



# Emergency & Surge Event Response Plan

<b>Approved</b>	September 2009
<b>Dates Revised</b>	January 2013; 2010
<b>Dates Reviewed (i.e., no revisions made)</b>	August 2014; July 2013; July 2014, December 2015, December 2016, June 2018; June 2019

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## **1.0 ACRONYMS AND DEFINITIONS**

CEO	Chief Executive Officer
CMOH	Chief Medical Officer of Health
EMCPA	Emergency Measures and Civil Protection Act
EOC	Emergency Operations Centre
ERP	Emergency Response Plan
HPPA	Health Protection and Promotion Act
IMS	Incident Management System
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long Term Care
NWHU	Northwestern Health Unit
OSHA	Occupational Health and Safety Act

### **Surge Event**

A surge event is defined as an occurrence or event that presents a risk to the safety of staff, on-site clients, and/or communities, and/or exceeds capacity of response by normally assigned staff and resources.

Surge events require a coordinated assessment of the situational needs, a re-prioritization of work normal activities and a short-term redeployment of resources to adequately resolve the situation. They are normally of a short duration and localized – meaning that they do not warrant a declaration of an “emergency” but do require that staff from several programs come together to respond to the situation. Possible examples of surge events include large community outbreaks, food recalls, spills events.

### **Emergency**

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.

### **Incident**

An occurrence or event that interrupts normal procedure or precipitates a crisis. Any incident that imminently threatens the safety of staff, clients or communities in our region can trigger the activation of the NWHU Emergency Response Plan.

- **Hazard:** the potential for a negative interaction between extreme events (of a natural or technological origin) and the vulnerable parts of the population. Three factors combine to create a hazard: the events that can impact a community, the vulnerability of the population to such impacts, and the resources of the community to cope with those impacts.
- **Disaster:** an event that exceeds the ability of the local community to cope with the harmful effects and requires extraordinary measures
- **Surge Event:** urgent need where response requires temporary additional staffing; e.g. major office move, time-sensitive high-profile public relations issue, temporarily uninhabitable office due to flooding, forest fire smoke, construction

**Risk assessment:** Risk assessment is a step in a risk management process. Risk assessment is the process of quantifying the probability of a harmful effect to individuals or populations. The aim of the risk assessment process is to remove a hazard or reduce the level of its risk or negative outcomes by adding precautions or control measures, as necessary. Risk assessment includes:

- Identification of a hazard;
- Analysis and evaluation of the risk associated with that hazard; and
- Determination of appropriate ways to eliminate or control the hazard.

## **2.0 SUMMARY**

### **Authorization**

- The Emergency Preparedness Program operated by the Northwestern Health Unit obtain their legal authority under the Ontario Public Health Standards 2008 published by the Ministry of Health and Long Term Care (MOHLTC).

### **Purpose**

- To act as a directive for the operation of the Emergency Preparedness program and the Emergency & Surge Event Response Plan (ERP).
- To ensure consistency and continuity in operational practices of Emergency Response staff throughout the service area of the Northwestern Health Unit.
- To assist in orientation of new and existing Northwestern Health Unit staff.

### **Signing Authority**

- The Emergency & Surge Event Response Plan is authorized by the Medical Officer of Health (MOH).

### **Distribution**

- MOH
- CEO, Managers
- Program Specialist for Infection Prevention and Control
- Northwestern Health Unit offices

### **Review Process**

- The Manager, Infectious Diseases and Emergency Response program lead collaboratively establish and monitor the review process as directed by the MOH and the Chief Executive Officer (CEO).
- This manual is reviewed in its entirety once every two years, or as required by the Northwestern Health Unit Policy and Procedure Manual. Individual policies and procedures are reviewed and revised as often as necessary to comply with regulatory changes and ensure effective program delivery.
- Review takes place after every surge event or emergency in which the plan has been activated, by the team that uses the plan.

### **Date for next review**

- December 2017

### **3.0 PURPOSE AND AUTHORITY**

The purpose of the Emergency & Surge Event Response Plan is to provide direction regarding the implementation of measures that will prepare the health unit's response to emergencies or surge events. A surge event is defined as an occurrence or event that presents a risk to the safety of staff, on-site clients, and/or communities, and/or exceeds capacity of response by normally assigned staff and resources. Emergency & surge event response is the broad range of activities required to manage an incident while maintaining operational continuity to the greatest possible extent.

