

Emergency Management Program



VAUGHAN
COMMUNITY HEALTH CENTRE

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TABLE OF CONTENTS

VAUGHAN COMMUNITY HEALTH CENTRE’S EMERGENCY MANAGEMENT PROGRAM	3
THE EMERGENCY MANAGEMENT COMMITTEE	5
PLANNING ASSUMPTIONS	6
HAZARD IDENTIFICATION AND RISK ASSESSMENT	6
MITIGATION AND PREPAREDNESS STRATEGIES IN PLACE	15
<i>General coordination and readiness</i>	<i>15</i>
<i>Business continuity consequences.....</i>	<i>16</i>
<i>Emergency response & recovery consequences</i>	<i>20</i>
EXTERNAL ORGANIZATIONAL AUTHORITIES.....	21
THE JOINT HEALTH AND SAFETY COMMITTEE	22
EMERGENCY RESPONSE PLAN	23
MANAGING AN EMERGENCY.....	23
COMMUNICATIONS	25
STAFFING DURING AN EMERGENCY.....	26
HEIGHTENED NEED FOR OUTREACH	27
NEED TO SUPPORT PARTNER ORGANIZATIONS	27
SURGE IN DEMAND FOR SERVICES	28
CONTINUITY OF OPERATIONS PLAN	29
SERVICE AND OPERATIONS PRIORITIZATION AND DISRUPTION.....	29
HEALTH & SAFETY THREAT	32
EVACUATION / LACK OF ACCESS TO SITE / TEMPORARY CLOSURE.....	34
INSUFFICIENT STAFFING	37
INSUFFICIENT SUPPLIES / EQUIPMENT	37
POWER FAILURE.....	38
INFORMATION TECHNOLOGY SYSTEMS FAILURE	38
INFECTIOUS DISEASE PLAN	39
DURING AN OUTBREAK OF INFECTIOUS DISEASE.....	41
HUMAN RESOURCES CONSIDERATIONS.....	42
INFECTION PREVENTION AND CONTROL.....	42
APPENDIX 1: ACRONYMS	43

**APPENDIX 2: DEMONSTRATIONS, THREATS, SUSPICIOUS MAIL
PROTOCOL 44**

APPENDIX 3: HOSTAGE SITUATIONS 45

APPENDIX 4: CRISIS CART 46

APPENDIX 5: STAFF EMERGENCY SKILLS INVENTORY 47



EXECUTIVE SUMMARY

Vaughan Community Health Centre (VCHC) is committed to providing a safe and healthy environment for clients, staff, students, volunteers and other people who use the facilities, as well as serving the community when it faces acute health and safety threats. The objectives of VCHC's emergency management program are:

- To minimize and effectively manage service disruption
- To protect the health and safety of staff, clients and other stakeholders
- To safeguard the VCHC's property including records and information

The Emergency Management Committee (EMC) is responsible for all aspects of the Emergency Management Program including program development, evaluation and continuous improvement.

A hazard identification and risk assessment identifies environmental, hazardous material, health, public safety, structural and supply hazards of moderate to very high risk to VCHC. These hazards may lead to consequences for both continuity of operations and need for emergency response and recovery:

Continuity of operations consequences

- Evacuation / lack of access to a site / temporary closure
- Health and safety risks (including staff mental health)
- IT systems failure
- Insufficient staffing
- Insufficient supplies/equipment
- Power failure

Emergency response & recovery consequences

- Heightened need for outreach to community
- Need to support partner organizations
- Surge in demand for services

VCHC maintains a range of mitigation and preparedness strategies for these consequences. The EMC identifies and leads responses needed, which may include establishing temporary roles of Emergency Lead, Communications Lead and Staffing & Safety Lead to supplement people's usual responsibilities.

VAUGHAN COMMUNITY HEALTH CENTRE'S EMERGENCY MANAGEMENT PROGRAM

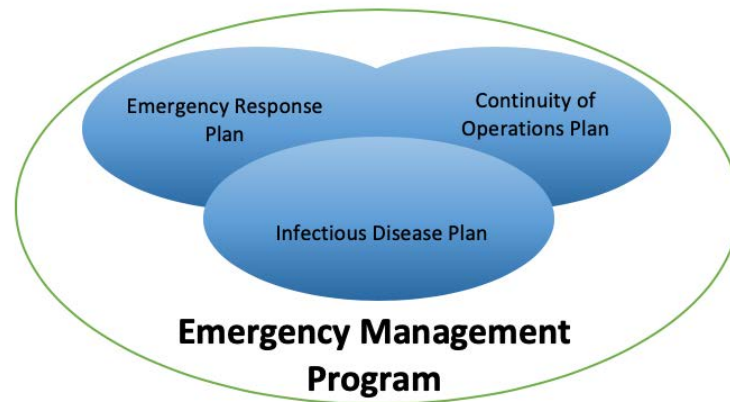
Vaughan Community Health Centre (VCHC) is committed to providing a safe and healthy environment for clients, staff, students, volunteers and other people who use the facilities, as well as serving the community when it faces acute health and safety threats. There are numerous potential hazards that VCHC and the community face that can lead to emergencies. VCHC's program is based on the definition of an emergency in the [Emergency Management and Civil Protection Act](#): "a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident, or an act whether intentional or otherwise."¹

To address these challenges, VCHC has developed an Emergency Management Program outlined in this document, which is divided into four sections.

