

Peterborough County-City Health Unit



Emergency Response

Plan

September 2007

Original: September, 1999

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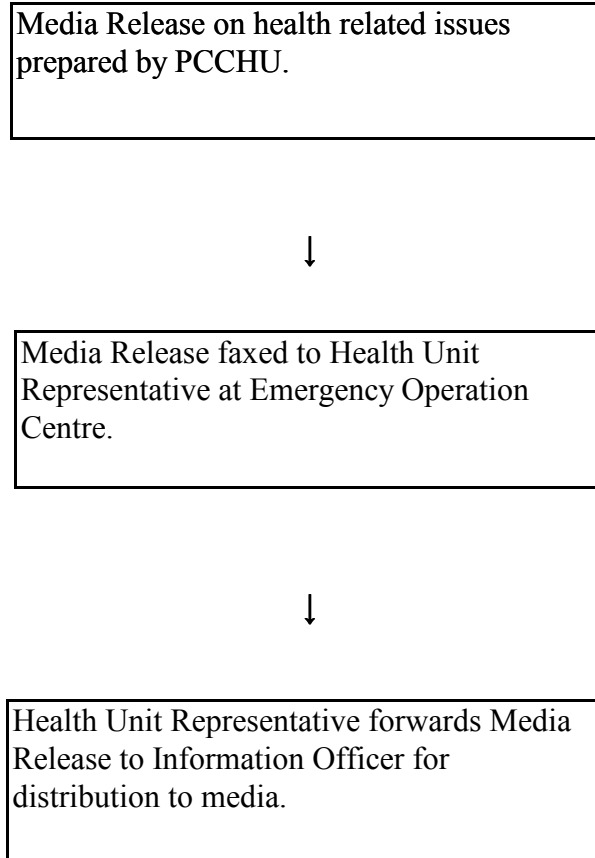
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Peterborough County-City Health Unit

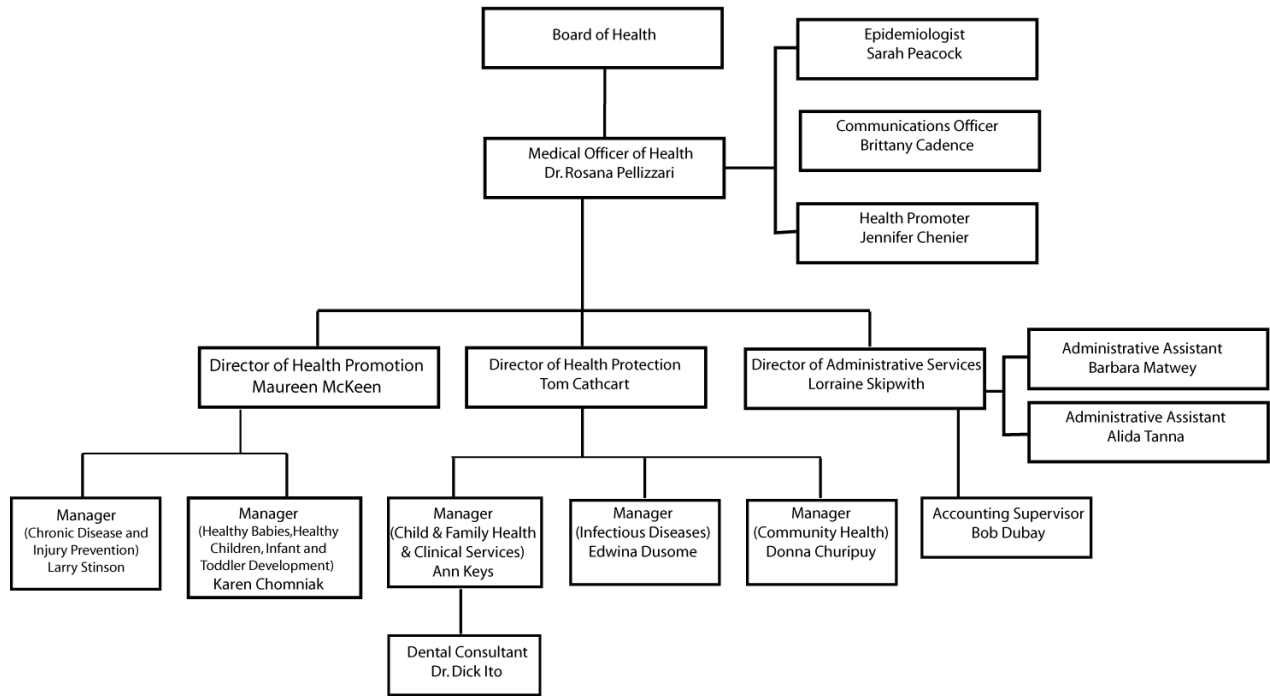
Staff	Complement
Medical Officer of Health.....	1
Executive Assistant	1
 Administration	
Administrative Assistant.....	1
Bookkeeper.....	3
Caretaker.....	2
Computer Technician/Analyst	3
Director.....	1
Manager.....	1
Receptionist	1
 Health Promotion	
Community Worker	4
Director.....	1
Divisional Secretary.....	1
Health Promoter.....	9
Infant Development Worker	4
Manager.....	2
Public Health Nurse.....	11
Public Health Nutritionist.....	3
Secretary.....	7
 Health Protection	
Consultants:	
Dental	1
Dental Assistant.....	1
Dental Hygienist	1
Director.....	1
Genetics Counsellor.....	1
Health Promoter.....	2
Manager.....	3
Public Health Inspector.....	12
Public Health Nurse.....	11
Registered Nurse.....	7
Registered Nurse (Seasonal).....	20
Registered Practical Nurse.....	1
Secretary.....	14
Students	Seasonal
Youth Development Worker.....	1

