



Emergency Preparedness & Response Manual

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	Executive Leadership Team	June 28, 2022
Approved By:	President & CEO Director of Facilities & Projects	

Haliburton Highlands Health Services
Emergency Preparedness & Response Manual

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**CONTACT MANAGER ON CALL
TO ACTIVATE FAN OUT LIST**

(705) 455-2960 (Bell)
or
(705) 313-2303 (Rogers)

Emergency Preparedness & Response Manual, Emergency Evacuation Kit, & Command Centre Kit Distribution Locations

Manual Distribution			
Minden	Long Term Care Upper Long Term Care Lower Emergency Department Mental Health GAIN Director of Facilities & Projects Command Center Kit (Board room)	Haliburton	Long Term Care Emergency Department Community Support Services (CSS) Director of Facilities & Projects Command Center Kit (Board Room)
External	Minden OPP Detachment Dysart Fire Chief Minden Hills Fire Chief County of Haliburton EMS Paramedics		
<u>Command Center Kit (2) – Locations</u>			
Minden Board Room Haliburton Board Room			
A checklist of kit contents & management can be found in Appendix 7			
<u>Emergency Evacuation Kits for Nursing Units (5) – Locations</u>			
Minden LTC Nursing Units – In cupboards at Nurse’s Stations 1 st floor and 2 nd floor Minden Emergency Department – Nurse’s Station with emergency transport kits Haliburton LTC Nursing Unit - in cupboard at Nurse’s Station Haliburton Emergency Department – Nurse’s Station with emergency transport kits			
A checklist of kit contents & management can be found in Appendix 6			

Revision/Amendments Log

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Date	Page	Section	Reason	Amended By
October 31, 2023	3,10,11,18	Code Yellow	Change to Manager On Call as initial contact	L. Domerchie

Request for Revision Form

Problem		
Document & Section Name		
Revision Suggested		
Additional Comments		
Contact Information for Follow-up		
Name	Department	Email

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Appendices

- Appendix 1** – IMS Job Action Checklist Procedures
- Appendix 2** – Command Center Documents
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- Appendix 5** – Emergency Evacuation Kit Checklist & Management
- Appendix 6** – Command Center Kit Checklist & Management
- Appendix 7** – Work Instruction for Fire Panel

Annexes

- Code Red** (Fire)
- Code Green** (Evacuation)
- Code Grey** (Infrastructure Loss or Failure, Air-Exclusion Event)
- Code Yellow** (Missing Person)
- Code Orange** (Disaster) or **Code Orange CBRNE** (CBRNE Disaster)
- Code Blue/Pink** (Cardiac Arrest or Medical Emergency)
- Code White** (Violent/Behavioural Situation)
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- Code Silver** (Person with a Weapon)
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- Annex 1** – Minden & Haliburton Detailed Zone Maps
- Annex 2** – Hazard Identification & Risk Assessment

Introduction

Statement of Authority

The creation and implementation of this Manual is reviewed by the Haliburton Highlands Health Services (HHHS) Joint Health and Safety Committee (JH&SC) and is approved by the President & CEO, the Executive Leadership Team, and the Director of Facilities & Projects.

This Manual has been created under the authority of the Emergency Management and Civil Protection Act, Ontario.

This Manual is intended to comply with Canadian Standards Association Standard CSAZ-1600-08, the National Standard for Emergency Management and Business Continuity Programs.

This Manual uses the Incident Management System (IMS) model and the Emergency Colour Code System, as recommended by the Ontario Hospital Association (OHA).

Statement of Coordination

This Manual and its components are intended to coordinate the activities of all work locations of Haliburton Highlands Health Services (HHHS). Unless otherwise stated, any provision in this Manual will apply to all work locations. In the rare cases where a location-specific special circumstance exists, this will be clearly identified.

This Manual and its components are intended to be coordinated with the Emergency Response Plans of the County of Haliburton, the Municipalities of Dysart et al, and the Township of Minden Hills. In addition, this Manual and its components are intended to be coordinated with the Emergency Response Plans of our regional health care partner organizations in the Local Health Integration Network and the Ontario Ministry of Health and the Ministry of Long-Term Care.

All inquiries regarding this Manual and its components should be directed to the President and Chief Executive Officer, Haliburton Highlands Health Services.

Mission Statement

This Manual is intended to provide a common guidance and a common framework for response to emergencies and other events which are adverse and unscheduled, for the healthcare sites of HHHS, in order to provide safe and effective emergency medical care to all who require it.

The Manual is intended to assist HHHS and its Staff to coordinate and integrate their activities, both internally and externally, between the health care sites, with other healthcare stakeholders, and with the emergency response services of the communities which we serve. The common framework for such coordination will be the healthcare-centric version of the Incident Management System.

This Manual establishes a framework for an effective system of managing any emergency, either internal or external, that affects the normal operations of this Facility. The purpose of this Manual is to:

- a. Reduce the vulnerability of HHHS, its Patients, Residents, Clients, Visitors, and Staff to damage, injury, and loss of life and property resulting from natural, technological, or manmade emergencies.
- b. Prepare our health care facilities for prompt and efficient response to emergencies occurring either outside the institution, or within our own walls.
- c. Respond to emergencies using all systems and resources necessary to preserve the health, safety, and welfare of all persons affected by the emergency.
- d. Recover from emergencies by providing for the rapid and orderly start of restoration activities affecting our Staff, Patients, Residents, Clients, and property.
- e. Provide an emergency management system embodying all aspects of preparedness, response, recovery and mitigation.

Statement of Scope

This Manual is intended to provide both guidance and an operating framework for response to both internal and external emergencies, and for other types of unscheduled or potentially adverse events. It is not intended to replace the normal operating policies and procedures of HHHS, except in the circumstances described above.

- a. This Manual establishes fundamental policies, program strategies and assumptions.
- b. This Manual establishes a concept of operations spanning the direction and control of an emergency from initial monitoring through post-emergency recovery and mitigation.
- c. This Manual defines an interdepartmental coordination mechanism to facilitate direction, control of response, and recovery assistance from within our Facility, from other healthcare facilities, and from the community.
- d. This Manual assign specific functional responsibilities to appropriate Staff members or departments, as well as to outside agencies.
- e. This Manual addresses the various types of emergencies which are likely to occur.
- f. For each magnitude of event, the Manual identifies actions taken by those assigned to promote the response of this Facility to an emergency, and to promote recovery from that emergency.

Definitions of Disaster

Emergency – The FLTCA (2021) defines an emergency as “an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of [Patients, Residents, Clients, Visitors, Staff] and others attending the [Facility] that requires immediate action to ensure the safety of the persons in the [Facility].”

Internal Emergency – An isolated event within one of our facilities.

External Emergency – Occurring in the community at large, but affecting HHHS, either through interfering with operations or by creating large numbers of additional Patients.

Local Emergency – A single event relatively confined to one point or area. It can be managed by the affected Department/Unit, or with minimal upper-level assistance.

Minor Disaster – Any incident which exceeds the resources of the affected Department/Unit. Any incident which exceeds the ability of the affected Department/Units to manage response and requires major assistance from other Staff.

Major Disaster – Any incident which exceeds the resources of HHHS. Any incident which exceeds the ability of this Facility to manage response, and which requires major assistance from other healthcare facilities and/or the community. The Municipal Emergency Operations Centre (E.O.C.) will probably be activated.

Catastrophic Disaster – An incident which threatens the survival of this Facility, or of the community we serve. The provincial E.O.C. will probably be activated.

Hospital Redirect – During an emergency situation the Acting Incident Manager has the authority to place the Facility on redirect where conditions warrant.

