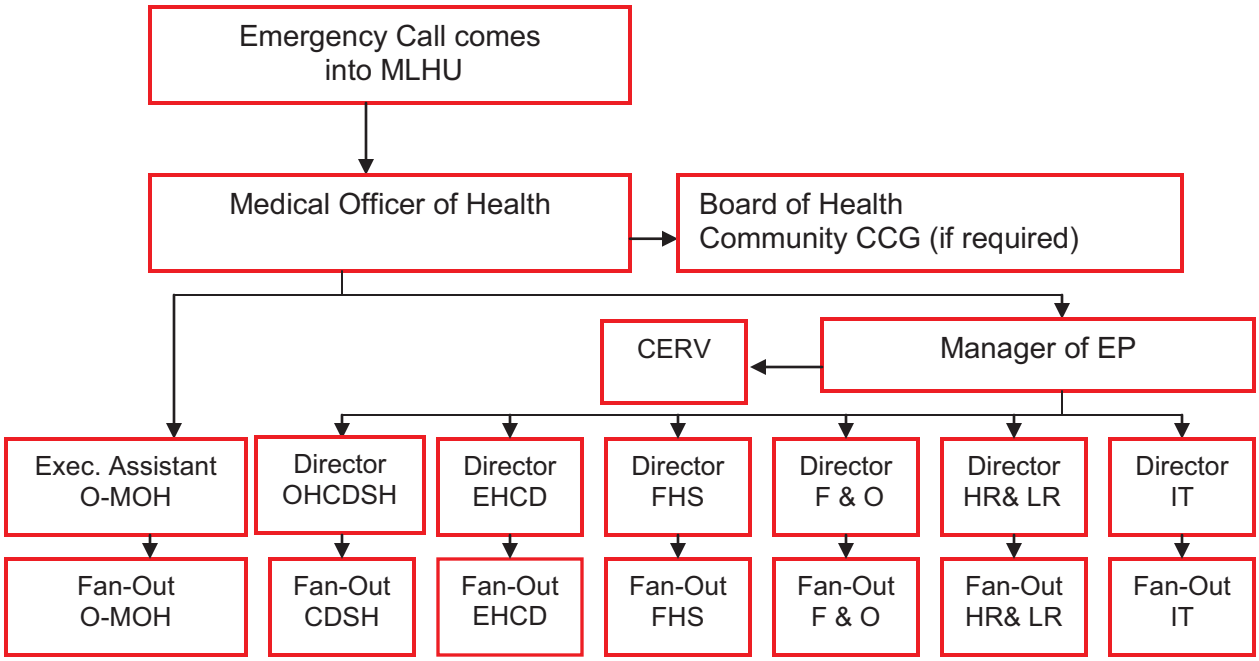
CODE BLACK: BOMB THREAT

1. **CALL 9-1-1.**
2. Do not touch any suspicious object or device. Report it immediately.
3. Evacuate.

CODE GREY: INFRASTRUCTURE LOSS OR FAILURE

1. Close external windows and doors of offices.
2. All Heating, Ventilation and Air Conditioning (HVAC) must be shut down.
3. Remain indoors until emergency responders give **"ALL CLEAR".**

MLHU Fan-Out



What is the role of Emergency Management Ontario (EMO)?

Emergency Management Ontario (EMO) is responsible for the development and implementation of emergency management programs throughout Ontario. EMO provides advice and assistance to community officials, while coordinating the provincial response.

Web: http://www.emergencymanagementontario.ca/

Phone: 1-866-314-0472

Municipal Evacuation Centres

The **COUNTY OF MIDDLESEX** has determined these sites will be their reception centres when an evacuation is ordered:

Adelaide-Metcalfe

- Strathroy District Collegiate Institute, 361 Second Street, Strathroy - Primary
- W. G. MacDonald Public School, 29059 School Road, R. R. #5 Strathroy

Lucan-Biddulph

- Lucan Memorial Community Centre, 263 Main Street, Lucan
- Wilberforce Public School, 340 Beech Street, Lucan

Middlesex Centre

- Bryanston Community Centre, 15321 Plover Mills Rd., Ilderton
- Ilderton Community Centre, 13168 Ilderton Rd, Ilderton

North Middlesex

- North Middlesex District Community Centre, 225 McLeod Street, Parkhill
- Ailsa Craig Recreation Centre, 155 AnnieAda Shipley Street, Ailsa Craig

Southwest Middlesex

- Glencoe & District Memorial Arena, 138 Mill Street, Glencoe
- Glencoe District High School, 3581 Concession Street, Box 370, Glencoe

Strathroy-Caradoc

- Gemini Sportsplex, 667 Adair Boulevard, Strathroy
- Caradoc Community Centre, 565 Lions Park Drive, Mount Brydges
- Strathroy District Collegiate Institute, 361 Second Street, Strathroy

Thames Centre

- Dorchester Community Centre, 2066 Dorchester Road, Dorchester
- Thorndale Community Centre, 21737 Fairview Road, Thorndale

Newbury

- Mosa Central Public School, 22741 Pratt Siding Road, R. R. #3, Newbury
- Glencoe District High School, 3581 Concession Drive, Glencoe

Municipal Evacuation Centres

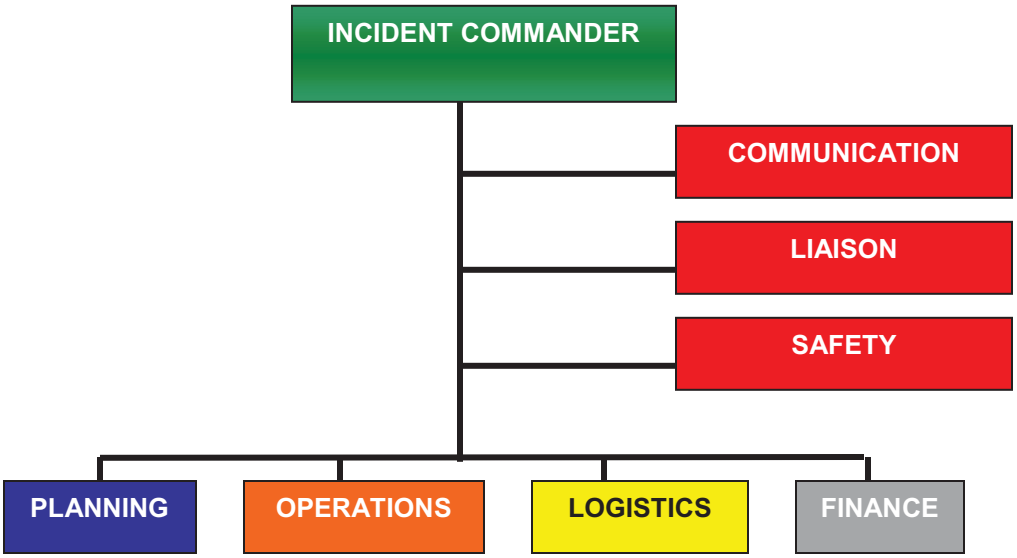
The **CITY OF LONDON** has determined these sites will be their designated reception centres when an evacuation is ordered:

- Carling Heights Optimist Community Centre (Pool) - Central/East
  650 Elizabeth Street (Adelaide and Oxford), London
- Western Fair Grounds
  316 Rectory Street, London
- Kinsmen Recreation Centre (Arena) - Central
  20 Granville Ave (Wharncliffe Road North), London
- South London Community Centre
  1119 Jalna Blvd, London

Alternates:
If necessary, Community Services would designate an alternate site.

CBRN-E	*Chemical, Biological, Radiological, Nuclear (Explosive)*
COOP	*Continuity of Operations Plan*
DART	*Disaster Assistance Recovery Team*
DND	*Department of National Defense (Canadian Forces)*
EMAT	*Emergency Medical Assistance Team*
EMU	*Emergency Management Unit (Ministry of Health and Long-Term Care)*
EOC	*Emergency Operations Centre*
HAZMAT	*Hazardous Materials*
HUSAR	*Heavy Urban Search and Rescue*
MNR	*Ministry of Natural Resources*
MOE	*Ministry of the Environment*
ODRAP	*Ontario Disaster Relief Assistance Program*
PERT	*Provincial Emergency Response Team*
R & I	*Registration & Inquiry Service*
SAR	*Search and Rescue*

Incident Management System



The MOHLTC endorses the use of an Incident Management System (IMS) to direct, control, and coordinate operations during and after an emergency. The MLHU now implements the system as well.

IMS is a widely recognized, interdisplinary, systematic approach for establishing a command and control system at an incident.

Did you know?

Room 3A at 50 King Street is designated as the MLHU's Incident Operations Centre.
Alternate sites: 1) Board Room in Middlesex County Building
2) Meeting room at 201 Queens Ave.

The EMERGENCY RESPONSE PLAN contains MLHU fact sheets* that cover:

- Air Quality Index & You
- Alcohol-Based Hand Sanitizers and Hand Hygiene Questions and Answers
- Asbestos
- Bats and Rabies
- Boil Water Advisory Recommendations
- Carbon Monoxide
- Cleaning and Disinfection of Flooded Premises
- Cold Storage of Food
- Correct Dishwashing Procedure
- Dry Ice Safety
- Emergency Detour Routes (EDR)
- Extreme Temperature Protocol
- Heat Related Illness – How to Beat/Manage the Heat
- Hypothermia Due to Overexposure
- Internal Cooking Temperatures of Food
- Mixing of Chlorine (Bleach) Solution for Disinfecting
- Public Health: Management of Disasters & Emergencies
- Rabies Awareness
- Rabies Reminder for Summer Camps
- Safe Food and Water During an Emergency
- Safe Food Handling “How to Prepare Food at Home”
- Staying Warm in an Unheated House
- Understanding the UV Index
- Well Water Disinfection
- What Do I Save and What Do I Throw Away When The Power Is Out?

Childcare Centres

- Cold Weather Alert Guidelines
- Guidelines for Child Care Centres During a Boil Water Advisory
- Guidelines for Child Care Centres During a Drinking Water Advisory
- Guidelines for Child Care Centres During a Power Outage
- Guidelines for Child Care Centres During a Water Interruption
- Heat Alert Guidelines for Child Care Centres
- Planning for a Power or Water Disruption in a Child Care Centre
- Returning to Normal Operation after a Power Outage in Child Care Centres
- Returning to Normal Operation after a Water Disruption in a Child Care Centre

Long-Term Care Homes

- Be Prepared. Power or Water Disruptions in Long-Term Care Homes
- Guidelines for Long-Term Care Homes During a Boil Water Advisory
- Guidelines for Long-Term Care Homes During a Drinking Water Advisory
- Guidelines for Long-Term Care Homes During a Power Outage
- Guidelines for Long-Term Care Homes During a Water Interruption
- Returning to Normal Operation after a Power Outage in Long-Term Care Homes
- Returning to Normal Operation after a Water Disruption in a Long-Term Care Home

EMERGENCY PHONE NUMBERS

Accident Reporting Centre	519-661-2664	Mental Health Crisis Line	519-433-2023
Animal Control	519-685-1330	Ministry of Labour	1-800-265-1676
CANUTEC	1-613-990-2309	MOE Drinking Water Programs	519-873-5122
Canadian Food Inspection Agency	519-691-1300	MOE Evacuation Hotline	1-866-361-7817
Children's Aid	519-455-9000	MTO Winter Road Conditions	1-800-268-4686
Children's Hospital	519-685-8484	Public Services Health & Safety Assoc.	1-613-659-3962
CP Railroad	1-800-766-7912	Canadian Propane Assoc.	1-613-683.2270
CN Police	1-800-465-9239	Poison Control	1-800-268-9017
Four Counties Hospital	519-693-7111	Property Standards	519-661-2500
Lyndon Security	519-617-0546	Public Health Lab	519-455-9310
Hillside Animal Clinic	519-469-3247	Social Services	519-661-5432
Huron & Elgin Water Supply	519-661-2500 x 2714	Spills Action Centre	1-800-268-6060
Hydro One	1-416-345-4009	St. Joseph's Health Care Centre	519-646-6280
Lobo Animal Care	519-666-1632	Strathroy General Hospital	519-245-5295
London/District Catholic School Bd.	519-663-2088	Technical Standard & Safety Authority	1-877-682-8772
London Health Sciences Centre	519-685-8500	Thames Valley District School Bd.	519-452-2000
London Hydro	519-661-5555	Union Gas	1-877-969-0999
London Police Family Consultants	519-661-5636	Victim Services – Middlesex County	519-245-6660

Notes

An equilateral triangle within a circle is the international symbol for emergency preparedness. The blue triangle represents harmony, balance and calm while the orange circle is the sign of alert and danger. EP and MLHU indicates the commitment of the Middlesex-London Health Unit to Emergency Preparedness.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

For more information on
Emergency Preparedness visit:
www.healthunit.com/emergency
emergency@mlhu.on.ca

Patricia Simone
Manager, Emergency Preparedness
pat.simone@mlhu.on.ca
519-663-5317 ext. 2371
519-617-0571

Middlesex-London Health Unit

EMERGENCY RESPONSE PLAN

(2012)

50 King Street
London, Ont.
N6A 5L7
(519) 663-5317

201 Queens Ave, 4th Floor
London, Ont.
N6A 1J1
(519) 663-5317

51 Front St. East
Strathroy, Ont.
N7G 1Y5
(519) 245-3230

www.healthunit.com

For information, please contact:

Patricia Simone
Manager of Emergency Preparedness
Middlesex-London Health Unit
50 King St.
London, Ontario
N6A 5L7
phone: 519-663-5317, ext. 2371
fax: 519-663-9413
e-mail: pat.simone@mlhu.on.ca
Web: www.healthunit.com/emergency

Marilyn Ashworth,
Program Assistant
Middlesex-London Health Unit
50 King St.
London, Ontario
N6A 5L7
phone: 519-663-5317, ext. 2539
fax: 519-663-9413
e-mail: marilyn.ashworth@mlhu.on.ca

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

An equilateral triangle within a circle is the international symbol for emergency preparedness. The blue triangle represents harmony, balance and calm while the orange circle is the sign of alert and danger. EP and MLHU indicates the commitment of the Middlesex-London Health Unit to Emergency Preparedness.

Middlesex-London Health Unit
50 King Street
London, Ontario
N6A 5L7

Cite reference as: Middlesex-London Health Unit (2012).
Emergency Response Plan (2012).
London, Ontario

Author:

Patricia Simone
Manager, Emergency Preparedness

Table of Contents

EMERGENCY RESPONSE PLAN COLOUR LEGEND

Colour of Page	*Contents*
Pink	County of Middlesex
Blue	City of London
Green	MLHU Staffing
Yellow	Forms to be filled out

Note: Due to privacy and confidentiality concerns, the green sections have been removed from this document and the full Emergency Response Plans for the county and the city have been omitted, but can be accessed via the links to their respective websites.

This Emergency Response Plan was endorsed by the Middlesex-London Board of Health at their meeting held on Thursday, September 13, 2012.

"Report No. 093-12 re: Emergency Response Plan 2012 … It was moved by Mr. Orser, seconded by Ms. Coderre that the Board of Health endorse the 2012 Emergency Response Plan." Carried.

Sherri Sanders
Executive Assistant to the Board of Health
Middlesex-London Health Unit

Distribution List

#	Name	Position Title
1.		Medical Officer of Health Office of the Medical Officer of Health
2.	Dr. Bryna Warshawsky	Associate Medical Officer of Health Oral Health, Communicable Disease & Sexual Health Services
3.	Wally Adams	Environmental Health & Chronic Disease Prevention Services
4.	Diane Bewick	Family Health Services
5.	John Millson	Finance and Operations
6.	Louise Tyler	Human Resources and Labour Relations
7.	Rick Shantz	Information Technology
8.	Non-Union Management Team	Disk/Encrypted Stick /Executive Summary
9.	All Staff	Intranet/Executive Summary
10.	Public	Website (sanitized version)

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

VISION STATEMENT

Creating a health community…together!

MISSION STATEMENT

The mission of the Middlesex-London Health Unit, a teaching health unit, is to promote wellness, prevent disease and injury, and protect the public's health through the delivery of public health programs, services and research.

GOALS OF THE EMERGENCY RESPONSE AND CONTINUITY OF OPERATIONS PLAN

To enhance and sustain the MLHU's capacity to monitor, assess and respond quickly and effectively to urgent public health matters.

To work with others to achieve strong, sustainable municipalities and a health system with the capacity to monitor and respond to urgent public health threats.

To develop pro-active and preventative response strategies for urgent public health threats.

EMERGENCY PREPAREDNESS
EP
MLHU
MIDDLESEX-LONDON HEALTH UNIT

Preface

This is the 2012 edition of the Middlesex-London Health Unit's EMERGENCY RESPONSE PLAN, which includes the requirements for a comprehensive emergency management program.

Emergencies are complex, often exceeding the capability of single organizations. They likely will also create a new operations environment, one that exceeds the day to day demands of the organization.

The goal of this plan is to develop, implement, maintain, and evaluate emergency management and business continuity programs. The plan will support our staff's efforts to anticipate, prevent and respond effectively to public health emergencies. This will also address prevention, mitigation, preparedness, response and recovery. The purpose of the EMERGENCY RESPONSE PLAN is also to prevent or limit personal injury, limit damage to physical assets and to protect organizational viability. The emergency response process is planned strategically and is reviewed regularly in collaboration with other community emergency service providers.

This plan was developed using generally accepted principles and practices for emergency management. It incorporates format and planning elements derived from the documents listed in *Reference Publications.*

All policies and procedures in this EMERGENCY RESPONSE PLAN are designed to compliment the following documents, allowing the Middlesex-London Health Unit to fulfill its obligations within both plans.

- The *County of Middlesex Emergency Response Plan (2012)*
- The *City of London Emergency Response Plan (2012)*

The plan is now compliant with the following documents:

- *Canadian Standards Association, Standard Z1600-08: "Emergency Management and Business Continuity Programs*"
- *Emergency Management Accreditation Program (USA)*

This plan does not duplicate the planning activities of other levels of government and/or stakeholders engaged in responding to specific risks.

It is essential that all concerned are aware of the provisions herein and that every manager and service area is prepared to carry out their assigned functions and responsibilities in an emergency. Staff should review the plan on a regular basis and keep up to date with the annual revisions and the procedures within their service area for handling emergencies.

Representatives of local emergency response agencies, Community Emergency Management Coordinators (CEMC) for the County of Middlesex and the City of London and the Senior Emergency Management Officer, Tecumseh Sector (Southwest area) from Emergency Management Ontario (EMO) have also reviewed the document.

Compliance is generally determined by having written plans and relevant documents made readily available.

All hard copies of the manual are numbered. A record of the distribution list will be maintained.

In developing this plan, certain assumptions were made:

- In an emergency, this document will provide guidance and the resources to manage the crisis in an effort to minimize community health risks.
- MLHU programs will cease as per direction, and associated staff may be made available to respond to the current emergency situation.
- Communication will be open throughout the process, as appropriate, to ensure effective and efficient emergency responses.
- Communication with staff and the public will be given as the emergency progresses.
- Members of the Incident Management Team (IMT) will make themselves available upon activation of the plan.
- Each individual in the Incident Management Team will make every effort to ensure that their responsibilities are completed and will report back as needed.
- Incident Management System (IMS) will be used as per guidelines provided by the MOHLTC and EMO and may be modified as needed.
- This plan assigns specific functional responsibilities to appropriate staff members and service areas, as well as outside agencies.
- This plan addresses the various types of emergencies that the communities have identified as likely to occur.
- All references to the Medical Officer of Health (MOH) shall assume the inclusion of the Associate Medical Officer of Health (AMOH) and the Medical Officer of Health On-Call (MOH-OC).

1. Scope

1.1

This plan establishes a common set of criteria for emergency management and business continuity programs. This plan was prepared to ensure safe operations that will protect the health and welfare of the employees, the surrounding communities and the environment. It has been prepared to assign responsibilities and to guide the immediate actions of staff members in the first critical hours after the onset of an emergency affecting the health of the Middlesex and London communities. The plan can be used in concert with local plans for emergency response.

1.2

This plan establishes the elements of a continuous improvement process to develop, implement, maintain and evaluate the emergency management and business continuity programs that will address prevention, mitigation, preparedness, response and recovery. The elements included in this plan are

(a) program management
(b) planning
(c) implementation
(d) evaluation and
(e) management review

1.3 Purpose and Accountability

The Middlesex-London Health Unit's EMERGENCY RESPONSE PLAN provides the framework through which a timely and effective mobilization of health unit staff and resources can be achieved in order to protect the health of the staff, citizens of the County of Middlesex and of the City of London.

This plan also establishes a framework for an effective system of managing any emergency, either internal or external, which affects the normal operations of the agency. It explains the framework and procedures in place for our operations to effectively respond to emergencies.

This manual contains information about the roles and responsibilities of staff and service areas during an emergency situation or disaster. Service areas are responsible for the further development of their own specific emergency response policies and procedures pertaining to the delivery of their services to the community. The plan attempts to integrate and acknowledge the community responder partnerships necessary for coping effectively with the emergency situation.

This plan is intended to provide guidelines for the establishment and operation of the Incident Operations Centre (IOC) which may be implemented for any of the eleven "colour code" nomenclature designators.

This is a plan for the coordination of staff and services required in the event of a real or anticipated emergency that will:

- Prepare for a prompt and efficient response to emergencies, which will occur either outside or inside of our offices.
- Define the role of public health personnel.
- Assist in the management and control of the emergency.
- Prevent fatalities and injuries in citizens and staff related to the emergency.
- Prevent and control the spread of infectious disease(s).
- Provide accurate information to officials, the media and concerned citizens.
- Reduce damage to buildings, supplies and equipment.
- Assist in restoring the community and health unit to normal services.
- Reduce the vulnerability of the MLHU, its clients and staff to damage, injury and loss of life and/or property resulting from natural, technological or man-made emergencies.
- Respond to emergencies using all systems and resources necessary to preserve the health, safety and welfare of all persons affected by the emergency.
- Recover from emergencies by providing for the rapid and orderly start of restoration activities affecting our staff, clients and property.
- Provide an emergency management system embodying all aspects of preparedness, response, recovery and mitigation.

The overriding mission in any emergency situation is to:

- Protect life and provide safety to staff and public.
- Protect any research, critical records, valuable and irreplaceable materials.
- Secure our critical infrastructure and facilities.

This emergency plan is intended to be generic and a living document. It will incorporate the language, terms and framework that other emergency service workers and health care workers are familiar with, as they will be working *WITH* the MLHU in resolving whatever situation the emergency presents (as in the Incident Management System). The interoperability component is very important, in that no emergency is ever managed alone.

Besides providing guidance during an emergency, the development of this plan has other advantages; it identifies resources, outlines safety awareness, financial impact and the organization's commitment.

This plan identifies the need for rapid decision making to identify potential hazards, deficiencies, arranged resources, and trained personnel to ensure that initial chaos turns into an effective communication structure able to be relied upon to function optimally.

Accountability and the responsibility to maintain and update this document lie with the Medical Officer of Health who will delegate the duty to the Manager of Emergency Preparedness to ensure that the ongoing work on the document is completed.

This plan is reviewed annually by the Manager of Emergency Preparedness and is forwarded to the Directors Committee when there are significant changes that warrant a reprint.

Changes that directly impact on the viability of the plan are brought to the attention of the Manager of Emergency Preparedness. Who will edit and present changes to the Director's Committee and the Board of Health for approval. Such matters as change of staff in various positions, telephone and other changes are noted in the plan as soon as possible. Current copies of such lists are gathered and reviewed bi-annually by the Manager of Emergency Preparedness.

The review process shall be seen as an effort to maintain an evolving organizational state of preparedness; it shall review non-structural hazard assessments and make recommendations for future enhancements.

1.4

The elements of programs covered by this plan address functions that commensurate with the risks established by hazard identification, risk assessment, and eventually, a business impact analysis.

1.5

This plan applies to the Middlesex-London Health Unit and will be used for educational and training purposes, as well as a manual to assist in the management of an emergency.

1.6

Emergency Management Ontario (EMO) offers these definitions of an emergency to clarify the scale of the crisis:

- A ***LOCAL EMERGENCY*** is a single event relatively confined to one point or area. It can be managed by the affected region or with minimal assistance.

- A ***MINOR DISASTER*** is typically defined as any incident that exceeds the resources of the affected area. It is an incident that exceeds the ability of the affected area to manage response, and requires assistance from other areas.

- A ***MAJOR DISASTER*** is any incident that exceeds the resources or ability to manage the response in the region. Major assistance from other areas will likely be needed. The Emergency Operations Centre (EOC) will be activated.

- A ***CATASTROPHIC DISASTER*** is an incident that threatens the survival of the agency or the community. Local and Provincial Emergency Operations Centres (EOC) may be activated.

For the purposes of this document, an **INTERNAL EMERGENCY** will be defined as: *an incident/emergency directly involving one or more of the offices (either structurally or as a human health issue) of the Middlesex-London Health Unit and may require external assistance from emergency responders. Although, the event is an isolated event within our walls, it may require our staff to be re-deployed to other areas*

For the purposes of this document, an **EXTERNAL EMERGENCY** will be defined as: *an incident/emergency that has a potential public health component and may be part of a*

multi-agency response. It occurs in the community at large, but affects the MLHU and its operations by requiring a redirection of staff resources. This re-deployment may involve one or more service areas. The MLHU will have a lead role in such emergencies as a disease outbreak. The MLHU may provide a supportive role in other emergencies such as a train derailment.

This document replaces all previous similar documents, namely the: Peacetime Emergency Response and MLHU Emergency Manual and Crisis Communications Plans and the Middlesex-London Health Unit Emergency Response Plan.

Benefit of an Emergency Plan

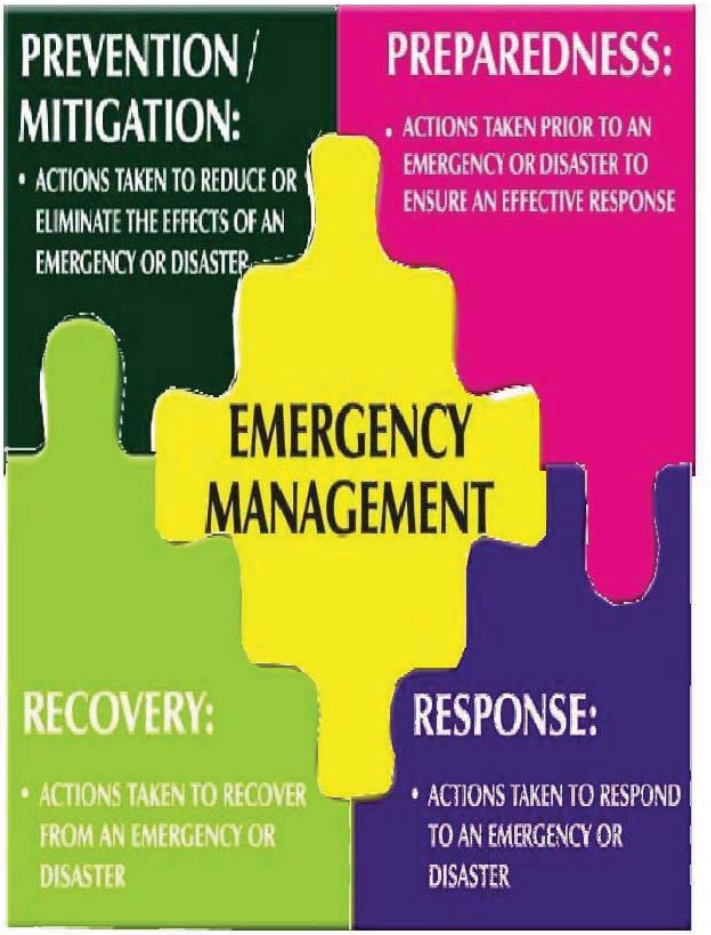
- Reduced risk of an emergency or disaster
- Protection of life, health, environment and property
- Continuity of operations
- Increased level of workplace health and safety
- Trained and prepared management and workers
- Increased level of readiness
- Decreased response and recovery time
- Enhanced public and corporate confidence
- Security of vital records and information systems

Reference Publications

Relevant documents consulted for this plan, include:

- Accessibility for Ontarians with Disabilities Act, 2005 S.O. 2005, c.11
- Bill 212 The Good Government Act, 2009
- Building Code Act, 1992, S.O. 1992, c.23
- Canadian Charter of Rights and Freedoms
- Canadian Standards Association: CSA Z731-03 Emergency Preparedness and Response
- Child and Family Services Act (Section 103 of Reg. 70)
- City of London Emergency Response Plan, 2012
- Coroner's Act, R.S.O 1990, c.37
- County of Middlesex Emergency Response Plans (upper and lower tiers), 2012
- Criminal Code of Canada
- Day Nurseries Act, R.S.O. 1990
- Emergencies Act, 1985, c.22
- Emergency Management Accreditation Program, 2006
- Emergency Management Doctrine for Ontario (EMO, 2004)
- Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9.
- Emergency Management Statute Law Amendment Act, 2007 (formerly Bill 56)
- Employment Standards Act, 2000, S.O. 2000, c.41
- Fire Protection and Prevention Act, 1997, S.O. 1997, c.4
- Food Safety and Quality Act, 2001, S.O. 2001, c.20
- Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31
- Health and Safety in Emergency Management: A Guide for the Protection of Community and Health Care Staff, Ontario Safety Association for Community and Health Care (2007)
- Health Care & Residential Facilities Regulation 67/93 (Section 8)
- Health Protection and Promotion Act 1990, RSO 1990, H-7
- Highway Traffic Act, R.S.O 1990, c.H-8
- Labour Relations Act, 1995, S.O. 1995 c.1, Sched. A
- Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, C. M.56
- National Fire Protection Association: Programs
- Occupational Health & Safety Act, R.S.O. 1990, c .O.1
- OHSA (Section 25 (2) (h)
- Ontario Fire Code O.Reg. 388/97
- Ontario Human Rights Code
- Ontario Public Health Standards (April, 2008)
- Order in Council 2291/2004
- Pandemic Influenza Plan for Middlesex-London, Version 1.0, January 2006
- Pesticides Act, R.S.O, 1990, c.P.11
- Personal Health Information and Protection Act, 2004, S.O. 2004, c.3, Schedule A
- Provincial Offences Act, R.S.O. 1990, c.P.33
- Public Health Emergency Preparedness Protocol, 2009
- Smoke Free Ontario Act, S.O. 1994, c.10
- Transportation of Dangerous Goods Act, 1992
- Workplace and Insurance Act, 1997, S.O. 1997, c.16, Sched. A

This plan should be used as a guide for MLHU Staff; if you are in an emergency situation, CALL 9-1-1 immediately.



Acronyms and Definitions

AAND	Aboriginal Affairs and Northern Development
A-MOH	Associate Medical Officer of Health
AED	Automated External Defibrillator
ARES	Amateur Radio Emergency Service
BEM	Basic Emergency Management course
CACC	Central Ambulance Communications Centre
CAER	Community Awareness Emergency Response
CANUTEC	Canadian Transport Emergency Centre (TDG)
CAO	Chief Administrative Officer
CBRN(E)	Chemical, Biological, Radiological, Nuclear (Explosive)
CCAC	Community Care Access Centre
CCG	Community Control Group (external)
CDC	Centre for Disease Control – Atlanta, Georgia
CEMC	Community Emergency Management Coordinator
CERCA	Canadian Emergency Response Contractor's Alliance
CERV	Community Emergency Response Volunteers
CIAC	Chemistry Industry Association of Canada
CISM	Critical Incident Stress Management
CN or CNR	Canadian National Railway
COOP	Continuity of Operations Plan
CP	Canadian Pacific Railway
CPPI	Canadian Petroleum Products Institute
CPR	Cardio-Pulmonary Resuscitation
CRIB	Central Registration & Inquiry Bureau
CSA	Canadian Standards Association
CVECO	Chemical Valley Emergency Coordinating Organization (Sarnia, ON)
DND	Department of National Defence (Canadian Forces)
EAP	Employee Assistance Program
EIC	Emergency Information Centre
EIO	Emergency Information Officer
EMAP	Emergency Management Accreditation Program
EMAT	Emergency Medical Assistance Team
EMCPA	Emergency Management & Civil Protection Act, R.S.O. 1990
EMO	Emergency Management Ontario
EMS	Emergency Medical Services
EMU	Emergency Management Unit (Ministry of Health and Long-Term Care)
EOC	Emergency Operations Centre (external)
EOCG	Emergency Operation Centre Group
ERAP	Emergency Response Action Plan
ERG	Emergency Response Guide
ESM	Emergency Site Manager
FTE	Full-time Equivalent
HAZMAT	Hazardous Materials
HC	Health Canada
HIRA	Hazard Identification and Risk Assessment
HRSDC	Human Resources & Social Development Canada
HUSAR	Heavy Urban Search and Rescue
ICS	Incident Command System
IMG	Incident Management Group (internal)

IMS	Incident Management Systems
IOC	Incident Operations Centre (internal)
IT	Information Technology
JEPP	Joint Emergency Preparedness Program
JOHSC	Joint Occupational Health and Safety Committee
LDCSB	London District Catholic School Board
LHIN	Local Health Integration Networks
LHSC	London Health Sciences Centre
MCSS	Ministry of Community & Social Services
MLHU	Middlesex-London Health Unit
MMAH	Ministry of Municipal Affairs & Housing
MNR	Ministry of Natural Resources
MOE	Ministry of the Environment
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
MOL	Ministry of Labour
MSDS	Materials Safety Data Sheet
MTO	Ministry of Transportation
NESS	National Emergency Stockpile System
NFPA	National Fire Protection Agency
NGO	Non-Government Organization
ODRAP	Ontario Disaster Relief Assistance Program (through MMAH)
OHA	Ontario Hospital Association
OMAFRA	Ontario Ministry of Agriculture, Food & Rural Affairs
OPP	Ontario Provincial Police
OSACH	Ontario Safety Association for Community and Healthcare
OSHA	Occupational Safety Health Act
PAD	Priority Access Dialing or Public Access Defibrillator (AED)
PERT	Provincial Emergency Response Team
PHAC	Public Health Agency of Canada
PIMS	Provincial Incident Management System
POC	Provincial Operations Centre
PPE	Personal Protective Equipment
R & I	Registration & Inquiry Service
RCMP	Royal Canadian Mounted Police
SAC	Spills Action Centre
SAR	Search and Rescue
SATERN	Salvation Army Team Emergency Radio Network
SCPS	Strathroy-Caradoc Police Service
SCORPA	Size up the Situation
SJHC	St. Joseph's Hospital Centre
SMEAC	Situation, mission, execution, administration, command and communication
TC	Transport Canada
TDG	Transport Dangerous Goods
TEAP III	Transport Emergency Assistance Program, version three
TERC	Transportation Emergency Rescue Committee Canada
TransCAER	Transport Community Awareness and Emergency Response
TVDSB	Thames Valley District School Board
WHO	World Health Organization
WHMIS	Workplace Hazardous Materials Information System

WSIB Workplace Safety and Insurance Board

Accident – An unplanned event that harms people or damages property.

Agreements – a contract that has been negotiated for the provision of goods and services prior to an emergency. Agreements include Mutual Aid Agreements and Memorandums of Understanding.

Anti-virals – Drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and reduce the serious complications of influenza.

Area Municipality - The municipalities or townships of the County of Middlesex.

Business Continuity Program – An ongoing process supported by senior management and funded to ensure that necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through staff training, plan evacuation, and maintenance.

Catastrophic – A momentous, destructive and/or tragic event, usually sudden and widespread.

Community – A political body/organization, within a defined boundary, having authority to adopt and enforce laws and provide services and leadership to its residents. This term includes upper and lower tier municipalities and First Nations.

Community Emergency Management Coordinator (CEMC) – The individual officially designated by a community who is responsible and accountable for the community emergency management program. The Community Emergency Management Coordinator must be, by definition, a municipal employee, as per the *Municipal Act*.

Community Resilience – The capacity of a community to counter hazards, to withstand loss or damage and to recover from the impact of an emergency.

Complex Incidents – Some or all of the following components: long duration, large in scale, require a larger number of resources, are multi-jurisdictional, require specialized knowledge and/or training to resolve, pose a significant risk to the responders or the jurisdiction as a whole. Potential to cause widespread damage or loss of life/injury. Require a more complex organizational structure, and/or necessitate formal planning.

Comprehensive Emergency Management – An all-encompassing risk management program that integrates community resilience, critical infrastructure assurance and continuity of operations.

Consequence – A determination of how severe a hazard is or would be. This process is fundamental to the process of determining a community's vulnerable areas and populations.

Continuity of operations program - An ongoing process supported by senior management and funded to ensure necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies and recovery plans, and ensure continuity of services through staff training, plan evaluation, and maintenance.

County Warden – The Head of Council for the County of Middlesex and is Chair of the Community Control Group (CCG).

Critical Incident – Is any situation faced by emergency service personnel or others that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the emergency scene or later.

Critical incident stress management (CISM) - A comprehensive, systematic and multi-component approach for the reduction and control of harmful aspects of stress.

Declaration of emergency – Term used in the *Emergency Management and Civil Protection Act.*

Declared emergency – A signed declaration made in writing by the Head of Council or the Premier of Ontario in accordance with the *Emergency Management and Civil Protection Act.* This declaration is usually based on a situation or an impending situation that threatens public safety, public health, the environment, critical infrastructure, property, and/or economic stability and exceeds the scope of routine community emergency response.

Disaster - A wide spread or severe emergency that seriously incapacitates a community.

Drill - A coordinated, supervised exercise activity normally used to evaluate a specific operation, procedure or function. It can include notification, telecommunications etc.

Emergency – (1) An urgent and/or critical situation temporary in nature that threatens or causes harm to people, the environment, the MLHU properties or disrupts critical operations.

(2) *"an abnormal situation that demands prompt, coordinated actions that exceed normal procedures, thereby limiting damage to person, property and/or the environment"* (Public Safety Canada).

and/or

(3) "A situation or impending situation caused by the forces of nature, an accident, intentional act or otherwise that constitutes a danger of major proportions to life or property" (Emergency Management Ontario).

Emergency Operations Centre – (1) The temporary, time limited, emergency management organization established by a site/sector to provide incident support.

(2) Established recognized team of people, who are responsible for providing direction, co-ordination, communications and support during emergency operations.

Evacuees – are all persons who were forced to leave their home or who having been away from their homes are unable to return. As a result of this they are deprived of food, shelter and clothing during an emergency.

Fatality – An injury resulting in death.

Fan-out – A telephone notification system that begins with telephone calls placed by a few key personnel who in turn notify others of the disaster, creating a multiplied, fan-like effect.

Fume – An airborne dispersion consisting of minute solid particles arising from the heating of a solid.

Hazards – Any practice, behaviour, condition or a combination that could cause injury or illness in people or damage to property. The hazard (undesirable event) produces adverse consequences and the possibility of an emergency. It is an event or physical condition that has the potential to cause fatalities, injuries, property damage, infrastructure damage, agricultural loss, and damage to the environment, interruption of business or other types of harm or loss:

- A **likely hazard** is defined as a hazard that has occurred in recent memory and is likely to occur again.

- A **possible hazard** is defined as not having occurred in recent memory, but could occur based on prior incidence or 'expert' assessment (e.g. a nuclear facility incident, terrorism, or earthquake).

- An **unlikely hazard** is one that has never occurred, and likely will not in the foreseeable future

Hazardous Material – Any substance having properties capable of producing adverse effects on the health or safety of a human. Substances, which if released form their protective containers, may result in serious harm to life, property and/or the environment. These substances are listed in the Transportation of Dangerous Goods Act, Schedule XII and the Major Industrial Accident Council of Canada List of Hazardous Substances.

Health Hazard – Affect one or more of the body's systems to cause occupational illness.

a) a condition of a premises,
b) a substance, thing, plant or animal other than man, or
c) a solid, liquid or combination of any of them, that has or that is likely to have an adverse effect on the health of any person.

Impact – Expressed quantitatively or qualitatively, it is the estimated damage/loss to, or the ultimate effect on, an entity as an outcome of an event caused by a hazard. This phase may last for moments (i.e. a tornado or crash) or for several days (i.e. a flood or forest fire).

Incident – An unusual occurrence in the workplace that could have resulted in harm to workers or property. Also referred to as a "near miss".

Incident Management System - A standardized emergency response management concept, specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of an incident, event or disaster. Combination of facilities, equipment, staff, procedures, and communications operating within a common organizational structure with responsibility for the management of assisted resources to effectively respond to an incident or emergency/disaster.

Ingestion - The swallowing of a substance in the form of a gas, vapour, fume, mist, smoke, dust, or solid into the body for digestion.

Inhalation – A route of entry. Breathing in of a substance in the form a gas, vapour, fume, mist, smoke, or dust.

Injection - A route of entry, through the skin.
Isolation - The separation of ill persons with contagious disease, often in a hospital setting, may be applied to individuals or groups

Mitigation/Prevention - Actions taken to eliminate or reduce the degree of long-term risk to human life, property and the environment from natural and technological hazards. Mitigation assumes that we are exposed to risks whether or not an emergency occurs. Mitigation measures include, but are not limited to, hazard analysis, monitoring and inspection, public education, risk analysis, safety policies and procedures, building design, insurance, legislation and stocking emergency supplies.

Occupational Illness - A health problem caused by exposure to a health hazard in the workplace

Occupational Injury – Damage or harm done to the body, usually immediate, resulting from a workplace accident.

Pre-emergency – The time when the writing and testing of an emergency plan occurs and the education components are initialized. People who recognize that an emergency is possible will ensure that there is an emergency plan in place. They have been given basic information on what they should do and are therefore better equipped to face an emergency.

Preparedness - Actions that are taken in advance of an emergency to develop operational capabilities and facilitate an effective response in the event that an emergency occurs. Preparedness measures include, but are not limited to, business continuity planning, emergency alert systems, emergency communications, emergency operations centres, emergency operations plans, emergency public information materials, exercise of plans, mutual aid agreements, resource management, safety, security, training response personnel and warning systems.

Probability – The determination of the likelihood of occurrence for each identified community hazard, often judged by past experience and expert advice.

Psychological Harassment – Any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures that affect an employee's dignity and that results in a harmful work environment for the employee.

Quarantine – The restriction of well persons who are presumed exposed. May be applied at the individual or community level and may be voluntary or mandatory.

Radiation – Energy that is emitted, transmitted or absorbed in wave or energy particle form.

Reception centre - Usually located outside the impact zone of the emergency, the reception centre is a place to which evacuees can go to register, receive assistance for basic needs, information and referral to a shelter if required.

Recovery – Activity that returns vital support systems to minimum operating standards and long-term activity designed to return operations to normal or an improved level, including some form of economic viability. Recovery measures include, but are not limited to, crisis counselling, damage assessment, debris clearance, computer systems restoration, decontamination, disaster loans and grants, disaster unemployment assistance, public information, reassessment of emergency plans, reconstruction, temporary housing and full scale business resumption.

Response – Actions that are taken immediately before, during or directly after an emergency occurs, to save lives, minimize damage to property and the environment and to enhance the effectiveness of recovery. Response measures include, but are not limited to, emergency plan activation, emergency alert system activation, emergency instructions to the public, emergency medical assistance, staffing the emergency operations centre, senior management alerting, reception and care, shelter and evacuation, search and rescue, resource mobilization and warning systems activation.

Risk - Chance or possibility of danger, loss, injury, or other adverse consequences.

Safety Hazards – Can cause the workplace incidents and accidents resulting in occupational injury.

Severity – The potential or intensity associated with a hazard to disrupt normal operations and/or cause damage to an entity. (Severity of a hazard may be countered with measures to lower an entity's vulnerability to the hazard).

Simple Incidents - Dealt with routinely and locally. They require relatively few resources, have a limited command structure, and are relatively short in duration, use no special arrangements, do not over task the resources of the local jurisdiction and do not require tactics or actions beyond the training and knowledge of regular first responders.

Threat – a situation with the potential for human or animal injury or death, damage to property, damage to the environment or some combination of these. Interchangeable with hazard.

Triage – The sorting of in-coming evacuees or casualties requiring treatment or care, whereby priorities are determined to affect the placement of the victims for treatment purposes.

Type I Trauma - An unexpected and discreet experience that overwhelms the individual's ability to cope with the stress, fear, threat and/or horror of this event leading to post traumatic stress disorder (PTSD) (i.e., motor vehicle accident, airplane crash, fire, rape, flood, burglary, physical assault, diagnosis with life-threatening illness). It can be the witnessing of an event (secondary traumatic stress).

Type II Trauma - Expected, but unavoidable, ongoing experience(s) which overwhelm the individual's ability to process the event (i.e., childhood physical or sexual abuse, combat trauma, hostages, concentration-camp survivors, survivors of some religious cults, survivors of domestic battery or organized sexual exploitation, etc.). This type of trauma is the origin of Disorders of Extreme Stress Not Otherwise Specified (or Complex PTSD) and dissociative disorders.

Vaccines – Administered by injection and are the primary means to prevent illness and death. They cause the production of antibodies against virus included in the vaccine, providing immunity against the virus.

Vulnerability – The degree of an entity's, the environment's or the economy's susceptibility to potential hazards in terms of damage or losses from such hazards.

Warning – Applies mainly to gradual emergencies – those that may be forecast. Weather information, flood predictions, forest fires miles away, etc. may allow time for preparation.

Examples of Major Emergency Public Health Threats

Agroterrorism - The deliberate introduction of an animal or plant disease with the goal of generating fear, causing economic losses, and/or undermining stability. Agroterrorism can be considered a subcategory of “bioterrorism” and foodborne diseases.

Bioterrorism - The intentional of deliberate use of germs, biotoxins, or other biological agents that cause disease or death in people, animals, or plant. Examples include anthrax, smallpox, botulism, Salmonella, and E. coli.

Blast Injuries - Explosions, whether deliberate or accidental, can cause multi-system, life threatening injuries among individuals and within crowds. In addition, blunt and penetrating injuries to multiple organ systems are likely when an explosion occurs and unique injuries to the lungs and central nervous system occur during explosions.

Chemical terrorism - The deliberate use of chemical agents, such as poisonous gases, arsenic, or pesticides that have toxic effects on people, animals, or plants in order to cause illness or death. Examples include ricin, sarin, and muster gas.

Chemical incidents and accidents - The non-deliberate exposure of humans to harmful chemical agents, with similar outcomes to chemical terrorism.

Foodborne diseases - Food-borne illness is caused by harmful bacteria, viruses, parasites, or chemicals that are found in food and beverages and enter the body through the gastrointestinal tract.

Natural disasters - Harm can be inflicted during and after natural disasters, which can lead to contamination water, shortages of food and water, loss of shelter, and the disruption of regular health care. Examples include hurricanes, earthquakes, tornados, mudslides, fires, and tsunamis.

Pandemic flu - A novel, potentially lethal strain of the influenza against which humans have no natural immunity. The N1N1 flu was the first pandemic flu of the 21st century. Historically, pandemic flu occurs two to three times every hundred years or so.

Radiological threat - Intentional or accidental exposure to radiological material. For example, a terrorist attack could involve the scattering of radioactive materials through the use of explosives ("dirty bomb"), the destruction of a nuclear facility, the introduction of radioactive material into a food or water supply, or the explosion of a nuclear device near a population center.

Vector-borne diseases - Diseases spread by vectors, such as insects. Examples include Rock Mountain spotted fever and malaria.

Water-borne diseases - Diseases spread by contaminated drinking water or recreational water, such as typhoid fever and cholera.

Zoonotic/Animal-borne diseases - Animal diseases that can spread to humans and, in some cases, become contagious from human to human. Examples include Avian flu, West Nile virus and SARS.

Preparedness History Timeline, 2001 – 2011

The September 11, 2001 and anthrax attacks revealed significant deficiencies in the country's disaster preparedness for health emergencies, and led to a paradigm shift in how the government and public view disaster readiness. The following timeline highlights many of the major public health emergencies and policy and research events from the past decade.

Major Public Health Emergencies

2001

September 11 – Al Qaeda terrorists hijacked four planes and crashed them into the World Trade Center, the Pentagon and a field in Shanksville, Pennsylvania, killing nearly 3,000 people. In the aftermath, public health officials activated a range of responses, including readying the SNS and providing services, including mental

health counseling.

October – A series of anthrax attacks occurred: five people were killed, 17 were sickened and thousands were potentially exposed. Public health officials were at the lead of the anthrax response – diagnosing and treating victims, running more than a million tests on hundreds of thousands of potentially life threatening samples, providing useful guidance to the public to address their fears and supporting efforts to decontaminate postal facilities and other properties contaminated with anthrax spores.

2002

Spring/Summer – Public health officials around the country developed strategies for responding to the continuing spread of the West Nile Virus (WNV) – in 2002, the virus spread to nearly every state while more than 4,000 Americans developed West Nile Virus and 284 died from the illness. The WNV response helped inform future disease tracking and containment approaches.

Fall – Severe acute respiratory syndrome (SARS) first emerged in Foshan City, Guangdong Province, China. Chinese officials originally withheld information about the outbreak. The disease was later identified to be a new coronavirus. There were no existing vaccines for the disease and treatments did not offer a clear benefit. The full impact of SARS would not be recognized until 2003.

October – Pilgrim's Pride recalled over 27 million pounds of frozen prepared poultry products after Listeria was found at a processing plant. Eight people died, 53 became seriously ill and three women had miscarriages or stillbirths.

2003

March – The World Health Organization (WHO) issued a global alert for SARS and WHO and CDC issued travel alerts for Vietnam, China and Hong Kong. In April, CDC issued a travel alert for Toronto, which was the center of the outbreak in Canada. A week later the agency lifted the Toronto alert. CED issued another travel alert for Toronto in April that was soon lifted. SARS' chain of transmission had been broken. Overall, more than 8,400 people were infected with SARS, and more than 800 died. The disease spread to 29 countries. In the United States, there were 33 confirmed cases. None of these patients died.

June – There were 37 confirmed cases of the monkeypox virus in Midwestern states. There were no fatalities, but two children were hospitalized, one with encephalitis. The illness is in the same family of viruses as smallpox, although its symptoms are generally milder. Investigators traced the outbreak to pet prairie dogs, which had contracted it from rodents imported from Africa.

October – A Hepatitis A outbreak began, which was linked to contaminated green onions and caused more than 600 illnesses and four deaths. The onions were served in salsa and a cheese dip at a Chi-Chi's restaurant outside Pittsburg. Investigators traced the onions to farms in Mexico.

December – The first case of mad cow disease (bovine spongiform encephalopathy (BSE) was discovered in the United States. The United States Department of Agriculture (USDA) began widespread testing. After detecting very few cases, it scaled back testing in 2006.

2004

February – Ricin, a highly toxic protein made from the castor bean that is poisonous if inhaled, injected or ingested, was detected in a U.S. Senate mailroom serving the office of Majority Leader Bill Frist, MD. No illnesses were reported in the mailroom or in Sen. Frist's office. News reports said it was unclear how the ricin was delivered and approximately 16 people underwent decontamination. An investigation into the incident is still open.

March – The New York Times reported on a Pentagon report, Lessons Learned from the Anthrax Attacks: Implications for U.S. Bioterrorism Preparedness, which was written in 2002 but not previously publicly

released. The article described the report as "a sweeping assessment [that] identifies weaknesses in 'almost every aspect of U.S. biopreparedness and response.'"