The Emergency & Surge Event Response Plan has been developed within the framework of the Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* and the Emergency Preparedness Program Standard of the Ontario Public Health Standards.

#### **Provincial Legislation/Authority**

##### **Emergency Legislation**

The Emergency Management and Civil Protection Act (EMCPA) provide the legal basis for emergency management in Ontario.

The EMCOA requires ministries and municipalities to develop and implement an emergency management program consisting of emergency plans, training programs, public education as well as infrastructure to support emergency response. The EMCPA identifies through Order-in-Council the specific emergency management responsibilities for the ministries of the Crown. The Ministry of Health and Long Term Care, for example, has the Order-in-Council responsibility for taking a lead role in emergencies relating to human health, disease and epidemics and health services during an emergency. Health Units must develop their own emergency preparedness program to provide response capabilities in an emergency which complements the municipal and provincial emergency preparedness programs.

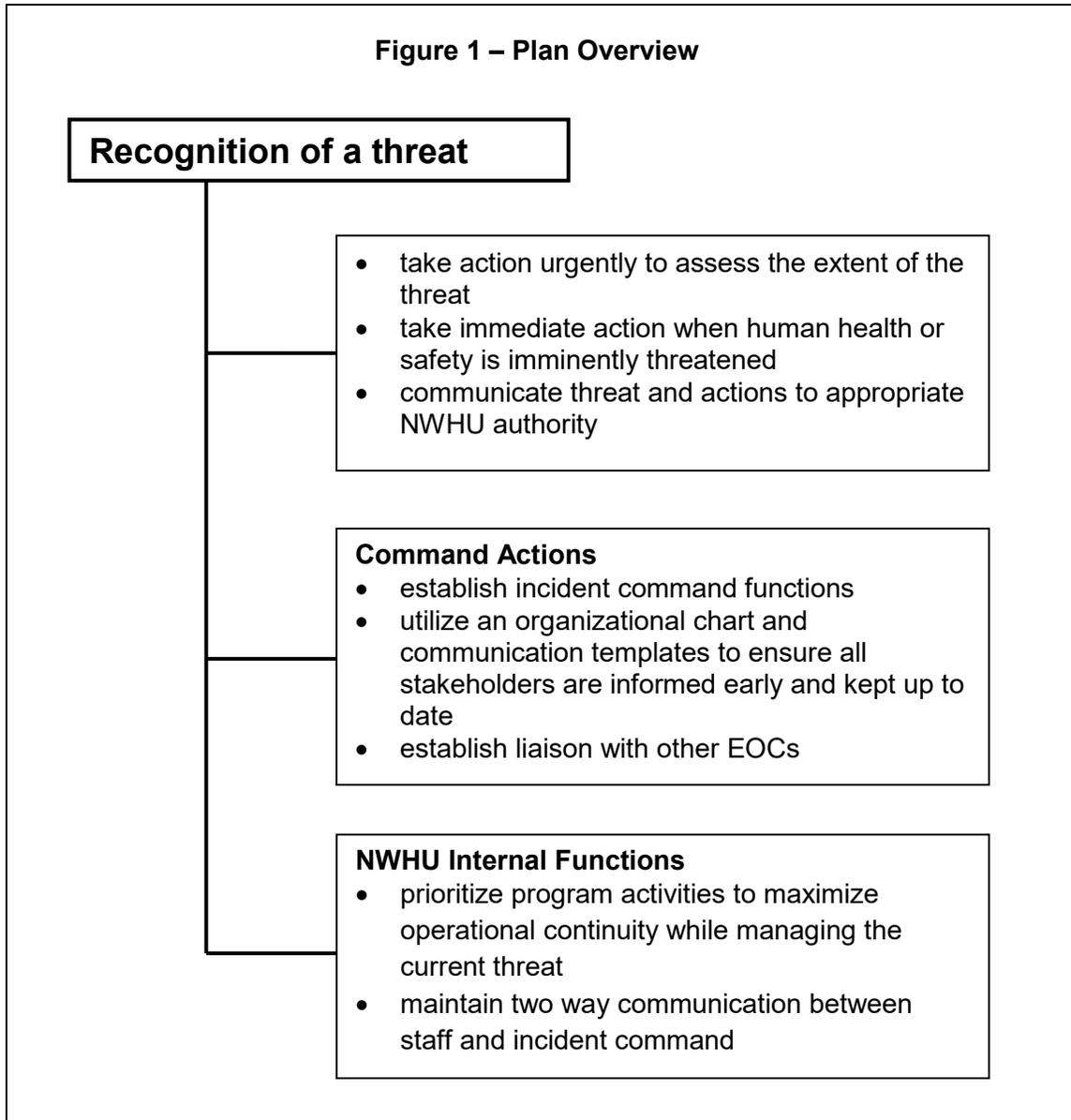
##### **Public Health Legislation**

The Health Protection and Promotion Act (HPPA) identifies the powers and responsibilities of boards of health/health units, medical officers of health (MOH) and Chief Medical Officer of Health (CMOH).

Its purpose is to provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion of the health of the people of Ontario.

Health protection is a key activity of the HPPA and of public health activities in the province of Ontario. Health Units have responsibility for identifying and preventing, reducing, or eliminating health hazards and addressing communicable diseases. The HPPA provides legal authority for Health Units to respond to a public health emergency that has been determined to be a health hazard or as the result of a communicable disease.

**4.0 NORTHWESTERN HEALTH UNIT EMERGENCY & SURGE EVENT RESPONSE PLAN OVERVIEW**



**5.0 PLAN ACTIVATION**

The Medical Officer of Health or designate may activate the NWHU Emergency & Surge Event Response Plan when:

- an incident occurs in which the Medical Officer of Health deems a public health emergency
- in an internal safety crisis, a staff member can activate the plan
- in a community safety crisis, staff can initiate the plan by contacting their immediate supervisor