Abbreviations

AAR	After Action Reports
CBRNE	Chemical-Biological-Nuclear-Radiological-Explosive
CEO	Chief Executive Officer
CHA	Canadian Healthcare Association
CPIP	Canadian Pandemic Influenza Plan
EMS	Emergency Medical Services
EOC	Emergency Operations Centre
HIRA	Hazard Identification & Risk Analysis
HR	Human Resources
IMS	Incident Management System
IT	Information Technology
IPAC	Infection Prevention and Control
JHSC	Joint Health and Safety Committee
LHIN	Local Health Integration Networks
MEOC	Ministry Emergency Operations Centre
MLTC	Ministry of Long-Term Care
MOH	Ministry of Health
OHA	Ontario Hospital Association
OHS	Occupational Health and Safety
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHSA	Occupational Health and Safety Act
PCPIP	Provincial Coordination Plan for Influenza Pandemic
PEOC	Provincial Emergency Operations Centre
PHU	Public Health Unit
PPE	Personal Protective Equipment
SARS	Severe Acute Respiratory Syndrome
WHO	World Health Organization

Concept of Operations

Internal Problems

Upon becoming aware of any internal emergency situation, Staff members will immediately notify the occupants of the building by paging the code (unless stated otherwise in the Code Policies) using the overhead paging system located in the annunciator panel (upper entrance to Hyland Crest Long-Term Care in Minden and in the entrance to the Haliburton Emergency Department). If the panels are not accessible, a general telephone page may be used. In some circumstances (e.g., fire) it will also be necessary to first activate the emergency services by activating a pull station and calling 9-1-1.

The Senior Officer on duty will be notified of all emergency code announcements.

After normal business hours, the Manager On Call will be notified of all emergency code announcements by contacting the **Manager On Call (705) 455-2964 or (705) 313-2303**.

External Problems

In the case of external emergencies, notification may come from local emergency response agencies (Police, F.D., E.M.S.), from private citizens, or from the media.

Staff members receiving this information may alert the rest of the Facility making the appropriate code announcement on the overhead paging system and contacting the paging company to reach the Manager On Call and call Staff and Physician resources in.

The Senior Officer will be notified of all emergency code announcements.

After normal business hours, the Manager On Call will be notified of all emergency code announcements by contacting the contracted paging company.

Authority to Activate Emergency Response Procedures

Activation of the Emergency Response Procedures and Command Center is not automatic, except in clearly defined circumstances. Staff may activate the first stages of the Emergency Response Procedures. In all cases, when a segment of the Procedure is activated by Staff, the Senior Officer will be notified. Further activation of Procedure provisions will require the approval of the Senior Officer. Codes Orange (beyond Level I), and Green (all levels, except in cases of immediate danger) will require the approval of the CEO or designate.

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In most cases, the circumstances in which Staff are authorized to activate the Emergency Response without further approval will be described in the Annexes which provide the specific procedures for each Emergency Colour Code. In all circumstances not covered by a specific Emergency Colour Code, the authority to activate the Emergency Response Procedures will rest with the Senior Officer on duty (after hours, weekends, holidays) or with the CEO (Incident Manager) during normal business hours. In the event that the CEO cannot be reached for any reason, the authority to activate the Emergency Response Procedures will fall to appointed designate.

Activation of the Command Center

The authority to activate the Command Center resides with the Acting Incident Manager (after hours, weekends, holidays) or with the CEO or designate (during business hours). Only these individuals may activate the Command Center prior to the arrival of Staff. The Command Center location is multiple use, and may require assembly. This may be accomplished using the Command Center Kit. The location of the designated Command Centers and the Kit is described below:

Primary site

**Haliburton Boardroom
Minden Boardroom**

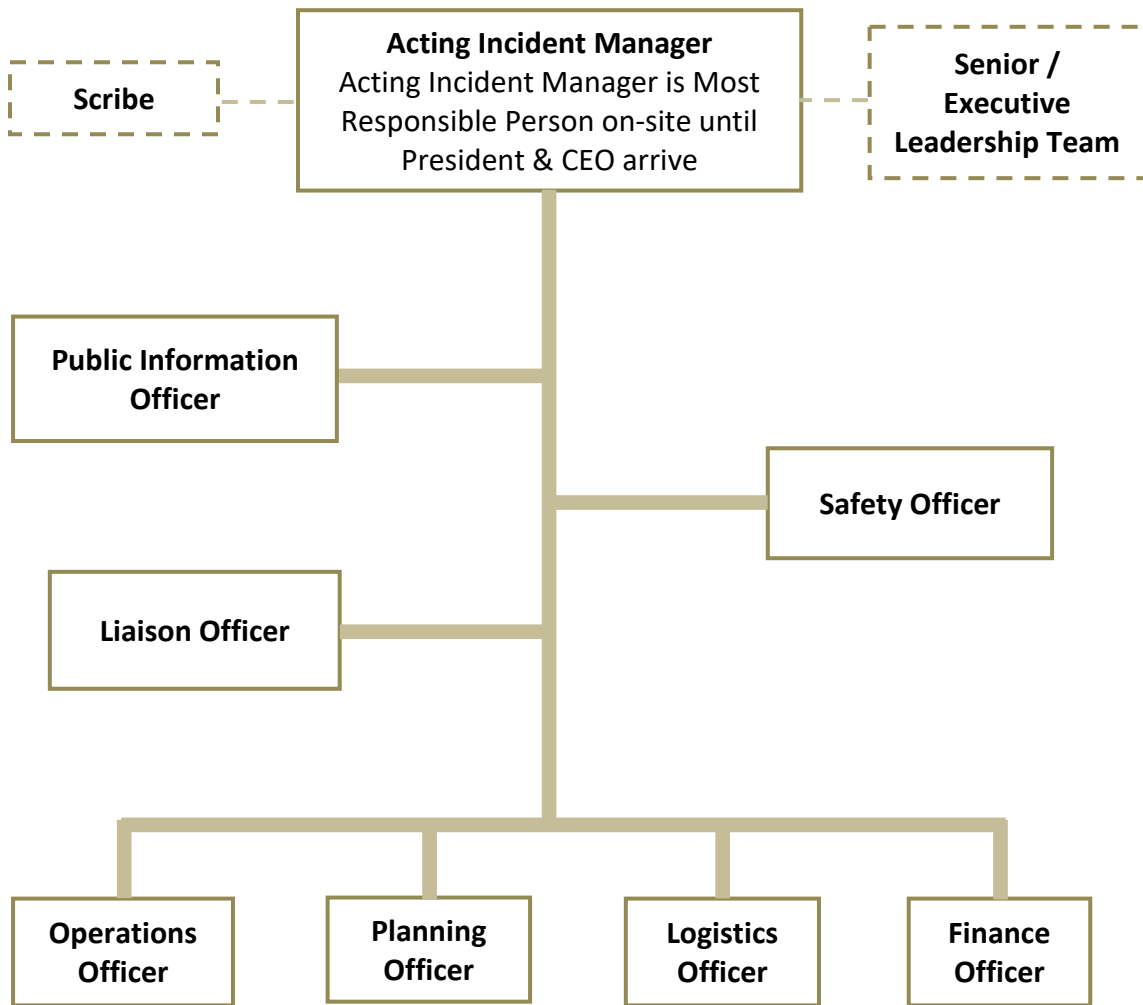
Backup site

Legion in Minden / Legion in Haliburton

Incident Management System (IMS)

The OHA defines the IMS as a method of command and control that provides a means to coordinate responding to an incident and protecting life, property, and the environment. This framework is based on the understanding that in every incident, regardless of the type, there are certain functions that must be carried out. Therefore, the IMS is a standardized approach to emergency management, adopted by organizations that encompasses personnel, facilities, equipment, procedures, and communications to operate within a common organizational structure.

The IMS is designed to ensure that those in charge establish command and control, safety, communication, coordination of resources, and supply chain management to quickly and effectively respond to emergencies.



Role Definitions & Responsibilities

Acting Incident Manager – Responsible for the development of strategy for the response to an incident, and for the setting of objectives in order to accomplish that strategy. Functional roles reporting to the Acting Incident Manager are responsible for taking the strategy and developing it into tactics.

Appointment of the Acting Incident Manager – In many circumstances, the initial or Acting Incident Manager for the incident will be the senior or Most Responsible Person in the Department. This is especially true after hours and on weekends and holidays. In all cases, the role of Acting Incident Manager will be filled by the Senior Officer (after hours, weekends, holidays) or by the CEO or designate (during business hours).

As Management Team members arrive on site, the Acting Incident Manager may be relieved by another person with a specific mandate to fulfill that role. In this case, the incumbent Acting Incident Manager should be prepared to fully brief their replacement on the event, and on actions taken in response to the event, and the change of command should be announced to all working on response to the event. This change of command should not be construed as a reflection on the abilities of the Acting Incident Manager. This individual should be provided with a supporting role, in a location where there is continual access to the new Incident Manager, in order to ensure continuity.

