

CODE ORANGE DISASTER POLICY, PLANS AND GUIDELINES

SECTION 1: OVERVIEW

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DEFINITION OF CODE ORANGE

A Code Orange declaration may be the result of an **internal or external major emergency or disaster** with either scenario generating distinct hazards and risk that impact normal operations. A Code Orange declaration can mean the impact of a worst case emergency scenario for the Royal.

The roles, responsibilities and operational concepts within the policy, plans and guidelines focus on large scale emergencies. The emergencies typically generate unique situations, disrupting normal operations and services while requiring unusual responses, when the day to day resources are overwhelmed.

PURPOSE OF THE POLICY, PLAN AND GUIDELINES

To ensure that in the event of a disaster situation (internally or externally generated) the ROHCG campus sites (ROMHC/ROP, BMHC, Carlingwood and Satellite Offices), in collaboration and cooperation with external agencies and partners, can be effectively and efficiently respond, manage, recover and resume normal operations and services .

The policy enables the development of: guidelines, procedures, plans, roles and responsibilities, communications, systems and facilities designed to support the efforts of the emergency response teams at ROHCG and the achievement of incident action plan objectives and strategies.

The policy and related documents support the overall priorities for the hospital when confronted with a major emergency. The priorities include:

- Providing for the health and safety of people
- The stabilization of the emergency incident
- The protection of property and limiting harm to the environment
- The continuation of care services for patients and residents.

The policy, plan and guidelines apply to all campus locations that could be impacted by a disaster. All staff are expected to understand their respective roles and responsibilities when a Code Orange emergency is declared.

AUTHORITY TO DECLARE, ACTIVATE AND DEACTIVATE THE CODE ORANGE POLICY

The following ROHCG positions are authorized to declare and activate the Code Orange policy, plan and guidelines and to deactivate a Code Orange declaration for all campus sites.

- 1. ROHCG PRESIDENT AND CEO (CRISIS LEADER),**
- 2. THE EMERGENCY COMMAND MANAGER OR DESIGNATE EXTERNAL AUTHORITY**

A disaster could be declared by an *external authority* such as through a municipal or provincial order of government having an impact on the ROHCG. In this instance the internal positions noted above remain the staff authorized to declare and implement the required Code Orange emergency measures at the Royal.

LEVELS OF CODE ORANGE: DECLARATION, ACTIVATION AND IMPLEMENTATION

4 Levels of Code Orange Declarations

The levels for a Code Orange emergency have been designed to aid with the information assessment, decision making, declaration, emergency notification and hospital code announcements. The type, magnitude and real or potential impacts of the emergency will influence the decisions regarding the Level of Code Orange that will be declared and the activation of resources to support the response, management and recovery objectives.

The first **3 Levels** can be activated **independently** or in a **progressive** manner depending on the severity, impacts and the potential resource needs associated with the emergency.

The **4th Level** defines the “**all clear and stand down**” phase of emergency management and the transition to demobilization, recovery and resumption plans and measures as needed.

ADDITIONAL DETAILS FOR LEVELS OF CODE ORANGE DECLARATIONS

Level 1 Code Orange Alert: The ROHCG has been alerted to a situation that could escalate and have an impact on one or more campus sites. This is a preliminary level where the facts may be unclear and the extent of the impact or involvement of the ROHCG is undetermined.

The authorized position may advise Switchboard to deliver a public announcement to notify key personnel that are members of the Hospital Command Centre or have Switchboard notify key staff (E.G. Tier 1 Hospital Command Centre Team) through a telephone process or the mass communications system (RAVE).

Level 2 Code Orange Standby: The ROHCG is experiencing a situation where there is increased likelihood that the emergency situation will have a major impact on the normal operations and services at the ROHCG. There may be a need for assistance from external agencies. There may be internal impacts pending that could exceed the capacity and capability of the current resources with potential negative impacts on the health and safety of patients/residents and staff and the continuity of services.

The Hospital Command Centre (HCC) (and the Emergency Operations Centre (EOC) at BMHC as applicable will be activated. A partial or full activation of command and coordination team positions (e.g. Tier 1 or Tier 2 Teams) will be determined by the Emergency Command Manager for the Ottawa HCC or the Emergency Manager for the BMHC EOC. This Level will require the development and implementation of a HCC or EOC Incident Action Plan that may include proactive measures such as: the cancellation of normal activities, alteration of services, staff re-assignment and crisis communications messages with internal and external stakeholders.

Level 3 Code Orange Full Activation: A Level 3 Code Orange is declared when the ROHCG is involved in a major emergency/disaster situation. The delivery of normal services, the protection of patients, residents and staff and/or the integrity of the facility may be compromised. The impacts exceed the capacity and capabilities of the resources on duty. The consequences may include: the suspension of normal hospital operations, the reassignment of resources, the evacuation of the campus, the implementation of measures to accommodate a surge of patients/residents or the implementation of shelter-in-place measures.

The HCC will be activated (the EOC at BMHC as applicable) and positions filled (Tier 1, 2 or 3 Team positions) as determined by the Emergency Command Manager (HCC) or Emergency Manager (EOC). An incident action plan will need to be developed and may involve: suspension of normal services, multiple operational periods (extended time involved), activation of agreements and services through external agencies, evacuation measures, activation of alternate care centre plans or surge accommodation measures, sheltering, the call back and redeployment of staff and activation of business continuity plans.

Level 4 Code Orange All Clear and Stand Down: An all clear is declared when the major emergency/disaster is contained and emergency response operations are no longer required. The ROHCG may transition to demobilization, recovery and if not already implemented recovery and resumption measures. All or components of these measures may continue until the ROHCG is back to normal operations. The Crisis Leader or the Emergency Command Manager will declare the Level 4 All Clear.

When recovery measures are completed the Emergency Command Manager will declare a stand down of the emergency response and management and a return to normal operations. At this time services resume and resources are returned to normal status and duties.

Note that the policy and plan is activated when it is necessary to redistribute ROHCG resources and/or staff to respond and manage the emergency incident. Staff responsibilities may be altered to meet the needs of the situation and call back of additional staff may be implemented.

Emergencies are dynamic in nature and the Code Orange guidelines are designed to assist staff with making the best possible decisions under what may be a very challenging environment. The guidelines should not prevent or limit the use of good judgment and common sense when confronted with unforeseen circumstances or issues not covered by elements of the Code Orange policy and guidelines.

Table 1: Summary of Levels of Code Orange

Summary Table: Levels of Code Orange and Declaration		
Level of Code Orange	Title/Declaration	Description
Level 1	Alert	The ROHCG has been alerted to a <u>situation that could escalate</u> or which may require the initial coordination of resources and support. This is a preliminary level where the facts may be unclear and the extent of the impact or involvement of the ROHCG is undetermined. Seek additional information. Monitor the situation. Determine distribution of alert to internal HIMS team members.
Level 2	Standby	There is an <u>increased likelihood</u> that the emergency situation will have a major impact on the normal operations and services at the ROHCG. There are more details surrounding the situation with indicators such as: <ul style="list-style-type: none"> • There may be a need for assistance by external agencies that could exceed the ROHCG’s current resources, capacity

		<p>and ability.</p> <ul style="list-style-type: none"> • There may be internal impacts pending that could exceed the capacity and capability of the current resources and the affect the health and safety of patients and staff. <p>This Level may require the development of a Hospital Command Centre Action Plan that may include measures such as the cancellation of normal activities, and staff re-assignment.</p>
Level 3	Full Activation	<p>The ROHCG <u>is involved</u> in a major emergency or disaster situation. The need for services and health and safety protection of patients and staff may exceed the current resources, capacity and capabilities. Requires that most if not all normal hospital operations be suspended and resources redirected to disaster management and recovery.</p>
Level 4	All Clear and Stand Down	<p>All Clear: The major emergency or disaster <u>is contained</u> and emergency response operations are no longer required. The ROHCG may transition to business continuity and recovery measures in efforts to return to normal operations and services. Stand down: When continuity and recovery <u>measures are completed</u> the authorized position will declare a Stand down of the emergency/disaster and a return to normal operations and services. All resources return to normal duties.</p>

NOTIFICATION OF A POTENTIAL OR REAL EMERGENCY: ASSESSMENT AND DECLARATION OF CODE ORANGE

The **Senior Administrator on call** will immediately be notified when information is received by any campus of the ROHCG concerning an external or internal emergency having the potential for the declaration of a Level of Code Orange.

Notification via telephone contact will be through Switchboard to the Senior Administrator on call or during the off hours the notification will go to the After Hours Manager Patient Care Services (AHMPCS: Ottawa or Brockville sites). The AHMPCS or Switchboard will notify the Senior Administrator on call and provide a briefing of the situation.

The Senior Administrator will:

- Evaluate the information concerning the emergency and determine the Level of Code Orange and formalize the declaration.
- If time permits the Senior Administrator may consult the President and CEO before determining a declaration.
- When a declaration is determined, assume the role of **Emergency Command Manager** or designate a staff member to fill the role.

Note that the measures above are guidelines for notification. The Senior Administrator on call may be contacted through other staff, such as another SMT member, with information that may require the declaration of a Level of Code Orange or the activation of a Tier of HCC or EOC team.

ACTIVATION OF EMERGENCY MANAGEMENT TEAMS (HCC and/or EOC Team or Single Positions) AND/OR FUNCTIONAL SUPPORT TEAMS

The strategy applied for resource activation is based on: “form following functions” and the Hospital Incident Management System (HIMS). The magnitude and impacts of the emergency and the principles of the HIMS and resource management support the decisions related to activation of emergency management teams. With respect to campus sites:

- **ROMHC and ROP:** The Emergency Command Manager (ECM) will determine the positions that will be activated within the Hospital Command Centre (HCC) team, based on the real or potential impacts of the emergency, the incident action plan objectives and anticipated resources needed. Options for the **ECM** include:
 1. The ECM may activate single positions as determined required or can declare,
 2. Tier 1 Hospital Command Centre Team or,
 3. Tier 2 Hospital Command Centre Team or,
 4. Tier 3 Hospital Command Centre Team including applicable Functional Support Plans and Teams (E.g. Alternate Care Centre Plan, Transportation Plan, Patient Surge, Reception and Triage Centre, Staff Redeployment Centre and Crisis Communications Team).

- **BMHC:** The ECM comparable position for the BMHC Campus is the **Emergency Manager (EM)**. The comparable facility at BMHC to the HCC at ROMHC is the **Emergency Operations Centre (EOC)**. The titles have been adjusted to reduce confusion, add clarity and remain within the principles of the Hospital Incident Management System. In the event that an emergency causes the activation of both ROMHC and BMHC resources the distinct facilities will be recognized by the responding staff. The same principle used by the Emergency Command Manager for activating resources applies to the Emergency Manager at BMHC.
 1. The EM may activate single positions as determined and required or can declare,
 2. Tier 1 Emergency Operations Centre Team or,
 3. Tier 2 Emergency Operations Centre

Secure Treatment Unit (STU): The lead agency for an emergency at the STU is the SOL GEN. The Crisis Manager (CM) for SOL GEN has the authority to activate the Command Centre at the STU. The CM can request representatives from the Royal to be members of the Command Centre. In the event that the Command Centre is activated and the Royal is represented, the EOC for the BMHC campus will be activated by the Emergency Manager for the Royal. The Senior Administrator on call will be notified and will determine the degree of activation of the Hospital Command Centre.

- **CARLINGWOOD:** The ECM comparable position for the Carlingwood Campus is the **Chief Emergency Code Coordinator (CECC)**. The Emergency Operations Centre at Carlingwood is the main boardroom in the campus and the backup is the Mall’s EOC located on the basement level. The Emergency Code Coordinator Team for Carlingwood is comparable to the HCC team at ROHMC. In most cases the HCC will be activated and emergency management functions delivered through the HCC and team positions activated. In the event of a major emergency at the campus the Chief Emergency Code

Coordinator will establish a link of communications with the Emergency Command Manager in the HCC.

INTEGRATION OF ROHCG CAMPUS SITES (BMHC, ROP AND CARLINGWOOD CAMPUS)

The emergency management relationship between the campus sites will be reciprocal in nature. An emergency at BMHC will received support through the Ottawa HCC and vice versa should Ottawa experience the emergency and need the assistance of BMHC. Mutual aid agreements, and/or service agreements developed by both sites will consider the needs of the extended family within ROHCG.

In the event of activation of the EOC at BMHC, the HCC at ROMHC will be activated based on the decisions of the Senior Administrator on call (ECM).

In the event that an emergency impacts the ROMHC and/or the ROP, the Emergency Command Manager may direct the activation of the EOC at BMHC. For example an evacuation of patients and/or residents off ROHMC/ROP campus to the BHMC would cause the activation of both facilities.

BMHC

In the event of a Code Orange emergency impacting the campus, the BMHC will activate an Emergency Operations Centre and Tier of Team or single positions as determined by the Emergency Manager. The Ottawa campus (ROMHC) will activate the Hospital Command Centre and Team positions as determined by the Senior Administrator on call (Emergency Command Manager). The hospital incident management system will apply at the BMHC campus in similar manner to the application at an Ottawa campus.

The Emergency Operations Centre (EOC) Team at BMHC will be comprised of members of the leadership team at the campus i.e. Associate Chief, Directors, Physician(s) and Managers. The lead position for the EOC will be the Emergency Manager. The **Emergency Manager (EM)** will report to the **Emergency Command Manager (ECM)** in the HCC in Ottawa. Lines of communications will be established between the EM and the ECM and respective EOC and HCC team positions as needed.

Royal Ottawa Place (ROP)

A Code Orange impacting the ROP will be managed through the HCC at the ROMHC and HCC team as determined by the Emergency Command Manager. The Director of Patient Care Services for the ROP will be a member of the HCC within the Operations Section.