1.0 Communications/Authority Flow Chart

Process for Media Release when City, County or Municipal Emergency Declared



Peterborough County-City Health Unit
 Organizational Chart
 As of: May 18th, 2009



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Peterborough County-City Health Unit

1.0 Definition of Emergency

Emergencies are defined as situations, or the threat of impending situations which affect the health, safety, and welfare of our community which, by their nature and magnitude require a coordinated response.

1.1 General Types of Emergencies

- i) natural disasters
- ii) communicable disease outbreaks, epidemics, and pandemics
- iii) hazardous material spills
- iv) municipal services breakdowns
- v) fires
- vi) accidents
- vii) acts of terrorism

2.0 Goal

It is the Health Unit's goal to respond to emergency situations in an efficient and effective manner which will sustain optimal health and reduce morbidity and mortality among residents of Peterborough County and City.

Objectives

The Emergency Response Plan outlines duties and responsibilities during emergencies for all categories of Health Unit personnel, in:

- 2.1 coordination with the emergency response groups for the County, City and Townships;
- 2.2 liaison with other governmental and non-governmental organizations;
- 2.3 provision of health information and education concerning the specific emergency;
- 2.4 communications with the public.

3.0 Implementation of Plan

- 3.1 The Medical Officer of Health for the Peterborough County-City Health Unit or his alternate may implement the plan when:
- (a) an emergency is declared in any of the municipalities within his jurisdiction;
 - or
 - (b) a situation occurs where the coordinated efforts of all or most of the Health Unit's staff and resources are needed.
- 3.2 The Medical Officer of Health or his alternate will inform the Board of Health Chair for the reasons that the plan is being implemented, and the Board of Health members will be informed.

4.0 Emergency Alerting System

- 4.1 In the event of an emergency/disaster it is the responsibility of specific municipal officials (detailed in municipal plans) to notify the Medical Officer of Health, his alternate, or the Management person on-call after hours, week-ends or holidays.
- 4.2 Upon notification of an emergency, the Medical Officer of Health will notify his alternate and the Chairman of the Board of Health.
- 4.3 Depending on the situation, Management staff will be notified according to the fan-out list.
- 4.4 Health Unit staff who have not been officially notified that this plan has been implemented, but have become aware of its implementation through public announcement, etc. will come to their place of employment (10 Hospital Drive or 150 O'Carroll Avenue), and report to their Director/Manager.

