



Disaster and Emergency Response Guide Overview

Preamble

Disaster n. sudden great misfortune, great failure

Emergency n. a serious situation needing prompt attention

The Assiniboine Regional Health Authority, through its Disaster Emergency Planning Program aims to develop a safe organization that suffers fewer deaths, physical injuries and psycho-social trauma as a result of disasters. To achieve this outcome, the ARHA has a vested interest in providing a capable coordinated response during disasters and deliver effective mitigation and preparedness programs before an impact. Disaster preparedness increases the organization's ability to respond effectively to hazard impact and to recover quickly from the long-term effects.

As part of the overall strategic plan for disaster management the program includes the following 5 key components:

1. **Hazard assessment:** It is important to understand hazards before developing strategies to deal with them. This understanding must go beyond thinking of hazards in terms of the extreme event or agent. Hazards must be considered in terms of the potential / perceived threat itself and the threatened organization or community. The hazard assessment recognizes that hazards are the potential for a negative interaction between extreme events (of a natural or technological origin) and the vulnerable parts of the organization. The coping resources of the organization and the hazard itself help to improve planning and better target mitigation activities.
2. **Risk Management:** Is a critical component of an integrated approach as it provides the transition between problem identification (hazard analysis) and the appropriated treatment steps (mitigation and/or preparedness). Internal and external factors must be considered in the risk management process. Risk management is the process of understanding what the risks are and how to control the risks appropriately, by addressing their consequences and/or their likelihood.
3. **Mitigation:** Refers to the actions taken to eliminate or reduce the risk from hazards to the organization. The responsibility for mitigation lies with the organization. The health sector has two significant functions in this process: directly reducing risks to its facilities and programs; and

advocating for risk reduction measures within the communities within the organization.

4. **Preparedness:** Increases the organization's ability to respond effectively to hazard impacts and to recover quickly from the long-term effects. It involves planning, training and education. It builds better coordination and cooperation within the organization and community.
5. **Quality Improvement:** Disaster management is the dynamic application of solutions to an uncertain and changing set of challenges. An ongoing process of evaluating the progress of programs and monitoring the physical, social and economic environments is crucial to maintaining a disaster management system that is adapted to the current local conditions. The quality improvement process involves the ongoing testing, evaluation and updating of the program to ensure that the organization can respond effectively.

Objectives

1. Maintain a current hazard analysis and risk management process to mitigate potential disaster.
2. Provide effective disaster response through preparedness, planning and training.
3. Maintain business continuity during the crisis.
4. Efficient post event recovery.
5. Ongoing evaluation and updating of the plan.

Outcomes

Manitoba Health Office of Disaster Management has defined a set of outcomes that a successful disaster management program will aim to achieve. Assiniboine Regional Health Authority has adopted these specific disaster management outcomes in an effort contribute to the mission to “promote, preserve and protect the health of Manitobans”:

1. Manitobans live in safer communities that suffer fewer deaths, physical injuries and psycho-social trauma as a result of disasters.
2. Manitoba communities and individuals disaster vulnerability is minimized.
3. Manitoba communities and individuals are resilient to the impacts of the disaster.
4. Manitobans receive appropriate health care services in times of disaster.
5. Manitobans receive health care services that address their changing needs resulting from a disaster.
6. Manitoba's health care system is capable of responding to disasters in other Canadian jurisdictions.

Organizational Chart

The Assiniboine Regional Health Authority Disaster and Emergency Response Program chart outlines the described components of the program. The mandate for the Disaster and Emergency Response Program is delivered by MB Health Disaster Management Network and the Executive Management Committee of Assiniboine Regional Health Authority. Direction is provided to the Emergency Preparedness Committee (EPC).

Emergency Preparedness Committee: The role of EPC is to coordinate development of necessary structures and processes to ensure a coordinated and timely regional response to any perceived threat or actual emergency or disaster.

