

**Section:** Emergency Disaster Management

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### Purpose

The purpose of the policy is to apply the framework for Basic Emergency Management principles and to describe the incident management structure (IMS) concepts and functions that will guide the Haliburton Highlands Health Services (HHHS) in responding to an event that creates an emergency.

### Definitions:

**Internal Emergencies** are emergency incidents occurring within the Hospital. Examples are fire, hazardous material spill, or bomb threat.

**External Emergencies** occur in the community but affect the Hospital either through interfering with operations, or by creating a sudden increase in additional patients. Examples of these include community mass casualty incidents, hazardous material spill, or a communication breakdown.

**Emergency** – The “Fixing Long Term Care Act (FLTCA (2021) defines an emergency as “an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of

[Patients, Residents, Clients, Visitors, Staff] and others attending the [Facility] that requires immediate action to ensure the safety of the persons in the [Facility].”

**Emergency Management** is defined as an ongoing process to prevent, mitigate, prepare for, respond to and recover from an incident that threatens life, property, operations and/or the environment.

### **Categories of Hazards**

**Natural:** resulting from the forces of nature (e.g. atmospheric, geological, and hydrological).

**Human-Caused:** the direct result of human criminal actions (Chemical, Biological, Radioactive, Nuclear, Explosive).

**Clerical:** resulting from the transportation or manufacture of certain substances such as gas, oil, and chemical.

### **Phases of an Emergency**

1. Pre-emergency: any time prior to an emergency.
2. Warning: time can be predictable, such as a snowstorm; or unpredictable, such as an act of terrorism or tornado.
3. Impact: time varies as the emergency strikes.
4. Response: may overlap with the impact phase in a gradual emergency.
5. Recovery: immediate, intermediate, and long-term plan.

### **Incident Management Structure (IMS)**

#### Strategic Level

- Incident Commander – CEO or designate.

#### Tactical Level

- Coordinators such as Operations, Liaison, Logistics, Planning

#### Task Level

- Front line

### **Incident Command Centre (ICC)**

Location: Boardroom – the headquarters of the ICC will be the Boardroom, located at each site.

When an incident is imminent or occurring, the ICC is activated by **CEO or designate**.

The Executive Assistant(s) in collaboration with the Information Technology and Communications staff (Helpdesk) ensure sufficient equipment and functioning of the ICC.

The ICC phone lines (Hali ext 2251, Minden ext 3237) will be set up if needed.

Other administrative offices can provide additional ‘breakout space’ for specific and related functions if required.

**Functions of Manager on Call:**

- Reports directly to ICC upon notification of the alert and assumes the role of Incident Command until relieved by a member of the ELT.
- Notification to management will be the responsibility of the CEO or the MOC (after hours, weekends, holidays).
- Initiate appropriate emergency procedure.

**Functions of President & CEO or ELT on Call:**

- Reports directly to ICC upon notification of the disaster alert and assumes the role of Disaster Coordinator.
- Notification to management will be the responsibility of the CEO or the MOC (after hours, weekends, holidays).
- Maintains liaison with community partners.
- If required, assigns delegate to represent HHHS at Haliburton County command centre.

**Functions of Vice President(s)/Chief of Staff:**

- Reports directly to ICC upon notification of disaster.
- Vice President of Clinical services, in collaboration with managers, will determine the need to cancel outpatient services or other elective services/procedures.
  - During a disaster period, all elective admissions may be cancelled or redirected depending on the status of the admission. This decision will be made by the Vice President of Clinical Services in collaboration with the Chief of Staff.
  - The Chief Nursing Executive (CNE) or designate will activate the disaster documentation in Epic by implementing: Disaster Documentation Policy ([POL.MED.38995](#) ).
  - Connect with regional partners advising them of the emergency state.

**Functions of Director of Facilities**

- Report directly to ICC.
- Provide updates to CEO/ELT.
- If required, represent HHHS at Haliburton County command centre.

**Functions of Clinical Managers:**

- Be the liaison between the ICC and the various clinical areas to address needs.
- Monitor patient flow which includes ED volumes, admission and discharges.
- Communicate with patients, residents and families.
- Determine requirements of outpatient needs in conjunction with the CNE/COS.

**Functions of Executive Assistants:**

- Report to Incident Command Centre.
- Responsible for tracking information and Minutes from meetings.
- Assist as directed.

**Functions of Chief Communications Officer or designate:**

- Reports directly to ICC.
- Refer to Emergency Communication Plan ([GU.ALL.36873](#)).

In the event of an emergency, staff are to report to the site affected by the emergency or if weather related, the closest site to their home.

ICC updates will occur in person/via Teams at 1000 and 1600 hours daily. Updates will be communicated immediately following the meeting.

**Declaring the end of an Emergency Event**

An emergency code can only be declared over by the CEO after consultation with emergency services and ELT.

All Emergency Codes will have a debrief within four to six weeks to review processes and adjust policy.