- when urgent operational needs exceed the normal capacity of any program and an alternate/ temporary organizational structure and use of staff is required on a non-permanent basis, a manager can request plan activation by CEO or MOH

The initial response to an emergency, disaster, or surge event is a critical stage in its successful management. It is necessary to have a system in place to simplify the interagency management and interaction. Incident Management Systems (IMS) provide this.

IMS has been adopted by Emergency Management Ontario as an operational framework for emergency management in Ontario. The Ministry of Health and Long-Term Care also uses IMS to structure its emergency response activities.

NWHU will utilize the IMS structure for emergency and surge event response, as detailed in further sections of this plan (see chapter 10).

**6.0 EMERGENCY CONTROL GROUP**

An Emergency Control Group is a cluster of individuals with authority to mobilize services. This is likely to be at the local (Municipal) or Provincial level because most emergencies are municipal or provincial ones.

The NWHU will be represented in any Emergency Control Group at the Municipal level within NWHU jurisdiction, or at the Regional (i.e. Provincial or Ministerial) level.

**7.0 EMERGENCY & SURGE EVENT NOTIFICATION PROCEDURE**

The Northwestern Health Unit has an on-call system, 24 hours per day, 7 days per week, for receiving and responding to reports of potential health hazards and/or incidents. The health unit will provide an initial response within 24 hours.

The existence of any and all emergency situations will be communicated immediately to the MOH who will inform the CEO and the management team as required.

Surge events will be communicated to the MOH/CEO and management team at existing or ad hoc management meetings as appropriate and as required.

In the event of a public health emergency, a Command Group will be formed to fill command functions as per Incident Management System structure (see Chapter 10). IMS is a command and control system outlining job responsibilities and organizational structure for the purpose of managing internal continuity of operations for all types of incidents

The Command Group will notify other NWHU managers and staff as appropriate. Staff lists will be kept up-to-date by the Senior Administrative Assistant, Kenora office.

Communication tools and a Public Health Emergency Initial Response checklist are appended to this plan.

## **8.0 RELATIONSHIP TO OTHER EMERGENCY RESPONSE PLANS**

The Northwestern Health Unit Emergency Response Plan can link to municipal, regional and provincial emergency response plans.