Proposed Objectives:

1. To ensure the development, implementation, and ongoing evaluation of a comprehensive disaster and emergency response plan that would enable all facilities and services within the ARHA to respond to a threat or actual emergency or disaster using a coordinated response.
2. To coordinate and provide leadership for all aspects of emergency preparedness in the region.
3. To act as a resource to the Corporate and Facility Incident Command Systems (ICS) as required.
4. To act as the reporting authority for the Disaster and Emergency Response Planning Committee (DERPC).
5. Provide for specific event planning and coordination for regional or inter-regional disasters or events such as the Pandemic Influenza Response Plan.

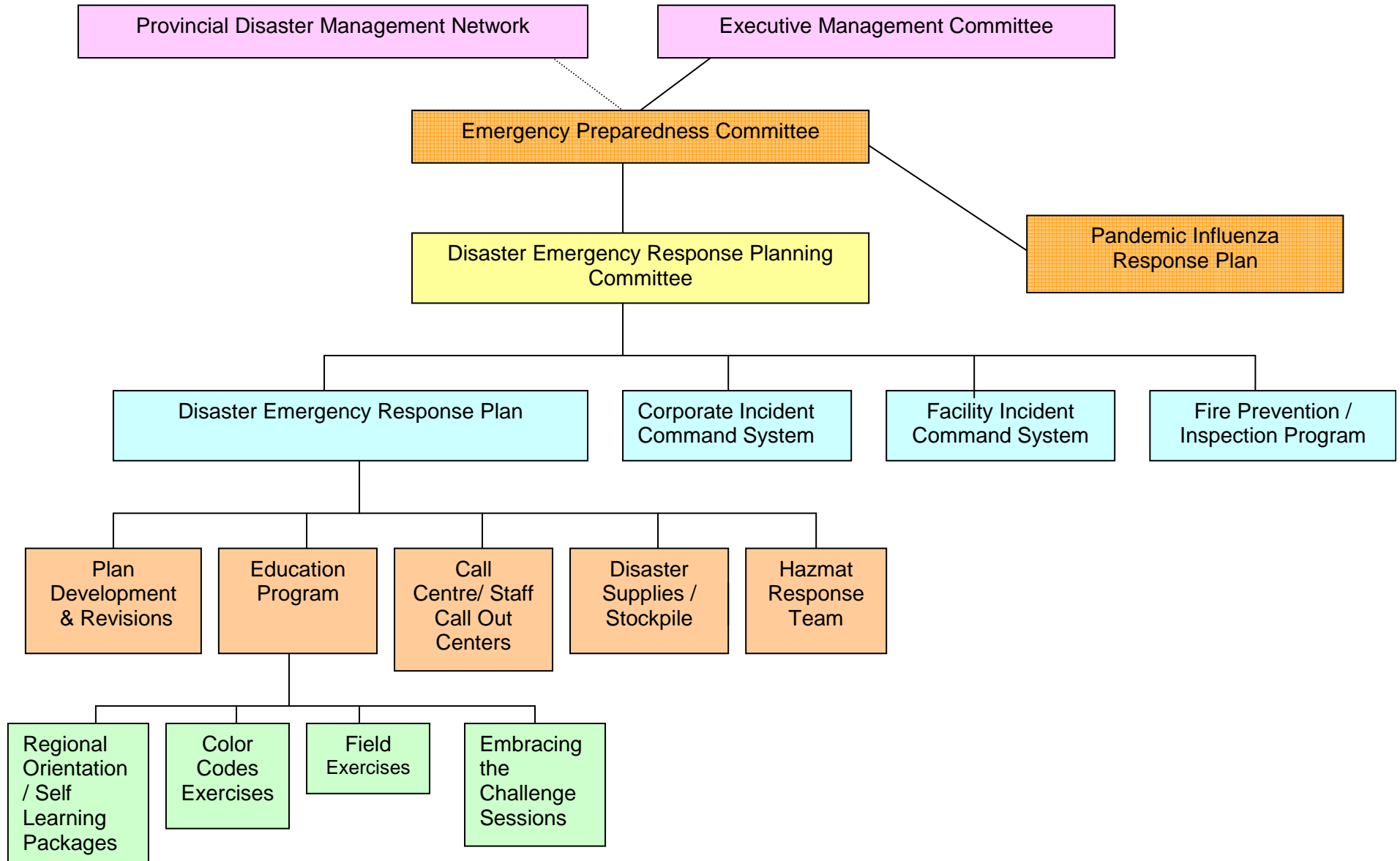
Disaster Emergency Response Planning Committee (DERPC): To develop the necessary structure and processes to ensure a coordinated and timely regional response to any perceived threat or actual emergency or disaster.