- The Emergency Management Program (this section) is the foundation. The purpose of this section is to outline the objectives, structures, context and policies of VCHC's Emergency Management Program. It includes a Hazard Identification and Risk Assessment (HIRA) and a focus on preparedness for emergencies from both an emergency response / recovery perspective (threats to clients and community) and a continuity of operations perspective (threats to infrastructure, including insufficient staffing).
- The [Emergency Response Plan](#) (ERP) outlines how the VCHC responds to / recovers from an emergency situation that threatens the health or safety of clients and community.
- The [Continuity of Operations Plan](#) (COOP) outlines how VCHC prioritizes and promotes the continued operation of services during / after an event that threatens or disrupts a key piece of VCHC's infrastructure (including staffing).
- The [Infectious Disease Plan](#) is a hazard-specific plan that provides greater detail on continuity of operations strategies and emergency preparedness, response and recovery strategies as they pertain to outbreaks of infectious diseases.

As visualized in the following figure, plans included in the emergency management program have overlapping concerns and may be implemented at the same time.

¹ Based on this definition, this plan does not include medical emergencies. It does include emergencies that take place only on site such as workplace violence and localized fires and flooding.



The objectives of VCHC's emergency management program are:

- To minimize and effectively manage service disruption
- To protect the health and safety of staff, clients and other stakeholders
- To safeguard the VCHC's property including records and information

The program is guided by the values of the organization:

- Accountability
- Belonging
- Collaboration
- Equity
- Excellence

All staff are accountable to participate in and comply with requirements of this program, in coordination with other accountabilities such as those that may arise through professional requirements.

THE EMERGENCY MANAGEMENT COMMITTEE

The Emergency Management Committee (EMC) is comprised of:

- Executive Director (ED)
- Programs & Services Director
- Finance & Corporate Affairs Manager
- Allied Health Programs Coordinator
- Chronic Disease Prevention & Management Coordinator
- Keswick Site Coordinator
- Reception & IT Services Team Lead
- Executive Assistant

The ED chairs the EMC and may augment it with additional staff or specialists appointed for a specific emergency or purpose, such as medical input. The EMC is responsible for all aspects of the Emergency Management Program including program development, evaluation and continuous improvement. In particular the EMC is responsible to review and update this document annually. It oversees all phases of emergency management – including mitigation/prevention, preparedness, response and recovery. The EMC has a responsibility to monitor for hazards at all times – for example all members of the EMC subscribe to alerts² and monitor for updates from the [Ministry of Health](#) (MOH), [Ontario Health](#), [Public Health Ontario](#), the [Central Local Health Integration Network](#), [York Region Emergency Management](#), [York Region Public Health](#) and [Vaughan Emergency Management](#). The EMC meets regularly to review new hazard information, new health sector plans, and to meet responsibilities outlined in this document. The EMC saves materials on the intranet.

The EMC also maintains collaborative and mutually supportive relationships with other organizations in support of emergency management and continuity of operations capacity, including as part of the Western York Region Ontario Health Team and the Toronto CHC Network.

PLANNING ASSUMPTIONS

- An emergency or a disaster may occur at any time of the day or night, weekend, or holiday, with little or no warning.
- The events in an emergency or disaster are not predictable; therefore, response and recovery plans serve only as guides requiring adaptation to the particular circumstance.
- Disasters may be community wide. Therefore, it is necessary for VCHC to plan for, and carry out, disaster response and recovery operations in conjunction with local partners.

HAZARD IDENTIFICATION AND RISK ASSESSMENT

The following analysis includes the [hazards](#) that the Office of the Fire Marshal and Emergency Management identified for Ontario. The analysis takes into account the infrastructure, location

² For example, from the [Office of the Fire Marshal and Emergency Management](#) (OFMEM), [Hydro One](#) and [Alert Ready](#)

and mission³ of VCHC and its Keswick satellite as well as the likelihood and impact of the hazards.

Category	Hazard	2017 City of Vaughan risk rating	VCHC notes	VCHC risk / priority rating
Agricultural and food emergencies	Farm animal disease			Very low
	Food contamination			Low
	Plant disease or infestation			Very low
Environmental	Avalanche			Very low
	Drought or low water			Very low
	Earthquake		Vaughan has not experienced an earthquake in many years	Very low
	Erosion			Very low
	Extreme cold			Low
	Extreme heat		York Region identified as a top 10 hazard In 2019 Vaughan declared an emergency related to global climate change.	Moderate
	Flooding ⁴	High (summer storm)	York Region identified as a top 10 hazard	Moderate
	Fog			Low
	High wind		York Region identified as a top 10 hazard	Low ⁵
	Hurricane			Very low
	Land subsidence			Very low
Landslide			Very low	

³ Together with our community, we address disparities in health outcomes, promote health and well-being by addressing the social determinants of health and providing exceptional client-centred community health services.

⁴ Defined here as flooding in the community

⁵ See tornado

Category	Hazard	2017 City of Vaughan risk rating	VCHC notes	VCHC risk / priority rating
	Lightning			Very low
	Storm surge			Very low
	Thunderstorm			Low
	Tornado	Moderate ⁶	York Region identified as a top 10 hazard In 2009 Vaughan declared an emergency when two tornados struck. ⁷	Moderate
	Wildland fire	Moderate		Low
	Winter weather	Moderate (ice storm)	York Region identified as a top 10 hazard Vaughan received funding through the Ontario Disaster Relief Assistance Program for extensive damage caused by the 2013 ice storm disaster.	Moderate
Extraterrestrial	Space object crash			Very low
	Space weather			Very low
	Chemical	Very High		High

⁶ The first hit the Woodbridge neighbourhood in the southwest part of the city, flipping cars, damaging dozens of homes - many severely - as well as numerous businesses and a school. The second tornado struck the Maple neighbourhood in the northeast part of the city, causing a 2.7 km (1.7 mi) long path of damage to dozens of homes. Over six hundred homes in the city were damaged by the tornadoes, with over forty of them being deemed uninhabitable immediately after the event.