Carlingwood Campus

The campus is different from the other sites as inpatient and resident care are not services provided. In addition the campus is situated within a commercial building that has an emergency management plan. The campus has aligned with the owner’s emergency management plan where feasible. In the event of Code Orange emergency impacting the ROHCG campus the management of the incident will be through the HCC at the ROHMC. The Director of Patient Care Services for the Carlingwood Campus will be a member of the HCC within the Operations Section.

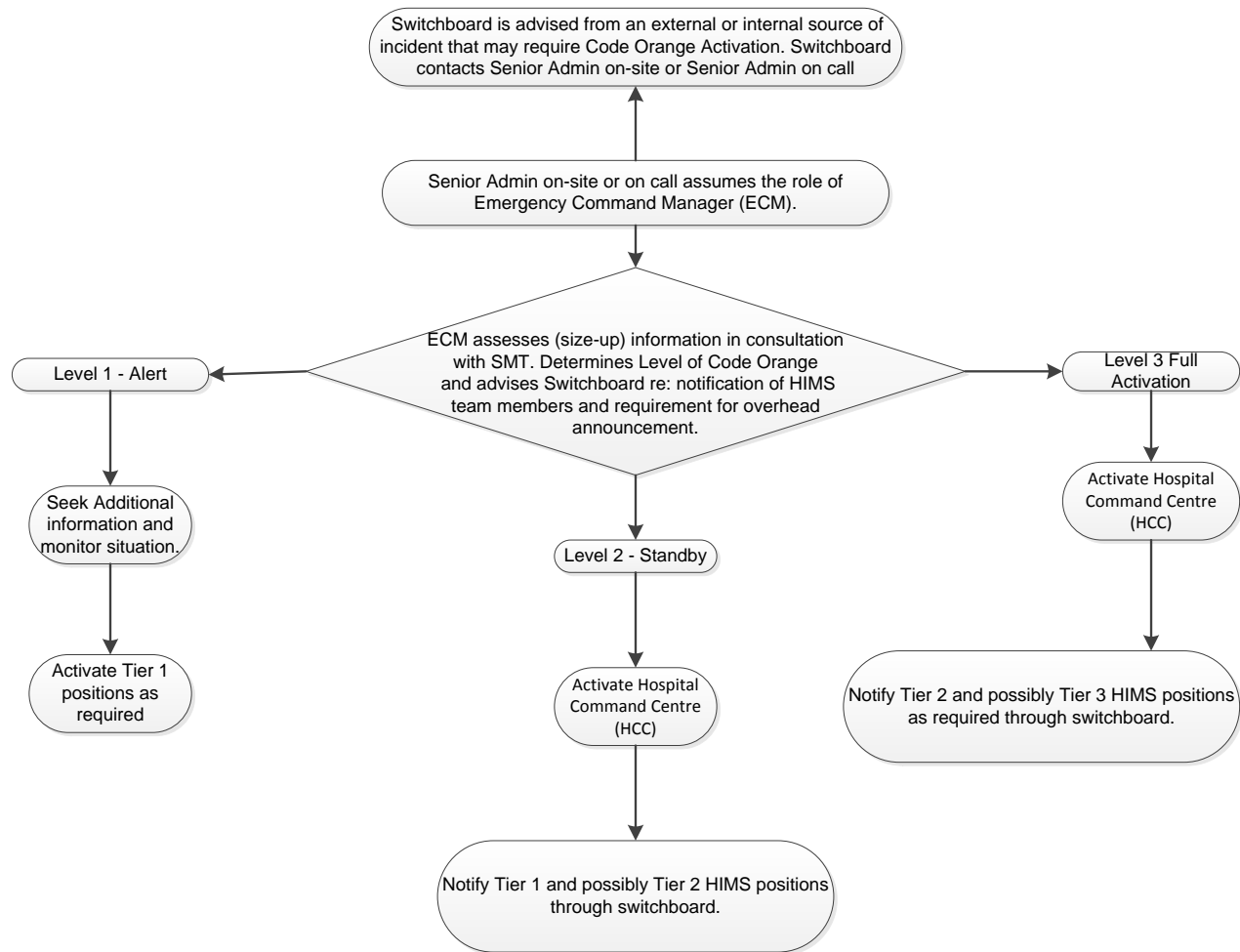
SUMMARY TABLE: LEVEL OF CODE ORANGE AND ACTIVATION OF RESOURCES

The following table summarizes the Level of Code Orange declared aligned with the options for the degree of activation of HCC or EOC resources.

Notification Level of Code Orange	Single Positions as determined by the ECM (Or EM at BMHC)	Tier 1 HCC Team (Or Tier 1 EOC Team at BMHC)	Tier 2 HCC Team (Or Tier 2 EOC Team at BMHC)	Tier 3 and HCC Functional Support Teams as determined. (Or Support for Tier 3 EOC at BMHC)
Level 1 Declared	X (or)	X		
Level 2 Declared		X	X (Partial activation of Tier 2 is an option)	
Level 3 Declared		X	X	X
Level 4 Declared	Demobilization and Recovery			

Note: The activation of single positions or Tier of Teams is at the discretion of the Emergency Command Manager for the HCC or the Emergency Manager for the EOC.

Code Orange Activation Flowchart



TIER 1 HOSPITAL COMMAND CENTRE TEAM ROMHC

The following table provides the membership and positions activated when the Emergency Command Manager declares Tier 1 Hospital Command Center activation. Colour codes align with OHA Hospital Incident Management System.

TIER 1 ROHCG STAFF POSITIONS AND ASSIGNED POSITION WITHIN THE HCC

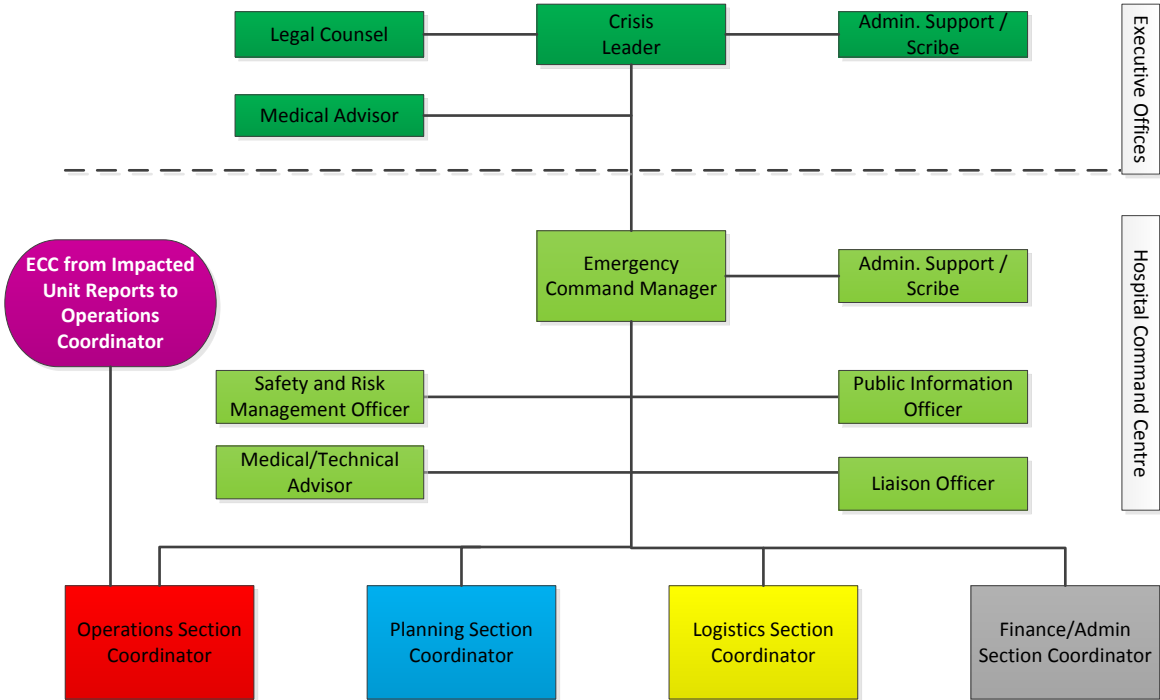
ROHCG Position	Position within HCC and the HIMS	ROHCG Position	Position within HCC and the HIMS
COO & CFO (or Senior Admin. On call)	Emergency Command Manager	Director Communications/ Partnerships	Public Information Officer (Communications)
Chief of Staff Psychiatrist-in-Chief	Medical Advisor for ECM	Executive Assistant to COO & CFO	Liaison Officer
Director of Safety and Emergency Management Systems	Safety and Risk Management Officer	VP Patient Care Services, Professional Practice & CNE	Planning Section Coordinator
VP Patient Care Services & Community Mental Health	Operations Section Coordinator	Director of Supply Chain Management	Logistics Section Coordinator
Facility General Manager (as needed)	Facility and Critical Infrastructure Branch Coordinator (Ops Section)	Executive Assistant VP Patient Care Services	Scribe

EXECUTIVE CRISIS MANAGEMENT TEAM

When notified of a declaration of a Code Orange emergency the Crisis Leader may activate the CMT and set up in the Executive Office location.

ROHCG Position	Executive Crisis Management Team	ROHCG Position	Executive Crisis Management Team
President and CEO	Crisis Leader	Associate Chief	Medical Advisor for CL
General Counsel	Legal Advisor	Executive Assistant to the President and CEO	Scribe

TIER 1 ROHCG ASSIGNED POSITION WITHIN THE HCC – ORGANIZATIONAL CHART



TIER 2 HOSPITAL COMMAND CENTRE TEAM ROMHC

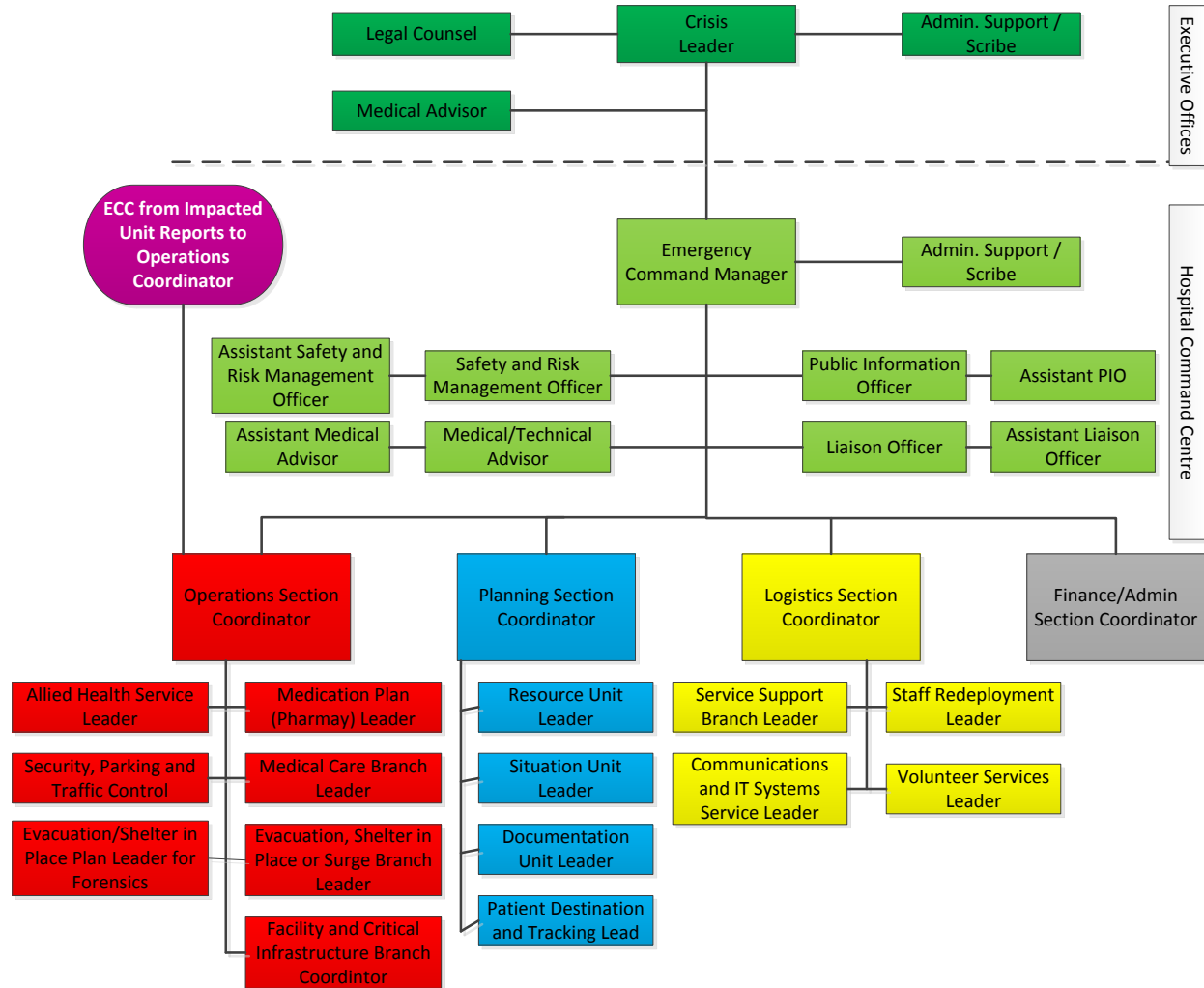
ROHCG Position or Ellis Don Position	Position within HCC and the HIMS	ROHCG Position or Ellis Don	Position within HCC and the HIMS
Marketing Communications Manager	Assistant Public Information Officer (Command Staff)	Director of Quality and Patient Safety	Assistant Safety Officer (Health, Safety and Risk Management) (Command Staff)
Facility Services General Manager	Facility and Critical Infrastructure Branch Coordinator (Ops Section)	Director Learning and Development	Situation Unit Leader (Planning Section)
Director Information Management	Communications and IT Systems Service Leader (Logistics Section)	Director Human Resources	Staff Redeployment Leader (Logistics Section)
Director Allied Health Practice	Allied Health Service Leader (Operations Section)	Director Pharmacy	Medication Plan Leader (Operations Section)
Director Operations Corporate Central Services	Resource Unit Leader (Planning Section)	Director Clinical Records	Documentation Unit Leader (Planning Section)
Director Finance	Finance Section Coordinator (Finance Section)	Safety and Emergency Management Systems Officer	Assistant Liaison Officer
Director Forensics	Evacuation or Shelter in Place Plan Leader for Forensics (Ops Section)	Associate Chief	Medical Care Branch Leader (Operations Section)
Director Youth, SUCD	Service Branch Coordinator (Logistics Section)	Director Geriatric Program	Evacuation, Shelter in Place or Surge Branch Coordinator (Ops Section)
Manager Patient Flow, Access & Transition/ Central Intake	Patient Destination and Tracking Lead (Planning Section)	Director Volunteer Services	Volunteer Services Leader (Logistics Section)
Manager Security Services	Security, Parking, and Traffic Control (Ops Section)	Admin Assistants (as notified by HCC position)	Scribes

External Assisting or Cooperating Agencies in the Hospital Command Centre

The following positions may be requested to respond to the HCC and are determined by the impacts of the emergency and decisions made by the Emergency Command Manager regarding external partners and agencies.			
External Emergency Services	Fire, Police and/or EMS	Utility Agency: Gas, Electrical, Water	Agency Representative
City of Ottawa Emergency Management Office	Emergency Management Officer	Cooperating Agency	Red Cross
Government Agency	Agency Representative	Transportation Agency	Agency Representative

TIER 2 ROHCG ASSIGNED POSITION WITHIN THE HCC – ORGANIZATIONAL CHART

The following graphic indicates the application of the Hospital Incident Management System at ROHCG and the primary staff members that would fill the relative HCC positions.