Proposed Objectives:

1. To develop and implement a comprehensive Disaster and Emergency Response Plan that would enable all facilities and services within the ARHA to respond to a threat or actual emergency or disaster using a coordinated response.
2. To provide a coordinated approach to implementation, evaluation, revision, and on-going education of the Disaster Plan.

Hazmat Response Planning Subcommittee: To develop and maintain the necessary structure, capabilities and regional resources to ensure a coordinated and timely emergency health response to any HAZMAT threat, actual emergency or disaster within the region in coordination with other provincial emergency response organizations.

Assiniboine Regional Health Authority Disaster & Emergency Response Program



General Policies

1. The ARHA Disaster and Emergency Response Plan will be reviewed and amended as required under the direction of the Disaster Management Officer (DMO) or designate, or at least every 3 years.
2. The review includes drills, exercises and quality improvement.
3. It will be the responsibility of the Manager/Coordinator within each facility to communicate changes within the plan itself or specific facility issues to the staff. Suggestions or concerns regarding the plan or component of may be forwarded to the Emergency Preparedness Committee at epc@arha.ca .
4. A Month Code Facilitator shall be assigned at each facility within the region to coordinate monthly disaster code drills in accordance with the provided scenario schedule and exercise program requirements. There will be a minimum of 10 Month Code Drills conducted at each site within the fiscal year. The intent of the drills is to exercise staff participation so that they may become familiar with the specific codes, procedures and practices. Post event documentation shall be forwarded to the EPC at epc@arha.ca .
5. The ARHA disaster plan will contain the following information:
 - Disaster Code Action Sheets
 - Facility and/or Corporate Incident Command System information and Task Sheets
 - Business Continuity Plans
 - Facility Profiles with Local Resource Lists
 - Site Specific Hazard Risk Vulnerability Assessment
 - Maps (Facility and Community)
 - Emergency Response Messenger System (ERMS)
 - Regional Hazard Analysis
 - Disaster Forms for reporting and documentation.
 - Other information as deemed required.
6. The ARHA Disaster & Emergency Response Plan will be available to all staff within the region.
 - **Quick Reference Guides:** Shall be available in all department areas of each health facility or corporate, regional or satellite office.
 - **Pocket Reference Guides:** Shall be available to all Community Based Services staff – Home Care, Regional Therapy Services, Public and Mental Health.
 - **Binders:** A set of disaster binders shall be available at each health facility in close proximity to the Nurse station. This will include the Facility ICS Bin and Code Orange Triage Bin.
 - **Website:** The plan is available on the Assiniboine RHA main web page. Follow the Disaster Planning link from the main page. The web based version of the plan will be deemed as the current version and will be updated prior to paper copies of the plan.

7. Following the activation of any portion of the plan, the Incident Commander or designate shall complete a Post Event Form-P2 and submit it to EPC via fax 1-204-759-3127 or email epc@arha.ca . Notification shall also be given to the appropriate Area / Program Manager or designate who in turn will carry out the necessary reporting to Executive and Manitoba Health as required.