Category	Hazard	2017 City of Vaughan risk rating	VCHC notes	VCHC risk / priority rating
Hazardous materials ⁸	Nuclear	Very High	VCHC is approximately 53 kilometres from Pickering Nuclear Generating Station ⁹	High
	Oil or natural gas	Very High		High
	Radiological	Very High		High
Health	Water quality	Moderate (drinking water emergency)		Moderate
	Infectious disease		York Region identified as a top 10 hazard In 2020, Vaughan declared an emergency related to the COVID-19 pandemic.	Very high
	Substance use & overdose		York Region currently experiences lower impacts of opioid use compared to other Ontario counties although opioid harms in the Region continue to rise. ¹⁰	Moderate
Public safety	Active threat			Low
	CBRNE (chemical / biological / radiological / nuclear / explosive)	Moderate		Low ¹¹

⁸ Defined here as a spill / release in the community

⁹ This puts VCHC in the Ingestion Planning Zone: Sub-zone B (between 30 and 50 km) of the [Provincial Nuclear Emergency Response Plan](#).

¹⁰ [York Region Opioid Action Plan](#) (2019)

¹¹ However, see hazardous material section

Category	Hazard	2017 City of Vaughan risk rating	VCHC notes	VCHC risk / priority rating
	Civil disorder			Low
	Crowd disaster		VCHC is approximately 350 metres from Canada's Wonderland ¹²	Low
	Cyber attack	Very high	York Region identified as a top 10 hazard	High
	Electromagnetic pulse			Very low
	Geopolitical pressures			Very low
	Sabotage			Very low
Structural	Building or structure failure			Very low
	Dam failure			Very low
	Fire / explosion ¹³			Moderate
	Mine emergency			Very low
Supply & distribution	Communications failure	High (information technology failure)		High
	Electrical energy failure	Moderate (power outage)	York Region identified as a top 10 hazard	High
	Food shortage			Very low
	Medical drug, blood product or supply shortage			Moderate
	Petroleum product shortage	Moderate (natural gas emergency)		Low

¹² Canada's Wonderland significantly increases local traffic and could be a site of mass casualties or terrorism. (At the time of writing, there have been no reported deaths at Canada's Wonderland).

¹³ Defined here as a fire or explosion in the community or anywhere VCHC provides services

Category	Hazard	2017 City of Vaughan risk rating	VCHC notes	VCHC risk / priority rating
	Water or wastewater disruption	Low (Drinking water supply)	York Region identified as a top 10 hazard	Low
Transportation	Aviation	Moderate	VCHC is approximately 20 kilometres from Toronto Pearson Airport ¹⁴	Low
	Marine		The Keswick satellite is approximately 1.1 kilometres from Cooks Bay in Lake Simcoe	Very low
	Public transit systems			Low
	Rail, light rail, subway	Moderate (subway)	VCHC is approximately 4.5 kilometres from Vaughan Metropolitan Centre TTC subway Station VCHC is approximately two kilometres from the CN Macmillan Yard ¹⁵	Low ¹⁶

¹⁴ Toronto Pearson has been the site of numerous crashes, terrorist threats and incidents, including a failed landing attempt as recently as 2019 when a plane was struck by a fuel truck.

¹⁵ Macmillan Yard is the second largest rail classification yard in Canada and serves as an intersection for north-south and east-west rail lines. This presents a risk for chemical spills and associated evacuations in the VCHC area. [For example](#), on site at the yard:

- In 2007 two locomotives and two cars of the yard assignment derailed. Six cars derailed and/or sustained damage, including two special dangerous goods tank cars containing chlorine. Approximately 3785 litres of diesel fuel leaked from the derailed locomotives.
- In 2017, a derailment at the rail yard led to a chemical spill of a powdered form of terephthalic acid, a compound used in the manufacturing of plastics.

¹⁶ However, see hazardous material section

Category	Hazard	2017 City of Vaughan risk rating	VCHC notes	VCHC risk / priority rating
	Road & highway	Low	VCHC is approximately 1200 metres from Highway 400. ¹⁷ The Keswick site is approximately 2.2 kilometres from Highway 404.	Low ¹⁸

Based on these hazards and VCHC's Emergency Management Program objectives, VCHC has identified the following *common consequences*¹⁹ of these hazards.

Continuity of operations consequences

- Evacuation / lack of access to a site / temporary closure
- Health and safety risks²⁰ (including staff mental health)
- IT systems failure
- Insufficient staffing
- Insufficient supplies/equipment
- Power failure

Emergency response & recovery consequences

- Heightened need for outreach to community
- Need to support partner organizations
- Surge in demand for services

¹⁷ Highway 400 frequently has slow traffic and crashes which can involve mass casualties. It could be the site of chemical spills. For example, in November 2017 at a site 32 kilometres from VCHC's main site [a massive crash](#) involving two fully loaded fuel tankers killed three people.

¹⁸ However, see hazardous material section

¹⁹ A common consequence is an implication for VCHC as a result of the hazard. Several hazards can lead to the same consequence.

²⁰ For the sake of brevity, VCHC includes these continuity of operations consequences because of the impact on staff; many of these hazards also impact clients and other people who use the facilities.

While any hazard *could* lead to any consequence based on its duration and severity, the following table outlines the most likely (⊗) consequences of the hazards VCHC rated as moderate or higher.