TIER 3 HOSPITAL COMMAND CENTRE TEAM ROHMC

A Level 3 Code Orange emergency can be caused by several types of emergencies with varying degrees of magnitude impacting one or more campus sites. In summary three scenarios can be typically applied to a Level 3:

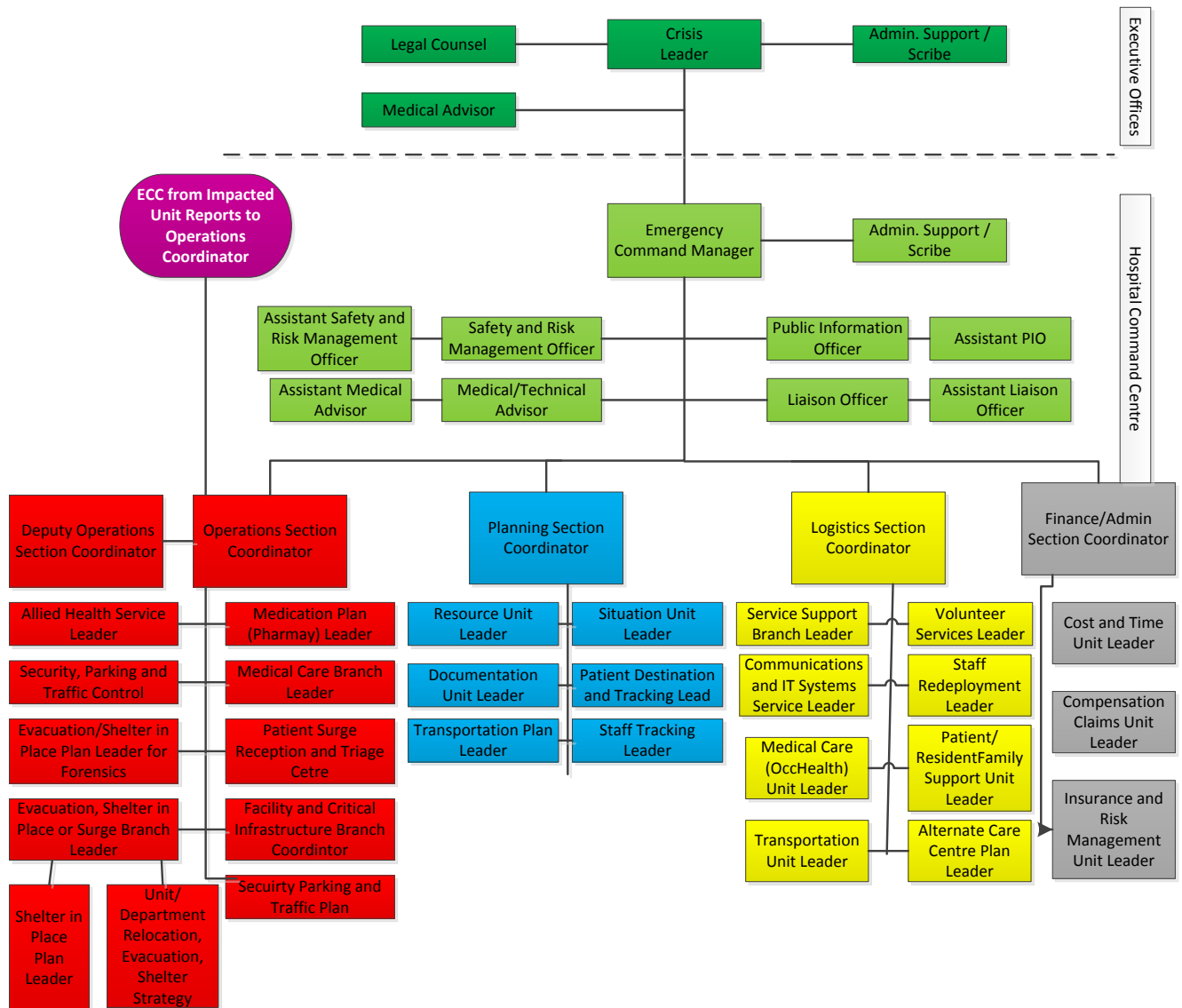
- A building evacuation and off campus relocation of patients and/or residents to an alternate care centre,
- A surge of patients and/or residents being received by the hospital,
- A requirement to shelter-in-place particularly for an extended period of time.

The following table indicates the support teams and the staff position to lead the plan and team plus assistants and cross organizational support team members. The alignment with the HCC and the HIMS is included in the right column.

Members Support or Functional Plan	TEAM LEAD	ASSISTANT TEAM LEAD	SUPPORT TEAM MEMBERS	HCC ALIGNMENT
Alternate Care Centre Plan	Director Patient Care Services ROP	Manager Geriatrics	Manager Patient Safety and Clinical Risk Management, Nutritional Services, Environmental Services, Supply Chain Management, Admitting, Pharmacy rep. IT and Communications	Logistics Section Support Branch
Patient Surge Reception and Triage Centre	Manager Mood, Anxiety, SUCD	Supply Chain Management	Manager Clinical Records/ Admitting, Pharmacy rep. Facility Services, Security Services, Health and Safety, Physician, Nurse staff representative, Allied Health rep.	Operations Section Patient Care Branch
Staff Redeployment Centre and Plan	Director Nursing Practice	Senior HRIS Business Analyst (HR)	Manager Allied Health, Learning and Development representative, Facility Services.	Logistics Section Support Branch
Patient/Resident Family Reunification and Support Team	Coordinator of Client and Family Relations	Communications Manager	Clinical Records/ Admitting Staff, IT and Communications, Human Resources.	Logistics Section Support Branch
Transportation Plan	Supply Chain Management Lead Hand	Parking Supervisor	Security Services, Nurse Staff, Admitting, Facility Services	Logistics Section Support Branch
Patient Destination and Tracking Team	Director Youth	Clinical Records	Admitting, Physician, Nurse staff representative, Clinical Records	Planning Section Resource Unit
Shelter in Place Plan	Director Schizophrenia	Director Mood, Anxiety, SUCD	Environmental Services, Nutritional Services, Lead Building Operator, Security Services, Communications (Switchboard)	Operations Section Critical Infrastructure Branch
Crisis Communications Plan	Communications Manager	Community Relations	Administrative Assistant, Switchboard, Nurse staff, Admitting, IT and Telecommunications	Command Staff
Staging Discharge and Transport Plan	Manager Geriatrics	Patient Flow, Access & Transition/Central Intake	Admitting, Physician, Nurse staff, Pharmacy Security Services, Facility Services	Planning Section
Forensics Evacuation or Shelter Plan	Director Forensics	Manager Forensics	Security Supervisor or Designate Security Staff, Allied Health rep. Nurse staff, Pharmacy	Operations Section
Unit/Department Relocation, Evacuation, Shelter Strategy	Department Directors	Department Managers	Admin Support	Operations Section Evacuation Coordination

Regional Response Agreements	Safety and Emergency Management Systems Officer	Manager Security Services	Supply Chain Management Nurse staff rep.	Emergency Command Manager
Medical Care and Records. Occ Health Alternate Service Plan	Occ Health Lead Nurse	Occ Health Assistant Nurse	Occ Health Administrative Assistant	Logistics Section Coordinator

TIER 3 HOSPITAL COMMAND CENTRE TEAM ROHMC: ORGANIZATIONAL CHART



BROCKVILLE MENTAL HEALTH CENTRE CAMPUS BMHC

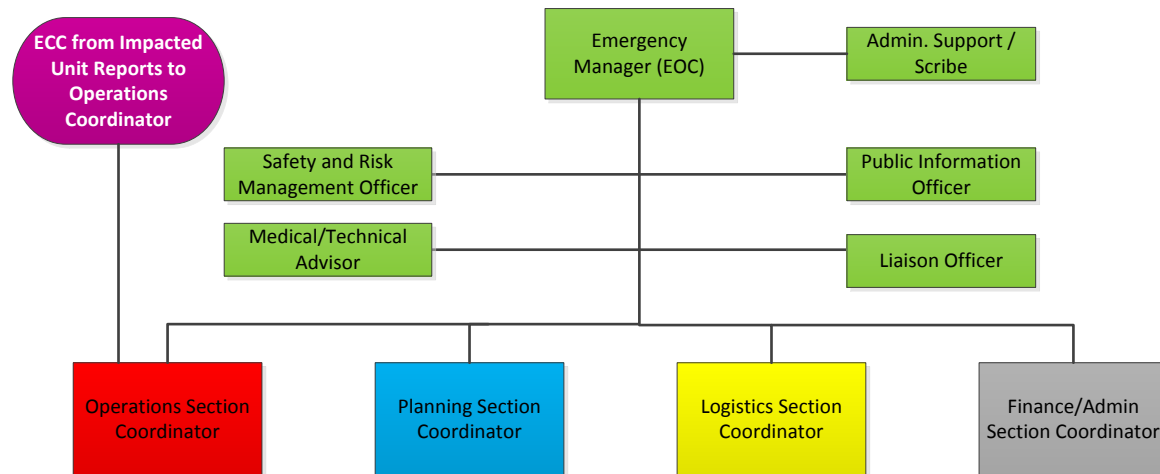
TIER 1 EMERGENCY OPERATIONS CENTRE TEAM BMHC

The following table indicates the staff positions at the BMHC Campus that would fill the Tier 1 Emergency Operations Centre positions.

ROHCG Position	Position within EOC and the HIMS	ROHCG Position	Position within EOC and the HIMS
Director Forensics Treatment Unit or Director STU	Emergency Manager	Occupational Health Nurse	Safety and Risk Management
Director Forensics Treatment Unit or Director STU	Operations Section Coordinator	Associate Chief	Medical Advisor for EM
Manager FTU	Liaison Officer	Director Communications and Community Engagement	Public Information Officer (Communications)
Manager Facility Services	Logistics Section Coordinator	Director of Strategic Planning & Evaluation	Planning Section Coordinator
Secretary Assist. Admin Forensics	Scribe		

The following positions may be requested to respond to the EOC and are determined by the impacts of the emergency and decisions made by the Emergency Manager regarding external partners and agencies			
SOL GEN and/or CBRE	Advisor to the EM (representative as determined by EM)	Local Emergency Services	Brockville, Elizabeth Town Kitley

TIER 1 BMHC EMERGENCY OPERATIONS CENTRE ORGANIZATIONAL CHART



TIER 2 EMERGENCY OPERATIONS CENTRE TEAM BMHC

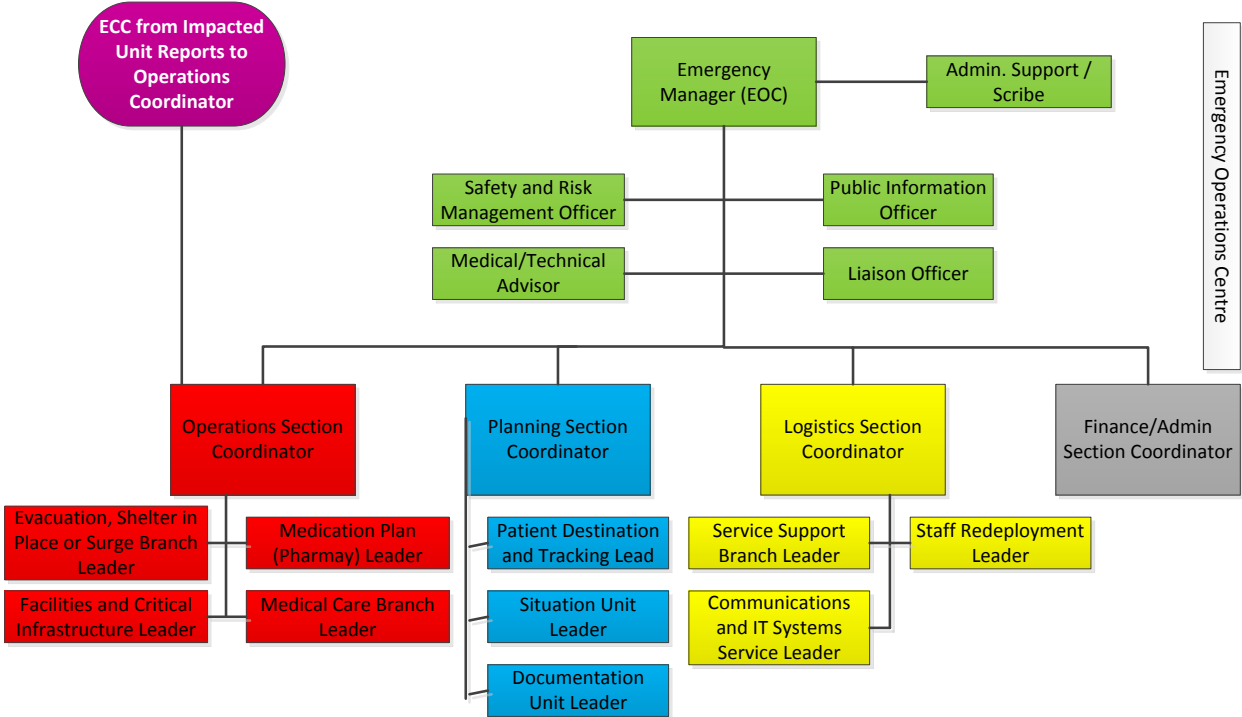
Note 1: In addition to positions activated within the Tier 1 team, the following positions may be activated based on the decision by the EM.