Scribe – This person is responsible for documenting all conversations and decisions as they occur, which will provide a permanent record of events. That includes minutes for business cycle meetings, event logs, and incoming calls, faxes, and emails. Such documentation can help to improve preparedness and response activities for future incidents, and also provide necessary facts in the event of later investigations.

Public Information Officer – Responsible for communications that are external (media) and internal (Staff, Patients, Residents, Clients, Volunteers, and Visitors) and will ensure all material needed is developed.

Liaison Officer – Acts as conduit for relevant information between the organization and other agencies/stakeholders. Also attends meetings to gather relevant information.

Safety Officer – Responsible for ensuring the safety of staff and patients and has responsibility for overseeing work areas to identify and correct any potential safety issues, make recommendations for changes or to immediately stop work believed to be unsafe.

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Operations Officer – Responsible for operating the core business functions of not only the emergency response but also for the service delivery of daily operations, ensuring that all work areas have staff and resources.

Planning Officer – Responsible for gathering all relevant information for short-term and long-term planning, including the pre-defined plans for responding to the incident, situation information, then evaluating / analyzing the data for decision-makers, and developing incident action plans.

Logistics Officer – Responsible for delivering required resources, both material and human to where they are required to effectively manage an emergency.

Finance Officer – Responsible for documentation, which does not only include the tracking costs, time, and compensation but also decision logs and resource usage. This will assist in the event of audits, legal action against the hospital, or submission of claims to the government for potential reimbursement of expenses.

CEO and Executive Leadership Team – They will bear the ultimate responsibility for the safety of Staff, Patients, Residents, Clients, and Visitors, and for the effective operations of the hospital during regular and emergency situations. The majority of incidents will not place the CEO in an Incident Manager role. It is key that the CEO and board make sure they are aware and informed about emergencies, and able to take control when the scale or scope impact the hospital-system.

Notification of Senior Management Team

Notification of the Management Team regarding the nature and details of the emergency shall be the responsibility of the Acting Incident Manager (after hours, weekends, holidays) or the CEO (during business hours). Additionally, all inquiries from both the media and senior municipal officials (e.g., Reeve) are to be referred immediately to this individual until such time as the designated Command Center Team is in place. For additional information on communication with the media, refer to the HHHS Social Media Policy.

Spending Authority

It is anticipated that the majority of major unbudgeted expenditures in response to any emergency will be authorized in advance. In extraordinary circumstances in which no member of the Management Team may be reached, the following special provisions will apply.

The Management Team has authorized the following levels of emergency expenditure:

The spending authority level is predetermined according to the standard Purchasing and Tendering Policy maintained by the Finance Department.

Those acting as Incident Managers, pending the arrival of pre-designated Staff, are not authorized to make emergency expenditures. Wherever possible, Acting Incident Managers should consult with the CEO or designate prior to making any unbudgeted expenditures, but may proceed with these if these individuals are unavailable for any reason and if the expenditure is urgently required. The Acting Incident Manager or designate may access a pre-determined amount of “cash on hand” for emergency purchases by contacting the CEO, CFO, or designate for authorization and release of funds. Proper documentation of expenditures, including receipts, will be expected. These may be submitted through the CEO or designate to the Chief Financial Officer.

Standing Down / Plans for Recovery

It is important for HHHS to return to normal operations as quickly as possible, once it has been determined that disaster operations are no longer required. The authority to stand down from disaster operations and return to normal business will be made by the Acting Incident Manager, acting on the instructions of the external Emergency Responders where required.

The CEO or designate will direct the Planning Officer to begin to formulate a plan for the staged stand down of disaster services and a return to normal operations. This plan must consider the resting and re-scheduling of Staff, replenishment and refurbishment of supplies and equipment, replenishment of single use medical supplies, pharmaceuticals, and linen which have been used at abnormal levels. The plan must also consider the re-establishment of services which may have been suspended in order to respond to the disaster. The plan should include a timeline for the restoration of normal activities, with a designated point at which ‘normal’ operations will resume. This plan should be submitted to the Management Team for approval prior to implementation and amended as required.

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Once stand down has occurred, all elements of the Emergency Evacuation and Command Center Kits will be located, cleaned, and refurbished as appropriate, and will be returned to the appropriate Kit. The Kits will be secured and returned to the appropriate locations.

Upon stand down, the CEO or designate is expected to conduct a detailed internal debriefing of all Staff involved in the Incident, in order to identify any problems, errors, gaps, or omissions which occurred during the emergency in order to further strengthen the Emergency Preparedness & Response Manual and our response to future emergencies. An After-Action initial debriefing should ideally occur within 48-hours of stand-down, followed by a formal, organizational debrief occurring within 10 business days of the initial debrief. An After-Action Report is to be prepared within 30-days of the conclusion of the event by the CEO or designate, in consultation with the Planning Officer and the Scribe, which will be secured, along with all documentation related to the disaster response, and forwarded to the Management Team.

Pre-Planning

Emergency Preparedness planning requires a tremendous amount of consultation, organizing, resource acquisition, risk assessment, training, education, and collaboration. HHHS uses the OHA standardized Emergency Colour Codes to design Policies for each Code to plan for emergency situations and disasters. Each of these Code Policies can be found within the Annexes of this Manual, and the Fire Safety Plan can be found within each Fire Panel located in HHHS sites.

Fan-out List & Staff Call Back

In the event of an emergency, HHHS maintains a Fan-out list for contacting Staff in an emergency. Due to confidentiality, the Paging Service retains the Staff Fan-out list. A template for assisting in tracking the results of Staff contacted through the Fan-out list can be found in **Appendix 2 – Command Center Documents**.

Consultation with Emergency Partners

External organizations both within and outside of the community have been consulted with as a method of emergency pre-planning in mitigating disasters and adverse incidents. HHHS is grateful to each and every Emergency Service Partner who is willing to lend aid, assistance, and collaboration, if possible, in the event of an emergency situation. A list of Emergency Partner Contacts can be found in **Appendix 3** of this Manual.

Records of consultation regarding pre-emergency planning, Letters of Understanding, Policy updates, and feedback from Emergency Partners, Resident's Council, and Family Council will be kept on the O: Drive for electronic records and in the Emergency Partner Consultation Binder for hard-copy records.

For confidentiality purposes, knowledge of location and access to these records will be restricted and approved by the appropriate Manager. Inquires regarding access to Consultation Records should be forwarded to the Director of Facilities & Projects, the Directors of Care, or the Executive Leadership Team.

Consultation with Emergency Partners during an emergency will be added to the After Action Report that is constructed during Recovery & Post-Incident Debriefing.

Food & Drug Provision, Stockpile Supplies, and Emergency Resources

In the event of a Shelter-In-Place emergency occurring, HHHS keeps a 3-day supply of perishable foods as well as a 7-day supply of non-perishable foods at both Minden and Haliburton locations. Hyland Crest and Highland Wood keep a 7-day supply of Resident daily medications, delivered by National Pharmacy. In the event of an Evacuation Crisis, HHHS maintains a Letter of Understanding with Sysco for emergency delivery of food and fluid to Evacuation locations. In the event of needing additional Drug provision, local pharmacies are contacted for aid. Please refer to **Emergency Partner Contact List** and **Vendors & Suppliers** appendices.

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In the event of a Pandemic or outbreak of disease, HHHS maintains a Pandemic Supply Room located at both Haliburton and Minden sites. Stock is used on a “First-in, First-out” basis (older stock used first) and shelves are rotated as new stock is delivered. Appropriate Staff are alerted 4 months prior to stock expiration via automatic E-mail updates based on the expiry dates recorded, when possible. For a full list of Pandemic Stockpile resources, please refer to **Pandemic Plan** located in the Annexes of this Manual.

As each emergency may require different types of supplies and equipment, each Emergency Code Policy lists applicable equipment and resources. Emergency Evacuation and Command Center Kits apply to multiple emergencies and their respective contents can be found at in **Appendices 6 & 7** of this Manual, respectively.