- Municipal Emergency Response Plans – Health Unit staff are represented on Municipal Emergency Control Groups in most communities.
- Emergency Management Ontario (EMO) - Provincial Emergency Response Plans <http://www.emergencymanagementontario.ca/english/residents/response/plans.html>
- Ministry of Health & Long Term Care Emergency Management Unit (EMU) – Ministry Emergency Response Plan <http://www.health.gov.on.ca/emergency>

### **Other resources**

- Centre for Emergency Preparedness and Response (<http://phac-aspc.gc.ca/cepr-cmiu/>)
- Safe Canada (<http://www.safecanada.ca>)
- Public Safety and Emergency Preparedness ([www.psepc-sppcc.gc.ca](http://www.psepc-sppcc.gc.ca))

### **Northwestern Health Unit Emergency & Surge Event Response Plan Appendices include:**

- Handbook for Programs
- Handbook for Incident Command
- Handbook for Emergency Information Officer
- Handbook for Safety Officer
- Handbook for Liaison Officer
- Handbook for Operations Section Chief
- Handbook for Planning Section Chief
- Handbook for Logistics Section Chief
- Handbook for Finance/Admin Section Chief

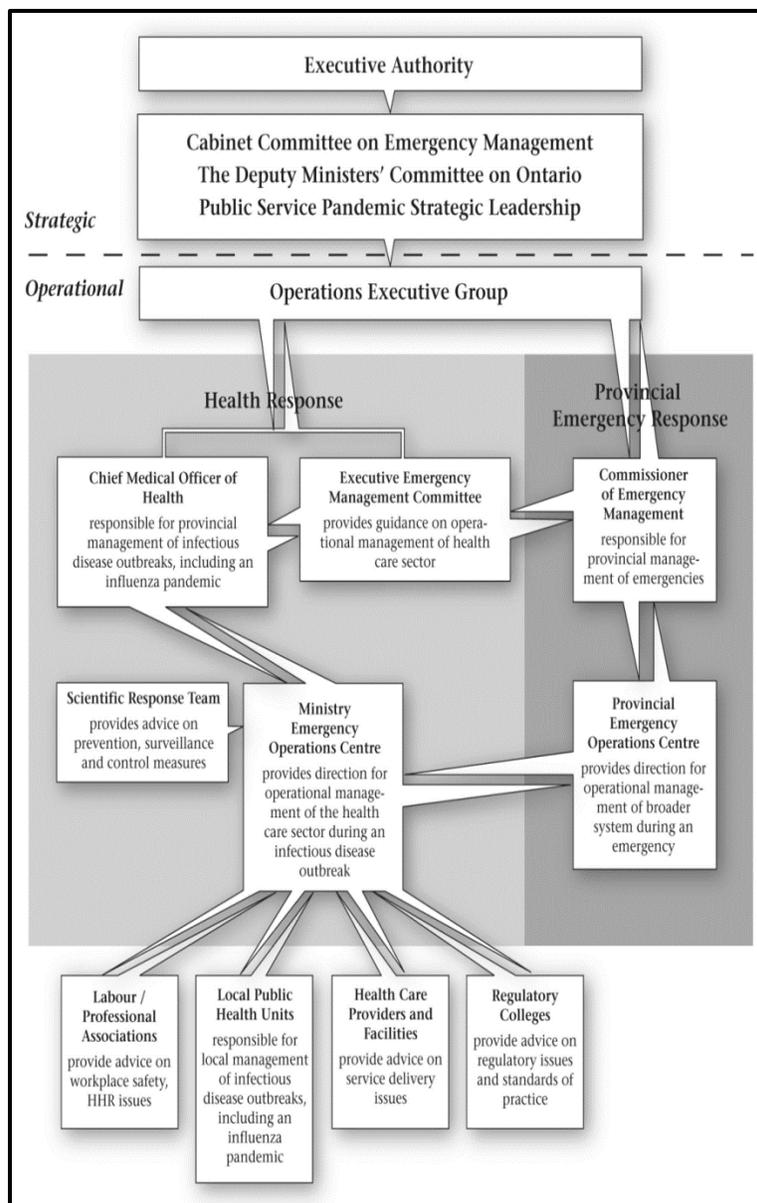
**9.0 COMMUNICATION AND COORDINATION WITH OTHER AGENCIES**

**Public Health Emergency**

During a health emergency direction will flow from the MOHLTC via the Regional Emergency Operations Centre (EOC) to the Northwestern Health Unit as well as to other community partners such as health care settings, schools, daycare centres, municipalities, workplaces, families, and other institutions. Information will also flow from community partners to NWHU and back to the MOHLTC.