5.0 Health Unit Emergency Control Group

- 5.1 The Peterborough County-City Health Unit Emergency Control group is comprised of the Medical Officer of Health, Directors, Managers and Executive Assistant.
- 5.2 The Emergency Control Group will be chaired by the Medical Officer of Health or designate in his absence.
- 5.3 The Medical Officer of Health or the Emergency Control Group must approve all communications between the Health Unit, outside agencies, and the media.
- 5.4 The County or City of Peterborough's Emergency Control Group may delegate to the Health Unit Operations Centre the role of lead agency in response to an emergency/disaster.

6.0 Responsibilities of the Medical Officer of Health

The Medical Officer of Health for the Peterborough County-City Health Unit is responsible for:

- 6.1 Being the Chair of the Peterborough County-City Health Unit Emergency Control Group as well as a member of the County and City Emergency Response Group, and any other designated County Township Emergency Control Group.
- 6.2 Activating and terminating the Emergency Response Plan of the Peterborough County-City Health Unit.
- 6.3 Ensuring immediate notification of Health Unit Directors, the Chair and Members of the Board of Health when an emergency has occurred.
- 6.4 Notifying the Ontario Ministry of Health & Long Term Care, Public Health Branch and other relevant government ministries that an emergency has been declared, and that the Peterborough County-City Health Unit Emergency Plan has been activated.
- 6.5 Coordinating tasks of the Health Unit through the appropriate Director/Manager.
- 6.6 Ensuring that a communications link exists between himself and the Health Unit Emergency Control Group while he is in attendance at any other Municipal Control Group.
- 6.7 Liaising with the various Emergency Control Groups, emergency and support services, related agencies and other volunteer groups.
- 6.8 Informing neighbouring health units concerning the emergency.
- 6.9 Requesting assistance from the Ministry of Health & Long Term Care for possible assistance if the need arises.
- 6.10 Being the advisor to the County, City and Township Emergency Control Groups for matters pertaining to public health services within Peterborough County and City, and providing assistance when needed.
- 6.11 Ensuring that adequate records are kept of orders issued, actions taken and results of any special investigation.
- 6.12 Assigning emergency specific roles to management and staff.
- 6.13 Compiling a report of decisions made and actions taken during the emergency including possible costs, and submitting this report to the emergency control group which had declared the emergency.
- 6.14 Monitoring and evaluating the effectiveness and efficiency of the Health Unit in responding to the emergency.

7.0 Responsibilities of Management

The primary role of the Health Unit in an emergency is to provide staffing and expertise to manage any public health issues that have arisen as a result of the emergency as well as to maintain essential services.

In addition, the Health Unit may be asked to:
assist in the operation of the reception/evacuation centres;
provide additional nursing services to health care institutions.

Depending on the type of emergency, the day-to-day activities of Management will be under the direction of the Medical Officer of Health. Circumstances may exist in which the Medical Officer of Health may need to be located physically at the Emergency Response Centre. Should this occur, the Director, Health Protection will assume the responsibility for the Health Unit Operations Centre. The Director, Health Promotion will be designated as back-up for the Director, Health Protection.

The Management team functions may be allocated depending on the emergency as follows:

Co-ordination of Health Services	-	Donna Churipuy and Ann Keys
Administrative Support Services	-	Lorraine Skipwith and Bob Dubay
Communications	-	Larry Stinson and Karen Chomniak
Communicable Disease Control	-	Edwina Dusome

In addition, Directors and Management will be responsible for operational issues which arise specific to their program responsibilities.

- 7.1 Ensuring immediate notification of all staff members regarding the emergency.
- 7.2 Coordinating assigned tasks.
- 7.3 Ensuring that available staff members are on stand by.
- 7.4 Maintaining a record of the number and location of staff.
- 7.5 Ensuring that each staff member has the necessary training, equipment and supplies to perform their assigned tasks.
- 7.6 Ensuring that a record is maintained of each order given, action taken when completed, and results of all investigations.