		Continuity of Operations Consequences						Emergency Response & Recovery Consequences		
		Evacuation/ lack of access to site / Temporary closure	Health & safety risks	IT systems failure	Insufficient staffing	Insufficient supplies and equipment	Power failure	Heightened need for outreach	Need to support partner organizations	Surge in demand for services
Environmental	Extreme heat		⊗				⊗	⊗	⊗	
	Flooding	⊗	⊗	⊗	⊗		⊗	⊗	⊗	
	Tornado	⊗	⊗	⊗	⊗		⊗	⊗	⊗	
	Winter weather	⊗	⊗	⊗	⊗		⊗	⊗	⊗	
Hazardous material	Chemical	⊗	⊗		⊗			⊗	⊗	
	Nuclear	⊗	⊗		⊗			⊗	⊗	
	Oil & gas	⊗	⊗		⊗			⊗	⊗	
	Radiological	⊗	⊗		⊗			⊗	⊗	
Health	Infectious disease		⊗		⊗			⊗	⊗	⊗
	Substance use / overdose							⊗	⊗	⊗
	Water quality		⊗					⊗	⊗	
Public safety	Cyber attack			⊗						
Structural	Fire / explosion	⊗	⊗	⊗			⊗			
Supply	Communications failure			⊗				⊗		
	Electrical energy failure	⊗	⊗	⊗			⊗	⊗	⊗	
	Medical / drug supply shortage					⊗		⊗	⊗	⊗

In addition to the management of common consequences outlined in the previous table, VCHC has specific procedures for:

- [demonstrations, threats and suspicious mail](#)
- fire (See Fire Safety Plan)
- [hostage situations](#)
- outbreaks of infectious diseases in the [Infectious Disease Plan](#)
- workplace violence (See Managing Workplace Violence Policy)

Staff should also review hazard-specific information on:

- [earthquakes](#)
- [floods](#)
- [severe storms including tornados](#)

MITIGATION AND PREPAREDNESS STRATEGIES IN PLACE

The EMC ensures that these mitigation and preparedness measures are in place for identified consequences throughout the year and reviews the strategies annually. These strategies and responsibilities are also in effect during emergency response and recovery.

GENERAL COORDINATION AND READINESS

Strategy	Responsibility
Emergency Management Program outlines program objectives COOP and ERP outline general procedures Arranging for regular drills and exercises based on the HIRA	EMC

Strategy	Responsibility
Master Contact List: <ul style="list-style-type: none"> • Board of Directors • Community partners • Corporate members • Staff (including personal emergency contacts of staff) • Students and residents (including emergency contacts) • Vendors (including payroll, IT, suppliers, insurance) • Volunteers (including emergency contacts) 	Executive Assistant
The EMC keeps hard copies at home and in the safe All staff have access to an Emergency Contact List (agencies, vendors etc.) on the intranet	Finance & Corporate Affairs Manager
Familiarization with written procedures and participation in training, drills (tests of particular procedures) and debriefs	All staff
Maintain emergency management information on the website, bulletin boards and intranet	EMC

CONTINUITY OF OPERATIONS CONSEQUENCES

Evacuation / lack of access to site / temporary closure

Strategy	Responsibility
COOP outlines response	EMC

Strategy	Responsibility
<p>Critical documents are kept on the intranet with hard copies kept in the safe in storage and at home by EMC members:</p> <ul style="list-style-type: none"> • Emergency Management Program (this document) • Master Contact List • Board Manual (bylaws, annual general meeting minutes, letters patent, order of revival, incorporation documents, charitable registration) • Bank account information • Agreements (e.g., IT vendors, insurance) • Hazardous waste registration • Fixed asset list 	Finance & Corporate Affairs Manager
Staff training on work-from-home computer processes (e.g., access to electronic health record (EHR, webmail)	Reception & IT Services Team Lead

Insufficient staffing

Strategy	Responsibility
<p>COOP outlines service and operational priorities</p> <p>Regular completion of the Staff Emergency Skills Inventory which identifies who has what skills that may be useful from a continuity of operations perspective</p> <p>Identify training needs and implement training to ensure that key areas of business can continue during times of insufficient staffing</p>	EMC
Documentation on critical business functions (e.g., payroll, cheque writing, IT functions, use of autoclave, heating/ ventilation and air conditioning)	Finance & Corporate Affairs Manager Reception & IT Services Team Lead

Insufficient supplies/equipment

Strategy	Responsibility
COOP outlines response	EMC
Stockpile of personal protective equipment (PPE) ²¹	Programs & Services Director determines requirements and maintains stockpile (e.g., interface with day-to-day supply, expiry, checking for damage, etc.)
Stockpile of potassium iodide tablets ²²	Programs & Services Director
Stockpiles/backups of other emergency supplies & equipment	Program areas
Master Contact List includes information on vendors	Executive Assistant

Health and safety risks (including staff mental health)

Strategy	Responsibility
COOP outlines response	EMC
Occupational Health & Safety Policy and associated training, reviewed annually Annual infectious disease threat risk assessment ²³ All staff members are respirator fit-tested at least every two years ²⁴	Management, with input and recommendations from the Joint Health & Safety Committee (JHSC)

²¹ The [Occupational Health & Safety and Infection Prevention and Control chapter](#) of the Ontario Health Plan for an Influenza Pandemic recommends stockpiling the following personal protective equipment items: gloves, gowns, eye protection, surgical masks and N95 respirators. Primary care organizations should plan for volumes that are twice what they normally use over four weeks of an influenza season.

²² The MOHLTC's [Potassium Iodide \(KI\) Guidelines](#) outline recommendations for taking KI during a nuclear emergency.

²³ The MOHLTC's [Building a Ready and Resilient Health System: Ebola Step-Down Plan and Provincial Baseline Requirements for Infectious Disease Threats](#) outlines requirements for annual risk assessments.

²⁴ See respirator section of Infection Control Policy.

Strategy	Responsibility
Infection Control Policy and associated training ²⁵ , reviewed annually Material Safety Data for hazardous materials	Management, with input and recommendations from the JHSC
Psychosocial support services for staff are available at all times through VCHC's Employee Assistance Program (EAP), including during and after a critical incident Offices have panic buttons	Management
Crisis cart readiness	Programs & Services Director

Power failure

Strategy	Responsibility
<ul style="list-style-type: none"> Crank flashlights and radios maintained in reception and clinical areas as well as second floor storage room of the main site 	EMC

IT systems failure

Strategy	Responsibility
Contact information for all information technology vendors is maintained as part of Master Contact List	Executive Assistant
Data backups : completed by Mackenzie Health	Reception and IT Services Team Lead
Other cyber security strategies in place: monthly phishing email to staff, Fire-eye (firewall protection) and staff training	Reception and IT Services Team Lead

²⁵ The MOHLTC's [Building a Ready and Resilient Health System: Ebola Step-Down Plan and Provincial Baseline Requirements for Infectious Disease Threats](#) outlines requirements for infectious disease threats protective measures and training.