The NWHU will facilitate the coordination between community partners.

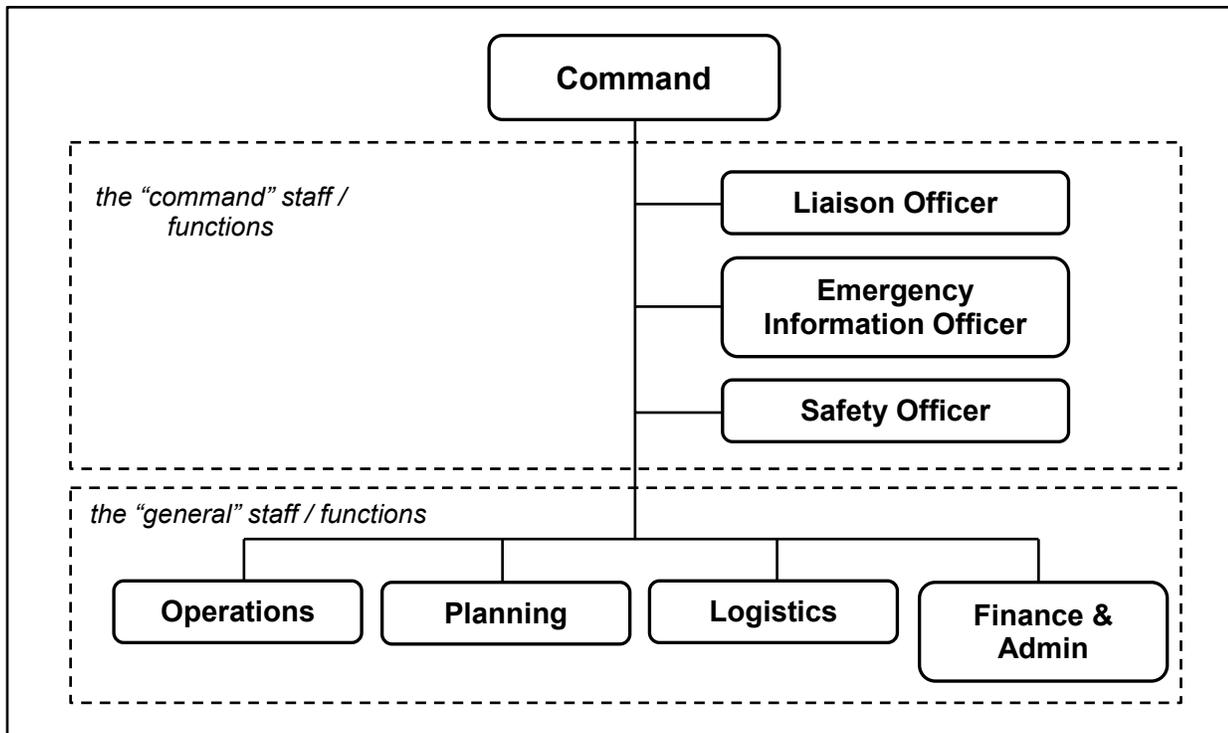
**Figure 2. Organizational chart during a pandemic in Ontario**  
(From figure 2.2 Ontario Health Plan for an Influenza Pandemic)



## 10.0 IMS STRUCTURE

The Incident Management System (IMS) framework provides a “toolbox” approach to emergency planning and response and identifies standardized organizational structures, terms, functions and processes to use during simple and complex incident responses.

IMS identifies core areas or functions that need to be addressed in every surge event or emergency (See diagram below).



