Accreditation Canada Public Health Service Standards 2019

13.0 The organization is prepared to respond to public health emergencies.

Notes

- **!** Denotes high priority criteria
- Guidelines are outlined in the slide notes
- For details and other PH service standards, please see: http://home.wrha.mb.ca/quality/files/31PublicHealthServices.pdf

> ▸ **!13.1** There is a public health emergency response plan that is integrated with the organization's broader all-hazard disaster and emergency response plan.

> ▸ **! 13.2** There is capacity to rapidly initiate a response to public health emergencies in accordance with the all-hazard disaster and emergency response plan.

> ▸ **!13.3** There are clear activation criteria for initiating an emergency response.

13.1 **Guidelines**

The public health emergency response plan clearly defines the public health organization's unique role in emergency response, for example, in the case of mass gatherings or pandemic influenza. The plan includes how vulnerable populations that are affected by the disaster or emergency will be reached, and how the type of emergency will affect the plan, response, and recovery. The plan includes a roster of personnel with technical expertise for emergency responses and accurate 24-hour contact information for each person. The types of experts involved may include toxicologists, emergency management specialists, environmental health scientists, epidemiologists, hazardous material response teams, industrial hygienists, infectious disease specialists, law enforcement or armed forces personnel, medical examiners or coroners, microbiologists, occupational health physicians, public health Laboratory directors, veterinarians, and funeral or mortuary directors.

13,.2: **Guidelines**

The response includes how to collaborate with partners to implement the emergency plan and how to coordinate the logistics of the response with partners, different regions, and levels of government. There are means to procure the necessary supplies and equipment required should an emergency occur.

13.3**Guidelines**

There is capacity to promptly detect threats that may constitute an outbreak or an emergency. The triggers or criteria that must be in place to escalate the normal response to an emergency response are defined.

▸ **13.4** The public is informed about how and where to report public health threats and potential public health emergencies.

▸ **!13.5** There is capacity to enhance surveillance during an emergency.

▸ **!13.6** A plan for informing the public about public health emergencies is established and followed in collaboration with partners.

13.5 **Guidelines**
Enhanced surveillance builds on the routine surveillance systems already in place and introduces supplementary measures for gathering as much information as possible during a disaster or emergency. Examples include telephone hotlines, rumour tracking and verification, active surveillance of hospitals or high-risk groups, inclusion of additional sources of information, and monitoring radio or other networks.

13.6**Guidelines**
Timely advisories are issued for public health emergencies. The public is communicated with throughout any potential or actual threat or public health emergency, and they are informed of appropriate protocols and safety procedures. Consistency of messaging is ensured with partner organizations and each involved level of government

‣ 13.7 The public health emergency response is tested as part of broader all-hazard disaster and emergency response plan drills.

‣ ! 13.8 When the disaster or emergency response has been deactivated, a debrief on the situation and the response process is provided, and improvements are made as a result.

13.7 (no guidelines)
13.8**Guidelines**
The debrief session may include members of the community, team, the organization's leaders, volunteers, and partner organizations. Part of the deactivation and debrief stage includes recovery planning, i.e., the steps required to return the community to its normal functioning..