DEEP RIVER AND DISTRICT HEALTH

Policy: Emergency Operations Centre (EOC) Policy				
Original Date: 2017-07-17	Policy Manual: Emergency Preparedness			
Approved by: Board of Directors Chief Nursing Exec	⊠ Chief Executive Officer	□ Chief Financial Officer		

Policy

To provide guidelines for the operation of the Emergency Operations Center (EOC) in the event of an emergency situation or incident, either externally and internally.

Procedure

Emergency Operations Center (EOC) Function

In the event of an internal or external emergency, the EOC will be established. The function of the EOC is to bring together the Incident Management Team (IMT) to exchange information, assess the emergency situation, and determine appropriate response procedures. Brief, uninterrupted meetings will be held to assess the situation, review new information, and discuss strategies. The EOC facilitates efficient and effective communications by providing a central location and form for planning meetings, shift briefings, media briefings, and public information releases. Once activated, the EOC will remain in effect until the "all clear" is given by the Incident Commander.

The EOC will be assembled upon hearing of the following codes:

- Code Black
- Code Green
- Code Grey (as determined by Incident Commander/Admin-on-Call)
- Code Orange
- Code Purple
- Code Red
- Code Silver
- Or at the discretion of the Incident Commander/Admin-on-Call for any other emergency situation, including a disease of Public Health significance (ex: epidemics and pandemics) as deemed necessary.

If directed by the Incident Commander/Admin-on-Call, the IMT fan out list will be initiated (EOC members only) and they will present on-site as soon as possible.

IMT Member Response After-Hours:

- The first member of the IMT to arrive will proceed to the nursing station and check in with the Charge Nurse to collect the EOC key from the key box and proceed to the Classroom to initiate the EOC.
- Open the Classroom and bring EOC cabinet into the room.
- Open the EOC cabinet, and lay out IMT vests and job action checklists for each role.

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• Command, Operations, Logistics, Planning, Finance and Administration.

Immediate functions include:

- Activating of business continuity plans internally (See *Business Continuity Plan* on the document management system).
- Approving a plan for demobilization of patients/residents.
- Authorizing the release of information to news media.
- Ensuring co-ordination of systematic evacuation of the facility should that become necessary, including the procurement of appropriate vehicles in sufficient numbers for relocation of patients/residents.
- Ensuring adequate supplies of consumables, and approving the waiving of normal purchasing mechanisms, if necessary, to provide uninterrupted access.
- Ensuring that all units required by the disaster are adequately staffed and functioning.
- Ensuring that effective liaison, communications and co-ordination exists.
- Evaluation of impact on business continuity and determining appropriate corrective action.
- Maintaining log of events, major decisions made, and actions taken by the facility during the disaster, and record of actions.
- Managing the recovery phase and business resumption.
- Obtaining regular reports.
- Obtaining support from and/or sharing resources with neighboring health care facilities and other agencies in order to permit continued functioning during the disaster.
- Organizing debriefing of EOC, staff, and other key participants throughout and at the conclusion of the crisis.
- Planning for facility-wide staffing requirements, beyond immediate needs, should the disaster exist for an extended period or expand unpredictably.
- Planning for ongoing operation of the facility over a longer time-frame and with broader focus than that envisioned in individual program plans.
- Setting priorities and allocating resources internally and among any other health care facilities
 affected and with community agencies and municipal officials involved or responsible for the
 mitigation of the disaster.
- Determining the scope of the incident.

Location

The EOC is located in the Classroom at DRDH.

The alternative location if the Classroom is not accessible is the CEO Office.

In the event that the EOC cannot be established on-site, a room at the Town of Deep River municipal office may be used. The Incident Commander will contact the Town to gain access to the building. The contact numbers are available on the Admin-on-Call – Support Contacts list.

Attendance

Attendance is <u>mandatory</u> for those identified herein. Attendance at meetings is to be treated as the top priority so that an appropriate, planned response may be implemented.

<u>Roles</u>

The Incident Commander will designate an appropriate representative to participate in the EOC in the event that a member is not present.