These functions may be performed by a single individual or directed by a group of people, depending on the size and nature of the event. In large events, resources are organized and labeled with standardized terminology:

- Sections are the organizational level having responsibility for a major functional area of incident management, e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the Branch and the Incident Command.
- A Branch is the organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.
- Strike Teams are groupings of staff with the same skill set coordinated by a designated leader;
- Groups are sets of resources that perform a special function and are not defined by a geographic area
- Divisions function within a defined geographical area; and
- Task Forces are groupings of complementary skill sets assembled to support a specific operation need, coordinated by a designated leader

## Health Unit Command Group

The Health Unit Command Group is responsible for providing immediate and continuing exchange of information, assessment & monitoring, and planning & co-ordination of the Health Unit's response to an emerging or emergency situation.

## Command Group Functions

The Command Group provides strategic leadership to co-ordinate the health unit's response to any surge event, emerging or emergency situation. It provides a venue to:

- 1 collect, collate and analyze information regarding the situation, including ensure input from all stakeholders;
- 2 set goals and priorities to guide the Health Unit response;
- 3 establish action plans to respond to the situation;
- 4 co-ordinate and direct the Health Unit response; and
- 5 plan, coordinate and direct recovery activities.

The Command Group will establish a meeting cycle (i.e., frequency) appropriate to the situation.

## Command Group Membership

The MOH and CEO will predetermine staff who would be likely to fill each function in a regional public health emergency. Each position requires a primary staff member. At least one back-up should be identified as well.

Work is performed under the control of each of the Operations, Planning, Logistics and Finance/Administration Section Chief.

The current membership of the Command Group is listed in Appendix A – Command Group Membership.

## **11.0 INCIDENT MANAGEMENT SYSTEM (IMS) ROLES AND RESPONSIBILITIES**

The Incident Management System is flexible and highly adaptable to tackle any incident that is outside of normal work function. The IMS is a standardized approach to emergency management and includes personnel, facilities, equipment, procedures and communications. IMS can be quickly expanded or contracted according to changing circumstances and needs. The IMS framework matches the size and complexity of the incident.

A simple incident may involve few resources, be located within a small geographical area and last for only a short period of time. For example a gas leak, a water main break, a call for medical assistance, or non-routine snow clearance.

A complex incident may involve the coordination of vast resources from many organizations and from municipal, provincial and federal governments, for example in the event of a major nuclear incident. A complex incident may persist for weeks, for example, in extensive flooding; or even months, for example, in a medical epidemic or pandemic.

Some complex incidents may be declared as emergencies under Ontario's Emergency Management and Civil Protection Act (EMCPA).

### **ROLES AND RESPONSIBILITIES**

Positions are filled by the available people who have the most relevant skills and authority. As resources are stretched all programs will make decisions regarding what program activities they can scale back in order to build capacity for the emergency response. Refer to the "Prioritizing of Programs tool" in the Appendix.

#### **Incident Commander**

- in any incident, there is always an Incident Commander;
- at the outset of an incident, the Incident Commander may be the only manned position and may direct a response, then as the response builds, positions are added to maintain effective span of control;
- the Incident Commander has final authority on all decisions related to management of the incident, and all team members report directly or indirectly to the Incident Commander;
- the Incident Commander will decide if there is a need to expand the IMS organizational structure;
- during a simple incident or the very early stages of a complex incident, there may not be enough information to suggest the need to establish increased structures, so the Incident Commander will carry out all Command Functions and General Functions;
- if the incident becomes more complex, then the Incident Commander will expand the IMS organizational structure to include more positions to perform the Command and General functions; and
- during an incident, there may be periods of more or less activity, and the IMS structure can expand and contract as is effective to maintain optimal control over the incident, while maintaining optimum continuity of normal operations.
- authorizes demobilization

#### **Command Functions**

The Incident Commander may perform all or some of these functions at the outset of an incident but will likely staff these functions in support of command for an extended incident as follows:

**Emergency Information Officer:**

- is responsible for the development and release of emergency information to the public and the media;
- advises command about media/public emergency information and media relations;
- ensuring public access to information;
- consults with Command regarding any restraints on the release of information;
- establishes key messages and media products for spokespersons;
- ensures broadcast of emergency instructions (such as evacuations) to the public via the media; and
- establishes a public inquiry hotline.