May – A Salmonella outbreak linked to raw almonds sickened a least 29 people in 12 states, leading to the recall of 13 million pounds of the nuts.

July – Tomatoes contaminated with Salmonella caused more than 400 illnesses in nine states. Investigators traced the problem to pre-sliced tomatoes served at a chain of convenience stores.

Fall – A series of powerful hurricanes hit Florida. The response, the U.S. Public Health Service sent nearly 500 members of the Commissioned Corps, a uniformed service of 8,500 public health professional who are able to help during national and international health emergencies and offer aid.

October – The United States faced a flu vaccine shortage, when the Chiron Corporation announced it would not be able to meet demand for its flu vaccine after problems at a British plant halted production of millions of doses. The shortage highlighted gaps in vaccine research and development in the United States.

October – The worldwide death toll from H5N1 avian influenza reached 32 in Asia, triggering concerns of the potential of new pandemic flu outbreak. As of 20011, N5N1 still poses a potential threat and is being tracked by researchers.

2005

July – Tomatoes contaminated with Salmonella sickened 29 people in 16 states. Health officials traced the problem to a pair of Virginia farms.

August and September – Two power hurricanes, Katrina and Rita, hit the Gulf Coast. The storms killed approximately 1,900 people and caused more than $100 billion in damage. In response, the

Commissioned Corps carried out the largest deployment in its history, deploying some 2,119 Corps officers to the region between August 26 and November 7. Of these officers, 81 percent served on teams that provided healthcare and other services directly to the affected communities, while 19 percent served on emergency response teams or at local operations centers.

September – A second major Salmonella outbreak occurred – more than 80 people were sickened after eating tomatoes at a chain restaurant. Investigators identified the source to a farm in Florida. Twenty-six people overall were hospitalized.

2006

March – A cow in Alabama tested positive for mad cow disease. The cow was not linked to a larger outbreak.

Summer and Early Fall – Nearly 200 people became sick and at least three died due to E. coli contamination in spinach.

July to November – Two Salmonella outbreaks occurred, both linked to contaminated tomatoes. The first one took place in 19 states, while the second occurred in 21 states and Canada. Overall, more than 300 people were sickened. Investigators found that one outbreak was related to tomatoes consumed in restaurants, but could not determine the source of the contamination. In the second case, investigators traced the problem to a single restaurant, which had received its tomatoes from an Ohio packinghouse that had been supplied by three grower.

August – Between August 1, 2006 and February 16, 2007, Salmonella-tainted peanut butter from the Peter Pan and Great Value brands sickened 425 people in 44 states. After an investigation, the manufacturer, ConAgra, said moisture from leaks and a faulty sprinkler system likely led to the problem.

November and December – More than 70 people who ate at Taco Bell restaurants in

the Northeast were infected with E. coli bacteria. Three-quarters of these people were hospitalized and eight developed a type of kidney failure known as hemolytic-uremic syndrome. At first, Taco Bell traced the problem to green onions, but FDA investigators later ruled out that possibility. Officials eventually determined that lettuce was the

likely source.

December – Five school-aged children in Rhode Island were diagnosed with encephalitis, an acute inflammation of the brain. One of the children died. The health department distributed antibiotics to all students, staff and family members from the affected school. In early January of 2007, public health authorities also closed three nearby school districts as a precautionary measure. The Department of Health was able to rapidly distribute antibiotics to more than 1,000 people.

2007

May – CDC announced that a patient with suspected extensively drug resistant – Tuberculosis (XDR-TB), which is spread through the air, traveled to Europe and back, prompting an international public health scare. The patient did not turn out to have the disease, but problems in the response raised concerns among public health experts about preparedness for managing a real multidrug resistant TB patient.

June – Lead paint was found on a range of toys made in China, posing a significant public health threat. Over several months, millions of products were recalled.

August – The Interstate 35W bridge collapsed in Minneapolis during the evening rush hour on August 1, leaving 13 people dead and more than 100 injured. Minneapolis Mayor R.T. Tybak attributed a quick emergency response to the city's investment of some $50 million since 2001 in emergency preparedness, specifically, enhanced communication technology.

October – California saw the largest evacuation in state history due to a series of wildfires that caused 10 deaths and 139 injuries and forced evacuation of approximately 350,000 homes. The California

Department of Public Health deployed 2,000 alternate care site beds that had been purchased by the state to improve the emergency preparedness capabilities. The department also coordinated evacuations from 23 nursing homes, two acute care facilities and a psychiatric hospital.

September – Concerns about the H5N1 bird flu as a potential pandemic threat continued to grow as more than 200 cumulative human deaths had been linked to H5N1 at this time.

September – E. coli contamination in frozen hamburger meat prompted the third largest hamburger recall in USDA history. Nearly 22 million pounds of meat were recalled; the product caused 40 illnesses in eight states.

October – CDC reported that methicillin-resistant Staphylococcus aureus (MRSA), which can cause Staph infections, was responsible for more than 94,000 serious infections and nearly 19,000 deaths each year. CDC identified MRSA as "a major public health problem primarily related to health care, but no longer confined to intensive care units, acute care hospitals, or any health care institution."

2008

January – A measles outbreak occurred in San Diego after a seven-year-old who had never been vaccinated for measles traveled to Switzerland and returned with a case of measles. He spread the disease to 11 other children, none of who had been vaccinated.

January to April – The city of Chicago had 10 cases of Group C meningococcal invasive disease, which is best known as a cause for meningitis – compared with 13 cases in all of 2007. The Chicago Department of Public Health launched a mass vaccination campaign focused on the at-risk population – children aged 11 to 18. The city was able to vaccinate 7,213 children in two weeks.

February – In the largest beef recall in history, 143 million pounds of beef were deemed unfit for human consumption. The recall occurred after the Humane Society of the United States released an undercover video showing workers at a California meat company kicking sick cows and using forklifts to force them to walk.

February – Vials of ricin were found in a motel room in Las Vegas, Nevada after a man suffering from respiratory distress was taken to the hospital. According to news reports, the man said he had the ricin for his "self-defense."

March – Salmonella in cantaloupes imported from a Honduran grower and packer was linked to 50 illnesses in 16 states, as well as nine illnesses in Canada.

March – A Salmonella outbreak in Colorado was linked to the water supply.

March and June – Heavy rains caused severe flooding in the Midwest. In March, 17 people died as a result of the flooding, and, by the end of June, storms and flooding across six states caused 24 deaths, 148 injuries and more than $1.5 billion in damages to Iowa alone.

June – Outbreaks of Salmonella Saintpaul were linked first to tomatoes, and then, months later, to jalapeano and Serrano peppers. CDC identified more than 1,442 people who were sickened by the outbreak in 43 states, the District of Columbia and Canada.

June – Lightning sparked thousands of wildfires across northern California. More than 2,700 individual fires were recorded, causing mandatory evacuations and damaging thousands of acres.

September – Hurricane Gustav caused widespread destruction in Louisiana, amounting to billions of dollars in damages. Two weeks after Gustav, Hurricane Ike hit Texas as a Category 2 storm, causing extreme damage in the state. Twenty-seven deaths were attributed to the storm, which forced hundreds of thousands of residents to evacuate.

September – Melamine-contaminated infant formula and related dairy products produced in China were found in countries across the globe.

November – Federal health officials began tracking cases of Salmonella linked to tainted peanut butter products. Over the next four months, investigators tracked the problem to two peanut butter plants owned by the Peanut Corporation of America. The outbreak killed eight people and sickened more than 700 in 46 states.

2009

January – A severe ice storm struck Kentucky, and more than 85 percent of the state's counties were declared disaster areas. Immediately after the storm, approximately 800,000 residential and commercial units lost power, including numerous hospitals and long-term care facilities. At the height of the response, more than 200 shelters in 72 counties provided assistance to more than 7,800 people. In the largest statewide call-up ever, over 4,100 National Guard members helped respond.

March – An outbreak of H1N1, a novel flu virus, is identified in Veracruz, Mexico. On April 26, officials form CDC and DHS declared a national public health emergency as cases of H1N1 began to spread across the country. In June, WHO and CDC classified the outbreak as a pandemic. Hundreds of schools across the United States closed in the initial weeks of the H1N1 outbreak. Although it was viewed as a relatively moderate pandemic, the H1N1 virus had a serious impact on the United States. It infected around 20 percent of Americans (approximately 60 million people), leading to approximately 247,00 hospitalizations and 12,000 deaths. About 90 percent of the Americans who died were under the age of 65, including at least 340 children, as confirmed by laboratory testing. According to CDC, the actual number of deaths in children could be between 910 and 1,880.

2010

January and February – More than 1.3 million pounds of salami tainted with Salmonella were recalled after more than 250 people in 44 states became ill. Federal officials said that problem may have been related to black and red pepper coating

the meat.

April – The Deepwater Horizon oil platform exploded on the Gulf Coast, resulting in the deaths of 11 workers and the release of an estimated 205 million barrels of oil into the Gulf.

In response to the oil spill, with funding from the Substance Abuse and Mental Health Services Agency, CDC designed the Gulf States Population Survey to collect the data needed to assess the mental and behavioral health needs of the affected population. Data collection began in December 2010 and will conclude in December 2011. The complete public health impact of the explosion, spill, and dispersants on the safety of seafood, health of recovery workers, and psychological wellbeing of Gulf Coast residents remains unknown.

May – An outbreak of Salmonella linked to eggs caused more than 1,900 illnesses. The source of the problem was traced to two large egg farms in Iowa. Eventually, more than 500 million eggs were recalled. FDA officials investigating the farms found a wide range of health violations, including rodents, maggots and improperly stored manure.

June – California public health officials declared a Pertussis, also known as whooping cough, epidemic in the state. Over the course of the year, the epidemic caused almost 8,000 illnesses and 10 deaths and was the largest epidemic in the state in half a century. Pertussis vaccinations are recommended beginning at two months old, but infants are not fully protected until they reach six months of age and have received a series of shots. Officials attributed the epidemic to gaps in vaccinations.

2011

March - On March 11, 2011, northern Japan suffered first a magnitude 9.0 earthquake centered 130 miles off the eastern coast and then an ensuing tsunami. At the Fukushima Daiichi nuclear reactor complex, this caused a cascade of events including loss of electrical power to essential cooling systems, reactor overheating and core meltdown, and radionuclide releases causing widespread radioactive contamination of residential areas, agricultural land, and coastal waters. The Fukushima nuclear emergency response identified major public health and medical challenges in both Japan and in the United States; challenges in the U.S., included the need to identify potential contamination in food, water, and on returning travelers and cargo imported from Japan, as well as to protect the health of Americans in Japan.

May – A series of tornadoes in Southern and Central states resulted in more than $7 billion in damages and more than 140 deaths in Joplin, Missouri.

July – The first cases of illness associated with Listeria-tainted cantaloupes were reported. The outbreak has sickened more than 139 people in 28 states, killing 30 of them, making it the deadliest foodborne outbreak since 1924. Investigators traced the outbreak to a Colorado farm. Officials said this was the first known outbreak of Listeria in cantaloupe.

August – Hurricane Irene lead to 56 deaths, $10 to $25 billion in damages, including massive flooding in Vermont. The storm resulted in nearly six million Americans losing electricity and major transportation shut downs.

August – A multistate outbreak of Salmonella was traced to ground turkey, sickening more than 136 people in 31 states and one death.

October – A Halloween nor'easter (macro-scale storm) became the 14th natural multi-billion dollar natural disaster in the United States in 2011, causing at least six deaths and transportation shut downs and millions to lose electricity on the East coast.

November – a Salmonella outbreak linked to boiled chicken livers sickened more than 179 people in six states.

2. Program Management and Policies

2.1 Leadership and commitment

The MOH provides leadership and assumes overall responsibility, accountability and authority for the Emergency Preparedness Program.

2.2 Program Coordinator

The Manager of Emergency Preparedness is authorized to administer the program and keep it current. The Middlesex-London Health Unit EMERGENCY RESPONSE PLAN is reviewed annually, and reprinted as required.

2.3 Advisory Committee

2.3.1

An advisory committee has been established and is made up of staff and external partners..

2.3.2

The advisory committee provides periodic input and advice in coordinating the preparation, implementation, evaluation, maintenance, and revision of the program. The committee meets as required.

2.3.3

The advisory committee is chaired by the Manager of Emergency Preparedness and includes persons, who have the appropriate interest, expertise, knowledge and the capability to identify resources. Each committee member shall attend the Emergency Management Ontario (EMO) sanctioned Basic Emergency Management course (BEM), which is offered twice annually in both the county and the city.

2.4 Program administration

2.4.1 General

The Manager of Emergency Preparedness ensures that the documented program includes all the components herein described. The EMERGENCY RESPONSE PLAN will include links to the MLHU policies related to emergency response.

2.4.2 Policy

The EMERGENCY RESPONSE PLAN has established guidelines that include vision and mission statements, roles and responsibilities, and identifies the enabling authority. The Board of Health should approve changes to the plan.

All policies pertaining to a variety of aspects of Emergency Management at the Middlesex-London Health Unit can also be found on the MLHU Intranet: http://intra.mlhu.on.ca/policies/.

Policy 5-035	Vulnerable Sector Screening
Policy 7-40	Responding to Fridge Alarms at MLHU
Policy 8-051	Respirator Protection-Fit-Testing
Policy 8-20	Employee Injury/Incident
Policy 8-21	Non-Employee Injury/Incident
Policy 8-22	Critical Injury and Fatality
Policy 8-23	First Aid Requirements
Policy 8-25	Workplace Violence
Policy 8-40	Workplace Hazardous Materials Information Systems (WHMIS)
Policy 8-50	Infection Control
Policy 8-60	Immunization and TB Skin Testing Recommendations for Staff
Policy 8-70	Personal Safety
Policy 8-80	Inclement Weather
Policy 8-90	Office Closure due to Inclement Weather
Policy 8-110	Fire Plan
Policy 8-120	Emergency Response to External Disaster
Policy 8-130	Safe Driving

2.4.3 Goals and Objectives

This EMERGENCY RESPONSE PLAN was prepared to ensure safe operations that protect the health and welfare of the employees, the surrounding communities and the environment. It has been prepared to assign responsibilities and to guide the immediate actions of staff members in the first critical hours after the onset of an emergency affecting the health of the citizens of Middlesex and London communities. The plan can be used in concert with local plans for emergency response.

It is essential that all staff are aware of the provisions in this document and are prepared to carry out their assigned functions and responsibilities in an emergency. Staff should review the plan on a regular basis and keep up to date with the annual revisions and the procedures within their service area for handling emergencies.

2.4.4 Plans and Procedures

Plans and procedures for the functions of prevention, mitigation, preparedness, response, and recovery are included in this document. The Manager of Emergency Preparedness at the MLHU is responsible for the creation and circulation of the EMERGENCY RESPONSE PLAN.

2.4.5 Budget

The Manager Emergency Preparedness has an established program budget and schedule that includes milestones pertaining to the development and creation of this document and for training purposes related to this plan.

2.4.6 Records Management

The Manager of Emergency Preparedness will ensure the:
(a) documentation and maintenance of logs and records of the activities and decisions related to the program; and
(b) establish an effective records management process for all records involving emergencies.

Outcomes are recorded annually and are used to prepare the goals and objectives for the following year.

2.4.7 Review

Strategies for program validation, evaluation, change management and continuous improvement processes are established with the Medical Officer of Health. The Emergency Preparedness program is evaluated annually based on outcome reports, testing and incident reports.

2.5 Laws and Authorities

2.5.1 Compliance

The program complies with applicable legislation, policies, regulatory requirements, and directives. Compliance is determined by: written plans made readily available, relevant documents included, creation of opportunities for observance, intense training and external reviews completed.

2.5.2

The Manager of Emergency Preparedness knows and understands the procedures of the various levels of government and other decision-making authorities and how they can influence or recommend changes to applicable legislation, policies, regulatory requirements, directives, standards, and industry codes of practice and has applied that knowledge to the creation of this plan.

2.6 Financial Management

2.6.1

The Manager of Finance and Operations has developed financial procedures and controls to support the program before, during and after an emergency.

Before an Emergency:
- The normal suppliers will continue to be able to provide services.
- Agency purchasing procedures and purchase orders will remain in force.
- Financial institutions will be open during normal hours of operation and online services will be accessible.
- Protocols are in place within the Middlesex-London Health Unit, and the Board of Health to approve emergency expenditures if absolutely necessary.

During an Emergency:
- In a formally declared emergency (or other extenuating circumstance), the extra operating costs associated with the emergency may be absorbed by one of the levels of government.
- Receipts, including full reasoning explanations, are absolutely necessary for all additional costs incurred during the emergency.
- The Manager of Finance and Operations will provide assistance to acquire necessary resources, track related costs and ensure the financial viability of the MLHU's operations through the emergency or disaster.
- All overtime must be documented for compensation purposes on the approved Time Sheet. In a municipally declared or provincially declared emergency, employees and volunteers who are appropriately registered and voluntarily work extra hours may be eligible for coverage through the Workplace Safety and Insurance Board (WSIB).
- The Manager of Finance and Operations (or designated staff) will act as the delegate to receive any financial donations made to the organization during the emergency event, receipting donors where appropriate.
- Accounting delays will be reduced by pre-establishing tracking codes for all emergency-related expenses.
- Service areas should maintain a list of alternate suppliers.
- The Manager of Finance and Operations shall inform the landlord of the status of the emergency.

2.6.2

The financial procedures have been created and are maintained for expediting fiscal decisions in accordance with established authorization levels and fiscal policy.

2.6.3

Financial procedures include:
(a) establishment and definition of responsibilities including reporting relationships
(b) program procurement procedures
(c) payroll for personnel involved
(d) accounting systems to track and document transactions
(e) management of funding from external sources

3. Planning

3.1 Hazard Identification, Risk Assessment, and Business Impact Analysis

3.1.1

The Manager of Emergency Preparedness shall identify and monitor potential hazards that can have an impact on operations or specific service areas. Working closely with the Joint Occupational Health and Safety Committee (JOHSC), hazards from the following categories shall be considered:

(a) natural
(b) man-made
(c) technological
(d) health

Emergency situations could threaten public safety, public health, the environment, property, critical infrastructure or economic stability. Major threats to social, environmental, political and/or economic well-being may also be considered as emergencies.

The Medical Officer of Health (MOH) will be notified once an internal incident/emergency requires resources beyond those of the initially responding persons.

The MOH will decide whether or not to activate the Incident Management Team (IMT) and the MLHU EMERGENCY RESPONSE PLAN and to what extent both are needed.

Further, in an external emergency, the Mayor (or Warden) or designated elected official in the community may call together the Community Control Group (CCG). At which time the MOH will go to the Emergency Operations Centre (EOC) to meet with the CCG. The Mayor or Warden, in consultation with the members of the CCG may or may not decide to formally declare an emergency.

This decision will determine if the community's EMERGENCY RESPONSE PLAN is activated, or if the meeting is for information purposes only.

The Middlesex-London Health Unit's IMT will be on standby awaiting further directions and instructions from the MOH.

The Senior Emergency Management Officer, Tecumseh Sector (Southwest Area) from Emergency Management Ontario (EMO) is available to consult on operational issues, provide strategic messaging, guidance and resource support if requested, regardless of the emergency.

Communities typically think of emergencies as natural, man-made, technological or health emergencies, which are outlined below:

a) Natural Emergencies:

- Severe weather including floods, tornadoes and storms (i.e. ice, snow, high wind, rain, thunder and lightening).
- Forest fires, earthquakes, drought, heat wave, extreme cold and epidemics.

b) Technological or Man-made Disasters:

- Transportation incidents (road, rail, water or air).
- Large fires, large explosions.
- Large scale industrial incidents/fires.
- Spills of hazardous materials into the environment.
- Nuclear/radiation incidents.
- Construction failures (buildings, arenas, water systems).
- Power or energy failures.
- Bioterrorism, bombings, civil and political disorder.
- Drinking water supply contamination.

c) Health Emergencies

Chemical:

- Blisters/vesicants (e.g. mustard).
- Blood arsenic.
- Choking/pulmonary damage (e.g. chlorine).
- Incapacitating, nerve agents, vomiting.

Radiological:

- Nuclear incidents.
- Depleted uranium.

Biological:

- Anthrax (Bacillus anthracis), Smallpox (Variola major), Botulism (Clostridium botulinum), Plague (Yersinsia pestis), Tularemia (Francisella tularensis), Viral hemorrhagic fever, Brucellosis (Brucella species), Q fever (Coxiella burnetii), alpha viruses, ricin toxin (castor beans), food safety threats (e.g. *E.coli* O157:H7), drinking water safety threats (e.g. Cryptosporidim parvum), Rabies, Meningococcal (Meningitis).

Others:

- Packages or materials suspected to contain chemical or biological materials.

3.1.2 Risk Assessment

3.1.2.1

The MLHU shall conduct a risk assessment and business impact analysis. Any emergency, real or potential, involves risk to organizations and communities. Some risks are acceptable and others are not. These three factors should be considered:

- The likelihood that a certain type of emergency will affect the organization or the likelihood that the event will expose our effectiveness to public scrutiny.
- The magnitude or cost of dealing with the crisis.
- The consequences if the organization does not react to the emergency.

The Middlesex-London Health Unit is vulnerable to these specific risks which would adversely affect the well-being of our staff, our communication systems and refrigeration units:

- Computer viruses
- Workplace violence
- Power outages

This is a time of technological dependence and the staff is interconnected through the MLHU network, BlackBerries and Cell phones. Computer viruses have the capability to destabilize the network, threaten vital files, slow or stop work on essential services.

Our staff may be confronted with high risk clients, while working within our offices or at other external and even remote locations.

Power outages can occur for a variety reasons, as previously listed. Such an outage would leave our medical supplies vulnerable and would halt work productivity.

3.1.2.2 The Region

Middlesex County is comprised of mainly rural communities, while the City of London is decidedly urban. This Southwestern Ontario area is geographically located within 200 to 300 kilometers of the major cities: (1) Toronto, Ontario, (2) Detroit, Michigan (3) Buffalo, New York. To the west is the chemical and industrial region in Sarnia, Ontario, while the southwest Lambton region has a coal fired power generating station (Lambton Generating Station). To the north, in Kincardine, is a nuclear power generating station (Bruce Nuclear).

As of the 2011 census the population of London was approximately 366,151, while Middlesex County had approximately 70,796 residents. London-Middlesex has about 3% of Ontario's population and about 1% of Canada's.

Middlesex County is home to three First Nations reserves as well:

Chippewa	Population: 2200 total	900 reside on reserve
Oneida	Population: 5000 total	2500 reside on reserve
Munsee	Population: 500 total	200 reside on reserve

To contact the emergency management office at:

County of Middlesex	519-434-7321 X 2227	bweber@middlesex.ca
City of London	519-661-2500 X 7500	dcolvin@london.ca

The Middlesex - London area is home to regional care centres:

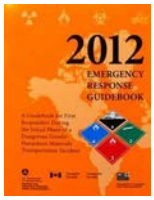
1] London Health Sciences Centre (LHSC)	519-685-8500
South Street Hospital	519-685-8500
University Hospital	519-685-8500
University Hospital Emergency Dept.	519-663-3197
Victoria Hospital	519-685-8500
Victoria Hospital Emergency Dept.	519-685-8141
Children's Hospital of LHSC	519-663-3163
2] St. Joseph's Health Care London	519-646-6280
Lawson Health Research Institute	519-646-6005
Mount Hope Centre for Long-Term Care	519-646-6280
Parkwood Hospital	519-685-4000 or 519-685-4555
Regional Mental Health Care London	519-455-5110/ on call 519-646-6100
St. Joseph's Hospital	519-646-6100
3] Middlesex Hospital Alliance	519-245-1550
Middlesex Hospital Alliance – Strathroy Site	519-245-1550
Four Counties Health Services, Newbury	519-245-1550
Four Counties Emergency Dept.	519-245-1550

The academic centres of The University of Western Ontario and Fanshawe College increase the region's population dramatically during the school year, which also will complicate emergency response in this region.

University of Western Ontario	519-661-2111
University of Western Ontario Emergency Management Office	519-661-4010
Fanshawe College	519-452-4430
Fanshawe College 24 Hour Security Control	519-452-4400
Fanshawe College Emergency Management Office	519-452-4430 ext 2918

The likelihood of an environmental emergency, such as a hazardous spill, increases with the proliferation of vehicles using the transportation corridors bordering Middlesex and London. Hazardous materials are commonly used, transported and produced in this area.

Please refer to (orange book) 2012 Emergency Response Guidebook.



The presence of rail lines (VIA offers passenger service, while CN and CP have freight routes), Hwy #401, Hwy #402 and the proximity to the London International Airport contribute to the probability of a major transportation incident. Toxic wastes are also carried along the road and rail lines. There are numerous industries in Middlesex and London involved in the manufacture of toxic chemicals. Lists of such businesses are housed with the County and City emergency planners and responders.

VIA Rail	1-888-842-7245
CN General Line	1-888-888-5909
CN Police	1-800-465-9239
CP Community Connect Line	1-800-766-7912
Greater London Airport Authority	519-452-4015
Great London Airport Authority After Hours Security	519-452-4000

The mixes of urban and rural communities provide the opportunity for industrial and agricultural risks. Residents receive their drinking water from various municipal water sources and wells. Flooding is a concern in our jurisdiction, as the Thames River has a proven history of swelling dramatically.

Advice on flood control can be obtained from the regional conservation authorities. The Watershed Flood Warning System provides a plan to warn of imminent flood conditions. This plan lists Municipal Flood Coordinators and alternates in each municipality of the watershed.

Upper Thames River Conservation Authority	519-451-2800
Kettle Creek Conservation Authority	519-631-1270
Saugeen Valley Conservation Authority	1-519-367-3040
Lower Thames Valley Conservation Authority	1-519-354-7310
Ausable-Bayfield Conservation Authority	519-235-2610

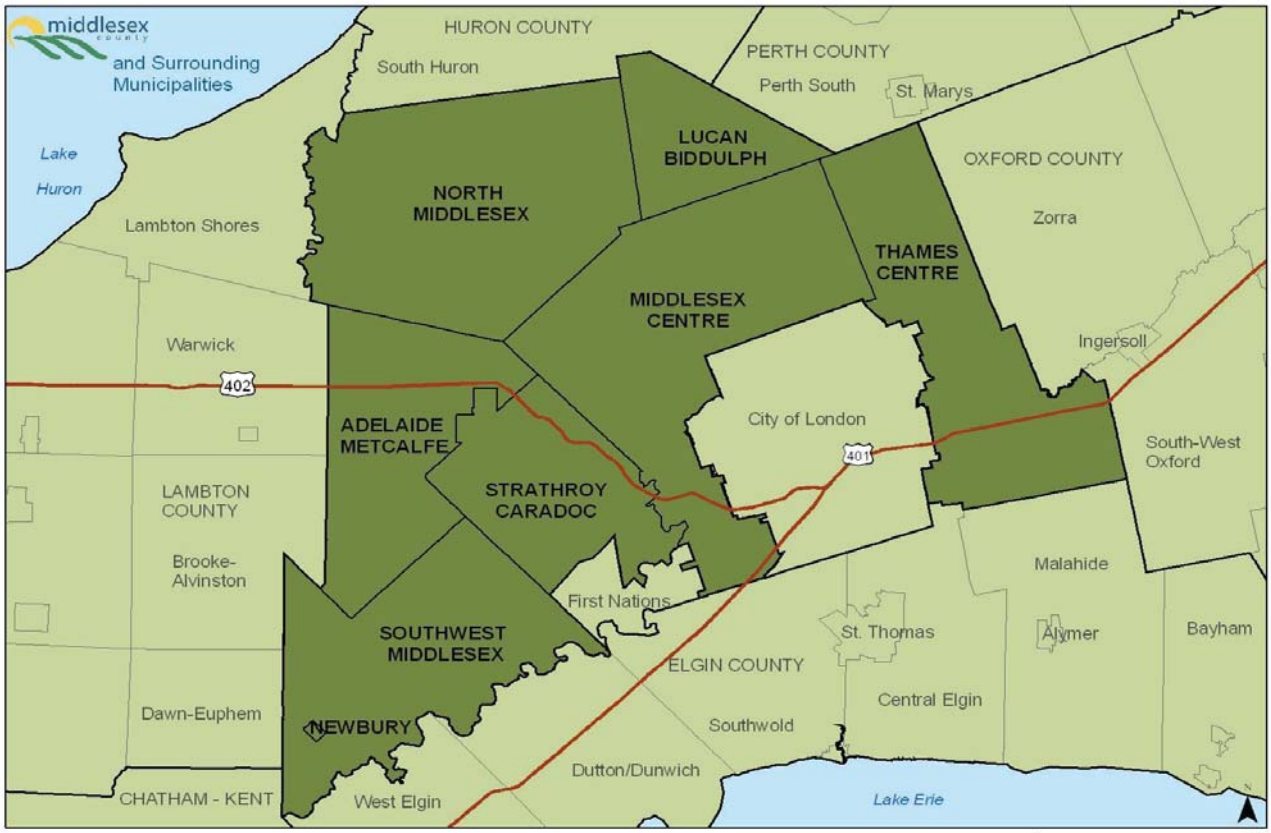
The City of London is surrounded by the Thames River, which flows southwest.
The Thames River begins as two branches;

- one coming from the Ingersoll direction
- the other from the Stratford direction

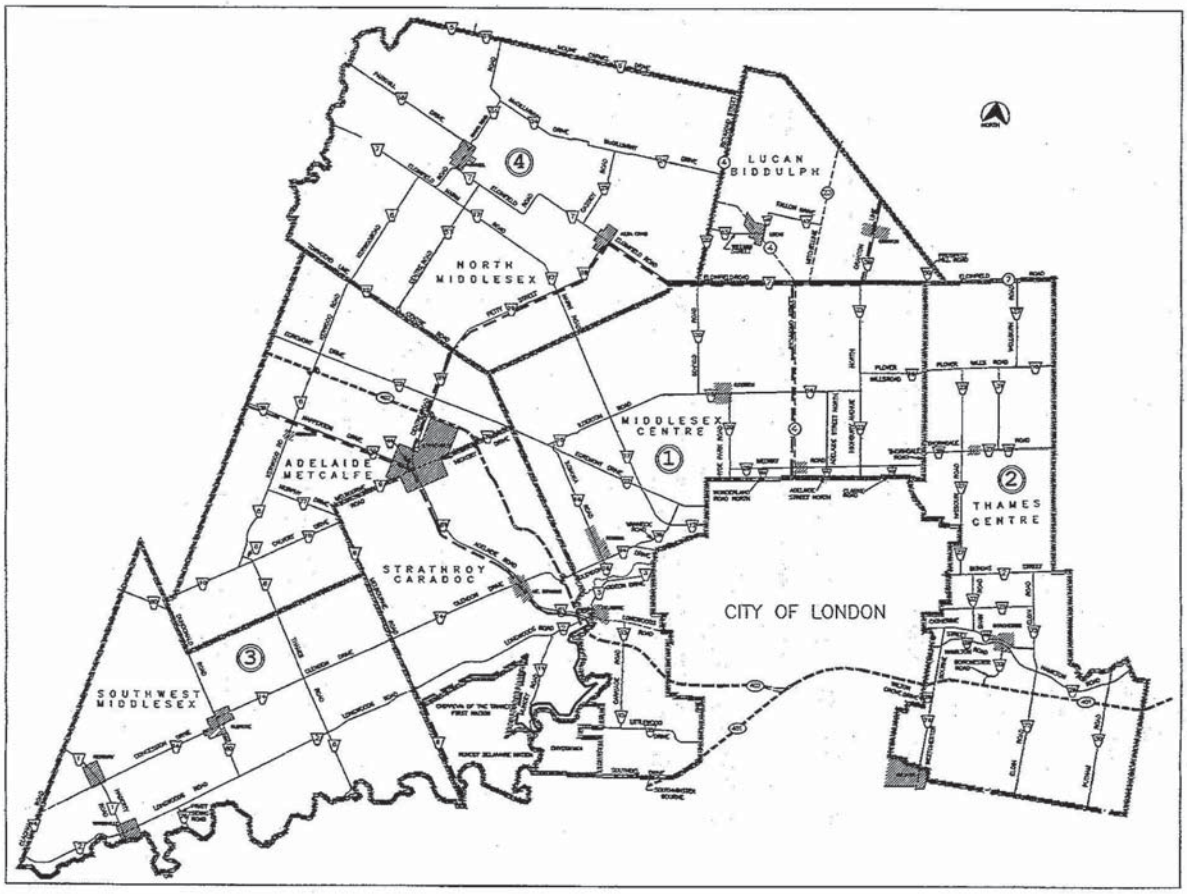
The two branches meeting as one in London, then flowing into Lake St. Clair, which eventually empties into Lake Erie. The river's current level fluctuates depending on the season, which can impact the rate at which a spill travels down the river. The depth of the river is controlled by a number of dams, one being the Fanshawe Dam in London.

Middlesex-London falls within a tornado and extreme weather zone. With an increase in global travel, complex distribution of food supplies, an aging population and new emerging diseases, the possibility of human health emergencies will always be a concern.

Map of Middlesex County



Published by The County of Middlesex, Planning and Economic Development Department, March 2007
This map is for illustrative purposes only. Do not rely on it as being a precise indicator for routes, locations of features, nor as a guide to navigation.


LUCAN BIDDULPH
NORTH MIDDLESEX
MIDDLESEX CENTRE
ADELAIDE METCALFE
STRATHROY CARADOC
SOUTHWEST MIDDLESEX
THAMES CENTRE
CITY OF LONDON
1
2
3
4

The **County of Middlesex** has identified in their **Community Risk Profile** the potential of experiencing an emergency based on any of these circumstances:

- Winter storms (snow storms, blizzards, ice and sleet storms, hail storms);
- Wind storms/tornadoes;
- Snow storms, lightening storms, hail storms, ice storms;
- Hazardous material – fixed sites;
- Energy emergencies;
- Critical infrastructure failure;
- Hazardous materials/transportation incidents;
- Transportation incident (road, rail, air);
- Petroleum/gas pipeline emergencies;
- Animal disease;
- Human health emergencies and epidemics;
- Agriculture and food emergencies;
- Water quality emergencies;
- Floods;
- Fog.

http://www.middlesex.ca/living-here/emergency-planning

The **Community Risk Profile** for the **City of London** identifies these hazards:

- Heat/cold winter storm emergencies;
- Severe weather incidents (fog, hailstorms, lightning storms);
- Windstorms and tornadoes;
- Hazardous materials: fixed site;
- Hazardous materials: transportation emergency;
- Explosions/fires;
- Flooding;
- Human health epidemics;
- Energy supply emergencies.

London
CANADA

http://www.london.ca/d.aspx?s=/Emergency_Management/plan.htm

List of Potential Middlesex-London Emergencies and the Role of the MLHU

	MLHU Role	
Emergency	**Lead Organization**	**Participating Organization**
Bioterrorism		✓
Bomb Threat		✓
Chemical • Spill, Explosion		✓
Food • Recall, Contamination	✓	✓
Industrial • Spill, Explosion, Contamination		✓
Communicable Disease • Outbreak, Epidemic, Pandemic	✓	
Nuclear		✓
Power / Infrastructure • Failure		✓
Weather / Nature • Floods, Winter Storms, Tornadoes • Extreme Heat, Extreme Cold		✓
Radiological		✓
Transportation • Train Derailment, Airplane Crash • Multi-vehicle collision		✓
Water • Sanitary system failure or breakdown • Water line breakdown or contamination	✓	✓
Other		✓

3.1.2.3

The risk assessment shall include an evaluation of the likelihood of a hazard or combination of hazards occurring, taking into account factors such as threat analysis, frequency, history, trends, probability and consequence. The MLHU supports Middlesex County's and The City of London's Hazard and Risk Assessments.

3.1.2.4

The risk assessment shall include data on the possible impact of the risk as an event on people, property and the environment.

3.1.3 Business impact analysis (BIA)

3.1.3.1

The business impact analysis shall
(a) take the entire MLHU into consideration when the critical business functions, associated resource requirements, and interdependencies are identified;
(b) build on the findings from the risk assessment; and
(c) consider possible events and how they could affect the MLHU over time.

3.2 Planning Process

3.2.1

The MLHU shall follow a planning process to develop and maintain its emergency management and business continuity program.

3.2.2

The planning requirements will depend on the program's objectives and results of the hazard identification, risk assessment, and business impact.

3.2.3

The planning process has resulted in the development and documentation of a single integrated plan and multiple specific plans. The EMERGENCY RESPONSE PLAN is a basic document while additional procedure specific plans such as these have added additional dimensions to the planning parameters:

a) Pandemic Influenza Plan for Middlesex-London (2006)
b) Extreme Temperature Protocol (2007)
c) The Unique Grief Reactions of a Victim (2007)
d) CBRN-E Incident – Public Health Management Guidelines (2008)
e) Panic Alarm Protocol (2012)
f) Guidelines for Handling Suspicious Packages (2009)
g) Adverse Winter Weather Protocol (2012)

All of the above plans have been widely distributed and are also available from the Manager of Emergency Preparedness. The Emergency Response Plan can be found on the Intranet.

3.2.4

The MLHU shall engage in the planning process on a regularly scheduled basis, or when the situation has changed in such a way that the existing plan(s) is/are put into question. All plans shall be reviewed annually.

3.2.5

The MLHU shall include key stakeholders in the planning process where applicable. External stakeholders in the county and city, as well as within Emergency Management Ontario will be invited to review the plan.

3.3 Common plan requirements

3.3.1

The plan has clearly stated objectives.

3.3.2

The plan identifies the functional roles and responsibilities of internal and external agencies, organizations, departments, and positions. The MLHU has identified roles and responsibilities as well as having the list of prioritization of activities for each service area within the health unit.

Within the scope of an emergency, the staff at MLHU will:

- Provide leadership in the management of public health emergency situations in the County of Middlesex and/or in the City of London.
- In external emergencies, provide public health expertise and knowledge to the Community Control Group (CCG) at the Emergency Operations Centre (EOC) to promote health, prevent disease and protect the community from health hazards.
- In internal emergencies, provide public health expertise and knowledge to the Incident Management Team (IMT) at the Emergency Operations Centre (EOC) to promote health, prevent disease and protect the community from health hazards.
- Provide appropriate public health staff to the response efforts to carry out duties that may or may not be part of their usual daily work.
- Ensure that a protocol is in place for the mobilization of health unit staff during and outside of business hours.

- Ensure that communication protocols are in place for outside agencies and municipal governments to contact the MLHU and the Medical Officer of Health during and outside of business hours.

3.3.3

The plan identifies lines of authority for internal and external agencies, organizations, departments and positions. The following pages show lines of authority for the MLHU and are depicted through fan-out procedure charts.

3.3.4

These plans attempt to identify logistical support and resource requirements. It is necessary for the MLHU to draw resources from a number of internal and external sources.

3.3.5

This plan identifies the process for managing most emergency related activities. In a community, a formal declaration of a municipal emergency has major implications with respect to funding. As a result, in most cases, only the Mayor (or Warden) or other senior elected official in the may issue a formal Declaration of an Emergency. A meeting of the Community Control Group (CCG) at the Emergency Operations Centre (EOC) would likely be called. In other areas, the CCG may also be called the EOC Group (EOCG).

Activation of the MLHU's EMERGENCY RESPONSE PLAN and/or the MLHU's Incident Operations Centre are the responsibility of the MOH or A-MOH. In the absence of both, another member of the Directors Committee would assume this responsibility.

The MLHU emergency fan-out notification system will be initiated as required. The Office of the Medical Officer of Health will notify each Director of the pending crisis. Activation of the staff notification procedure for their area is the responsibility of each director of each Service Area. The fan-out shall be tested at least annually.

Public announcements regarding the emergency situation in our organization shall be made by the MOH supported by the Manager of Communications. Staff members will be kept up-to-date as the emergency evolves through mass email and voicemail. Staff members are encouraged to check these from their homes.

In a circumstance where the MOH and A-MOH are incapacitated or otherwise unavailable, a substitute MOH shall make decisions regarding the emergency. If necessary, the Board of Health will recognize the authority of a substitute Medical Officer of Health. Memorandums of Agreement with other Health Units have been put into place to support this need. Internally, once notified of the emergency, the MOH will call the Incident Management Team (IMT) together and will state the cause and nature of the emergency. Internal fan-out notifications will occur within service areas, as required. Voicemail and e-mail will also regularly be used to communicate with staff members.

TERMINATION OF AN EMERGENCY

The (internal) emergency may be terminated, when deemed appropriate by:

- The Medical Officer of Health, or
- The Associate Medical Officer of Health.

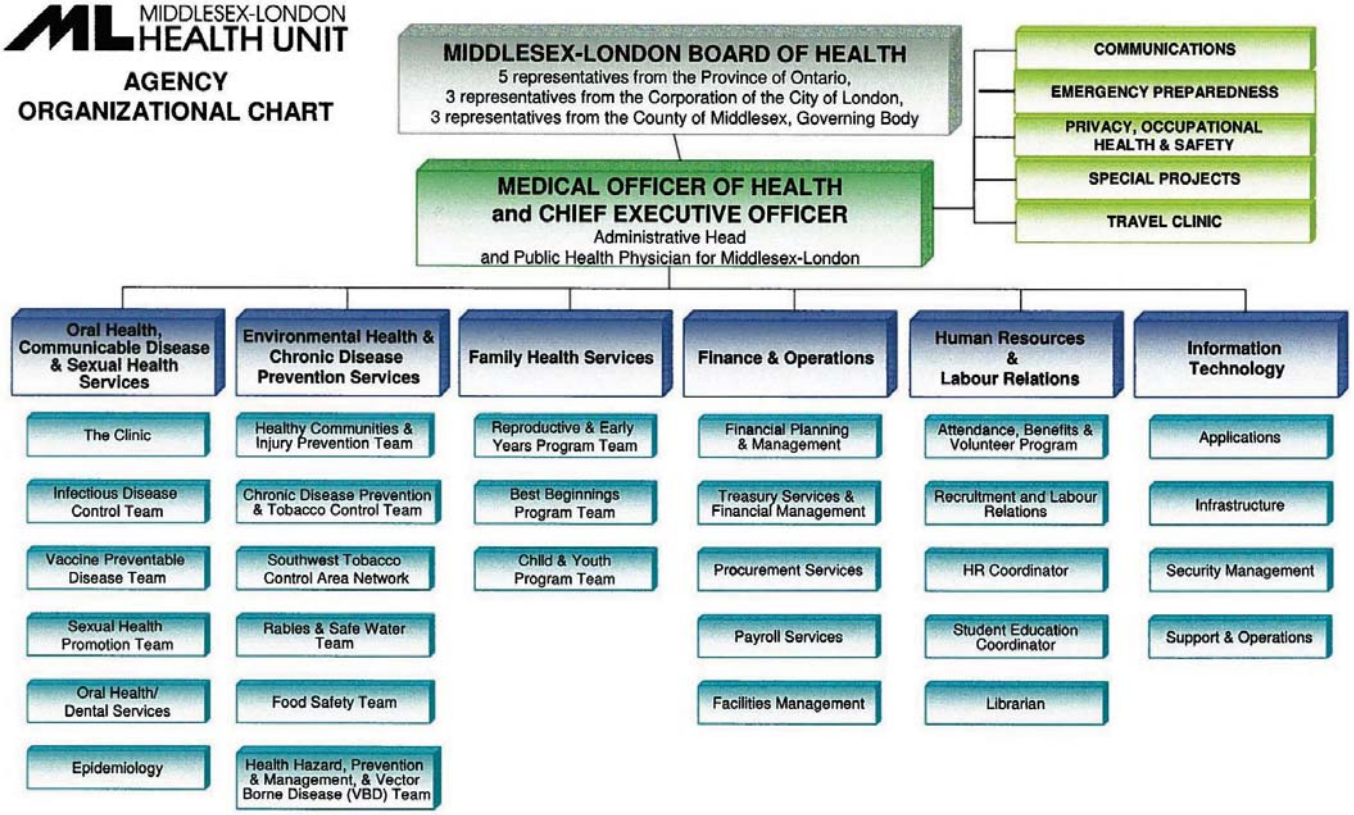
Ideally he/she will ensure that the Incident Management Team (IMT) is notified in writing of the emergency declaration and of the termination. The Board of Health and the Ministry of Health and Long-Term Care shall be notified of the termination, if they were originally notified of the declaration. Advising the public and staff that an emergency situation within the MLHU has ended is the responsibility of the Manager of Communications at the direction of the MOH.

The termination of an (external) formally declared municipal emergency must be made from the Mayor (or Warden) or other senior elected official in the community.

In the case of a provincially declared emergency, the declaration and the subsequent termination is made by the Premier or the Deputy Premier only.

MIDDLESEX-LONDON HEALTH UNIT

AGENCY ORGANIZATIONAL CHART

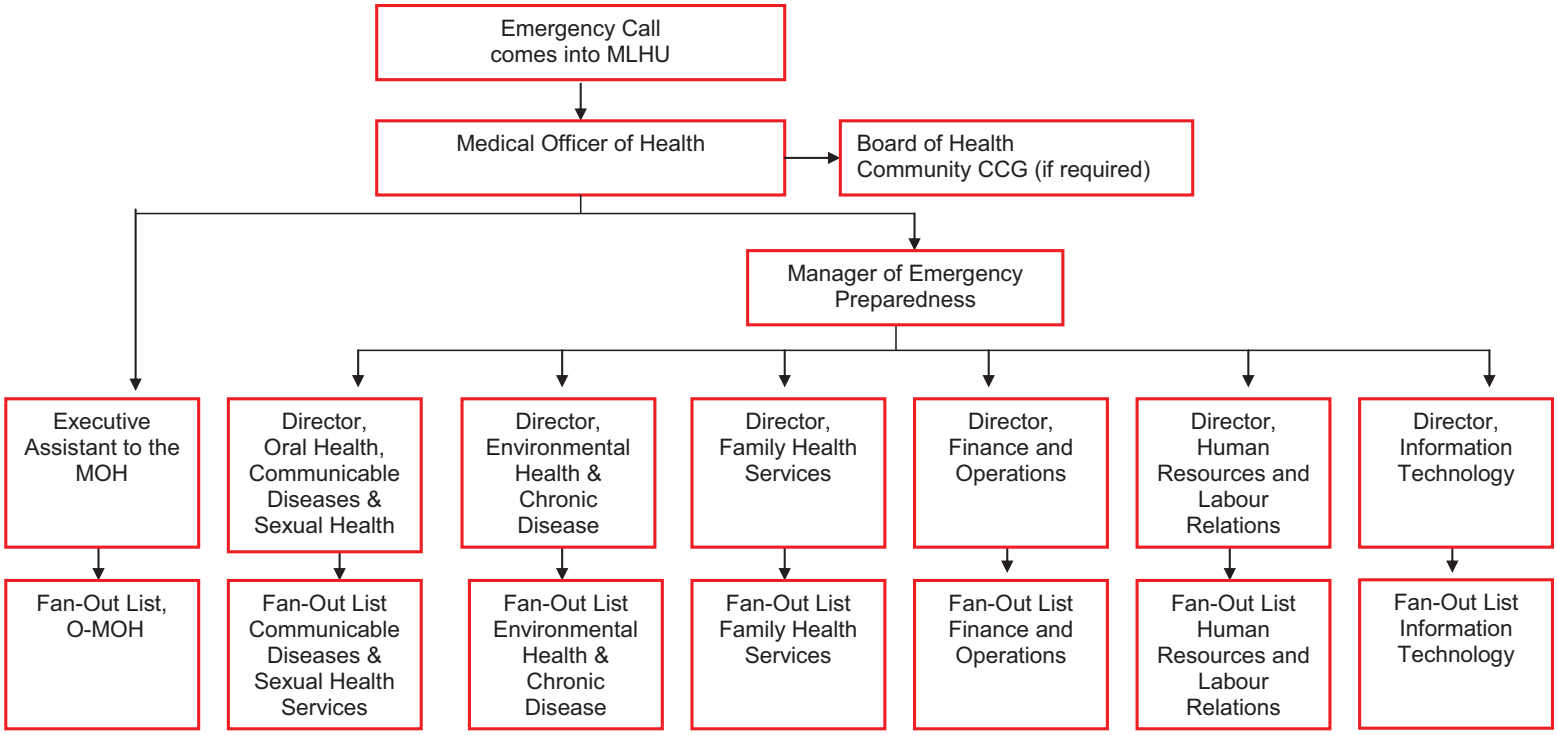


Board of Health	Medical Officer of Health	Office of the MOH	Service Areas	Programs

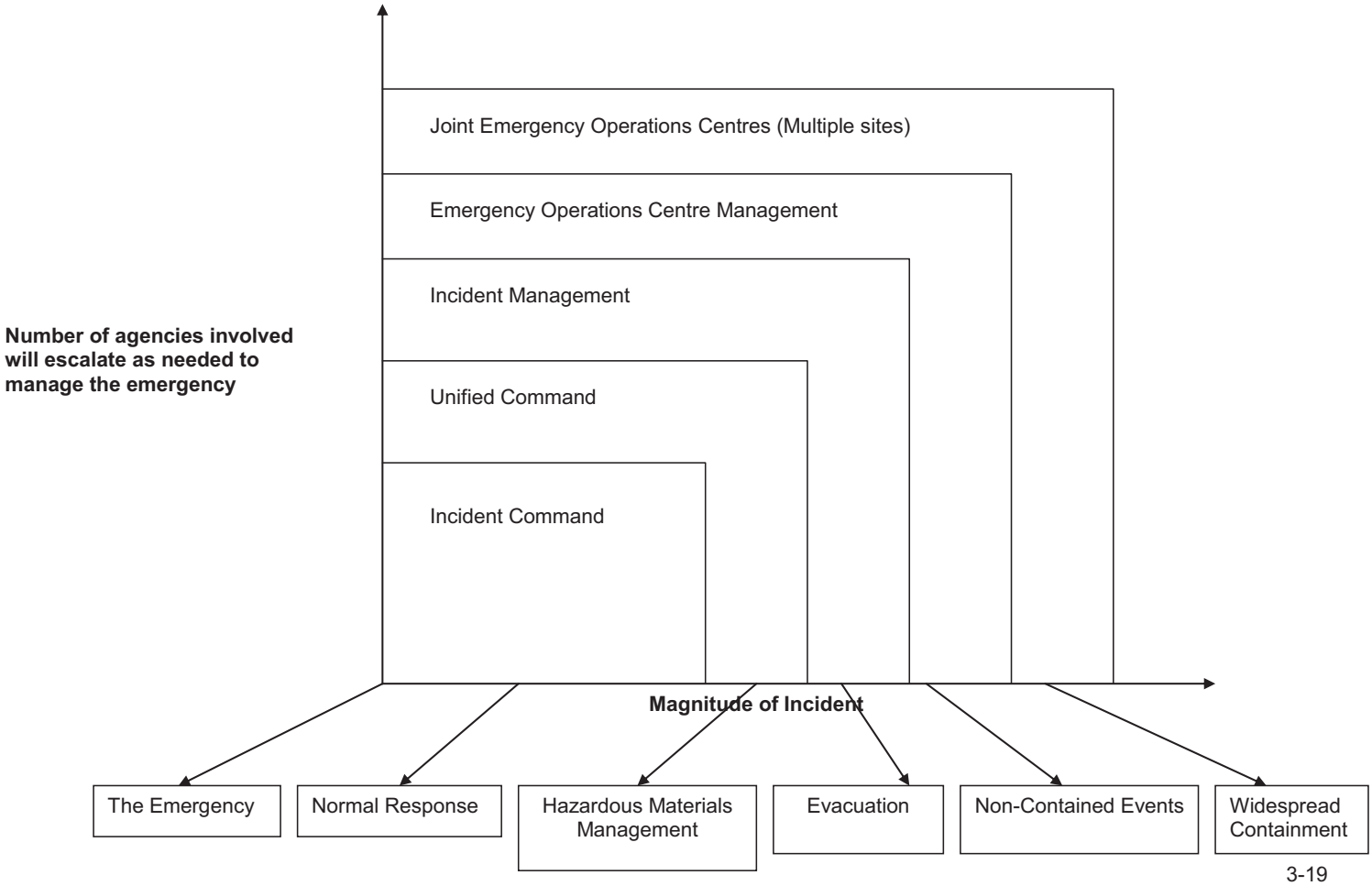
Implementation Date: November 1990	
Review Date(s)	**Revision Date(s)**
April 14, 2004, October 2008, March 2009	Feb. 20 1995, May 4 1995, Feb 5 1997, June 15 2000, June 17, 2004. April 2005, April 2006, October 2008, July 2010, May 2011, March 2012

Board Chair's Signature Viola Poletes Montgomery

MLHU Fan-Out


Emergency Call comes into MLHU
Medical Officer of Health
Board of Health Community CCG (if required)
Manager of Emergency Preparedness
Executive Assistant to the MOH
Director, Oral Health, Communicable Diseases & Sexual Health
Director, Environmental Health & Chronic Disease
Director, Family Health Services
Director, Finance and Operations
Director, Human Resources and Labour Relations
Director, Information Technology
Fan-Out List, O-MOH
Fan-Out List Communicable Diseases & Sexual Health Services
Fan-Out List Environmental Health & Chronic Disease
Fan-Out List Family Health Services
Fan-Out List Finance and Operations
Fan-Out List Human Resources and Labour Relations
Fan-Out List Information Technology

Understanding the Event Management Continuum



RECOMMENDED COMMUNITY CONTROL GROUP MEETING CHECKLIST

Item	Action or Direction	Remarks
1.	DETERMINE THAT ALL APPROPRIATE **MEMBERS OF CCG** ARE PRESENT	
2.	DETERMINE IF ADDITIONAL **ADVISERS** TO CCG ARE REQUIRED	
3.	**REPORTS** BY ALL AGENCIES/DEPARTMENTS	Current deployment of resources and priorities for immediate action
4.	DETERMINE AREAS AFFECTED BY EMERGENCY – DEFINE **EMERGENCY SITE** (S) (IF APPROPRIATE)	
5.	APPOINT /CONFIRM EMERGENCY SITE COMMANDER/MANAGER (S) (**ESM**)	
6.	DETERMINE IMMEDIATE **SUPPORT** THAT EMERGENCY SITE WILL REQUIRE	
7.	DETERMINE COMMUNITY **STRATEGY** TO RESOLVE/MANAGE EMERGENCY	Ensure that minutes or record of decisions are taken
8.	DETERMINE AND PRIORITZE **TASKS** AND COMPARE TO RESOURCES AVAILIBLE	
9.	CONSIDER **DECLARATION** OF EMERGENCY	

10.	ACTIVATE ALL OR PARTS OF COMMUNITY EMERGENCY **PLAN**; WHICH MAY INCLUDE:
	• EVACUATION PLAN
	• EVACUATION CENTRE PLAN
	• VOLUNTEER MANAGEMENT PLAN
	• PUBLIC INFORMATION PLAN
	• MEDIA PLAN
	• RECOVERY PLAN
	  ○ DEBRIS REMOVAL
	  ○ CISM	

11.	ACTIVATE **EOC** TO APPROPRIATE LEVEL OF OPERATION (LIMITED, PARTIAL, FULL)	Consider staffing for next 24-48 hours
12.	APPOINT EOC **OPERATIONS OFFICER**	
13.	ACTIVE **NOTIFICATION** PLAN, WHICH MAY INCLUDE: UPPER TIER, NEIGHBOURING COMMUNITIES, EMO, MP, MPP, MEMBERS OF COUNCIL	
14.	DETERMINE TIME/LOCATION FOR **NEXT CCG MEETING (OPERATING CYCLE)**	

Checklist in Consideration of a Declaration of Emergency

(Note: All references in this document refer to the *Emergency Management and Civil Protection Act*, R.S.O. 1990, Chapter E.9, as amended 2006)

** This checklist is for use by municipal heads of council considering the declaration of an emergency within their municipality. This checklist is not intended to provide any sort of legal advice – it is merely a reference tool.*

An emergency is defined under the *Emergency Management and Civil Protection Act* as "a 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" [Section 1, definition of an emergency].

