

ASSINIBOINE REGIONAL HEALTH AUTHORITY

Disaster/ Emergency Notification Checklist

TYPE OF EVENT	Location
Person Completing Form: Name and Title: _____ <div style="text-align: right;">(Please Print)</div>	

ACTIONS		
Person Responsible	Task	Date/ Time Completed
Nurse in Charge	Activate Disaster Codes (as applicable)	
Nurse in Charge	Activation of Facility ICS (as required)	
CEO or Designate	Activation of Corporate ICS (as required)	

NOTIFICATIONS - you must SPEAK DIRECTLY WITH the person you are notifying (Do not leave a message)		
Person Responsible	Task	Date/ Time Completed
Nurse in Charge/Attending Crew/911	EMS On-Call Supervisor	
Nurse in Charge	Contact Call Center (Reston, Sandy Lake) for additional staff/AM/CCC/FC/ and/or Executive as applicable	
EMS On-Call Supervisor	Facilities in Affected Area (Nurse In-Charge)	
EMS On-Call Supervisor	EMS Manager /EPO (1)	
EMS On-Call Supervisor	Home Care Program Manager (1)	
EMS On-Call Supervisor	Public Health Program Manager (1)	
EMS On-Call Supervisor	Mental Health Program Manager (1)	
EMS On-Call Supervisor	MTCC / 911	
EMS Manager	CEO or Designate	
EMS Manager/EPO	Neighboring RHA's (as applicable)	
EMS Manager	Manitoba Disaster Services	
CEO or Designate	Executive, Board Chair & Board Members	
CEO or Designate	Manitoba Health Liaison	
Home Care Program Manager	Home Care: Program Staff as applicable	
Public Health Program Manager	Public Health: Program Staff as applicable	
Public Health Program Manager	Medical Officer of Health	
Mental Health Program Manager	Mental Health: Program Staff as applicable	

All Persons responsible for notification must fax form to EPC @ 759-3127 or email to epc@arha.ca after completion.