Staff Education & Training

Ensuring Staff are educated and trained in Emergency Response Procedures is vital to minimizing the impact and consequence of emergencies and disaster. Strategies, timelines, and responsibility for enacting these strategies are listed in the following table:

Strategies	Timeline	Responsibility
Orientation Package	On-going	Department Manager, HR
Annual Mandatory Education	On-going	Department Manager
Electronic Education (Surge Learning)	Annually	Department Manager
Drills, Table-Top Reviews	Annually or as needed	Department Manager, Director of Facilities & Projects
Staff Meetings, Mass emails, Zoom, Phone calls	As needed	Department Manager
Quick Reference Posters & Signage	On-going	Department Manager, Director of Facilities & Projects
Huddles	Daily or as needed	Department Manager, Director of Care
Family Communication by mass email, phone or zoom, land mail	As needed	Director of Care/Manager

Note: For specific timelines for Drills and Mock Exercises, please refer to the respective Code Policies.



Appendix 1 – IMS Job Action Checklist Procedures

Acting Incident Manager

DATE _____ **TIME** _____

LOCATION _____ **COMPLETED BY** _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

The person who initiates the Emergency Response Plan is in charge of the response and coordinates all response activities in support of emergency operations. This position may begin as an acting position, using whatever appropriate Staff is available for the role, but has pre-designated individuals to ultimately fill the role. The Acting Incident Manager stays in the position until formal (stated) hand-off to the Most Senior Manager upon arrival (e.g., Director of Facilities & Projects or CEO) occurs.

The Acting Incident Manager Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Request the activation the Command Center from the Most Senior Manager, Manager-On-Call, CEO or designate.
TIME	INIT	3. Initiate the Emergency Response Plan by assuming role of Acting Incident Manager. a. Put on identification vest, if appropriate (located in the Emergency Evacuation Kit.)
TIME	INIT	4. Determine incident objective(s) and strategy. Consider the who, what, when, where of the emergency ('size-up').
TIME	INIT	5. Set immediate priorities.
TIME	INIT	6. Establish a response action plan, enable the plan, and assume Command until relieved by Most Senior Manager.
TIME	INIT	7. Coordinate activity for Point of Command and Staff.
TIME	INIT	8. Ensure safety of all Staff.
TIME	INIT	9. Coordinate response actions with Emergency Responders, officials and Staff.
TIME	INIT	10. Appoint/confirm all major positions and distribute Job Action Sheets as individuals arrive to fill positions:

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TIME	INIT	ACTIONS
TIME	INIT	a. Public Information
TIME	INIT	b. Liaison
TIME	INIT	c. Safety
TIME	INIT	d. Operations
TIME	INIT	e. Planning
TIME	INIT	f. Logistics
TIME	INIT	g. Finance
TIME	INIT	h. Scribe/Recorder
TIME	INIT	11. Announce status and action plan meetings (business cycle) of all Officers and any others identified, within 10 to 15 minutes to address the Plan of Action (based on size-up, may be able to make initial decisions on resources required).
TIME	INIT	12. Obtain and review status report from all major positions.
TIME	INIT	13. Review next steps and assign tasks as required.
TIME	INIT	14. Upon receipt of status report, or sooner, evaluate the need for evacuation.
TIME	INIT	15. Initiate the communications fan-out if situation warrants and monitor results.
TIME	INIT	16. Identify and assign 'Runners' as required.
TIME	INIT	17. Determine appropriate level of service during immediate aftermath (in conjunction with the Planning Section).
TIME	INIT	18. Authorize a Patient and Resident prioritization assessment for the purposes of designating appropriate early discharge, if additional beds needed.
TIME	INIT	19. Notify and update the Management Team, as appropriate.
TIME	INIT	20. Ensure that contact and resource information have been established with outside agencies.

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Authorize resources as needed or requested.
TIME	INIT	2. CEO or designate to authorize release of information to the news media and the public (See HHHS Social Media Policy).
TIME	INIT	3. Arrange routine briefings with appointed Officers to receive status reports and update the action plan regarding the continuance and termination of the action plan.
TIME	INIT	4. Communicate status to Management Team and ensure that the Ministry of Health, Ministry of Long-Term Care, and Home & Community Care are made aware of situation as required. <ul style="list-style-type: none"> • Receive and interpret incoming Ministry directives
TIME	INIT	5. Consult with Logistics/Planning function on support needs for Staff, Physicians, Volunteers, for food and shelter. Consider needs for dependent support. Authorize plan of action.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. CEO or designate to approve media releases submitted by Public Information Officer.
TIME	INIT	2. Ensure designates have been identified to fill the role of Acting Incident Manager in your absence, and ensure they are briefed on the status of the incident, ongoing activities, and follow-up requirements.
TIME	INIT	3. Observe all Command Center Staff for signs of stress and fatigue, and report concerns to assigned Safety Coordinator.
TIME	INIT	4. Provide relief and respite for Command Center Staff.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Once situation resolves, initiate de-activation of response.
TIME	INIT	2. Monitor return to normal activities.
TIME	INIT	3. Debrief Incident with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Scribe

DATE _____ TIME _____

LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

The Scribe supports the Acting Incident Manager and other Command Center Staff and is chiefly responsible for recording information. More than one Scribe may be required for large-scale incidents.

The Scribe Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Assist in set-up of the Command Center communication equipment tool kit contents, stationary supplies, etc.
TIME	INIT	3. Attend briefings and relay information to Acting Incident Manager.
TIME	INIT	4. Provide assistance to the Acting Incident Manager with any of the responsibilities.
TIME	INIT	5. Record important decisions and actions taken by the Staff of the Command Center.
TIME	INIT	6. Notify and brief any support Staff required to report to the Command Center.
TIME	INIT	7. Arrange for printing of materials as required.
TIME	INIT	8. Arrange for and coordinate any clerical Staff as required.
TIME	INIT	9. Maintain log of actions taken. (See Event Log Sheets in Annex 2 – Command Center Documents)
TIME	INIT	10. Act as a conduit for incoming and outgoing telephone calls and messages for the Command Center as required.

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Maintain a log of all decisions and actions taken by the Command Center.
TIME	INIT	2. Keep minutes of business cycle meetings.
TIME	INIT	3. Arrange for logistics such as meals, rest areas, telephones and computers for the Command Center Staff.
TIME	INIT	4. Maintain adequate supplies for use by the Command Center Staff.
TIME	INIT	5. Accept any other duties assigned by Acting Incident Manager.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Ensure that all actions and decisions are appropriately documented.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all relevant reports, notes, files, and documentation for debriefing.
TIME	INIT	2. Assist Command Center Staff in the preparation of their respective documentation, if needed.
TIME	INIT	3. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	4. Participate in Incident debriefing with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Public Information Officer

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

The Public Information Officer develops and provides information about the Incident to the news media, incident personnel, Staff and other appropriate agencies and organizations.

The Public Information Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Review the Communication with the Media Policy (link/appendix?) and with CEO or designate before release.
TIME	INIT	3. Identify restrictions in contents of news release information from Acting Incident Manager.
TIME	INIT	4. Establish a Media Center away from the Command Center and Patient or Resident care activities to coordinate communication.
TIME	INIT	5. As soon as possible, communicate to Facility Staff

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Seek approval from CEO or designate for all news releases.
TIME	INIT	2. Review and refine key message statements in approved public information releases.
TIME	INIT	3. Ensure legal, liability, and risk assessments are considered in preparing information.
TIME	INIT	4. Issue an initial information report to the news media.
TIME	INIT	5. Relay any pertinent data back to Liaison and/or Acting Incident Manager.
TIME	INIT	6. Inform onsite media of the physical area which they have access to and those which they are restricted from.
TIME	INIT	7. Ensure all file copies are maintained of all information released and collected. Provide copies to Acting Incident Manager.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Obtain progress reports from Operations, Planning, Logistics/Support, and Finance as appropriate.
TIME	INIT	2. Direct calls from those who wish to volunteer to the Volunteer Coordinator and coordinate media communications regarding Volunteer recruitment.
TIME	INIT	3. Post general notices to keep Staff updated on the Incident situation on a regular basis, as well as formal letters providing reassurance and encouragement to come to work.
TIME	INIT	4. Prepare formal letters to Patient, Resident, and Client families, assuring them of HHHS' desire to keep them safe.
TIME	INIT	5. Monitor broadcast, print, and social media, and use information found to develop follow-up news releases and rumour control.
TIME	INIT	6. Ensure designates have been appointed to fill the role in your absence, and ensure they are briefed on the current status, ongoing activities, and any follow-up requirements.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all Media documentation, notes, incoming and relevant information for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Liaison Officer

DATE	TIME	
LOCATION	COMPLETED BY	

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Liaison Officer reports directly to the Acting Incident Manager and serves as the point of contact for assisting and coordinating activities between the Acting Incident Manager and various agencies and groups. This contact may include the Ministry of Health and the Ministry of Long-Term Care, Public Health, First Responder Services, such as the OPP, Fire Department, EMS, Home & Community Care, and other hospitals, etc. Liaison Officer alleviates demands on the Acting Incident Manager.

