Section: Emergency Disaster Management
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Context

Haliburton Highlands Health Services (HHHS) relies on a number of emergency codes to guide staff and management actions during an emergency situation.

Activation of a Code Green indicates an evacuation from HHHS units or buildings is underway. A Code Green may be activated on its own, but it often follows the activation of another code (e.g., Code Red – Fire). Refer to the HHHS Code Green for a list of potential reasons for evacuation.

This Plan documents the communication and engagement activities that should be undertaken by HHHS and its partners to ensure that all affected stakeholders – patients, Long-Term Care residents, staff, family members of patients and residents, volunteers, and the broader community are informed and, as appropriate, involved in the emergency response and activities that will lead to the repatriation of patients and residents back to HHHS facilities.

Objectives
- To ensure that all audiences receive timely and appropriate information regarding the emergency response;
- To involve patients, residents, staff, family members, and volunteers in sharing information with other stakeholders;
- To be proactive in managing reputation and communications.

Communications and Engagement Team Members
- President & CEO HHHS
- Chief Communications Officer

Spokespeople

The following people speak on behalf of their organizations to address any questions or to provide updates on this process based on the guidelines contained in this communication and engagement plan.

Organization	Main Spokesperson(s)	Delegate(s)
HHHS	Board Chair CEO	Board Vice-Chair Chief Communications Officer

Key Messages

- Haliburton Highlands Health Services (HHHS) is committed to providing the highest quality care and service for our Patients, Residents, and Clients.
- Should an emergency situation arise within or around HHHS facilities, Staff are trained to activate and use a series of emergency response procedures to maintain the health and safety of all Patients, Residents, Clients, Staff, and others in the Facility.
- On [date] at [time], a Code Green was called by HHHS in response to [incident/related Code], which meant that [specify which unit or facility] was evacuated in a safe and orderly manner.
- During any evacuation, Staff will assess whether sheltering in place is possible, given the vulnerability of the population within the facilities, or whether a full or partial evacuation is needed.
- In this case, a [full OR partial] evacuation was activated, with an immediate focus on moving as many people as possible to safety as quickly as possible; [patients/residents/clients/staff] have been temporarily relocated to [location].
- HHHS will continue to provide updates as the situation evolves, including timing of repatriation of [patients/residents/clients/staff] back to the [unit/facility].
- HHHS recognizes that an evacuation can be a stressful and disruptive event for everyone involved.
- We are grateful for our exemplary Staff, who followed the prescribed emergency procedures and ensured that Patients, Residents, Clients, and others in the building were evacuated in a safe and orderly manner.
- HHHS is also grateful to our Patients, Residents, Clients, Visitors, and others in the building at the time of the evacuation for their cooperation and patience.
- We appreciate the support from our community and all of our partners as we responded to this situation.

Additional Key Messages

- **If emergency services were called:**
    - After the Code Green was activated and the evacuation began, emergency services [specify which – fire, police, paramedics, etc.] were contacted in order to address the reason for the evacuation.

- **If short-term evacuation:**
  - Once emergency services responded and addressed the cause of the evacuation, Staff were able to assist Patients, Residents, and Clients back into the Facility in a safe and orderly manner.
  - Following any activation of an emergency code, HHHS conducts a debriefing session with Staff and Managers to ensure proper procedures were followed and to identify any areas for further improvement.
- **If long-term or unknown duration evacuation:**
  - HHHS is now in the process of determining when a return to the Facility will be possible, in collaboration with emergency services, the Ministry of Health, and our community partners.
  - Once more information is available regarding the expected duration of the evacuation, the temporary location of Patients and Residents and a plan to re-occupy the Facility, HHHS will communicate this to family members and the community.
  - [Add additional directions to community – e.g. re-routing ED traffic to alternative site, how to contact residents/patients, where to call for information, how to help, etc.]

Audiences (in order of priority)
- Patients, Residents, Clients
- HHHS Staff, Physicians, and Volunteers, including Board of Directors
- Patient, Resident, and Client family members
- Health Service Provider partners – EMS, Family Health Team, other regional hospitals
- HHHS Foundation
- Ministry of Health and Ontario Health East
- Unions
- Media and the public
- Government
  - Municipal (Haliburton County CAO and Warden; municipal Mayors)
  - Regional
  - Provincial
  - Federal

Tools and Tactics
- News Releases
- Staff Meetings
- Family/Resident and Patient Meetings
- Telephone Hotline
- Information Webpage

- Social Media (Facebook, Instagram)
- Radio Announcements
- FAQs/Scripts
- Stakeholder Meetings
- Direct Email Updates
- Letters / Direct Mail

Level of Engagement with Audiences/Stakeholders

Engagement refers to the methods by organizations interact, share and gather information from and with their stakeholders. The purpose of engagement is to inform, educate, gather feedback, consult, involve and empower stakeholders in both planning and decision-making processes.