Note 2: The HCC in Ottawa would be activated and be providing support for the EOC.

ROHCG Position	Position within EOC and the HIMS	ROHCG Position	Position within EOC and the HIMS
Pharmacy Lead	Medication Plan and Management. (Operations Section)	Human Resources Generalist	Staff Redeployment Centre Leader (Logistics Section)
Information Technology and Telecommunications	Communications and IT Systems Lead (Logistics Section Services)	FTU Manager or STU Manager	Evacuation, Shelter, Surge Coordinator (Operations Section)
Facility Services Secretary/Admin.	Documentation Unit Leader (Planning Section)	Supply Chain Management Staff Member	Service and Support Branch Lead (Logistics Section)
Corporate Project Coordinator	Situation Report Leader (Planning Section)	Infection Prevention & Control Nurse	Medical Care Branch Leader (Operations Section)
Finance Staff	Finance Section Coordinator (Finance Section)	Clinical Records Staff or Nurse Educator Staff Member	Patient Destination and Staff Tracking Unit Leader (Planning Section)
Support Service/Housekeeping Supervisor	Facilities and Critical Infrastructure Leader (Operations Section)	Admin Assistant	Scribe

The following positions are determined by the impacts of the emergency and decisions made by the Emergency Command Manager regarding external partners and agencies			
External Emergency Services	Fire, Police and/or EMS, EMO	Utility Agency	Agency Representative
CBRE	Agency Representative	Cooperating Agency	Red Cross
Government Agency	Agency Representative	Transportation Agency	Agency Representative

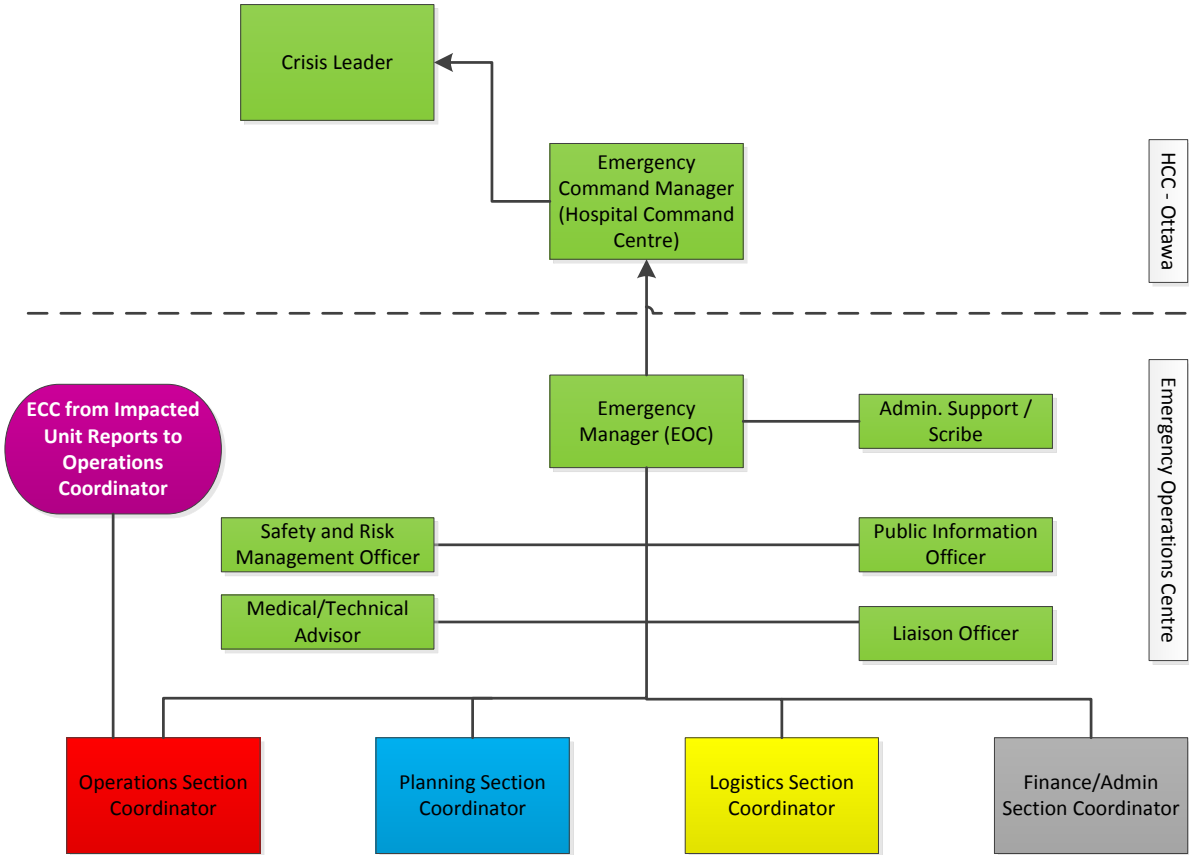
TIER 2 BMHC EMERGENCY OPERATIONS CENTRE ORGANIZATIONAL CHART



TIER 1 BMHC EMERGENCY OPERATIONS CENTRE AND REPORTING TO THE HOSPITAL COMMAND CENTRE

The following organizational chart highlights the reporting relationship between the Emergency Manager at in the Emergency Operations Centre and the Emergency Command Manager in the Hospital Command Centre.

Note the reporting relationship between the Emergency Command manager and the Crisis Leader in Ottawa.



APPLICATION OF CODE ORANGE EMERGENCY MEASURES

1. OFF-SITE EVACUATION AND RELOCATION

A. ROHMC and ROP

An emergency occurring at a facility, such as Code Red-Fire or Code Brown-Hazardous Spills may necessitate a Code Green Evacuation to a designated external Emergency Assembly Area located outside the building and at a safe distance from the emergency and the facility.

When an emergency threatens the entire facility and necessitates a full evacuation and relocation of patient and/or residents off campus it then becomes a **Code Orange (Level 3) emergency**.

The decision to relocate to an alternate location (**Alternate Care Centre**) is made by the **Emergency Command Manager** or the **Crisis Leader (CL)**.

If time permits due consultation between the ECM and CL will take place to confirm the declaration. Either position will direct Switchboard to announce a Level 3 Code Orange and the location(s) within the facility that will initiate evacuation measures. The activation of an alternate care centre plan will be based on the direction provided by the Emergency Command Manager or the Crisis Leader. Situations where the safety of the building's occupants is threatened requiring off-site evacuation and relocation may include:

- Explosion and Fire
- Bomb threat (specific threat for unknown period of time)
- Hazardous Materials: E.g. chemical spills, airborne contamination, including a gas leak
- Structural damage creating an unsafe condition
- Critical infrastructure loss and environmental problem such as: power failure, loss of HVAC, loss of water, waste management disruption.

Alternate Care Centre for ROMHC and ROP

The primary location for the alternate care centre is to be determined through HEPCO. The remote alternate care centre for ROMHC and ROP is the BMHC Campus: Centennial Hall, OGB and the Royal Canadian Legion as needed.

B. FTU

The first level of staging for an evacuation of the FTU is the movement of the patients and staff from the FTU to Centennial Hall on Campus. Centennial Hall is considered an interior Emergency Assembly Area. In the event that evacuation must be off campus site and to an alternate care centre the location will be the Royal Canadian Legion in Brockville at 180 Park Street.

In the event of a regional disaster the alternate care centre for the FTU will be the ROH and ROP in Ottawa, ON.

C. STU

The evacuation of the STU and the movement of patients to alternate centres is under the jurisdiction of Sol Gen. Staff at the STU will assist the Sol Gen staff with the evacuation of the patients from the facility. Under the direction of Sol Gen the patients will be transported to alternate correction facilities. One facility may be the Brockville Jail or like facilities.

D. Carlingwood Campus

The ROH will be the designated facility in the event that the Carlingwood staff must evacuate and relocate to an alternate work site location.

2. SURGE OF PATIENTS/RESIDENTS

ROHCG may be called upon to provide assistance by other care facilities and emergency services agencies when there is a regional disaster. The assistance may be in the form of receiving and managing a surge of patients/residents. The number of patients/residents expected to be received may quickly expand beyond the amount of space, clinical staff, supplies and equipment normally used and available at the hospital.

When the expected surge of patients exceeds the normal capacity and capabilities of the hospital and the care for patients/residents is in jeopardy, the **Emergency Command Manager** is notified and upon assessment may declare a Level of Code Orange and activation of Command Centre Teams to respond, manage and recover from the “surge” emergency.

Assisting the Hospitals in Ottawa

As a member of the Hospital Emergency Preparedness Committee of Ottawa (HEPCO) the Royal has stated a commitment to accommodate up to 80 patients from other institutions.

3. SHELTER-IN-PLACE

The decision to **Shelter-in-Place** is a protective strategy for protecting the health and safety of people. In a general sense *Shelter-in-Place* can be interpreted as remaining safely inside the hospital during an emergency situation versus evacuating people from the facility to outside assembly areas or other buildings. Sheltering has been demonstrated to be the most effective response during the first few hours of emergencies such as a hazardous substance release generated external to the building or severe weather such as a tornado where the patients, residents, staff and visitors would be at higher risk if directed to exit the hospital.

Sheltering measures require the cessation of routine activities in preparation for an impending threat, such as a tornado or toxic cloud. The continuum of care for patients and residents must be planned in advance as there may be requirements to implement alternative measures. In general, patients, resident, visitors and staff remain where they are until they receive further instructions from the hospital command team. In most cases, the safest place for the patient/resident is in his/her room. Closing doors/windows and moving to the interior of the room provides initial protection from contaminants and debris.

The ROHCG needs to ensure the plan for sheltering-in-place is sustainable in nature. In some emergency situations the hospital may be without telephone or other communications systems, electric power, or water and sewer service for several days. The hospital must plan to be able to exist (sustain) on its own for at least (96) hours without outside assistance. Planning needs to include provisions such as: resident and patient care (personal care and monitoring of medical conditions), facility safety and security, food, water, medications, contact with emergency services agencies (fire, police, EMS, etc.) and public health, means of transportation if available and as needed, staff and scheduling, internal lighting, temperature control, waste disposal, and medical supplies.

4. LEVEL 3 CODE ORANGE AND STANDARDS OF CARE

In a major emergency situation time may be of the essence and the health, safety and security of patients, residents and staff are the priorities. Existing policies, procedures and guidelines may be varied by the Command/Operations Centre staff to ensure safety and security and that essential patient/resident care can continue to be provided. During normal non-emergency times each patient/resident receives the highest quality care. During a major emergency the level of care may be adjusted in order to provide the best available care for the greatest number of patients/residents.

EMERGENCY NOTIFICATION SYSTEM AND PUBLIC ADDRESS ANNOUNCEMENTS

1. ROMHC

Based on direction provided by the Emergency Command Manager (ECM) or Designate, **Switchboard** at ROMHC will notify and deliver emergency notification messages to:

- Individual HCC positions or,
- Tier 1 HCC team or,
- Tier 2 HCC team,
- Tier 3 team positions as directed through the ECM or designate,
- Deliver announcements to the respective facilities.

The Emergency Command Manager has the option to contact Hospital Command Centre team positions on an individual basis versus contact through Switchboard.

Note:

- Tier 3: Functional support teams for a Level 3 Code Orange will be notified by the respective Section Coordinator or Branch Coordinator when the position is activated and resources needed. Notification will be through the use of an emergency fan out system and telephone calls

2. BMHC

Based on direction provided by the Emergency Manager the BMHC Switchboard staff will notify and deliver:

- Individual EOC positions or,
- Tier 1 EOC team or,

- Tier 2 EOC team,
- Deliver announcements to the respective facilities on campus,
- Notify Sol Gen,
- Notify the Senior Administrator on call.

The Emergency Manager has the option to contact Emergency Operations Centre team positions on an individual basis versus contact through Switchboard.

3. CARLINGWOOD

The Chief Emergency Code Coordinator or Designate for the campus will:

- Notify the Emergency Code Coordinator Team members (via telephone or face to face communications) when there is a Code Orange emergency.
- Notify Switchboard at 333, advise of a Code Orange emergency and
- Have Senior Administrator on duty notified,
- Notify campus staff,
- Manage the call back of staff as determined,
- Evacuate or Shelter as determined by the impacts of the emergency.

Switchboard at the ROMHC is not able to deliver announcements within the campus. The **Chief Emergency Code Coordinator** or Designate can deliver an announcement through the use of the telephone system in the facility.