EMERGENCY RESPONSE & RECOVERY CONSEQUENCES

Heightened need for outreach to community

Strategy	Responsibility
Plans are outlined in ERP	EMC
Providers can add a <i>vulnerable client</i> ²⁶ indicator in client chart to indicate heightened need for active outreach, particularly during a community emergency	Each provider
Vulnerable client list maintained	Reception & IT Team Lead

Need to support partner organizations

Strategy	Responsibility
VCHC strives to support collaboration and requests for assistance among other members of the Toronto CHC Network and Western York Region Ontario Health Team partners	EMC

Staff mental health threat

Strategy	Responsibility
Psychosocial support services for staff are available at all times, including during and after a critical incident, through VCHC's EAP	Management

Surge in demand for services

Strategy	Responsibility
Plans are outlined in the ERP and Infectious Disease Plan	EMC

²⁶ VCHC uses these criteria to identify vulnerable clients: social isolation, lack of involvement by neighbourhood agency, has a medical condition that requires ongoing care

EXTERNAL ORGANIZATIONAL AUTHORITIES

This Emergency Management Program is based on the following organizations and authorities.

Office of the Fire Marshal and Emergency Management

[OFMEM](#) is responsible for the overall coordination of emergency management in Ontario. Legislative authorities include the [Emergency Management and Civil Protection Act](#).

Ministry of Health - Health System Emergency Management Branch

VCHC expects to receive much of its guidance during a health emergency from the [Health System Emergency Management Branch](#) of the MOH via the [Alliance for Healthier Communities](#).

Legislative authorities include the [Health Protection and Promotion Act](#). Noteworthy plans include the [Ministry Emergency Response Plan](#), the [Ontario Health Plan for an Influenza Pandemic](#) and the [Radiation Health Response Plan](#).

The MOH is clarifying the emergency roles and responsibilities among the MOH, [Ontario Health](#) and [Public Health Ontario](#).

The MOH's [website](#) indicates its status at any time as:

- Routine Monitoring & Engagement
- Activation Status
- Recovery

The MOH assumes the role of primary or lead ministry for health emergencies. Specific information coming from the MOH may include:

- Declaration of a provincial emergency
- Screening tools and epidemiological updates
- Chief Medical Officer of Health directives, including on the use of PPE

York Region Emergency Management

York Region's [emergency management program](#) maintains the [regional emergency plan](#) and operates the emergency operations centre.

York Region Public Health

York Region Public Health is responsible for:

- preventing the spread of disease, promoting healthy living and advocating for conditions that improve health for York region residents
- using surveillance to monitor the health status of the population in order to respond to on-going and emerging health needs
- developing and implementing public policy and practices that enhance the health of individuals, communities and the entire city

THE JOINT HEALTH AND SAFETY COMMITTEE

VCHC's intention, as an employer, is to take every reasonable precaution to protect the health and safety of the staff.

The JHSC continues to meet its mandated requirements. The JHSC continues to make recommendations to management and ensures that all staff members are aware of their rights to refuse unsafe work. VCHC's policy on refusing unsafe work is in effect during an emergency and *Section 43 of the Occupational Health and Safety Act* sets out this procedure and the limitations on health care workers.

The EMC is of the understanding that staff members have the right to refuse work if reasonable infection prevention & control (IPAC) methods are not in place, including minimizing unnecessary exposure to the virus, access to adequate PPE and training to complete assigned tasks safely. The JHSC can participate in risk assessments to ensure that precautions being taken are reasonable.

The Staffing & Safety Lead reports suspected workplace-related illnesses to the Ministry of Labour and the JHSC and the VCHC's insurer as needed.

EMERGENCY RESPONSE PLAN

The ERP is a key component in VCHC's Emergency Management Program. Operationalization of this plan often occurs in coordination with operationalization of the [COOP](#).

The objective of this ERP is to guide staff and management in the response to / recovery from an emergency situation that threatens the health / safety of VCHC's clients and community.

MANAGING AN EMERGENCY

The coordination of emergency response and recovery is the responsibility of the EMC. The EMC uses the boardroom as the site of coordination, with virtual coordination, or the Maple Community Centre, or the Keswick satellite site as backups.

The components of an emergency response (repeated as necessary) are:

- Assessment (impact, authorities, scale, urgency, safety considerations)
- Notifications & communications (e.g., staff, clients, funders, vendors, partners)
- Interventions (additional safety precautions, just in time staff training, enhancement of services)
- Coordination with continuity of operations considerations (see [COOP](#))
- Recovery (notifications, reestablishment of services, documentation²⁷, debrief)

The EMC ensures that these mitigation and preparedness measures are in place for identified consequences throughout the year and reviews the strategies annually. The [strategies and responsibilities for mitigation and preparedness](#) are also in effect during emergency response and recovery.

As required for coordination purposes, the EMC fills these three roles to supplement people's regular jobs:

²⁷ Generally, all scenarios discussed in this document require completion of an Incident Report (See Reporting Safety Incidents Policy); ongoing incidents require daily or more often completion of a log to document decisions made, key events.