If a designated role is not available at the time an EOC is called, designated lines of authority and success are identified in the Master Business Continuity Plan and will be employed. Based on the

nature of the emergency and needed response, roles may be reallocated at the discretion of the Incident Commander.

Additional roles may be allocated if specific subject matter experts are needed.

Members of Incident Management Team (IMT)

See Appendix C for IMT Job Action Checklist

- Incident Commander (Green Vest) Chief Executive Officer (CEO) Preferred Backup – Executive VP or Admin-on-Call
- Administrative Support (Purple Vest) Administrative Assistant as designated by Incident
 Commander
- Information & Liaison Officer (White Vest) Communication Coordinator or designate as assigned by Incident Commander Preferred Backup – Admin-on-Call or Executive VP/CFO
- Finance Chief (Grey Vest) Executive VP/CFO Preferred Backup – Manager of Operations
- Logistics Chief (Yellow Vest) Manager of Operations or designate assigned by Incident Commander
 - Preferred Backup Project Coordinator
- Operations Chief (Orange Vest) VPCS/CNE or designate as assigned by Incident
 Commander

Preferred Backup – Manager of Clinical Services – Acute Care

- **Planning Chief (Blue Vest)** Manager of Clinical Services Director of Care Preferred Backup – Project Coordinator
- Safety Officer (Red Vest) Manager of Clinical Services Acute Care Preferred Backup – Manager of Clinical Services – Primary Care

Additional members may be added when necessary, and may include the following:

- Chief of Staff/President of Medical Staff/LTC Medical Director
- Infection Prevention and Control Nurse
- Fire Official
- DRPD or OPP Representative (as appropriate)
- Ambulance Services Representative
- Town of Deep River Representative and other local municipalities
- Medical Officer of Health or Public Health representative
- Any other agency/person possessing expertise and knowledge on the emergency situation

EOC Configuration

The layout of the EOC will be determined by several factors, including:

- Number of members of the IMT
- Size and shape of the room available for EOC
- Location of communications systems equipment to be utilized
- Lessons learned from previous incidents, or mock codes requiring EOC set up

The following aspects should be considered when designed the layout of the EOC:

- IMT functional sections (command, planning and logistics, etc.) should be positioned adjacent to displays that require input and posted information they manage
- The Incident Commander should be located so that they can be easily informed at all times the status of the incident
- IMT members whose functional responsibilities cause them to interact frequently or have a need to coordinate together should be co-located

Virtual EOC

- At the discretion of the Incident Commander, and as required based on the nature of the incident, the EOC may decide to meet virtually.
- Virtual EOC meetings shall hold the same requirements for attendance, responsibility and format, and are permitted to support enhanced communication and response in the event not all members are on-site during an incident, or if by nature of the incident, gathering the IMT in one setting may pose additional risk.
- Whenever possible, virtual EOCs shall be used as a last resort when all members of the team are unable to meet in person.

EOC Demobilization

- Following demobilization of the EOC, at the call of the Incident Commander, a debriefing will be completed in order to determine lessons learned and opportunities for improvement in emergency response.
- Consideration of stakeholder input into the debriefing process will be made, specifically to include staff engaged in the emergency response and well as patients, residents or family members that were affected by the incident.
- A review of staff and team member safety, including both physical and psychological, needs post incident will be reviewed to determine appropriate supports.
- Results of the debriefing will be presented to the Emergency Preparedness Team for action
- A review of emergency code policies that were utilized during the course of the incident will be conducted to identify any areas of improvement in policy based on learned experience during the emergency response.
- Debriefing will be conducted in accordance with the organization's Debriefing After Emergency Code policy.

Materials and Supplies

- Appendix A Emergency Operations Center Set Up
- Appendix B Emergency Operations Center Equipment List
- Appendix C List of Incident Management Team Job Actions
- Appendix D Emergency Operations Center Agenda and Minute Templates
- Debriefing After Emergency Code Policy

Definitions

EOC: The EOC is a designated and appropriately equipped location where the Incident Management Team (IMT) of Deep River and District Health (DRDH), comprised of the Deep River and District Hospital, the Four Seasons Lodge, and the North Renfrew Family Health Team, assemble to manage the response to an emergency or disaster.