Under the *Emergency Management and Civil Protection* Act, only the head of council of a municipality (or his or her designate) and the Lieutenant Governor in Council or the Premier have the authority to declare an emergency. The Premier, the head of council, as well as a municipal council, have the authority to terminate an emergency declaration [Sections 4 (1), (2), (4)].

An emergency declaration may extend to all, or any part of the geographical area under the jurisdiction of the municipality [Section 4 (1)].

If the decision is made to declare an emergency, the municipality must notify Emergency Management Ontario (on behalf of the Minister of Community Safety and Correctional Services) as soon as possible [Section 4 (3)]. Although a verbal declaration of emergency is permitted, all declarations should ultimately be made in writing to ensure proper documentation is maintained. Written declarations should be made on municipal letterhead, using the template provided by Emergency Management Ontario, and should be faxed to (416) 314-0474. When declaring an emergency, please notify the Provincial Emergency Operations Centre at 1-866-314-0472.

When considering whether to declare an emergency, a positive response to one or more of the following criteria ***may*** indicate that a situation, whether actual or anticipated, warrants the declaration of an emergency:

General and Government:

- ❑ **Is the situation an extraordinary event requiring extraordinary measures?** [Section 4 (1) permits a head of council to "take such action and make such orders as he or she considers necessary and are not contrary to law" during an emergency.]

- ❑ **Does the situation pose a danger of major proportions to life or property?** [Section 1, definition of an emergency]

- ❑ **Does the situation pose a threat to the provision of essential services** (e.g., energy, potable water, and sewage treatment/containment, supply of goods or medical care)? [Some situations may require extraordinary measures be taken or expenditures be made to maintain or restore essential services. A declaration of emergency may allow a head of council to expend funds outside of his or her spending resolutions and/or the regular approval process of the municipality.]

- ❑ **Does the situation threaten social order and the ability to govern?** [Whether due to a loss of infrastructure or social unrest (e.g., a riot), a crisis situation has the potential to threaten a council's ability to govern. In such cases, extraordinary measures may need

to be taken. Section 4 (1) provides for extraordinary measures, not contrary to law. Section 55 (1) of the *Police Services Act* provides for the creation of special policing arrangements during an emergency.]

- **Is the event attracting significant media and/or public interest?** [Experience demonstrates that the media and public often view the declaration of an emergency as a decisive action toward addressing a crisis. It must be made clear that an "emergency" is a legal declaration and does not indicate that the municipality has lost control. An emergency declaration provides an opportunity to highlight action being taken under your municipal EMERGENCY RESPONSE PLAN.]

- **Has there been a declaration of emergency by another level of government?** [A declaration of emergency on the part of another level of government (e.g., lower-tier, upper-tier, provincial, federal) may indicate that you should declare an emergency within your municipality. For example, in the event of a widespread disaster affecting numerous lower-tier municipalities within a county, the county will likely need to enact its EMERGENCY RESPONSE PLAN and should strongly consider the declaration of an emergency. In some cases, however, a declaration of emergency by a higher level of government may provide sufficient authorities to the lower-tier communities involved (e.g., municipalities operating under the authority of a provincial or federal declaration).]

Legal:

- **Might legal action be taken against municipal employees or councilors related to their actions during the current crisis?** [Section 11 (1) states that "no action or other proceeding lies or shall be instituted against a member of council, an employee of a municipality, an employee of a local services board, an employee of a district social services administration board, a minister of the Crown, a Crown employee or any other individual acting pursuant to this Act or an order made under this Act for any act done in good faith in the exercise or performance or the intended exercise or performance of any power or duty under this Act or an order under this Act or for neglect or default in the good faith exercise or performance of such a power or duty." Section 11 (3), however, states "subsection (1) does not relieve a municipality of liability for the acts or omissions of a member of council or an employee of the municipality…."]

- **Are volunteers assisting?** [The *Workplace Safety and Insurance Act* provides that persons who assist in connection with a declared emergency are considered "workers" under the Act and are eligible for benefits if they become injured or ill as a result of the assistance they are providing. This is in addition to workers already covered by the Act.]

Operational:

- **Does the situation require a response that exceeds, or threatens to exceed the capabilities of the municipality for either resources or deployment of personnel?** [Section 4 (1) permits the head of council to "take such action and make such orders as he or she considers necessary and are not contrary to law to implement the emergency plan." Section 13 (3) empowers a municipal council to "make an agreement with the council of any other municipality or with any person for the provision of any personnel, service, equipment or material during an emergency."]

- **Does the situation create sufficient strain on the municipal response capability that areas within the municipality may be impacted by a lack of services, thereby further endangering life and property outside areas directly affected by the current crisis?** [Some situations may require the creation of special response

agreements between the municipality and other jurisdictions, private industry, non-government organizations, etc. Section 13 (3) states that the "council of a municipality may make an agreement with the council of any other municipality or with any person for the provision of personnel, service, equipment or material during an emergency."]

- ❑ **Is it a consideration that the municipal response may be of such duration that additional personnel and resources may be required to maintain the continuity of operations?** [In the event of a large-scale crisis, such as an epidemic or prolonged natural disaster, municipal resources may not be able to sustain an increased operational tempo for more than a few days. This is particularly true if emergency workers are injured or become ill as a result of the crisis. In such a case, the municipality may need to utilize outside emergency response personnel. Section 13 (3) provides for mutual assistance agreements between municipalities.]

- ❑ **Does, or might, the situation require provincial support or resources?** [Provincial response (e.g., air quality monitoring, scientific advice, airlift capabilities, material resources, etc.) may involve numerous ministries and personnel. Activation of the municipal EMERGENCY RESPONSE PLAN, including the opening of the Emergency Operations Centre and meeting of the Community Control Group, can greatly facilitate multi-agency and multi-government response.]

- ❑ **Does, or might, the situation require assistance from the federal government (e.g., military equipment)?** [Section 13 (2) authorizes the Solicitor General, with the approval of the Lieutenant Governor in Council, to make agreements with the federal government. In Canada, federal emergency assistance is accessed through, and coordinated by, the province. The declaration of an emergency may assist a municipality in obtaining federal assistance.]

- ❑ **Does the situation involve a structural collapse?** [Structural collapses involving the entrapment of persons *may* require the deployment of one or more Heavy Urban Search and Rescue (HUSAR) teams. Ontario has a HUSAR team. This team is specially equipped and trained to rescue persons trapped as a result of a structural collapse. Any municipality in the province can request a HUSAR deployment to a declared emergency. Requests for HUSAR resources should be made through your local mutual aid fire coordinator. Approval for the dispatch of the HUSAR team comes from the Commissioner of Emergency Management.]

- ❑ **Is the situation a large-scale or complex chemical, biological, radiological, or nuclear (CBRN) incident?** [Response to CBRN incidents requires specialized resources and training. Ontario is developing three CBRN teams to respond to incidents throughout the province. CBRN teams are only dispatched to declared emergencies. Requests for a CBRN deployment should be made through your local mutual aid fire coordinator. Approval for the dispatch of CBRN teams comes from the Commissioner of Emergency Management.]

- ❑ **Does the situation require, or have the potential to require the evacuation and/or shelter of people or animals [livestock] from your municipality?** [Evacuee and reception centres often use volunteers as staff. As noted above, the declaration of an emergency enacts certain parts of the *Workplace Insurance and Safety Act* related to volunteer workers. Secondly, an evacuation or sheltering of citizens has the potential to generate issues pertaining to liability. Section 11 of the *Emergency Management and Civil Protection Act* may provide municipal councilors and employees with certain protections against personal liability.]

- ❑ **Will your municipality be receiving evacuees from another community?** [The issues discussed in the previous bullet may apply equally to municipalities accepting evacuees.]

Economic and Financial:

- **Does the situation pose a large-scale disruption to routine patterns of transportation, or re-routing of large numbers of people and vehicles?** [The rerouting of people and vehicles poses a potential liability risk. Keeping persons from their homes and delaying commercial traffic are both sensitive issues. Section 11 of the Act may provide certain protection from liability. Section 4 (1) allows for extraordinary measures to be taken, providing they are not contrary to law.]

- **Is an event likely to have a long term negative impact on a community's economic viability/sustainability, including resulting unemployment, lack of available banking services and restorative measures necessary to re-establish commercial activity?** [The declaration of an emergency may facilitate the ability of the municipality to respond to economic losses.]

- **Is it possible that a specific person, corporation, or other party has caused the situation?** [Section 12 states that "where money is expended or cost is incurred by a municipality or the Crown in the implementation of an emergency plan or in connection with an emergency, the municipality or the Crown, as the case may be, has a right of action against any person who caused the emergency for the recovery of such money or cost…."]

3.3.6

This plan identifies the process for managing the communication and flow of information, both internally and externally. The Manager of Communications will co-ordinate both aspects.

3.3.7

The MLHU shall make appropriate sections of the plans available to those assigned specific tasks and responsibilities and to other stakeholders as required. Fan-out procedures give direction as to what actions are to be taken in the event of an emergency for the various service areas.

Emergency Management Ontario (EMO) instructs communities to consider initiating their emergency fan-out notifications to the Community Control Group (CCG) in this typical order:

- Head of Council
- CAO / Clerk-Treasurer
- Community Emergency Management Coordinator
- Fire Chief
- Police Chief
- EMS Director
- Public Works
- Social Services
- Medical Officer of Health

Once the Office of the Medical Officer of Health has received notice of the emergency in the community, these systems will occur at the MLHU:

All members of the Directors Committee shall be notified through all available means. All current phone numbers are available in **Appendices** on the *List of Company Issued Communication Devices.* They may, at the time, be requested to meet as the Incident Management Team (IMT) or they may be given a briefing on the situation, depending on the specific circumstances. The MOH shall chair the IMT.

During regular business hours, all employees shall receive a brief mass voicemail and a brief mass email, initiated by the Manager of Communications. If an emergency is anticipated, a general voicemail and email message to the staff will include standby and safety instructions, and may be received at any time of day or night.

The MOH will initiate the fan-out system as per the chart included herein. Directors will initiate the fan-out processes within their service areas, as deemed appropriate. Managers, assigned to make the fan-out calls will use the Emergency Documentation & Feedback Form (see copies on yellow paper) and shall report to and/or submit these completed documents to their Director who will in turn ensure that all completed forms are returned to the Manager of Emergency Preparedness within 48 hours.

After business hours, all members of the Directors Committee shall be notified through every available means using the Fan-Out System. Current phone numbers are available on the *List of Company Issued Communication Devices.* The Director (or alternate) will start the fan-out process within their service area using their combined discretion on the circumstances of the event and the hour of the day. They will outline the expectations of their staff, at that time as

well. The Manager of Communications can complete the mass voicemail and email to all employees from remote locations after hours. If staff members are required to work after business hours, a record of staff availability will be maintained and will be reported back to each service area Director. Particulars like nutrition requirements, overtime, scheduling, etc. will be addressed as required by the Incident Management Team (IMT).

To assist the IMT in making staff and program decisions and to access the number of staff available to respond to either internal or external emergencies, it is imperative that fan-out communication lists be used as standard procedure.

Internal Emergency Situations

The MOH will be notified as soon as possible, once an internal incident/emergency requires resources beyond those of the initially responding service area and/or personnel. The MOH will decide whether or not to call a meeting of the IMT and will decide whether or not to activate the MLHU EMERGENCY RESPONSE PLAN. In some cases, the IMT shall be asked to stand by, to await further directions.

The Manager of Communications will, upon direction, initiate a brief mass voicemail and mass email to all employees and may be asked to post a message on the MLHU website, the intranet, and Twitter as well.

Human Resources shall have employees annually complete an *Emergency Contact Form*. This document can be used to notify next-of-kin of staff members of the emergency, particularly in the case of injury or other special concern. Human Resources shall issue a quarterly report to each Director, containing the current name, address and telephone number for each employee in that specific service area.

Each service area shall be responsible for updating their fan-out list each quarter based on the new information generated by the Human Resources report. Copies of the fan-out list will be maintained within the management team of the service area.

Each service area is responsible for:
- The method and sequence of advising each employee.
- Relaying the message.
- The method of reporting results in reverse order of the original call.

Directors shall receive completed Emergency Documentation and Feedback forms and shall send copies to the Manager of Emergency Preparedness.

Some emergencies and disasters require the mobilization of most or all employees. Therefore, all employees need to know what their roles may be in these situations.

Staff members are expected to:
- Report to work unless otherwise advised.
- Contact their manager if there is a problem or uncertainty.
- Follow procedures as directed.
- Be prepared to be assigned appropriately and possibly reassigned as the emergency progresses.
- Report to a designated area.

External Emergency Situations

The Medical Officer of Health (or designate) is responsible for notifying and maintaining communications with:

- The Board of Health.
- The Emergency Management Unit of the Ministry of Health and Long-Term Care (MOHLTC).
- The neighbouring Medical Officers of Health and Health Units, if necessary.
- Public Health Ontario
- The members of the Community Control Group (CCG) both City and County, (and county municipalities) as appropriate.
- Agencies, services, institutions, municipal officials and other stakeholders as deemed appropriate.

Staff members who are working in any of the MLHU offices or those working at remote locations will be notified of the situation, by mass voicemail and mass email and will be expected to be on standby for a Fan-out and to await further details on the situation as it unfolds.

Typical Sequence for external emergencies resulting in implementation of the MLHU EMERGENCY RESPONSE PLAN:

1.	Incident occurs;
2.	First Responders arrive on scene to assess and initiate response;
3.	Site Manager calls for Health Unit to be notified;
4.	MOH may be called to CCG meeting at EOC;
5.	Emergency may be officially declared based on recommendations;
6.	MOH informs the IMT to assemble;
7.	Directors initiate Fan-Out within service areas;
8.	Aspects of Emergency Plan are activated along with service area protocols;
9.	Meetings occur in cycle fashion;
10.	Emergency is managed by inter-disciplinary efforts;
11.	Termination of the emergency is formally declared;
12.	MOH informs the IMT and notifies all staff;
13.	Recovery efforts continue;
14.	Debriefing and Evaluation exercises are planned.

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

STAFF FAN-OUT WORKSHEET

*

N/H (not at home or no answer)	**A** (available)
N/A (not available)	**V** (Voicemail)

Service Area: _____Section:_____ Date: _____ Time: _____

Fan-out Initiated By: _____ Your Name: _____

Information Given: _____

Time that end of fan-out loop completed: _____

FEEDBACK INFORMATION:

Name of Person Called	Time called	Home or Cell	Availability of Person *	Comments

1) Remember, if this is a fan-out test to inform the staff it is a test only.
2) The notification and fan-out procedures are specifically designed and are intended to provide rapid communication with staff and allow for closed loop feedback to indicate when staff has been notified.
3) If you are unable to contact the individual, go onto the next staff person and note that you were unable to contact them.
4) Retry the missed person after you have tried all others on your list.
5) It is important that you leave messages at home and on cell phones for your staff.
6) Notify your manager that you were unsuccessful in notifying that person(s).

STAFF FAN-OUT WORKSHEET *

N/H (not at home or no answer)	**A** (available)
N/A (not available)	**V** (Voicemail)

Name of Person Called	Time called	Home or Cell	Availability of Person *	Comments

If you require more space, use additional blank paper.
Please return these completed forms to the Manager of Emergency Preparedness within 48 hours of the Emergency Fan-out.

STAFF FAN-OUT WORKSHEET

Page 3 of 4

*

N/H (not at home or no answer)	**A** (available)
N/A (not available)	**V** (Voicemail)

Name of Person Called	Time called	Home or Cell	Availability of Person *	Comments

If you require more space, use additional blank paper.
Please return these completed forms to the Manager of Emergency Preparedness within 48 hours of the Emergency Fan-out.

STAFF FAN-OUT WORKSHEET

Page 4 of 4

*

N/H (not at home or no answer)	**A** (available)
N/A (not available)	**V** (Voicemail)

Name of Person Called	Time called	Home or Cell	Availability of Person *	Comments

If you require more space, use additional blank paper.
Please return these completed forms to the Manager of Emergency Preparedness within 48 hours of the Emergency Fan-out.

4. Implementation

4.1 Prevention and mitigation

4.1.1 General

The MLHU has developed and implemented a prevention and mitigation strategy. The MLHU has compiled hazard identification and risk assessment (HIRA) of both the County and the City has included both documents herein. The County HIRA is printed on pink paper and the City is printed on blue paper, for quick reference. The Health Unit also considers these risks to be risks to our staff and facilities.

4.1.2 Prevention

4.1.2.1

The MLHU has developed and implemented numerous strategies within each service area to prevent incidents that threaten people, property and the environment. To minimize incidents, this plan also identifies risks and procedures according to the Ontario Hospital Association's emergency colour code nomenclature. The Joint Occupational Health and Safety Committee also implements strategies to prevent incidents.

4.1.2.2

Prevention strategies are also based on the information obtained from the hazard identification, risk assessment, and business impact analysis as outlined and shall be kept current.

4.1.2.3

The MLHU has the ability to monitor identified hazards and to adjust the level of preventive measures available to deal with the possible risks. This is achieved through consultations with members of the Joint Occupational Health and Safety Committee, the Fire Wardens, the Workplace Violence Committee, the Nursing Practice Council, etc.

> We have also acquired all weather radios, an amateur radio station, a scanner and a radio system with a common channel to access the police and fire dispatches.

4.1.2.4

The prevention strategies are intended to establish interim and long-term actions to eliminate hazards that could impact the MLHU, clients and staff alike.

4.1.3 Mitigation

4.1.3.1

The MLHU is developing plans to implement mitigation strategies to limit or control the consequences, extent, or severity of an incident that cannot be reasonably prevented. Currently, such strategies are addressing concerns within the areas of:

a) Records Management
b) Information Technology

Critical Incident Stress Management (CISM)

Critical incident stress is a condition that occurs in stressful or traumatic situations and cannot be prevented. Emergency Management Ontario (EMO) has identified this issue as one that must be addressed in emergency plans.

CISM support should be initiated within the organization after a traumatic event and can be instrumental during extended and acute phases of pandemic response, mass casualty, internal traumatizations and fatality experiences.

It is important that the MLHU maintains a level of care and concern for staff and clients alike during the incident. The MLHU understands the importance of providing counselling services in the event of an emergency and has secured the services of an EAP program as part of employee wellness programs. Critical incident response service are available to help staff members who have witnessed, responded to, been victimized by or otherwise experienced a traumatic event. Ongoing care and concern for the staff also includes practical issues like stockpiling necessary personal protective equipment (PPE) and maintaining the required level of services.

Human Resources will notify the Employee Assistance Program (EAP) of the scope and magnitude of the emergency/incident and its potential effects on the staff.

Family Service Thames Valley, the London Police Family Consultants and the Victim Services Program of Middlesex County and the Salvation Army are also available to provide their services to our staff and clients, as they do for all citizens, at no cost.

During an emergency, it is important to not separate of people from their friends and family and to consider the most appropriate allocation of resources to help those affected by the incident. Education on self-protection and coping mechanisms may become the new essential. Outstanding ethical issues may need to be discussed and trained supportive professionals are essential.

The Field Traumatology Institute cites four reactionary phases that people go through during and after an emergency of any size or impact:

- **Heroic:** People are buoyed up by the events and work diligently to assist in the efforts unfolding around them.
- **Honeymoon:** Help and sympathy for the victims pour in, and the full shock of the disaster has not yet made itself felt to either the victims or responders.
- **Disillusionment:** The shock of what has happened sets in, along with the realization of the full extent of the damage or loss caused by the emergency or disaster.
- **Reconstruction:** People start to return to an even keel and a normal mode of operation.

A series of response techniques are typically used to prevent Post-Traumatic Stress Disorder, including:

- Immediate on-site defusing.
- Timely individual and group debriefing sessions.
- Counselling for individuals at risk.

Debriefings, either informal or with a trained CISM facilitator, will be arranged for affected persons and/or within service areas and/or to the entire staff as a whole, depending on the need and/or the circumstances of the event. It will be the responsibility of each employee to become keenly aware of the concerns of fellow employees after the crisis has been resolved. Signs of

stress could be verbal or non-verbal and could include increased absenteeism, etc. Staff members are encouraged to consult with their manager and Human Resources as soon as possible, for further assistance and support.

In municipal emergency plans, the MOH is tasked with critical incident stress management support and advice. Typically the Health Unit would be asked to co-ordinate such supports after a major disaster. A list of CISM practitioners is maintained for this reason.

The Prevalence of Crisis and Trauma as a Public Health Problem: A Rationale for Critical Incident Stress Management

(See Everly & Mitchell, 1999 for original citations)

The Occupational Safety and Health Administration (OSHA) has indicated that the employer has a responsibility to maintain a safe workplace. Claims of negligence may be brought against employers who fail to act in such a manner as to reduce the potentially adverse consequences of a know risk. A *"high risk"* occupation may be defined as any occupation within which there exists an unusually high vulnerability to some adverse health consequences (e.g., fire suppression and heart and/or lung disease). *"Risk"* is a probabilistic phenomenon based upon actuarial statistics.

What is the magnitude of risk for experiencing a significant psychological crisis or trauma that might yield a significantly adverse impact upon one's mental health? Is the risk minimal, or does it represent a significant public health issue? Consider this:

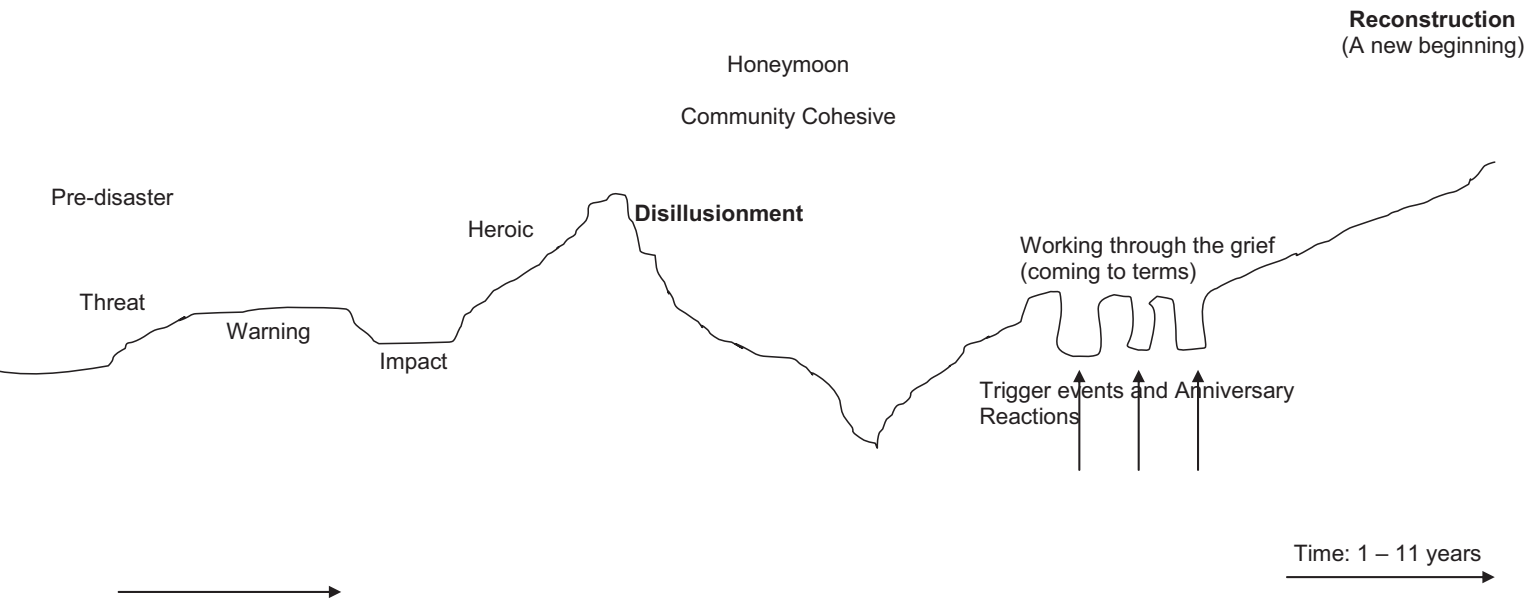
Recent evidence suggests that 90% of adults in the United States will be exposed to a traumatic event during their lifetime;

The rate of trauma exposure for children and adolescents has been estimated to be about 40%; Suicide rates have been seen to increase after natural disasters;

- The lifetime prevalence of criminal victimization was assessed among female patients and was found to be about 57%;
- Violence at work costs over 1.75 million lost workdays;
- Homicide is the third leading cause of death from injury at the worksite (NIOSH) in the U.S., but in California and District of Columbia it is the leading cause of workplace death;
- Each year, approximately one million persons become victims of violent crime at work;
- The prevalence of PTSD was found to be 13% in a sample of suburban law enforcement officers;
- Law enforcement officers are 8.6 times more likely to die from suicide than from accidental circumstances;
- 62% of the clinical healthcare staff sampled reported being exposed to a traumatic stressor at work;
- The prevalence of post-traumatic stress disorder ranged from 15% to 31% for samples of urban firefighters based on traumatic exposure prevalence ranging from 85% to 91%;
- Symptoms of distress and PTSD are most highly correlated with exposure to traumatic stressors.
- About 10% of individuals exposed to a traumatic event can be expected to develop chronic PTSD.

Jr., G.S, & Mitchell, J.T (2002). *Critical incident stress management: Advanced group crisis intervention (a workbook, 2nd edition [revised])*. ICISF.

PHASES OF REACTION TO DISASTER



The Field Traumatology Institute

4.1.3.2

Mitigation strategies are always based on the results of the hazard identification, risk assessment, and business impact analysis as well as on program constraints, operational experience, and on various cost-benefit analysis. These are always “works” in progress and fall under the jurisdiction of multiple service areas.

4.1.3.3

The mitigation planning establishes interim and long-term actions to reduce the impact of hazards that cannot be eliminated.

4.2 Resource management

4.2.1

The Director of Finance and Operations has already established resource management objectives consistent with the overall program goals. These objectives shall include these considerations:

a) Targets;
b) Timelines;
c) Capabilities;
d) Costs,

and will require the entire staff in this service area should an emergency of any magnitude occur.

4.2.2

The MLHU has established resource management procedures to ensure that adequate human, physical, informational, and financial resources are provided. The Director of Finance and Operations and the Procurement Manager will consider these steps:

a) Keeping an inventory;
b) Activation of resources;
c) Utilization;
d) Deactivation;
e) Planning for shortfalls.

4.2.3

Assessments are continually conducted to identify the resource capability shortfalls and the steps necessary to address them. The Procurement & Operations Manager ensures this is completed.

4.2.4

Current inventories of internal and external resources are maintained. In the appendix section is a list of internal and external resources, a listing of multi-linguistic staff and external support services which are available in an emergency.

4.2.5

In an emergency, members of the public may feel compelled to make donations to assist with the response efforts. The MLHU shall determine if donations could be forthcoming and, if required, will review the established objectives and procedures to manage donations of solicited and unsolicited goods, services, personnel, facilities, and finances. Otherwise, such offers shall be directed to the county or city emergency management coordinators or to non-governmental charities.

4.3 Mutual aid and mutual assistance

4.3.1

The MLHU, specifically through the MOH and/or the IMT, shall determine the need for mutual aid or mutual assistance, which may come from other health units or similar supportive agencies. At all times, an offer of assistance will be carefully considered and will be respectfully acknowledged.

4.3.2/3

A mutual assistance agreement has been endorsed by Boards of Health from Health Units in Southwestern Ontario. A copy of which shall be kept in the Appendix section.

Mutual Aid Partnerships may also be formed as needed with:

- Community Care Access Centre
- Local Health Integration Networks
- Nursing Services
- First Responders
- Schools, Churches
- Transportation Services
- Food Services Providers
- Utilities
- Medical Suppliers
- Non-Governmental Organizations

4.4 Emergency response

4.4.1 Strategy Planning

This plan has strategies and policies to respond to emergencies that threaten people, property and the environment. The Occupational Health and Safety Association Regulations classify hazards according to their level of risk. This simple hazard classification may be helpful in determining and assessing the following pages of Emergency Codes:

1. Class A Hazard: A condition or practice likely to cause permanent disability, loss of life or body part and/or extensive loss of structure, equipment or material.
2. Class B Hazard: A condition or practice likely to cause serious injury or illness resulting in temporary disability or property damage that is disruptive to the work process.
3. Class C Hazard: A condition or practice likely to cause minor, non-disabling injury or illness or non-disruptive property damage.

FIRST AID

- An employee with a medical or nursing degree or a valid First-Aid certificate will typically assume a leadership role in the situation.
- The room should be cleared of all unnecessary staff.
- No attempt should be made to move a person who has fallen and appears to be in pain.
- Conversation should be limited to quiet reassurance, and not the condition of the patient.
- If transportation to a medical facility is required, an ambulance must be called.
- Staff may attend as well using their own vehicle.

Never transport a patient or their family in a private vehicle;
Call an ambulance or a taxi.

MEDICAL/FIRST AID EMERGENCIES WITH SERIOUS INJURY OR ILLNESS

- **Call 9-1-1.**
- Give your name, describe the nature and severity of the medical problem.
- Give the location of the person (address of the office, floor number, specific location; geographical coordinates, etc.
- Ensure the safety of the scene before approaching the victim.
- Contact your manager, the Office of the Medical Officer of Health and receptionists.
- Keep the person still and comfortable.
- DO NOT move the victim unless absolutely necessary – protecting the spine and back.
- Initiate first aid if trained and certified to do so.
- Control serious bleeding by applying direct pressure on the wound.
- DO NOT administer food or drink to an injured person.
- Continue to assist the person until help arrives.
- Reassure the person that you are there to help and that medical assistance is coming.
- While waiting for appropriate emergency person(s) to respond, obtain and record as much information as possible pertaining to the person and/or circumstances.

MEDICAL/FIRST AID EMERGENCIES FOR NON-LIFE THREATENING CONDITIONS

- Notify your manager, the Office of the Medical Officer of Health and determine if a call should be made to **9-1-1**.
- Do not administer any medication, food or drink (with the exception of meeting immediate needs of a person with diabetes).
- Administer first aid if trained and certified.
- Remain with the person until further assistance arrives.

FIRST AID KITS ARE LOCATED AT:

1. 50 King Street, London, Ontario. N6A 5L7
   MLHU Main Reception Area (Main Floor)
   Family Health Services Reception Area (2nd Floor)
   Family Health Services Atrium (2nd Floor)
   MOH Office and Finance/HR Kitchenette (3rd Floor)
   Large Meeting Room 3A (3rd Floor)
   Staff Room (lower level)
   Board Room (Middlesex Building)
   Family Planning/STI Clinic (Main Floor)

2. Strathroy Office, 51 Front St. East, Strathroy, Ontario, N7G 1Y5
   Lunch Room (Main Floor)

3. 201 Queens Avenue at Clarence Avenue, 4th Floor, London, Ontario, N6A 1J1
   (Kitchen/Lunch Room)
4. Van

*** The main First Aid Station at 50 King Street is the Family Planning Clinic***

DEFIBRILLATORS ARE LOCATED AT:

1. 50 King Street, London, Ontario. N6A 5L7
   MLHU Main Reception Area (Main Floor)

2. Strathroy Office, 51 Front St. East, Strathroy, Ontario. N7G 1Y5
   Reception Area (Main Floor)

3. 201 Queens Avenue, at Clarence Avenue, 4th Floor, London, Ontario, N6A 1J1
   Kitchen/Lunch Room

KNOW THE CODE

In case of an Emergency …
Consult the MLHU EMERGENCY RESPONSE PLAN
and KNOW THE CODE!

MISSING PERSON

DISASTER

FIRE

VIOLENT/BEHAVIOURAL SITUATION

MEDICAL EMERGENCY

PRECAUTIONARY EVACUATION

MEDICAL EMERGENCY – INFANT/CHILD

IN FACILITY HAZARDOUS SPILL

HOSTAGE TAKING

BOMB THREAT

INFRASTRUCTURE LOSS OR FAILURE

EMERGENCY CODES

The overhead public address system and our telephone set models #4015 and #4025 have the capability to do an in house paging, which provides the ability to call out the Emergency Code notification, if necessary.

The following is a list of possible emergencies and/or risks that may affect the infrastructure of the MLHU. As per the Ontario Hospital Association (OHA) and the Ontario Safety Association for Community and Healthcare (OSACH), the typical universal emergency colour code nomenclature recognized by all emergency responders are:

MISSING PERSON **Infant/Child/Adult**	**Used with Amber Alerts.** **Colour is widely recognized.**	**Code Yellow**
DISASTER	**Most people are brought to hospital by ambulance** **(orange and white are the international colors for ambulances).**	**Code Orange**
	Colour of fire. Consistent with current usage in many facilities.	**Code Red**
VIOLENT/BEHAVIOURAL SITUATION **Robbery/Personal Attacks**	**White is the colour of many hospital restraints.**	**Code White**
MEDICAL EMERGENCY	**Person in arrest will be cyanotic (blue tinged skin). Consistent with current use in many facilities.**	**Code Blue**
PRECAUTIONARY EVACUATION	**Green (light) has always been the colour for "go ahead"** **(leave the present location.)**	**Code Green**
MEDICAL EMERGENCY **Infant/Child**	**Common colour reference to babies (i.e. Girls).**	**Code Pink**
IN FACILITY **HAZARDOUS SPILL**	**Brown, the colour result of mixing many other colours together.** **(a messy spill)**	**Code Brown**
HOSTAGE TAKING	**Refers to the "holding of one's breath" until they turn purple.**	**Code Purple**
BOMB THREAT **Telephone Threats** **Suspicious Packages** **Explosions**	**Bombs and old fashioned telephones are depicted as black.**	**Code Black**
INFRASTRUCTURE LOSS OR FAILURE **Shelter in Place**	**Fog and dirty air is grey.**	**Code Grey**
NATURAL DISASTERS **Tornado/Hurricane/Earthquake** **Flood/ Water**		
LOSS OF POWER **Fridge**		

MISSING PERSON

CODE YELLOW OR AMBER procedures remain under code yellow, and refer to a missing child or infant who is suspected of being abducted. When the code is called, staff are notified that a child or infant is missing, further details would be provided on things such as description and name, and would result in a targeted search by staff.

SCENARIO A) AWARE OF, OR INFORMED OF A MISSING CHILD?

Step One

1. **CALL 9-1-1.**

Step Two

1. Time is critical, immediately conduct a search, checking your service area.

Step Three

1. Secure doors to prevent persons entering or leaving the office until police arrive.

SCENARIO B) CHILD/ADULT NOT LOCATED OR WITNESS TO AN ABDUCTION?

Step One

1. **CALL 9-1-1**.
2. Notify a supervisor, reception and the office of the MOH**.**

Step Two

1. Write down as many details of the incident as possible, including; names of persons involved, approximate age, weight, hair colour, sex, clothing, physical description, health status, distinctive markings, etc.

2

When someone, who is not the child's legal guardian, has taken an infant/child, or if an infant/child goes missing without the permission of the legal guardian, we will assume that the infant or child has been abducted until it can be proven otherwise.

If an adult person cannot be found and there is concern for his/her well being, this strategy will also apply.

SCENARIO A) AWARE OF A MISSING CHILD?

- Time is critical, immediately conduct a search, checking your service area.
- **CALL 9-1-1**.

SCENARIO B) CHILD/ADULT NOT LOCATED or WITNESS TO AN ABDUCTION:

- Also notify a supervisor, reception on the main floor who will in turn call the Office of the Medical Officer of Health, and **CALL 9-1-1**.
- Write down as many details of the incident as possible, (i.e. name, approximate age, weight, hair colour, sex, clothing, physical description, distinctive markings, health status, accompanying persons, possible suspects, etc.).

INFORMED OF A CODE AMBER/YELLOW:

- All staff will conduct an immediate search of their area for the missing person and will report the results of the search to their supervisor.

A determination will be made if Critical Incident Stress Management debriefing will be offered to involved staff.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

DISASTER

CODE ORANGE is used in the event of an external disaster, and would result with a surge of casualties seeking care at hospital urgent/emergency department.

CODE ORANGE CBRN (Chemical-Biological-Radiological- Nuclear) supports an immediate response of the CBRN teams coming together to respond such as in the setting up of decontamination tents for victims.

The code is designed to activate a response to an external disaster whereby the influx of victims demands additional resources to manage the event. This enables staff to ready their staffing levels, clear schedules and establish assistance teams as may be required. The response can be a full-scale organizational response or divide the response into phases.

In this scenario, many of our staff, clients and neighbours would be severely injured. To denote the addition of decontamination procedures within the **CODE ORANGE** response, it is recommended that a Chemical, Biological, Radiation, and Nuclear (CBRN) response is used as an extension: Code Subset: **CODE ORANGE** (CBRN)

IN THE EVENT OF AN EXTERNAL DISASTER:

Step One

1. If you are involved or a witness, **CALL 9-1-1 IMMEDIATELY.**

Step Two

1. MOH will initiate fan-out of information to incident management team (IMT) and will compile list of staff availability.

Step Three

1. Consideration is given to calling in extra staff and volunteers; photo ID required.

Step Four

1. Community control group (CCG) will advise MOH of further emergency support as required in community.

Step Five

1. Health and Safety of staff and volunteers must remain a priority.

2

CODE ORANGE is defined as: any external emergency which may result in the transfer of large numbers of people (from our offices or from the community) to a hospital,
or
Any emergency requiring the evacuation of a large institution, office or other facility,
or
Any external emergency which has the potential to adversely affect our operations.

External Disaster or Mass Casualty plans are implemented following a natural or man-made event in which mass casualties (injuries or deaths) overwhelm the usual resources in the community.

CODE ORANGE disaster planning cannot anticipate every potential scenario. This EMERGENCY RESPONSE PLAN in its entirety or in part may be implemented based on the information received.

Depending on the nature of the emergency, response actions will typically involve one or more of the following actions either alone or in combination as the circumstances may warrant.

- **Evacuation:** The rapid and safe removal of all persons from the premises.

- **Relocation:** The interim or longer-term accommodation of individuals as a result of MLHU offices being uninhabitable.

- **Isolation:** The ability of our offices to survive on their own resources, to provide an acceptable level of service if support is severed.

- **Reception:** The process involved if our offices are required to 'host' members of the public on an emergency basis from another location (i.e. neighbouring offices and apartment buildings), as well as providing support for emergency responders who may be working in the area.

All service areas must have their own specific procedures and protocols in the event of an External Disaster and/or Mass Casualty event. This page is intended as a general guide to outline key issues only.

Ideally, the decision guide and communication pathway would look similar to this:

1. Call received from a First Responder agency (Police, Fire or EMS).
2. Person receiving the call transfers the information immediately to the Office of the Medical Officer of Health.
3. An immediate fan-out of information to the Incident Management Team is initiated, who in turn will initiate a fan-out within their service areas.
4. A report on staff availability is required, so as to assess the numbers of staff who have been personally affected by the emergency/disaster.
5. All available staff should proceed to the office, with their photo identification badges, unless expressly requested not to do so. Re-deployment concerns are addressed as soon as possible.
6. Staff should be prepared for personal contingencies.

7. The Incident Management Team meets to determine if adequate resources to respond to the emergency.
8. Service area specific protocols are activated for managing the emergency.
9. Consideration is given to calling in extra staff, volunteers and/or obtaining additional supplies.
10. Casualties are transferred to hospitals as per usual. However, the MLHU staff may be called upon to assist in disaster management within areas of environmental assessments and inspection, triage and assessment, immunization and management of prescription medications, CBRN collection etc.

Emergency Medical Assistance Teams (EMAT) are groups of health professionals from across Ontario who can provide assistance if a local health care system is unable to handle an emergency. They are only accessed through the Community's Emergency Management Coordinators (CEMC) to Emergency Management Ontario who will in turn notify the MOHLTC's Emergency Management Unit. Any 'shortcuts' made to this system of notification will result in fees leveled directly to the caller and the agency that they are representing.

As well, the National Emergency Stockpile System (NESS) is a program within the MOHLTC which has sufficient quantities of (pre-positioned in federal warehouses) supplies, equipment and pharmaceuticals, namely:

- Emergency Hospitals
- Advanced Treatment Centres
- Casualty Collection Units
- Reception Centre Kits
- Mobile Feeding Units
- Trauma Kits
- Mini Clinics
- Quarantine Units

To access these services, strict guidelines must be met through the Community Emergency Management Coordinators and Emergency Management Ontario, who will in turn contact the MOHLTC, to avoid unnecessary expenditures.

A determination will be made if Critical Incident Stress Management debriefing will be offered to involved staff.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

FIRE

CODE RED is designed to alert personnel to the detection of smoke or fire through a central announcement.

If you find fire you must REACT:
R – remove those in immediate danger
E – ensure all windows and doors are shut
A – activate the fire alarm
C – **CALL 9-1-1**
T – take clients, visitors, and coworkers to a safe area

WHEN YOU HEAR THE FIRE ALARM:

Step One

1. **CALL 9-1-1**
   Switch off any equipment you are using.
2. Before opening the door, feel door and door knob for heat.
3. **IF NOT HOT,** brace yourself against door and open slightly.
   IF HOT, keep door closed and stay in office, refer to the section **"IF YOU CANNOT LEAVE YOUR OFFICE".**

Step Two

1. If possible, remove all occupants from the area of danger.
2. **If safe to do so**, take any personal items that you may need in the next 24 hours.
3. Do collect laptop computers if possible.
4. **DO NOT USE ELEVATOR.**

Step Three

1. Loudly, notify managers, co-workers, and reception staff.
2. Forward calls to cell phone, only if time permits.

Step Four

1. Do not attempt to fight fire, unless trained to do so.
2. Ensure windows and doors are closed.
3. Evacuate building completely.

Step Five

1. Do not reenter until the MOH or designate issues "all clear"

Refer to the MLHU Fire Safety Plan that will be added to the Appendix Section once approved.

2

WHEN THE FIRE ALARM SOUNDS:

- Switch off any equipment that you are using.
- Remove all occupants from the immediate area of danger. Do not run.
- Do not stop to collect your belongings. Do collect your laptop computer if possible.
- Notify your supervisor, co-workers and receptionists.
- Forward your calls to a cell phone or blackberry if time permits.
- Ensure that all windows and doors are closed.
- Do not use the elevator, as you could be trapped if the power fails or is switched off.
- Unless you have been appropriately trained, do not attempt to fight the fire.
- Close the door and evacuate.
- If you have had appropriate training and you feel comfortable in using the correct type of extinguisher for that type of fire, you may do so until help arrives.
- Maintain personal safety at all times.
- Evacuate the building completely. Do not remain in the building entrances as this can result in the stairwell being blocked.
- Stay calm and reassure others.
- Do not re-enter the building until the MOH or A-MOH issues “All Clear” after consultation with the fire department.

3

WHEN YOU DISCOVER A FIRE:

Step One

1. **CALL 9-1-1**
   Evacuate persons in immediate danger.
2. Shout **FIRE** and keep shouting.
3. Activate the nearest alarm.

Step Two

1. Fight the fire with extinguisher if it is safe to do so.
2. Vacate the fire area – close windows and doors.
3. Shut down electrical equipment.

Step Three

1. Refer to steps outlined in section
   "**WHEN THE FIRE ALARM SOUNDS**".

WHEN YOU DISCOVER A FIRE:

- Evacuate persons in immediate danger.
- Shout FIRE and keep shouting FIRE over and over.
- Activate nearest fire alarm.
- Fight the fire, if safe to do so.
- Vacate the fire area – close windows and doors, shut down your electrical equipment.
- Follow the procedures outlined for the sounding of a fire alarm.

All staff should familiarize themselves with the locations of the manual fire alarm stations, fire extinguishers and first aid kits in order to avoid confusion when a fire emergency arises.

When an alarm sounds, do not assume that it is a false alarm –
LEAVE THE BUILDING AT ONCE!

Ensure that any action you take does not put your life in danger.

As a safety measure, any person who discovers a fire should notify the fire department by **CALLING 9-1-1**, do not just rely on the alarm system.

In all cases, when the alarm stops or when the emergency ends:

DO NOT RE-ENTER THE BUILDING UNLESS DIRECTED TO DO SO BY AUTHORIZED FIRE SERVICE PERSONNEL AND/OR MOH.

4

IF YOU CANNOT LEAVE YOUR OFFICE:

Step One

1. **CALL 9-1-1** and give location.
2. Remain there and close the door, leave door unlocked for entry of fire fighter.
3. If near a window, try to bring attention to yourself by waving an article of clothing to ensure fire personnel know you are still in the building.

Step Two

1. Seal all cracks, including air vents where smoke can get in by using wet towels or other cloth materials.

Step Three

1. Crouch low to the floor if smoke enters the room.
2. Move to the most protected area of the room and partially open the window for air, close if smoke comes in.

Step Four

1. Wait to be rescued, remain calm.
2. Do not panic or jump.
3. Listen for instructions from authorized personnel.

IN AN OFFICE AND THE ALARM SOUNDS:

- Before opening door, feel door and door knob for heat. If not hot, brace yourself against door and open slightly. If you feel air pressure or hot draft, close door quickly.
- If you find no fire or smoke in corridor, take office key, close door behind you and leave by nearest exit stairwell.
- If you encounter smoke in corridor or stairwell consider taking corridor to other side of building where another stairwell may be clear, or return to your office.
- If you cannot leave your office or have returned to it because of fire or heavy smoke, remain in your office and:
  - Close and unlock the door for possible entry of fire fighter.
  - **CALL 9-1-1**, identify where you are, and try to bring attention to yourself by waving an article of clothing or sheet so that fire personnel are aware that you are still in the building.
  - Seal all cracks where smoke can get in by using wet towels where possible or articles of clothing to seal mail slots, and central air conditioning outlets if necessary (a roll of wide strong masking tape is useful).
  - Crouch low to the floor if smoke enters the room.
  - Move to the most protected room and partially open the window for air; close the window if smoke comes in.
  - Wait to be rescued, remain calm.
  - Do not panic or jump.
  - Listen for instructions or information that may be given by authorized personnel.

5

IF YOU FIND NO FIRE OR SMOKE IN HALLWAY:

1. Take office key, close door behind you and leave by nearest stairwell.
2. Do not use elevator.

IF YOU ENCOUNTER FIRE OR SMOKE IN HALLWAY:

1. Consider taking hallway to the other side of building
   where the other stairwell may be clear or return to your office.

FALSE ALARMS:

A false alarm will not only disrupt the activities of the staff but will also result in the dispatch of the fire department. Anyone witnessing the initiation of a false alarm should notify a manager at once.

The operation of a fire alarm in the absence of a fire is an offence under Section 437 of the Criminal Code of Canada.