- 7.7 Alerting, if necessary, the Public Health Laboratory of possible impending delivery of microbial specimens for analysis, and ensuring that transportation for such deliveries is available.
- 7.8 Establishing liaisons with the local Ministry of the Environment office or the local Ministry of Labour office on all matters pertaining to environmental or industrial concerns and monitoring.
- 7.9 Establishing the priority of tasks to be assigned to staff members.
- 7.10 Ensuring that staff members are relieved and rotated as the need arises.
- 7.11 Procuring resources to deal with special situations as the need arises.
- 7.12 Allocating funds to meet special situations during the emergency at the direction of the Medical Officer of Health.
- 7.13 Compiling a final report of all decisions made, actions taken and investigation results observed during the emergency, and submitting the report to the Medical Officer of Health.
- 7.14 Evaluating effectiveness and efficiency of staff members after the response/disaster is over in the execution of their responsibilities during the emergency.
- 7.15 Providing immediate and ongoing support for those staff members involved in the emergency response.
- 7.16 Participating in County and/or City debriefing sessions.

8.0 Responsibilities of the Public Health Inspectors

The primary role and responsibilities of Public Health Inspectors are to advise on and enforce health standards under authority of the Health Protection and Promotion Act related to community health protection, recognizing that in an emergency, the inspector may be expected to utilize practical or innovative steps in order to achieve conditions which are acceptable under the circumstances, but may not meet standards required under normal conditions. Duties include:

- 8.1 Inspect site(s) where there may be conditions which could endanger the health of the public or create a health hazard. Issue orders or instructions for the abatement of the hazard or to mitigate the effects of the hazard.
- 8.2 Request assistance of other agencies or Ministries as appropriate to assist in making a determination of safety or hazard.
- 8.3 Inspect sites used as evacuation centres, to ensure the safety of food supplies, the safe disposal of sewage and waste, and the maintenance of sanitary conditions. Monitor conditions on an ongoing basis.
- 8.4 Inspect emergency food preparation and service areas in the community to ensure that foods prepared are safe.
- 8.5 Monitor the quality and adequacy of drinking water supplies and, when required, work with municipal agencies to select alternative water supplies.
- 8.6 Provide instruction to municipal agencies on emergency temporary sewage disposal.
- 8.7 Ensure that temporary mortuaries are acceptable.
- 8.8 Assist in the follow-up and/or control of communicable disease.
- 8.9 Provide information for dissemination to the public on a wide range of public health issues, including drinking water disinfection, communicable disease, and health and safety precautions to be taken both during the event and during recovery.
- 8.10 Keep Medical Officer of Health informed of all actions.

When dealing with the above situations, actions may include having work done as provided in Sections 14 and 15 of the Health Protection and Promotion Act.

9.0 Responsibilities of Nurses

The major responsibilities for nurses registered with the College of Nurses of Ontario are:

- 9.1 Coordination and/or provision of assessment, triage, support and referral for members of the public.
- 9.2 Coordination and/or provision of assessment, triage, support and referral for residents of reception/evacuation centres. See Appendix H.
- 9.3 Coordinate the provision of medication or supplies needed to prevent health related problems/complications.
- 9.4 Assist the Communicable Disease Prevention program in preventing and controlling communicable diseases.
- 9.5 Assist health care institutions in the provision of additional services within the nurse's current scope of practice.
- 9.6 Identify the need for medical directives and/or delegated controlled acts. Obtain the required education and training to implement them.
- 9.7 Provide feedback and/or status reports daily or as required to the Health Unit's Emergency Control Group or designated Manager.
- 9.8 Document nursing assessment and interventions.