Area of Leadership	Assignment	Responsibilities (implemented as needed)
Emergency Manager	ED <u>or</u> Programs & Services Director ²⁸	<ul style="list-style-type: none"> • Initiate response including by pulling together EMC • Lead EMC • Lead notifications to staff (with support from Communications Lead) • Serve as primary point of contact with other organizations involved in response • Confirm / authorize response and recovery objectives and strategies, including continuity of operations and prioritization decisions (See COOP) • Lead media relations (in coordination with board of directors) based on VCHC's Media Policy • Maintain documentation (such as a log of decisions and key events) • Review Incident Reports and ensure appropriate debrief
Communications Lead	Allied Health Programs Coordinator <u>or</u> Senior Community Health Worker	<ul style="list-style-type: none"> • Gather and share relevant information from community partners and health authorities to clients and community partners; support ED in developing communications to staff • Lead notifications/development of information for staff, clients, contractors, vendors, community members and other stakeholders which may involve establishing a dedicated line for questions (See Communications section) • Maintain documentation (such as a log of decisions and key events)

²⁸ Note that delegation of ED authority and maintaining ED responsibilities works as per normal processes.

Area of Leadership	Assignment	Responsibilities (implemented as needed)
Staffing & Safety Lead	Programs & Services Director <u>or</u> Chronic Disease Prevention & Management Manager	<ul style="list-style-type: none"> • If needed, lead staffing schedules and reassignments, recruitment of additional staff and volunteers – communicating any changes in assignments to staff (this could be a daily assignment of roles in scenarios of high fluctuation of absenteeism) • Lead initiatives to support staff • Coordinate fit-for-work strategies • Coordinate implementation of safety strategies (for all stakeholders) including IPAC, based on input from EMC in consultation with JHSC • Monitor for availability and correct use of PPE • Coordinate fit-for-work strategies with Staffing Lead • Maintain documentation (such as a log of decisions and key events)

COMMUNICATIONS

Principles

Here are some communications principles that the EMC uses during an emergency response / recovery:

- Deliver proactive, regular, specific, and targeted communications of what audiences need to know and what they can expect
- Employ all relevant communications channels (e.g., emails, memos, announcements, phone-calls and voicemails, external website updates, social media)
- Ensure two-way communications: audiences should be able to ask questions and share feedback
- Recognize varying social, cultural, and linguistic needs of VCHC's diverse populations
- During the emergency period, synchronize daily communication in accordance with global, national, provincial or local authorities' information cycles

STAFFING DURING AN EMERGENCY

VCHC may need as many of its staff as possible to work during an emergency. With the exception of some short-term contract staff, or staff who have been granted time off for sickness or similar reason, typically all staff work throughout an emergency.

Many decisions on human resources policies are made on based on the situation. Many of these are about expectations of working. The factors that are considered include:

- The amount of sick time that the staff member has left
- The nature of the staff member's contract and the staff member's job
 - In the event of an agency closure (early or extended) all regular and short-term contract staff scheduled to work are paid for regular hours
 - Sessional staff (external) may be asked to provide the service at another negotiated time.
 - Locum staff are compensated according to the locum contract guidelines
 - Casual staff are paid for their scheduled hours only when a same-day cancellation takes place
- The availability of public/personal transit
- The staff member's personal responsibilities
- The ability of the organization to function with/without the staff member's presence
- Staff vacation time may be recalled, even if already approved. Staff do not lose any vacation time from this decision. Many staff members have their duties change during an emergency. No staff has their compensation reduced as a result unless they are laid off.
- VCHC may require staff to work extra hours. The Finance & Corporate Affairs Manager tracks extra hours worked. The building up of extra-hours must be preapproved by the staff member's current supervisor or Staffing & Safety Lead.

If staff feel as though it is unsafe to travel or the roadways they used have been closed or deemed hazardous, they may choose not to come into work that day. In that case, staff inform their supervisor about their decision not to come to work as either personal emergency or vacation time.

When VCHC closes due to an emergency, staff generally work from home.

Strategies that VCHC may use to maintain services include:

- Have staff work overtime
- Cross-train existing staff in alternate roles
- Use qualified contractors from an employment agency
- Ask retired staff for temporary assistance
- Train volunteers
- Arrange transportation options for staff, such as carpooling or car rentals, if public transit has been suspended

HEIGHTENED NEED FOR OUTREACH

Task	Responsibility
<p><i>Notifications and communications</i></p> <p>VCHC staff supplement community communications strategies led by the EMC with outreach to clients, particularly those previously identified as vulnerable, those who may be more vulnerable following suspension of programs, or those impacted by the emergency (e.g., patients who become infected)</p> <p>During heat/cold alerts, information may include availability of community resources such as heating/cooling stations, brochures, etc.</p>	VCHC staff as assigned by Staffing Lead

NEED TO SUPPORT PARTNER ORGANIZATIONS²⁹

VCHC may be able to support other organizations during an emergency, including but not limited to partner CHCs. Some questions to consider are:

- Do we have staff or volunteers who might have special skills to offer during the emergency that we could lend out or second (particularly if we have had to scale back on our own regular operations)?
- Do we have space we could lend?
- Do we have equipment or technology we could lend?

²⁹ Providing resources to assist in an emergency may have legal, employment, financial and insurance consequences. VCHC may offer these services based on pre-arranged formal agreements with our community partners or as approved by the ED (and Board as necessary) during an emergency. In certain circumstances, an applicable authority may order VCHC to provide these and other resources.

- Do we have skills, capabilities, knowledge, or relationships that have special value during the emergency? For example, do we have special knowledge of the demographics of a particular community?
- Do we have unique reach, networks, or dissemination mechanisms that could facilitate the transmission of information from public authorities?

SURGE IN DEMAND FOR SERVICES³⁰

Task	Responsibility
<i>Coordination with continuity of operations considerations</i> Strategies in the COOP regarding insufficient staffing or insufficient supplies and equipment may apply	EMC

³⁰ See VCHC's [Infectious Disease Plan](#) for further exploration of this consequence.

CONTINUITY OF OPERATIONS PLAN

The COOP is a key component in VCHC's Emergency Management Program. Operationalization of this plan often occurs in coordination with operationalization of the [ERP](#).