FIRE CODE INSPECTIONS:

Fire Prevention Officers with London Fire Department or the Strathroy-Caradoc Fire Department will inspect to ensure that the necessary checks, inspections and/or tests are being done, when they conduct their inspections. Key actions, taken from the Ontario Fire Code include:

- **Check:** Visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.
- **Test:** Operation of the device or system to ensure that it will perform in accordance with its intended operation or function.
- **Inspect:** Physical examination to determine that the device or system will apparently perform in accordance with its intended function.

The Fire Code states that records of all tests and corrective measures must be retained for a period of two years.

Consult the Fire Safety Plan for evacuation routes and assembly points at MLHU offices.

6

CHIEF FIRE WARDEN:

The JOHSC designates one of its members to be the Chief Fire Warden.

- Upon sounding of the alarm, put on a fluorescent vest, take emergency knapsack (i.e. flashlight, first aid kit, etc.) and report to Chief Warden station -
- In co-operation with the first available Director on-site, inform the fire department officials regarding conditions in the building and co-ordinate the efforts of supervisory staff with those of the fire department
- Once the incident has concluded, complete the MLHU Emergency Evacuation Report (maintained in the emergency evacuation backpack).

RECEPTIONIST:

The main receptionist will **CALL 9-1-1** immediately upon the sound of the emergency alarm.
THIS INFORMATION IS ALSO POSTED AT THE MAIN RECEPTION AREA TELEPHONE MODULE

- **CALL 9-1-1** immediately upon the sound of the emergency alarm or upon hearing someone shouting FIRE repeatedly. Do not assume that the automatic signal will alert the fire department.
- Bring the elevator to the ground floor and lock.
- Ensure that exterior doors to the parking lot and the courtyard are unlocked to enable staff or firefighters to re-enter the building to assist non-ambulatory clients, if required.

ON SITE: SERVICE AREA DIRECTOR:

- Ensure that the fire alarm has been activated.
- Notify the fire department of the emergency conditions; **CALL 9-1-1.**
- Go to the MLHU's Chief Fire Warden Station – near the parking hut.
- Upon arrival of fire fighters, in co-operation with the Chief Fire Warden, inform the Fire command of conditions in the building and co-ordinate the efforts of the wardens with those of the fire department.
- In cooperation with the Chief Fire Warden, provide access and vital information to fire fighters (i.e.: master keys for offices, service rooms, elevators, etc.).
- Notify fire fighters of the potential for non-ambulatory clients to be in the building. When so informed, record and provide current list of locations of any other persons with disabilities to fire fighters.
- Oversee the evacuation of the occupants. (Emergency voice communication systems should be used where available, hand held FRX radios are in the Radio Room 3B)
- The fire alarm system cannot be silenced until the fire department has responded and the cause/location of the alarm is investigated.
- In consultation with the Chief Fire Warden, give the go ahead to allow staff back into the building following all **fire drills**.
- The fire department during all real emergency evacuations will determine this decision.

7

ASSISTING IN THE EVACUATION PROCESS: (for Fire Wardens and others)

- Shout, pull the fire alarm, put on your emergency vest and take your flashlight with you;
- Check your designated area and using a loud voice ensure that everyone is aware of the alarm and is leaving the building;
- Help direct people to the nearest exit in an orderly manner;
- Identify any areas in the building where people remain so firefighters can rescue them if necessary;
- Close all doors (when possible) but do not lock them. IF a door is locked – BANG ON THE DOOR, yell "GET OUT!" and move on;
- As you are checking your designated area shout: "GET OUT! THIS IS AN EMERGENCY! LEAVE THE BUILDING! REMAIN CALM!"
- A sweep of your designated area should never occur to the detriment of your own safety.

Upon exiting the building and assisting staff to their designated meeting spots; a safe distance away from the building, Wardens are to report immediately to the CHIEF FIRE WARDEN station and advise of the following:

- Location of fire (If it is occurring within their assigned area).
- Location of any occupants who may be trapped within the building.

A determination will be made if Critical Incident Stress Management debriefing will be offered to involved staff.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

VIOLENT/BEHAVIOURAL SITUATION

CODE WHITE is designed to initiate a cautious and proscribed response to a client; visitor or staff member who is displaying undue anxiety, yelling or otherwise represents a threat of aggression or violence to themselves or others.

The intended response includes appropriate intervention to de-escalate the undesirable behaviours until such time as the Police arrive to take charge of the incident.

Step One

1. **CALL 9-1-1**.
2. Notify a manager, reception and the Office of the MOH.

Step Two

1. Give explanation of what is occurring.
2. **DO NOT** hang up until help arrives.

Step Three

1. Try to maintain the safety of all persons present, allowing no risk to health and well being of staff members.

USING THE PANIC ALARM:

Step One

1. Pull alarm mechanism found in reception, travel clinic, sexual health clinic, immunization clinic, resource room or lower level.

Step Two

1. Wait for assistance and contact manager.
2. **CALL 9-1-1** if situation warrants.

Step Three

1. Notify MOH.
2. Control access to the area if necessary.

Step Four

1. Evaluate seriousness and nature of incident.
2. Complete usage and outcome report.

2

The presence of any person(s) displaying aggressive, violent or anti-social behaviour towards other clients, staff or visitors, for any reason.

To be used when there is a need for assistance during an incident, this either directly affects or threatens to affect an individual's safety. At times it may be utilized if criminal activity (i.e. robbery, theft, etc.) is in progress. A hostage-taking incident occurs when a person or persons are forcibly detained by anyone in possession of a weapon or threatens the use of a weapon. Such incidents may present themselves without warning or may be the result of the escalation of other violent acts or behaviours.

WHAT IS THE PANIC ALARM?

When triggered, the electronic panic alarm system at 50 King Street causes the notification panels to emit a continuous high-pitch tone, and to flash a light on the panel, showing the location of the alarm. The safety alarm is an internal notification system only, and does not alert any external responding agency.

WHEN IS THE ALARM TO BE USED?

- Staff may **CALL 9-1-1** whenever they feel that there is potential for physical harm or uncontrollable behaviour (including persons under the influence of drugs or alcohol).
- The panic/safety alarm can be used in any situation where a staff member wishes to have assistance in dealing with someone who is being difficult or argumentative, or appears to be in distress (including physical or medical distress). This should be done prior to the situation escalating to verbal abuse, threat of physical harm or medical distress.
- No staff member should be alone when subjected to such behaviour.
- Please review the Code White in the MLHU EMERGENCY RESPONSE PLAN and Policy 8-25 Workplace Violence Prevention for further guidelines.

HOW DOES THE ALARM SYSTEM WORK?

The alarm system has been updated and can be triggered by pulling any of the alarm mechanisms found in numerous locations at 50 King Street.

When the alarm is activated, a red light above the door in the clinic that exits that room will start to flash. In other areas, a button is strategically placed to trigger the alarm. The alarm will ring in the area where the alarm is activated and in all other areas where there is a Notification Panel.

The alarm system is programmed to automatically ring the Security Guard's cell phone if triggered after regular office hours (i.e. after 4:30 p.m.). The security guard will be the lone responder to after hour clinic emergencies. Staff are asked to program a speed dial for the Security Guard's number on all Health Unit phones (# 6123) where staff meet with members of the public. Quarterly testing of the panic alarm system, and ongoing training will be arranged.

4

EMERGENCY NOTIFICATION PROCEDURES

1. Situation is deemed unsafe and Panic Alarm is triggered.
2. **CALL 9-1-1** if necessary.
3. Contact manager with nature of problem.
4. Notify Medical Officer of Health's office
5. Initiate evacuation or shelter-in-place (if needed).
6. Control access to service area or facility if necessary.
7. Co-ordinate back-up assistance from colleagues.
8. Account for all staff personnel.
9. Evaluate nature and seriousness of incident.
10. Complete Usage and Outcome Report and return to immediate supervisor, who will in turn forward it to the Chair of JOHSC.

REMEMBER: If in doubt, or if your instinct says that you need assistance – TRIGGER THE PANIC ALARM AND CALL 9-1-1.

5

Whenever someone **CALL 9-1-1** from inside the Health Unit, this shows on the switchboard console, so the receptionist will likely become aware that the call has been made.

VIOLENCE OR THREAT OF:

- Provide details to your manager as soon as possible.
- Notify reception to **CALL 9-1-1**, if necessary.
- Isolate the area to prevent injury to bystanders. By evacuating all persons from the area, we ensure the safety of others, but also help to reduce the frustration level of the aggressor.
- Maintain a safe distance from the aggressor to prevent being grabbed or struck.
- Isolate the aggressor if possible by removing others from the area.
- Do not approach an aggressive person alone, seek assistance whenever possible.
- Do not meet the demands of the aggressor.
- Make every attempt to stall for time.
- Remain behind cover, (wall, furniture, etc) even while talking to the aggressor.
- Police will coordinate an effective response to the action.

VICTIM OF ASSAULT:

- **CALL 9-1-1;**
- Call your supervisor;
- Call the Office of the Medical Officer of Health.
- Counselling assistance available through the MLHU's Employee Assistance Program (EAP) and from the Critical Incident Stress Management (CISM) teams and the Victim Services Program through the area Police Services are also available if requested.
- If the assault occurs on the property of the MLHU, the MOH must be made aware of the circumstances.
- Only by reporting such incidents will the MLHU be made aware of any conditions that need improvement. Therefore the appropriate incident reports must be completed.

A determination will be made if Critical Incident Stress Management debriefing sessions will be offered to involved staff and counselling.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

By providing appropriate training to employees, the risk of workplace violence will be greatly reduced. Please consult the Chair of JOHSC.

ROBBERY AND PERSONAL ATTACKS

- When confronted, remain calm and do not resist, confront, challenge, threaten, antagonize, criticize or belittle the person. Listen to all instructions given by the perpetrator. Follow the instructions to the best of your ability.
- Speak only when instructed to by the perpetrator. DO NOT volunteer information.
- If you must reach for something, inform the perpetrator of your intentions.

- Remain conscious of your words and the tone of the delivery of your sentences.
- After the attack, immediately get to a safe location and lock all doors.
- Call the police and remain on the phone until instructed by them to hang up.
- Inform your supervisor, who will also inform the MOH and the Chair of JOHSC.

After help has been summoned, administer first aid.

- A staff member should be positioned near the door to allow police to enter and to minimize the number of unnecessary individuals entering the specific area.
- Do not touch evidence or any surfaces that the perpetrator may have touched.
- Record a description of the individual in writing, including characteristics, mannerisms, voice and visual recognition and any other facts.

DO NOT:

- Be a hero by possibly jeopardizing your life.
- Threaten, fight or use an object as a weapon.
- Refuse the perpetrator's requests.
- Delay or argue with the individual.
- Attempt to apprehend, impede or chase the individual.

MEDICAL EMERGENCY

CODE BLUE is designed to respond to a medical emergency, when a person is experiencing a real or suspected imminent loss of life.

If the victim assessed is not responding, **the ABC's of basic life support are followed- Check airway, breathing and circulation. Yell for someone trained in First Aid and CPR to assist.**

IF YOU HAVE DISCOVERED A MEDICAL EMERGENCY:

Step One

1. Begin Cardiopulmonary Resuscitation (CPR), if certified to do so and alert others to **CALL 9-1-1.**
2. If not certified, yell for someone to assist you, reassure patient.

For 9-1-1:

1. Specify that the victim is an adult or child.
2. Provide any other relevant information that may assist paramedics (Condition of victim, age, location, medical history, etc).

Step Two

1. Immediately access the defibrillator and follow its directions.
2. Continue the defibrillation processes until otherwise instructed.

Step Three

1. Stay with patient as paramedics arrive.
2. Have someone greet the ambulance/fire personnel with details

Step Four

1. Immediate intervention must also be summoned for any person found to have an acute medical or life-threatening emergency where CPR is not needed, but immediate intervention is necessary to prevent progression to a cardiac arrest situation.

Step Five

1. Arrange for taxi to transport next of kin to the same hospital if necessary that the patient is being transferred to.
2. Staff should **NOT** transport patient or next of kin to the hospital

2

DEFIBRILLATOR:

An Automatic External Defibrillator (AED) is used to administer an electric shock to a person who is having a cardiac arrest. AEDs are designed to allow non-medical personnel to save lives.

When a person has a sudden cardiac arrest, their heart's regular rhythm becomes chaotic or arrhythmic. Every minute that the heart is not beating lowers the odds of survival by 7% to 10%. After 10 minutes without defibrillation very few people survive.

Operating the AED is easy, as it voices the directions itself. Simply put, two pads are connected to the AED and are placed on the patient's chest. A computer inside the AED analyzes the patient's heart rhythm and determines if a shock is required. The AED uses voice instructions to guide the user through the process, saving the person's life.

Anyone who has completed or re-certified their Red Cross First Aid/CPR training since 2007 will have had defibrillator training. Anyone who has First Aid/CPR training through another service provider other than Red Cross, will not necessarily have received defibrillator training. However, training is not required to use the AED.

Defibrillators are not to be removed from the office or near vicinity. They must remain accessible to staff and public in our buildings, parking areas etc. Do not take the AED device to external workshops, fairs, or other community activities.

REMEMBER: If in doubt or if your instinct says that you need assistance – CALL 9-1-1.

PRECAUTIONARY EVACUATION

CODE GREEN is designed to initiate an orderly response when it is recommended to evacuate a certain perimeter (usually a building or specific location within a building) until the situation is contained. The order of evacuation (who, when, how, in what order, and where to) is a recommended component of an effective evacuation plan. All staff should know what they are required to do and when.

Two types of Evacuation:

- Horizontal Evacuation: to move on the same floor to another section.
- Vertical Evacuation: a technique for bringing people to safely by having them "go up" in buildings (i.e. flooding) or "go down" in buildings (i.e. fire).

Code Subset:

CODE GREEN – STAT – EVACUATION (CRISIS)

This code is designed to initiate a complete and orderly evacuation that may involve both horizontal and vertical types.

IF EVACUATION IS CONSIDERED IMMEDIATE OR POTENTIAL:

Step One

1. **CALL 9-1-1**

Step Two

1. Municipal agencies and resources may need to be notified;
   City Hospitals, Fire Department, London Police, Central Ambulance Communications Center, Canadian Red Cross, City of London - Community Services, Middlesex County Administrative Office.

Step Three

1. Evacuate to designated spots away from the building.
2. Attempt to account for all co-workers.

2

TYPES OF EVACUATIONS:

- **External:** An emergency of any type that requires the evacuation of the MLHU office(s), to another office location or to a temporary facility in the community.
- **Internal:** An emergency of any type which requires the evacuation of a part of the MLHU office(s), such as a specific floor or service area, to another point within the MLHU's own physical structure.
- **Standby:** An emergency of any type which has the potential to require the evacuation of all or part of the office, but when evacuation is not yet necessary. This procedure will alert staff to the problem and permit preliminary arrangements to begin.

The immediate removal of people from a room, service area, floor or building may be required to prevent injury or to lessen the effects of a natural, environmental or man-made emergency situation. It may be required if conditions are dangerous inside the building and are deemed safer outside.

The evacuation procedures will seldom require the immediate evacuation of an entire building. Rather, this is a procedure that is normally carried out in stages, dependent on the progress of the emergency. Do not use the elevator unless fire officials deem it safe to do so. All building occupants are required to participate and visitors shall be briefed when entering the building. We must have at least two assembly locations outside the building and they must be a safe distance away and have the capability to account for everyone's safe evacuation.

It is always best to err on the side of caution. Better to evacuate all and be safe than to think later, "We should have".

- **Room Evacuation:** The occupant is removed to a hallway immediately outside of the affected area. The room evacuation is completed upon initial discovery of a life threatening or dangerous situation.

- **Service Area Evacuation:** If the emergency situation threatens more than the occupants of one room, evacuate all rooms in the service area to an adjacent safe area on the other side of a hallway/corridor.

- **Floor Evacuation:** If the emergency threatens to affect more than one service area or department, evacuate all occupants to the floor below.

- **Building Evacuation:** Evacuation of an entire building occurs when the situation is dire enough to threaten the health of all occupants. The order for the evacuation typically will come from an official with the Fire Service or the Medical Officer of Health (or designate). Staff and visitors are to be directed to the nearest stairwell to exit the building as quickly as possible.

We must account for everyone, including staff and visitors. Evacuation maps and direction are posted in every hall and work area. At such time as an evacuation may be considered immediate, anticipated or potential, the following municipal agencies and resources should also be notified. An early notification will allow them the opportunity to prepare to mobilize services that the MLHU may require to conduct a safe, efficient and effective evacuation.

3

Consider contacting:

- London Health Sciences Centre – 519-685-8500
- St. Joseph's Health Care Centre – 519-646-6100
- The London Fire Department – 519-661-2500
- The London Police Service – 519-661-5670
- Central Ambulance Communications Centre – 519-661-1780
- The City of London – Community Services Department – 519-661-5910
- The Canadian Red Cross – 519-681-7330
- Middlesex County – Administrative Office – 519-434-7321

A determination will be made if Critical Incident Stress Management debriefing sessions will be offered to involved staff and counselling.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

4

AREA EVACUATION CENTRES:

The **MIDDLESEX-LONDON HEALTH UNIT** has determined alternate sites when an evacuation is ordered at 50 King Street. In case of a fire, refer to the Fire Safety Plan; other long term evacuation sites would be to the other two MLHU sites (Strathroy and 201 Queens Ave).

The **COUNTY OF MIDDLESEX** has determined these sites to be their reception centres when an evacuation is ordered:

Adelaide-Metcalfe
- Strathroy District Collegiate Institute, 361 Second Street, Strathroy
- W. G. MacDonald Public School, 29059 School Road, R. R. #5, Strathroy

Lucan-Biddulph
- Lucan Memorial Community Centre, 263 Main Street, Lucan
- Wilberforce Public School, 340 Beech Street, Lucan
- St. Patrick's Separate School, 33654 Roman Line, R. R. #3, Lucan

Middlesex Centre
- Bryanston Community Centre, 15321 Plover Mills Rd., Ilderton
- Ilderton Community Centre, 13168 Ilderton Rd, Ilderton
- Coldstream Community Centre, 10227 Ilderton Rd, Ilderton
- Komoka Community Centre, 133 Queen St., Komoka
- Delaware Community Centre, 2652 Giedon Road, Delaware

North Middlesex
- North Middlesex District Community Centre, 225 McLeod Street, Parkhill
- Ailsa Craig Recreation Centre, 155 AnnieAda Shipley Street, Ailsa Craig
- West Williams Hall, 32217 Kerwood Road, R. R. #2, Parkhill
- North Middlesex District High School, 100 Main Street, Parkhill

Southwest Middlesex
- Glencoe & District Memorial Arena, 138 Mill Street, Glencoe
- Glencoe District High School, 3581 Concession Street, Box 370, Glencoe
- Ekfrid Community Centre, 48 Wellington Street, Apin

Strathroy-Caradoc
- Gemini Sportsplex, 667 Adair Boulevard, Strathroy
- Caradoc Community Centre, 565 Lions Park Drive, Mount Brydges

Thames Centre
- Dorchester Community Centre, 2066 Dorchester Road, Dorchester
- Thorndale Community Centre, 21737 Fairview Road, Thorndale

Newbury
- Mosa Central Public School, 22741 Pratt Siding Road, R. R. #3, Newbury
- Glencoe District High School, 3581 Concession Drive, Glencoe
- Royal Canadian Legion, Branch 219,156 McRae Street, Glencoe
- Royal Canadian Legion, Branch 252, 162 George Street, E., Bothwell

5

The **CITY OF LONDON** has determined these sites to be their designated reception centres when an evacuation is ordered:

- Carling Heights Optimist Community Centre (Pool) - Central/East
  650 Elizabeth Street (Adelaide and Oxford), London

- Western Fair Grounds
  316 Rectory Street, London

- Kinsman Recreation Centre (Arena) - Central
  20 Granville Ave (Wharncliffe Road North), London

- Stronach Community Centre & Arena - North/East
  1221 Sandford St (Huron Rd East and Highbury), London

- South London Community Centre
  1119 Jalna Blvd, London

MIDDLESEX – LONDON HEALTH UNIT

EMERGENCY RESPONSE RECEPTION CENTRE EVALUATION LOG

For _____ _____/_____ /_____
(Reception centre location) (Year/month/day)

CONTACT NUMBER	TIME	NAME OF CONTACT	REASON FOR CONTACT	ACTION/OUTCOME/ RESPONSE	INITIALS

RECEPTION CENTRE (RC) SERVICES TASK CHECKLIST

TASK:	ASSIGNED TO:	DONE:
1) Open the building, get any clients who have already arrived inside out of inclement weather into a safe waiting area, preferably with tables & chairs.		
2) Establish RC Management Office for municipal staff and Support Agency team leaders (Salvation Army, Red Cross, ARES etc.)		
3) Start RC operations log; record date and tame of staff & volunteer arrivals and all major decisions and tasks. Ensure all staff & Support Agency staff/volunteers wear some identification.		
4) Brief Reception Centre Staff and Support Agency members on: • Type of disaster or emergency • Number of people expected and time of arrival • Special requirements or problem areas, if any • Unusual resource requirements		
5) Allocate space/set up equipment for all necessary services • First Aid Station/Public Health • Emergency Food Services (arrange for food and refreshments) • Registration & Inquiry • Personal Services (CISM, care for unattended children & elderly, etc.) • Emergency Clothing • Emergency Lodging • Pets		
6) Have RC personnel immediately check readiness of: • Sanitation facilities – clean, sufficient supplies available • Fire exits – unlocked and easy to access • Emergency generator if available – ready for operation • Emergency lighting • Heating equipment (20 C is considered a comfortable temperature) • Ventilation or air conditioning operation • Internal communications: public address system, FRS radios		
7) Designate a first aid room or area as soon as possible (room should have running water or bottled water, if available and appropriate supplies.		
8) Post signs outside and on main streets leading to the RC indicating the location of the RC		
9) Arrange parking control in RC parking lot; also, position greeters at entrance.		
10) Post signs inside the RC indicating where and what services are offered.		
11) Establish telecommunication centre close to RC management office (consult with ARES volunteers)		
12) Take inventory of equipment and materials belonging to facility, also assess and record general condition of facility; take photos/video to record the state of the facility prior to the evacuees; arrival.		

Based on Health Canada Guidelines in Reception Centre Services manual

MEDICAL EMERGENCY – INFANT/CHILD

CODE PINK is designed to respond to a medical emergency, when an infant or child is experiencing a real or suspected imminent loss of life.

If the patient assessed is not responding, **the ABC's of basic life support are followed- Check airway, breathing and circulation. Yell for someone trained in First Aid and CPR to assist.**

IF YOU HAVE DISCOVERED A MEDICAL EMERGENCY:

Step One

1. Begin infant Cardiopulmonary Resuscitation (CPR), if certified to do so and alert others to **CALL 9-1-1.**
2. If not certified, yell for someone to assist you, reassure patient.
3. Ensure parent/guardian is present and comforted.

For 9-1-1:

1. Specify that the victim is a(n) infant/child.
2. Provide any other relevant information that may assist paramedics (Condition of victim, age, location, medical history, etc).

Step Two

1. Immediately access the defibrillator using the infant pads if necessary and follow its directions.
2. Continue the defibrillation processes until otherwise instructed.

Step Three

1. Stay with child as EMS arrive.
2. Have someone greet the ambulance/fire personnel with details

Step Four

1. Immediate intervention must also be summoned for any person found to have an acute medical or life-threatening emergency where CPR is not needed, but immediate intervention is necessary to prevent progression to a cardiac arrest situation.

Step Five

1. Arrange for taxi to transport next of kin to the same hospital, if necessary, that the child is being transferred to.
2. Staff should **NOT** transport child or next of kin to the hospital.

IN FACILITY HAZARDOUS SPILL

CODE BROWN is designed to respond to and alert staff to an accidental release of a hazardous or potentially hazardous material. The clean-up may utilize staff with the knowledge and capability to perform such a task or contact an external team such as the Fire Department's Hazardous Materials team. There may be the potential for an evacuation of a specific area.

IF YOU ENCOUNTER A SMALL SPILL:

Step One

1. Safely evacuate persons from the affected area and perform first aid if required.
2. Prevent the spread of fumes by closing doors, if possible.

Step Two

1. Report spill to a Manager and to the Director of Finance and Operations, and Chair of JOHSC who shall ensure a safe spill clean up process.

Step Three

1. Eliminate source of spill, if safe to do so.
2. Prevent spill from entering any sanitary or storm water drainage by blocking the flow, if possible.

Step Four

1. Clean up spill following **WHMIS** and **MSDS** procedures.
2. Clean all equipment and floors.
3. Label and dispose of all waste in accordance with regulations.

- **External:** The spillage or accidental release of any hazardous material in the community, which has the potential to adversely affect the health of the community.
- **Internal:** The spillage or accidental release of any hazardous material anywhere on any of the properties occupied by the MLHU

The spill or leak of any hazardous material can result in immediate danger to life or health, threatening both the property and the environment.

INTERNALLY:
SMALL SPILLS:

- Safely evacuate persons from the immediate area and implement first aid procedures
- Report the spill to your Manager
- Eliminate the source of the spill, if safe to do so, by closing valves, turning over leaking containers, etc.
- Prevent the spill from entering any sanitary or storm water drainage system.
- Prevent the spread of fumes by closing doors, if possible.
- Clean up the spill using equipment and principles addressed in training (consult WHMIS Manual and the MSDS sheets).
- Clean all equipment and floors.
- Label and dispose of all wastes in accordance with regulations

2

IF YOU ENCOUNTER A LARGE HAZARDOUS CHEMICAL SPILL:

Step One

1. **CALL 9-1-1.**
2. Safely evacuate persons from area and perform first aid to those exposed if required.

Step Two

1. Report the spill to a manager.
2. Call Director of Finance and Operations to shut down all ventilation systems to prevent the spread of fumes.
3. **CONTAINMENT** is the **PRIORITY** if there are no injuries to tend to.
4. Inform the Chair of JOHSC

Step Three

1. Do not touch any electrical equipment, appliances, switches, etc

Step Four

1. Locate **MSDS** sheets to gather further information for emergency responders.
2. Be familiar with the “shelter-in-place” requirements.

IF YOU SUSPECT YOU ARE CONTAMINATED:

1. Take shallow breaths through a cloth or towel.
2. The Fire Department (Hazardous Materials) will advise and assist with decontamination including showering, washing, removal of and disposal of clothing.
3. If medical help is not immediately available, shower, place exposed clothing in a tightly sealed container and wait for emergency assistance.
4. Remember to have someone **CALL 9-1-1**.

3

LARGE SPILLS:

- Safely evacuate persons from the immediate area and implement first aid procedures as required.
- Provide first aid/medical help to exposed employees.
- Block storm sewers, shut down general ventilation systems, if the spill occurs indoors.
- Prevent the spread of fumes by closing doors, if possible.
- Leave all electrical equipment, appliances and switches alone. Do not turn them on or off.
- Locate MSDS sheets or any information regarding the chemical spill, if it is possible to do so.
- Report the spill to your supervisor and person(s) trained in spill management.
- Contain the extent of the spill if safe to do so. Containment is always the first priority, unless there are injuries.
- Implement spill control measures.
- Complete required incident notification forms and procedures.
- Be familiar with the "Shelter-in-Place" requirements.
- If you suspect that you are contaminated, take shallow breaths through a cloth or towel. If medical help is not immediately available, shower, place exposed clothing in a tightly sealed container and wait for emergency assistance.
- Remember to have someone **CALL 9-1-1**.

EQUIPMENT LIST FOR HAZMAT RESPONSE

Hazardous Materials Response requires specialized training and should not be attempted by untrained individuals. Calling **9-1-1** will bring specially trained first responders to cope with the spill and they should always be called for large spill responses as this may pose an occupational health risk for our staff.

Air purifying respirators are typically only used in a volatile chemical situation when the limit of the containment is predictable, not when the environment is unpredictable or unknown. Respiratory protection and air purifying may be safe in one environment but not necessarily in another (i.e.: if the space is poorly ventilated or under high temperature conditions). The fire department will be familiar with and will advise on what response is practical.

Exercise caution in cleaning even small spills and use the Emergency Universal spill Kit which is located at each MLHU office. This contains:

2	**3" X 48" HAZWIK Boom**		**1**	**Small Dust Pan & Whisk**
10	**15" x 18" Universal Plus Pads**		**1 roll**	**Caution Tape 3" x 100'**
1	**Liquid Solidifier Powder**		**1 roll**	**Duct Tape – 48mm x 7m**
2 pair	**Disposable Shoe Covers**		**2 pair**	**OTG Clear Safety Specs**
2 pair	**Nitrile Gloves (Large)**		**1**	**Red Grease Pencil**
2	**Zytron Coveralls (XL) Yellow**		**1**	**Red Paint Pencil**
1	**Virox 1L – Ready to Use**		**2 pair**	**Nitrile Disposable Gloves (Lg)**
1	**24" x 24" Red Bio Hazard Bag**		**1**	**20L Plastic Pail with Lid & Labels**

4

GUIDELINES FOR SAFE HANDLING OF HAZARDOUS MATERIALS

1. Follow all established procedures and perform the assigned job duties as you've been trained.

2. Be cautious and plan ahead. Think about what could go wrong and pay close attention to what you're doing while you work.

3. Always use required PPE—and inspect it carefully before each use to make sure it's safe to use. Replace worn out or damage PPE; it won't provide adequate protection.

4. Make sure all containers are properly labeled and that the material is contained in an appropriate container. Don't use any material not contained or labeled properly. Report any damaged containers or illegible labels to your supervisor right away.

5. Read labels and the material safety data sheet (MSDS) before using any material to make sure you understand hazards and precautions.

6. Use all materials solely for their intended purpose. Do not use solvents to clean your hands, or gasoline to wipe down equipment.

7. Never eat or drink while handling any materials, and if your hands are contaminated, don't use cosmetics or handle contact lenses.

8. Read the labels and refer to MSDSs to identify properties and hazards of chemical products and materials.

9. Store all materials properly, separate incompatibles, and store in ventilated, dry, cool areas.

10. Keep you and your work area clean. After handling any material, wash thoroughly with soap and water. Clean work surfaces at least once a shift so that contamination risks are minimized.

11. Learn about emergency procedures and equipment. Understanding emergency procedures means knowing evacuation procedures, emergency reporting procedures, shelter in place, and procedures for dealing with fires and spills. It also means knowing what to do in a medical emergency if a co-worker is injured or overcome by chemicals.

5

CHEMICAL/BIOLOGICAL/RADIOLOGICAL/NUCLEAR EQUIPMENT

In 2005, the Ministry of Health and Long-Term Care's (MOHLTC) Emergency Management Unit (EMU) received funding to equip and train the public health units for their role in a Chemical/Biological/ Radiological/Nuclear (CBRN) response. This initiative builds on the previous funding program that provided all hospitals in Ontario with CBRN and decontamination equipment and the appropriate training to respond as secondary recipients of victims of such an event. As well, the EMU recently received funding from the federal Joint Emergency Preparedness Program (JEPP) to purchase a baseline level of equipment for Emergency Medical Services (EMS) in Ontario. This will complete the 'circle of care', as CBRN equipment and the appropriate training is provided traditionally to Fire Departments, Police Services and now to hospitals, public health units and to ambulance/paramedic services as well!

These Supplies are stored with the Environmental Health Team at 201 Queens Ave:

- Protective apparel: disposable coveralls, poly boot covers, nitrile gloves.
- Respiratory protection: P100 respirators, alcohol-free respiratory cleaning wipes.
- Eye protection: safety glasses.
- Crowd control: barricade tape, traffic cones, vests, saw horses.
- Radiation protection: electronic personal dosimeters.

The public health units are expected to be responsible for:

- Putting procedures in place to monitor the CBRN supplies and equipment inventory and to maintain it at the provided level.
- Using the CBRN supplies and equipment exclusively to respond to CBRN emergencies.
- Not selling, leasing or otherwise disposing of the CBRN supplies or equipment without the Ministry's prior consent.
- Storing CBRN supplies and equipment in an appropriate location that is both secure and accessible in the event of a CBRN emergency.
- Implementing appropriate fit testing of staff that will possibly be using the CBRN supplies and equipment.
- Making available the staff required for this training.
- Reporting any usage of supplies and equipment, reporting the nature of the emergency where the supplies and equipment were used and replacing the stock after usage.

Two way Radio Sets are kept charged in Room 3B at 50 King Street.

The Ministry notes that it will not provide any further funds from this program to Health Units (nor to hospitals or ambulance services) to address costs associated in any way with the CBRN supplies and equipment including: staff overtime, capital costs associated with storage, costs associated with replacement and/or to have the dosimeters re-calibrated.

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE

EMPLOYEE-REPORTED HEALTH & SAFETY CONCERN FORM

File No. _____ (to be completed by JOHSC)

Employee Name: _____ ☐ **does not wish to be identified**

Date: _____ **Time:** _____

Nature of Concern:

_____

_____

_____

_____

_____

_____

☐ Reported to Manager/Director Date: _____

☐ Reported to JOHSC Date: _____

☐ Discussed at JOHSC Meeting Date: _____

☐ Reported to Finance & Operations Manager Date: _____

Corrective Action Required:

_____

_____

_____

_____

_____

_____

Follow-Up:

☐ Corrective Action has been taken: Date: _____

☐ Employee has been notified that corrective action has been taken Date: _____

Signature:

JOHSC: _____ Date: _____

☐ **Case is closed**

HOSTAGE TAKING

CODE PURPLE supports an immediate response where a hostage is taken, resulting with staff contacting police and working to restrict the area, and if possible evacuate staff and members of the public.

It is important to distinguish it from Code White (Violent/Behavioral Situation) where staff could come to assist and potentially detain the aggressive person and would be called over the PA system. Further, it is possible for a Code White to escalate to a **CODE PURPLE**.

This code provides the guidelines for staff to deal with the initial stages of a hostage taking to promote safety. It is designed to elicit a response to the hostage taking.

In the event of a hostage taking scenario, it is imperative to restrict the staff's response to the incident. The intended response is to evacuate all clients, visitors and staff from the immediate are if it is safe to do so, establish restrictive perimeters for the purpose of isolating the incident and for the Police to take care of the incident.

A hostage situation occurs when a person(s) barricades themselves into an area and/or unlawfully confines, imprisons or forcibly seizes another person(s) or for the purpose of gaining a perceived negotiating advantage.

- **CALL 9-1-1;**
- Notify your supervisor and the office of the MOH.
- Do not attempt any aggressive action(s).
- Provide details of the situation, if possible.
- If possible, all other employees and members of the public should be moved to safety and the scene should be secured or cordoned off.
- Police only should approach the area.

IF IN A HOSTAGE SITUATION:

Step One:

1. **CALL 9-1-1**; provide details of the situation, if possible

Step Two:

1. Do not attempt any aggressive action(s).

Step Three:

1. If possible, all staff and members of public should be moved away from the scene.

BOMB THREAT

CODE BLACK is designed to address a bomb threat or discovery of/or search for a suspicious object.

In the instance of a bomb threat, a preliminary assessment is recommended with qualified personnel (Police or Security) to establish the need for a full-scale and/or facility evacuation. In the event of a search, staff is requested to search their work areas to expedite the identification of objects that are foreign to the area and therefore are likely to raise doubts.

A bomb is any device that is designed to produce an explosion. Toxic or radiological substances and dangerous environmental conditions occur upon activation. Any information received at the MLHU concerning a bomb threat is to be considered a real threat. **CALL 9-1-1** and evacuate immediately.

IF YOU RECEIVE A TELEPHONE THREAT:

Step One

1. Remain calm and sympathetic.
2. Use the Bomb Information Questionnaire;
3. Keep the caller talking and record as much information as possible
4. Note time and date of call.

Step Two

1. Alert another staff member to **CALL 9-1-1**
2. Do not hang up the phone, even if the caller hangs up.
3. Notify the MOH.

Step Three

1. Quickly look in your area for any suspicious packages.
2. Do not discuss the phone call with anyone but the Police.

IF YOU HAVE RECEIVED A HAND WRITTEN OR ELECTRONIC THREAT:

Step One

1. **CALL 9-1-1** and your manager.

Step Two

1. Do not handle the note or remove the message from computer.
2. Avoid adding fingerprints to documents.

2

TELEPHONE THREATS:

- Keep the caller talking and record as much information as possible. Note the time and date of the call.
- Listen, and be calm, courteous and sympathetic. Do not interrupt the caller.
- Record as much information as possible on the Bomb Information Questionnaire. Record his/her exact words, if possible and any background noise and whether the caller appears familiar with the MLHU office floor plan.
- The scope of the threat may be specific; where the caller has intimate knowledge of the device's location and threatens a specific area of the MLHU (i.e. "A bomb will go off in Dental Services in 10 minutes"), or,
- The scope of the threat may be non-specific; where the caller does not specify a location and threatens the organization in general (i.e. "A bomb will go off in your office in 30 minutes").
- Do not hang up the phone, not even after the caller hangs up.
- If possible, alert another staff member to **CALL 9-1-1**, and then a manager, Reception and the Office of the Medical Officer of Health that a threatening caller is on the phone line.
- Initiate a quick visual search of your office area for a suspicious package.
- Quickly evacuate your area.
- Do not discuss the phone call with anyone other than a supervisor or the police.

WRITTEN THREATS:

- Do not handle the note. Put on gloves or a plastic bag.
- Put the note into an envelope or plastic bag as soon as possible to avoid additional fingerprints being added to it.
- **CALL 9-1-1,** a supervisor, reception and the Office of the Medical Officer of Health.

ELECTRONIC THREATS:

- Do not remove the message from your computer screen/monitor.
- **CALL 9-1-1,** inform a supervisor, Reception and the Office of the Medical Officer of Health.
- Do not shut your computer off.
- Do not show co-workers the threat message.

3

IF YOU HAVE DISCOVERED A SUSPICIOUS PACKAGE:

Step One

1. **CALL 9-1-1,** inform a supervisor, Reception and the Office of the Medical Officer of Health.
2. **DO NOT** discuss with anyone but the Police.

Step Two

1. Carefully, (using gloves) place it in a plastic bag or cover it to prevent leakage; avoid unnecessary handling.

Step Three

1. Leave the area; close the doors to ensure no one else approaches.
2. If a powdery substance is seen, ventilation in the building must be shut down.

Step Four

1. Record names of people who were in the area when the package was discovered.
2. Include staff, clients, trades, etc

SUSPICIOUS PACKAGES:

- **CALL 9-1-1,** inform a supervisor, Reception and the Office of the Medical Officer of Health.
- Do not touch or disturb it. Do not shake or empty the contents.
- Place the object into a plastic bag or cover it to prevent leakage and unnecessary handling.
- Leave the area, close the doors and ensure that no one else approaches.
- If a powdery substance is detected, the building's ventilation system must be shut off immediately.
- Do not discuss the situation with anyone except a supervisor, the MOH, or the JOHSC Chair.
- Record names of people who were in the area when the suspicious package was
- Discovered (include staff, clients, trades, etc).
- Police will arrive to investigate.
- The MOH will, in consultation with the Police will determine whether evacuate based on the information detailed in the bomb threat questionnaire and based on information received during the investigation.
- Wait for further instructions.

IF PACKAGE IS DEEMED THREATENING:

- **CALL 9-1-1**.
- Evacuate.

4

BOMB THREAT EVACUATION:

- Search your immediate area; unlock drawers, cabinets, etc. for the search crew and identify any strange or unfamiliar objects.
- Take your personal property with you (briefcase, purse, lunch containers, etc.).
- Follow standard evacuation procedures.
- Do not touch any suspicious object or device. Report it immediately.
- If instructed to evacuate, follow the procedures as outlined in **CODE GREEN - EVACUATION**

PACKAGE IS NOT A THREAT:

- Police are the only entity trained to make this assessment.
- An all-clear notice will be issued and all duties can resume after that.

A determination will be made if Critical Incident Stress Management debriefing will be offered to involved staff.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

IF THERE HAS BEEN AN EXPLOSION:

Step One

1. Remain calm and **CALL 9-1-1.**
2. Take cover as best as possible.
3. Stay away from mirrors, windows and anything that could fall.

Step Two

1. Stay under cover until explosions have ended.
2. Leave building if possible; following **CODE GREEN – EVACUATION.**
3. Open doors carefully feeling for heat or pressure as outlined in **CODE RED – FIRE.**

Step Three

1. Avoid using telephones and electrical switches.
2. Remember all media inquiries to Manager of Communications and the MOH.

5

EXPLOSIONS:

- Remain calm.
- **CALL 9-1-1**.
- Be prepared for additional explosions.
- Take cover under large, solid pieces of furniture.
- Stay away from windows, mirrors, bookcases or any object that could potentially fall.
- Stay under cover until explosions have ended.
- Leave the building following the process outlined in the **CODE GREEN. – EVACUATION.**
- Do not move seriously injured people unless their life is in imminent danger.
- Open doors carefully, watching for falling objects.
- Avoid using telephones.
- Do not touch electrical switches on equipment or light fixtures.
- Do not spread rumours or speak to the media. Direct all inquiries to the Manager of Communications and the MOH
- Be prepared to be interviewed by emergency responders agencies.

BOMB INFORMATION QUESTIONNAIRE

RECORD:

- Date:_____
- Duration of the call: _____
- Exact wording of the threat: _____

ASK THESE QUESTIONS:

- What time will the bomb explode? _____
- Where is it?
  _____
- Why did you place the bomb? _____
- What does it look like? _____
- Where are you calling from? _____
- What is your name? _____
- What type of a bomb is it? _____

IDENTIFY THESE CHARACTERISTICS:

- Sex (male/female) _____
- Accent (English/French, other)_____
- Voice (loud, soft, etc.) _____
- Speech (fast, slow, etc.) _____
- Diction (good, nasal, lisp, etc.) _____
- Manner (calm, emotional, vulgar, etc.) _____
- Background noises _____
- Was the voice familiar? Specify _____
- Was the caller familiar with the area? _____
- Did the caller name someone or something specific? _____

*** provided by the Ontario Provincial Police, Bomb Disposal Unit*

INFRASTRUCTURE LOSS OR FAILURE

CODE GREY was standardized to support an immediate response related to infrastructure (i.e. telephones, power, water). The code is called followed by the type of emergency, and specific location.

The code is designed to alert the organization to an infrastructure loss or failure of a substantial significance (i.e. flood, Heating, Ventilation, Air Conditioning (HVAC) or generator failure).

If the building or a location within the building has sustained damage, this may necessitate immediate relocation or evacuation to achieve a safe and secure environment.

Code Subset:
CODE GREY – SHELTER IN PLACE

Refers to the need to shut-down external air intakes and/or lock down the facility to control access in the event of a chemical incident outside the office buildings.

IN THE EVENT OF HEAVIER-THAN-AIR GASES ENTERING BUILDING:

EVACUATION OF BUILDING MAY BE MANDATORY.

Step One

1. Close external windows and doors of offices.
1. All Heating, Ventilation and Air Conditioning (HVAC) must be shut down.

Step Two

1. Hallways must be cleared of any obstructions.
2. Remain indoors until emergency responders give **"ALL CLEAR"**.

DEFINITION:

The interruption of the electricity, potable water, heating, ventilation, air conditioning or any other infrastructure element that may adversely affect operations.

When the MLHU receives notification of an external air emergency from an appropriate authority (i.e. Police, Fire, etc.) the MOH will make decisions accordingly.

These procedures are designed to restrict the entry of contaminated external air into the building, by shutting down the air exchange systems. This will allow staff to function in a volume of non-affected/clean air which is already contained in the building.

In the event that heavier-than-air, flammable, explosive gases have entered the municipal sewer system and perhaps entered the building through the drains, evacuation of the building may be **MANDATORY**.

2

In all work areas, employees will be required to close all external windows and doors.
All fans, heaters and air conditioners must be shut off and corridors must be cleared of unessential obstructions. Staff is required to remain indoors until an All Clear message is given. Disregard all TV or radio information, until the MOH provides notice after consultation with the appropriate emergency services. Upon consultation with Police and Fire officials, the MOH will determine whether the crisis has concluded and if it is safe to resume normal operations. This procedure is initiated when an evacuation of the office is not practical due to time constraints.

One way to reduce the risk of biochemical or hazardous materials is to install the technology for rapid shutdown of all air ventilation systems.

A determination will be made if Critical Incident Stress Management debriefing will be offered to involved staff.

All media inquiries must be directed to the Manager of Communications who will, in consultation with the MOH, issue appropriately worded statements.

3

SHELTER IN PLACE:

This term is used by emergency responders, when evacuation is deemed to be not appropriate. Instructions in this situation will typically include:

- Go indoors and stay there.
- Bring all pets indoors and livestock into covered barns.
- Close all windows and interior and exterior doors.
- Turn off the furnace, air conditioners and exhaust fans.
- Close the fireplace damper.
- Locate disaster supply kits.
- Ensure the radio is in working order.
- Go to the interior room above ground level having the fewest windows and doors.
- An above ground room is best, as some chemicals are heavier than air and may seep into basements, even if the windows are closed.
- Choose a large room, preferably with a water supply and emergency kit.
- In a chemical emergency, wet some towels and jam them in the crack under the doors. Use paint drop cloths or plastic garbage bags to cover windows, outlets and heat registers.
- Stay away from the windows.
- Take down names of everyone in the room; call the designated emergency contact to report who is in the room and their affiliation to the health unit.
- Listen to the radio or television for more information. Police and Fire officials may later call for an evacuation of specific areas that are at greatest risk. Emergency responders will advise when it is safe to leave the premises.
- Do not try to shelter in a vehicle unless you have no other option. Vehicles are not airtight enough to give adequate protection from chemicals. Seal with duct tape or any other suitable material.

CAUTION must be used when sealing a group of people into a room. If all doors, windows and heating/cooling vents are sealed (e.g. with plastic or duct tape); all replacement oxygen will be sealed out.

This is a temporary solution only.

This guideline is different from the shelter in place protocols used in tornadoes and other severe weather, when shelter should be taken in low areas of the residence or office.

Note: Shelter in Place procedures should be practiced at home and at work at least once a year.

NATURAL DISASTERS

If Environment Canada has issued a severe weather warning, staff in each service area will monitor the weather radio, monitor weather reports through email and the following web sites:
Weather Network's web site: www.theweathernetwork.com
Environment Canada Weather: www.weatheroffice.ec.gc.ca

TORNADO AND HURRICANE

- It is unlikely that warning time will be sufficient to prepare for this event.
- Staff should seek shelter in a safe place (i.e. a lower level interior doorway or near an interior wall.
- Remain there until instructed to leave.
- Determine if sending staff and visitors home would be appropriate.

FLOOD AND WATER DAMAGE

- Call the MOH. The Manager of Finance and Operations will ensure that water and electrical supplies are shut down, if necessary.
- Provide the MOH with information on the location of the leak or flood, and whether any materials or equipment is affected or threatened.
- Use extreme caution if any electrical appliances, power lines or lighting fixtures are located near the leak or flooded area.
- If there is any likelihood of injury or a threat to safety, evacuate the area immediately.
- Follow procedures outlined in **CODE GREEN. - EVACUATION.**
- If the source of the water is known, and can be safely stopped, do so cautiously. Only take essential steps to avoid or reduce immediate water damage.
- DO NOT at any time place your life or personal safety in jeopardy while dealing with the situation.

BAD WEATHER

- The office may be closed at the discretion of the MOH.
- Telephone messages shall be changed by the Manager of Communications to alert members of the public that the office is closed.
- Once it has been determined that the office will close, all staff should leave as soon as possible.
- Refer to Policy #8-90 Office Closure due to Inclement Weather for further specifics and the Winter Weather Protocol (2012).

EARTHQUAKES

This region is not a risk area for earthquakes, however, in the unlikely event, the following points should be remembered:

- Seek shelter in the core of the building, in doorways or under heavy furniture and assist visitors to a safe location.
- Do not use plumbing or electrical equipment until a supervisor advises that it is safe to do so.
- Do not leave the building during an earthquake.
- Do not leave the shelter area until told to do so by a supervisor. When it is safe to leave, assist others who may be trapped in the building.
- Follow **CODE GREEN. - EVACUATION**

LOSS OF POWER

The loss of incoming power to the MLHU may be an isolated incident (loss of power due to the failure of an internal electrical component such as a breaker) or may affect all service areas throughout the building.

In the event of a power loss, this plan should be used as a guide to assist with the continuity of care and services during the power loss, and for the effective restoration of normal power.
The electrical room door in the lower level of 50 King Street, London must remain secured and locked at all times. Should this door be left unlocked, our facility could be exposed to risk (injury, criminal activity, etc.).

At this time, the MLHU does not have a generator. Therefore, if municipal power goes down, it is unlikely that we will be able to provide continued service for even the essential areas. If the loss of power affects part of the building, conservation measures should be taken by the entire staff to ensure a continuous supply of power. Limiting the use of non-essential electrical devices (radios, coffee makers, desk fans, etc.) will be very important. Use of elevators will be restricted to emergency use only or prohibited entirely.

In the event of a large-scale power loss, precautionary steps may be needed before transitioning back to 100% normal power. In these cases, power blips may be noticeable. Battery-operated flashlights, and alcohol-based hand sanitizers will be required in each service area. These can be found in the cabinet in room 3A and in storage secured by the Procurement Coordinator. .

Our offices at 201 Queens Avenue and at the Kenwick Mall in Strathroy may be requested to find space for additional staff, which will require emergency access to their electronic correspondence.

- Call the MOH.
- Determine if the problem is specific to our building, or if it has affected the surrounding areas of the city.
- The office may be closed, at the discretion of the MOH. This decision should be based on, but not limited to, the temperature, relative humidity and indoor air quality, which may be factors affecting the staff's ability to work.
- If the telephone system is working, a message shall be recorded by the Manager of Communications informing clients and staff of the office closure, and similar messages will be posted to the internet if possible.

EMERGENCY OPERATIONS FAILURE DUE TO POWER LOSS

Note: The MLHU phone system has capabilities that exceed normal business requirements in order to respond to public health emergencies. There are three PRIs, providing the capability of having over sixty calls managed simultaneously. A certain proportion of the system is reserved for outgoing calls. The phone system has four Automated Call Distribution systems programmed for managing incoming calls to emergency hotlines and up to fifty staff can be answering such phone calls. If a caller receives a busy signal this means that all incoming lines are in use. (A PRI is a phone service "pipeline" provided by our local/long distance phone provider and each PRI can handle up to 23 calls to any of the MLHU phone numbers.)

Problem	Priority	Symptoms	Procedure to Correct
Power Back Up System	High	• Disaster • Power Outage • No Electrical Power	Back-up batteries will kick in when the power to the building goes out. The phone system will remain operational for up to 4 hours, depending on the traffic. Each floor has back-up batteries to power computer switches and IP Phones, so IP phones can continue to operate, although desktop computers will not have power. The floor back-up batteries may operate for about 30 minutes depending on usage. Each floor has digital phones that will work as long as the phone system has power. See next step for what to do if the back-up batteries fail.
Back-up Batteries Fail during regular work hours (Power still out)	High	If the power is off for an extended period of time and the telephone system has been running on the back-up batteries, there is always the possibility that the batteries die or run out of charge. This would become apparent by the total lack of phone service. There would be no incoming or outgoing calls and no voicemail capabilities.	The emergency analog phones must be plugged immediately (four at 50 King Street, one at 201 Queens, and the phone at Sherwood Forest). At 50 King Street, they are located at the following work areas: Main Reception, Trudy Sweetzir, Laurie Young, Meeting Room 2B. Sharon Stein has the analog phone for 201 Queens, which can be plugged into an analog jack in the conference room. The phone at Sherwood is an analog phone. Analog phones are powered by the telephone lines themselves, so as long as Bell has power, they should work. Once plugged in, incoming calls can then be received at the above-noted work stations. It is expected that cell phones will be used for outgoing calls. If the cell phone supplier has no power, the cell phones will not work. As well, the following fax machines will have analog phone connections: F&HR, Main Reception, Library, CDSH, FHS & EHCH (201 Queens Avenue). If any of the above-noted fax machines has a telephone handset attached, it can also be used as a phone.