Incident Management Team – a group of people designated to manage the logistical, fiscal, planning, and operational and safety issues related to an incident/emergency; an Incident Management Team will provide the command and control infrastructure that is required.

Incident Action Plan – an organized course of events that addresses all phases of incident control within a specified time. An IAP is necessary to effect successful outcomes in any situation, especially emergency operations, in a timely manner.

Reference Documents	•	OHA Emergency Toolkit
	•	OHA Incident Management System for Healthcare Facilities
	•	Emergency Management Ontario – Basic Emergency Management
	•	Fixing Long Term Care Act, 2021
	•	Ontario Regulations 246/22
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Version approved for printing by Chief Executive Officer.

Janna Hotson

Signature

2024-12-03

Date of printed approval:

Appendix A – Emergency Operations Setup

General considerations for setup of EOC:

- **Safety and Access:** The EOC must be accessible for 24-hour operations and a safe location for operations.
- Office Space: The EOC must have adequate space to support the activities of the IMT. Adequate space is important to be able to co-locate functional areas (Planning, Logistics etc.) and agencies that need to interact with each other, as well as provide for access to communication and display systems.
- **Lighting:** The EOC must have adequate lighting for staff to carry out their duties. An auxiliary power source is mandatory of the EOC, either permanently hardwired for the facility or the ability to convert to an external power source in minimal time and disruption.
- **Heating and/or Cooling:** Similar to adequate lighting with the same needs for auxiliary power and/or auxiliary sources of heating/cooling.
- **Security:** The EOC must be easily secured against intrusion. Access to the EOC should be limited to only authorized personnel and staff.
- **Communications Equipment:** It is vital that the EOC have adequate communications equipment that is accessible to all authorized personnel.
- **Telephones:** Multiple handsets, incoming and outgoing lines, and switchboards are required to handle the information flow of an incident. Several phone lines should be available.
- **Fax Machines:** For transmittal of hard copy information. At least two fax machines should be provided, one for outgoing and one for incoming messages.
- **Computers:** Computer hardware with adequate data storage space, priority use, and support personnel for the management of incident information data. External back up sources are strongly recommended.
- **Television Sets and Radios:** Adequate number of TVs and radios should be provided to the EOC to monitor press releases, news media and to gather incident information.
- Area for Briefings: An area separate from main EOC where briefings, strategy meetings, or news media briefings can be held without adversely impacting EOC Operations.
- **Food Service:** An adequate area for serving and/or preparing meals and/or foodstuffs should be available to the IMT. The IMT must be fed, and if possible meals should be prepared onsite. If this is not feasible, outsourcing meals must be arranged. At the very least, hot and cold beverages and snack food should be made available at the EOC.
- **Toilets:** Adequate toilet facilities should be provided for IMT. Consider portable facilities if building infrastructure (water, sewer) are damaged or inoperable.
- **Office Supplies:** An adequate amount of office supplies and equipment such as tables and chairs to support the IMT need to be available.
- Limit Noise Level: A relatively quiet work area is required for all functional areas to conduct business efficiently and effectively. All means should be taken to minimize noise disturbance in the EOC from equipment (e.g., generators, apparatus, and machinery) media briefings and congregations of people.