Risk Management & Mitigation

Understanding and controlling risk requires a systematic approach that extends throughout the organization, using a continuous quality improvement approach, and encompassing the entire continuum of care. The outcome of a fully integrated risk management strategy is a work force capable of recognizing and dealing with risk issues, which results in the protection of the public interest and the maintenance of public trust. The ARHA is committed to managing risk in compliance with the standards developed by professional bodies, Manitoba Health, Health Canada and the Canadian Council on Health Services Accreditation.

Risk management is the business and responsibility of all employees of the region. Any suggestion that may improve client / staff safety or reduce risk may be made by staff to their coordinator or manager. Formalized programs exist within the organization that involves performance of regular inspections to identify and reduce risk. These include but are not limited to:

- Fire Prevention Inspections & Reports
- Work Place Health & Safety Inspections & Reports
- WHMIS – Workplace Hazardous Material Information System

Emergency Response Concept

Within the ARHA, the responsibility to provide an immediate health response to a disaster or emergency is with the nearest health facility or applicable program. As the situation dictates, additional resources from within the region are added. If the local capability is surpassed, the responsibility for the incident moves to either a regional, provincial or federal jurisdiction as appropriate. The role of the initial health facility or program is not diminished as the event escalates.

The health response will be in cooperation with local government authorities and other agencies as deemed by the incident through the implementation or activation of an Incident Command System. When two or more provincial departments are involved, the responsibility to coordinate the response is with the Manitoba Health Office of Disaster Management who will coordinate with MB Emergency Management Organization (MEMO). The role of the health authority or organizational jurisdictions is not diminished.

Responsibility for Implementation of the Disaster Response Plan

Any component of the ARHA Disaster & Emergency Response Plan may be activated / implemented upon recognition of the emergency, disaster or event within any facility or site in the region by any employee. Facility Incident Command shall be established to provide direction, communication, and to implement the plan to manage the event and provide notification to Management and Executive.

The implementation of the Disaster & Emergency Response Plan on a regional scale is at the discretion of the Chief Executive Officer (CEO) or Designate or as directed by MB Health. Corporate Incident Command will be implemented to manage the event. At such time a Regional Operations Centre (ROC) may be activated. At the discretion of the Incident Commander, Corporate ICS may be coordinated remotely across the region utilizing available communications tools such as teleconference, email, webinar, fax and phone to coordinate and implement operations as required.

- Employees may be required to perform duties as assigned that differ from the scope of their job description in order to mitigate the disaster or event.

Responsibility for Implementation of the Regional Operations Centre (ROC)

The implementation for the establishment of the ROC is as the discretion of the CEO or Designate. The ROC may be required for situations or emergencies that affect multiple sites within the region or regional interests as a whole. The ROC location, number and disposition of staff activated will vary dependent on the nature of the event or the discretion of the Incident Commander.

Emergency Costs

All financial costs including but not limited to procurement of supplies and/or equipment, human resources tracking (overtime, payroll, volunteers) shall be documented. The Corporate and Facility Incident Command systems and components of positions activated within each system provide for the coordination of tracking disaster related costs for financial recovery.

Post Event Review

Following the activation of any component of the Disaster & Emergency Response plan the minimum documentation required is completion and submission of the Post Event-P2 Form to EPC at epc@arha.ca or faxed to 1-204-759-3127. Regional policies for Incident Reporting or other reports shall also be completed as required or requested.

The Disaster Management Officer (DMO) or designate, may facilitate the post disaster / emergency/ review and prepare an organization post disaster / emergency report.