EMERGENCY OPERATIONS FAILURE DUE TO POWER LOSS			
			If there is no handset with the fax machine, a spare analog emergency phone can be plugged into the fax machine to make calls. Note that faxes may require power to send or receive faxes but the phone connection may still work. If that doesn't work, the spare phone can be plugged directly into the wall jack for the fax. IT, Communications and the MOH will decide if and when to inform the public & emergency contacts that we are experiencing difficulties with our telephone system.
Back-up Batteries fail after regular work hours (Power still out)	High	Should this situation occur on a weekend or evening, Mark/Louise/Kelly (IS/HR) should be notified as quickly as possible. In this case, callers to the HU would hear the phone ring continuously and then a noise often described as a 'klunk'.	IT will notify Allstream to activate our temporary local redirect (TLR) of the lines to our after-hours emergency phone service. This service provider, Tigertel, is located in a building with a generator and can continue operations during a power outage. Answering service would be informed and advised to take as many messages as possible or refer to the MOH on call via pager or cell phone. IT, Communications and the MOH will decide if and when to inform the public & emergency contacts that we are experiencing difficulties with our telephone system. When the power comes back up, IT will call Allstream to ensure that the re-direct is taken off and then notify the Answering Service.
Total Lack of Phone Service	High	If this happened, there would be no dial tone from inside the building, no incoming calls, no outgoing calls & some faxes would not work. Could be caused by Bell lines being cut or a power outage extending until the back-up batteries die.	IT will notify the current service provider (Merbridge Networks) to determine the source of the problem and whether Allstream needs to be contacted concurrently. If necessary, IT will call Allstream to arrange to have our temporary local redirect activated. Notify Answering Service of the temporary relocate and provide them with instructions on dealing with the extra influx of calls. When telephone service comes back, call Allstream to ensure re-direct is taken off and notify Answering Service.
When PRI Fails	High	Staff will be unable to get outgoing lines or get busy signals when trying to call in	Once the PRI failure is identified as such, IT will call Allstream repair service. If the power fail jacks do not work, plug the analog emergency phones (obtained from Main Reception, CD, D. Foster, T. Sweetzir) into one of the following fax

EMERGENCY OPERATIONS FAILURE DUE TO POWER LOSS			
		or out. Fax machines **with lines that are provided via** PRI will not work, (Dental (2) , TykeTalk and The Clinic). Point of Sale cash machines will **not** work. No incoming phone calls will come to the MLHU.	machines: Main Reception, CD, FHS, F&HR. These phones will now work for incoming calls. IT will notify Allstream to activate our temporary local redirect (TLR) of the lines to our after-hours emergency phone service. This service provider, Tigertel, is located in a building with a generator and can continue operations during a power outage. Answering service would be informed and advised to take as many messages as possible or refer to the MOH on call via pager or cell phone. If the PRIs at 50 King Street fails, there are direct lines to the Managers offices and administrative support staff at 201 Queens as there is a separate PRI there. (List available from Kelly or Louise) IT, Communications and the MOH will decide if and when to inform the public & emergency contacts that we are experiencing difficulties with our telephone system.
When PBX Fails	High	There would be no dial tone or voicemail. To ensure it is a PBX failure, check to see if one of the fax machines **not in** the PRI work, (i.e. F&HR, CD, Main Reception, FHS, Library, EH) is still working. If this is the 50 King PBX that fails, then there will be no incoming calls.	Once a PBX failure is identified, IT will contact the phone service provider immediately to request immediate repair, The jacks to the fax machines in F&HR, CDSH, Main Reception, FHS, Library & EHCH (201 Queens Avenue) will still work with analog emergency phones. If the PBX is still not working after-hours, IT will contact Allstream and have the temporary re-locate activated. IT, Communications and the MOH will decide if and when to inform the public & emergency contacts that we are experiencing difficulties with our telephone system. If the failed PBX is the 50 King PBX, then the system should be put on manual override so the incoming number will ring on the backup phones noted in the "Backup Batteries fail" section. Alternatively, IT can notify Allstream and Tigertel and put a TLR in place and have TigerTel take messages and forward/contact MLHU via cellphone or alternate means.

SPECIAL NEEDS

The MLHU is a facility open to the public, and on any given day, there may be people with special needs attending our offices for services. Therefore it is critical for all staff to be aware of the special needs of some people. Do not use the elevators in an emergency. People with disabilities who are self-sufficient under normal circumstances may have to rely on the help of others in a disaster. MLHU staff should not carry persons with special needs down the stairs. Fire Services personnel will be directed to assist with the evacuation of those with impaired mobility. However, in the event of, and during an emergency, the MLHU has a responsibility to respond to the particular evacuation requirements of person(s) with special needs.

These examples of disabilities that fall within the boundaries of 'special needs':

- Visual impairments (reduced vision or blindness).
- Hearing impairments (some degree of hearing loss or deafness).
- Mobility impairments (those using walkers, crutches, motorized scooters, wheelchairs, canes for short term or long term usage).
- Other medical conditions that pose a functional limitation.
- Learning disabilities.
- Limited English (first language is not English).
- Mothers with young children.
- Pregnant women.

Other issues for consideration are:

- People with disabilities often need extra time to make necessary preparations during an emergency.
- The needs of older people are often similar to those of persons with disabilities.
- Disaster warnings are often given by audible means, such as sirens and radio announcements, and people who are deaf or hearing-impaired may not receive early disaster warnings and instructions. It is important that we become their source of emergency information as it comes over the radio or television.
- Some people, especially older people who are blind or visually impaired, may be extremely reluctant to leave familiar surroundings when the request for evacuation comes from a stranger. Reassurance that they will not be left alone in unfamiliar surroundings will help in evacuating visually impaired persons.
- A guide dog could become confused or disoriented in a disaster. People who are blind or partially sighted may have to depend on others to lead them and their guide dog to safety.
- People with impaired mobility are often concerned about being dropped when being lifted or carried. Be aware of the proper way to transfer or move someone in a wheelchair, and know what exit routes are best to use.
- Some people who are mentally challenged may be unable to understand the emergency and could become disoriented or confused about the proper way to react.
- Many respiratory illnesses can be aggravated by stress. In an emergency, oxygen and respiratory equipment may not be readily available. Hopefully, the person will have a portable oxygen tank. If not, seek medical advice as soon as possible.
- Individuals suffering from illness or disease may need special medications. Make sure that they have their medications with them, if they have to be evacuated.

Tips on Helping a Person with a Disability…

"Ask First" if the person needs or wants your help – do not just assume that they do.

- Allow the person to identify how best to assist them.
- Do not touch the person, their service animal and/or their assistive device/equipment without their permission.
- Follow instructions posted on special needs equipment and/or assistive device during an emergency.
- Avoid attempts to lift, support or assist in moving someone, unless you are familiar with safe techniques.
- Never administer any food or liquids to an unconscious or unresponsive person.
- Be aware that some people may request that you use latex-free gloves
- Ask the person with special needs if areas of their body have reduced sensation and if they need you to check those areas for injuries after a disaster.

MOBILITY

Mobility limitations may make it difficult for a person to use stairs or to move quickly over long distances. These can include reliance on mobility devices such as a wheelchair, scooter, walker, crutches or a walking cane. In addition, people with a heart condition or various respiratory difficulties can experience certain levels of mobility limitations.

- Ensure that the person's wheelchair goes with the person.
- Do not push or pull a person's wheelchair without their permission.

VISION

Vision loss can include a broad range of conditions ranging from complete blindness to partial or low vision that cannot be corrected with lenses or surgery. A person's ability to read signs or move through unfamiliar environments during an emergency may be challenged, creating a feeling of being lost and/or being dependent on others for guidance.

- Always ask first if you can be of any assistance to them.
- For people who are deaf-blind, use your finger to draw an "X" on their back to let them know you are there to help during an emergency.
- To communicate with a deaf-blind person, try tracing letters with your finger on the palm of their hand.
- To guide the person, offer them your arm instead of taking theirs and walk at their pace. Keep half a step ahead of them.
- If the person has a service dog, ask them where you should walk to avoid distracting the animal.
- Provide advance warning of upcoming stairs, curbs, major obstacles, or changes in direction.
- Watch for overhangs or protrusions the person could walk into.
- Do not assume the person cannot see you, or that they need your help.
- Never grab or touch a person with vision loss.
- Do not touch, make eye contact or distract the person's service dog as this can seriously endanger the owner.
- Do not shout at a person with vision loss. Speak clearly and provide specific and precise directions.

- Avoid the term “over there”. Instead, describe locating positions such as, “to your right/left/straight ahead/ behind you”, or by relaying clock face positions. (For example: 12 o’clock)

HEARING
A person can be deaf, deafened or hard of hearing. The distinction between these terms is based on the individual’s language and means of communicating rather than the degree of hearing loss.

In an emergency, the method in which emergency warnings are issued becomes critical to how a person with hearing loss is able to respond and follow instructions to safety.

- Get the person’s attention via a visual cue or a gentle touch on their arm before speaking to them.
- Face the person and make eye contact when speaking to them as they may rely on speech reading.
- Communicate in close proximity.
- Speak clearly and naturally.
- Use gestures to help explain the meaning of what you are trying to communicate to the person.
- Write a message if there is time and keep a pencil and paper handy.
- Avoid approaching the person from behind.
- Refrain from shouting or speaking unnaturally slowly.
- Do not make loud noises as hearing aids amplify sounds and can create a physical shock to the user.

Note: Typically people who are deafened or hard of hearing will need information presented in a text format.

NON-VISIBLE CONCERNS
Non-visible concerns can include communication, cognitive, sensory, mental health, learning or intellectual disabilities in which an individual’s ability to respond to an emergency is restricted. Other issues may be: allergies, epilepsy, hemophilia, diabetes, thyroid condition, multiple sclerosis, pulmonary or heart disease and/or dependency on dialysis,
sanitary or urinary supplies.

Individuals with non-visible disabilities may have difficulty performing some tasks without appearing to have a disability.

- **People with Multiple Sclerosis:** Symptoms are often made worse by heat and humidity. Be prepared to keep cool and dry.

- **People with Diabetes:** Keep frozen water bottles or ice packs in your freezer. Have an insulated bag or cooled thermos ready to store your insulin, should there be a power outage or you need to evacuate. Find sugar sources in juice, chocolate or sugar packages in case they are needed.
- Allow the person to describe what help they need from you.
- Find effective means of communication (e.g., provide drawn or written instructions. When giving directions use landmarks instead of terms “go left” or “turn right”).
- Be patient, flexible and maintain eye contact when speaking to the person.
- Repeat instructions (if needed).

- Ask the person about their medication and if they need any help taking it. (Never offer medicines not prescribed by their physician.)
- Avoid shouting or speaking quickly. Instead, speak clearly but not so slowly as to offend the person.
- Don't restrain a person having a convulsion. Instead, roll them on their side to keep their airway clear and place something soft (e.g., your jacket) under their head to protect it from injury. Once the convulsion passes and they become conscious, help them into a resting position.

SENIORS WITH SPECIAL NEEDS

Since an emergency situation or an evacuation can be a frightening and confusing time, it is important that seniors, especially those with special needs, know the steps to take in an emergency. This includes seniors contacting their local municipal office to find out about programs and services available in their community that will help them during an emergency and assist them to return to their regular routine.

- Check on neighbours who are seniors with special needs to find out if they need your help during an emergency or evacuation.
- Allow the person to describe what help they need and how it can be provided to them.
- Be patient, listen actively.
- If the person appears anxious or agitated, speak calmly and provide assurance that you are there to help.
- If evacuation is necessary, provide shelter and warmth to evacuees.
- If time permits, offer to carry the person’s emergency survival kit to your car, along with any equipment or assistive devices they will need.
- Follow instructions posted on special needs equipment and/or assistive devices during an emergency.
- Refrain from shouting or speaking unnaturally slowly.
- Avoid being dismissive of the person’s concerns or requests

HOME HEMODIALYSIS PATIENTS

The Renal Care Program at the London Health Sciences Centre is responsible for providing dialysis care to patients throughout Southwestern Ontario. In the past several years, dialysis services have grown to include seven satellite hospitals and numerous home dialysis people. Daily home hemodialysis treatment is an essential service to those suffering from renal failure.

A continuous, uninterrupted supply of electrical power as well as a high quality water source is required to provide dialysis therapy. The experience gained during large-scale power outages and industrial chemical spills has clearly identified the need for better communications between Public Utility providers, Public Health Units, and Renal Administrators in order to protect those using home hemodialysis from unnecessary risk and enable us to make alternate arrangements for their care.

The Middlesex-London Health Unit is provided with a list with contact numbers and addresses of persons receiving hemodialysis from home in case of electrical failure or a chemical spill so, immediate notification can be facilitated. This list is kept in the office of the Manager of Emergency Preparedness and is updated when notified of changes by the London Health Sciences Centre.

Home Hemodialysis Nurse at LHSC	519-685-8500 x 74709
After Hours Number	1-888-507-9576
Breathe Easy Respiratory Home Care	519-439-1166
London Home Respiratory	519-434-0730
Western ProResp Inc.	519-686-6212

5. Incident Management Systems (IMS)

5.1 Incident Management

The MLHU has an EMERGENCY RESPONSE PLAN that establishes immediate actions to respond to emergencies. This plan outlines the response of the MLHU during specific emergencies.

5.1.1

The MLHU endorses the use of an Incident Management System (IMS) to direct, control, and coordinate operations during and after an emergency. IMS is a widely recognized, interdisciplinary, systematic approach for establishing a command and control system at an incident. The first arriving responder typically establishes "command". As others arrive, the most qualified/appropriate person (depending on the nature of the emergency) assumes the role of Incident Commander, following a briefing. Following the appointment of the person who is in charge of the overall scene, the Incident Commander divides responsibilities into sectors.

Each Sector Manager is assigned four or five personnel under his/her sector command. This establishes an effective management structure while ensuring the Incident Commander is not overwhelmed with information or the related decision-making.

Although integrating the concept of Incident Management Systems into Public Health may have once been novel; the perceived culture clash of imposing a 'command and control' system into the public health standard of 'negotiation and consensus' must be dealt with in the time of crisis. Decision-making must be made with far less than perfect data and sometimes under great stress. The Emergency Management Unit (EMU) of the Ministry of Health and Long Term Care (MOHLTC) encourages the use of IMS and has sections dedicated to the topic in the Pandemic Plan and in the Public Health Emergency Preparedness Protocol in the Ontario Public Health Standards (OPHS). The IMS structure has also been accepted practice within the Ontario Hospital Association, Public Health Ontario and Emergency Management Ontario.

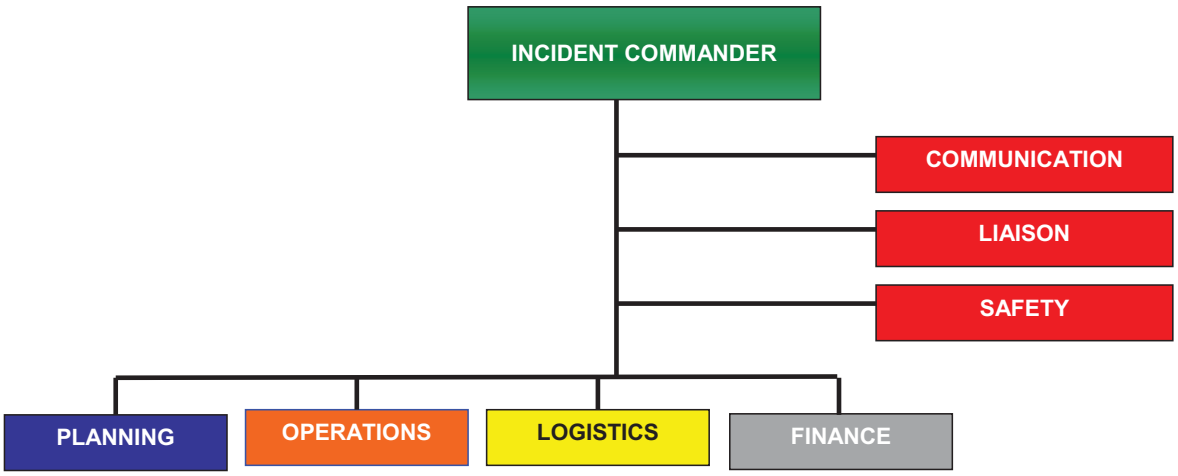
The purpose of the IMS can be summed up in eight points:

- Sizing up the incident
- Identifying contingencies
- Determining response objectives
- Building a plan and organization structure
- Taking action
- Manageable span of control
- Designated incident facilities
- Resource management

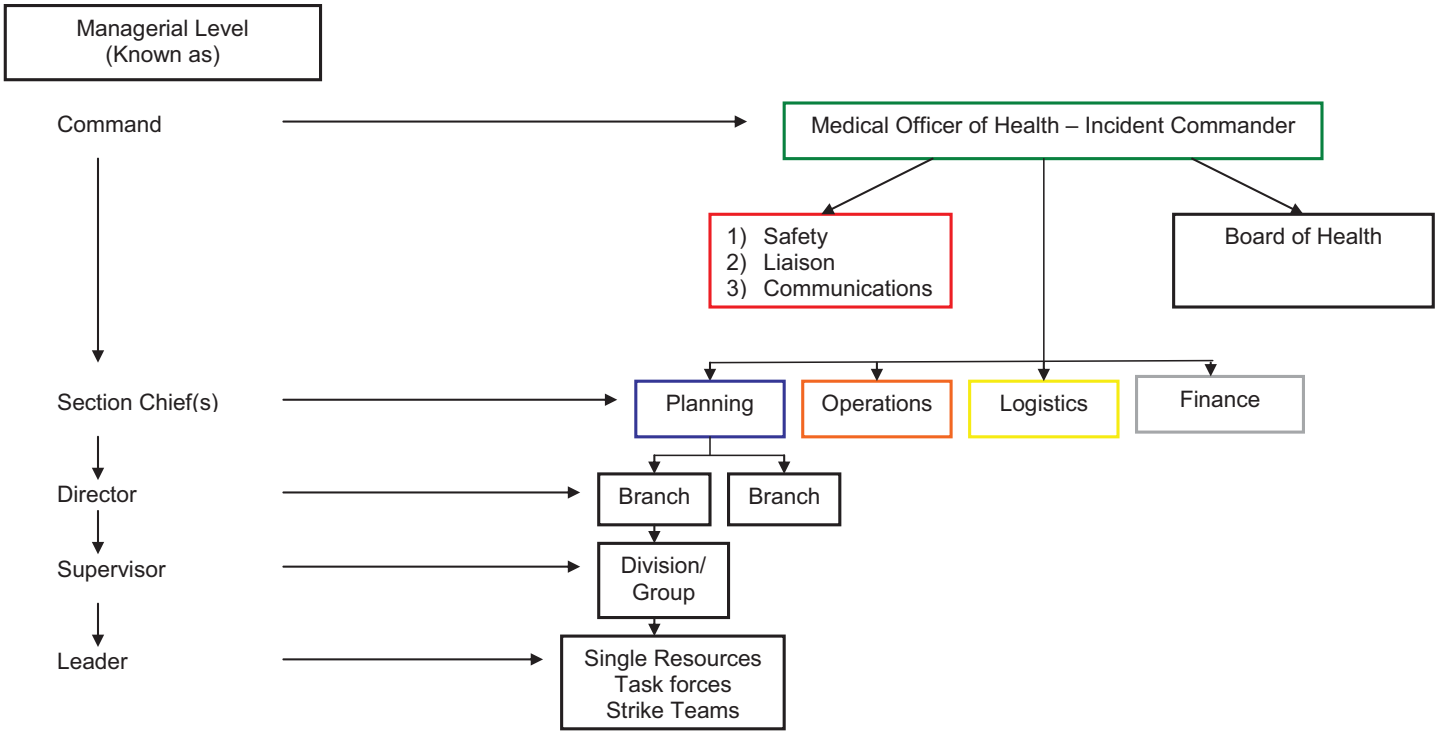
Benefits are:

- Common terminology
- Integrated communications
- Modular organization
- Unity of command
- Consolidated Incident Action Plans

Incident Management System



Incident Management System



5.1.2

The Incident Management System shall assign specific organizational roles, titles, and responsibilities for each incident management function. Under this structure, a member of the IMT will be assigned as Manager. This person will remain in this position until the MOH confirms or replaces the person, depending on the event and its circumstances.

Persons assigned to the usual positions of Planning, Operations, Logistics, and Finance are known as being members of the Incident Management Team (IMT) and will actually staff the Incident Operations Centre (IOC).

The **INCIDENT COMMANDER** will typically be the MOH and will organize and direct the MLHU's emergency management response. He/she will appoint the staff to assist as required. He/she will also ensure that team debriefings occur and that situational reports are provided on an as required basis to internal or external organizations. The Manager of Communications, Manager of Emergency Preparedness, and Manager of Privacy and Occupational Health & Safety, all directly support and report to the Incident Commander.

The following descriptions and the proceeding charts will help to illustrate the types of responsibilities that each sector in an IMS System may be responsible for:

The **PLANNING MANAGER** will:

- Track the flow of clients into and out of the building and/ or clinics;
- Organize and log the supports required for staff and, if necessary, their families;
- Assist with contingency and recovery plans by constantly looking ahead to possibilities;
- Ensure that all documentation is collected for the preparation of the debriefing session(s);
- Provide situational assessments;
- Address staffing;
- Ensure resource needs;
- Address resource deployment;
- Provide data management;
- Oversee demobilization, recovery and documentation.

The **OPERATIONS MANAGER** will:

- Work with the managers in the various service areas to ensure that essential services and programs continue.
- Explore the enhancement capacity at one of the other sites may become an essential project. He/she will ensure that a comprehensive occurrence report is filed immediately.
- Responsible for carrying out the response activities.
- Responsible for the direction and co-ordination of all operations, requests for resources and assisting the Incident Commander in developing response goals and objectives.
- Operational issues include surveillance, vaccines, antivirals, public health measures, investigations and the management of consumer inquiry lines.

The **LOGISTICS MANAGER** will:

- Oversee the procurement of equipment and supplies and will ensure equitable distribution.
- Identify critical shortages that may impede our maintenance of operations.

- Ensure the return and proper storage of all emergency kits and other supplies that may be used during the crisis. The management and control of resources is vitally important, especially if an incident extends into a prolonged period of time.
- Issues such as facilities, human resources, supplies, nutritional issues and accommodation for the staff also fall into this category.

The **FINANCE MANAGER** will:

- Identified by the Incident Management Team and will typically be the Manager of Finance and Operations.
- Ensure accurate documentation pertaining to the specifics of the emergency namely: the availability of funds and the tracking of all costs specifically associated with the management of the emergency.
- Assess the abilities to increase space during an emergency.
- Administrative issues such as claim and compensation, costing, procurement, insurance, budgeting, legal matters and any technical or building maintenance concerns are also addressed in this area.

5.1.3

The MLHU has also established procedures for coordinating response, continuity, and recovery activities. Three roles in the IMS that provide essential support to the Incident Commander and are important in establishing procedures are listed below.

SAFETY

- Reports to the Incident Commander/MOH
- Recognizes the need to address the health and safety of staff.
- Oversees the safety function in emergencies.
- Ensures that the JOHSC has the right to be notified immediately when a fatality or critical injury occurs.
- Acts as a barometer of staff health and safety.
- Addresses issues of work refusal and incident reporting and investigation.
- Provides all necessary resources.
- Must be a JOHSC representative.
- Liaises with occupational health and safety professionals, infection control practitioners as needed
- Interacts with Ministry of Labour, WISB as required.
- Ensures that the worker members of the JOHSC are required to designate one or more of their members to investigate critical injuries or fatalities. Only one of the members designated has the right to actually inspect the incident site
- Ensures that the member designated to inspect the incident site is required to make a report of his/her findings to the inspector and to the JOHSC.

LIAISON

- Acts as key contact for external agencies and organizations.
- Identifies location of all plans.
- Develops mutual aid agreements with external responder partners.
- Has a written process for contacting MOHLTC-EMU for EMAT and EMO.
- Facilitates communication and co-ordination among organizations.
- Supports the Incident Commander with other duties as assigned.

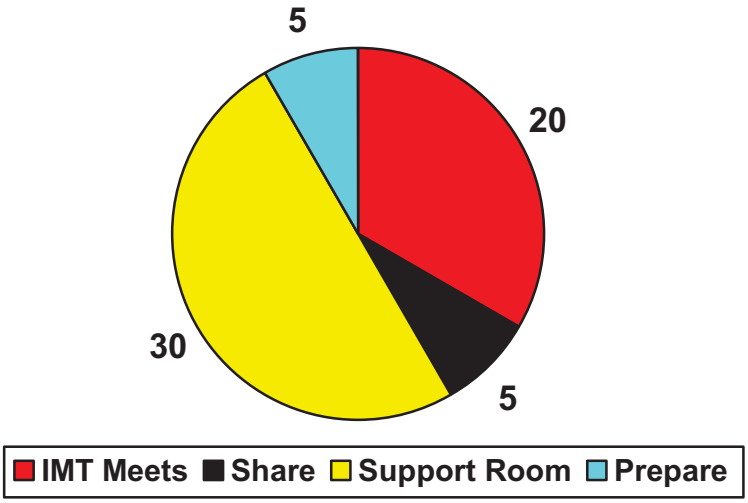
- Ensures all IMT meetings are organized, planned and follow the IMS format.
- Provides incident status updates.
- Monitors inter-organizational issues and reports to the Incident Commander.
- Acts as main point of contact for information flow to external groups.

COMMUNICATION

- Defines lines of communications, internal and external.
- Establishes strategies for communicating critical information to employees, their families the and JOHSC
- Obtains communication equipment and back up systems and educates staff on proper use of equipment.
- Develops the news releases and communiqués.
- Apprises the Incident Commander of media requests
- Guides and arranges all media interviews
- Manages the website updates and social networking (i.e. Twitter) posts in a timely fashion.

IMT Meetings – Operations Cycle

The Incident Management Team should have regular meetings to share information, discuss actions to be taken and/or issues to be resolved, these meetings should be brief and free from interruptions.



Cycle:

- 5 minutes; for preparing for the meeting, final updates from the team;
- 20 minutes; for the IMT meeting;
- 5 minutes; for sharing information with counterparts “information dissemination” with the team;
- 30 minutes; for completing tasks, emergency decisions to support the site and activities undertaken for continuity of operations.

Source: Emergency Management Ontario

INCIDENT MANAGEMENT TEAM MEETING CHECKLIST

Priority	Action Or Direction	Remarks	Done
1.	MOH decides to convene IMT-remember to notify all Directors including, Manager Finance & Operations, Manager of Emergency Preparedness (liaison), Manager Privacy and Occupational Health & Safety (JOHSC co-chair), Manager of Communications and Executive Assistant (scribe).		
2.	Manager of Emergency Preparedness to set-up EOC – phones, maps, major incident log, personal log sheets, refreshments, computers, etc.		
3.	Determine that appropriate members of IMT are present (quorum). Initiate staff notification processes. Notify Board of Health.		
4.	Appoint Section Chiefs according to IMS chart.		
5.	Determine if additional advisors to IMT are required (i.e.: CN Rail, MOL, MOE, Hospital, School Boards, Conservation Authority, etc)		
6.	Listen to brief situation reports by all Service Areas.	Current deployment of resources and priorities for immediate action.	
7.	Determine areas affected by emergency – define emergency site(s) (if appropriate). Consult maps.		
8.	Appoint/confirm Emergency Site Manager(s) (ESM).		
9.	Determine immediate support that emergency site will require. Cordon off area(s). Consider Security.		
10.	Determine community strategy to resolve/manage emergency. Contact police, fire, EMS.(CCG Meeting)	Ensure minutes or record of decisions are taken	
11.	Determine and prioritize tasks and compare to resources available. Consider stoppage of some services.		
12.	Consider declaration of emergency and notify staff.		
13.	Notification of Mayor, County CAO, Warden, other Public Health Units, MOHLTC, EMO and City/County CEMC's as appropriate. Review Emergency Codes and use in notification.		
14.	Activate all or parts of the Emergency Response Plan; which may include: • Evacuation Plan • Reception Centre Plan • Emergency Information – included in media releases • Citizen Inquiry Line (number published) • Recovery Plan ➢ Debris removal ➢ CISM and EAP		
15.	Activate IMT to appropriate level of operation (limited, partial, full).	Consider staffing for next 24-48 hours	
16.	Review and consider implementation based on IMS structure as per MOHLTC guidelines		
17.	Determine time/location for next CCG meeting (operating cycle)		

Major Incident Response System – Event Log – SCRIBE

Incident:	Location:	Service Area:	Scribe:	Page:

Date:	Location:			

Time	Outstanding Issue	Action Required	Delegated BY	Delegated TO	Completed

Major Incident Response System – Event Log – SCRIBE

Incident:	Location:	Service Area:	Scribe:	Page:

Date:	Location:			

Time	Outstanding Issue	Action Required	Delegated BY	Delegated TO	Completed

6. Communication

6.1 Communications and warning

6.1.1 Assessment and coordination

The MLHU through the Manager of Communications determines the communication needs to support the EMERGENCY RESPONSE PLAN. The most common failure during an emergency is a failure in communication, thus it is important to test procedures often. The MLHU shall coordinate communications with key stakeholders in accordance with the incident management requirements. This shall include appropriate messaging to targeted audiences, maintaining databases of contact information, dealing with the media, keeping staff apprised of situational updates.

6.1.2 Systems

Telecommunication and other communication systems shall be established and regularly tested. The MLHU shall address the needs for redundancy, interoperability, and security of communication systems. Lists of phone numbers and other contact information for staff will be maintained, reviewed and updated annually.

Instructions for Two-Way Radios in Room 3B

1. Turn on the radio by pressing the SEL button.
2. Set both radios to the same channel and CTCSS codes.
   (They both are set to channel 3 for now).
3. To talk, press the PTT button located on the upper left side when the radio is facing you. Hold the radio 3 inches from your face.
4. To shut off the radios, press and hold the SEL button.
5. For complete operation details, refer to the detailed instruction manual in 3B.

Five sets of 2-way radios were received as part of the Ministry of Health and Long-Term Care's CBRN program in 2009.

6.1.3 Procedures

Communication procedures shall be established and regularly exercised, following the sequence of communications flow as outlined herein.

A Working from home
Depending on the nature of the emergency, there may be occasion when employees of the MLHU are requested to work from home.

Some web based and Virtual Private Networking (VPN) based applications from the MOHLTC, such as the Integrated Public Health Information System (IPHIS) and the Integrated Services for Children Information System (ISCIS) can be run from any PC connected to the Internet with the VPN software installed. Other applications such as the Immunization Record Information System (IRIS) and Computerized Inspection Services System (CISS) still require access to our internal servers, but are likely to be replaced with web/VPN based versions in the future.

Currently staff members working from home only have Internet access to Outlook (a.k.a. "webmail") and to information placed on external web sites.

*The current infrastructure would need significant upgrades in order to support people "telecommuting"

- When calling clients from your home, remember to dial *67 first, to block your home phone number.

Confidential material removed.

Confidential material removed.

6.2 Public warning

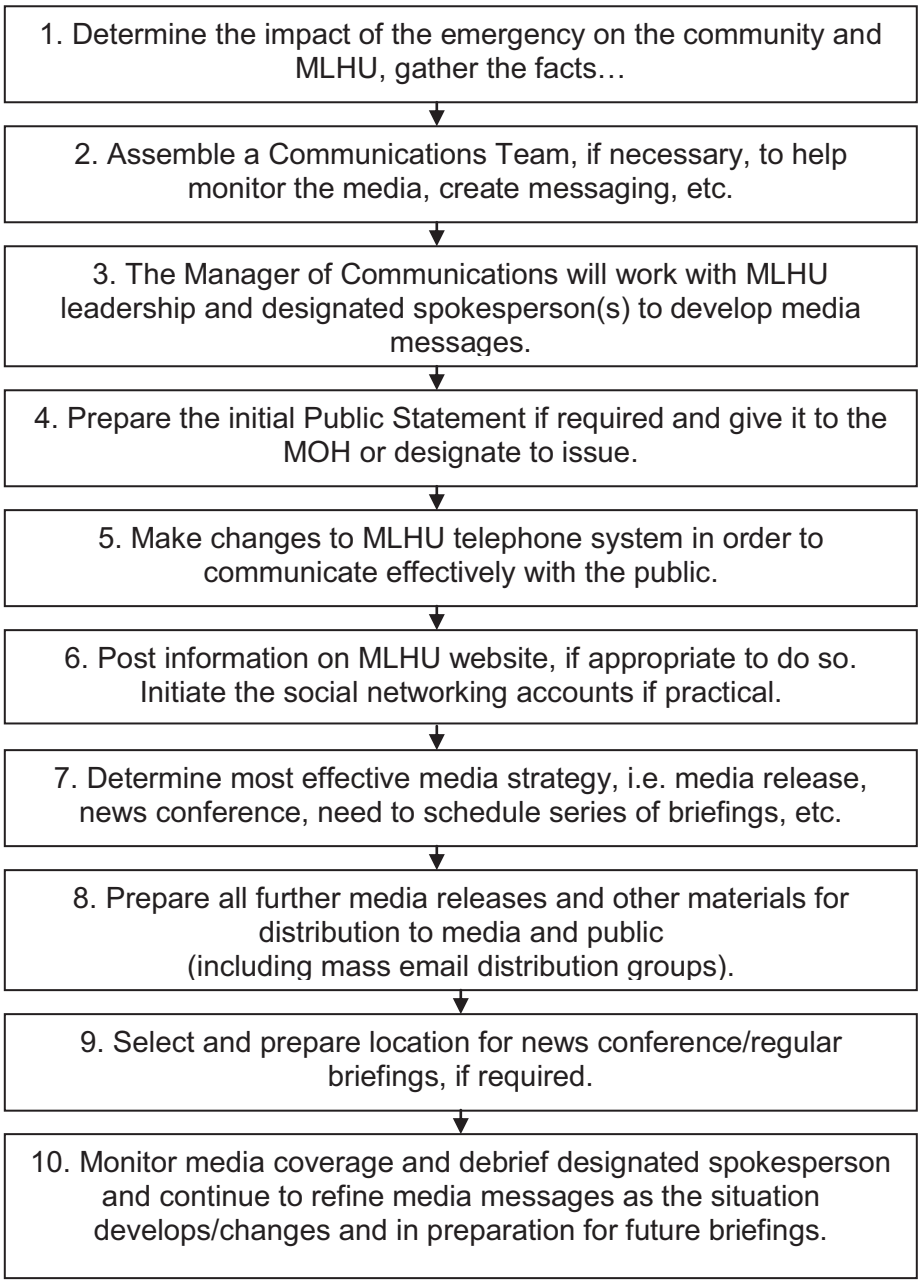
6.2.1

- Emergency communication and warning systems to alert people potentially impacted by an actual or impending emergency are typically the responsibility of the municipality, however the MLHU role includes media alerts, bulletins, web postings, etc.
- Emergency communication and warning procedures to advise the public of threats to people, property, and the environment, both directly or through authorized agencies, have been developed and exercised.
- The role of the media during the crisis is key. Effective use of the media can play a very valuable part.
- By building on relationships with the media representatives, the MLHU typically expects a keen interest in getting the appropriate messaging disseminated regarding the emergency.

6.2.2

Communication includes protective action guidelines for emergencies where potentially impacted populations are advised to shelter-in-place, evacuate, boil water, or take any other action as directed.

The MLHU has a specific mandate to communicate emergency related messages to potentially impacted populations. The following sequence of events may capture the communications flow that might typically occur:



6.2.3 Teleconferencing for Emergency Situations

Confidential material removed.

6.3 Public Awareness

6.3.1
Public awareness and public education programs are conducted where the public, staff, and volunteers are invited to participate. These sessions are typically held on site and cover such topics as self defense, CBRN-E, CISM, EOC Operations, Scribe Course, etc. Any and all topics that fit into the Emergency Preparedness theme are considered.

6.3.2.
Public awareness and education information are disseminated through a large variety of printed material, specifically created to fulfill requests from internal and external audiences. These topics include: emergency preparedness, emergency kits, animal care in emergencies, flooding, and community emergency response volunteers.

Family members of our employees and volunteers may have concern that they too will be involved in the emergency and/or that their routines may have to change in an emergency. All employees therefore, are encouraged to have personal and family emergency preparedness plans which may include making provisions for children, spouse/partner, parents, pets, ensuring the availability of prescription drugs, food, water, shelter and cash in small denominations.

It is important to stay well-informed, to make every effort to stay healthy during the crisis, and to identify contingency plans (i.e. caring for family, food shortages, limiting fuel consumption and maintaining access to financial reserves). Reaching out to support the neighbours, friends and family who may have difficulty managing in a crisis becomes another important task.

In an emergency situation, it is also important to recognize limits in knowledge, skill, expertise, and authority and then to identify resources for referring these concerns too.

Limits on a skill or authority may be with:
- Communications with the media.
- Clinical skills or decision-making.
- Legal authority.
- Allocating resources.
- Policy decision-making.

Key Resources may be within:
- The Incident Management System
- Internet resources.
- MLHU EMERGENCY RESPONSE PLAN
- Administrative Policy Manual.
- The JOHSC Program Manual.
- First Responder Agencies

6.3.3 Emergency Information

The MLHU through the Manager of Communications has established and also maintains procedures to provide emergency information that includes the following:

(a) a central point of contact for media;
(b) procedures to gather, monitor, and disseminate emergency information;
(c) pre-scripted information bulletins;
(d) procedures to coordinate and approve information for release;
(e) procedures to communicate with special needs populations; and
(f) Guidelines and recommendations which could be used for Shelter-in-place or evacuation.

Timely and accurate information will be provided to staff and public through the Manager of Communications using the mass voice mail (internally), mass email features and mass fax bulletins.

Using existing communication methods typically improves redundancy. Staff should consider pre-programming their cell phones, voice mail and pagers to enable the sending of simultaneous notifications. These should include home e-mail address and text messaging for cell phones. The desk phone can be programmed to alert the BlackBerry of waiting voicemail.

A media/press room will be made available for press conferences, if required. The Manager of Communications will make the appropriate arrangements.

The goal in an emergency is to inform and educate the public, reduce uncertainty, build organizational credibility and create allies. These actions will in turn control rumour, uncertainty and speculation.

Privacy and Information

In a municipally declared emergency, personal information, including personal health information, may need to be disclosed in a timely fashion, even if the person's consent has not been obtained. The head of a public sector institution (i.e. a health unit or hospital) is given the authority by Ontario's Access to Information and Privacy laws to disclose such information. The head of the institution, namely the MOH may choose to collaborate with others on the decision making process. Some of the circumstances under which this information may be disclosed are:

- **Public Interest and Grave Hazards**: If there are reasonable and probable grounds to believe it is in the public interest to do so, and the record of information reveals a grave environmental, health or safety hazard to the public, heads of institutions are required to disclose records to the public or affected persons. During an emergency, it may not be practical to provide notice in advance of the disclosure.

- **Health and Safety of an Individual/Risk of Serious Harm to a Person or Group:** When there are compelling circumstances affecting the health and safety of an individual, heads of institutions may disclose personal information to a person other than the individual to whom it relates. The head must provide the appropriate notice to the individual to whom the information relates.

- **Disclosures to Public Health Authorities:** When the head of the institution has a legal duty to disclose personal health information, legislation facilitates the fulfillment of that duty. The reporting of diseases defined as reportable, communicable or virulent may be disclosed to the MOH without the patient's consent. That purpose includes preventing the spread of disease and promoting and protecting the health of the population of Ontario.

- **Compassionate Circumstances:** When there is a need to notify the next of kin or a friend or a substitute decision-maker about an individual who is injured, incapacitated, ill or deceased, institutions may disclose personal information or personal health information without consent in order to expedite identification and other decision-making processes.

- **Providing Health Care:** When consent cannot be obtained in a timely manner and disclosure is reasonably necessary for the provision of health care, the disclosure of personal health information to certain other health information custodians (as defined by the Personal Health Information Protection Act) can occur, unless the person has proactively forbidden disclosure. The relevant acts offer liability protection from actions or proceedings if the head of the institution acts in good faith and reasonable actions are taken under the given circumstance.

as per: the Emergency Management Statute Law Amendment Act, 2007 (Bill 56)
the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 and
the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31

6.3.4 Crisis Communications Capability

The MLHU maintains the capability to provide crisis communications during an incident. In the event of an emergency or crisis situation, the Manager of Communications will work with the Incident Management Team to develop key messages related to the situation and coordinate the dissemination of those messages to the community and the media. Regardless of the situation, ALL MEDIA REQUESTS are to be forwarded to, and coordinated by the Manager of Communications.

We have also acquired all weather radios, an amateur radio station, a scanner and a radio system with a common channel to access the police and fire dispatches.

6.4 Operational procedures

6.4.1

The MLHU has implemented operational procedures to support the execution of this plan. The MOH will appoint the members of the Incident Management Team (IMT). The ultimate responsibility and authority of the Incident Management Team lies with the MOH. The purpose of this group is to provide a coordinated approach assigning the command and control structure, being capable of providing the direction of the MLHU staff efforts and minimizing secondary health effects to the citizens of Middlesex County and London. The IMT will be responsible for the control of access to the MLHU offices and when required, will initiate fan-out procedures and will account for all staff personnel in the emergency.

Staff members should have knowledge of the likely community hazards, resources, and capabilities. The various members of the IMT should also have knowledge, experience and authority to make decisions on behalf of their service area and the agency as a whole, so that in a lengthy or protracted emergency, two or three other staff can “back-fill” or temporarily support the positions of planning, operations, logistics, finance, or human resources.

Once the MOH makes the decision to convene the IMT, all members will be notified by every means possible. The critical nature of the situation must be stressed so that the members will be located and notified immediately, regardless of their location or activity. Specifically, call outs of meeting notices shall be made to the IMT by voice mail to desk, voice mail to cell or BlackBerry and voice mail at residence by the Scribe/Executive Assistant.

The IMT member will provide an estimated time of arrival; they will gather, when needed, to oversee the effective response to all internal and external emergencies to minimize the impact on the health of the public. This group will be responsible for:

- Implementation of the emergency measures as guided by the plan.
- Providing direction and leadership.
- Providing ongoing situational reports to staff and other responsible organizations.
- Assigning tasks with prior consideration of capabilities and time requirements and ensuring tasks are completed within specific assigned parameters during the allotted time.
- Organization of health unit staff into planning, operations, logistics functions and finance similar appropriately titled organizational units.
- Collection of and dissemination of information to and from the MLHU.
- Maintenance of communications with the MOH if he/she is off site attending the Emergency Operations Centre (EOC) or the emergency site or other relevant locations.
- Alternate members should be named within the IMT should the function lead not be available at the time of the emergency.

It is also the responsibility of this group to consider the length of time that the organization is capable of managing a disruption of each of the service area's key functions. It will also be their decision to assess the amount of money the organization will invest in procuring standby equipment, food, water and other supplies which may be requested as part of the efforts to manage the emergency. Identifying and protecting critical paper records and keeping copies of all vital forms will be considered priorities. This group will meet as required at the discretion of the Incident Commander throughout the course of the emergency.

Each member of the IMT must keep an accurate log of their actions, the support provided by their team and their participation in the emergency. It is the responsibility of the IMT to appoint a Scribe for all meetings of the Group. Under most circumstances this shall be the MOH's Executive Assistant. Other staff members who have received training as a scribe are listed in the Appendix section. These records and the logs compiled by the individual participants are imperative to the recovery phase of the emergency and may be used in debriefing processes. Copies of ALL logs shall be provided to the scribe so that one central log will be compiled. Individuals may record their conversations separately, but all annotations are considered part of the official record.

In certain situations, the IMT may need to communicate with each other from remote locations, especially during the early stages of a crisis. One way to manage this is to pre-establish conference circuits with pre-set meeting times. The Incident Commander will be encouraged to request regular meetings on a cycle which will be complimentary to other organization such as the MOHLTC, HC, PHO, PHAC, etc. Please refer to the Operations Cycle Graph.

6.4.2
Within service areas, there are specific plans for response to and recovery from consequences of hazards. The procedures address health and safety, incident stabilization, operational/business continuity, minimization of property damage, and protection of the environment.

6.4.3
Procedures are in place to conduct a situation analysis that includes damage assessment and identification of resources needed to support the response and recovery operations. A member

of JOHSC may be asked to be a part of the mitigation activities to be carried out concurrently during the emergency response.

6.4.4
Procedures shall be implemented for the succession of leadership of all roles, as fatigue, other commitments, time concerns, illness and other absences may prevent someone from fulfilling their role with the IMT. Each function lead shall identify an additional two persons who could 'back-fill' the role.

6.5 Facilities

In communities, the meeting place for the Community Control Group (CCG) is known as the Emergency Operations Centre (EOC).

- The MLHU has established primary and alternative incident operations centres (IOCs).
- The rooms have electronic capabilities, and an ability to support the continuity, response and recovery operations, respite services, resource and refreshments.
- Room 3A at 50 King Street will be the main IOC, while the Board Room in the County Building will be the alternate location.
- The Strathroy site or 201 Queens Ave, 4th floor could also be considered as alternate sites, depending on the circumstances.

In the CITY OF LONDON, the, Emergency Operations Centre (EOC) is located at, #12 Firehall, 275 Boler Road, London ON N6K 2K1

In MIDDLESEX COUNTY the EOC is located at either the Middlesex County administrative office, 399 Ridout Street North OR the Middlesex London EMS at 340 Waterloo Street, London.

To distinguish between a community EOC and the IOC at the Health Unit, the MLHU now refers to the meeting room of our Incident Management Team (IMT) as the Incident Operations Centre (IOC).

Activation of the IMT and the MLHU EMERGENCY RESPONSE PLAN are the responsibility of the MOH or his/her designate.

Necessary equipment and supplies are stored in the cabinet in Room 3A as well as in the office of the Manager of Emergency Preparedness.

In addition, many kits have been previously distributed to various staff members in each service area to assist with emergency scenarios happening in the community. The Manager of Emergency Preparedness is responsible for updating the kits on a regular basis to ensure that contents are all current and in working order. In the event that the IOC is to be activated, management and support staff will be notified and assigned accordingly.

The IMT should maintain an ongoing task board, which shall include such details as:

- A listing of who approved the task
- To whom was the task assigned

- Name of person who is responsible for the action
- List priorities
- Expected completion times
- Date and time of completion

The IOC shall be a central facility and will be the nerve centre/a focal point for the:

- Coordination
- Decision-making and direction
- Support
- Communications

Required Equipment shall include:

- First aid kit
- Canutec Manual –Emergency Response Manual (current edition)
- MLHU EMERGENCY RESPONSE PLAN
- Communicable Disease Manual
- Paper, pens, markers, pencils (erasable and permanent), calculator
- Manual tool box
- Health and Safety Act Regulations
- Emergency Management and Civil Protection Act
- Phone list – internal and external, phone book
- Granola bars, mints, 2 x 24 cases of bottled water
- File folders, labels, sticky notes, acetate sheets for overheads
- Booklets for log notes
- CERV Equipment, vests, car magnetic signs, tape, stapler, ID tags
- Power cord and power bar, candles and matches
- Blankets, Pillows, 6 cots
- Towels – cloth and paper
- Masks/ respirators
- Display boards, Tent cards
- Battery operated Radio and Batteries
- Digital clock, weather radio, crank radios, 24 hour clock
- 2 way radios
- 2 to 4 flashlights.
- County and City maps
- Waterless, alcohol based hand sanitizer, anti-bacterial soap, Bleach
- Emergency Response Kits (for staff going to emergency sites).

Additional equipment that may be helpful:

- Polycom
- Printer
- Back-up power source (i.e. gas or diesel generator), must be considered in the future
- Television
- Voice recording devices to log recordings of important discussions

6.6 Training

6.6.1

The MLHU provides competency-based training and educational curriculum to support the staff in their emergency preparedness. The Manager of Emergency Preparedness organizes various emergency related training and workshops throughout the working year as previously outlined. Staff Members are encouraged to attend the Emergency Management Ontario (EMO) authorized Basic Emergency Management Course, which is offered twice annually.

6.6.2

The objective of the curriculum is to create awareness and enhance skills required to develop, implement, maintain and execute the program. Workshops available to staff, volunteers and the public are emergency themed, and they will increase awareness levels and will enhance skills.

6.6.3

The frequency and scope of training shall be modified regularly depending on need and external opportunities that may present. The Manager of Emergency Preparedness will keep a schedule of the workshops for the year and will publicize each as appropriate.

6.6.4

Training records for all staff and volunteers are maintained. All staff who attend MLHU Emergency Preparedness workshops are added to a database, which is found in the Appendices of this plan and stored in the K Drive: MLHU Staff Training Record

6.7 Business continuity

6.7.1

The MLHU is initiating a strategy to implement business continuity plans which will enable critical operations to continue following an emergency. Although business continuity management initially grew out of IT disaster recovery planning in the 1980's, it is not just data that the MLHU needs to recover following an incident.

Business continuity concerns include failed supply chains, workplace violence, pandemic flu, fraud and reputation damage. Also important are prevention, communication, response and recovery. Business continuity planning actively anticipates a plethora of incidents that could negatively impact the organization. It is important that critical services or products continue to be delivered. Rather than focusing on resuming our business after critical operations have ceased, or recovering after a disaster, a business continuity plan endeavors to ensure that critical operations continue to be available.

There are generally accepted lessons learned from business continuity planning, including:

- Most plans assume that businesses will be able to return to "business as usual" within 30 days.
- All plans must be updated and tested frequently.
- All types of threats must be considered.
- Dependencies and interdependencies should be carefully analyzed.

- Key personnel may be unavailable.
- Telecommunications are essential.
- Alternate sites for IT back-up should be situated close to the primary site.
- Employee support and/or counselling are important.
- Copies of plans should be stored at a secure off-site location.
- Sizeable security perimeters may surround the scene of incidents involving law enforcement and can impede personnel from returning to buildings.
- Increased uncertainty (following a high impact disruption such as terrorism or sabotage) may lengthen the time until operations are normalized.
- Plans usually involve relocating to a secondary site away from the “damaged location” during recovery.

6.7.2

The business continuity strategies shall be based on the results of the business impact analysis.

6.7.3

The business continuity strategies include the identification of time-sensitive, critical functions and applications, associated resource requirements, and interdependencies. A committee of key personnel will be needed to strategically complete the task to be recognized by the Disaster Recovery Institute. This committee is different from the IMT.

6.7.4

The business continuity plans shall be developed based on the accepted business continuity strategies.