**Safety Officer:**

- creates systems and procedures for the overall health and safety of all responders;
- monitors safety conditions and develops safety measures;
- works closely with Operations to ensure responders are as safe as possible, wear appropriate safety equipment and implement the safest operational options;
- advises Command on safety issues.

**Liaison Officer:**

- serves as the primary contact for organizations cooperating with or supporting the incident response;
- gathers information about organizations involved in the incident;
- serves as coordinator for organizations not represented in Incident Command;
- provides briefings to organization representatives about the operation; and
- maintains a list of supporting and cooperating organizations, and keeps it updated as the incident evolves.

**General Functions**

The General Functions support Incident Command by overseeing and carrying out the key management functions of Operations, Planning, Logistics and Finance and Administration. Each of these key functions is organized into a Section, each headed by a Chief. Section chiefs are added as they become necessary. The command structure can be easily scaled up or down according to the size and or complexity of an incident.

**Operations Section Chief:**

- implements the Incident Action Plan;
- develops and manages the Operations Section to achieve the incident objectives set out by Command; and
- organizes, assigns and supervises all resources assigned to an incident.

**Planning Section Chief:**

- coordinates the development of each Incident Action Plan and ensures that information is shared effectively with all Incident Command and General Staff in an efficient planning process;
- collects, collates, evaluates, analyzes and disseminates incident information;
- manages the planning process;
- maintains incident documentation; and

- tracks resources assigned to the incident.

**Logistics Section Chief:**

- provides all supporting resources;
- Logistics and Finance/Administration work together closely to contract for and purchase required goods and services;
- orders, obtains, maintains, distributes and accounts for essential personnel, equipment and supplies, beyond those immediately accessible to Operations;
- develops the telecommunications plan;
- provides telecommunications/IT services and resources;
- sets up food services;
- sets up and maintains incident facilities;
- provides support transportation; and
- provides medical services to incident personnel.

**Finance/Administration Section Chief:**

- provides the financial and cost analysis support to an incident;
- tracks timesheets for incident personnel and equipment;
- reimburses expenses; and
- monitors sources of funding.

**12.0 TRAINING**

All managers, and staff who may be required to fulfill a leadership function during an emergency & surge event will complete IMS 200 training. Refresher training to include new staff will take place as needed.

All other staff and new staff will complete IMS 100 training online within six months of hire or before the end of 2013, whichever is later for the individual.

At minimum, one time per year the NWHU will implement / exercise IMS structure and emergency & surge event response. The one event may be the influenza campaign, and/or other appropriate surge events.

**13.0 EMERGENCY OPERATIONS CENTRE (EOC)**

The EOC is the base of operations for an Emergency Control Group or for Incident Command. During a public health emergency, the Medical Officer of Health office will be utilized as an EOC. The centre will have available vital records, critical software and IT capabilities and resources. Once an emergency has been declared, the emergency control group will need the right tools to coordinate the emergency response.

An EOC must have appropriate technological and telecommunications systems to ensure effective communications in an emergency. At minimum there must be cell and internet service available.

It may be more functional to have an emergency operations centre in the affected community in order to effectively manage the response work. The activation of the Emergency & Surge Event Response Plan may also be related to a localized health emergency or a major, time-sensitive event. In these cases the location may not have been identified ahead of time. The “Checklist for Emergency Operations Centre” tool appended to this plan can be used to highlight required amenities, locate a suitable venue, and check off required items to stock the EOC.

The pre-assigned Logistics Section Chief is responsible for annual upkeep of the Telecommunications and IT Appendix, which will include internal assets available in an emergency, contingency plans utilizing other local or regional capacity in the event of failure of internal communications systems, and maintaining of information that would assist in communication coordination among regional partners. For example, being familiar with the phone and IT plans of each Municipality, local healthcare, and Ministry communications plans.

**14.0 RISK COMMUNICATION**

Risk communication refers to the information that is communicated to the public during a crisis situation or an incident. Risk communication gives the public the necessary information needed for making decisions that affect them.

In a risk communication situation there is constant tension between providing accurate information and providing information quickly. Both demands pose dangers. To wait for all information to be complete and verified before releasing it to the public can create an information vacuum that will likely be filled with rumor and speculation. However, to release information that has not been double checked and which turns out to be inaccurate runs the risk of misleading the public and undermining credibility. The best way to address this challenge is to establish regular briefings with the media.