4. DEPARTMENT AND UNITS AND EMERGENCY NOTIFICATION

Each Department and Unit will be responsible for maintain an up to date list of staff and emergency contact information (emergency fan out list) in the event of the need for emergency notification. The list will be reviewed and updated every six months. A copy of the most current list will be electronically submitted to the Safety and Emergency Management System Officer or Designate.

A user name and password will be provided to designated staff members to access the emergency notification system (RAVE). The system will be used by the authorized staff member to retain the emergency notification lists and for the purpose of emergency call out of staff when needed.

GENERAL DUTIES AND RESPONSIBILITIES OF STAFF

Staff who may be dealing with an existing emergency code shall remain there and continue to assist as needed. Remaining staff:

During Normal Work Days and Hours

Upon hearing a **CODE ORANGE** announcement:

- If a designated member of a response team, stop normal work duties and respond to the direction provided through the announcement or communications contact. If assigned to a position within

the Hospital Command Centre or Emergency Operations Centre respond to the respective location when the Tier of Response Team is announced or you are notified,

- Stay alert to the Level of Code Orange announced and any specific details pertinent to your work area/Unit/Department,
- If immediate evacuation or sheltering is not announced, staff not part of the response teams will return to their work areas and await further instructions,
- If evacuation is announced and impacts your workspace, evacuate to your designated Emergency Assembly Area (EAA). At the EAA you may be relocated to the Staff Redeployment Centre when activated.
- ROMHC: Any staff conducting meetings in Room 2426 and adjoining spaces will vacate the space immediately in order to accommodate the Hospital Command Centre Team.
- BMHC: Any staff conducting meetings in B2-320 Boardroom will vacate the space immediately in order to accommodate the Emergency Operations Centre Team.
- Staff may be required to perform functions other than their normal duties under alternate supervision.

CLINICAL CARE TEAMS

- The designated staff member will assume the Emergency Code Coordinator position for the respective Unit/Department,
- All available staff within the Unit/Department or area impacted return to their work area and report to the Emergency Code Coordinator (ECC),
- Staff in Units/Departments will follow directives issued by the ECC,
- Staff may be required to prepare for an evacuation,
- Staff may be required to prepare patients or residents for discharge,
- Staff may be required to implement shelter in place measures,
- Staff may be required to implement measures to accommodate a surge of patients,
- Secure supplies and equipment and make them available for use in the respective area or transportable to another area for use,
- Collect and ready all patient/resident charts and Kardex information,
- As directed by the ECC, shut off any utilities or gases e.g. oxygen supply,
- Patients or residents “off the Unit” for testing, treatment or activities at the time of the Code Orange announcement may not return to their Unit. Instead they may be transported to an Emergency Assembly Area in the event of evacuation or to a safe area of refuge in the event of a shelter in place declaration. Staff caring for the patient or resident off unit will contact the ECC (Charge Nurse) and advise of the action taken and location of the patient/resident,
- Visitors and family members may stay with the patient or resident. Depending on the magnitude of the emergency and actions needed, the ECC may direct visitors to leave the Unit,
- If required to evacuate the Unit the ECC will ensure that a final walk through and check of the space is conducted to validate that total evacuation of the space has been completed,
- During the walk through ensure that all doors are closed and marked as empty,

- Staff may be required to ready patients/residents for discharge or temporarily relocate them within the hospital,
- Staff may be required to ready patients/residents for relocation off campus to an alternate care centre,
- The ECC will make staff available for the Staff Redeployment Centre and when an announcement is made for needed staff, the ECC will direct staff to the Centre.

PHYSICIANS

The Psychiatrist-in-Chief or Designate will be on the Crisis Management Team along with the Crisis Leader. The Psychiatrist-in-Chief will establish a line of communications with the Medical Advisor(s) in the HCC or EOC. This position will be advising the ECM or EM on issues related to medical care, legal advice and the provision of oversight for emergency notification of physicians and of the work performed by physicians during a Code Orange.

Announcement of a Code Orange **during normal work days and hours:**

- The Physician(s) assigned to a Unit or Clinic will report to the Unit Emergency Code Coordinator and may be required to:
- Assist with determining patients/residents that can be safely discharged immediately or within 2-4 hours e.g. a surge of patients scenario,
- Assist with preparation of patients/residents for possible or actual evacuation, relocation to an alternate care centre or shelter in place,
- Prepare documentation and discharge prescriptions as applicable
- Outpatient clinic will suspend services and plan to reschedule patients,
- Other physicians will be provided direction and assignments through the Hospital Command Centre or the Emergency Operations Centre.

Physicians should not attempt to arrange transfer destinations for inpatients or residents. This will be managed through the HCC or EOC.

If notified after hours and requested to respond to the hospital, report to the Staff Redeployment Centre unless directed otherwise by the Hospital Command Centre.

- Physicians will receive direction through the Hospital Command Centre/Operations Centre.
- Physicians may be assigned to functional plans, teams and facilities such as:
 - Alternate Care Centre or
 - Patient Surge, Reception and Triage Area or
 - Patient Destination and Tracking Area or
 - Staging and Discharge Area.
- Physicians should not attempt to arrange transfer destinations for inpatients or residents. This will be managed through the HCC or EOC.

Physicians not assigned to a department/unit will report to the Staff Redeployment Centre when the Centre is activated.

During Code Orange activation all physicians will adhere to the decisions of the Emergency Command Manager with respect to decisions such as:

- evacuation ,
- discharging,
- relocating,
- sheltering,
- levels of service and
- backfill of staff.

Physicians will document all interactions and interventions with patients as soon as possible. With respect to patient or resident documentation the following should be recorded as a minimum:

- Name of patient, resident,
- Date of birth,
- Allergies,
- Medications,
- Underlying illnesses,
- Any recent treatments and interventions.

As soon as possible the records should be entered in the EHR record system for the hospital.

Nights, Weekends and Holidays:

- All available staff returns to their work area.
- Implement measures as directed through the After Hours Manager Patient Care Services,
- Stay alert to announcements delivered through Switchboard,
- Additional staff may be required and will be activated by the Emergency Command Manager through a staff call back process.

If called back to work from home:

- If a member of the HCC or EOC report to the respective Centre,
- If not directed to report to a specific location all staff called back will report directly to the Staff Redeployment Centre (**Primary location – Amphitheatre, Alternate location - Cafeteria**) unless otherwise instructed and remain there to await instructions and assigned duties,
- All staff to ensure that they wear their identification badges and bring their keys to access spaces,
- All staff will sign in (be accounted for when on site) at the respective Centre when called back to the hospital.

SUMMARY OF RESPONSIBILITIES: CRISIS MANAGEMENT TEAM, COMMAND CENTRE TEAMS, FUNCTIONAL TEAMS

When notified in a Code Orange emergency and activated as a member of the HCC or EOC the staff member will immediately respond to the designated command/operations centre.

Crisis Management Team	The team is responsible for providing support to the Emergency Command Manager and the Emergency Manager when activated. Responsible for the enterprise wide strategies, policies, crisis communications and reputation management related to response, management and recovery from the emergency.	Crisis Leader and Executive staff members
Hospital Command Centre (HCC) Team	ROMHC - The team responsible for the planning, coordination and delegation of response activities and work assignments during the course of an emergency and recovery. The HCC activated and coordinated by the Emergency Command Manager. The team provides assistance to the Crisis Leader. When the Emergency Operations Centre is activated at BMHC the HCC team will provide support for the campus during the emergency and through to recovery and resumption.	Staff designated as HCC team members.
Emergency Operations Centre (EOC) Team	BMHC - The team responsible for the planning, coordination and delegation of response activities and work assignments during the course of an emergency and recovery measures. The EOC is coordinated by the Emergency Manager for BMHC campus.	Staff designated as EOC team members.
HCC, EOC, Functional Support Teams	Responsible for the implementation of functional plans and emergency measures based on the direction provided through the HCC or EOC. Actions support the achievement of the HCC or EOC incident action plan objectives.	ROHCG Position, Alternate or Department Responsible

SUMMARY OF ROLES AND RESPONSIBILITIES FOR: CMT, HCC AND EOC POSITIONS


Position: <u>Crisis Leader (President and CEO)</u>		Facility Location: Executive Offices
Executive Crisis Management Team:	Crisis Leader	Position Checklist #: 001
Reports to:	Chairman of the Board	
<p>Summary of Primary Responsibilities: Ultimate responsibility and accountability for the ROHCG emergency preparedness, management, response, recovery and continuity plans readiness and performance. Establish a communications process with the Emergency Command Manager (ECM). Receive updates from ECM and discuss action plans on a scheduled basis. In collaboration with the ECM declare a Code Orange or confirm the level of Code Orange declared if required. Delegation of authority to the Emergency Command Manager to lead the Hospital Command Centre Team and emergency management action plans. Remain up to date with respect to the impacts of the emergency and the emergency management plan through: awareness of action plans, support for decisions and assistance and approval of a resource management plan as developed by the Hospital Command Centre (HCC) Team. Communicates with government agencies, Board and partners. Establish policy as required based on the impacts, response, management, recovery and business resumption needs. Act as primary spokesperson for the ROHCG unless the responsibility is delegated to another position by the Crisis Leader.</p>		

Aligns communications messages with Hospital Command Centre development and in collaboration with the Emergency Command Manager.

Position: Medical Advisor (Associate Chief)		Facility Location: Executive Offices
CMT Section	Crisis Management Team	Position Checklist #: 023
Reports to	Crisis Leader	
Summary of Primary Responsibilities Provide medical advisory support for the Emergency Command Manager. Coordinates the functions and activities to be performed by physicians. Coordinates the call back of physicians. Assesses the impacts of the emergency across the whole of the ROHCG and assists with the development of long term strategies for recovery and resumption of operations and services.		

Position: Legal Counsel		Facility Location: Executive Offices
CMT Section	Crisis Management Team	Position Checklist #: 012
Reports to	Crisis Leader	
Summary of Primary Responsibilities Monitors actions and decisions by the Crisis Leader and the HCC for legal implications and provides legal advisement. Functions as a member of the Hospital Command Centre (HCC). Monitor actions and decisions of the HCC for ethical performance. Monitors external communications for legal implications. Approves the provision of any documents related to the emergency as requested by any external agency. Collect and retain all documents related to the emergency that may be required for legal purposes as generated by the HCC positions and Crisis Leader. Collects all required documentation from the Planning Section as generated through the HCC.		


Position: <u>Emergency Command Manager</u> (ECM)		Facility Location: Hospital Command Centre (HCC)
HCC Section	Command Staff	Position Checklist #: 002
Reports to	Crisis Leader (President and CEO)	
Summary of Primary Responsibilities: The senior on-site person or the senior administrator on call fills the Emergency Command Manager position, unless the responsibility is formally transferred to another qualified person. Responsible for providing overall leadership and management of emergency activities through response, recovery, resumption and post emergency phases. Declares the level of Code Orange. Activates the HCC Team positions in whole or in part (Tiers of Teams). Confirms the level of emergency declared with the Crisis Leader. Receives initial report and information regarding an emergency condition and conducts the initial HCC briefing. Establishes initial objectives and priorities. Directs the development on a HCC Action Plan. Approves HCC action plans. Establishes and maintains communications with the Crisis Leader or designate. Declares the deactivation of the Code Orange emergency and demobilization of resources. Establishes a line of communications with the Crisis Leader and provides ongoing updates. Approves incident action plans and communications messages.		

Position: Public Information Officer (PIO)		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	Command Staff	Position Checklist #: 003
Reports to:	Emergency Command Manager	
<p>Summary of Primary Responsibilities</p>  <p>When activated, coordinates development of all crisis communication messages, notification and activities: media releases, press conferences, public information releases, internal information releases, patient and family information releases and information for hospital staff. As needed establishes crisis communication team including media centre coordinator, information centre, communications and information team, website coordinator, media monitoring including rumor activity. Activate and manage the website information during an emergency. Maintains an up to date Crisis Communications Status board and other pertinent material in the HCC. Develops the format for press conferences in collaboration with the Emergency Command Manager and the Crisis Leader. Coordinates all crisis communications messages issued by or for the hospital. Coordinates and supports the crisis communications needs when the emergency impacts a satellite campus. Contributes to the development of the HCC Action Plan. When required works within a joint information centre strategy with assisting and cooperating agencies.</p>		

Position: Liaison Officer		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	Command Staff	Position Checklist #: 004
Reports to	Emergency Command Manager	
<p>Summary of Primary Responsibilities</p> <p>Point of contact for representatives from assisting and cooperating agencies. On behalf of the Emergency Command Manager facilitates and coordinates the need for representation from external agencies. Assists the Emergency Command Manager in determining what agencies/associations/councils should be contacted for representation. Provides the Emergency Command Manager with status reports concerning the arrival times of responding agencies, number of personnel responding, and the type of resources expected. Provide orientations to external agency representatives participating in the HCC operations. Coordinates and collaborates with assisting and cooperating agencies so that tactical operations and strategies are aligned. Works collaboratively with the Public Information Officer and the Emergency Command Manager to ensure accurate information related to resources and cooperative efforts by the hospital and external agencies. Assists with and contributes to the development of the incident action plan objectives.</p>		

Position: Safety, Risk Management Infection Control Officer		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	Command Staff	Position Checklist #: 005
Reports to	Emergency Command Manager	
<p>Summary of Primary Responsibilities</p> <p>As a member of the Command Staff the Safety and Risk Management Officer will assist the Emergency Command Manager with the identification of hazards and unsafe conditions as related to the development and implementation of the HCC Action Plan. The Safety Officer monitors the impact of the emergency on facility operations and advises the Emergency Command Manager all matters relating to operational safety (patient safety and worker safety). While the ultimate responsibility for the safe conduct of the hospital response and recovery from the emergency rests with the Emergency Command Manager, the Safety Officer works to ensure the safety of staff, patients and visitors. Monitors implementation of emergency measures and potential infection control risks and required mitigation measures. Working in collaboration with assisting and cooperating agencies the Safety Officer identifies hazards and assists with the development of safe work plan and safety messages as</p>		


required.
Participates in HCC action planning and briefing meetings. Contributes to the development of the action plan and situation status reports. Provides safety message for the Action Plan and operational period. The Safety Officer has emergency authority to stop and/or prevent unsafe activity during incident operations.