The objective of this COOP is to help prioritize and promote the continued operation of VCHC's services during/after an event (e.g. a power failure, fire, flood) that disrupts access to a key piece of infrastructure (e.g., information systems, staff, building, supply chain). It also outlines measures that may need to be established from an occupational health & safety perspective, including staff mental health.

The five components (repeated as necessary) of the COOP are:

- Impact assessment
- Notification
- Service adjustment
- Restoration of infrastructure
- Recovery (assessment, notifications, follow up, documentation³¹ and debrief)

Based on the [HIRA](#), this COOP includes specific guidance on the following common consequences of business disruptions, which may occur concurrently:

- Evacuation / lack of access to a site
- Health & safety threat (including staff mental health)
- Information technology systems failure
- Insufficient staffing
- Insufficient supplies/equipment
- Power failure

The EMC oversees the implementation of this guidance and provides direction on supplementary tasks / variations from this guidance based on the situation.

SERVICE AND OPERATIONS PRIORITIZATION AND DISRUPTION

The objectives of VCHC's Emergency Management Program are:

- To minimize service disruption

³¹ Generally, all scenarios in this document require completion of an Incident Report (See Reporting Safety Incidents Policy).

- To protect the health and safety of staff and clients
- To safeguard the VCHC's property including records and information

With these in mind, VCHC has established the following prioritization of services and operations as a guideline when assessing what to focus on when maintaining or re-establishing services and operations (including at an alternate site). The EMC provides guidance on which categories of services and operations are being maintained.

Priority	Services & Operations
Category 1: Essential services and operations	<p><i>Services</i></p> <ul style="list-style-type: none"> • Crisis response (in person / by telephone) • Outreach to vulnerable clients as identified on Vulnerable Client list – with any clients who may become vulnerable as their programs are cancelled added by program leaders (in person / by telephone) • Primary health care – clients who require essential preventative services and clients who have urgent needs and require services / treatment and would otherwise have to go to hospital for care (e.g., acute exacerbation of a chronic illness that doesn't require hospitalization, complications of pregnancy, certain acute infections, such as otitis, urinary tract infection, cellulites, sexually transmitted infections, acute major illness / injury, acute minor injuries (e.g., lacerations), acute psychiatric illness, abdominal pain not yet diagnosed, musculoskeletal pain, headache, palliative care, patients recently discharged from hospital on new medication who must be followed closely (e.g., warfarin), patients requiring pneumococcal immunization, routine childhood immunization (under 12 months), third trimester pregnancy) <p><i>Operations</i></p> <ul style="list-style-type: none"> • Board liaison (board meetings may be postponed or occur via teleconference) • Finance / payroll (including tracking of emergency expenses) • Information technology • Occupational health & safety

Category 2: Services that could be temporarily suspended ³²	<ul style="list-style-type: none"> • Allied Health Services • Primary health care - Patients whose situation is non-critical and who require treatment / services that can be deferred (stable chronic disease management (including asthma, diabetes, hypertension and stable cardiac, pulmonary, renal, neurological or hepatic disease), uncomplicated pregnancy care (1st or 2nd trimester), well baby visit, routine childhood immunizations (over 12 months)
Category 3: Services that could be suspended indefinitely	<ul style="list-style-type: none"> • Health Promotion Groups • Primary health care - Patients whose condition is non-life threatening and who require services that can either be deferred or managed in another way (e.g., automatic prescriptions) (e.g., well child and adult checkups, nutrition and weight counselling, pap smears, routine adult immunization, preventive services and clinics, insurance and other forms

Staff who are not needed to run programs may be asked to fill a number of supportive roles, depending on the emergency.

Reception leads contacting clients whose services have been suspended. When phoning clients from home, staff change phone settings such that their number comes up as private. The EMC may decide to publicize program suspensions more broadly through social media and website (see [ERP](#)).

³² Depending on the reason for service / operation suspension, these may be able to continue remotely or offsite.

HEALTH & SAFETY THREAT³³

Task	Responsibility
Identify IPAC measures required (e.g., active versus passive screening, limiting entrance, enhanced hand hygiene, disease reporting, PPE and mask use, staff / cleaners and client education)	EMC, in consultation with JHSC
In the event of a hazardous material spill, restrict access to the area, consult the Material Safety Data and take appropriate precautions when undertaking or arranging clean up	All staff
See Appendices for specific hazards (earthquakes, tornados, etc.)	

If the threat could require a full facility lockdown (e.g., unsafe surroundings due to explosion):

³³ OFMEM provides [guidance](#) for assisting people with disabilities.

Task	Responsibility
<p><i>Impact Assessment</i></p> <p>Determine whether facility lockdown is required (to prevent hazard from entering building or people from leaving building) and continue to monitor threat</p>	EMC (or any staff member)
<p><i>Notification</i></p> <p>Notify all people in the building of the procedure by public address system</p> <p>If needed, call 911</p> <p>If needed, coordinate calls to offsite staff to advise to stay away</p> <p><i>Restoration of Infrastructure</i></p> <p>If necessary, shut down heating, ventilation, air conditioning systems</p>	EMC (or any staff member)
<p><i>Service adjustment</i></p> <p>As needed, coordinate cancellation / postponement of appointments</p>	Reception / IT Services Team lead
<p><i>Restoration of Infrastructure</i></p> <p>If needed, close and lock all external doors and windows</p> <p>If needed because of external threat of violence, turn off lights, close blinds, stay away from windows</p>	All staff At main site, reception staff can use lockdown buttons at reception areas
<p><i>Recovery</i></p> <p>Determine that the threat has ended (confirm with police / security as needed)</p> <p>Notify people on site, offsite staff that the threat has ended</p> <p>Give direction to unlock doors and windows</p> <p>Support staff as needed</p> <p>Lead debrief</p>	EMC