The Liaison Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Establish contact with Public Information Officer in Command Center
TIME	INIT	3. Attend meetings (business cycle) of all Command Center Staff for duration of emergency.
TIME	INIT	4. Obtain one or more aides and Runners from available Staff, as necessary.
TIME	INIT	5. Establish contact with assisting and cooperating agency Liaison Officers.
TIME	INIT	6. Review inter-hospital, municipal, and provincial emergency organizational contacts to determine appropriate contacts and message routing. Coordinate with Public Information Officer. (See Emergency Partner Contact List in Appendix x).
TIME	INIT	7. Establish communication with the assistance of the Public Information Officer with the internal hospital emergency communication network, Municipal Emergency Operations Center or Provincial Operations Center. Relay hospital status as necessary.
TIME	INIT	8. Obtain information to provide contacted Emergency Partners, as appropriate, upon request, such as:
TIME	INIT	a. The number of Patients that can be received and treated both immediate and delayed (Patient Care Capacity)

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TIME	INIT	ACTIONS
TIME	INIT	b. Any current or anticipated shortage of personnel and supplies
TIME	INIT	c. Current condition of hospital structure and utilities (hospital's overall status)
TIME	INIT	d. Number of Patients or Residents to be transferred by wheelchair or stretcher to another hospital
TIME	INIT	e. Any resources which are requested by other facilities (e.g., Staff, equipment, supplies)

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Request assistance and information as needed through the inter-hospital emergency communication network or Municipal Emergency Responders.
TIME	INIT	2. Respond to requests and complaints from incident personnel regarding inter-organization problems.
TIME	INIT	3. Relay any special information obtained to appropriate personnel in the receiving Facility.
TIME	INIT	4. Provide regular updates to the Command Center.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Finalize the following data for both internal and external authorities:
TIME	INIT	a. Number of casualties received, and types of injuries treated
TIME	INIT	b. Number hospitalized
TIME	INIT	c. Number discharged to home or other facilities
TIME	INIT	d. Number deceased

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all relevant notes, files, and documentation regarding information and data involving Emergency Partners for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Safety Officer

DATE _____ **TIME** _____

LOCATION _____ **COMPLETED BY** _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Reports directly to the Acting Incident Manager. Responsible for the safety of assigned Staff for the duration of the emergency. Maintains authority to temporarily suspend any plan, procedure, or strategy considered to be unsafe.

The Safety Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Assess and anticipate unsafe situations.
TIME	INIT	3. Develop and recommend measures for staff safety based on information provided.
TIME	INIT	4. Evaluate need for equipment, supplies such as decontamination, isolation, Personal Protective Equipment (PPE).
TIME	INIT	5. Be alert to any hazardous conditions throughout the Facility.
TIME	INIT	6. Be prepared to temporarily stop work and prevent unsafe acts until safety conditions are met.

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Liaise with Infection Prevention and Control as required.
TIME	INIT	2. Provide required information to Liaison Officer for external agencies such as Public Health.
TIME	INIT	3. Monitor safety conditions and develop measures to ensure the safety of all assigned Staff throughout the emergency situation.
TIME	INIT	4. Investigate and document all job-related injuries, hazardous materials, and infectious disease exposures.
TIME	INIT	5. Monitor efficacy of infection prevention and control measures (incident dependent).
TIME	INIT	6. Monitor efficacy of decontamination procedures (incident dependent).

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TIME	INIT	ACTIONS
TIME	INIT	7. Evaluate need for additional equipment and communicate need to Logistics as required

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Observe all Staff and Volunteers for signs of stress and inappropriate behaviour.
TIME	INIT	2. Ensure that Staff is provided with appropriate rest and respite, as required.
TIME	INIT	3. Investigate accidents that may have occurred during the incident.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all relevant reports, files, and safety documentation for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Operations Officer

DATE	TIME	
LOCATION	COMPLETED BY	

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Organizes and directs aspects relating to the Operations of the Facility and will carry out directives and incident objectives set by the Acting Incident Manager. Coordinates and supervises the activity of the following subsections: Medical Care (Holding Area, Emergency Treatment Area, Decontamination Area, Inpatient) Clinical Support (Lab, Imaging, Pharmacy, Respiratory, and Infection Prevention and Control).

The Operations Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Establish Operations Section Center in proximity to Command Center. Make location known to Acting Incident Manager and Operations Section Supervisors and Leaders.
TIME	INIT	3. Appoint or confirm appointment of Clinical Support Supervisor, Medical Care Supervisor, Holding Area Supervisor, Decontamination Supervisor (as required), Emergency Treatment Areas Supervisor and Inpatient Areas Supervisor.
TIME	INIT	4. Brief all Operations Section Supervisors (Clinical Support, Medical Care, etc.) on current situation and develop the section’s initial plan.
TIME	INIT	5. Designate a time for the next briefing and establish a briefing/update schedule with Operations Section Supervisors.
TIME	INIT	6. Activate Fan-out and monitor results accordingly.
TIME	INIT	7. Identify HHHS Services that are essential and any services that can be stopped or reduced. <ul style="list-style-type: none"> i. Coordinate with CEO or Designate, IPAC and OCC Health

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Ensure legal, liability, and risk assessments are considered when making decisions in response preparation.
TIME	INIT	2. Ensure that the Clinical Support section, Emergency Treatment Areas, and Inpatient Areas are adequately staffed and supplied.
TIME	INIT	3. Collaborate with Logistics on the organization and operation of the Staff assigned with Patient and Resident longer-term accommodations and transfers, if required.
TIME	INIT	4. Report Communications Fan-out results to Acting Incident Manager, highlighting areas of concern.
TIME	INIT	5. Ensure that all Patients (Residents, and Clients, if applicable) are identified, registered, and entered into the tracking process for the Incident.
TIME	INIT	6. Ensure care provided is clinically safe and of the highest standard possible, given the circumstances.
TIME	INIT	7. Monitor Patient flow throughout the system. Identify and remedy any problems.
TIME	INIT	8. Monitor the transfer of high acuity Patients and Residents to other venues of care.
TIME	INIT	9. Monitor the discharge of low acuity Patients and Residents to other venues of care.
TIME	INIT	10. Update Operations Section Supervisors on staffing and supplies for current conditions in regards to the delivery and quality of care.
TIME	INIT	11. Brief the Acting Incident Manager routinely during the Business Cycle meetings

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Ensure that all actions and decisions are appropriately documented on an on-going basis.
TIME	INIT	2. Brief Planning Officer on status of the medical / nursing Staff numbers and compositions as frequently as necessary.
TIME	INIT	3. Establish and maintain a rest and nutritional area in coordination with Medical Care Supervisor, Clinical Support Supervisor, and Logistics.
TIME	INIT	4. Ensure designates have been appointed to fill the role in your absence, and ensure they are briefed on the current status of the incident, ongoing activities, and any follow-up requirements.
TIME	INIT	5. Coordinate with the Liaison Officer and Patient Care Leaders in preparing Casualty Data to provide to the Acting Incident Manager

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TIME	INIT	ACTIONS
TIME	INIT	a. Number of Patients received and care required.
TIME	INIT	b. Number hospitalized and number discharged to home or other facilities
TIME	INIT	c. Individual casualty data: name, sex, age, address, seriousness or condition
TIME	INIT	6. Provide statistics on Patient numbers, acuity, and mortality to Public Information Officer
TIME	INIT	7. Monitor information that would suggest the incident may be concluding and notify the Command Center.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all relevant documentation, files, records, and communication logs for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Planning Officer

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Organizes and directs all aspects of the planning section such as incident-related data gathering and analysis regarding incident operations and assigned resources. Conducts planning meetings and prepares the response action plans for each operational period. Responsible for both short and long-term planning. This information is needed to understand the current situation, predict a probable course of incident events, and prepare alternative strategies for mitigating incident effects.