These are the ten (10) steps to successful business continuity planning, which this document and its future revisions will use as a framework:

- Project Initiation and Management
- Risk Evaluation and Control
- Business Impact Analysis
- Developing Business Continuity Strategies
- Emergency Response and Operations
- Developing and implementing Business Continuity Plans
- Awareness and Training
- Maintaining and Exercising the Plans
- Crisis Communications
- Co-ordination with External Agencies

The National Fire Protection Association’s (NFPA) document #1600, entitled, the Standard on Disaster/Emergency Management and Business Continuity Programs (2004), is the accepted standard as recommended by the U.S. National Response Plan and by the 9/11 Commission.

Canada and Ontario both recommend this document as the accepted standard on which to base all emergency planning protocols, from the NFPA 1600 grew the CSA z1600 on which this document is now based.

6.8 Recovery

6.8.1
The IMT and the Manager of Emergency Preparedness shall ensure that strategies are put in place to support the short-term and long-term priorities for recovery of functions, services, resources, facilities, programs, and infrastructure. It is important to keep in mind that we are not alone in times of an emergency.

The recovery from an emergency actually begins during the response phase, by conducting an assessment of the impacts on the community, MLHU facilities and on our staff. The purpose is to restore each of the service areas to their pre-emergency level of function, and to begin programs that mitigate the effects of future emergencies as soon as possible.

6.8.2
The recovery strategy must also be based on the results of hazard identification and risk assessments, business impact analysis, program constraints, and operational experiences and cost-benefit analysis. Further work needs to be completed yet.

6.8.3
The recovery strategy would include interim and long-term actions to ensure recovery and continuity capability to respond to the consequences of those hazards identified herein.
Initially:

- Response priorities are always directed to immediate life safety, the health of affected persons, the protection of the environment (e.g. air, surface water, ground water and soil), the continuity of business, the protection of public and private property and systems restoration.
- Continue to monitor the emergency situation, and analyze available information regarding conditions.
- Identify potential client loads.
- Assess current staff availability, and adjust accordingly.
- Assess the most effective utilization of current resources, and adjust to meet the demands.

Ongoing:

- Identify and remove all clients who need not be in the service area, informing them of the situation and the need to evacuate to a safe place.
- Monitor and track the use of pharmaceuticals and disposable health care products in the Health Unit, and maintain inventory levels as necessary.
- Monitor and track the hours worked by staff, and develop a staffing recovery plan.
- Place support staff on standby for re-deployment.
- Assess any damage to the physical infrastructure of the Health Unit, and arrange for the necessary repairs.
- Identify any hazards brought to light by the emergency, and begin corrective action.
- Begin ‘stand down’ or rotation of staff, beginning with those on duty for the longest period of time.
- Arrange Critical Incident Stress Management (CISM) counselling and notify the Employee Assistance Program (EAP) of the occurrence, to allow staff to facilitate a successful return to normal work.
- Debrief staff.
- Collect written activity reports from management and staff.

- Account for and document all expenditures during the emergency.
- Damage assessment teams should be provided with checklists and facility drawings, for accurate and thorough reviews.

6.8.4

The recovery strategy includes measures to reduce the vulnerability of the MLHU during the recovery period. The measures should be linked to mitigation strategies. The vulnerability issues may include the loss of key people, new people coming in, new or replacement equipment, etc. The recovery plans will be based on the recovery strategies as identified.

6.8.5
The recovery plans also must provide for short-term and long-term priorities for the restoration of functions, services, resources, facilities, programs and infrastructure.

Analysis and Reporting:
Systematically review all of the factors that may have contributed to the incident.
The immediate cause of the incident may be apparent, by analyzing the information will help to identify the root cause(s).

Using the following **Systematic Causal Analysis Technique** can be helpful.

- List all losses
- Outline causal factors that contributed to the loss:
- Examine immediate causes.
- For each causal factor listed, identify all substandard actions and conditions.
- Examine basic or root causes.
- Identify all personal and job factors that created or allowed the practices and conditions to exist.
- Identify organizational deficiencies.
- If applicable, note inadequacies in emergency response.

It is helpful to have a standard report format included as part of the organization's incident investigation policy. The standard report will include:

- Date, time, location of incident.
- Name(s) of all workers involved.
- Names of all witnesses interviewed.
- Supplementary information – photographs, drawings, machine specifications, maintenance schedules, etc.
- Full explanation of the circumstances of the incident, including timeline.
- Identification of the causes of the incident. Do not include unsubstantiated personal opinion.
- Recommendations for prevention of a recurrence of the incident.

7. Exercises, Evaluations, and Corrective Actions

7.1
The MLHU will evaluate the Emergency Response Plan including procedures and capabilities through a variety of annual tests and exercises.

7.2
Exercises are designed to test individual essential elements, interrelated components, or the entire plan(s). In addition to the regulatory requirements that communities have to exercise and evaluate their emergency plans, testing exercises at the MLHU will serve to address these other purposes as well:

Emergency exercises and simulations will provide an excellent opportunity to:
- Test the emergency plans, policies, procedures and protocols to ensure that we are capable of handling any emergency that may arise.
- Evaluate our response.
- Make the necessary changes within service areas.

In addition, an exercise provides an opportunity to work together and develop relationships (before the pressure of a real emergency), pool resources, share costs and test response times. Exercises are an excellent tool to keep the need for emergency management at the forefront, ensuring that needed support is available to respond effectively.

Testing exercises commonly fall into these categories:

1. Static: Relatively easy to organize, inexpensive and almost always held in a single facility using seminar type settings.

Typically four types are recognized:
- Case studies.
- Paper exercises.
- Tabletop exercises.
- Computer-generated exercises.

2. Telecommunications: Through the use of radios, telephones, computers and fax machines, we test the function and suitability of emergency systems, such as:
- Notification exercises.
- Incident Operation Centre exercises.

3. Specialty: Designed to test specific capabilities (i.e. pandemic, CBRN etc.).

4. Field: Large scale emergency simulations involving a site and activation of the IOC or the EOC (depending on whether the exercise is internal (i.e. MLHU) or external (i.e. County or City).

The ability to respond under emergency conditions must be assessed under non-emergency conditions.

The efficiency of MLHU's Emergency Response Plan will be tested as follows:

- Annual testing, as per the requirements of the Emergency Management and Civil Protection Act to Ontario's communities.
- A telecommunications exercise to test the alerting fan-out network will be conducted annually, or as required.

Security guards at the MLHU should also be included in the emergency exercises.

After an event or exercise, this plan shall be reviewed and updated based on the evaluation results.

By conducting these exercises, we learn together, build relationship networks and start to bridge the gaps that exist. We can also participate in training exercise opportunities such as attendance at the Basic Emergency Management (BEM) course, joint training exercises, infection control networks and other educational events.

Evaluations of the exercise should also be complied.

EVALUATION ASSESSMENTS

Procedure

1) Were the following procedures followed?
- Establishment of Incident Management Group.
- Establishment of Fan-Out Lists within service areas.

2) If not, why not? Should modifications be made to the procedures?
- Did the Incident Management Group respond in a quick response?
- Did the Incident Management Group function as outlined on the responsibility list?
- Did the Notification and Fan-Out work to mobilize staff resources quickly?
- Did the fan out process work as identified in the procedures?

Inventory

- Was the Incident Operation Centre equipped to handle the emergency?
- Was the Health Unit equipped with sufficient inventory to initiate a response?
- Was the Health Unit able to access additional inventory when required?

Communication

- Was internal communication clear to the staff? Did staff know how to respond and was communication clear within the Incident Management Group (staff survey or focus groups)? Were voice-mail, email, Intranet, Internet and secured section of Internet used?
- Was external communication clear to the external partners and to the public (structured telephone interview survey)?
- Did the external partner notification process work for the Health Unit and for the external partners?
- Were external partners able to respond appropriately?

Documentation

- Were the documentation records (i.e. emergency response record, fan out response record) used? Do they need modification? Have they been gathered, used for debriefing and filed with the Manager, Emergency Preparedness?

Strengths and Improvements

- Identify the strengths of the emergency response.
- Identify any areas for improvement of the emergency response.
- List steps to enhance the emergency process and response.

Customer Satisfaction

- Customer satisfaction with the Health Unit's response could be collected in the form of a survey, focus groups or feedback hotline mechanism. The method of collection should be decided based on the emergency type and response required.

Checklist For Debriefing

- Were the procedures followed?
- Did the Incident Management Group respond as planned?
- Did the Incident Management Group function as planned?
- Was the Incident Operation Centre equipped to handle the emergency?
- Did the Incident Operation Centre work to mobilize staff resources quickly?
- Did the Fan-Out lists work?
- Was internal communication clear?
- Was external communication clear?
- Did the staff know what to do?
- Were external partners notified?
- Did external partners respond appropriately?
- Was the documentation completed?

7.3
Additional evaluations shall be based on post-incident analyses and reports, lessons learned, and performance evaluations.

7.4 Correction action
Procedures should be established to take corrective action on any substantive deficiency identified during the evaluation and debrief.

8. Management Review

8.1
The Manager of Emergency Preparedness shall conduct a periodic review of the program and the EMERGENCY RESPONSE PLAN based on goals, objectives, and evaluations. These reviews of the Emergency Preparedness program are reported to the Directors Committee then annually to the Board of Health through the EMERGENCY RESPONSE PLAN. The Board will confirm the changes made to the EMERGENCY RESPONSE PLAN by the Manager of Emergency Preparedness and the document will then be provided to staff on the distribution list.

8.2
Communication and collaboration with first responders partners aligned with the Emergency Preparedness Program allows for numerous opportunities for improvement.

8.3
THE EMERGENCY RESPONSE PLAN, once fully approved and endorsed will be sanitized of all personal or identifying information included in the annexes and will then be posted to the MLHU web site, ensuring public accessibility. Electronic copies will be made readily accessible as well.

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

AIR QUALITY INDEX (AQI) AND YOU

What is the Air Quality Index (AQI)?

- The Air Quality Index (AQI) measures the level of air pollutants
- The higher the AQI, the poorer the air quality
- Poor air quality causes health problems and makes existing ones worse

Who is at Most Risk?

- Young children
- The elderly
- People with heart lung problems
- Asthmatics
- Smokers
- People who work or exercise outdoors

Possible Health Problems:

- Eye, nose and throat irritations
- Coughing, wheezing, shortness of breath
- Lower resistance to infections
- Heart or lung problems may get worse

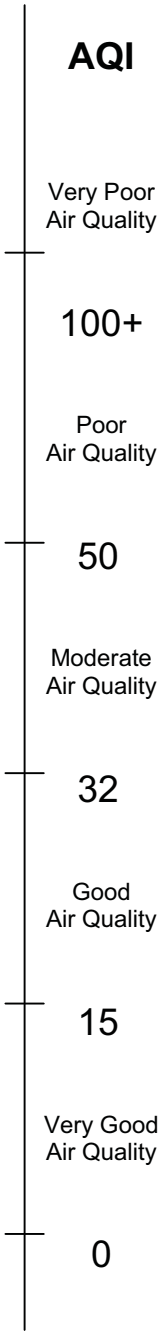
How Can You Protect Your Health?

- Take steps to improve your air quality
- Be aware of the daily AQI
- Reduce outdoor activities whenever AQI is a concern

How Can You Improve Air Quality?

DO: walk, ride a bike, car-pool, take public transit, keep your car engine in good condition

REDUCE: use of the car, stop unnecessary vehicle idling; oil-based paints and glues, pesticides, gas-powered small engines



For day to day Air Quality Advisory Reports go to:
Ontario Ministry of Environment at
http://www.airqualityontario.com/index.cfm

…2

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

What is the Air Quality Index

The Air Quality Index (AQI) is an indicator of air quality, based on hourly pollutant measurements of some or all of the six most common air pollutants: sulphur dioxide, ozone, nitrogen dioxide, total reduced sulphur compounds, carbon monoxide and fine particulate matter.

Where does Smog come from?

The word smog is actually a combination of the words smoke and fog. Smog is the most visible form of air pollution. It is a brownish-yellow hazy cloud caused when heat and sunlight react with various pollutants emitted from industry, cars, pesticides and oil-based home products. Smog forms when heat and sunlight react with gases and fine particles in the air. Smog can be seen as a brownish-yellow, hazy cloud over the city on hot summer days. Smog can affect outlying suburbs and rural areas as well as big cities.

Smog is a year-round problem but most smog watches and alerts occur from May to September, especially on hot summer days.

AQI advisories, and the health messages associated with the advisories, are reported to the public and the media at set intervals each day. With this information, individuals can then decide how to reduce the risk to their health, as well as reduce their own personal contribution to air pollution.

Advisories warning of extreme conditions, particularly during the summer months, are more commonly known as "smog alerts".

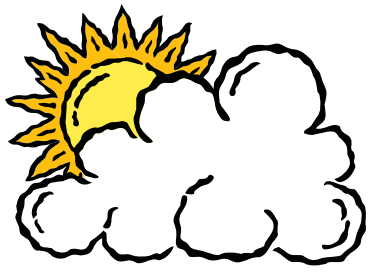
Some of the advice you are likely to hear during smog alerts include:

- Listen to the radio or watch television reports for information about air quality and smog advisories. Plan your day based on this information
- Consider limiting or rescheduling physical outdoor activities on smog advisory days when air pollution is more harmful than usual
- Reduce exposure to motor vehicle exhaust by limiting physical activity near heavy traffic areas, particularly at rush hour
- Stop unnecessary vehicle idling. This is an easy way to help improve the air quality in your community

To obtain smog alert information:

- Visit the MOE's air quality Web site at www.airqualityontario.com for current AQI readings and air quality forecasts
- Call the MOE's Air Quality Index phone line at 1-800-387-7768
  To obtain AQI readings in French, call 1-800-221-8852

For more information about Air Quality
please contact the Middlesex-London Health Unit at
(519) 663-5317 Ext. 2300
or visit www.healthunit.com



MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Alcohol Hand Rubs and Hand Hygiene

Questions & Answers

Alcohol hand rubs, also known as alcohol hand sanitizers (liquid, gels, foams or towelettes) are one of the newer weapons in the fight against harmful microorganisms ('germs') that can make us sick. Alcohol kills bacteria and most viruses. Soap and water have not been replaced, but now have a partner in the war against germs.

What is 'hand hygiene'?
Hand hygiene is a term that means a process for the removal of both dirt *and* germs from the hands. This can be accomplished by using soap and running water and the six-step method (wet hands, apply soap, lather and rub for at least 20 seconds, rinse, dry and turn off the tap with the towel) **or** by using an alcohol hand rub.

Aren't hand rubs specifically for use in health care settings?
Alcohol hand rubs have been proven to increase hand hygiene in health care settings. Most health care settings now have alcohol hand rubs readily available for use by visitors and patients, as well as staff. Since bacteria and viruses can be picked up from surfaces such as handrails, doorknobs, and elevator buttons, and can even be acquired from shaking hands, it is a good idea to have them widely available in many public settings, including workplaces.

Can a hand rub replace hand washing?
Research has shown that the effectiveness of alcohol hand rub is significantly lowered if the hands are visibly soiled. The presence of dirt, grease, or food on your hands is an important consideration in the decision of whether or not to use an alcohol hand rub. If you can see dirt on your hands, it is important to wash them with soap and water. If soap and water are not available, then use of an alcohol hand rub is better than nothing at all. However, in the absence of any visible dirt or grease, hand rubs are as effective as washing with soap and water.

What is the difference between hand sanitizer and soap?
Hand rubs are sometimes referred to as waterless hand cleaners. They work by killing germs that are present on your hands. Soap does not kill germs; however it has a cleaning effect that, when combined with running water and rubbing, allows for the physical removal of germs.

Are hand rubs more effective than washing your hands with running water and soap?
No, traditional hand washing (running water and soap) is just as effective if done properly. Hand rubs enhance our ability to prevent infection because they can be put in high-risk areas, such as where people socialize, or at the entrance to buildings where hand washing may not be readily available.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Why promote hand rubs?
Hand rubs are effective in helping to prevent the spread of infections. We know that in studies where people regularly perform hand hygiene, the incidence of infections is lowered.

Why use *alcohol* hand rubs? Aren't there other formulations available that do not use alcohol?
Alcohol hand rubs and towelettes (minimum 60% alcohol) are the most effective hand sanitizer products on the market. Alcohol hand rubs have the broadest range of effectiveness across the different types of viruses and bacteria. Many non-alcohol hand rubs on the market contain a quaternary ammonia compound that is NOT effective against several common germs including rhinovirus (a cause of the common cold) and norovirus (a common cause of diarrhea and vomiting).

How do you decide where to locate hand rub dispensers?
Wall-mounted hand dispensers should be located at a height of between 36 to 48 inches above the floor at the following locations:

- entrances to buildings
- reception areas
- staff cafeterias and lunch rooms
- areas where staff or the public greet and meet

Are alcohol hand rubs safe?
Yes, alcohol hand rubs are safe. As with all such products, proper use is important since alcohol is flammable. Be sure to always allow the hand rub to dry before you touch anything electrical and before you come into contact with an open flame (such as when lighting a cigarette). This will take no longer than about 5 to 15 seconds. Store personal bottles of alcohol hand rub in a manner that ensures they do not come into contact with an open flame. Following this advice will minimize the small potential safety hazard that exists.

Are they safe for children?
While safe to use as directed, ingestion of this product by children poses a poisoning risk. Alcohol hand rubs should be kept well out of reach of young children, and used only with adult supervision.

I've heard that alcohol hand rubs dry out skin.
People will have different tolerances for these products. The newer products are gentler and contain more moisturizers than the original products. Some people may prefer to use hand lotion more frequently when using these products. Others may prefer to use hand washing with soap and water as their main method of hand hygiene.

How can I improve my hand hygiene in public settings?
Small bottles of alcohol hand rub can be safely carried with you.

What is the proper way to use the hand rub?
Pump a thumbnail sized amount of product into one of your hands. Rub hands together vigorously until the solution is dry. Remember your nails, and all sides of your fingers and your wrist.

What other things can I do to prevent infections?
Ensure that you are immunized. Ensure that you are getting enough rest, good nutrition and exercise.
Do not smoke. Stay home when you are ill. When you cough or sneeze, use a tissue and discard it right away. If one isn't available try to sneeze or cough into your shoulder or elbow.
Avoid eating, touching your face (including your eyes) or placing your fingers in your mouth without first washing or sanitizing your hands.
Consider alternatives to the 'handshake' greeting or be sure to perform hand hygiene afterwards.

If you have any questions, please contact the Communicable Disease and Sexual Health Services at the Middlesex-London Health Unit at 519-663-5317 ext. 2330 or go to www. healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

ASBESTOS

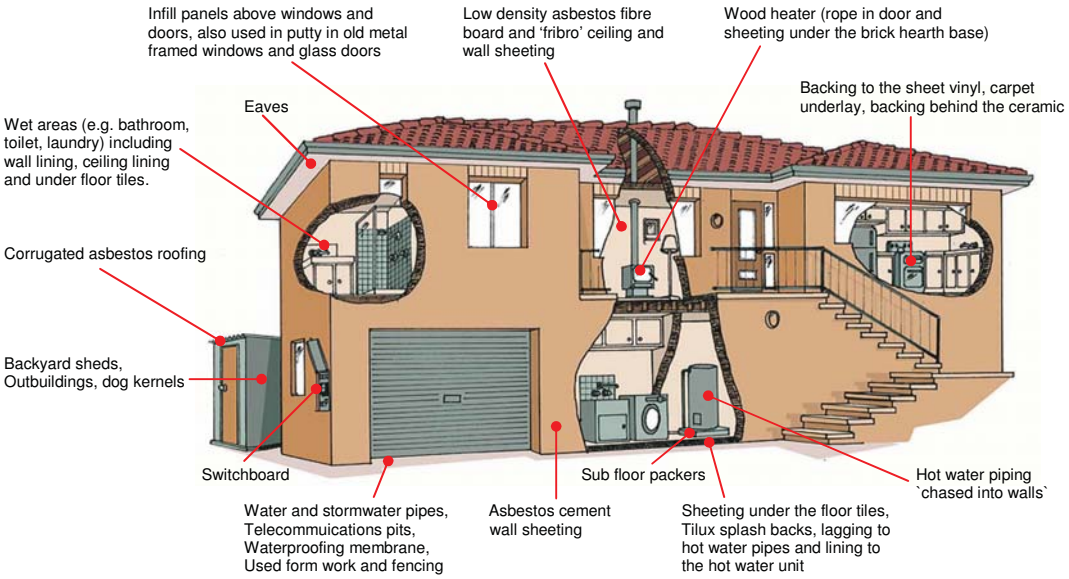
(Management of Asbestos in Cases of Emergency)

What is Asbestos?

Asbestos is a naturally occurring fibrous mineral that is found in rock formations around the world. Because it is strong, durable, and resistant to heat and most chemicals, it was used widely as a building material in the past. Currently, asbestos-containing materials are only used under the *Hazardous Products Act* which ensures that products are better encapsulated and sealed to minimize the escape of fibres.

Where is asbestos found?

The use of asbestos has been decreasing steadily since early 1980s. However, buildings constructed before 1980 are likely to contain asbestos; and when these older buildings are disturbed, there is a higher chance for asbestos to be released into the air. Items that may contain asbestos are shown in the following diagram:



SOURCE: Department of Justice and Attorney-General, Queensland Government

What health problems can it cause?

Asbestos is of a higher risk when inhaled than when ingested. There is no significant health risk if asbestos-containing materials like roofing shingles, ceiling and floor tiles, and insulators remain intact. However once they are disturbed, asbestos can be released into the air resulting in potential health problems. While asbestos has no immediate health effects, prolonged exposure may cause the following illnesses:

- **Mesothelioma**: a rare cancer on the tissues that line the lungs and/or abdomen.
- **Asbestosis**: scarring of the lung tissues, which makes breathing difficult.
- **Lung cancer**

www.healthunit.com

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Symptoms may start to appear long after the asbestos exposure took place, sometimes more than 50 years after the exposure, depending on an individual's health. The longer someone is exposed to asbestos, the higher the risk of developing illness.

How do I minimize the risk of asbestos after a disaster?

In cases of disasters like fires, tornadoes, floods, snow storms, ice storms and blizzards, buildings containing asbestos may become damaged or destroyed. If the handling of asbestos-containing materials is necessary, please be aware of the following recommendations:

- A qualified professional's assessment is strongly recommended before entering any building to make sure it is safe.
- Wear long sleeve shirts and long pants, and any appropriate protective equipment to prevent inhalation.
- It is recommended to wear National Institute for Occupational Safety and Health (NIOSH) approved N-100, P-100, and R-100 respirators.
- Keep other people and pets away, and seal off the area.
- Before cleaning, hose down the area or clean with wet mop to limit dust exposure.
- Do not damage or break the asbestos-containing material during clean up.
- Wash or dispose of clothing that has been exposed to asbestos.
- If vacuuming, use a High Efficiency Particulate Air (HEPA)-filter equipped vacuum.
- Remove and dispose of all asbestos-containing materials in accordance with local waste disposal bylaws.

Please note that NIOSH approved N-95 respirators
DO NOT provide adequate protection against asbestos exposure.

What do I do if I have been exposed to asbestos?

- Take a shower, and wash exposed areas of the body.
- Asbestos-related illnesses usually develop with prolonged exposure to asbestos, therefore it is not likely you would show immediate symptoms.
- Seek medical attention if you are concerned about your medical condition.

For more information contact **the Middlesex-London Health Unit's Environmental Health Department** at (519) 663-5317 ext. 2300 or visit www.healthunit.com

Information obtained from:

Ministry of Labour
(http://www.labour.gov.on.ca/english)

Health Canada
(http://hc-sc.gc.ca/hl-vséenvironéasbestos-amiante-eng.php)

Huron County Health Unit
(http://www.huroncounty.ca/newsroom/AsbestosFactSheet_24Aug11.pdf)

Canada Mortgage and Housing Corporation
(http://www.cmhc-schl.gc.ca/en/co/maho/yohoyohe/inaiqu/inaiqu_001.cfm)

Environmental Protection Agency (United States)
(http://www.epa.gov/asbestos/)

Department of Justice and Attorney-General, Queensland Government
(http://www.deir.qld.gov.au/workplace/subjects/asbestos/index.htm)

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

BATS AND RABIES

What is Rabies?

Rabies is a disease caused by a virus that attacks mammals' central nervous system, and is spread by contact with the saliva of an infected animal. This could happen during a bite or by contact with contaminated saliva on broken skin or moist tissues of the mouth, nose or eyes. An animal that has contracted rabies will die. If left untreated, rabies is fatal to humans.

Bats and Rabies

Bats are beneficial (they eat over three times their body weight in insects every night), but they have been known to cause rabies in humans. Rabies can be confirmed only in a laboratory. Any bat that is active by day, is found in a place where bats are not usually seen, or is unable to fly, is far more likely than others to be rabid. These bats are often easily approached, but should never be touched.

What is a Bat Exposure?

The bat's small teeth may leave marks that are not easily seen and the bite may not be felt. For this reason there are times in which you should seek medical advice, even though there is no sign of a bite wound.

EXPOSURE

- ✓ A bat lands on a person.
- ✓ Infectious material (such as saliva) from a bat gets into your eyes, nose mouth or a wound.
- ✓ A sleeping person awakes and finds a bat in the room.
- ✓ A bat is found in the room of an unattended child, or person who could not report whether he or she had direct contact with the bat (e.g. intoxicated, mentally impaired).

NOT AN EXPOSURE

- ✗ A bat flying nearby.
- ✗ A bat (or bats) seen in your attic.
- ✗ Bat guano (feces), blood, or urine.
- ✗ Touching an object that a bat had contacted.

What To Do If an Exposure to a Bat Occurs

If a bat bites you or if saliva from a bat gets into your eyes, nose, mouth or a wound – wash the area thoroughly, and get medical advice immediately. Whenever possible, the bat should be safely captured and sent to the laboratory for testing. Any bat exposure should be reported to the Health Unit at **519-663-5317, ext. 2300**, after hours or on weekends please call **519-675-7523**. Notify the Health Unit if you have trapped the bat and arrangements will be made to submit the bat to the Federal Laboratory for rabies testing. If the bat is found to be rabid or if the bat is not available for testing, exposed persons will be advised to get rabies vaccination.

How to Safely Capture a Bat

If a bat is present in your home and you cannot rule out the possibility of exposure, leave the bat alone and contact an animal control agency or the Health Unit for advice. If professional help is not available, use precautions to capture the bat safely.

You will need:

- ❑ Leather work gloves (put them on)
- ❑ Small box or coffee can
- ❑ Piece of cardboard
- ❑ Tape

When the bat lands, approach it slowly, while wearing the gloves, and place the box or can over it. Slide the cardboard under the container to trap the bat inside. Tape the cardboard to the container, and punch small breathing holes in the cardboard. Call the Health Unit to make arrangements for collection.

If you see a bat(s) in your home and you are sure that no human or pet exposure has occurred, close off the area to the rest of the house. Open doors and/or windows to the outside, and ensure the bat(s) leave(s).

Bats In Homes

Bats that fly into homes are often lost youngsters looking for escape. They often will leave on their own through a window open to the outside while blocking access to the rest of the house. Bats are not aggressive, however will bite if grabbed.

BAT-PROOFING YOUR HOME

Prevent bats from roosting in attics of buildings by covering outside entry points. Observe where the bats exit at dusk and keep them from re-entering by hanging loose plastic sheeting or bird netting over these areas. After the bats have left, the openings can be permanently sealed. Most bats leave in the fall or winter to hibernate, so these are the best times to "bat-proof" your home.

- ❑ Carefully examine your home for holes that might allow bats to enter. Any opening larger than a dime should be caulked.
- ❑ Use window screens and chimney caps, fill electrical and plumbing holes with stainless steel wool or caulking.
- ❑ Ensure doors to the outside close tightly.

For assistance with bat-proofing your home contact an animal control or wildlife conservation agency.

How to Prevent Rabies

- ✓ Wash any wound from an animal thoroughly and see a physician immediately.
- ✓ Keep your pet's rabies vaccination up to date.
- ✓ Bat-proof your house and cottage.
- ✓ Have all dead, sick or easily captured bats tested for rabies if exposure to people or pets occurs.
- ✗ Do not handle unfamiliar animals.

Where can I learn more about bats? Online at: www.batcon.org/
Where can I learn more about rabies? Online at: www.health.gov.on.ca

For more information contact Environmental Health at 519-663-5317 ext. 2300
Other Health Unit resources are available at the health unit or online at **www.healthunit.com**

Information adapted from:

Ontario Ministry of Health and Long-Term Care website. Accessed January 7, 2004. "*Rabies*"
www.health.gov.on.ca/english/public/pub/pub_menus/pub_rabies.html © Queen's Printer for Ontario, 2002

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Boil Water Advisory Recommendations

What are the reasons for a "boil water advisory"?

There are different reasons for issuing a boil water advisory:

- A boil water advisory is based on information other than bacteriological examination indicating that the water is not safe to drink. (e.g., the lack or absence of disinfection residual in the drinking water.)
- A boil water advisory may be based on bacteriological (microbial) examination, including the finding of bacteria or parasites.
- A boil water advisory may follow the occurrence of an outbreak of illness in the community that has been linked to consumption of the water.

The extent of restriction on water use depends on the situation and the reason for issuing a boil water advisory. Always follow your own health unit's recommendations on water use.

GENERAL RECOMMENDATIONS ON HOW TO USE THE WATER IF A BOIL WATER ADVISORY HAS BEEN ISSUED IN YOUR COMMUNITY.

How do I use water when the boil water advisory has been issued?

The water should NOT be used for drinking, making infant formula and juices, cooking, making ice, washing fruits, vegetables or brushing teeth. For these purposes, boiled water or bottled water should be used. The water should be brought to a rapid rolling boil and boiled for 1 minute. If there are children in the home, place the pot on the back burner to avoid scalds. Boil only as much water in a pot as you can comfortably lift without spilling. Discard all ice made previously and disinfect the ice cube trays. Make ice using boiled, cooled water.

Can I take a bath?

Adults and teens may shower with untreated water as long as no water is swallowed. Older children could also be given a shower with a hand held showerhead, avoiding the face. Younger children should be sponge-bathed instead of bathing in a tub because they are likely to swallow tub water.

Can I use the water for handwashing?

If the boil water advisory has been issued as a precaution and there is no outbreak of human illness, there is no need for additional hand disinfection with bleach solution or alcohol using the measures described below.

If the boil water advisory has been issued because of an outbreak, water can be used for handwashing after the following emergency water treatment: Place 1.5 oz (about 45ml) liquid household bleach in 10 gallons (45 litres) water. Mix and let stand for at least 10 minutes prior to use.

How else can I disinfect my hands?

You can use alcohol-based hand disinfectants, containing more than 60% alcohol. These products are widely used in the health care setting after washing hands or in situations when water is not available. The wet wipes used for cleaning babies at diaper change are not effective for disinfecting hands and should not be used for this purpose.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

I have a dishwasher. Is it safe to use?

If your dishwasher has a hot setting, it safely disinfects dishes. If your dishwasher does not have a hot setting, after finishing the cycle, soak dishes for 1 minute in a solution of 1oz (30 ml) of bleach mixed with 3 gallons of lukewarm water (13.5 litres). Let dishes air dry.

I wash dishes by hand. How do I disinfect them?

You could use boiled water for washing dishes. Dishes washed in soap and hot water can also be rinsed in boiled water or disinfected with the following bleach solution. Mix 1 oz. (about 30 ml) bleach in to 3 gallons (13.5 litres) of water at room temperature for at least 1 minute. Let dishes air dry.

What is disinfection?

Disinfection is a cleaning process, which destroys most disease-causing microorganisms (pathogens).

Should I change the way I am doing laundry?

No, continue doing laundry the way you usually do.

Is the water safe to fill wading pools for children?

No, the water is not safe to use in wading pools. Water usually gets into the mouths of small children, providing a possibility for infection.

I have a water filtration device installed. Does this make the water safe for drinking or cooking?

No. Filtered water should also be brought to a rolling boil for 1 minute before drinking or using it for cooking.

My doctor told me I am immunocompromised. What should I do ?

Always follow your physician's and dietitian's advice. You might be advised to use bottled water or to boil water for drinking/cooking, even in the absence of a boil-water advisory.

How does the Medical Officer of Health decide when to "lift" a boil water advisory?

The Ontario Drinking Water Standards (ODWS) state that the medical officer of health should continue the boil water advisory until the objectives in the ODWS are no longer exceeded in two consecutive sets of samples taken from all parts of the distribution system that has been affected. The objectives address issues that can affect health, such as the presence of E. coli. The medical officer of health may choose not to lift the boil water advisory even if two acceptable samples are obtained.

What should I do after the boil water advisory is lifted?

Run cold water faucets for 1 minute before using the water. Run drinking fountains for 1 minute before using the water. Run water softeners through a regeneration cycle. Drain and refill hot water heaters set below 45°C (normal setting is 60°C).

For more information contact Environmental Health at 663-5317 ext. 2300.

Information obtained from: Ontario Ministry of Health and Long Term Care website. Accessed October 8, 2003 “How to use water safely during a boil water advisory". www.health.gov.on.ca/english/public/pub/foodsafe/watersafety.html
January 2004

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Carbon Monoxide

CO is a colorless, odorless and tasteless gas produced by incomplete combustion of fossil fuels such as wood, gas, oil or coal. Sources of CO at home include furnaces, water heaters, clothes dryers, wood stoves, ovens, motor vehicle exhaust, lawn mowers and other appliances that operate by burning fuel.

Why is CO a concern?

CO is a health concern because when you breathe CO it effects the red blood cells ability to carry oxygen and blocks the absorption of oxygen into the bloodstream. The brain is extremely sensitive to oxygen starvation. Because you cannot see, smell or taste CO, poisoning can happen to anyone, anytime, anywhere.

What are the symptoms of CO poisoning?

Low Concentrations - tiredness, headaches, nausea, dizziness, shortness of breath on exertion
Longer exposure time or higher Concentrations - severe headache, mental confusion, impaired vision and hearing, loss of strength and muscle control, collapse on exertion
Extreme Concentrations - unconsciousness, coma, death
If you experience any of the symptoms of CO, **leave the home and move into fresh air as quickly as possible.** Seek medical attention immediately if anyone shows symptoms of CO poisoning. Older persons, children, people with heart or respiratory conditions, and pets may be particularly sensitive to CO and may feel the effects more quickly.

How can I protect myself?

There are a number of ways to protect yourself and your family from CO poisoning:
Carbon monoxide detectors - The best way to recognize the presence of CO in your home before a serious situation develops is to have a CO detector in any work area that may present a hazard and outside sleeping areas. There are several types of CO detectors available to purchase. The Carbon Monoxide Safety Association recommends only CO detectors bearing the CSA International CAN/CGA 6.19 or the Underwriters' Laboratories (UL) 2034 standard. Follow the manufacturer's instructions to install and routinely test the detector to ensure proper functioning.
Annual inspections and service - Have a qualified service technician inspect and clean all fuel-burning appliances, venting systems and chimneys.
Operate outdoor appliances safely - Do not operate charcoal or propane BBQ's, portable camp stoves, gas generators, or other gas-powered appliances indoors. Never leave the motor running in a vehicle parked inside of a closed garage always have the garage door open to let fresh air in. Always keep the door connecting the garage to the house closed if your automobile is running. Never run a motor vehicle, generator, pressure washer or any gas-powered engine outside of an open window where exhaust can vent into an enclosed space.

What should I do if the CO detector alarm sounds?

If a CO detector alarms sounds in your home, open all doors and windows to ventilate. If the alarm continues, stay out of your home and contact the local gas utility or a qualified heating contractor to check your fuel-burning appliances.

For more information on carbon monoxide, please contact the London Fire Services at 661-4565 or go to www.city.london.on.ca

www.healthunit.com

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Child Care Centres During a Boil Water Advisory

The Medical Officer of Health issues a boil water advisory when the water is unsafe for drinking based on:

- results of bacteriological testing, or
- an occurrence of illness in the community that has been linked to consumption of the water,
- other information indicating that the water is unsafe to drink, or
- as a precaution if there is a loss of pressure in the water system.

This factsheet is a guideline only. Special procedures may be necessary and additional instructions may be provided. Watch for media reports and notifications from the Health Unit. The boil water advisory remains in affect until the Medical Officer of Health lifts it.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your facility.

Drinking Water

Immediately:

- **Secure a supply of potable (drinkable) water** by:
  - **Boiling the water**. Water should be brought to a rolling boil, boiled for 1 minute, allowed to cool and stored in a covered sanitized container. Caution: To avoid scalds, place the pot on the back burner and only boil as much water in a pot as you can comfortably lift without spilling.
  - **Using commercially bottled water.**
  - **Hauling water** from another unaffected approved public water supply in a covered sanitized container.
  - **Chlorinating small batches of water**. To chlorinate, add 1.25mL (1/4 tsp.) liquid household bleach to 4.5L (1 gallon) of water. Mix and let stand for 30 minutes. Use regular household bleach (5% sodium hypochlorite). Do not use scented bleach, bleach with added cleaners or alternative bleaches.
- Discard any ice or drinks made with untreated tap water.
- Shut off drinking water fountains.
- Post signs at all drinking fountains, in the kitchen area, and washrooms to advise of the boil water advisory and not to drink the water.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Water for Food Preparation and Cooking

- Discard ready-to-eat food that was prepared with potentially unsafe water prior to the issuance of the Boil Water Advisory (coffee, juice, jello, ice etc.) If you are unsure of which foods to discard, consult with a member of the Infectious Disease Control Team.
- Restrict menu to items that require little or no water, and little preparation.
- Use potable water as described above for food preparation activities. All water used to prepare fruits and vegetables, and any water used, as an ingredient in a ready-to-eat food product (coffee, juice, jello, infant formula, ice etc.) must be from one of the sources described above.
- Disconnect all equipment directly plumbed to the water system (ice machines, soft drink machines, coffee machines etc.).

Handwashing

- Heat potable water and place into an insulated container with a spigot that allows clean, warm water to flow over the hands. Provide liquid soap in a dispenser and paper towels as usual.
- It is recommended to follow-up with an alcohol based hand sanitizer. Refer to Fact Sheet **"The Use of Alcohol Based Hand Sanitizers"** for guidance.
- Post handwashing directions at all sinks.

Ensure proper supervision of children at all times.

Water for Cleaning and Sanitizing

- Use single service utensils where possible; or
- Use potable water (as described above) to clean and sanitize equipment and utensils.

In the kitchen:

- Commercial dishwashers that use hot water 82°C (180°F) or above for the final rinse may continue to be used. Ensure units are functioning adequately. Low temperature dishwashers that use chemical sanitizers may not be effective against water contaminated with parasites.
- If you are unsure of the reason for the Boil Water Advisory, consult with a member of the Infectious Disease Control Team.
- Using potable water (as described above), ensure proper manual dishwashing is followed if utensils must be washed by hand. Refer to the **"Dishwashing - 3 Sink Method"** poster for direction.

In the facility:

- Use potable water (as described above), to mix with chemical disinfectants used in environmental cleaning.

Diapering

- Use disposable gloves to change diapers and wash hands with potable water (as described above) and follow-up with an alcohol-based hand sanitizer . Refer to the Fact Sheet "**The Use of Alcohol Based Hand Sanitizers"** for guidance.
- Wash children's hands with potable water (as described above) or use an alcohol-based hand sanitizer.
- Disinfect the diapering area between children with an **intermediate-high level** chlorine disinfecting solution. Refer to the **"Mixing of Chlorine (Bleach) Solution for Disinfection"** sheet for guidance.

Toy Washing

- Dishwasher safe toys can be cleaned in a commercial dishwasher that uses a hot water- 82°C (180°F) or above final rinse.
- Toys washed by hand are to be washed and sanitized as per the manual dishwashing procedure. Refer to the **"Dishwashing - 3 Sink Method"** poster for instructions.
- Plush toys and dress-up clothes can be washed using the directions for laundry.

Laundry

- Launder items in the washing machine using a hot water rinse cycle. Dry in the dryer for minimum 30 minutes.
- Ensure that staff have access to potable water (as described above) for handwashing.

Water for Play

- Discontinue the use of water play tables for the duration of the Boil Water Advisory.
- Discontinue activities/crafts that use water, unless potable water (as described above) is used.

Personal Hygiene

- Teeth brushing activities must be completed with potable water as described above.

Medical Procedures

- Use potable water (as described above) for any procedures that use the facility water supply.

Surveillance for Enteric Illness (diarrhea and/or vomiting)

- Follow standard enteric precautions and outbreak management protocols for staff and children with diarrheal illness. Initiate testing to determine the pathogen involved.

- Staff with enteric illness symptoms must be excluded from work. They must not return until they have been symptom-free for at least 24 hours. If the Boil Water Advisory is issued as a result of a community outbreak, a 48-hour exclusion, and/or negative stool samples may be necessary before returning to work. For specific outbreak direction, consult with a member of the Infectious disease Control Team.

For returning to normal operations after the water supply is restored, refer to the factsheet **"Returning to Normal Operation after a Water Disruption"** for guidance.

For further information, or assistance in planning for or responding to a water disruption, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

COLD WEATHER ALERT GUIDELINES FOR CHILD CARE CENTRES

The Medical Officer of Health issues a Cold Weather Alert when one or more of the following criteria are met:

- Daily predicted low temperature of –15° Celsius without wind chill; or
- Wind chill reaches the level at which Environment Canada issues a warning for outdoor activity for people in the Middlesex-London area; or
- Extreme weather conditions, such as blizzard or ice storm.

Recommendations

1. Establish a policy and procedure to deal with potential consequences of extreme cold temperatures and winter storms (e.g. power outages, lack of transportation). An emergency kit should be readily available.

2. Plan to ***reduce*** the amount of time children spend outside when the temperature reaches –15° Celsius or colder, with or without wind chill.
   Children should be ***kept indoors*** when the temperature reaches –25° Celsius with or without wind chill. Some people are more susceptible to cold, particularly children, and some medications can increase a person's susceptibility to cold also. Parents should consult with their physician.

3. Ensure that children are dressed warmly, covering exposed skin: insulated boots, winter weight coats, mittens, hats and neck warmers.

4. Change wet clothing and footwear immediately (wet clothing chills the body rapidly).

5. Although it is unlikely that cold related injuries would occur during the day, all staff should be able to recognize and treat symptoms of frostbite and hypothermia. Make sure that children are given plenty of warm fluids to prevent dehydration.

6. Watch carefully for the following symptoms when children are playing outside:
- Shivering
- Discoloration of skin
- Complaining of pain, numbness, burning or fatigue, confusion, slurring of speech
- Stiffness

   Move the child indoors if any of the above symptoms occur.

7. Educate children in dealing with cold weather:
- Drink plenty of fluids
- Dress warmly
- Recognize signs of injury due to the cold

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

The Middlesex-London Health Unit recommends that childcare providers recognize the signs of cold related injuries, and follow first aid treatments promptly:

In all cases, get child to a warm place as soon as possible, remove wet clothing , and wrap child in a blanket if needed.

Signs of Injury Due To Cold	Treatment
Frostnip: • A mild form of frostbite, where only the skin freezes • Skin appears yellowish or white, but feels soft to the touch • Painful tingling or burning sensation	**What to do**: • Do not rub or massage the area • Warm the area gradually – use body heat (a warm hand), or blow warm breath on the area, avoid direct heat which can burn the skin (e.g. hot water bottle or heating pad) • Once the area is warm, do not reexpose it to the cold
Frostbite: • A more severe condition, where both the skin and the underlying tissue (fat, muscle and bone) are frozen • Skin appears white and waxy, and is hard to touch • No sensation, the are is numb	**What to do**: • Frostbite can be serious – get medical attention • Do not rub or massage the area • Warm the area gradually – use body heat, or blow warm breath on the area, avoid direct heat which can burn the skin (e.g. hot water bottle, heating pad)
Hypothermia: • Feeling cold over a prolonged period of time can cause a drop in body temperature (below the normal 37°C) • Shivering, confusion and slurring of speech • Can progress to loss of consciousness.	**What to do:** • **Call 911**, this is an emergency • While waiting for help, bring child indoors, remove wet clothing. • Body heat can warm child's temperature slowly, along with warm dry clothing and blankets. • Offer warm water, juice or milk. • **Do not** offer hot drinks • **Do not** use hot water bottles, or heating pads • **Do not** rub the area

For more information on how to recognize and prevent Injury due to the cold, please visit:
www.healthunit.com
or call: 663-5317 ext.2300

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Child Care Centres During a Drinking Water Advisory

Important: Be sure you know what kind of advisory has been issued.

The Medical Officer of Health issues a drinking water advisory when the water has been determined unsafe for drinking and **the problem can not be corrected by boiling.** Drinking water advisories may be issued for chemical contamination of water supplies. A drinking water advisory is different from a boil water advisory.

This fact sheet is a guideline only. It is important to listen for media reports and watch for notifications from the Health Unit with specific information regarding the drinking water advisory. Special precautions may be necessary depending on the nature of the contamination.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your facility.

Drinking Water

Immediately:

- **Secure a supply of potable (drinkable) water** by:
  - **Using commercially bottled water.**
  - **Hauling water** from another unaffected approved public water supply in a covered sanitized container or arranging for the use of a licensed drinking water hauling truck.
  - x **Do not boil water.** Boiling may concentrate chemical contaminants.
- Shut off drinking water fountains.
- Disconnect all equipment directly plumbed to the water system (ice machines, soft drink machines, coffee machines etc.).
- Post signs at all faucets, in the kitchen area, and washrooms to advise of the drinking water advisory and not to drink the water.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Water for Food Preparation and Cooking

Immediately:

- ❑ Discard ready-to-eat food that was prepared with potentially unsafe water prior to the issuance of the Drinking Water Advisory (coffee, juice, jello, ice etc.) If you are unsure of which foods to discard, consult with a member of the Infectious Disease Control Team.
- ❑ Restrict menu to items that require little or no water, and little preparation.
- ❑ Use commercially bottled water, water hauled from another unaffected approved public water supply in a covered sanitized container, or water from a licensed drinking water hauling truck for food preparation activities.

Important: All water used to wash and prepare fruits and vegetables, and any water used as an ingredient in a ready-to-eat food product must be from one of the sources described above.

Handwashing and Personal Hygiene

Important: Watch for notifications from the Health Unit with specific information regarding the nature of the drinking water advisory. In some cases the water may not be suitable for <u>any</u> personal use.

- ❑ Unless special instructions have been released, wash hands as usual.
- ❑ If an alternate source of potable water (as described above) must be used for handwashing, post directions at all sinks.
- ❑ Teeth brushing must be completed with potable water (as described above).

Water for Cleaning and Sanitizing

Important: Watch for notifications from the Health Unit with specific information regarding the nature of the drinking water advisory. In some cases the water may not be suitable for <u>any</u> cleaning or sanitizing.

- ❑ Use single service utensils where possible; or
- ❑ Use potable water (as described above) to clean and sanitize equipment and utensils.

In the kitchen:

The use of mechanical dishwashers may not be safe during a Drinking Water Advisory. Watch for media reports or consult with a member of the Infectious Disease Control Team to determine if the use of mechanical dishwashers is appropriate.

- ❑ Using potable water (as described above), ensure proper manual dishwashing is followed if utensils must be washed by hand. Refer to the **"Dishwashing - 3 Sink Method"** poster for direction.

In the facility:

- ❑ Use potable water (as described above), to mix with chemical disinfectants used in environmental cleaning.

Medical Procedures

- ❑ Use potable water (as described above) for any procedures that use the facility water supply.

For returning to normal operations after the water supply is restored, refer to the factsheet **"Returning to Normal Operation after a Water Disruption"** for guidance.

For further information, or assistance in planning for or responding to a water disruption, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

HEAT ALERT GUIDELINES FOR CHILD CARE CENTRES

The Medical Officer of Health issues a Heat Alert when one or more of the following criteria are met:

- The forecast is showing a humidex advising of 40° Celsius or higher.
- The humidex is forecast to rise to 36° Celsius or higher, combined with an Environment Canada Smog Alert.
- Environment Canada issues a humidex warning for outdoor activity for people in the Middlesex-London area.
- High temperatures without a humidex reading equal 38° Celsius or above.

Recommendations

1. Establish both a policy and plan to deal with extreme temperatures.
2. Staff should be aware of signs and symptoms of heat cramps, heat exhaustion, and heat stroke. Follow first aid procedures promptly.
3. Staff should role model appropriate sun safety behaviours for children.
4. Ensure indoor temperatures are comfortable; offer regularly scheduled rest periods.
5. Limit time in the sun when UV Index (ultraviolet ray strength) is most intense, between 11 am – 4 pm.
6. Sunscreens/insect repellent are not recommended for infants under 6 months of age. Keep babies under 1 year of age out of direct sunlight.
7. Ensure all children wear a wide brimmed hat (or with back flap), UV protective sunglasses, light and loose fitting clothing.
8. Apply sunscreen SPF 15 (or higher) 20-30 minutes before going outside to ensure absorption.
9. When using DEET insect repellent, apply 20-30 minutes after sunscreen has been applied.
10. Check regularly on infants and young children; ensure children are well hydrated (plain water is the liquid of choice; diluted fruit juice is acceptable).
11. **NEVER** leave children or pets in a closed parked vehicle.
12. Monitor children in wheelchairs in regards to the equipment metal, vinyl and heat.
13. Check heat of metal slides, monkey bars etc. in playground areas.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

The Middlesex-London Health Unit recommends that childcare providers recognize the signs of heat-related illness, and follow first aid treatments:

SIGNS OF HEAT ILLNESS	TREATMENT
Sunburn: redness, pain, swelling of skin, blisters, fever and headaches.	**What to do:** leave water blisters intact to speed healing and avoid infection, if breaking of blister occurs, apply dry sterile dressing. Serious cases should be seen by a physician.
Heat Cramps: painful muscle spasms usually in the legs but possible in abdomen; heavy sweating.	**What to do:** apply firm pressure on cramping muscles or gently massage to relieve spasm; give sips of water, if nausea occurs discontinue sips of water, move person to a cooler place to rest in a comfortable position. Observe the person carefully for changes in condition.
Heat Exhaustion: heavy sweating, weakness, cold, pale and clammy skin; weak pulse, fainting and vomiting, core temperature usually 38.8° Celsius or higher, but normal temperature is possible.	**What to do:** get person out of sun, move person to a cooler environment, lay person down and loosen clothing, apply cool wet cloths, give sips of water, if nausea occurs, discontinue sips of water; if vomiting continues, seek immediate medical attention.
Heatstroke: a severe medical emergency, high body temperature (41° Celsius or higher), hot, dry skin, rapid and strong pulse, possible unconsciousness.	**What to do:** Call 911. Do not give fluids If unable to get person to medical helpimmediately, do the following: • Move person to a cooler environment • Remove outer clothing • Reduce body temperature using lukewarm (not cold) water to bathe/sponge the person

For more information about how to recognize and prevent heat-related illness
Please visit www.healthunit.com
Or call 519-663-5317 Ext. 2300

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Returning to Normal Operation after a Power Outage in Child care Centres

This fact sheet is a guideline only. Watch for media reports and situation specific information from the local utility and the Health Unit.