10.0 **Responsibilities of Program and Administrative Staff**

Responsibilities of Program Staff

Program staff include:

- Community Workers
- Dental Assistants
- Dental Hygienists
- Epidemiologist
- Genetics Counselors
- Health Promoters
- Infant Development Workers
- Public Health Nutritionists
- Youth Development Workers

The responsibilities of program staff will be determined by the individual's scope of practice and their competencies, as well as the demands of the emergency situation.

Duties will include:

- 10.1 Education and communication
Activities may include: information searches (local or beyond); responding to public inquiries; instruction on specific issues such as food safety or survival techniques; and preparation of press releases and coordination of media opportunities.
- 10.2 Project /Task management and coordination
Activities may include: distribution of supplies to teams; surveillance activities; liaison with community partners/provincial partners and/or other health units; and evaluation of the Health Unit's emergency response strategies.
- 10.3 Victim Support
Activities may include: support / "c" counseling and referral; following guidelines assess people "stuck" in their home - do they have heat, hydro, water, medications, etc.
- 10.4 Support and assistance for the nurse or public health inspector in the performance of their duties, if needed, at evacuation centres and in other situations.

Responsibilities of Support Staff

Administrative Staff include:

- Administrative Assistant
- Bookkeeper
- Caretaker
- Community Worker
- Computer Technician/Analyst
- Divisional Secretary
- Receptionist
- Secretary

The major objectives for Administrative Unit Staff are as follows.

- 10.5 To provide administrative support and assistance to the Health Unit Operations Centre.
- 10.6 To provide administrative support and assistance to program staff involved in providing emergency response services.
- 10.7 To provide regular support functions for those not involved in the emergency response.
- 10.8 To liaise with the community agency responsible for co-ordinating volunteers.

Appendix A

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Appendix B

1.0 Disinfection

1.2 Surface Disinfection

Disinfect clean hard surfaces with a 1% chlorine solution. Surfaces contaminated with bodily fluids should be cleaned and then disinfected with a 10% solution..

To prepare 20 litres of 1% chlorine solution, add 340 gm HTH (70% chlorine by weight) or 4.5 litres household chlorine bleach (5.25%).

1.3 Potable Water

When preparing or obtaining potable water for drinking, washing and food preparation use the following guidelines to estimate the amounts needed:

Minimum - 23 litres (5 gallons) per person per day

Ideal - 40 litres (10 gallons) per person per day

Providing that the water source has not been contaminated with toxic chemicals, it can be disinfected according to the following procedures:

- a) Boiling for one minute.
- b) Chlorination - add chlorine to clear water, allowing a contact time of 30 minutes before distribution or use. Calculate the amount of chlorine required to obtain a 0,2 % FAC residual using the following formula:

$$\frac{Q \times \text{ppm}}{40,000 \times \% \text{ soln.}} = X$$

Q = Amount of water to be disinfected in litres.

ppm = The parts per million of FAC.* desired (0.2)

40,000 = Is a constant factor.

% Soln= Percentage of chlorine compound solution available.

X = Amount of chlorine compound to be added to the water in litres.

e.g., To disinfect 500,000 litres of water using 70% HTH** to obtain a 0.2 ppm chlorine residual.

$$\frac{500,000 \times 0.2}{40,000 \times .70} = 3.57 \text{ litres}$$

* F.A.C. - Free Available Chlorine

**HTH = High Test Hypochlorite (used for swimming pools)

Appendix C

Government Agencies

General Provincial Assistance

Ontario Provincial Police (local), General Inquiries 742-0401

Ministry of Health & Long Term Care

Chief Medical Officer of Health (416) 212-3831
Infectious Disease Branch (416) 314-5487
Communicable Disease Concerns (8:30 a.m.-4:30 p.m.) (416) 327-7413
Provincial Laboratory 743-6811

Ministry of the Environment

Local Office (8:30 a.m.-4:30 p.m.) 755-4300
Spills Action Centre 1-800-268-6060
1-416-325-3000

Ministry of Labour (Ontario)

Local Office (8:30 a.m.-4:30 p.m.) (Tanya Butmer, Program Assistant) 755-4700
General Inquiries Health & Safety 1-800-461-1425
Emergency After Hours 1-800-268-6060