The Planning Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Provide for Planning/Information Center which will be responsible for:
TIME	INIT	a. Patient, Resident, and Client Tracking
TIME	INIT	b. Situation Status (Current Report)
TIME	INIT	c. Demobilization & Recovery Plans
TIME	INIT	d. Research & Scientific Expertise (Data collection & analysis)
TIME	INIT	e. Personnel Pool (Includes Medical and Nursing Staffing)
TIME	INIT	f. Family Information Center
TIME	INIT	3. Designate time for briefing own section Staff.
TIME	INIT	4. Through the Acting Incident Manager, complete a needs assessment to identify threats and priorities based on nature of emergency
TIME	INIT	5. Gather intelligence (information) on operational topics such as risk assessments, medical intelligence, weather information, structural designs of buildings, etc.

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TIME	INIT	ACTIONS
TIME	INIT	6. Establish a process for short and long-term planning to execute normal business level and update the plan as the situation develops.
TIME	INIT	7. Collaborate with Logistics Officer to maintain a supply of Personal Protective Equipment (PPE).

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Brief the Acting Incident Manager routinely during the Business Cycle meetings.
TIME	INIT	2. Monitor the consumption of single use and other expendable items in order to provide early identification of potential shortages. Report these shortages to Logistics.
TIME	INIT	3. Assist the Acting Incident Manager with the development and documentation of the Incident Action Plan (IAP).
TIME	INIT	4. Continue to plan, update and distribute the action plan, considering long-range plans for organizational response.
TIME	INIT	5. Ensure designates have been appointed to fill the role in your absence, and ensure they have been briefed on the current status of the incident, ongoing activities, and any follow-up requirements.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Receive projected activity reports from section leaders / supervisors at appropriate intervals.
TIME	INIT	2. Begin development of a formal Recovery Plan.
TIME	INIT	3. Consult with other members of the Command Center to appropriately plan for the demobilization of the Command Center and termination of Emergency Operations
TIME	INIT	4. Routinely brief the Acting Incident Manager to provide current status report.
TIME	INIT	5. Ensure that all actions and decisions are appropriately documented.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all relevant documentation, reports, consultations, notes, and files for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Logistics Officer

DATE	TIME	
LOCATION	COMPLETED BY	

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Ensures business continuity, organizes and directs those operations associated with the maintenance of the physical environment, and maintains adequate food, shelter and supplies to support the medical objectives. Ensures appropriate back-up systems are available and deployed as needed for essential utilities (e.g., electricity, potable water, sterile water, medical gases, vacuum systems) and equipment systems (e.g., elevators, HVAC, communication equipment, etc.).

The Logistics Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Receive briefing from Acting Incident Manager.
TIME	INIT	3. Establish Logistics Section Center in proximity to Command Center, if possible.
TIME	INIT	4. Appoint or confirm appointment of, as required:
TIME	INIT	a. Maintenance Function
TIME	INIT	b. Food Services Function
TIME	INIT	c. Staff Pool
TIME	INIT	d. Portering Function
TIME	INIT	e. Clinical Supplies Room Function
TIME	INIT	f. Information Technology Function
TIME	INIT	g. Bio Medical Devices Function
TIME	INIT	h. Security Function

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TIME	INIT	ACTIONS
TIME	INIT	5. Brief Section Leaders on current situation.
TIME	INIT	6. Outline action plans and establish a schedule for routine briefing.
TIME	INIT	7. Attend initial damage assessment meeting (if required) with Acting Incident Manager, Maintenance Staff, Director of Facilities & Projects, CEO or designate.
TIME	INIT	8. Identify essential services, and services that can be reduced or stopped.

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Obtain information and updates regularly from Unit Leaders / Supervisors.
TIME	INIT	2. Operate Staff Staging Area / Staffing Pool.
TIME	INIT	3. Collaborate with HR to determine skill sets of Staff, Volunteers, and other human resources for redeployment.
TIME	INIT	4. Ensure necessary communication tools are operational.
TIME	INIT	5. Maintain current materials and supplies status of all areas.
TIME	INIT	6. Coordinate with Operations and Planning Officers to establish priorities for making decisions for resource allocation during the response.
TIME	INIT	7. Authorize activation of Purchase Orders related to Emergency Response.
TIME	INIT	8. Source and acquire new supplies and equipment, when required. Refer to Suppliers & Vendors contact list in Appendix x.
TIME	INIT	9. Source and arrange new services for the Facility, when required.
TIME	INIT	10. Communicate frequently with Acting Incident Manager
TIME	INIT	11. Obtain needed supplies/services with assistance of Finance Officer.
TIME	INIT	12. Ensure transportation of persons, equipment, and supplies, as required.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Document actions and decisions on a continual basis.
TIME	INIT	2. Ensure that all requests for supplies, equipment and services are filled.
TIME	INIT	3. Document completion of all requests for supplies, equipment, and services.
TIME	INIT	4. Document all expenditures and forward to Finance Lead for tracking.
TIME	INIT	5. Track critical resources and provide updates to Operations Officer, Planning Officer, and Acting Incident Manager.
TIME	INIT	6. Investigate the overall condition and sustainability of operations from a labour, equipment, and medication perspective.
TIME	INIT	7. Ensure designates have been appointed to fill the role in your absence, and ensure they are briefed on the current status of the Incident, ongoing activities, and any follow-up requirements.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all relevant documentation, including supply, equipment, and service requests, actions and decisions, as well as any files, notes, and reports for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if needed.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. <ul style="list-style-type: none"> a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.

Finance Officer

DATE _____ TIME _____

LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Tracks Incident costs and monitors the utilization of financial assets. Oversees the acquisition of supplies and services necessary to carry out the hospital’s medical mission. Supervises the documentation of expenditures relevant to the emergency incident.

The Finance Officer Shall:

A. Immediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Read this entire section before proceeding. Consider the need to adjust the priority of the following actions.
TIME	INIT	2. Appoint Staff to track and report:
TIME	INIT	a. Compensation
TIME	INIT	b. Command Center Function
TIME	INIT	c. Cost Function
TIME	INIT	d. Procurement (Equipment, Materials, Supplies) Function
TIME	INIT	e. Time (Staff, Agency, Etc.)
TIME	INIT	3. Confer with Unit Leaders after meeting with Acting Incident Manager.
TIME	INIT	4. Develop a Section Action Plan.
TIME	INIT	5. Establish a Financial Section Operations Center.
TIME	INIT	6. Ensure adequate documentation and recording of personnel.

B. Intermediate Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Approve a “cost-to-date” incident financial status report submitted by the Cost Unit Leader every eight (8) hours summarizing financial data relative to personnel, supplies and miscellaneous expenses.
TIME	INIT	2. Oversee all purchases, overtime, and petty cash expenditures.
TIME	INIT	3. Obtain briefings and updates from Acting Incident Manager, as appropriate. Relate pertinent financial status information to appropriate Unit Leaders.
TIME	INIT	4. Schedule planning meetings to include Finance Section Unit Leaders to discuss updating the Section’s Incident Action Plan and termination procedures.
TIME	INIT	5. Ensure compliance with the hospital’s standard financial procedures by all parties involved in the incident response.

C. Extended Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Assure that all requests for personnel or supplies are copied to the Scribe and the Logistics Officer in a timely manner.
TIME	INIT	2. Ensure designates have been appointed to fill the role in your absence and ensure they are briefed on current status, ongoing activities, and follow-up requirements.
TIME	INIT	3. Receive all incoming documentation regarding expenditures, purchasing, and Staff hours.
TIME	INIT	4. Report information to the Acting Incident Manager at regular intervals, as required.
TIME	INIT	5. Produce a Final Cost Report for the Incident and provide to the Acting Incident Manager.

D. Recovery Responsibilities

TIME	INIT	ACTIONS
TIME	INIT	1. Prepare all Cost Reports, notes, incoming information, and relevant documentation for debriefing.
TIME	INIT	2. Monitor and assist with the return to normal activities, if possible.
TIME	INIT	3. Participate in Incident debriefing with Command Center personnel. a. Attend the formal Post-Incident Event Debriefing within 10-days of the conclusion of the event, if required. b. Assist in the preparation of the After-Action Report summary, to be completed within 30-days of the conclusion of the Incident.