Appendix B – Emergency Operations Center Checklist

Infrastructure	o Job Action Sheets
o Auxiliary Power	
	o Maps and Map Pens
	o Flip Chart Easel
0	o Flipchart Paper pads
•	o Large Manilla Envelopes 12"x16"
o Physical Needs	o Stapler and Staples
 Hot/Cold Beverages Food 	o Paper Clips
	o Staple Puller
o Restrooms	o Push Pins
General Office and	o Masking Tape
Communications Equipment	o Writing Pads
o Telephones	o Pencils
\circ Classroom ext. 7010	o Sharpie Markers assorted colours
 Sunroom ext. 7015 	o Pens, black and red ink
 Switchboard 	o Rubber Bands
o Fax Machine	o Scotch Tape
o Laptops with docking stations	o Erasers
o Clocks (Battery Operated)	o Standard File Folders
o Televisions	o Post-It Notes
o Radios	o Legal Size Writing Pads
o Walkie-Talkie Two Way Radios on a	o Legal Size Clip Boards
separate frequency	o Three Hole Punch
o Extension Cords and Power Bars	o File Folder Labels
o Tables and Chairs	o Copy and Fax Paper
o Projector with Screen	o Printer Paper
	o Banker Boxes for Filing
Office Supplies and Miscellaneous	o Name Tags with Role
o Bulletin Boards	o Identification Vests identifying each role
o Display Boards	o AAA Batteries
o Organizations Floor Plan	o AA Batteries
o Forms	o C Batteries
○ Event Log	o D Batteries
 Situation Report 	
 Media Release 	
 Information/Resource Request 	

Appendix C - List of Incident Management Team Job Actions

Incident Commander

- Chief Executive Officer will act as the Incident Commander.
 - o In their absence, the Executive VP or Administrator on Call will assume this role.
 - In the event that a senior administrative staff member is not on site, the Charge Nurse on the medical floor will be the interim lead until a senior administration staff member is on site.
- Responsible for the overall management of the incident.
- Responsible to identify designate team members in the absence of team members
- Initiates, organizes and directs the Emergency Operating Centre (EOC)
- In charge of the response and coordinates all responses in support of the emergency
- Arranges routine debriefings, reviews next steps and assigns tasks
- Declares an incident over and deactivates the IMS

Finance Chief

- Chief Financial Officer or (designate as identified by Incident Commander)
 - In their absence, the Manager of Operations will assume this role
- Tracks incident costs and monitors the utilization of financial assets
- Oversees the acquisition of supplies and services necessary to carry out the organization's medical mission
- Supervises the documentation of expenditures
- Ensures necessary processes in place for later financial recover

Information and Liaison Officer

- Communications Coordinator will act as Information and Liaison Officer.
 - In their absence, the Admin-on-Call, Executive VP/CFO or Administrator on Call will assume this role.
- Acts as conduit for relevant information between the organization and other agencies/stakeholders. Also attends meetings to gather and share relevant information.
- Fields all media inquires
- Media and public information specialist
- Develops and provides information about the incident to the news, media, incident personnel, staff and other appropriate agencies/organizations

Logistics Chief

- Manager of Operations or (designate as identified by Incident Commander)
 - In their absence, the Project Coordinator will assume this role
- Responsible for delivering required resources, both material and human to where they are required to effectively manage an emergency.
- Organizes and directs those operations associated with the maintenance of the physical environment, and ensure adequate food, shelter and supplies to support the medical objectives

Operations Chief

- Chief Nursing Executive or (designate as identified by Incident Commander)
 - In their absence, the Manager of Clinical Services-Acute Care will assume this role
- Responsible for operating the core business functions of not only the emergency response but also for the service delivery of daily operations, ensuring that all work areas have staff and resources
- Organizes and directs aspects relating to the Operations of the organization
- Carry out directives and incident objectives as set by the Incident Commander

• Coordinates and supervises work direction of staff at the incident

Planning Chief

- Manager of Clinical Services Director of Care or (designate as identified by Incident Commander)
 - In their absence, Project Coordinator will assume this role
- Gathers all of the data for incident management
- Responsible for development of the Incident Action Plan
- Situation analysis & planning (short/long term goals)
- Research/Scientific Expertise (data collection and analysis)
- Recovery Planning

Safety Officer

- Manager of Clinical Services Acute Care or (designate as identified by Incident Commander)
 - In their absence, Manager of Clinical Services-Primary Care will assume this role
- Consults and liaises with Occupational Health & Safety, Infection Prevention & Control, Risk Management, Radiation Safety Officer as required
- Responsible for the safety of staff, both physical and psychological safety, during the emergency
- Maintains the authority to <u>temporarily</u> suspend any plan, strategy or procedure considered to be unsafe