Federal Government

Environment Canada

Environmental Protection Service 1-800-668-6767

Emergency Preparedness Canada

Public Safety 1-800-830-3118

Health Canada

Health Protection & Population Health Branch (416) 973-1600
(416) 973-4389

Canutec (Ottawa)

Emergencies (24 hours)
Information

(613) 996-6666
(613) 992-4624
From Cell Phone: *666

Canadian Centre for Occupational Health (Inquiry Service)

Hamilton, Ontario

1-800-668-4284
1-905-570-8094

Federal Government Information Line

1-800-622-6232

Appendix D

1.0 **Burial of the Dead Criteria**

The coroner's office is responsible for the collection and disposal of the dead. However, the Public Health Inspector has a role to play in the prevention of the spread of disease. Accordingly, the following concerns should be adhered to.

1.1 **Collection**

- (a) Personnel responsible for collection should wear protective clothing, including gloves, masks, and impervious footwear. Additional precautions such as prophylactic immunization may be required as indicated by the situation.
- (b) Collecting personnel should have ready access to personal washing and laundry facilities.
- (c) Remains should be placed in body bags or wrapped in plastic sheeting.
- (d) Vehicles and/or litters used in collection should be maintained in a clean condition. Separate vehicles or litters should be reserved for those dead of communicable disease.

1.2 **Temporary Mortuary**

The Regional Coroner is responsible for the selection and establishment of a temporary mortuary(s).

1.3 **Mass Burial**

Burial in large disasters may involve the extension of existing cemeteries, or the provision of mass graves.

- (a) Mass graves should be so located that they do not pose a hazard to an existing water supply.
- (b) Mass graves should provide a 12-13 square foot area per body and an absolute minimum of one metre of earth cover.

Appendix E

Municipal Telephone and Facsimile Numbers

<u>Municipality</u>	<u>Telephone Number</u>	<u>Facsimile Number</u>
Asphodel-Norwood	(705) 639-5343	(705) 639-1880
Cavan-North Monaghan	(705) 932-2929	(705) 932-3458
Douro-Dummer	(705) 652-8392	(705) 652-5044
Galway-Cavendish-Harvey	(705) 738-3800	(705) 738-3801
Havelock-Belmont-Methuen	(705) 778-2308	(705) 778-5248
North Kawartha	(705) 656-4445	(705) 656-4446
Otonabee-South Monaghan	(705) 295-6852	(705) 295-6405
Peterborough (City)	(705) 742-7777 Mayor's office - Ext. 1870	(705) 748-8861
Peterborough (County)	(705) 743-0380 Warden's office - Ext. 468	(705) 876-1730
Smith-Ennismore-Lakefield	(705) 292-9507	(705) 292-8964
Curve Lake First Nation	(705) 657-8045	(705) 675-8708
Hiawatha First Nation	(705) 295-4421	(705) 295-4424

Appendix F

1.0 **Large Outbreak, Communicable Disease or Disaster Occurrence**

1.1 **Management of Outbreak or Occurrence in Peterborough County**

Should a large outbreak of communicable disease or a disaster occur requiring on-going surveillance in Peterborough County and/or Peterborough City, the following team will be put in place:

- Medical Officer of Health
- Supervisor, Infectious Diseases
- Six to eight (6-8) Public Health Nurses/Registered Nurses/Inspectors
- Two (2) Secretaries

Hours of operation and location will depend on the type of outbreak or disaster. (The team may cover a 13 hour shift with one half of the team working from 8:00 a.m. to 4:00 p.m. and the other half of the team working from 1:00 p.m. to 9:00 p.m. A skeletal crew of one to two people may be required throughout the night from 9:00 p.m. to 7:00 a.m.)