Appendix 2 – Command Center Documents

Event Log Sheet

DATE _____ INCIDENT _____

LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each event occurs, record the time, initial, and a brief comment describing the event, when the situation permits.

TIME	INIT	COMMENTS
TIME	INIT	
TIME	INIT	
TIME	INIT	
TIME	INIT	
TIME	INIT	
TIME	INIT	
TIME	INIT	
TIME	INIT	
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TIME	INIT	

Resource & Information Request Tracking Sheet

DATE _____ TIME _____
LOCATION _____ REQUESTED BY _____
CONTACT NUMBER: _____

Item(s) Required	Quantity	Needed by: (date/time)

Reason Required:

Request Recorded by: _____ Contact Number: _____

Referred to: _____ Contact Number: _____

Request Filled:

Filled by: _____ Contact Number: _____

Date: _____ Time: _____ Delivery Confirmed: _____

Request Declined:

Declined by: _____ Contact Number: _____

Date: _____ Time: _____

Reason:

Finance Referral:

Referred to: _____ Contact Number: _____

Date: _____ Time: _____ Cost of Request: _____ Cost Center: _____

Situation Report

DATE	TIME
LOCATION	COMPLETED BY

Current Status	
Organization	
Event	
Service Provision	
Unresolved Issues	
Future Status	
Coming Events	
Weather Forecast	
Summary	
Time of Next Report	For Further Information Contact:

After Action Report Content Guide

Completion instructions

While some Incidents may not require the full list of suggested contents below, this guide should act as a general outline for what to include in the After Action Report summary. The written report should be clear and concise, report the facts, and prepared as if it is going to be the subject of legal challenge.

The After Action Report is to be prepared by the Acting Incident Manager and the CEO or designate, in collaboration with applicable Managers, Staff, or appointed IMS Officers. The Report is to be prepared and submitted to the Management Team within 30-days following the conclusion of the event.

Suggested Content

1. Title Page (including date and signature from the Acting Incident Manager)
2. Table of Contents
3. Executive Summary
 - a. Overview of Event
 - b. Strengths (Key strengths identified during the event)
 - c. Areas for Improvement (What did not go so well)
 - d. Recommendations
 - e. Introduction
4. Event Overview
5. Event Objectives
6. Evaluation
7. Summary of Major Issues Identified
8. Analyses of Issues and Recommendations
9. Errors and Omissions
10. Gap Analyses
11. Response Costs
12. Staff Injuries
13. Financial Losses Incurred
14. Recommendations
15. Conclusion
16. References

Staff Staging Area – Staff Registration

Please complete and return to the Main Staff Staging Area and wait to be called:

Full Name: _____

Department: _____

Relevant Skills (Check all that apply)

<input type="checkbox"/> Porter <input type="checkbox"/> Messenger <input type="checkbox"/> Clergy <input type="checkbox"/> Sitter <input type="checkbox"/> Maintenance <input type="checkbox"/> Registration <input type="checkbox"/> Care Support Aide (CSA) <input type="checkbox"/> Personal Support Worker (PSW)	<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Registered Practical Nurse (RPN) <input type="checkbox"/> Physician <input type="checkbox"/> Dietary Aide <input type="checkbox"/> Housekeeping <input type="checkbox"/> Credential Trainer (EPIC) <input type="checkbox"/> Screener <input type="checkbox"/> Healthcare Student
<input type="checkbox"/> On Duty <input type="checkbox"/> Called In	<input type="checkbox"/> Reported Voluntarily

Deployed As	Area Sent To	Time Left	Time Returned

Fan-Out Results Report

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Person Called	Contact Number	Last Worked	Time Called	Expected Arrival (Time)

Availability Reporting Form

DATE _____ REPORT TIME _____

Ext #: _____ DEPARTMENT / UNIT _____

Each Department Manager or delegate (supervisor, Charge Nurse, etc.) determines what Staff are available to provide assistance and completes this form. Send at least one Employee to Staging Area to report for service and deliver this completed form.

Staff Available to Assist in Other Areas	
Name of Available Staff	Position
Staff Required to Remain on Unit / Department	
Name of Staff	Position

Appendix 3 – Emergency Partner Contact List

Note: Significant codes are listed as the most likely reason the respective Emergency Partner would be contacted.

For HHS Internal Staff & Partner contacts, please refer to the HHS Phone List, available on the Intranet and within HHS Facilities.

Partner Name	Description	Contact Person	Phone	Significant Code(s)
Adamson & Dobson	Mechanical & Piping	Dave Watt - Project Manager (705) 312-0040	(705) 745-5751	Grey
AFK Mechanical	Propane Gas Technician		(705) 286-4882	Grey
CANUTEC	Hazardous Material Identification		(613) 992-4624	Brown
Carmichael Engineering	HVAC Systems, Heating & Cooling	Trevor Allaby - Service Manager (613) 968-1626	(613) 962-3440	Grey
Churko Electric	Electrical	Steve Churko – Owner (705) 457-7088	(705) 457-4576	Grey
Comco Canada	Fuel Oil Tank	Gord Thompson	(705) 728-0905	Grey
CritiCall	Hospital bed access & Urgent triage		1-800-668-4357	Green, Orange, Silver
Emergency Medical Assistance Team	Mobile medical field unit		1-866-212-2272	Orange
Extendicare	Haliburton Long-Term Care Facility	Krysta Sharp – Administrator Rachel Fearrey – Director of Care	(705) 457-1722	Green, Orange
Fire Department	Fire protection, prevention, inspection, and investigation	Shain Duda – Deputy Fire Chief (705) 286-1202 ex. 561	911	Red
FM Global	Fire System Insurance		(800) 955-3632	Grey

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Partner Name	Description	Contact Person	Phone	Significant Code(s)
Garda Security	Security Services	Justin Sharrard – Supervisor	(613) 212-5683	White, Purple, Silver, Black
Haliburton Ambulance Base	Ambulance services		(705) 457-1616	All
Haliburton County Paramedic Services	Emergency Medical Services	Tim Waite - Chief & Director (705) 457-1616	911	All
Homewood Health	Staff stress management		(800) 663-1142	All
Hydro One	Electrical Power	Dan Steele - Area Manager (705) 455-2824	(888) 664-9376	Grey
Kawartha North Family Health Team		Kim Robinson – Executive Director & Manager – (613) 334-9884	(705) 457-1212 ex. 368	Green
Lifelabs	Laboratory testing services		(416) 675-3637 (877) 849-3637	Pandemic, outbreak
Ministry of Long-Term Care	Critical Incident reporting		(613) 569-5602	Yellow
Modern Niagara	HVAC Systems, Heating & Cooling	Jason Gorry (416) 461-1317 Ian Hawke (647) 393-4016	(416) 748-3882	Grey
OCWA	Clean water and wastewater services	Jeremy Manning	(705) 731-7083	Grey
OFS	Fire System		(800) 461-1729	Red, Grey
Ontario Health East		Karen O’Brien – Senior Manager, Communications & Stakeholder Relations	(905) 430-3308 ex. 3212	Green

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Partner Name	Description	Contact Person	Phone	Significant Code(s)
OH East Home and Community Care Support Services		Kim Ballantyne – Senior Manager, Patient services, Hospitals	1-800-347-0285 ex. 5250	Green, Orange
Ontario Provincial Police	Police services	Amanda Gilbert – Minden Detachment (705) 286-1431	911	All
Ontario Residents Association Council	Patient, Resident, & Client stress management			All
Ontario Spills Action Center	Hazardous Spill Reporting		1-800-268-6060	Brown
ORNGE	Air-ambulance services		1-833-401-5577	Green, Orange
OTIS	OTIS Elevators		(800) 233-6847 (705) 741-8597	Grey
Pinestone Resort	External Command Center Location	Miles Harding	(705) 457-1800	Green, Orange, Purple, Silver
Public Health	Infection control & prevention notification	After hours: 1-888-255-7839 ex. 2283	1-866-888-4577	Pandemic response
The Pump Shop	Domestic Water System & Bottled Water	Jesse Woodward (705) 457-0945	(705) 457-2638	Grey
Royal Canadian Legion - Minden	Evacuation Location, External Command Center Location	Wendy Bolt	(705) 286-4541	Green, Orange, Purple, Silver
Royal Canadian Legion - Haliburton	Evacuation Location, External Command Center Location	Don Pittman (905) 718-3261	(705) 457-2571	Green, Orange, Purple, Silver