- ✓ **In Middlesex-London emergency updates can be found on**:
  AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
  FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

- ❑ **When power is restored**,

- ❑ **Assess the safety of potentially hazardous foods** –
  - ❑ Refer to the factsheet **"What do I Save and What do I Throw Away When the Power is Out"**
  - ❑ Watch for media reports from the municipalities that outline the preferred methods for food disposal.
    - ➢ Small volumes of food may be discarded at the curbside for municipal pick-up.
    - ➢ Large volumes of food may need a disposal company for transportation to the landfill.
  - ❑ Ensure that all equipment is functioning properly.
    - ❑ Refrigeration – less than 4°C/40°F
    - ❑ Hot holding units
    - ❑ Dishwashers
    - ❑ Ventilation systems
    - ❑ Lighting
    - ❑ Hot water heater

- ❑ Clean and sanitize all food contact surfaces prior to resuming normal activities.

- ❑ Drain and refill hot water tanks where the temperature of the water delivered to the faucet has dropped below 45°C/120°F.

- ❑ **Private Water Supply** (if applicable) - Facilities designated under *Ontario Regulation 170/03 – Drinking Water Systems.*
  - ❑ If you think that your water system has been affected by a loss of pressure during the power outage (odour, colour change, sputtering) contact the Ministry of the Environment Spills Action Centre at 1(800) 268-6060 before using the water for drinking or food preparation.
  - ❑ If the power outage has not affected your water system, increase the chlorine residual (if applicable) to 0.2 ppm and flush the system until the increased residual is detected at the farthest point in the distribution system and obtain a water sample for bacteriological analysis. You may continue to use the water for drinking and food preparation.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

For further information or assistance in planning for, or responding to a power outage, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Returning to Normal Operation after a Water Disruption in a Child Care Centre

This fact sheet is a guideline only. Watch for media reports and situation specific information from the local utility and the Health Unit.

- ✓ **In Middlesex-London emergency updates can be found on**:
  AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
  FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

In some situations, an interruption in water supply may lead to the issuance of a Boil Water Advisory once the water supply returns.

Important: If your water has been interrupted, even for a short time, you should confirm the safety of the water supply with the water utility or the Health Unit prior to resumption of use. It is the responsibility of the facility operator to ensure that normal operations can be resumed without compromising safety.

When water is restored,

- ❑ Flush pipes and faucets – Generally, run the faucets for at least one minute before use. Be sure to watch for media reports from the water utility or the Health Unit with any special directions.

- ❑ Flush, clean and sanitize all equipment connected to the water system, according to manufacturer instructions.

If applicable:
- ❑ Run water softeners through a regeneration cycle.
- ❑ Consult with the manufacturer for direction on how to restart water treatment systems.
- ❑ Drain and refill hot water tanks set below 45°C/120°F. (The standard temperature setting is 60°C/140°F).
- ❑ Drain water reservoirs in large buildings in consultation with the facility engineer.

For further information or assistance in planning for, or responding to a water disruption, contact a member of the Infection Control Team at the Middlesex-London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Planning for a Power or Water Disruption in a Child Care Centre

Preparing for a water or power disruption before it happens is the best way to ensure that you can continue to provide safe and appropriate care for the children at your facility. The following are some things to consider when you are planning for emergency situations.

Power Disruption

- Prepare an emergency menu that includes food items that require little or no cooking.
- Plan to obtain a supply of ice. Develop a business relationship with a supplier of ice to ensure ice can be provided promptly when needed.

For large facilities:

- Consider access to an electrical generator that can be used to operate critical pieces of equipment such as refrigeration.
- Consider a refrigerated truck that can be delivered to your facility. Develop a business relationship with a supplier to ensure prompt delivery of the truck when needed.

Water Disruption

- Plan an emergency menu with food items that need little or no water to prepare.
- Stock an inventory of single-use items, bottled water, containers suitable for hauling water, and hand sanitizer.
- Plan for loss of toilet use for both children and staff.

If power and water are lost for an extended period, you should develop a plan for the closure of the facility and emergency pick-up of children.

Additional Consideration - Preparation of an Emergency Kit

In a large-scale emergency, childcare centres that normally close at night may need to extend operation until all children are picked-up. Facilities should plan for provisions for staff and children for **72 hours** in the areas of:

Water – plan for 2 litres of drinking water per person. Additional water will be needed for sanitation.
Food – Maintain a 72-hour supply of food that does not need refrigeration and is suitable for long-term storage. Choose age appropriate foods for the children in care. Include formula, diapers and special items for infants.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

First aid - Maintain a portable first aid kit.
Clothing and bedding – Extra clothing for the children and extra bedding and blankets.
Emergency supplies – Portable battery operated radio, flashlights, and personal hygiene and sanitation supplies including chlorine bleach.
Special items –

- Consider children's medical needs.
- Have a list of emergency numbers available for the children including, if possible, out of area or out of province contact numbers. These extra contacts are important if the telephone service is also disrupted by the emergency. Long distance lines are often restored before local lines.

Public Safety and Emergency Preparedness Canada has detailed information on general emergency preparedness and the creation of emergency kits. They are located at www.psepc.gc.ca

The facility must cease operation and close if:

- There is no water available for drinking or handwashing
- Food can not be safely prepared and served
- Proper cleaning and sanitizing can not be achieved
- The water interruption or power outage has made safe operation of the facility impossible

For further information, or assistance in planning for power and water disruptions, contact a member of the Infectious Disease Control Team at the Middlesex-London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Child Care Centres During a Power Outage

This fact sheet is a guideline only. It is important to listen for media reports and watch for notifications from the health unit with specific information regarding the power outage.

- ✓ **In Middlesex-London emergency updates can be found on**:
  AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
  FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your facility.

Cold Holding - Refrigeration

A refrigerator without power will keep food cold for 4-6 hours as long as the door is kept closed. The length of time is dependent on the temperature of the room and the temperature of the fridge before the power outage.

Immediately:

- **Record** the time the power outage began.
- **Monitor** and record food temperatures every 2 hours with a probe thermometer.
- **Add ice to the refrigerators** to maximize the time the food stays cold.
- **Minimize** refrigerator opening.

Start planning for:

- **Relocation** of food to a refrigerated truck, an alternate location unaffected by the power outage, or to portable coolers.
- **Immediate Use** of Potentially Hazardous Foods that have risen into the Danger Zone (above 4°C/40°F) but have been there for less than 2 hours.
- **Discarding food.** Potentially Hazardous Foods that have been stored above 4°C/40°F for more than 2 hours need to be discarded. Refer to the factsheet **"What do I Save and What do I Throw Away When the Power is Out"** for guidance.

Dry Ice – If you are considering the use of dry ice, be aware of the safe handling requirements. Refer to the factsheet **"Dry Ice Safety"** for guidance.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Cold Holding - Frozen

- A full freezer will keep food frozen about 2 days if the freezer is kept closed.
- A half-loaded freezer will keep food frozen about half a day if the freezer is left closed.

Immediately:

- **Keep freezers closed.**
- **Add ice to the freezer** and add additional insulation, covering the freezer with blankets, to assist in keeping the food frozen longer.

Start planning for:

- **Relocation of frozen food** to a freezer truck, or an alternate location unaffected by the power outage.
- **Thawing of food.** Potentially hazardous foods that have thawed but the temperature has not increased to above 4°C/40°F can be safely cooked and eaten or cooked and refrozen.
- **Refreezing of partially thawed foods**. As a general rule, if there are ice crystals in the food, and there are no obvious signs of spoilage, then it's safe to quickly refreeze. Do not refreeze thawed ready-to-eat foods.
- **Discarding food.** Any food that has completely thawed and has been sitting at room temperature for more than 2 hours or an unknown period of time, needs to be discarded.

Mechanical Ventilation

Immediately:

- Discontinue interior cooking that produces steam, smoke and grease laden vapours.

Cooking

Immediately:

- **Discard** potentially hazardous foods that were in the cooking process but did not reach a safe final cooking temperature unless cooking can be completed immediately by an alternate method.

Start planning for:

- **Obtaining an alternate heat source** for cooking.
- **Never use charcoal or gas barbecues or propane fueled appliances indoors.**

Hot Holding

Immediately:

- **Record** the time the power went out.
- **Monitor** hot holding temperatures hourly.

Start planning for:

- **Obtaining an alternate heat source** for hot holding.
- **Discarding food**. All potentially hazardous foods that have been held in the Danger Zone (below 60°C/140°F) for more than 2 hours must be discarded.

Utensil Washing

Immediately:

- ❑ **Use single service tableware** if utensils can not be adequately washed and sanitized.
- ❑ **Use the 3-compartment sink method** for manual dishwashing. Refer to the **" Dishwashing – 3 Sink Method"** poster for guidance.

Lighting

Immediately:

- ❑ **Restrict activities** to those that can be safely conducted in natural light whenever possible.

Start planning for:

- ➢ Providing an alternate sources of lighting. Candles are not recommended, use flashlights instead.

Hot Water

Immediately:

- ❑ Heat small amounts of water on a natural gas or propane appliance.
- ✗ Never use charcoal or gas barbecues or propane fueled appliances indoors.

Safety Notes: Exercise caution when boiling water around young children.

- Wait for boiled water to cool to at least 49°C/120°F before allowing it to touch a child's skin.
- Boil water on the back burners of your stove to keep it farther from children's reach.

Air Conditioning

Heat-related illnesses can develop within a short period of time when exposed to extreme heat.

Immediately:

- ❑ Have drinking water available for all children.
- ❑ Keep shades drawn and blinds closed on the sunny side of your facility.

Start planning for:

- ➢ **Monitoring of children** for signs and symptoms of heat-related illness.
- ➢ **Cooling** with a cool bath, shower or cool down with cool, wet towels. Refer to the factsheet **"Heat Alert Guidelines for Child Care Centres"**

Heat

Immediately:

- ❑ **Conserve body heat** by dressing warmly in layers and using blankets.

Start planning for:

- ➢ **Locating an alternate heat source**.
- ➢ **Creating an emergency heated area** within your facility. Refer to the factsheet **"Staying Warm in an Unheated House: Coping with a winter power outage"** for guidance.

Well pump (if applicable)

Immediately:

- **Obtain a supply of potable water. Refer to the Fact Sheet** "Guidelines for Childcare Centres during a Water Interruption".

Sewage Pump (if applicable)

Immediately:

- **Discontinue all operations.** If the sewage pump is not functional, continuing to use water in the facility will result in sewage backing-up into the lowest fixtures. Contact a member of the Infectious Disease Control Team for assistance.

For further information, or assistance in planning for or responding to a power outage, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Child Care Centres During a Water Interruption

An interruption is when no water is provided to the facility. In some situations, an interruption in water supply may lead to the issuance of a Boil Water Advisory once the water supply returns.

Important: If your water has been interrupted, even for a short time, you should confirm the safety of the water supply with the water utility or the Health Unit prior to resumption of use.

This factsheet is a guideline only. Special procedures may be necessary and additional instructions may be provided. Watch for media reports and notifications from the Health Unit.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your institution.

Drinking Water

Immediately:

- **Secure** a supply of potable (drinkable) water by:
  - **Using commercially bottled water.**
  - **Hauling water** from another unaffected approved public water supply in a covered sanitized container or arranging for the use of a licensed drinking water hauling truck.

Food Preparation and Cooking

- Restrict menu to items that need little or no water to prepare.
- Use commercially bottled water, water hauled from another unaffected approved public water supply in a covered sanitized container, or water from a licensed drinking water hauling truck.

Important: All water used to wash and prepare fruits and vegetables, and any water used as an ingredient in a ready-to-eat food product (coffee, juice, jello, ice etc.) must be from one of the sources described above.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Handwashing

- Heat potable water (as described above) and place into an insulated container with a spigot that allows clean, warm water to flow over the hands. Provide liquid soap in a dispenser and paper towels as usual.
- Follow-up with an alcohol based hand sanitizer. Refer to Fact Sheet **"The Use of Alcohol Based Hand Sanitizers"** for guidance.
- Post handwashing directions at all sinks.

Diapering

- Use disposable gloves to change diapers and wash hands with potable water (as described above) and follow-up with an alcohol-based hand sanitizer when complete.
- Wash children's hands with potable water (as described above) or use an alcohol-based hand sanitizer. Refer to the Fact Sheet "**The Use of Alcohol Based Hand Sanitizers"** for guidance.
- Disinfect the diapering area between children with an **intermediate-high level** chlorine disinfecting solution. Refer to the **"Mixing of Chlorine (Bleach) Solution for Disinfection"** sheet for guidance.

Water for Cleaning and Sanitizing

- Use single service utensils where possible; or
- Use potable water (as described above) to clean and sanitize equipment and utensils.
- Ensure proper manual dishwashing is followed. Refer to the **"Dishwashing - 3 Sink Method"** poster for instructions.

Note: Food preparation in a facility must be discontinued when cleanliness of the physical facility jeopardizes food safety.

Water to Flush Toilets

- Create an Emergency "Toilet Room" within the facility that has an alternate source of water available for manual flushing. Non potable water may be used for this purpose but the water containers must be clearly marked with **"Non potable water. This water is unsafe to drink."**
- Flush the toilet by dumping a bucket of water into the toilet bowl all at one time. This will clear the bowl.

The facility must cease operation and close if:

- There is no water available for drinking or handwashing
- Food can not be safely prepared and served
- Proper cleaning and sanitizing can not be acheived
- The water interruption has made safe operation of the facility impossible

For returning to normal operations after the water supply is restored, refer to the factsheet **"Returning to Normal Operation after a Water Disruption"** for guidance.

For further information or assistance in planning for, or responding to a water disruption, contact a member of the Infection Control Team at the Middlesex-London Health Unit at 663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Mixing of Chlorine (Bleach) Solution for Disinfecting

Household bleach (5.25% sodium hypochlorite) mixed with water, is an inexpensive and effective disinfectant. By mixing different amounts of bleach with water you can make a high, intermediate-high, intermediate, or low level disinfectant.

High level disinfection (approximately 5000 ppm)

Preparing a 1: 10 Household Bleach Solution:

- 62 ml (1/4 cup) household bleach + 562 ml (2 1/4 cups) water
- 250 ml (1 cup) household bleach + 2250 ml (9 cups) water

Recommended Uses:

- cleaning up a blood or body fluid spill
- when directed by public health
- for use on semi-critical medical and personal service instruments

Intermediate - High level disinfection (approximately 1000 ppm)

Preparing a 1: 50 Household Bleach Solution:

- 20 ml (4 teaspoons) household bleach + 1000 ml (4 cups) water
- 100ml (7 tablespoons) household bleach + 5000 ml (20 cups) water

Recommended Uses:

- for use in washrooms, change tables in childcare, during outbreaks of respiratory diseases or vomiting and diarrhea

Intermediate level disinfection (approximately 500 ppm)

Preparing a 1: 100 Household Bleach Solution:

- 5 ml (1 teaspoons) household bleach + 500 ml (2 cups) water
- 62 ml (1/4 cup) household bleach + 6138 ml (24 3/4 cups) water

Recommended Uses:

- for use on non-critical medical or personal service instruments

Low level disinfection (approximately 100 ppm)

Preparing a 1: 500 Household Bleach Solution:

- 1ml (1/4 teaspoons) household bleach to 500ml (2 cups) water
- 20 ml (4 teaspoons) household bleach to 10 L (40 cups or approx. 2 gallons)

Recommended Uses:

- safe level for toys, dishes and utensils and food contact surfaces

Remember:

- A bleach and water solution should be mixed daily to preserve its strength
- Leave the solution on the surface for a minimum of one minute
- Cleaning must be done prior to disinfecting

www.healthunit.com

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Cleaning and Disinfection of Flooded Premises

The following procedure is recommended for the satisfactory cleaning and disinfecting of all premises, which have been flooded.

1. After the water has been removed from the premises, all mud and debris should be removed by scraping and washing the area.
2. This material should be placed at least 50 feet down grade from any well.
3. The premises and furniture should then be thoroughly washed and disinfected.

DISINFECTANTS

For walls, floors and cellars, disinfect by thoroughly washing and brushing with a sodium hypochlorite solution. This solution can be prepared by adding 1 tablespoon of household bleach to an 8-quart pail of water (the directions on the package should be followed when using other chlorine compounds).

FOODS

Since foods exposed to flood waters may constitute a health hazard, the following notes are intended as a guide to disposing of contaminated foods.

CANNED FOODS

Canned goods should be closely checked for “leakers” and “swells”. Particular attention should be paid to seams and joints for signs of corrosion. Home-preserved fruits in jars and sealers which show evidence of contamination around the tops should be discarded. Although many of these jars may be safe, there is a danger, which may not be easy to see.

SOFT FOODS

Soft foods, including all kinds of meats and dairy products, should be discarded, if there is evidence of contact with flood water.

WRAPPED FOODS

Foods which have been wrapped in moisture-proof wrappers should be examined for breaks in the wrapper. Intact wrappers should be removed and the product re-wrapped. Where there is evidence of moisture the product should be regarded as unsafe.

Food-handling equipment should be thoroughly scoured and washed and then treated with an effective disinfecting solution. Chlorine not less than 100 parts per million and preferably up to 400 parts per million (1 to 4 tablespoons of household bleach/gallon of water) is satisfactory, or immersion in boiling water for at least one minute. In all cases a generous safety margin should be allowed.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

SEPTIC TANKS

Septic tanks in areas which have been flooded should not be operated again until the disposal field has dried and in certain instances until the tank itself ahs been checked. If early drying does not re-establish drainage through the septic tanks, obtain the assistance of the authorities having jurisdiction.

GENERAL CLEAN-UP

Following the clean-up of buildings, attention must be turned to the removal of flood-borne material form yards. All materials to be discarded should be done through municipal garbage removal where possible or by a commercial waste removal service. Particular effort should be made to remove all filth, that might, in warm weather serve as a breeding place for flies.

DRUGS, MEDICINES AND ANIMAL FOOD

Drugs and medicines that have been in contact with flood water should be destroyed. No attempt should be made to replace loosened labels as this is dangerous. All unlabeled drugs should be destroyed. Do not leave them where they may be found by children.

If in doubt about animal foods, contact your Agricultural Representative or the Department of Agriculture.

ELECTRICAL HAZARDS

No attempt should be made to try out or to operate any electrical appliances until the wiring in your home or building has been inspected and found safe.

HEATING HAZARDS

Three main hazards exist from domestic or other heating systems following flood damage. These hazards are: explosion, suffocation and fire. Householders are, therefore, warned to take every precaution to see that the heating system is safe before resuming its use.

For more information call the Environmental Health Division of the Middlesex-London Health Unit at 663-5317, ext. 2300 or go to the Canadian Mortgage and Housing Corporation (CMHC) to help organize your clean-up.

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Cold Storage of Foods - How Long Should I Keep It?

Product	Variety	Refrigerator (4°C)	Freezer (-18°C)
Eggs	Fresh, in shell	3 weeks	Do not freeze.
	Raw yolks, whites	2-4 days	4 months
	Hard-cooked	1 week	Do not freeze well.
	Liquid pasteurized eggs or egg substitute - opened	3 days	Do not freeze.
	Liquid pasteurized eggs or egg substitute - unopened	10 days	4 months
Mayonnaise	commercial (refrigerate after opening)	2 months	Do not freeze.
TV Dinners, Frozen Casseroles	All brands	Keep frozen until ready to serve.	3-4 months
Deli and vacuum-packed Products Store prepared (or homemade)	Egg, chicken, tuna, ham, macaroni, salads	2-3 days	These products do r freeze well.
	Stuffed pork and lamb chops, stuffed chicken breasts	1 day	These products do r freeze well.
	Store-cooked convenience meals	1-2 days	These products do r freeze well.
	Commercial brand vacuum-packed dinners	2 weeks unopened	These products do r freeze well.
Soups and Stews	Vegetable or meat-added	3-4 days	2-3 months
Hamburger, Ground and Stew Meats	Hamburger and stew meats	1-2 days	3-4 months
	Ground turkey, veal, pork, lamb and mixture of them	1-2 days	3-4 months
Hot Dogs	Hot dogs, opened package Hot dogs unopened package	1 week 2 weeks	In freezer wrap, 1-2 months
Lunch Meats	Lunch meats opened Lunch meats unopened	3-5 days 2 weeks	In freezer wrap, 1-2 months
Seafood	Fish, shellfish and other seafood	1-2 days	4-6 months

For more information contact Environmental Health Services at the Middlesex-London Health Unit, 663-5317 ext. 2300.

Information taken from:
Ontario Ministry of Health and Long Term Care website. Accessed November 10, 2003.
Safe Food Handling. www.health.gov.on.ca/english/public/pub/foodsafe/foodhandl.html

January 2004

www.healthunit.com

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Page intentional left blank.

CORRECT DISHWASHING PROCEDURE

The Three Sink Method

Scrape and Pre-rinse

First Sink

WASH

- Use Warm Water and Detergent

Second Sink

RINSE

- Clean Water
- Temperature of Water NOT LOWER THAN 43°C (110°F)

Third Sink

SANITIZE

For at least 45 seconds using:

- Hot Water at least 77°C (170°F)

OR

- A Solution NOT LESS THAN 24°C (75°F) of ONE of these:

100 PPM CHLORINE	200 PPM QUARTERNARY AMMONIUM	25 PPM IODINE

Air Dry and Storage

MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Dry Ice Safety

Dry ice has the ability to keep things frozen or cool during extended power outages. Dry ice is a chemical compound and is subject to WHIMIS regulation. Prior to its use ensure that you and your staff are aware of its proper handling, and that appropriate safety equipment is in place.

The amount of dry ice needed to cool a refrigerator or freezer will depend on the size of the unit. Discuss your specific needs with your dry ice supplier. Dry ice is not appropriate for every situation.

There are significant safety risks associated with the use of dry ice. Serious injury and even death can occur if the product is not used correctly.

Safety Considerations:

Wear hand protection when touching dry ice. Dry ice is extremely cold and must be handled with care. Direct skin contact with dry ice can result in a severe frostbite or burn. Always wear insulated gloves; the thicker the better. Safety goggles/face shield, long sleeved shirts, long pants and shoes are recommended.

Use in a well-ventilated space. As dry ice melts (sublimates) it releases Carbon Dioxide (CO_2) gas. In an enclosed space, the CO_2 gas replaces the available oxygen in the air and can lead to asphyxiation.
If dry ice has been in an enclosed space like a car, room, walk-in refrigerator or freezer, open the doors and allow time to ventilate.
For walk-in refrigerator or freezer entry, use a buddy system, with one person outside at all times. If you start to breathe quickly, or your lips or nail beds turn blue, leave the area immediately.

Do not store dry ice in a sealed container. As the CO_2 is released from the dry ice, it will cause the container to expand and possibly explode.

Do not leave dry ice unattended around children or adults with cognitive deficiencies. Dry ice is harmful if consumed and can cause severe burns if handled incorrectly.

Monitor both refrigerator and freezer temperatures closely to ensure that proper temperatures are being maintained. If you are going to use dry ice, it is best to have a business arrangement with a dry ice supplier prior to an emergency power outage.

If you have any questions, please contact the Communicable Disease and Sexual Health Services at the Middlesex-London Health Unit at 519-663-5317 ext. 2330 or go to www. healthunit.com

Information Adapted from:
dryiceInfo.com website. Accessed on January 12, 2006.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Emergency Detour Routes (EDR)

Ontario's highways carry over eight million drivers and nine million registered vehicles every year. Thousands of businesses rely on highways to move more than $1.2 trillion worth of goods annually to domestic and international markets. The Ministry of Transportation believes that a safe, efficient and integrated transportation system is key to strong communities, economic prosperity and growth.

While Ontario maintains an impressive safety record in North America, incidents occur on provincial highways resulting in delays to the transportation of goods and services and the driving public.

To reduce these delays, the Ministry of Transportation, Ontario Good Roads Association, Ontario Provincial Police, local police and representatives from various municipalities in Ontario formed a task force to develop guidelines and best practices that will allow safe and orderly control of traffic on Emergency Detour Routes (EDRs).

Frequently Asked Questions

1. Why do we need Emergency Detour Routes (EDRs)?
To provide drivers with a pre-determined route when a provincial highway is closed.

2. When are emergency highway closures necessary?
These unscheduled closures are required when a highway is physically impassable or when emergency work cannot be performed in traffic.

3. How long will the Emergency Detour Route (EDR) be activated?
The duration of a highway closure will vary depending on the extent and nature of the incident. Most incidents normally require approximately two to three hours to clear.

4. Who decides when the highway should be closed or opened?
The police have the authority to close highways. An officer at the incident will determine when to reopen the highway and deactivate the Emergency Detour Route (EDR).

5. How will I know what route to follow?
Signs will be located on the highway at the start of the Emergency Detour Route (EDR). Signs will be placed along the route that should be followed.

6. I have a large truck carrying an oversized or overweight load. Can I use the Emergency Detour Route (EDR)?
No. Oversized or overweight loads travel under permit-defined routes and are not permitted on any other route. The police will direct you to park in a safe location on the highway until it reopens.

7. I live in an area that the Emergency Detour Route (EDR) goes through. How will I be affected?
While the Emergency Detour Route (EDR) is activated there will be an increase in traffic. This might also include more trucks. Local police or municipal staff might be present to direct traffic at key intersections and monitor the use of the Emergency Detour Route (EDR).

8. How are the Emergency Detour Routes (EDRs) selected?
Emergency Detour Routes (EDRs) are developed by the municipality with the MTO and the police. They are based on several factors including travel time and a route's ability to efficiently accommodate increased traffic volumes.
The application of an EDR may not be necessary when there are limited municipal impacts or low traffic volumes.

Adapted from Ministry of Transportation web site www.mto.gov.on.ca.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Extreme Temperature Protocol

There were nine days in the summer of 2005 where the heat and/or humidex readings reached such severe temperatures, where the decision was made to call a Heat Alert and open 'cooling centers' housed in public, air conditioned locations. In the first months of the winter of 2005, there were nine days when the temperature was so very cold that Cold Alert Days were issued. Weather variability, in addition to heat or cold intensity, is the most important factor defining human temperature sensitivity. Extreme heat is a well-known cause of many illnesses and will also exacerbate many pre-existing health conditions, elevating mortality rates. There is no clear medical evidence on what constitutes extreme and potentially harmful cold weather, however, many factors can combine to create potentially harmful situations.

The Extreme Temperature Protocol makes official the practice of issuing Heat Alert Responses and Cold Alert Responses, to inform local agencies, in a coordinated manner, of the forecast of an extreme weather temperature, ensuring that agencies who service and/or support vulnerable persons are informed and protected.

Research and surveys were conducted into the practices of all of the provincial health units, as well as with many of the agencies that regularly support clients who may be adversely affected by severe temperature fluctuations. From this information, Criteria for Initiating an Alert were drafted, and Action Components were identified. Numerous community partners and stakeholders are invited to participate in the Extreme Temperature Network, where the components of Monitoring, Notification, Consultation, Decision, Activation, Communications, Media Notification, Public Education, Agency Staff Education, and Termination were discussed. The members of the Network collectively decided to name the Middlesex-London Health Unit as the lead Authority of this Extreme Temperature Protocol, and the City of London is in the process of incorporating this Protocol as an Annex to the Severe Weather Emergency Plan.

By adopting the Extreme Temperature Protocol as the standard of practice in the summer and winter months, the Health Unit takes the lead role with community partners, increasing visibility, interaction and educational components. Our data bases have been updated and increased in scope, so that the messaging of a severe temperature concern is broadcast to an increased number of associations, schools, service groups, businesses and citizens. Daily monitoring of the Air Quality and Weather Canada websites for forecasts, watches, warnings and other weather declarations occur. Signage has been mailed to all community partners and stakeholders to display publicly when an Alert has been declared. Information-based Fact Sheets are being reviewed and will be redistributed accordingly, and the material is being updated on our website.

The community stakeholders on the Extreme Temperature Network will contribute to the evaluation process of the Heat Alert process or the Cold Alert process by meeting in April and October of each year to assess the strategies. The number of Alerts called each year (based on the set criteria being met) will be tracked each month, as will the number of press releases and attendees to the cooling centers. Surveillance data on weather, hospital admissions, ambulance use, coroner reports, electric and water demand and other outreach efforts may be available, and may eventually become critical to determine the effectiveness of interventions.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Alcohol Hand Rubs and Hand Hygiene

Questions & Answers

Alcohol hand rubs, also known as alcohol hand sanitizers (liquid, gels, foams or towelettes) are one of the newer weapons in the fight against harmful microorganisms ('germs') that can make us sick. Alcohol kills bacteria and most viruses. Soap and water have not been replaced, but now have a partner in the war against germs.

What is 'hand hygiene'?
Hand hygiene is a term that means a process for the removal of both dirt *and* germs from the hands. This can be accomplished by using soap and running water and the six-step method (wet hands, apply soap, lather and rub for at least 20 seconds, rinse, dry and turn off the tap with the towel) **or** by using an alcohol hand rub.

Aren't hand rubs specifically for use in health care settings?
Alcohol hand rubs have been proven to increase hand hygiene in health care settings. Most health care settings now have alcohol hand rubs readily available for use by visitors and patients, as well as staff. Since bacteria and viruses can be picked up from surfaces such as handrails, doorknobs, and elevator buttons, and can even be acquired from shaking hands, it is a good idea to have them widely available in many public settings, including workplaces.

Can a hand rub replace hand washing?
Research has shown that the effectiveness of alcohol hand rub is significantly lowered if the hands are visibly soiled. The presence of dirt, grease, or food on your hands is an important consideration in the decision of whether or not to use an alcohol hand rub. If you can see dirt on your hands, it is important to wash them with soap and water. If soap and water are not available, then use of an alcohol hand rub is better than nothing at all. However, in the absence of any visible dirt or grease, hand rubs are as effective as washing with soap and water.

What is the difference between hand sanitizer and soap?
Hand rubs are sometimes referred to as waterless hand cleaners. They work by killing germs that are present on your hands. Soap does not kill germs; however it has a cleaning effect that, when combined with running water and rubbing, allows for the physical removal of germs.

Are hand rubs more effective than washing your hands with running water and soap?
No, traditional hand washing (running water and soap) is just as effective if done properly. Hand rubs enhance our ability to prevent infection because they can be put in high-risk areas, such as where people socialize, or at the entrance to buildings where hand washing may not be readily available.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Why promote hand rubs?
Hand rubs are effective in helping to prevent the spread of infections. We know that in studies where people regularly perform hand hygiene, the incidence of infections is lowered.

Why use *alcohol* hand rubs? Aren't there other formulations available that do not use alcohol?
Alcohol hand rubs and towelettes (minimum 60% alcohol) are the most effective hand sanitizer products on the market. Alcohol hand rubs have the broadest range of effectiveness across the different types of viruses and bacteria. Many non-alcohol hand rubs on the market contain a quaternary ammonia compound that is NOT effective against several common germs including rhinovirus (a cause of the common cold) and norovirus (a common cause of diarrhea and vomiting).

How do you decide where to locate hand rub dispensers?
Wall-mounted hand dispensers should be located at a height of between 36 to 48 inches above the floor at the following locations:

- entrances to buildings
- reception areas
- staff cafeterias and lunch rooms
- areas where staff or the public greet and meet

Are alcohol hand rubs safe?
Yes, alcohol hand rubs are safe. As with all such products, proper use is important since alcohol is flammable. Be sure to always allow the hand rub to dry before you touch anything electrical and before you come into contact with an open flame (such as when lighting a cigarette). This will take no longer than about 5 to 15 seconds. Store personal bottles of alcohol hand rub in a manner that ensures they do not come into contact with an open flame. Following this advice will minimize the small potential safety hazard that exists.

Are they safe for children?
While safe to use as directed, ingestion of this product by children poses a poisoning risk. Alcohol hand rubs should be kept well out of reach of young children, and used only with adult supervision.

I've heard that alcohol hand rubs dry out skin.
People will have different tolerances for these products. The newer products are gentler and contain more moisturizers than the original products. Some people may prefer to use hand lotion more frequently when using these products. Others may prefer to use hand washing with soap and water as their main method of hand hygiene.

How can I improve my hand hygiene in public settings?
Small bottles of alcohol hand rub can be safely carried with you.

What is the proper way to use the hand rub?
Pump a thumbnail sized amount of product into one of your hands. Rub hands together vigorously until the solution is dry. Remember your nails, and all sides of your fingers and your wrist.

What other things can I do to prevent infections?
Ensure that you are immunized. Ensure that you are getting enough rest, good nutrition and exercise.
Do not smoke. Stay home when you are ill. When you cough or sneeze, use a tissue and discard it right away. If one isn't available try to sneeze or cough into your shoulder or elbow.
Avoid eating, touching your face (including your eyes) or placing your fingers in your mouth without first washing or sanitizing your hands.
Consider alternatives to the 'handshake' greeting or be sure to perform hand hygiene afterwards.

If you have any questions, please contact the Communicable Disease and Sexual Health Services at the Middlesex-London Health Unit at 519-663-5317 ext. 2330 or go to www. healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Heat-Related Illness

How to Beat the Heat - How to Manage the Heat

Doing too much on a hot day, spending too much time in the sun or staying too long in an overheated place can cause heat-related illnesses.

People suffer most when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In this case, a person's body temperature rises rapidly, and this situation may damage the brain or other vital organs, and in extreme conditions, may be life threatening.

What affects the body's ability to cool itself during extremely hot weather?

- if the humidity is high, a person's sweat will not evaporate as quickly, preventing the body from releasing heat quickly
- other conditions/situations that can limit the ability to regulate temperature:
  - certain medications
  - people who are overweight
  - poor circulation
  - elderly people and children
  - (0-4 years)
  - fever – body temperature is already elevated due to illness
  - sunburn
  - dehydration
  - drinking alcohol
  - heart disease or respiratory illness
  - exercising vigorously or working strenuously outdoors for prolonged times

WATCH FOR THE SYMPTOMS OF HEAT-RELATED ILLNESS

SYMPTOM	Heat Cramps	Heat Exhaustion	Heat Stroke
Body Temperature	Normal	May be above or below normal	Rising rapidly to 40°C (104°F) and as high as 44°C (111°F)
Pulse	Weak and regular	Weak and regular - thready	Rapid and strong, becoming weaker
Respiration	Normal	Rapid and shallow	Noisy
Consciousness	Conscious	Headache, blurred vision, dizziness and may lose consciousness	Throbbing headache, dizziness, restlessness, unconsciousness, coma
Skin Appearance	Excessive sweating (depletes salt & fluid)	Sweating heavily, pale, cold, clammy	Flushed, hot, dry
Muscular Reaction	Spasms in the extremities and abdomen	Spasms in the extremities and abdomen - may lead to fainting and vomiting	Convulsions, nausea and vomiting

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

The Best Defense Is Prevention

It is easier to prevent dehydration and high body temperatures, than to treat them!
Remember to stay cool and use COMMON SENSE!

- Drink plenty of fluids, slowly throughout the day, and more than usual, regardless of activity level. WATER is generally the best choice. If you are exercising, it is important to replace salt and minerals that the body loses through perspiring by choosing sport beverages and small amounts of juice
- Avoid drinks that contain alcohol or caffeine, or large amounts of sugar - they can cause you to lose more fluid
- Avoid very cold drinks - these may cause cramping in the abdomen &/or legs & arms
- Note: if your physician generally limits the amount of fluid you drink, or has you on "water pills", make sure to ask how much fluid you should drink in hot humid weather
- Note: if your physician has prescribed a "salt-restrictive diet", make sure to ask about increasing your salt intake, before using "high-salt" beverages, such as sport drinks
- Note: Some medications can increase the risk of heat-related illness. Certain medications can inhibit perspiration. Examples are Parkinson's Disease medication, tranquilizers, and other medications used for mental illness
- Stay indoors, if possible. An air-conditioned environment, such as a mall or library, even for a few hours each day helps your body to cool down, if your home is not air-conditioned
- Take frequent cool showers or baths. However, avoid extreme temperature changes. A cool shower immediately after coming in from high temperatures can result in hypothermia, particularly for the elderly and very young
- Check on the elderly, physically ill people, those who have heart disease or high blood pressure. These people are especially susceptible to heat-related illness
- Avoid too much sunshine. Sunburn slows the skin's ability to cool itself
- Wear light weight, loose fitting clothing that covers as much skin as possible to help maintain normal body temperature, while protecting the skin
- Wear a wide-brimmed hat (keeps head cooler), sunglasses and use sunscreen with SPF (Sun Protection Factor) of 15 or higher
- Slow down! Reduce, eliminate, or reschedule strenuous activity such as running, biking and lawn care work. Limit outdoor activities to early mornings or late evenings. Rest in shady areas
- Eat well-balanced, light meals. Foods that increase metabolic activity/body heat, such as high protein, increase a person's water loss
- NEVER leave anyone or a pet in a closed, parked vehicle. Even if car windows are open slightly, the temperature in a car can rise from 30° C degrees to 50° C degrees within 10 to 15 minutes. Pets may experience drastic and rapid increases in body temperature and die in this situation

Plan to drink the recommended amounts spread out throughout the day!

For more information about preventing heat-related illness
Call the Middlesex-London Health Unit at 519-663-5317 Ext 2330
Or visit www.healthunit.com

How to Treat Symptoms of Heat-Related Illness:

If you, or someone you know is experiencing any of these symptoms, it is important to take action quickly!

Heat Cramps:

- stop all activity and move to a cool place
- slowly drink clear juice or sports beverage
- do not return to strenuous activity for a few hours after the cramps are gone because more exertion may lead to heat exhaustion or heat stroke
- seek medical attention if the cramps are not gone within 1 hour

Heat Exhaustion:

- can develop after several days of high temperatures and inadequate fluid intake
- drink cool, non-alcoholic drinks, slowly (every 15-20 minutes) to avoid nausea and vomiting
- REST - get somewhere cool, and do not rush back to physical activity
- have a cool shower or bath, and wear lightweight clothing
- monitor body temperature until it decreases

Heat Stroke:

- the most serious heat-related illness - the body is not able to control temperature
- temperature rises rapidly, sweating mechanism fails, body can't cool down
- body temperature may rise to 104° F - 110° F degrees (40° C degrees or more) within 10-15 minutes, potentially causing permanent disability or death, if not treated
- Call 911 for Emergency Medical Service (EMS) or take the person to the hospital emergency. If EMS is delayed, call the hospital for further instructions
- get person into shade/cool area and offer cool non-alcoholic fluids (unless vomiting)
- cool body rapidly - tub of cool water/cool shower/spray with garden hose

For more information about preventing and/or treating heat-related illness please contact the Middlesex-London Health Unit at:
519-663-5317, ext. 2220
or visit www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Hypothermia Due to Overexposure

What is Hypothermia?

Hypothermia is a condition that occurs from overexposure to cold. A person's body temperature falls below normal. Normal body temperature ranges from 36.1 to 37.8 degrees Celsius (97 to 100 degrees Fahrenheit).

What are the symptoms of Hypothermia?

As body temperature drops, consciousness begins to get clouded. The person is pale and lethargic, appears confused or disoriented, and may hallucinate. In the beginning stages of hypothermia, the person shivers a lot, but as body temperature decreases, shivering actually decreases. This may give people a false sense of well being. **Persons with these symptoms must be kept warm and be taken immediately to hospital.**

What happens in severe cases of Hypothermia?

In severe hypothermia (body temperature below 30° C or 86° F) the person becomes unconscious, breathing is shallow and pulse is irregular or hard to detect. **If someone is found with these symptoms, call for immediate emergency medical treatment.**

Who is at risk for developing Hypothermia?

Healthy individuals exposed to cold weather or conditions for long periods of time are at risk for hypothermia. Elderly persons and infants under 1 year of age are most at risk. Infants are particularly susceptible if they are premature or small for their age.

Can Hypothermia be prevented?

The best way to prevent hypothermia is not to stay in an unheated home, but to move to a warm place. People who remain in unheated homes should make sure that their head, hands and feet are well covered and dry. Physical activity releases heat through the body so keep moving!

For more information contact Environmental Health at the Middlesex-London Health Unit at 663-5317 ext. 2300.

Other resources available at:
Environment Canada at: www.msc.ec.gc.ca/windchill/Cold_injury_e.cfm
National Centre for Environmental Health at: www.cdc.gov/nceh/hsb/extremecold/

December 2003

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Internal Cooking Temperatures of Food

Use a probe thermometer to monitor temperatures

Product	Variety	Celsius (° C)	Fahrenheit (°
Ground Meat and Meat Mixtures	Turkey, chicken	74	165
	Veal, beef, lamb, pork	71	160
Beef	All cuts	60 - 74	140 - 165
Veal	All cuts	60 - 74	140 - 165
Lamb/Goat	All cuts	60 - 74	140 - 165
Pork	All cuts	71	160
Poultry	Chicken, whole	82	180
	Turkey, whole	82	180
	Poultry breasts	74	165
	Stuffing (cooked alone, or in bird)	74	165
	Duck, goose, pheasant	82	180
Ham	Fresh (raw)	71	160
	Pre-cooked (to reheat)	60	140
Seafood	Fish, shellfish and other seafood	70	158

For more information contact Environmental Health at 663-5317 ext. 2300.

Information taken from:
Ontario Ministry of Health and Long Term Care website.
Accessed November 10, 2003.
Safe Food Handling.
www.health.gov.on.ca/english/public/pub/foodsafe/foodhandl.html

January 2004

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Be Prepared! Power or Water Disruptions in Long-Term Care Homes

Preparing for a water or power disruption before it happens is the best way to ensure that you can continue to provide safe and appropriate care for the residents of your home. The following are some things to consider when you are planning for emergency situations.

Power Disruption

- ❑ Develop a plan to minimize loss of food products held frozen or under refrigeration.
  - ➢ Consider access to an electrical generator that can be used to operate critical pieces of equipment such as refrigeration units, or
  - ➢ Plan to obtain a refrigerated truck that can be delivered to your facility. Develop a business relationship with a supplier to ensure prompt delivery of the truck when needed, or
  - ➢ Plan to obtain a supply of ice. Develop a business relationship with a supplier of ice to ensure ice can be provided promptly when needed.
- ❑ Prepare an emergency menu that includes recipes for food items that require little or no cooking since kitchen exhaust systems will not be functional.
- ❑ Plan for an alternate supply of food for your facility if you are unable to continue with food preparation. Alternate supplies may include canned food, dry food, or food brought from another approved source.
- ❑ Plan for maintaining the Cold Chain for your onsite vaccines.
- ❑ Plan for continued operation of medical devices that use electricity.

Water Disruption

- ❑ Plan an emergency menu with food items that need little or no water to prepare.
- ❑ Stock an inventory of single-use items including plates, bowls, cups and utensils, a supply of bottled water, containers suitable for hauling water, and alcohol-based hand sanitizer.
- ❑ Develop a business relationship with a bottled water supplier and /or a licensed water hauler to provide the facility with water during an emergency.
- ❑ Plan for loss of toilet use for both residents and staff. (Guidance is included in the Fact Sheet **"Guidelines for Long Term Care Homes During a Water Interruption"**)
- ❑ Create a list of equipment that uses water, and develop a plan of what will happen with each during a water disruption.

Communication

- ❑ Have a battery-powered radio available for media updates of situation.
  In Middlesex-London emergency updates can be found on:
  AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
  FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX
- ❑ Have a list of emergency contact numbers available.

If power and water are lost for an extended period, you should develop a plan for the relocation of residents to unaffected locations.

For further information, or assistance in planning for power and water disruptions, contact a member of the Infection Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Long-Term Care Homes During a Boil Water Advisory

The Medical Officer of Health issues a boil water advisory when the water is unsafe for drinking based on:

- results of bacteriological testing, or
- an occurrence of illness in the community that has been linked to consumption of the water, or
- other information indicating that the water is unsafe to drink, or
- as a precaution if there is a loss of pressure in the water system.

This factsheet is a guideline only. Special procedures may be necessary and additional instructions may be provided. Watch for media reports and notifications from the Health Unit. The Boil Water Advisory remains in effect until the Medical Officer of Health lifts it.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your home.

Drinking Water

Immediately:

- **Secure** a supply of potable (drinkable) water by:
  - **Boiling the water**. Water should be brought to a rolling boil and boiled for 1 minute, allowed to cool and stored in a covered sanitized container; or
  - **Using commercially bottled water;** or
  - **Hauling water** from another unaffected approved public water supply in a covered sanitized container or arranging for the use of a licensed drinking water hauling truck; or
  - **Chlorinating small batches of water**. To chlorinate, add 1.25mL (1/4 tsp.) liquid household bleach to 4.5L (1 gallon) of water. Mix and let stand for 30 minutes. Use regular household bleach (5% sodium hypochlorite). Do not use scented bleach, bleach with added cleaners or alternative bleaches.

- Shut off drinking water fountains.
- Disconnect all equipment directly plumbed to the water system (ice machines, soft drink machines, coffee machines etc.).
- Post signs at all faucets, in the kitchen area, and in washrooms to advise of the boil water advisory and not to drink the water.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Important: Take special care with residents who have cognitive deficiencies that may impair their understanding of the boil water advisory procedures.

Water for Food Preparation and Cooking

Immediately:

- Discard ready-to-eat food that was prepared with potentially unsafe water prior to the issuance of the Boil Water Advisory (coffee, juice, jello, ice etc.) If you are unsure of which foods to discard, consult with a member of the Infectious Disease Control Team.
- Restrict menu to items that require little or no water, and little preparation.
- Use potable water (as described above) for food preparation activities.

Important: All water used to wash and prepare fruits and vegetables, and any water used as an ingredient in a ready-to-eat food product must be from one of the sources described above.

Handwashing

- Heat potable water and place into an insulated container with a spigot that allows clean, warm water to flow over the hands. Provide liquid soap in a dispenser and paper towels as always and
- It is recommended to follow-up with an alcohol based hand sanitizer. Refer to Fact Sheet **"The Use of Alcohol Based Hand Sanitizers"** for guidance.
- Post handwashing directions at all sinks.

Personal Hygiene

- Teeth brushing and denture care must be completed with potable water (as described above).
- Unless otherwise specified by the Health Unit, bathing may continue as long as residents do not consume the water and their skin is intact.

Water for Cleaning and Sanitizing

- Use single service utensils where possible; or
- Use potable water (as described above) to clean and sanitize equipment and utensils.

In the kitchen:

- Commercial dishwashers that use hot water 82°C (180°F) or above for the final rinse may continue to be used. Ensure units are functioning adequately. Low temperature dishwashers that use chemical sanitizers may not be effective against water contaminated with parasites.
- If you are unsure of the reason for the Boil Water Advisory, consult with a member of the Infectious Disease Control Team.
- Using potable water (as described above), ensure proper manual dishwashing is followed if utensils must be washed by hand. Refer to the **"Dishwashing - 3 Sink Method"** poster for direction.

In the facility:

- Use potable water (as described above), to mix with chemical disinfectants used in environmental cleaning.

In the personal service setting:

- Use potable water (as described above), to mix with chemical disinfectants used in cleaning and disinfecting work surfaces, scissors, combs/brushes, nail clippers etc.

Laundry

- Continue with current laundry practices.
- Ensure that laundry staff has access to potable water for handwashing.

Medical Procedures

- Use potable water as described above for any procedures that use the facility water supply.

Public Pool or Spa

Initially:

- Close pools and spas.
  - Depending on the reason for the issuance of the Drinking Water Advisory, operation of pools and spas may not be recommended. Watch for media releases, or consult with a member of the Infectious Disease Control Team, to determine if operating the pool or spa during the Drinking Water Advisory is appropriate.

If it is determined to be safe to use the pool or spa,

- Ensure adequate disinfection levels are maintained
  - Pool minimum 0.5ppm chlorine residual
    minimum 2.0ppm bromine residual
  - Spa maintain 5-10ppm chlorine or bromine residual
- Operate pool in compliance with *Public Pools, RRO 1990, Reg.565* and the spa in compliance with *Public Spas O.Reg 428/05.*

Enhance Surveillance for Enteric Illness

- Follow standard enteric precautions and outbreak management protocols for residents with diarrheal illness. Notify the Health Unit as soon as possible if residents or staff develop enteric illness. Initiate testing to determine the pathogen involved.
- Staff with enteric illness symptoms must be excluded from work. They must not return until they have been symptom-free for at least 24 hours. If the boil water advisory is issued as a result of a community outbreak, a 48-hour exclusion, and/or negative stool samples may be necessary before returning to work. For specific outbreak direction, consult with the Health Unit.

For returning to normal operations after the boil water advisory is lifted, refer to the factsheet **"Returning to Normal Operation after a Water Disruption"** for guidance.

For further information or assistance in planning for, or responding to a water disruption, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Long-Term Care Homes During a Drinking Water Advisory

Important: Be sure you know what kind of advisory has been issued.

The Medical Officer of Health issues a Drinking Water Advisory when the water has been determined unsafe for drinking and the problem **can not** be corrected by boiling. Drinking Water Advisories may be issued for chemical contamination of water supplies. A drinking water advisory is different from a boil water advisory.

This fact sheet is a guideline only. It is important to listen for media reports and watch for notifications from the Health Unit with specific information regarding the drinking water advisory. Special precautions may be necessary depending on the nature of the contamination.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your institution.

Drinking Water

Immediately:

- **Secure** a supply of potable water by:
  - **Using commercially bottled water.**
  - **Hauling water** from another unaffected approved public water supply in a covered sanitized container or arranging for the use of a licensed drinking water hauling truck.
  - x **Do not boil water.** Boiling may concentrate chemical contaminants.
- Shut off drinking water fountains.
- Disconnect all equipment directly plumbed to the water system (ice machines, soft drink machines, coffee machines etc.).
- Post signs at all faucets, in the kitchen area, and in washrooms to advise of the drinking water advisory and not to drink the water.

Important: Take special care with residents who have cognitive deficiencies that may impair their understanding of the drinking water advisory procedures.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Water for Food Preparation and Cooking

Immediately:

- Discard ready-to-eat food that was prepared with potentially unsafe water prior to the issuance of the Drinking Water Advisory (coffee, juice, jello, ice etc.) If you are unsure of which foods to discard, consult with a member of the Infectious Disease Control Team.
- Restrict menu to items that require little or no water, and little preparation.
- Use commercially bottled water, water hauled from another unaffected approved public water supply in a covered sanitized container, or water from a licensed drinking water hauling truck for food preparation activities.

Important: All water used to wash and prepare fruits and vegetables, and any water used as an ingredient in a ready-to-eat food product must be from one of the sources described above.

Handwashing and Personal Hygiene

Important: Watch for notifications from the Health Unit with specific information regarding the nature of the drinking water advisory. In some cases, the water may not be suitable for <u>any</u> personal use.

- Unless special instructions have been released, wash hands as usual.
- If an alternate source of potable water (as described above) must be used for handwashing, post directions at all sinks.
- Teeth brushing and denture care must be completed with potable water (as described above).
- Unless special instructions are provided, bathing may continue as long as residents do not consume the water.

Water for Cleaning and Sanitizing

Important: Watch for notifications from the Health Unit with specific information regarding the nature of the drinking water advisory. In some cases, the water may not be suitable for <u>any</u> cleaning or sanitizing.

- Use single service utensils where possible; or
- Use potable water (as described above) to clean and sanitize equipment and utensils.

In the kitchen:

The use of mechanical dishwashers may not be safe during a Drinking Water Advisory. Watch for media reports or consult with a member of the Infectious Disease Control Team to determine if the use of mechanical dishwashers is appropriate.

- Using potable water (as described above), ensure proper manual dishwashing is followed if utensils must be washed by hand. Refer to the **"Dishwashing - 3 Sink Method"** poster for direction.