Position: Operations Section Coordinator		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 006
Reports to	Emergency Command Manager	
Summary of Primary Responsibilities		
 <p>Coordination of all operations as determined through the HCC and the Action Plan and in support of the ROHCG objectives through all phases of emergency management: response, management, recovery and resumption. Ensure collaborative action plan activities with external assisting and cooperating agencies. Determines incident objectives and recommended strategies. Develop and manage tactical operations to meet incident objectives. Activates and deploys functional teams to address operational objectives. Summary of priorities include:</p> <ul style="list-style-type: none"> • Life Safety • Assessment of damage, services impacted and security of the facility • Identification of resource needs and management • Establishment of branches and teams to conduct response, management and recovery functions • Ensures that operational objectives and strategies are carried out effectively. <p>Initiates intelligence-gathering regarding: casualties, damages, immediate issues, identifies immediate operational priorities and initiates actions and resources to address operational activities. Supervises field tactics with other HCC staff and field members, handles the request for or release of resources, makes situation changes to the Action Plan as necessary and reports such changes to the Emergency Command Manager.</p>		

Position: Planning Section Coordinator		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 007
Reports to	Emergency Command Manager	
Summary of Primary Responsibilities		
<p>Manages the Planning Section. Develops the HCC Action Plan. Assists the Emergency Command Manager with facilitation of planning and briefing meetings. Ensures the Planning Section is set up properly. Activates units and coordinators as needed: situation unit, documentation unit, risk and damage assessment units, resource unit, and demobilization unit. Provides information needed to understand the current situation, forecasts potential events related to the emergency and assists in preparing strategies. Oversees the management, display and maintenance of all information related to the emergency: Situation Status Board, Crisis Communications Centre display boards, and HCC Action Plan. Develops the HCC Action Plan for each operational period (including recovery phase) and for the approval by the Emergency Command Manager. Will be the planning lead in the event of the activation of the ROHCG pandemic plan.</p>		

Position: Logistics Section Coordinator		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 008
Reports to	Emergency Command Manager	
Summary of Primary Responsibilities		
<p>Coordinates and provides resource and logistical support and services for Command and General staff and activated teams. Responsible for the provision of people, procurement of materials, equipment, supplies and establishment of facilities to support the response, management, recovery and resumption measures. Coordinates the management of staff redeployment centre and coordination of volunteers. Provides care and support for the human aspects of response, recovery, demobilization, resumption and post emergency. Coordinates and collaborates the provision of services and support with HCC staff and in</p>		


alignment with the HCC Action Plan. Based on the resource needs to achieve the objectives, determines the need to activate mutual aid agreements, service agreements, memorandums of understanding, and memorandums of agreement or emergency service agreements. Manages the deactivation and demobilization process for the resources, the tracking and return of equipment and supplies that are borrowed or leased, the cessation of services when jobs are completed, and the shutting down of temporary operations and facilities as the emergency subsides. Communicates tracking information to the Finance and Planning Sections.

Position: Finance Section Coordinator		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 009
Reports to	Emergency Command Manager	
Summary of Primary Responsibilities		
 <p>Provides overall management of accounting and analysis for the emergency response, management and recovery. Ensures that financial records are maintained throughout the phases of emergency management, recovery and resumption and that accounting for emergency expenses is conducted. Conducts fiscal analysis to determine total expenses, funding authorization and funding sources when required. Ensures that a process for emergency funding is established to support the Emergency Command Manager and the HCC Team and Action Plan objectives. Attends the HCC meetings and briefings and provides financial status reports. Ensures the HCC Team is aware of current state of finances and projected expenditures or shortfalls when known or anticipated. Provides oversight and coordinates the development and implementation of emergency contracts or long term contracts required to manage the response, recovery and resumption of normal business. Attends the HCC meetings and briefings and provides financial status reports. Ensures that compensation and claims related to the emergency are processed and managed in a timely manner.</p>		

Position: Medical Advisor (Psychiatrist-in-Chief)		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 010
Reports to	Emergency Command Manager or Crisis Leader when activated in Executive Crisis Management Team	
Summary of Primary Responsibilities		
Provides advisement to the Crisis Leader or the Emergency Command Manager regarding clinical care and resource needs. Organizes and manages the delivery of emergency, inpatient, outpatient, and casualty care, and clinical support services. Organizes and manage ancillary medical services, assist in providing for the optimal functioning of these services, monitors the use and conservation of these resources. Contributes to the development and implementation of the incident action plan objectives. Liaise with physicians as required. When required attends incident action plan meetings and briefings.		

Position: Facility and Critical Infrastructure Branch Coordinator		Facility Location: Scene of emergency or in respective Unit
HCC/EOC Section	General Staff in the Field	Position Checklist #: 011
Reports to	Operations Section Coordinator when activated or Emergency Command Manager when Operations is not activated	
Summary of Primary Responsibilities		
Provides the command, control and coordination in the respective unit where assigned. Establishes a communications process with the Hospital Command Centre or the Operations Team Room when activated. Or as applicable the Emergency Operations		

Centre at BMHC. Works in collaboration with the Emergency Services Officer or the Emergency Code Manager when on scene. Function in collaboration (unified command) with the external emergency services agencies when on scene. Advise the HCC or EOC of resource needs to achieve the objectives.

Position: Assistant Safety and Risk Management Officer		Facility Location: Hospital Command Centre (HCC)
HCC Section	Command Staff	Position Checklist #: 013
Reports to	Safety, Infection Control and Risk Management Officer or Emergency Command Manager based on positions activated	
Summary of Primary Responsibilities		
 <p>As a member of the Command Staff the Safety and Risk Management Officer assists the Emergency Command Manager with the identification of hazards and unsafe conditions for staff, patients or residents as related to the development and implementation of the HCC Action Plan. The Safety Officer monitors the impact of the emergency on facility operations and advises the Emergency Command Manager all matters relating to operational safety. The Safety Officer works to ensure the health and safety of people (staff, residents, patients and visitors) including infection control measures. Working in collaboration with assisting and cooperating agencies the Safety Officer identifies hazards and assists with the development of safe work plan and safety messages as required. The Safety Officer has emergency authority to stop and/or prevent unsafe activity during incident operations.</p>		

Position: Assistant Safety and Risk Management Officer (Field Position)		Facility Location: Hospital Command Centre (HCC)
HCC Section	Command Staff	Position Checklist #: 014
Reports to	Safety, Infection Control and Risk Management Officer or Emergency Command Manager based on positions activated	
Summary of Primary Responsibilities		
<p>As a member of the Command Staff the Assistant Safety and Risk Management Officer (Field Position) assists the Safety and Risk Management Officer and the Emergency Command Manager with the identification of hazards and unsafe conditions for staff, patients or residents as related to the development and implementation of the HCC Action Plan. The Safety Officer in the field monitors the impact of the emergency on facility operations and advises the Safety and Risk Management Officer on all matters relating to operational safety. The Safety Officer works to ensure the health and safety of people (staff, residents, patients and visitors) including infection control measures. Working in collaboration with assisting and cooperating agencies the Safety Officer in the field, identifies hazards and assists with the development of safe work plan and safety messages as required. The Safety Officer has emergency authority to stop and/or prevent unsafe activity during incident operations.</p>		

Position: Documentation Unit Lead		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 015
Reports to	Planning Section Coordinator	
Summary of Primary Responsibilities		
<p>Responsible for the maintenance of accurate up-to-date documentation relative to the emergency incident. Incident files will be stored for legal, analytical and historical purposes. Produces the HCC Action Plan on behalf of the Planning Section and the Emergency Command Manager. On behalf of the Planning Section, collects and retains all documentation from all Command and General Staff.</p>		

Position: Facility Services and Critical Infrastructure Leader (Ellis Don Services)		Facility Location: Hospital Command Centre (HCC)
HCC/EOC Section	General Staff	Position Checklist #: 016
Reports to	Operations Planning Section Coordinator	
<p>Summary of Primary Responsibilities Assess and maintain the integrity of the physical facility to the best level, provide adequate environmental controls to perform the patient care mission, provide sufficient information regarding the operational status of the facility for the purpose of decision/policy making, including those regarding full or partial evacuation, identify safe areas where patients and staff can be moved if needed, and damage mitigation activities. In the event of a Pandemic, activates business continuity plans and contingency plans based on the objectives of the HCC incident action plan.</p>		

Position: Patient Tracking Leader		Facility Location: Hospital Command Centre (HCC)
HCCEOC Section	General Staff	Position Checklist #: 018
Reports to	Planning Section Coordinator	
<p>Summary of Primary Responsibilities Monitor and maintain the location of patients at all times within the mental health centre's patient care system and at relocation sites. Provide update reports to the Planning Section Coordinator or the Resource Unit Leader when activated.</p>		

Position: Emergency Services Officer (ROH and ROP)		Facility Location: In the field scene or incident
HCC/EOC Section	General Staff	Position Checklist #: 019
Reports to	Operations Section Coordinator	
<p>Summary of Primary Responsibilities The Emergency Services Officer (ESO) will respond to emergency at the ROMHC and the ROP. Depending on the type of emergency the ESO will support ECC or assume the field command position for the ROHCG. When the Hospital Command Centre is activated the ESO will establish a communications link with Emergency Command Manager or the Liaison Officer when the position is activated. For emergencies of a security nature, such as person with a weapon on campus or a hostage taking, the ESO will assume the position of field command for the ROHCG.</p>		

Position: Evacuation Leader		Facility Location: In the field or scene of incident
HCC/EOC Section	General Staff	Position Checklist #: 020
Reports to	Operations Section Coordinator	
<p>Summary of Primary Responsibilities Communications and coordination of the partial or total evacuation of the respective facility. Establishes communications with Units/Departments that must be evacuated. Advise the Operations Section Coordinator on the status of evacuation and any threats to life safety as relayed by the ECC.</p>		

Position: Inpatient Leader		Facility Location: In the field or HCC
HCC/EOC Section	General Staff	Position Checklist #: 021
Reports to	Operations Section Coordinator	
Summary of Primary Responsibilities Supervise and maintain general inpatient care services to the best possible level to meet the needs of in-house and newly admitted patients.		

Position: Triage Leader		Facility Location: In the field or HCC
HCC/EOC Section	General Staff	Position Checklist #: 022
Reports to	Operations Section Coordinator	
Summary of Primary Responsibilities Assist the Inpatient Care Unit Leader with triage of internal mental health centre patients, if requested by the Operations Section Coordinator or Evacuation Branch Manager. Assist the Treatment Areas Leader in the establishment of the Triage Unit using the Triage Unit Organization Outline and assign available staff or request staff through the HCC. Assess situation and unit for supply and staffing needs and request staff and supplies from the Staff Redeployment Centre and Supply Chain Materials in Logistics Section, request medical staff support through the Section Coordinator.		

Position: Pharmacy (Medication) Leader		Facility Location: In the field or HCC
HCC/EOC Section	General Staff	Position Checklist #: 024
Reports to	Operations Section Coordinator (Medical Advisor when designated)	
Summary of Primary Responsibilities Ensure the availability of emergency, emergency specific, pharmaceutical and pharmacy services including all clients' medication orders. Inventory most commonly utilized pharmaceutical items and implement a process for the continual update of this inventory. Secure medical resources through external agencies in collaboration with the Logistic Section Coordinator. Establish liaison with government agencies with respect to supply of antivirals and/or vaccines in the event of a major health emergency such as a pandemic.		

Position: Lab Medical Imaging Leader		Facility Location: In the field or HCC
HCC/EOC Section	General Staff	Position Checklist #: 025
Reports to	Operations Section Coordinator	
Summary of Primary Responsibilities Maintain laboratory services, blood and blood products at appropriate levels, prioritize and manage the activity of the Laboratory		

Unit Staff. Secure lab services from external resources when required. Provide updates to the Operations Section Coordinator with respect to operational status of the lab including the medical imaging and electrocardiography services.		
Position: Security Services (Guards)		Facility Location: In the field or HCC
HCC/EOC Section	General Staff	Position Checklist #: 026
Reports to	Operations Section Coordinator	
<p>Summary of Primary Responsibilities Security may have already fulfilled their duties and responsibilities under an initial emergency code by meeting and providing access to the Police / Fire Department at the designated entrance of the facility. On being alerted to a Code Orange and location(s) Security will take direction through the Hospital Command Centre or the Emergency Operations Centre at the BMHC campus.</p>		

Position: Resource Unit Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 027
Reports to	Planning Section Coordinator	
<p>Summary of Primary Responsibilities Maintain information on the status, location, and availability of personnel, teams, facilities, supplies, and major equipment to ensure availability of use during the incident. Maintain a master list of all resources assigned to incident operations. Contribute to the incident action plan objectives and achievement through the Planning Section Coordinator.</p>		

Position: Situational Unit Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 028
Reports to	Planning Section Coordinator	
<p>Summary of Primary Responsibilities Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare situation report board information, maps and gather and disseminate information and intelligence for use by the HCC or EOC team members and support the development and assessment of the Incident Action Plan (IAP) objectives.</p>		

Position: Demobilization Unit Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 029
Reports to	Planning Section Coordinator	
<p>Summary of Primary Responsibilities Develop and coordinate an Incident Demobilization Plan that includes specific instructions for all staff and resources that will require demobilization. Establish initial contact with all Section Coordinators to obtain status of events and begin discussions about resources and personnel that can be demobilized and when. Monitor incident response activities and needs to maintain</p>		

information regarding changes in resource needs. Continually assess the status of the incident and recommend to Section Coordinators and Command the deactivation of positions and personnel as the magnitude of the incident decreases.