- **Inform and Educate** – To provide accurate, timely, relevant and easy to understand information to stakeholders. This level of engagement will provide information about the development and implementation of any initiatives associated with the Code Green emergency response and offers opportunities to stakeholders to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.
- **Gather Input** – To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for stakeholders to voice their opinions, express their concerns and identify modifications. There may be potential to influence the final outcome.
- **Consult** – To seek out and receive the views of stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between stakeholders and the parties to the Code Green emergency response process. Consultation may result in changes to the final outcome.
- **Involve** – To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable stakeholders to raise their own issues. In this level, stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.
- **Empower** – To allow final decision making.
    - *Note that the Empower Level of Engagement rests with the government (as appropriate), the Board of Ontario Health East (as appropriate) and the Board of Haliburton Highlands Health Services (who has the accountability for a Code Green emergency response) or their delegates.

Frequency of Communication and Engagement with Audiences/Stakeholders

- Frequency of messages and engagement with audiences should be guided by the specific context of the Code Green.
  - o Example: a gas leak in a facility causes a short-term evacuation, but is quickly remedied and repatriation is able to occur later that same day. This would not require extended communications, but rather an initial alert to audiences, followed by an update about the remedy and repatriation, and then follow-up/debriefing meetings with families, Staff, the Ministry, and possibly health service providers.
- Frequency should therefore be determined by the Manager of the Incident in question.
- In cases of longer-term evacuations, particularly where Residents and/or Patients are moved to other facilities for a period of time, the focus should be on providing <u>regular</u> messages and engagements with families, Staff, and the community, even if there is no new information to share.
  - o Example: flooding occurs in one of the Long-Term Care facilities and Residents must be evacuated to other facilities within and/or outside the community. Following the initial alert to audiences, regular messages should be sent – this would mean <u>daily</u> messages while the crisis is occurring and as critical new information is received, and <u>no less than weekly messages</u> while the evacuation remains in place (even to just reiterate the status quo and confirm no new information is available at the time). Messages should increase in frequency as preparations for repatriation are made, with follow-up messages once repatriation is complete. Opportunities to gather input, consult, and possibly involve audiences (particularly family members) should be implemented as soon as possible after the evacuation and should continue regularly.

Audience	Medium	Frequency
Patients, Residents, and Clients	In-person communication	At critical milestones: As soon as possible after/as the Code Green is called, as Patients, Residents, and Clients are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation.
	Patient and Resident meetings	As appropriate during Code and repatriation. At critical milestone: Following repatriation.
HHHS Staff and Volunteers	Direct email updates	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily. During long-term evacuations: Weekly.
	Staff meetings	As appropriate during Code and repatriation. Daily update meeting at 1000 hrs in the boardroom.

Audience	Medium	Frequency
	FAQs/Scripts	As soon as possible after the Code Green is called, and updated as new information is received.
Patient, Resident, and Client Family Members	Direct email updates	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily. During long-term evacuations: Weekly.
	Telephone hotline	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email). During short-term evacuation: Update hourly or daily. During long-term evacuation: Update weekly.
	Information webpage	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email). During long-term evacuation: Update weekly.
	Patient and resident family meetings	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During long-term evacuation: Meet bi-weekly.
Health Service Provide partners	Direct email updates	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily. During long-term evacuations: Weekly.
	Stakeholder meetings	As needed, depending on reason for Code Green.
Ministry of Health and Ontario Health East	Direct email updates	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation.
Media and the public	News releases	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily. During long-term evacuations: Weekly.
	Telephone hotline	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email). During short-term evacuation: Update hourly or daily. During long-term evacuation: Update weekly.

Audience	Medium	Frequency
	Information webpage	At critical milestone: Created as soon as possible after the Code Green is called (with information from first email). During long-term evacuation: Update weekly.
Government (including municipal)	Direct email updates	At critical milestones: As soon as possible after the Code Green is called, as Patients and Residents are moved to other facilities, as the issue is resolved, at the point of repatriation, and following repatriation. During short-term evacuations: Hourly or daily. During long-term evacuations: Weekly.

Deliverables

- Complete the chart as communications and engagements are conducted.

Date & Time	Audience	Level of Engagement	Item/Action	Responsible	Status	Outcome
MILESTONE – [date] Residents/Patients/Clients repatriated to [facility] – PENDING						
MILESTONE – [date] – Residents/Patients/Clients temporarily sent to [facility] - PENDING						
Date – Time	Media	Inform	Media Release #1 issued	HHHS CEO		

Date & Time	Audience	Level of Engagement	Item/Action	Responsible	Status	Outcome
Date – Time	HHHS / LHIN / MOH / MOLTC	Empower	Situation Update – Actions taken	All		Update shared with HHHS / OH East / MOH / MOLTC teams
Date – Time	MOH / MOLTC	Inform	OH East sends alert to MOH re: situation at HHHS	OH East		
Milestone – [date] - HHHS initiates Code Green emergency response – IN PROGRESS						