In the facility:

- Use potable water (as described above), to mix with chemical disinfectants used in environmental cleaning.

In the personal service setting:

- Use potable water (as described above), to mix with chemical disinfectants used in cleaning and disinfecting work surfaces, scissors, combs/brushes, nail clippers etc.

Medical Procedures

- Use potable water (as described above) for any procedures that use the facility water supply.

Public Pool or Spa

Initially:

- Close pools and spas.
  - Depending on the reason for the issuance of the Drinking Water Advisory, operation of pools and spas may not be recommended. Watch for media releases, or consult with a member of the Infectious Disease Control Team, to determine if operating the pool or spa during the Drinking Water Advisory is appropriate.

If it is determined to be safe to use the pool or spa,

- Ensure adequate disinfection levels are maintained and
  - Pool minimum 0.5ppm chlorine residual
    minimum 2.0ppm bromine residual
  - Spa maintain 5-10ppm chlorine or bromine residual
- Operate pool in compliance with *Public Pools, RRO 1990, Reg.565* and the spa in compliance with *Public Spas O.Reg 428/05.*

For returning to normal operations after the drinking water advisory is lifted, refer to the factsheet **"Returning to Normal Operation after a Water Disruption"** for guidance.

For further information or assistance in planning for, or responding to a water disruption, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Returning to Normal Operation after a Power Outage in Long-Term Care Homes

This fact sheet is a guideline only. Watch for media reports and situation specific information from the local utility and the Health Unit.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

When power is restored,

- **Assess the safety of potentially hazardous foods** –
  - Refer to the factsheet **"What do I Save and What do I Throw Away When the Power is Out"**
  - Watch for media reports from the municipality that outline the preferred methods for food disposal.
    - Small volumes of food may be discarded at the curbside for municipal pick-up.
    - Large volumes of food may need a disposal company for transportation to the landfill.
  - Ensure that all equipment is functioning properly.
    - Refrigeration – less than 4°C/40°F
    - Hot holding units
    - Dishwashers
    - Ventilation systems
    - Lighting
    - Hot water heater

- Clean and sanitize all food contact surfaces prior to resuming normal activities.

- Drain and refill hot water tanks where the temperature of the water delivered to the faucet has dropped below 45°C/120°F.

- **Vaccine Safety** (if applicable) - If you are concerned with the temperature exposure of your vaccine supply after a power outage, store the vaccines in a bag marked "Do Not Use" in a functioning, monitored refrigerator until you have consulted with a representative from the Middlesex-London Health Unit.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

- **Private Water Supply** (if applicable) - Facilities designated under *Ontario Regulation 170/03 – Drinking Water Systems.*
  - If you think that your water system has been affected by a loss of pressure during the power outage (odour, colour change, sputtering) contact the Ministry of the Environment Spills Action Centre at 1(800) 268-6060 before using the water for drinking or food preparation.
  - If the power outage has not affected your water system, increase the chlorine residual (if applicable) to 0.2 ppm and flush the system until the increased residual is detected at the farthest point in the distribution system and obtain a water sample for bacteriological analysis. You may continue to use the water for drinking and food preparation.

For further information or assistance in planning for, or responding to a power outage, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Returning to Normal Operation after a Water Disruption in a Long-Term Care Home

This fact sheet is a guideline only. Watch for media reports and situation specific information from the local utility and the Health Unit.

- ✓ **In Middlesex-London emergency updates can be found on**:
  AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
  FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

In some situations, an interruption in water supply may lead to the issuance of a Boil Water Advisory once the water supply returns.

Important: If your water has been interrupted, even for a short time, you should confirm the safety of the water supply with the water utility or the Health Unit prior to resumption of use. It is the responsibility of the facility operator to ensure that normal operations can be resumed without compromising safety.

When water is restored,

- ❑ Flush pipes and faucets – Generally, run the faucets for at least one minute before use. Be sure to watch for media reports from the water utility or the Health Unit for any special directions.

- ❑ Flush, clean and sanitize all equipment connected to the water system, according to manufacturer instructions.

If applicable:
- ❑ Run water softeners through a regeneration cycle.
- ❑ Consult with the manufacturer for direction on how to deal with swimming pool and spa pumps and filters.
- ❑ Consult with the manufacturer for direction on how to restart water treatment systems.
- ❑ Drain and refill hot water tanks set below 45°C/120°F. (The standard temperature setting is 60°C/140°F).
- ❑ Drain water reservoirs in large buildings in consultation with the facility engineer.

For further information or assistance in planning for, or responding to a water disruption, contact a member of the Infection Control Team at the Middlesex-London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Long-Term Care Homes During a Power Outage

Listen for media reports for situation updates and specific instructions.

- ✓ **In Middlesex-London emergency updates can be found on**:
  AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
  FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where Do I start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements.

Cold Holding - Refrigeration

Food - A refrigerator without power will keep food cold for 4-6 hours, as long as the door is kept closed. The length of time is dependent on the temperature of the room and the temperature of the fridge before the power outage.

Immediately:

- ❑ **Record** the time the power outage began.
- ❑ **Monitor** and record food temperatures every 2 hours with a probe thermometer.
- ❑ **Add ice to the refrigerators** to maximize the time the food stays cold.
- ❑ **Minimize** refrigerator opening.

Start planning for:

- ➢ **Relocation** of food to a refrigerated truck, an alternate location unaffected by the power outage, or to portable coolers.
- ➢ **Immediate Use** of Potentially Hazardous Foods that have risen into the Danger Zone (above 4°C/40°F) but have been there for less than 2 hours.
- ➢ **Discarding food.** Potentially Hazardous Foods that have been stored above 4°C/40°F for more than 2 hours need to be discarded. Refer to the factsheet **"What do I Save and What do I Throw Away When the Power is Out"** for guidance.

Dry Ice – If you are considering the use of dry ice, be aware of the safe handling requirements. Refer to the factsheet **"Dry Ice Safety"** for guidance.

Vaccines – Vaccines are sensitive biological substances that can lose their potency and effectiveness if they are exposed to temperatures outside of the required range of +2°C to +8°C.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Immediately :

- **Keep refrigerators where vaccines are stored closed**.
- **Monitor temperatures**. Record the time and internal temperature (maximum-minimum and current) of the non-functioning refrigerator (as soon as possible after the start of the electricity disruption) in the vaccine temperature logbook and reset the thermometer. Continue to monitor temperature at regular intervals. Remember to reset the thermometer each time you check it.

Start Planning for:

- **Relocation of the vaccine** to a functioning, monitored refrigerator or cooler.
- **Transportation** of the vaccine in your insulated vaccine bag with ice packs.

If you are concerned with the temperature exposure of your vaccine supply after a power outage, store the vaccines in a bag marked “Do Not Use” in a functioning, monitored refrigerator until you have consulted with a representative from the Middlesex-London Health Unit at 519-663-5317 ext. 2330.

Cold Holding - Frozen

- A full freezer will keep food frozen about 2 days.
- A half-loaded freezer will keep food frozen about half a day if the freezer is left closed.

Immediately:

- **Keep freezers closed.**
- **Add ice to the freezer** or add additional insulation, covering the freezer with blankets, to assist in keeping the food frozen longer.

Start planning for:

- **Relocation of frozen food** to a freezer truck, or an alternate location unaffected by the power outage.
- **Thawing of food.** Potentially hazardous foods that have thawed but the temperature has not increased to above 4°C/40°F can be safely cooked and eaten or cooked and refrozen.
- **Refreezing of partially thawed foods**. As a general rule, if there are ice crystals in the food, and there are no obvious signs of spoilage, then it's safe to quickly refreeze. Do not refreeze thawed ready-to-eat foods.
- **Discarding food.** Any food that has completely thawed and has been sitting at room temperature for more than 2 hours or an unknown period of time, needs to be discarded.

Mechanical Ventilation

Immediately:

- Discontinue interior cooking that produces steam, smoke and grease laden vapours.

Cooking

Immediately:

- ❑ **Discard** potentially hazardous foods that were in the cooking process but did not reach a safe final cooking temperature unless cooking can be completed immediately by an alternate method.

Start planning for:

- ➢ **Obtaining an alternate heat source** for cooking.
- ✗ **Never use charcoal or gas barbecues or propane fueled appliances indoors.**

Hot Holding

Immediately:

- ❑ **Record** the time the power went out.
- ❑ **Monitor** hot holding temperatures hourly.

Start planning for:

- ➢ **Obtaining an alternate heat source** for hot holding.
- ➢ **Discarding food**. All potentially hazardous foods that have been held in the Danger Zone (below 60°C/140°F) for more than 2 hours must be discarded.

Utensil Washing

Immediately:

- ❑ **Use single service tableware** if utensils can not be adequately washed and sanitized.
- ❑ **Use the 3-compartment sink method** for manual dishwashing. Refer to the **" Dishwashing – 3 Sink Method"** poster for guidance.

Lighting

Immediately:

- ❑ **Restrict activities** to those that can be safely conducted in natural light whenever possible.

Start planning for:

- ➢ **Providing an alternate sources of lighting.** Candles are not recommended, use flashlights instead.

If you must use candles,

- ✗ Do not burn candles on or near anything that can catch fire.
- ✗ Never leave burning candles unattended and extinguish candles when you leave the room.
- ✓ Keep burning candles away from drafts.

Hot Water

Immediately:

- ❑ Heat small amounts of water on a natural gas or propane appliance.
- ✗ Never use charcoal or gas barbecues or propane fueled appliances indoors.

Air Conditioning

Heat-related illnesses can develop within a short period of time when people are exposed to extreme heat. The elderly are very susceptible to heat-related illness.

Immediately:

- ❑ Have drinking water available for all residents and encourage residents to drink often.
- ❑ Keep shades drawn and blinds closed on the sunny side of your facility.
- ❑ Open windows to encourage cross-breezes.

Start planning for:

- **Monitoring of residents** for signs and symptoms of heat-related illness.
- **Cooling of residents** with a cool bath, shower or application of cool, wet towels.
- **Relocation** to air-conditioned spaces if possible even for a short period of time. Refer to the factsheet **"Heat-Related Illness"** for guidance.

Heat

Immediately:

- **Conserve body heat** by dressing residents warmly in layers and using blankets.

Start planning for:

- **Locating an alternate heat source**.
- **Creating an emergency heated area** within your facility. Refer to the factsheet **"Staying Warm in an Unheated House: Coping with a winter power outage"** for guidance.

Circulation system for pool or spa

Immediately:

- **Close pool and/or spa**.

Start planning for:

- **Re-opening** the pool in compliance with *Public Pools, RRO 1990, Reg.565* and the spa in compliance with *Public Spas O.Reg 428/05.*

Well pump (if applicable)

Immediately:

- **Obtain a supply of potable water.**
- Refer to the Fact Sheet **"Guidelines for Long Term Care Homes during a Water Interruption"**

Sewage Pump (if applicable)

Immediately:

- **Discontinue all operations.** If the sewage pump is not functional, continuing to use water in the facility will result in sewage backing-up into the lowest fixtures. Contact a member of the Infectious Disease Control Team.

For further information or assistance in planning for, or responding to a power outage, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Guidelines for Long-Term Care Homes During a Water Interruption

An interruption is when no water is provided to the home. In some situations, an interruption in water supply may lead to the issuance of a Boil Water Advisory once the water supply returns.

Important: If your water has been interrupted, even for a short time, you should confirm the safety of the water supply with the water utility or the Health Unit prior to resumption of use.

This factsheet is a guideline only. Special procedures may be necessary and additional instructions may be provided. Watch for media reports and notifications from the Health Unit.

✓ **In Middlesex-London emergency updates can be found on**:
AM Band : 980 CFPL, 1070 CHOK, 1290 CJBK, 1410 CKSL
FM Band : 92.7 CJBK, 9305 CBCL, 94.7 CREC, 94.9 CHRW, 95.9 CFPL, 97.5 CIQM, 100.5 CBBL, 101.3 CKOT, 102.3 CHST, 103.1 CFHK,103.9 CKDK, 106.9 CIXX

Where do I Start?

Identify a "Person-in-Charge" who will be responsible for ongoing management of the emergency situation and ensure ongoing compliance with safety requirements for your home.

Drinking Water

Immediately:

- **Secure** a supply of potable (drinkable) water by:
  - **Using commercially bottled water.**
  - **Hauling water** from another unaffected approved public water supply in a covered sanitized container or arranging for the use of a licensed drinking water hauling truck.

Water for Food Preparation and Cooking

- Restrict menu to items that need little or no water to prepare.
- Use commercially bottled water, water hauled from another unaffected approved public water supply in a covered sanitized container, or water from a licensed drinking water hauling truck.

Important: All water used to wash and prepare fruits and vegetables, and any water used as an ingredient in a ready-to-eat food product (coffee, juice, jello, ice etc.) must be from one of the sources (as described above).

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Handwashing

- Heat potable water and place into an insulated container with a spigot that allows clean, warm water to flow over the hands. Provide liquid soap in a dispenser and paper towels as usual.
- Follow-up with an alcohol based hand sanitizer. Refer to Fact Sheet **"The Use of Alcohol Based Hand Sanitizers"** for guidance.
- Post handwashing directions at all sinks.

Water for Cleaning and Sanitizing

- Use single service utensils where possible; or
- Use potable water (as described above) to clean and sanitize equipment and utensils.
- Ensure proper manual dishwashing is followed. Refer to the **"Dishwashing - 3 Sink Method"** poster for instructions.

Note: Food preparation in a facility must be discontinued when cleanliness of the kitchen jeopardizes food safety.

Water to Flush Toilets

- Arrange for portable toilets to be delivered to the facility and/or
- Create an Emergency "Toilet Room" within the facility that has an alternate source of water available for manual flushing. Non potable water may be used for this purpose but the water containers must be clearly marked with **"Non potable water. This water is unsafe to drink."**
- Flush the toilet by dumping a bucket of water into the toilet bowl all at one time. This will clear the bowl.

Pool and Spa Operation

- Close pools and spas for use until water service is restored.

For returning to normal operations after the water supply is restored, refer to the factsheet **"Returning to Normal Operation after a Water Disruption"** for guidance.

For further information or assistance in planning for, or responding to a water disruption, contact a member of the Infectious Disease Control Team at the Middlesex- London Health Unit at 519-663-5317 ext. 2330 or at www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Public Health: Management of Disasters & Emergencies

We are Community Partners in Response

Middlesex-London Health Unit's professionals take responsibility of community health both in disaster and emergency preparedness and response by:

1. identifying groups most at risk from disaster (i.e.: the vulnerable and ill)
2. using traditional planning principles and serving as an integral part of the preparation and the delivery of public health services during the impact and post impact phases of the emergency
3. providing disaster education in advance of (what to expect in a disaster) and after (how to deal with the effects) of the event
4. taking responsibility for the health of a community following a disaster
5. using such resources as assessment, epidemiology and data analysis to make and implement recommendations for limiting morbidity and mortality
6. cooperating, collaborating and participating with the broadest range of community agencies to ensure that primary health, public health, mental health and social impacts are adequately addressed in disaster planning
7. preventing disease by providing health authorities information on injury prevention, food and water safety and vector control
8. assuring that health services continue post impact, including acute care, continuity of care, primary care and emergency care
9. inspecting evacuation/reception centers and feeding operations
10. communicating with government officials about the public health effects of potential disasters and providing expert assistance during and after emergencies
11. developing and advocate public policies designed to reduce the public health impact of potential disasters
12. collaborating with other health and human service professionals to rigorously evaluate intervention outcomes
13. participating as full partners with emergency management professionals in preparedness, response and recovery
14. staffing public health clinics involved in an emergency
15. assuring the ability to respond when needed is met
16. conducting health surveillance, detecting, identifying and verifying individual cases through laboratory sciences and to institute measures to control infectious disease
17. providing expert assistance to responding to chemical, biological, radiological or nuclear hazards
18. providing public health information
19. coordinating with other sectors on long-term consequence management

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

When disaster strikes, our part includes:

- emergency health communications
- disease outbreak management
- immunization
- monitoring of water quality
- food safety
- home safety
- pandemic planning
- hazardous materials
- air quality
- family preparedness
- extreme weather response
-

For more information contact:

Patricia Simone
Manager, Emergency Preparedness
Middlesex-London Health Unit
(519) 663-5317 ext. 2371
or www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

RABIES AWARENESS

What is rabies?

Rabies is a disease caused by a virus that attacks the central nervous system of warm-blooded mammals (animals).

- Rabies is spread from infected animals to people by **saliva**.
- This could happen after being bitten or by contact with contaminated saliva on a cut or moist tissues of the mouth, nose or eyes.
- The saliva of an infected animal can spread rabies even before there are any signs of the disease.
- All animals that contract rabies will die.
- **If left untreated**, rabies is also fatal to humans.

What are the symptoms of rabies?

Rabies can manifest itself as "dumb" or "furious" rabies.

In "dumb" rabies:

- Some animals may become depressed and retreat to isolated places;
- Wild animals, especially skunks, may lose their fear of humans; and/or
- Animals may show signs of partial paralysis such as abnormal facial expressions, drooping head, sagging jaw, or paralyzed hind limbs.

In "furious" rabies:

- Animals may show extreme excitement and aggression;
- Animals may gnaw and bite their own limbs;
- Animals may attack stationary objects or other animals; and
- Bouts of "furious" rabies usually alternate with periods of depression.

How long does it take for an animal to show signs of rabies after it is infected?

The time period between exposure to the virus and the onset of symptoms can range from approximately two weeks to many months. The length of time between infection and the onset of symptoms depends on the severity of the bite or the wounds and their distance from the brain.

How is rabies diagnosed?

Although the symptoms of rabies are fairly characteristic and a veterinarian may make a clinical or tentative diagnosis, a final diagnosis can only be made by laboratory examination of an animal's brain. It is therefore important that, when an animal has to be killed, it is not shot or damaged in the head.

What should I do if I am bitten or scratched?

- Wash the area thoroughly with soap and water.
- If the animal is a pet (e.g. dog or cat), get the owner's name, address and telephone number. Find out when and where the animal had its last rabies shot.
- Get medical attention. Some wounds require stitches, and a shot for tetanus (lockjaw) may be necessary.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

- Call the local Health Unit to report the animal bite. Have the following information ready:
  - Type and description of the animal.
  - Owner's name and where they live.
  - How the bite occurred.
- The Health Unit follows up on all reports of animal bites to ensure that an animal is healthy and if necessary, will order rabies vaccine for the person who was bitten.
- Call your local Animal Care and Control Centre if the animal is running at large. They will want to know if the animal has been seen in the area before and what direction it was seen heading. (In London, the Animal Care Centre can be reached at 685-1330).
- Call the Police for assistance in locating a dog or if the animal owner does not give you the information that is needed.

Can rabies be treated?

Yes! If you are bitten or scratched by an animal with rabies, you will get a series of fives shots of anti-rabies vaccine. The vaccine works and it is safe.

What can I do to prevent rabies?

There is much that you can do to help identify and prevent the spread of rabies. Here are some preventative measures that you can take:

- ✓ Do not feed or touch a wild or strange (unknown) animal.
- ✓ Do not touch a dead or sick animal.
- ✓ Make sure your pet is kept up to date with its rabies vaccination. (It is the law)
- ✓ Keep your pet confined on a leash.
- ✓ Learn to identify the signs of rabies in animals.
- ✓ Warn your children to stay away from unknown, wild, or aggressive animals.
- ✓ Seek immediate medical attention if contacted by a potentially rabid animal.
- ✓ If you see a potentially rabid animal, contact your local animal control centre.
- ✓ Reduce your chances of contact by animal-proofing your house, cottage and workplace.
- ✓ Be on the lookout for hitchhiking raccoons.

Source: Ontario Ministry of Health and Long -Term Care: Rabies Awareness in Ontario.

FOR MORE INFORMATION CONTACT:
Environmental Health and Chronic Disease Prevention Services
519-663-5317 ext. 2300

Or, you can read more about rabies awareness and prevention on the:

Ministry of Health and Long-Term Care Web Site:
http://www.health.gov.on.ca/english/public/pub/rabies/rabies1.html

Ministry of Natural Resources Web Site: http://rabies.mnr.gov.on.ca/

February 2007

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

RABIES REMINDER FOR SUMMER CAMPS

Introduction

Summer camps may be located in areas that are also home to bats and other wildlife. Camp buildings are often places where bats like to roost. If people are sleeping in cabins with bats, or if children handle bats found on the ground, rabies exposures can occur.

What is Rabies?

Rabies is a disease caused by a virus that attacks mammals' central nervous system, and is spread by contact with the saliva of an infected animal. This could happen during a bite or by contact with contaminated saliva on broken skin or moist tissues of the mouth, nose or eyes. An animal that has contracted rabies will die. If left untreated, rabies is fatal to humans.

Bats and Rabies

Bats are beneficial (they eat over three times their body weight in insects every night), but they can cause disease. Bats have been known to cause rabies in humans. **A bat exposure is considered to occur when:**

- ✓ A bat lands on a person.
- ✓ A sleeping person awakes and finds a bat in the room.
- ✓ A bat is found in the room of an unattended child or person who could not report whether he or she had direct contact with the bat.

The bat's small teeth may leave marks that are not easily seen and the bite may not be felt. Bats that are infected with rabies are often mistaken for injured animals when they are flopping on the ground. Abnormal bat behaviour includes; being on the ground, landing on someone, and flying during the day. Sometimes no abnormal behaviour is noticed, but **all** contact with bats or any other wild animal should be reported to the camp nurse or camp director, and your local health unit.

Inspection of Camp Buildings

The best time to inspect all cabins and sleeping quarters is during the spring before the camp opens. Routine checks should also be carried out by camp staff.

Inspections should include:

- ❑ attics, rafters, porches, walls for any sign of roosting bats, such as bat guano and crystallized urine, or a musty odour.
- ❑ looking for openings through which bats could enter (any opening larger than a dime).
- ❑ not allowing cabins to be used for sleeping (if there is evidence of bat roosts) until they have been batproofed.

How to Batproof Camp Buildings

- ❑ seal any openings larger than a dime with caulking
- ❑ use window screens and chimney caps, fill electrical and plumbing holes with stainless steel wool or caulking, and make sure all doors to the outside close tightly.
- ✗ **do not** batproof buildings during the period from late May to mid-August, to avoid trapping baby bats inside the building.

What to do if an exposure to a bat occurs

- ❑ try to confine the bat in a can or jar taking care to avoid touching the bat.
- ❑ notify the camp physician and the Health Unit immediately.

If you have trapped the bat contact the Health Unit at 519-663-5317, ext. 2300, after hours or on weekends please call 519-675-7523 and arrangements will be made to submit the bat to the Federal Laboratory for rabies testing. If the bat is found to be rabid or if the bat is not available for testing, exposed persons will be advised to get rabies vaccination.

For more information contact Environmental Health at 519-663-5317 ext. 2300
Other health unit resources are available at the health unit or go to
www.healthunit.com

Information obtained from:

Ontario Ministry of Natural Resources website. Accessed on March 21, 2007
Questions and Answers May 2003
http://rabies.mnr.gov.on.ca/spectrasites/viewers/showArticle.cfm?objectid=B46596AB-DDE7-49BE-A3E18CAE095ACF6B&method=displayfullnobarnotitle&id=B46596AB-DDE7-49BE-A3E18CAE095ACF6B&siteid=DD40F8F0-A2C7-4547-B42CFC76D2CA7939 © Queen's Printer for Ontario, 2002

Health Canada website. Accessed on March 21, 2007
Effective Control of Bats April 1997
www.hc-sc.gc.ca/pmra-arla

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Safe Food and Water During an Emergency

Your Food Safety

During an emergency, power failure or mechanical break down, food spoilage can result from lack of proper refrigeration.

Food in your Freezer

- A full freezer will keep food frozen about 2 days.
- A half-loaded freezer about half a day if the freezer is left closed.

Additional insulation, covering the freezer with blankets, and adding ice to your freezer will assist in keeping the food frozen longer.

Refreezing

As a general rule, if there are ice crystals in the food, and there are no obvious signs of spoilage, then it's safe to quickly refreeze.

- Meat that has thawed but the temperature has not increased to above 4° C can be safely cooked and then eaten or refrozen.
- Do not refreeze thawed cooked foods.

Throw away any food that has completely thawed and has been sitting at room temperature for more than 2 hours or an unknown period of time.
Note: Partial thawing and refreezing of food may reduce the food quality.

Food in your Refrigerator

Keep an appliance thermometer in your refrigerator
A refrigerator without power will keep food cold for 4-6 hours depending on room temperature and the cooler temperature before the power outage.

- Keep the refrigerator door closed and add ice to maximize the time the food stays cold.
- Use a probe type thermometer to monitor internal food temperatures.
- Immediate use of potentially hazardous foods is recommended when the internal temperature of the food rises above 4 C.

Potentially hazardous foods stored above 4° C for more than 2 hours should be thrown away

Potentially hazardous foods include:

- raw and cooked meats, poultry, seafood, dairy products (milk, cream, yogurt, soft cheeses) and eggs
- cooked pasta, rice and potatoes
- prepared salads, casseroles, soups and stews
  custard, pudding, chiffon, cream filled

The following foods can be stored without refrigeration:

- margarine and butter
- fresh fruit and vegetables
- peanut butter, jams and jellies
- ketchup, barbecue sauce, mustard
- hard or processed cheese

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Alternate Food Storage

Outdoors (garage, porch, balcony) - If the outside temperature is less than 4° C, potentially hazardous foods can be stored outdoors safely.
Note: Be sure to place food in leak-proof and animal-proof containers.

Family and friends - Relocate food to freezers and refrigerators of those not affected by the power outage

Garbage Disposal

All contaminated food should be double bagged and placed in leak proof containers.

Your Water Safety

Safe water is needed for drinking, brushing teeth, washing fruits and vegetables and cooking. An emergency or widespread power outage may interrupt, or affect the safety of, your current water supply.

Alternate Supplies

Bottled water - Use commercially sealed containers of water or store water in clean, labeled containers with tight fitting lids.
Well water - Obtain water from a groundwater supply if power is available to operate the pump.
Another municipal system - Import water from an unaffected municipal supply.
Hidden water sources in your home -

- Ice cubes.
- Hot water tank - To use the water in your hot water tank, turn off the electricity or gas, and open the drain at the bottom of the tank. Shut off the water intake valve and turn on a hot water faucet.
- Plumbing pipes - Let air into the plumbing by opening the highest faucet in your home and draining the water from the lowest one.
- Toilet tank reservoir - The tank, not the bowl.

All water, except that from commercially sealed containers, must be treated before use.

Emergency Water Treatment

Boiling - Heat water to a vigorous rolling boil for 1 minute and cool before use.
Disinfection - Add 1.25mL (1/4 tsp.) liquid bleach to 4.5 L (1 gallon) of water, mix and let stand for 15 minutes.

- Use regular household bleach (5% sodium hypochlorite).
- Do not use scented bleach, bleach with added cleaners or alternative bleaches.

For more information contact Environmental Health at the Middlesex-London Health Unit at 663-5317 ext. 2300.

Information adapted from: Ontario Ministry of Health and Long Term Care website Accessed October 15, 2003 *"Food Safety: If there is an electrical power blackout*
How to ensure food is safe to eat." www.health.gov.on.ca:80/english/public/pub/foodsafe/homefood.html © Queen's Printer for Ontario, 2002
"What you need to get safe water" www.health.gov.on.ca:80/english/public/pub/foodsafe/water.html © Queen's Printer for Ontario, 2002
Federal Emergency Management Agency website Accessed January 12, 2004. "*Food and Water in an emergency"* www.fema.gov/pdf/library/f&web.pdf January 2004

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Safe Food Handling: How to Prepare Food at Home

Shopping

Buy cold food last and get home fast.
When shopping for food:

- Buy cold and frozen food last
- Make sure that cold foods are cold and frozen foods are solid.
- Check the "best before" date
- Choose canned foods that are free of dents, cracks or bulging lids.
- Bag raw meat, fish and poultry separately.
- Transport foods home quickly and refrigerate.
- **Avoid** unpasteurized juices and ciders.

Storing

Keep cold food cold. Keep food safe.

- Keep the refrigerator at 4°C (40°F) and the freezer at -18°C (0°F). Use an appliance thermometer to make sure your fridge is the right temperature.
- Freeze fresh meat, fish or poultry immediately if it will not be used within a few days.
- Store raw meat, fish or poultry on a plate or in a container in the lowest part of the refrigerator to prevent juices from dripping onto other food.
- Store all household cleaning supplies and other chemicals separately and away from food.
- Get rid of household pests such as flies, rodents, and cockroaches.

Preparing

Keep the preparation area clean. Thaw in the refrigerator.

- **Wash your hands** with warm water and soap before preparing food and frequently during preparation, especially after handling raw meat, fish or poultry.
- Keep raw meat, fish and poultry and their juices - away from other food.
- **Clean and sanitize** cutting boards, utensils and containers that have been in contact with raw meat, fish and poultry.
- Change kitchen towels, sponges and cloths frequently.
- Marinate foods in the refrigerator.

Thawing

Always thaw foods

- in the refrigerator
- under cold running water
- in the microwave

Sanitizing solution: 5ml (1 tsp.) bleach in 750ml (3cups) water

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Cooling

Use small containers for rapid cooling.
Avoid the Danger Zone: 4°C (40°F) to 60°C (140°F)
It is important to cool food quickly by:

- Cool food in shallow containers.
- Remove stuffing and cool separately.
- Place containers on wire racks or in an ice bath.
- Cut large pieces of meat into portions.
- **Never** overload the refrigerator - cool air must be able to circulate.

Cooking

Cook meat and poultry thoroughly
Use a meat thermometer

- Cook meat and poultry thoroughly. Check temperatures with a probe thermometer.

In the microwave -

- Cover food with plastic or a lid.
- Stir and rotate food.
- Observe standing time in recipe.
-

Internal Cooking Temperatures

	° C	° F
Ground poultry	74	165
Ground meat	71	160
Beef, veal, lamb	60-74	140-165
Pork	71	160
Poultry - whole	82	180
Poultry - breast	74	165
Raw ham	71	160
Pre-cooked ham	60	140
Seafood	70	158

Serving

Never leave perishable food out for more than two hours
Keep hot food hot, above 60°C (140°F).

- on a hot plate,
- on another heat source.

Keep cold food cold, below 4°C (40°F)

- on ice.
- Serve food in smaller containers, keeping extras in the oven for hot food or in the refrigerator for cold food.
- Always use utensils to serve food.
- Use clean containers and utensils to serve food that has been cooked.
- **Never** use utensils that were used to handle raw meat or poultry.
- **Never** add more food to serving dishes already on the table.

Reheating

- Bring soups, sauces and gravy to a quick boil.
- Heat other leftovers quickly and to at least 74° C.
- Throw out leftovers that have been reheated.

Can I use it?

When in doubt, throw it out!

- Generally, food with mould on it should be thrown out. Hard cheeses, salamis and some produce may be kept if the mould and a large area around the mould can be cut out.
- Never taste food that doesn't look right or smell right.

Is it food poisoning?

Bacteria that you can't see, taste or smell can multiply rapidly in food if it's not kept at the right temperature. Bacteria in food can cause illness. Health Canada estimates that 2 million people get food poisoning every year. Most cases of food poisoning can be prevented if food is handled properly.
Common symptoms of food poisoning include nausea, vomiting, diarrhea, cramps or fever. Symptoms can appear 30 minutes from the time the food was eaten to two weeks later. Most often people become sick 4 to 48 hours after eating.
If symptoms are severe, or the person who is sick is very young, elderly, pregnant or already sick with another type of illness, medical attention is recommended.

For more information about Safe Food Handling & Food Poisoning contact Environmental Health at 663-5317 ext. 2300.

Other resources available at:
Canadian Food Inspection Agency www.inspection.gc.ca
Ontario Ministry of Health and Long Term Care www.health.gov.on.ca
Information adapted from:
Ontario Ministry of Health and Long Term Care website
"Safe Food Handling". Accessed November 10, 2003
www.health.gov.on.ca/english/public/pub/foodsafe/foodhandl.html
January 2004

Shopping
Buy cold food last and get home fast

When shopping for food:
- ✓ Buy cold and frozen food last
- ✓ Make sure that cold foods are cold and frozen foods are solid.
- ✓ Check the "best before" date
- ✓ Choose canned foods that are free of dents, cracks or bulging lids.
- ✓ Bag raw meat, fish and poultry separately.
- ✓ Transport foods home quickly and refrigerate.
- ✗ **Avoid** unpasturized juices and ciders.

Storing
Keep cold food cold
Keep food safe

- ✓ Keep the refrigerator at 4°C (40°F) and the freezer at -18°C (0°F). Use an appliance thermometer to make sure your fridge is the right temperature.
- ✓ Freeze fresh meat, fish or poultry immediately if it will not be used within a few days.
- ✓ Store raw meat, fish or poultry on a plate or in a container in the lowest part of the refrigerator to prevent juices from dripping onto other food.
- ✓ Store all household cleaning supplies and other chemicals separately and away from food.
- ✓ Get rid of household pests such as flies, rodents, and cockroaches.

Preparing
Keep the preparation area clean
Thaw in the refrigerator

- ✓ **Wash your hands** with warm water and soap before preparing food and frequently during preparation, especially after handling raw meat, fish or poultry.
- ✓ Keep raw meat, fish and poultry and their juices - away from other food.
- ✓ **Clean and sanitize** cutting boards, utensils and containers that have been in contact with raw meat, fish and poultry.
- ✓ Change kitchen towels, sponges and cloths frequently.
- ✓ Marinate foods in the refrigerator.

Thawing - Always thaw foods
- ✓ in the refrigerator
- ✓ under cold running water
- ✓ in the microwave

Sanitizing Solution: 2.5ml (1/2-tsp.) bleach in 500ml (2 cups) water.

Cooling
Use small containers for rapid cooling
Avoid the Danger Zone: 4°C (40°F) to 60°C (140°F)

It is important to cool food quickly by:
- ✓ Cool food in shallow containers.
- ✓ Remove stuffing and cool separately.
- ✓ Place containers on wire racks or in an ice bath.
- ✓ Cut large pieces of meat into portions.
- ✗ **Never** overload the refrigerator - cool air must be able to circulate.

Cooking
Cook meat and poultry thoroughly
Use a meat thermometer

- ✓ Cook meat and poultry thoroughly. Check temperatures with a probe thermometer.

In the microwave -
- ✓ Cover food with plastic or a lid.
- ✓ Stir and rotate food.
- ✓ Observe standing time in recipe.

Internal Cooking Temperatures

	°C	°F
Ground poultry	74	165
Ground meat	71	160
Beef, veal, lamb	60-74	140-165
Pork	71	160
Poultry - whole	82	180
Poultry - breast	74	165
Raw ham	71	160
Pre-cooked ham	60	140
Fish	70	158

Serving
Never leave perishable food out for more than two hours

Keep hot food hot, above 60°C (140°F).
- ✓ on a hot plate,
- ✓ on another heat source.

Keep cold food cold, below 4°C (40°F)
- ✓ on ice.
- ✓ Serve food in smaller containers, keeping extras in the oven for hot food or in the refrigerator for cold food.
- ✓ Always use utensils to serve food.
- ✓ Use clean containers and utensils to serve food that has been cooked.
- ✗ **Never** use utensils that were used to handle raw meat or poultry.
- ✗ **Never** add more food to serving dishes already on the table.

Reheating

- ✓ Bring soups, sauces and gravy to a quick boil.
- ✓ Heat other leftovers quickly and to original cooking temperature.
- ✓ Throw out leftovers that have been reheated.

Can I use it?

When in doubt, throw it out!

- ✓ Generally, food with mould on it should be thrown out. Hard cheeses, salamis and some produce may be kept if the mould and a large area around the mould can be cut out.
- ✗ Never taste food that doesn't look right or smell right.

Is it food poisoning?

Bacteria that you can't see, taste or smell can multiply rapidly in food if it's not kept at the right temperature. Bacteria in food can cause illness. Health Canada estimates that 2 million people get food poisoning every year. Most cases of food poisoning can be prevented if food is handled properly.

Common symptoms of food poisoning include nausea, vomiting, diarrhea, cramps or fever. Symptoms can appear 30 minutes from the time the food was eaten to two weeks later. Most often people become sick 4 to 48 hours after eating.

If symptoms are severe, or the person who is sick is very young, elderly, pregnant or already sick with another type of illness, medical attention is recommended.

MIDDLESEX-LONDON HEALTH UNIT

For more information about Safe Food Handling & Food Poisoning contact:
Environmental Health
519-663-5317 ext. 2300 or go to
www.healthunit.com

Other resources available at:

Canadian Food Inspection Agency
www.inspection.gc.ca

Ontario Ministry of Health and Long Term Care
www.health.gov.on.ca

Information adapted from:

Ontario Ministry of Health and Long Term Care website *"Safe Food Handling"*. Accessed November 10, 2003 www.health.gov.on.ca/english/public/pub/foodsafe/foodhandl.html

February 2008

Middlesex-London Health Unit
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 • fax: (519) 663 - 9581
health@mlhu.on.ca

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy ON N7G 1Y5
tel: (519) 245 - 3230 • fax: (519) 245 - 4772

An Accredited Teaching Health Unit

MIDDLESEX-LONDON HEALTH UNIT

Safe Food Handling

How to Prepare Your Food at Home

www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Staying Warm in an Unheated House

Coping with a Winter Power Outage

To minimize discomfort and possible health problems:

- conserve body heat by dressing warmly;
- find or improvise an alternative heat source;
- confine heating to a single room;
- keep safety a foremost consideration.

While chances of freezing to death in your home are small, there's a greater danger of death by fire, asphyxiation from lack of oxygen or carbon monoxide poisoning.

Think Safety First

Safety is of extreme importance in a heating emergency.

- **Do not** burn anything larger than candles inside your home without providing adequate ventilation to the outside.
- **Do not** use a gas or electric oven for heating. A gas oven may go out or burn inefficiently, leading to carbon monoxide poisoning. An electric oven was not designed for space heating.
- **Do not** burn outdoor barbecue charcoal briquettes inside — even in a fireplace.
- **Do not** try to use bottled gas in natural gas appliances unless you have converted the appliances for such use.
- **Cross Ventilate** - Any type of heater (except electric) should be vented. If you use an unvented heater, cross-ventilate by opening a window an inch on each side of the room. It is better to let in some cold air than to run the risk of carbon monoxide poisoning.
- **Watch for Fire** - One person should stay awake to watch for fire and to make sure ventilation is adequate. If the designated person feels drowsy or has a headache, it may be a sign of inadequate ventilation and effects of carbon monoxide.
- Keep fire fighting materials, battery operated smoke detector and carbon monoxide detector in the room utilizing the alternate heat source.
- Locate the heat source where it will not start an object on fire and will not be knocked over.
-

Find an Alternative Heat Source

You may have alternative heating resources around your home. Possibilities include:

- A gas-burning generator operated outdoors. This is the solution of choice to restore near normal in home activity.
- Properly vented wood stoves and fireplaces.

Interior space heaters operated in accordance with manufacturer instructions.

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Select a Room to be Heated

To increase efficiency of available heat, close off all rooms except the one to be heated. When selecting a room, consider the following:

- Confine emergency heat to a small area.
- Try to select a room on the "warm" side of the house, away from prevailing winds. Avoid rooms with large windows or uninsulated walls. Interior bathrooms probably have the lowest air leakage and heat loss. Your basement may be a warm place in cold weather because the earth acts as insulation and minimizes heat loss.
- Isolate the room from the rest of the house by keeping doors closed, hanging bedding or heavy drapes over entryways, or by erecting temporary partitions of cardboard or plywood.
- Hang drapes, bedding or shower curtains over doors and windows.
-

Conserve Body Heat

- Put on extra clothing.
- If cold is severe, your bed may be the warmest place.
- Use extra blankets and coverings to trap body heat; this is an especially good way to keep children warm.

For more information contact Environmental Health at 663-5317 ext. 2300.

Excerpts taken from:
University of Wisconsin-Madison Extension website. Accessed on January 12, 2004.
"Winter Storms". Complete document at www.uwex.edu/ces/news/info/winter.pdf

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Understanding the UV Index

Environment Canada developed the UV (ultraviolet) Index to inform Canadians about the strength of the sun's UV (ultraviolet) rays. UV rays can cause sunburns, eye cataracts, skin aging and skin cancer. The higher the UV Index number, the stronger the sun's rays, and the greater the need to take precautions. The table below outlines the sun protection actions recommended at different levels of the UV Index.

Environment Canada's UV Index

UV Index	Description	Sun Protection Actions
0 - 2	Low	• Minimal sun protection required for normal activity • Wear sunglasses on bright days. If outside for more than one hour, cover up and use sunscreen • Reflections off snow can nearly double UV strength. Wear sunglasses and apply sunscreen
3 - 5	Moderate	• Take precautions – cover up, wear a hat, sunglasses and sunscreen - especially if you will be outside for 30 minutes or more • Look for shade near midday when the sun is strongest
6 – 7	High	• Protection required – UV damages the skin and can cause sunburn • Reduce time in the sun between 11 a.m. and 4 p.m. and take full precautions – seek shade, cover up, wear a hat, sunglasses and sunscreen
8 - 10	Very High	• Extra precautions required – unprotected skin will be damaged and can burn quickly • Avoid the sun between 11 a.m. and 4 p.m. and take full precautions – seek shade, cover up, wear a hat, sunglasses and sunscreen
11 +	Extreme	• Values of 11 or more are very rare in Canada. However, the UV Index can reach 14 or more in the tropics and southern U.S. • Take full precautions. Unprotected skin will be damaged and can burn in minutes. Avoid the sun between 11 a.m. and 4 p.m., cover up, wear a hat, sunglasses and sunscreen • White sand and other bright surfaces reflect UV and increase UV exposure

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

Sun Protection Tips

- The amount of UVR (ultraviolet radiation) you receive depends on both the strength of the sun's rays (measured by the UV Index) and the amount of time you spend in the sun. Reduce your time in the sun – seek shade, particularly between 11:00 am and 4:00 pm from April to September
- Cover up, wear a broad-brimmed hat, a shirt with long sleeves and wrap-around sunglasses or ones with side shields
- Use a sunscreen lotion or cream– with a sun protection factor (SPF) of 15 or higher, with both UVA and UVB protection. Apply generously before going outside, and reapply often, especially after swimming or exercise
- Listen for Environment Canada's UV Index – it's included in your local weather forecast whenever it is forecast to reach 3 (moderate) or more that day

UV Information: www.msc.ec.gc.ca/topics/uv

Weather forecasts: www.weatheroffice.ec.gc.ca/

For more information about the UV Index
contact the Middlesex-London Health Unit at
663-5317 Ext. 2300
or visit www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

FACT SHEET fact sheet

Well Water Disinfection

Residents in Middlesex-London are advised to consult with a local Public Health Inspector at 663-5317, ext. 2300 before disinfecting their well.

Disinfection of Wells

You may need to disinfect a well that:

- has been flooded,
- has undergone alteration or repair,
- has a history of unsatisfactory bacteriological sample results.

Note:

a. Well disinfection solves a limited number of problems that may be causing unsatisfactory water quality.
b. An alternate source of water, or a water treatment system may be the only permanent long tem solutions to on-going problems with quality.

In situations of known or suspected well water contamination:

- **Boil.** Bring water to a vigorous rolling boil for 1 minute before use.
- **Chlorinate.** Add 1.25 ml (1/4 tsp.) of liquid household bleach (5% sodium hypochlorite) to 4.5 litres (1 gallon) of water.
  Mix well and let stand for 15 minutes.

How to Disinfect a Well

For convenience, the following tables will give the amounts of household bleach to be added to dug wells (up to 3 feet in diameter) or drilled wells (up to 6 inches in diameter), at various water depths.

Notes on Chlorine Use

a. If Calcium Hypochlorite powder is used, it should be mixed with water to form a solution before being added.
Caution - Always add chemical to water and never water to chemical.
b. With most drilled wells, the chlorine solution can be added through the vented sanitary cap.
c. Any chlorine solution should be handled carefully. It can bleach clothing and injure the eyes and skin. In case of spills, wash off with large amounts of water.

Chlorine for Dug Wells (up to 3 feet in Diameter)			Chlorine for Drilled Wells (up to 6 inches in Diameter)	
Water Depth (Feet)	**Household Bleach (Quarts)**		**Water Depth (Feet)**	**Household Bleach (Ounces)**
5	1		25	5
10	2		50	10
15	3		75	15
20	4		100	20
25	5		125	25
30	6		150	30

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663 - 5317 fax: (519) 663 - 9581

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245 - 3230 fax: (519) 245 - 4772

These quantities are based on liquid household bleach (5% sodium hypochlorite). If your bleach has a different strength, choose the correct amount of 5% bleach for your well size, multiply that amount by 5 and divide the product by the percentage of available chlorine in the bleach. The result will be the proper amount of bleach.

Note:

a. If the water level is between two of the values given, use the chlorine dose for the higher water level.
b. If you do not know how high the water stands in a drilled well, use the well depth to estimate the chlorine dose.

Let the Chlorine Work

If the water is piped to the house, pump the chlorinated water through the piping system. To be sure it disinfects the entire system allow each faucet to run until you can smell the chlorine and then turn it off. Let the chlorinated water stand in the well and in the piping system overnight (about 12 hours).

Remove the chlorine

Pump the water to waste until no further odour of chlorine can be detected in the water at any of the taps or the well is dry.

Take a Sample

Obtain a bacteriological sample bottle from your local health unit office or the Public Health Laboratory. Follow the directions for obtaining a sample included with the sample bottle.

Do not assume the water is safe until the laboratory results tell you so.
Until the results come back, continue to boil or treat the water before use.

Repeat the Test

Test the water at regular intervals (3-4 times a year) to make sure that no further contamination exists in the well.

For more information contact Environmental Health at 663-5317, Ext. 2300.

MIDDLESEX-LONDON HEALTH UNIT

What Do I Save and What Do I Throw Away When the Power is Out?

When the electricity to your refrigerator or freezer is interrupted for an extended period of time, the safety of food stored in them becomes a concern. This fact sheet can help you determine the safety of your food.

Frozen Food: When to Save and When to Throw Away

Frozen foods in a fully-stocked freezer will stay frozen up to two days; in a half-filled freezer about one day. Keep the freezer door closed as much as possible. Refer to the chart below to help you decide if a specific food can be kept or should be thrown away.

	Still contains ice crystals and feels as cold as if refrigerated	**Thawed, held above 4°C (40° F) for over two hours**
Meat, Poultry or Seafood		
Beef, veal, lamb, ground meats	Refreeze	Discard
Poultry, ground poultry	Refreeze	Discard
Variety meat (liver, kidney, heart)	Refreeze	Discard
Casseroles, stews, soups, convenience foods, pizza	Refreeze	Discard
Fish, shellfish, breaded seafood	Refreeze	Discard
Dairy		
Milk	Refreeze	Discard
Liquid Eggs, egg products	Refreeze	Discard
Ice cream, frozen yogurt	Discard	Discard
Soft/semi-soft cheese (cream cheese, ricotta	Refreeze	Discard
Hard cheeses (cheddar, swiss, parmesan)	Refreeze	Refreeze
Casseroles containing milk, cream, eggs, soft cheeses	Refreeze	Discard
Cheesecake	Refreeze	Discard
Fruits		
Juices	Refreeze	Refreeze (discard if moldy, yeasty smell, or sliminess develops)
Home or commercially packaged	Refreeze	
Vegetables		
Juices	Refreeze	Discard after held above 4°C (40° F) for six hours
Home or commercially packaged: blanched	Refreeze	
Breads, pastries		
Bread, rolls, muffins, cakes (without custard fillings)	Refreeze	Discard
Cakes, pies, pastries with custard or cheese filling	Refreeze	Discard
Pie crusts	Refreeze	Refreeze
Commercial and homemade bread dough	Refreeze	Refreeze
Other		
Casseroles – pasta, rice-based	Refreeze	Discard
Flour, cornmeal, nuts	Refreeze	Refreeze

Refrigerator Food: When to Save and When to Throw Away

Refrigerated foods will generally stay safe for four to six hours; if the refrigerator door is kept closed. Refer to the chart below to help you decide if a specific food may be kept or should be thrown away.

	Food Still Cold, held at 4°C (40° F) or above under two hours	Thawed, held above 4°C (40° F) for over two hours
Meat, Poultry or Seafood		
Fresh or leftover meat, poultry, fish, seafood	Safe	Discard
Thawing meat or poultry	Safe	Discard
Meat, tuna, shrimp, chicken, egg salad	Safe	Discard
Gravy, stuffing	Safe	Discard
Lunch meats, hot dogs, bacon, sausage, dried beef	Safe	Discard
Pizza-meat topped	Safe	Discard
Canned meats (not labeled “Keep Refrigerated”) – refrigerated after opening	Safe	Discard
Canned hams (labeled “Keep Refrigerated”)	Safe	Discard
Casseroles, soups, stews	Safe	Discard
Dairy		
Milk, cream, sour cream, buttermilk, evaporated milk, yogurt	Safe	Discard
Butter, margarine	Safe	Safe
Baby formula - opened	Safe	Discard
Eggs – fresh, hard cooked in shell	Safe	Discard
Egg dishes, custards, puddings	Safe	Discard
Hard cheeses, processed cheeses	Safe	Safe
Soft cheeses, cottage cheese	Safe	Discard
Fruits		
Canned fruits	Safe	Safe
Fresh fruits, coconut, raisins, dried fruits, candied fruits, dates	Safe	Safe
Vegetables		
Vegetables- cooked, juice - opened	Safe	Discard after six hours
Baked potato	Safe	Discard
Fresh mushrooms, herbs, spices	Safe	Safe
Garlic – chopped in oil or butter	Safe	Discard
Breads, pastries		
Bread, rolls, muffins, cakes	Safe	Safe
Pastries - cream filled	Safe	Discard
Pies – custard, cheese filled, chiffons	Safe	Discard
Pies -fruit	Safe	Safe
Refrigerated biscuits, rolls cookie dough	Safe	Discard
Other		
Cooked pasta, spaghetti	Safe	Discard
Pasta salads with mayonnaise or vinegar base	Safe	Discard
Mayonnaise, tarter sauce, horseradish	Safe	Discard after eight hours
Open salad dressing, jelly, relish, BBQ sauce, mustard, catsup, olives	Safe	Safe

Chart courtesy of the Nova Scotia Department of Agriculture and Fisheries
http://www.gov.ns.ca/nsaf/foodsafety/pdfs/poweroff.pdf January 2006

Link to the Middlesex County Emergency Plan

http://www.middlesex.ca/living-here/emergency-planning

Links to the Emergency Plans for Each Municipality in Middlesex County

Municipality of Adelaide Metcalfe: www.adelaidemetcalfe.on.ca

Municipality of Lucan Biddulph: www.lucanbiddulph.on.ca

Municipality of North Middlesex: www.northmiddlesex.on.ca/

Municipality of Southwest Middlesex: www.southwestmiddlesex.ca

Municipality of Strathroy-Caradoc: www.strathroy-caradoc.ca

Municipality of Thames Centre: www.thamescentre.on.ca

Village of Newbury: www.newbury.ca

Link to the City of London Emergency Plan

http://www.london.ca/Emergency_Management/PDFs/LERPJanuary2007.pdf