Position: Bed Tracking Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 030
Reports to	Planning Section Coordinator	
Summary of Primary Responsibilities Maintain information on the status, location, and availability of all patient/resident beds, including disaster cots and stretchers when available. Coordinate bed needs and availability through the Operations Coordinator and the Liaison Officer when there are needs or requests within the regional hospital system.		

Position: Communications and Information Technology Systems Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 031
Reports to	Logistics Section Coordinator	
Summary of Primary Responsibilities Coordination of technical support for telephone and communications system used during response, management and recovery: provision, emergency repairs, alternate means of communications and communications infrastructure. Coordination and maintenance of central data and computing infrastructure. Emergency repairs, emergency access to computer equipment and supplies and web support.		

Position: Volunteer Services Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 032
Reports to	Logistics Section Coordinator	
Summary of Primary Responsibilities Reporting to the Logistics Section Coordinator, coordinates existing ROHCG volunteers and facilitates the requests for assistance through the Hospital Command Centre. Coordinates the integration of additional volunteers from other hospitals or care centres approved through the HCC.		

Position: Allied Health Services Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 033
Reports to	Operations Section Coordinator	
Summary of Primary Responsibilities Coordinate the services and assistance provided by Allied Health Staff. Allied Health staff will provide assistance in emergency		

measures such as: evacuation, surge of patients and shelter in place.

Position: Damage Assessment Plan Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 034
Reports to	Planning Section Coordinator	
Summary of Primary Responsibilities Implement a process to assess the damage to facilities, operating systems and grounds. Organize and manage the technical or specialized services required to sustain and repair the hospital’s infrastructure operations, including: power/lighting, water, sewer, HVAC, environmental and nutritional services.		

Position: Utilities, Buildings and Environmental Controls Leader		Facility Location: HCC or EOC
HCC/EOC Section	General Staff	Position Checklist #: 035
Reports to	Damage Assessment Leader	
Summary of Primary Responsibilities Assess operating systems, equipment and environmental control and provide sufficient information regarding the operations status of the facility for the purpose of decision making and achievement of incident action plan objectives. Identify unsafe areas through an initial damage assessment when required. Manage fire suppression, fire detection and life safety systems throughout the facilities.		

Position: Emergency Manager		Facility Location: EOC
EOC Section	Command Staff	Position Checklist #: 036
Reports to	Emergency Command Manager	
Summary of Primary Responsibilities Activation of EOC team positions. Confirmation of emergency code declaration with the Senior Administrator on call (Emergency Command Manager). Leadership and management of emergency activities by Emergency Operations Centre staff. Communications with Emergency Command Manger. Establishment of incident action plan objectives. Responsible for: response, management, business continuity, recovery, resumption and post emergency phases.		

FACILITIES TO SUPPORT CODE ORANGE ACTIVATION: ROMHC, ROP, BMHC

- Hospital Command Centres,
- Alternate Command and Operations Centres
- HCC Functional Support Team Locations e.g. Reception and Triage, Staff Redeployment
- Emergency Assembly Areas
- Emergency Operations Centres
- Breakout Rooms
- Alternate Care Centres

ROHMC CAMPUS HOSPITAL COMMAND CENTRE, EXECUTIVE, CRISIS COMMUNICATIONS

Facility	Primary	Alternate
Hospital Command Centre	Room 2426 (all rooms) ROHMC	ROP Conference Room C112 and C113
Crisis Leader and Leadership Team	Executive Offices (Tower)	ROP Director’s Office C113
Crisis Communications Team	2 nd Floor Tower Executive Office Area	Offices in area of Room # 2409

HCC TEAM BREAKOUT ROOMS (MEETING ROOMS)

The following locations will serve as individual meeting areas for the Hospital Command Centre Team: Command and General Section Coordinators and their essential resource staff.

Hospital Command Centre Team	Primary Room Name and Area	Room Number
Communications	1st floor Tower Learning & Development	1425
Operations	Library 2 nd Floor Tower	2100
Planning	2 nd Floor Activity Room	2349
Finance	2 nd Floor Dining Room	2331
Logistics	2 nd Floor Activity Room	2348
Command Staff	2 nd Floor Activity Room	2350

ROMHC FUNCTIONAL SUPPORTING TEAMS AND FACILITIES

Support Team and Functional Plan	Primary Location	Room #	Telephone ext.	Alternate Location
Alternate Care Centre	Alternate Care Centres through		Contact Emergency	

	HEPCO agreement. HEPCO Duty Manager. BMHC: OGB, Centennial Hall and FTU		Management Systems Officer ext.6420 or 613-316-3239	
Reception & Triage Team	Atrium Café 1st floor Multi Media Room	1408		Front lobby and meeting rooms in area of Learning and Development.
Admitting Team	1st floor Admitting Office	1114	6514	ROP Administrative Offices
Patient Destination and Tracking Team Surge	Front Lobby space and Admitting Office	1190 - 1114		Front entrance west side of circle drive
Patient Destination and Tracking Team Evacuation	Front Lobby space and Admitting Office	1 st floor Common area north 1190 - 1114 Or, ROP Lounge N119		ROP Administrative Offices C115, 116 or Alternate Care Centre site as needed.
Staff Redeployment Centre	Amphitheatre	1410		Winter Garden
Patient Family/Support Unit	Library 2 nd floor	2C413-5		Gym 3 rd Floor
Patient Transport Team Area	Rear entrance 1 st Floor and Loading Dock area	Room 1311		Front entrance 1 st Floor
Staging and Discharge Team and Area	Lobby area in front of offices 1412-1419. (In front of L&D main floor level).	Cafeteria 1110		Corridors near Forensic Assessment 1 st Floor
Security	Security Control Room 1 st Floor near Forensic Assessment	1 st Floor 1570		Mobile Security Control Unit
Forensic Assessment Level 1	Police Services and Corrections institutions	1 st Floor 1559		Other Regional Police Services and Corrections

				institutions
Media Centre	1 st Floor Classroom	1424		Carlingwood Campus

ALTERNATE FACILITIES: BREAKOUT ROOMS IN ROP

Emergency Command Team	Room Name and Area	Room Number	Phone Ext. #
Operations	Staff Facilities	C124	6034
Planning	Office	C125	
Finance	Office	C119	6064
Logistics	Workroom	S119	6834
Command Staff	Office	C112	7105

BMHC EOC AND FUNCTIONAL SUPPORTING TEAM ROOMS

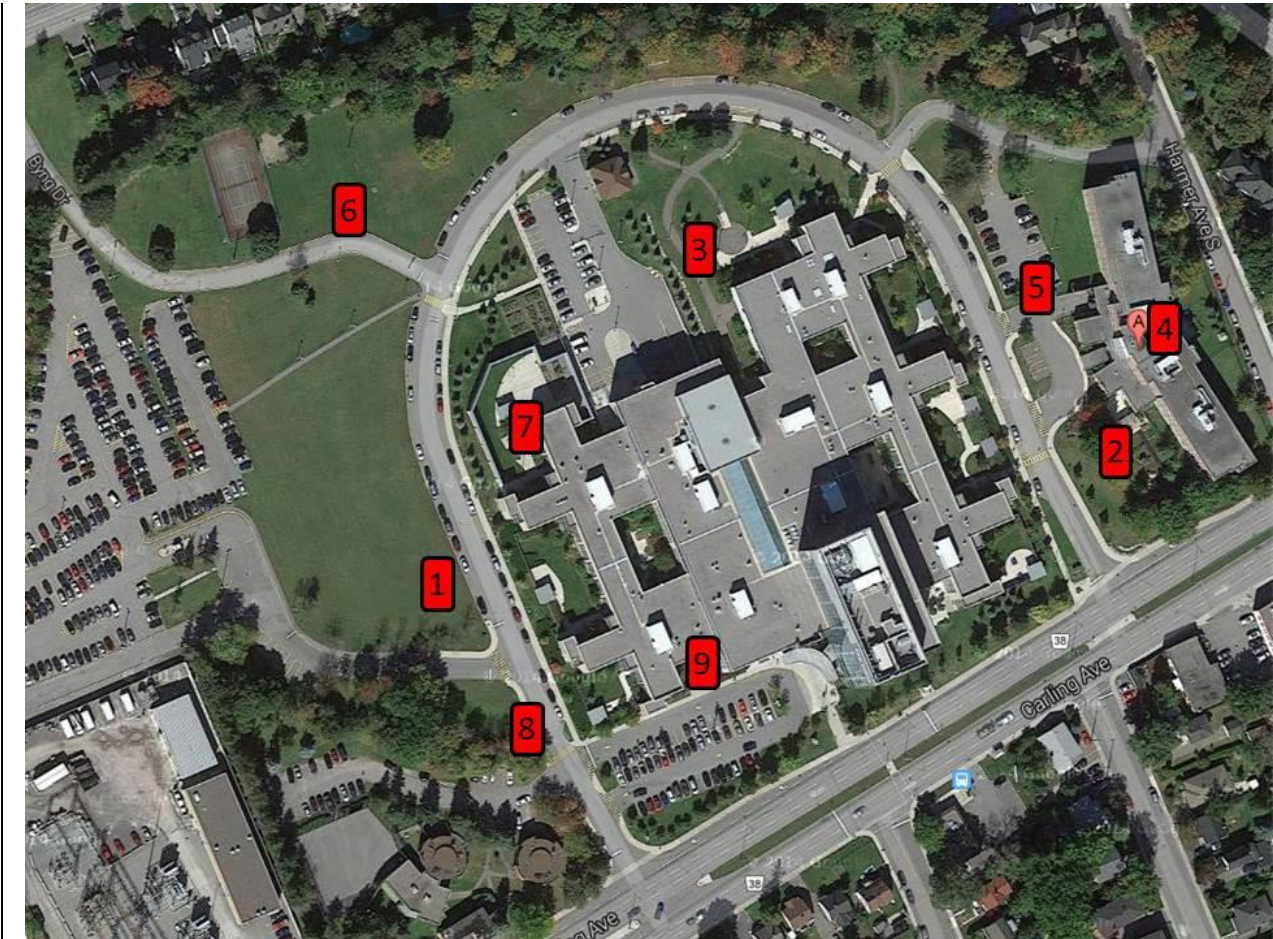
Facility	Primary	Alternate
Emergency Operations Centre	FTU: B2-320 Boardroom	2 nd Floor Conference Room OGB
Reception and Triage Area	FTU: Rooms B2-101, 103, 106, 107	FTU: B1-241.
Staff Redeployment Area:	FTU: B2-236 Classroom	FTU: B1-323 Boardroom
Emergency Assembly Areas	Courtyard North	Centennial Hall
Alternate Care Centre	Centennial Hall on Campus or Royal Canadian Legion 180 Park St. Brockville Activated through United Counties of Leeds and Grenville	Thousand Islands Secondary School 2510 Parkdale Avenue Brockville ON

FACILITIES: BREAKOUT ROOMS IN BMHC CAMPUS

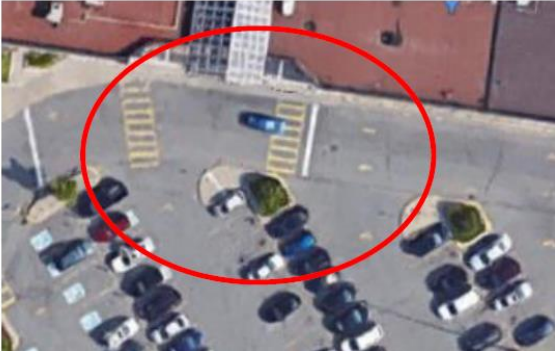
Emergency Command Team	Room Name and Area	Room Number	Phone Ext. #
Operations	2 nd Level FTU	B2-312	2517
Planning	2 nd Level FTU	B2-317	2616
Finance	Administration Secretary Office - 2 nd Level FTU	B2-315	
Logistics	2 nd Level FTU	B2-311	2618
Command Staff	Director's Office 2 nd Level FTU	B2-314	2615

EMERGENCY ASSEMBLY AREAS

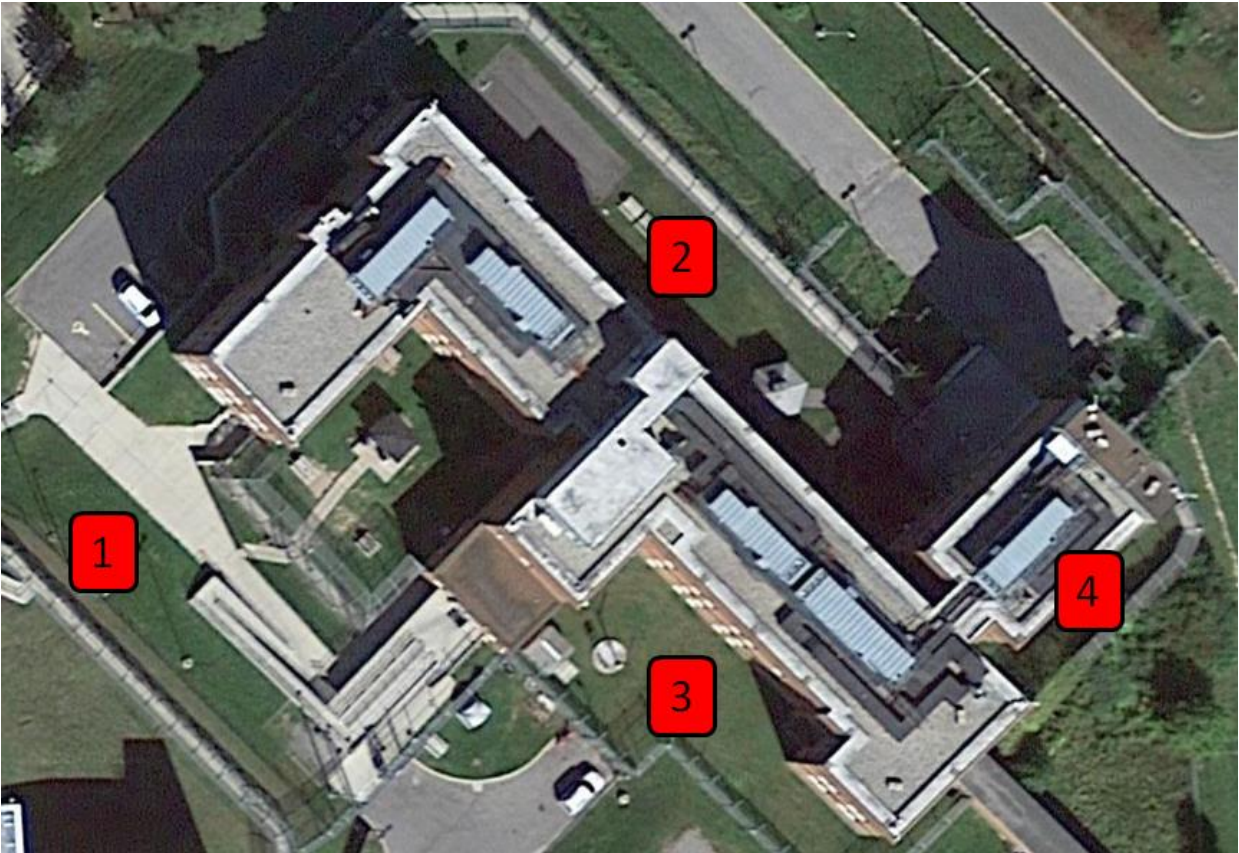
ROMHC AND ROP CAMPUS EXTERIOR EMERGENCY ASSEMBLY AREAS