Refer to the Communication Considerations appendix.

Websites for further information:

<http://www.pandemicflu.gov/news/rcommunication.html>

<http://www.centerforriskcommunication.org/home.htm>

The pre-assigned Emergency Information Officer is responsible for the annual upkeep of the Risk Communication Appendix, which will include pathways to access local/regional/area media and Ministry contacts.

## **15.0 OCCUPATIONAL HEALTH AND SAFETY**

The Northwestern Health Unit is committed to the safety of all health unit staff. Staff should contact their local office Occupational Health & Safety representative if there are any concerns.

The Occupational Health and Safety Act (OHSA) provides guidance for workers, supervisors and employers with regards to regulations under the OHSA. Under the OHSA, an employer has the duty to take all responsible precautions in the circumstances for the protection of a worker.

The OHSA cannot be overridden by any emergency order made under the EMCPA or the HPPA.

For specific requirements under the OHSA go to:

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90o01\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm)

A guide to the requirements of OHSA can be found at

<http://www.labour.gov.on.ca/english/hs/ohsaguide/index.html>

### **Employer Responsibilities**

There is a general duty for an employer to establish written measures and procedures for the health and safety of workers, in consultation with the joint health and safety committee. Such measures and procedures may include, but are not limited to, the following:

- Safe work practices
- Safe working conditions
- Proper hygiene practices and the use of hygiene facilities
- Infection prevention and control

A worker who is required to use any Personal Protective Equipment shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter. Training activities should be documented.

No worker will be exposed to unknown risk. All risks that vary from pre-established OHS hazards/controls will be evaluated, management/ worker agreement on appropriate PPE, procurement, fitting and training in the use of appropriate PPE, prior to exposure to a risk environment. Where possible, distance communication means of communicating are preferred to affect work completion with minimal risk.

### **Employee Responsibilities**

- A worker must comply with OHSA regulations and wear or use any equipment, protective devices or clothing required by the employer.
- A worker shall participate in training sessions.

## **16.0 SUPPORTS FOR STAFF**

### **Employee Assistance Program (EAP)**

The EAP provides access to a qualified counseling professional who can help resolve personal and work-related problems – before they affect health, family or the ability to work.

EAP is a confidential counseling service available for staff and their families, at 1-800-387-4765 (en) and 1-800-361-5676 (fr) operating 24 hours a day/7 days a week.

### **Personal Preparedness for Emergencies**

You should be prepared to respond to any type of disaster that could occur in your area. Being prepared for an emergency situation can reduce your stress and trauma to you and your family. This means having enough supplies on hand to be self-sufficient for at least three days. During an emergency you may need to provide for your own shelter, first aid, food, water and sanitation before emergency personnel can restore regular services.

There are a number of common sense steps that you can take right now to ensure that you are prepared in the event of an emergency. Create your emergency plan;

- Develop a plan
- Keep emergency numbers handy
- Develop a home escape plan
- Prepare a family emergency kit
- Know where to get information re: updates about the emergency and what it means

Resources:

- <http://www.emergencymanagementontario.ca/english/prepare/emergency.html>
- [http://www.toronto.ca/bia/pdf/oem\\_booklet.pdf](http://www.toronto.ca/bia/pdf/oem_booklet.pdf)
- <http://www.safecanada.ca>

The Emergency Response program lead and manager will annually promote staff personal preparedness, to include emergency plans and personal kits.

The pre-assigned Safety Officer is responsible for annual upkeep of the OHS in an Emergency & Surge Event Appendix. The Safety Officer will lead an ad hoc committee in risk assessment at the outset of any emergency & surge event that involves unassessed work hazards, and will maintain tools in the Appendix to facilitate this process thoroughly and expediently. The Safety Officer will work with the Logistics and Finance / Admin Section Chiefs for rapid procurement of required personal protective equipment or other resources.

**APPENDICES AND ANNEXES**

Appendices

- A. Command Group membership
- B. Handbook for Program Management
- C. Handbook for Incident Commander
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Annex A – Pandemic

Annex B – Mass Immunization

Glossary - definitions of key terms