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Partner Name	Description	Contact Person	Phone	Significant Code(s)
S.G. Nesbitt Arena & Community Center	External Command Center Location	Craig Belfry	(705) 286-1936	Green, Orange, Purple, Silver
Somers Generators	Emergency Power Generator		(800) 690-2396	Grey
Sparlings Propane	Propane Tank		(705) 640-2160	Grey
Shepherd Environmental Services	Sewage & Waste Water Disposal		(705) 454-3744	Grey
Ultramar	Fuel Oil Tank		(613) 727-7184	Grey
Walkers Heating	Propane Gas Technician		(705) 457-2375	Grey

Appendix 4 – Suppliers & Agencies

Agency Name	Description of Services	Contact Person	Phone / Email	Contract / Account #
Align Home Healthcare	Mobility equipment supplier	Pete	(705) 559-3713	
Canada Bread	Bread Distributor	Glen Franchisee	1 (705) 801-5407	Minden - Haliburton - 60478810
Canadian Tire – Minden	Hardware / Supply Store		(705) 286-4400	
Kawartha Dairy	Milk & Dairy Distributor	Customer Service	1-877-453-6455	Minden - 22920 Haliburton - 225532
Foodland - Haliburton	Grocery		(705) 457-2242	
Foodland - Minden	Grocery		(705) 286-1121	
Funeral Home – Haliburton	Funeral services		(705) 457-9209	
Funeral Home - Minden	Funeral services	Barry	(705) 286-2181	
GABU	Peterborough based behavioural support services		(705) 743-2121 ex. 4303	
Highlands Medical	Medical supplies	Tara	(705) 457-9355	
Home Hardware – Minden	Hardware / Supply Store		(705) 286-1351	
Homestead	Medical equipment supplier	Jeff Botuik Dave Wright	(705) 328-3015	
Mobile Kitchens Canada	Emergency relief temporary food services		1-866-691-6462	
National Pharmacy	Pharmacy, Hospital Medication Supply	Paul Bauj	1-877-265-8365 24-hour: 1-647-997-8365	
PASE	Behavioural support services for elderly patients		(866) 877-2910	
Pharmasave	Pharmacy		(705) 286-1220	

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Agency Name	Description of Services	Contact Person	Phone / Email	Contract / Account #
Remedy's RX	Pharmacy		(705) 286-1563	
Steadmans - Minden	General supply store		(705) 286-1075	
Sysco Foods	Broadline Food Distributor	Melina Ford - Account Executive	(705) 761-7586	Minden - 1000024517
		Customer Service	1-855-222-0616	Haliburton - 1000024516
Valu-Mart	Grocery		(705) 286-3388	

Appendix 5 – Transport Service Contact List

Organization	Contact
HHHS Community Vans	Client Services Manager Ext. 3243
Haliburton County Paramedics	Call 911 or (705) 457-1616
Dysart Fire Department	Call 911 or (705) 457-2126
Minden Hills Fire Department	Call 911 or (705) 286-1202
Haliburton Bus Lines	(705) 457-8882
Hammond Transportation Ltd.	(705) 325-2774
Hyland Taxi	(705) 457-1777
North Country Movers Equipment	(705) 455-2444
RJR Industries Ltd Refrigeration & Equipment	(705) 344-3871
Voyago Medical Transportation	(855) 263-7163

Appendix 6 – Emergency Evacuation Kit Contents

Emergency Evacuation Kit Contents		Quantity
<input type="checkbox"/>	Small Flashlights	4
<input type="checkbox"/>	Headlamp	1
<input type="checkbox"/>	Identification Vests	4
<input type="checkbox"/>	Name tags	1 pack
<input type="checkbox"/>	Masking tape	1
<input type="checkbox"/>	Flagging tape	1
<input type="checkbox"/>	Caution tape	1
<input type="checkbox"/>	Coloured chalk	1 box
<input type="checkbox"/>	White chalk	1
<input type="checkbox"/>	Clipboards	2
<input type="checkbox"/>	Markers/pens	1 bag
<input type="checkbox"/>	Triage Tags	1 pack
<input type="checkbox"/>	Emergency Preparedness & Response Manual	1
<input type="checkbox"/>	First Aid Kit	1
<input type="checkbox"/>	Search Kit	1
Search Kit Contents	<input type="checkbox"/> “Searched” Flyers	2 sheets
	<input type="checkbox"/> Minden or Haliburton Detailed Zone Maps	1 doc
	<input type="checkbox"/> Whistles	1 pack

Supply Management

Kits will be secured and contents with expiry dates will be monitored as appropriate.

Appendix 7 – Command Center Kit Contents

Command Center Kit Contents		Quantity
<input type="checkbox"/>	Land Line Phone	1
<input type="checkbox"/>	CANUTEC Emergency Response Guidebook of chemicals	1
<input type="checkbox"/>	Mega-phone	1
<input type="checkbox"/>	Extension cord	1
<input type="checkbox"/>	Tarp	1
<input type="checkbox"/>	Utility cord	50 ft
<input type="checkbox"/>	C-Batteries	8
<input type="checkbox"/>	Clipboard	2
<input type="checkbox"/>	Pen	1
<input type="checkbox"/>	Sharpies (black)	2
<input type="checkbox"/>	First Aid Kit	1
<input type="checkbox"/>	Staff Kits	4
Staff Kit Contents	<input type="checkbox"/> Yellow Vest	1
	<input type="checkbox"/> Leather Gloves (pair)	1
	<input type="checkbox"/> Poncho	1
	<input type="checkbox"/> Emergency blanket	1
	<input type="checkbox"/> 2130 N95 Respirator	1
	<input type="checkbox"/> Flashlight	1
	<input type="checkbox"/> D Batteries	2
	<input type="checkbox"/> Whistle	1
	<input type="checkbox"/> Walkie talkie (charged)	1
	<input type="checkbox"/> Roll of Caution Tape	100 ft.
	<input type="checkbox"/> Notebook & pen	1
	<input type="checkbox"/> 6-inch glow stick Operation bag only	1

Supply Management

Kits will be secured and contents with expiry dates will be monitored as appropriate.

Appendix 8 – Work Instruction for Operating Fire Panel

Purpose and Scope

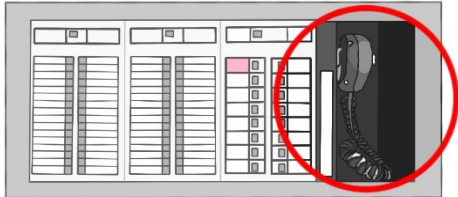
These instructions are to be posted at each Fire Panel to provide essential steps to operate the Fire Panel PA System in the event of an emergency. In the event of an emergency, a Staff member may be designated by the Acting Incident Manager to make an announcement over the Fire Panel PA System.

Code announcements made with the Fire Panel PA System are to specify the Code Colour, the Fire Zone Number, and a description of the area, repeated three times (3x). Staff are encouraged to review Code Policies to become familiar with specific Code Announcements.

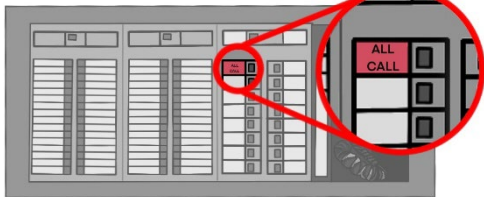
The Fire Panels are located at the Main Entrance (ER in Haliburton, Hyland Crest in Minden) and behind the Nurse's Station at Highland Wood Long-Term Care Home and the Nurse's Stations on both floors at Hyland Crest Long-Term Care Home.

Making an Announcement


Pick up the **Microphone** located on the **right side** of the Fire Panel



Press the **"All Call"** button on the Fire Panel



Press and **hold** the microphone button



Wait for the **bell to stop chiming**

Make Announcement:

Attention, Attention, Attention
Code, Zone Number, Area Description
Code, Zone Number, Area Description
Code, Zone Number, Area Description

Release the microphone button, press the **"All Call"** button on the Fire Panel and hang up the Microphone

Confirm with **Manager On Call at (705) 455-2964 or (705) 313-2303** that they have been notified, and to inform **Maintenance On Call** (if appropriate)