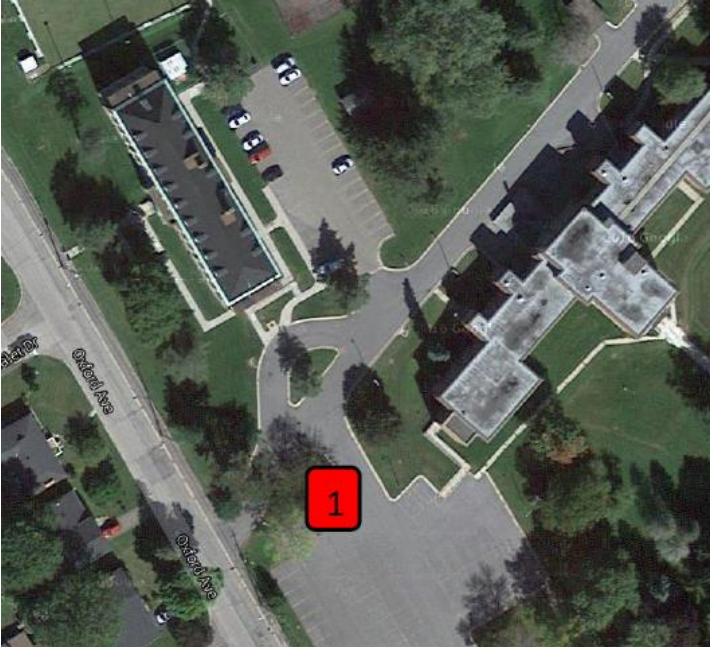
CARLINGWOOD



BMHC CAMPUS - FTU



OGB



HOSPITAL COMMAND CENTRE (HCC) SUPPORT TEAMS AND PLANS

The following provides a list of HCC support teams and plans. Using the “toolkit” approach, HCC can use the following portions of the Code Orange plan as necessary:

Code Orange Section	TEAM/PLAN
Section 5	Alternate Care Centre Plan
Section 11	Crisis Communications Plan
Section 4	Evacuation Shelter Pre-plans
Section 18	Pandemic Plan
Section 13	Patient Family and Support Team and Plan
Section 10	Patient Destination and Tracking Team
Section 18	Regional Response Agreement (HEPCO)
Section 9	Shelter in Place Plan
Section 8	Staff Redeployment Centre and Plan
Section 7	Staging Discharge and Transportation Plan
Section 6	Surge: Reception and Triage

Section 12	Transportation Plan
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CODE ORANGE - SUPPORTING DOCUMENTATION AND PLANS

Recovery Planning: The recovery plan will permit the mental health centre to proceed from a disaster situation back to normal operations. Link: [Recovery Repatriation Repopulation](#)

Facility Systems Status Report Form: [Facility System Status Report](#)

Disaster Recovery Report [Recovery Form](#)

Mitigation Measures: Mitigation measures to prevent or minimize the impact of a major physical or pandemic disaster are detailed under the related emergency code. Others include:

- Building Maintenance Program, designed to maintain the building in compliance with life safety code,
- Installation and maintenance of emergency generators; Generator testing program,
- Staff education and training,
- Installation and monitoring of security (access control, perimeter security, camera surveillance)

Preparedness Measures: Preparing for a disaster involves:

- Disaster Exercises
- Disaster Drills
- Up to date Staff Call back process
- Up to date Mutual Aid Agreements
- Up to date Business Continuity Plans
- Emergency equipment and supplies

Link: [Preparedness Measures](#)

Response Measures: Response measures may be conducted at the emergency scene and in the Hospital Command Centre or Emergency Operations Centre (EOC) as applicable. Examples of measures include:

- Alerting and notifying emergency response team members and Unit Ellis Dons,
- Developing initial incident action plan,
- Dissemination of warnings and emergency information to staff, patients, residents, visitors and partners,
- Calling 911 and notifying external response agency of the emergency,
- Establishing unified command,
- Conducting the movement of people away from a dangerous or hazardous location e.g. evacuation, area of refuge, shelter in place,
- Preparing detailed damage assessments,

- Developing long term recovery plans,
- Conducting off site evacuations,

Recovery Measures: As the emergency condition is mitigated and the threat to people, property and the environment subsides, activities to initiate the recovery process will be developed and implemented. Examples of measures include:

- The restoration of all utility services,
- Recovery and restoration of vital records, information technology and telecommunications,
- Developing recovery plan for long-term psycho/emotional recovery,
- Restoration of critical services
- Assessments and development of repair plans to structural damage,

Business Continuity Planning: The Business Continuity Plan is intended to document services and functions and what measures would be planned in the event of a major disaster that jeopardizes the facility, as in the case of a major fire, flood, ice storm or event that seriously affects patients and staff, as in the case of Pandemic Influenza.

Disaster Planning for Information and Communication Systems:

Information Management is responsible for developing and updating disaster risk management plans to ensure that the necessary information technology (IT) and communications systems e.g. telephone systems are maintained in order to support the Hospital Command Centre and those clinical services and business functions deemed critical to the organization.

Disaster Planning for Facilities

Facility Services are responsible for preparing and maintaining up to date disaster plans for the ROMHC, ROP and BMHC facilities. This would include risk management and emergency response measures, for the continued provision of power supply, food services, housekeeping services, laundry and linen services and security support.

If a facility is deemed unfit for occupancy as a result of a disaster, relocation is based on established contingency plans for Critical Services and Business Functions. Recovery measures developed in response to the disaster will dictate if and when the facility can be re-occupied.

A copy of the plan is available for the Emergency Command Team. In the event of a major disaster, the Logistics Section Chief is responsible for activating the facility recovery plan.

EMERGENCY CONTACTS

A list of external emergency contacts has been developed for the Hospital Command Centre. The list includes contacts such as:

Government Ministries	Cooperating Agencies such as Red Cross
City of Ottawa Office of Emergency Management	Local Hospitals

Local Long Term Care Homes	Alternate Care Centres
Transportation Agencies	Ellis Don Services Equipment and Supply Agencies

EQUIPMENT AND RESOURCES IN THE HOSPITAL COMMAND CENTRE (Room 2426)

Computer and peripheral equipment, with backup access to critical data base. Internet connectivity. Access for laptops will be from Information Technology (IT) and Learning and Development.

The facility has:

- Video conferencing
- Telephone outlet

Hospital Command Centre kit that includes items such as:

- Job Action Sheets
- Stationary supplies.
- Colour coded clipboards and colour coded position name tags
- Forms pertinent to positions

At ROMHC, a HERO Radio Unit designed to facilitate external communications in a disaster is located in the ROMHC switchboard.

HOSPITAL COMMAND CENTRE SET-UP PROTOCOL

The Safety and Emergency Management Systems Officer supported by Environmental Services are responsible for coordinating the Hospital Command Centre set up, that includes the following.

- Retrieve Hospital Command Centre kit
- Set-up Hospital Command Centre phones

SHORT TERM RELOCATION SITES OFF CAMPUS

ROMHC/ROP

In the event that the ROMHC or ROP are no longer habitable, patients would be relocated. Assistance would be requested through the Liaison Officer (Command Staff) from HEPCO partners as per the HEPCO Plan.

HEPCO Duty Manager Number: 613-850-3318

BMHC: OGB, Centennial Hall and FTU

Relocation Site for ROMHC Forensics**Ottawa Carleton Detention Centre**

2244 Innes Road
Ottawa, ON
613-824-6080

All Forensic patients under an Assessment Order will be returned to jail and require police escort.

BMHC

Short Term Emergency Assembly Area (Interior) - Centennial Hall on Campus
Alternate Facility on Campus for ROMHC and/or ROP evacuation – Ontario Government Building (OGB)
The Royal Canadian Legion, Branch 96, 180 Park St. Brockville ON.
(613) 345-0473

Brockville Jail

All Forensic patients under an Assessment Order will be returned to jail and require police escort.

LONGER TERM RELOCATION SITES

In the event that the facility is damaged to an extent that it cannot be re-occupied for a period of up to three months, the evacuation and relocation of patients and staff will be to different locations, as described below. It is assumed that such a disaster would also result in equipment, furniture, furnishings, materials and supplies being largely destroyed, necessitating temporary replacement measures.

ROMHC

- Relocation to Brockville Mental Health Centre - OGB Facility and Centennial Hall as needed.

RELOCATION OF BUSINESS PARTNERS

- In this disaster scenario, the operations of the U of O Institute of Mental Health Research would be relocated to the Ottawa Hospital or other facility as they so deem.
- Similarly, the operations of the ROMHC Foundation would be relocated in temporary offices in Ottawa.
- The Volunteer Program would largely be suspended, though some support directly related to clinical care could be resumed at ROMHC as directed through the Hospital Command Centre.
- ROMHC clinical programs, corporate offices and support personnel would be relocated to Carlingwood Campus or BMHC, based on approved Business Continuity Plans designating critical services and functions that must be maintained.
- Corporate offices, as well as support personnel, such as People and Learning, Finance and Administration, Facility Services, Communications, as well as Pharmacy could also be

accommodated on a short term basis. Accommodations could be found in the Ottawa area or relocate to the BMHC campus and the OGB building and/or Centennial Hall.

TRANSPORTATION

Staff

ROMHC staff would travel to their temporary place of work at BMHC. A daily bus shuttle service would be provided for the three or four shifts for clinical staff as well as the normal Monday to Friday corporate support personnel.

Patients and Residents

Transportation arrangements for patients and residents will be coordinated through the Hospital Command Centre and activation of the Transportation Plan.

CODE ORANGE EMERGENCY AND CONCEPT OF OPERATIONS

The hospital's response to threats, hazards and emergencies is based on four phases of emergency management:

- Increased readiness,
- Initial response operations,
- Extended response operations,
- Recovery and resumption operations.

During each phase specific actions will be taken to eliminate and/or mitigate the threat and hazards associated with the emergency in efforts protect people and to stabilize the situation. When the position is activated the Emergency Command Manager (ECM) will assess the information related to the real or potential emergency and determine the degree of response required by the hospital to respond and manage the emergency. The ECM will declare the Level of Code Orange and activate the required hospital resources and in some instances external resources.

In summary the hospital Emergency Operations Program approaches the four phases by:

INCREASED READINESS

Upon receipt of a warning or observation that a threat, hazard or emergency meeting the criteria for a Code Orange declaration is imminent or likely to occur, the hospital will initiate actions and activate resources to increase the overall readiness. For example the Emergency Command manager may activate single positions from the Hospital Command Centre (HCC) team and inform them of the potential emergency and discuss a possible scenario and plan. Other HCC members will be placed on standby.

INITIAL RESPONSE OPERATIONS

The threats and hazards associated with the emergency are impacting parts or all of the hospital operations and normal levels of service. Response teams have been activated in the impacted Units

and/or Departments. One or more Tiers of the HCC teams have been activated by the Emergency Command Manager. The Hospital Incident Management System (HIMS) principles, components and functions are being applied to initial operations. External emergency services agencies are arriving on scene or have arrived and are establishing action plan objectives, tactics and tasks. An early phase of unified command may begin with the hospital and external responding, assisting, and cooperating agencies.

EXTENDED RESPONSE OPERATIONS

The hospital has activated the HCC and support teams. A Level 3 Code Orange has been declared by the Emergency Command Manager. The HCC and hospital response teams in the field are taking action and conducting tasks to address the response priorities and the objectives established in the incident action plan developed by the HCC. The principles of the HIMS are applied throughout all HCC and field operations.

RECOVERY OPERATIONS

The Emergency Command Manager will initiate demobilization and recovery planning early in the life cycle of the emergency. The objectives of the HCC incident action plan transition from a focus on response measures to measures that address the recovery of the hospital from the impacts of the emergency particularly on service levels and normal operations. Therefore recovery objectives will address: damage assessment, clean up, restoration of facilities, restoration of services and care for people. The recovery action plan may be both short-term and long-term goals ranging from restoration to mitigation measures to prevent future damages in the event of another emergency. The goal of demobilization and recovery planning and implementation is to achieve a point where the hospital can resume normal operations and services and stand down all personnel and other resources working in the recovery phase.