1.2 **Management of Outbreak or Occurrence Outside Peterborough County**

If a team is required to deal with an outbreak of disease or disaster, outside of Peterborough County, consideration will need to be given to hours of work, and logistical arrangements, e.g., hotels, transportation and expenses. A team leader will be appointed to oversee scheduling, expense claims, etc. The team must be available to be deployed with only a few hours notice (preferably with skills in communicable disease investigation and control).

Appendix G

1.0 **Infectious Disease Outbreak and Public Health Hazard Involving Water**

1.1 **Management of Outbreak Involving Water**

Depending on the nature and the extent of the infectious disease outbreak and public health hazard involving water, a Steering Committee will be convened to develop a co-ordinated response to the emergency. The Steering Committee will be comprised of representatives from:

- the Peterborough Regional Health Centre (Tom Holden);
- the municipal water works for Peterborough City (Wayne Stiver); or
- the involved municipal water works for Peterborough County - the Ontario Clean Water Agency (John Seguire);
- the Provincial Public Health Laboratory (Rena Rettalick);
- the Peterborough District Office of the Ministry of the Environment (Clare Meisner); and
- personnel from the Peterborough County-City Health Unit (Dr. Humphreys and Tom Cathcart).

1.2 **Management of a Significant Outbreak**

If the outbreak is very significant, then consideration would be given to activating either or both of the County and City of Peterborough Community Control Groups with the Steering Committee being responsible directly to this group(s).

Appendix H

1.0 Responsibilities of Nurses in Reception/Evacuation Centres

When reception/evacuation centres are opened, a Public Health Nurse/Registered Nurse and a Public Health Inspector will be dispatched to each centre.

Evacuation centres are designed to house healthy individuals or those with minor health problems which do not require emergency or special treatment.

- 1.1 Obtain preassembled evacuation supplies stored at the Health Unit; these include: hand sanitizer; forms for documentation; reference manuals; cell phone with charger; blood pressure cuff; thermometer; stethoscope, oximeter and a package of personal care items (e.g., toothbrush, tooth pastes, snacks, water, hairbrush or comb, lip balm, and moisturizers).
- 1.2 Wear proper identification.
- 1.3 Immediately upon arrival at the reception/evacuation centre, register with the centre's manager who is ultimately responsible for all matters pertaining to the centre and its occupants.
- 1.4 In cooperation with the reception/evacuation centre manager, establish a health service area that has a private screened off space, access to an electrical outlet, soap and water, and a lockable storage cupboard.
- 1.5 Establish communications with the Health Unit Control Group to procure information, staff, and other resources as needed.
- 1.6 Identify and triage individuals with medical needs, and coordinate referrals and transfers among medical suppliers, primary care practitioners and the Peterborough Regional Health Centre Emergency Department.
- 1.7 Identify, monitor, and consult with the Communicable Diseases program in isolating or cohorting individuals suspected of having a communicable disease.
- 1.8 Bring all issues of health and safety to the attention of the centre's manager.
- 1.9 Record medical conditions on surveillance forms daily and send these by fax or e-mail to the Health Unit's Emergency Control Group or designated Manager.

Appendix I

1.0 **Public Health Programs and Services During An Emergency**

During an emergency, the PCCHU may need to “scale back” some programs and services (including mandatory health program activities). In order to create an essential services contingency plan, all PCCHU management staff prepared a list of services and activities offered by their programs and the number of staff allocated to these activities. The activities were then prioritized according to the following:

- Must Do - critical services, cannot be deferred or delegated.
- High Priority - do not defer if possible or bring back as soon as possible.
- Medium Priority - can wait if emergency is not too long.
- Low Priority - can be brought back when the emergency is over.

Due to the need to redeploy staff, only activities identified as “Must Do” and “High Priority” will be continued. T

Appendix J
Currently being updated

Appendix K
Currently being updated

Appendix L

DRAFT POLICY: Emergency Response - DOCUMENT CONTROL

Documentation of public health actions is a critical component of the Health Unit's response to emergency situations.

