

# When a public health emergency hits



**H**ow prepared would you be if Ontario suddenly found itself in the midst of a major outbreak of an airborne infection or perhaps was swamped by a wave of reports about an *E coli* infection?

A 2015 US study<sup>1</sup> which examined physicians' assessments of their preparedness found significant gaps in their planning and preparation for such emergencies. Sizable fractions of physicians were unaware of emergency response tools in their care setting – with nearly one-half of physicians in hospitals (44%) reporting that

they did not know whether their care setting had an emergency response plan, and less than one-quarter reporting that they had participated in a drill using such a plan in the previous two years.

Although a similar survey to assess Ontario physician preparedness has not been recently conducted, experiences during recent public health emergencies show there is always room for improving one's state of readiness.

The **Public Health Emergencies** policy, just approved by Council, urges Ontario physicians to have a level of preparedness in the event of a crisis. "The College recom- ▶▶

## EXTERNAL CONSULTATION

DATES HELD:

September 14th, 2017  
– December 4th, 2017

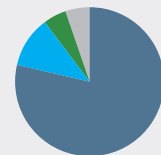


# OF RESPONDENTS:

**36**



BREAKDOWN OF RESPONDENTS:



- 78% PHYSICIANS
- 11% ORGANIZATIONS
- 5% OTHER HEALTH CARE PROFESSIONALS
- 5% UNIDENTIFIED

CHANGES MADE IN RESPONSE TO FEEDBACK:

YES   
NO

<sup>1</sup> (Disaster Med Public Health Preparedness. 2015;9:666–680)

Physicians are expected to:

- Prepare for the occurrence of public health emergencies. This includes engaging in training and simulation exercises.
- Make reasonable efforts to stay informed during public health emergencies.
- Be available to provide medical care and/or other physician services during public health emergencies.
- Document patient encounters to the extent to which the specific circumstances allow.
- Only practise outside of their scope of practice on a temporary basis during public health emergencies when specific circumstances are met.

mends that physicians participate in simulation exercises and other emergency planning and preparation activities, and take advantage of training offered to them for tasks which they may be required to perform during a public health emergency,” states the policy.

The policy defines a public health emergency as “a current or impending situation that constitutes a danger of major proportions with the potential to result in serious harm to the health of the public, and is usually caused by forces of nature, a disease or other health risk, an accident or an act

whether intentional or otherwise.”

Such an emergency would be declared by governments and public health authorities at the federal, provincial and municipal level.

Throughout the consultations on the policy, participants raised a number of related issues, such as temporary licensure and hospital privileges, death and disability insurance, compensation, and the role of residents and medical students. These topics will be addressed in a companion document to the policy which will be posted on the website. <sup>MD</sup>

## WE WANT YOUR FEEDBACK

### Closing a Medical Practice Policy – Consultation

A draft of the **Closing a Medical Practice** policy has been approved by Council for external consultation. This draft policy is an update to the current policy and sets out expectations for physicians when permanently closing a medical practice.

We are now inviting feedback on the draft policy from all stakeholders, including members of the medical profession, the public, health-system organizations, and other health professionals. Visit the dedicated consultation page at [www.cpso.on.ca](http://www.cpso.on.ca) to view further information and provide your feedback.

You can also email your thoughts to: [practicemanagement@cpso.on.ca](mailto:practicemanagement@cpso.on.ca)