Glossary of Terms

Action Sheet	The colour coded sheets used in the ARHA Disaster Plan Quick Reference Guides to provide direction and documentation for a specific event. Specific colour code plans.
BSI	Body Substance Isolation- A procedure used to prevent being contaminated by a patient's body fluids. Usually includes gloves, eye protection, gown or other such equipment.
CANUTEC	The Canadian agency responsible for providing information to first responders during the initial phase of a Hazmat incident.
CIS	Critical Incident Stress – Any situation causing unusually strong emotions that may interfere with ones ability to function
CIS Debriefing	A session usually held within 24-72 hours of a critical incident where a team of peer counsellors and mental health professionals work through emotions that result from the incident.
Client	Refers to a patient, resident, or clients of the facility
Coordinator	Refers to the Facility (FC) or Client Care (CCC) or District (DC) Coordinator
CPC	Chemical Protective Clothing
Crisis Centre	Site selected to oversee local operations during an emergency or disaster.
Defuse	Reduction of the intense reactions to the traumatic event.
EOC	Emergency Operations Centre – The municipal equivalent of the Regional Operations Centre. A location where disaster operations are coordinated by the representatives from the local agencies.
EMS	Emergency Medical Services (Ambulance)
ERMS	Emergency Response Messenger System – The mass notification system used to notify employees of the activation of the disaster plan in their facility or program.
Hazmat	Hazardous Materials

HARS	Heat Alert Response System – used in reference to Severe Heat Emergencies and related policy or procedure.
Heat Alert	Warnings issued by MB Health to warn the public and health regions about severe heat. Emergency heat plans may be required to be activated as a result.
HVAC	Heating, Ventilating, and Air Conditioning systems or appliances
HICS	Health Incident Command System
HEICS	Health Emergency Incident Command System – present Incident Command model used by the ARHA. Provides organizational structure, communications and documentation to manage the crisis or disaster event.
IC	Incident Commander – The person whom is in charge of managing or coordinating the disaster response.
ICS	Incident Command System – Utilizes an incident command structure to promote organization, communication, and documentation as well as specific plans for managing the disaster event.
Incident	For the purpose of the plan it refers to any disaster, event, emergency or situation that requires a response involving the ARHA Disaster & Emergency Response Plan.
Internal Refuge	A relocation area within a facility where staff and clients may be relocated for safety during Severe Weather. The site shall be away from windows and glass, preferably an internal hallway with a narrow span to provide support in the event of building collapse.
Mass Casualty	Any incident involving multiple casualties that overwhelms the local resources ability to cope under normal or routine operations.
MEMO	Manitoba Emergency Measures Organization – The provincial organization that is the single point of contact for obtaining provincial and or federal assistance.
Mitigation	Preventative actions taken prior to or in an attempt to decrease the severity of an event.

MSDS	Material Safety Data Sheets – contain information related to the specific details of a hazardous product for the purposes of safe handling, clean up or exposure.
Nurse in Charge	The supervisory person in charge of the nursing function within the healthcare facility for any designated shift.
PIO	Public Information Officer
PPE	Personal Protective Equipment
RACE	The acronym to be followed upon the discovery of fire or smoke: R- rescue A- alarm C- contain E- evacuate, or escape the area
Refuge	A temporary location to be used for relocation of clients and staff during a stat evacuation. The refuge shall be detached from the site being evacuated.
ROC	Regional Operation Centre – This is the location designated by the Incident Commander to coordinate the disaster operations and responses from. Personnel consist of corporate staff, managers and as delegated by the IC.
Shelter in Place	Code Grey Operations – involves the shut down of all HVAC equipment and the restriction of entry or egress from a site to prevent contaminated air from entering the building. This may also be referred to as “Air Exclusion”.
Staging Area	A designated and marked area where equipment is stockpiled for use at an emergency scene.
Task Sheet	A quick reference guide sheet used in the Incident Command Systems to describe position mission, responsibilities, and required actions to help manage the event.
Triage	A rapid sorting of casualties by medical condition in a multiple casualty situation to determine which casualty will receive priority treatment and transport based on the availability of resources and the demands of the situation.
Triage Tag	Also known as METTAG. Designed to provide identification to a casualty and indicate priority for transport, medical condition and vital signs.

Transport Officer EMS personnel responsible for coordinating the transport of casualties from the scene to the destination.

WHMIS Workplace Hazardous Material Information System – Used to identify and classify dangerous materials and the labelling of.