1. All staff must keep complete and accurate records of all communications and actions, to include date and time, nature of communication or action, and signature.
2. Managers must ensure that their program and support staffs are instructed in which forms to use for documentation, and keep a complete log of all incoming emails, phone calls and their disposition.
3. At the discretion of the Medical Officer of Health or the designated Incident Commander, print copies of all electronic records and files that may be required.
4. All correspondence, memos, guidelines, and documentation related to a specific emergency response effort will be filed chronologically in specifically designed Document Control Binder(s).
5. Document control remains with the Emergency Response Team (ERT) as long as the Emergency Operations Centre (EOC) is set up and once disbanded reverts to the manager responsible for Emergency Response.

DRAFT PROCEDURE: Emergency Response - DOCUMENT CONTROL

Objective:

To maintain complete and accurate records of the Health Unit's response to emergencies

1. When the Emergency Operations Centre (EOC), i.e. Board Room, 10 Hospital Drive, or alternate site, is activated, the Manager responsible for Planning will advise the Divisional Secretary or designate to set up and label Document Control binder(s) as outlined in Appendix A. Staff responsible for setting up the EOC will arrange for a dedicated, locking filing cabinet, computer and printer, and access to FAX and photocopier.
2. Binders and a three-hole punch will be located in the EOC and are to remain in that room at all times.
3. Managers will instruct staff what specific type(s) of record are to be used for documentation as well as time frames for forwarding these for filing in the EOC.
4. Staff will create an "Emergency Response: (e.g. H1N1)" folder for e-mail messages relating to the emergency and file Incoming and Sent e-mails in it.
5. Staff will date, initial and forward documents (in keeping with requirements of Appendix A) to the appropriate staff member assigned to Document Control (see Appendix A).
6. The staff members assigned to Document Control will be provided with date and time stamps, stamp each record in accordance with the requirements of Appendix A, and file these in the appropriate binder in the EOC prior to the daily meeting of the Emergency Response Team.
7. Managers, and if required, staff responding to the emergency will use the log books designated for their documentation; at the discretion of the Medical Officer of Health or designated Incident Commander, information from these log books will be photocopied for inclusion in the Document Control binders.

DOCUMENT CONTROL

Emergency Response Binder(s)

The following are the most common binder categories that would need to be established in an emergency situation:

1. Public Communications – Outgoing (Penny Brown)

- Website Updates - screen shot, date and time stamped as of time posted to website
 - other relevant websites as needed, date and time stamped as of time printed
- News Releases - copy of “News Release” date and time stamped as of time issued
- Telephone Auto Attendant/On-Hold Messages changes/updates
 - print copy of message content, date and time stamped as of time change was made
- Other External Communications provided to community partners, government agencies, hospitals), members of the public, and other third parties
 - date and time stamped as of time sent to them

2. Media Coverage (Penny Brown)

Includes:

- Print screens from local websites pertinent to emergency including City/County – date and time stamped as of time printed
- Articles cut out of papers – date to be indicated on article

3. External Communications – Incoming (Penny Brown)

- All communications referred to the Emergency Control Group (ECG) from Operations; might include: communications from other agencies, complaints, public input - date and time stamped as received into the control group

4. Guidelines (Barb Matwey)

- Copies of protocols issued by and/or followed from another source (ie government agency) – date and time stamped as of first time being used

5. Internal Communications (Penny Brown)

- Include “All Staff” emails and copies of their attachments

/2.....

6. Minutes of Meetings (Barb Matwey)

- Includes Minutes of Emergency Control Meetings, Divisional Meetings, and other meetings relating to emergency – date, time and place of meeting

7. Surveillance and Investigation Reports (Cathy Schofield)

- Includes summary reports/line listings (referenced with individual iPHIS case #s) and or other surveillance forms provided by the Manager responsible for Operations with information pertinent to the investigation (e.g. age, gender, exposure date, status and dates re. immunization, antivirals, tests performed and results, hospitalization, deceased, etc.)

8. Information Gathering / Research (Barb Matwey)

- Copies of web pages and other reference materials used to make decisions – date and time stamped as of time seen by Emergency Response Team