In the event of a partial lockdown (normally because of a violent person on site threatening safety or a hostage situation):

Task	Responsibility
<p><i>Notifications</i></p> <p>Use panic alarms to notify staff</p> <p>Call 911 with full description of situation</p> <p><i>Service adjustment</i></p> <p>If safe to do so, evacuate building (see Evacuation) alerting and assisting others along the way</p> <p>If not safe to evacuate, stay put if safe and close doors in the area</p> <p>If not safe to stay put or evacuate, move to safe area in building such as access controlled areas</p> <p>If staying in building, turn off lights and other electronic devices, mute cell phones, stay away from windows, stay silent and close to floor</p> <p>Await further instructions</p>	<p>Any staff – assisting other nearby people in building as possible</p>
<p><i>Impact Assessment, Notification, Restoration of Infrastructure, Recovery</i></p> <p>Follow relevant guidance in preceding lockdown procedure</p>	<p>EMC</p>

EVACUATION^{34,35} / LACK OF ACCESS TO SITE / TEMPORARY CLOSURE

Most bad weather scenarios do not require temporary closure; however, they may make travel difficult. Staff who are late make up time missed. Staff who cannot safely travel or who have competing responsibilities during bad weather and cannot be at work alert supervisors and at the supervisor's discretion work virtually or count the missed time as vacation or lieu.

During bad weather events where the site does not close, management remains on site as possible. Administrative staff support clinical staff to cancel / postpone appointments.

Complete lack of access to the site may lead to the establishment of services at an alternate location. Some considerations are:

- Generally, this occurs when lack of access to the site appears to last at least seven days
- Ideally the alternate site has strong IT infrastructure

³⁴ OFMEM provides [guidance](#) for assisting people with disabilities.

³⁵ For implementation of an evacuation, please see VCHC's Fire Safety Plan

Task	Responsibility
<p><i>Service Adjustment</i></p> <p>Determine whether response coordination occurs onsite, virtually, at Maple Community Centre (10190 Keele St) or at Keswick site (or vice versa if Keswick site is evacuated)</p> <p>Determine whether work from home / offsite service arrangements relieves pressure on limited facilities</p> <p>Determine what services can be offered by phone or at another site and arrange for this to happen (e.g., phone-based outreach to vulnerable clients)</p> <p><i>Notifications</i></p> <p>If the hazard is flooding at the main site, notify History Hill (see Master Contact List), as needed the City of Vaughan (to arrange main waterline shutoff) and cleaning contractors</p> <p>Notifications at start³⁶ and end of closure as needed (staff (using broadcast messages to work voice mail or phone tree model³⁷ if voicemail is not available or if staff may not expect the closure), insurers, funders, board of directors, contractors (e.g. cleaning), partners such as answering service and labs, voice mail messages, social media / website, door postings)</p> <p><i>Restoration of Infrastructure</i></p> <p>If the hazard is flooding, contact the property manager to shut off valves</p> <p>If the site is unavailable but allows temporary access to retrieve supplies, coordinate access including identifying a list of what is most needed based on what is needed / available.</p>	EMC
<p><i>Service Adjustment</i></p> <p>If it is an offsite program location that is not available, staff may run programs at the main site, or suspend the program, in consultation with management</p> <p>Monitor emails for updates from EMC</p>	All staff

³⁶ The EMC may wish to include reason for closure, estimated time for resumption of service, services still available (e.g., on call service).

³⁷ ED or designate calls management team. Management team call the staff they supervise. Programs & Services Director calls staff of any manager not available. Staff call students / volunteers that they supervise.

<p><i>Service Adjustment</i></p> <p>If relevant, ensure lab specimen collection is at lockbox at main entrance</p> <p>Transfer phones to on call service with detailed message about closure (reason, timing); provide specific instructions to operator for on call changes; ensure on call coverage is arranged</p> <p>Coordinate cancellation of appointments as needed, starting with clients on the Accessibility Client List</p> <p>Support work from home arrangements, if any, by providing staff with laptops and providing any necessary training</p> <p>Establish IT infrastructure at alternate/virtual work location as necessary (ideally a site selected has strong IT infrastructure available), including forwarding phone numbers to a cell phone</p> <p>Establish office & administrative support at alternate work location as necessary</p>	<p>Reception & IT Services Team Lead</p>
<p><i>Notification</i></p> <p>Alert clients of cancelled programs as required</p>	<p>Program leaders and staff</p>
<p><i>Notification</i></p> <p>If possible and safe to do so, establish a greeter to be onsite at the entrance to redirect anyone who comes to the site unaware that it is closed</p> <p>Write a press release to notify the community of the emergency situation and the establishment of services at an alternate location</p> <p><i>Service Adjustment</i></p> <p>Establish services at alternate location including required furniture and systems (e.g., security, locksmiths)</p> <p><i>Recovery</i></p> <p>Notify stakeholders as needed</p> <p>Lead debrief</p>	<p>EMC</p>

INSUFFICIENT STAFFING³⁸

Task	Responsibility
<p><i>Service Adjustment</i></p> <p>Determine whether staff need to be redeployed to different roles, and what training requirements are</p> <p>Determine whether there is an enhanced role for volunteers</p> <p>Prioritize operational needs as required (property, finance, human resources, outside contractors)</p> <p>Determine whether any of the following strategies are needed/feasible: overtime, cross-training, restricting vacation / lieu time, contractors from an employment agency, hiring additional staff (e.g., retirees), enhanced use of volunteers</p> <p><i>Restoration of Infrastructure</i></p> <p>Determine ways to support staff (e.g., carpooling)</p> <p><i>Notification</i></p> <p>Inform staff of redeployment, training and support arrangements</p>	EMC

INSUFFICIENT SUPPLIES / EQUIPMENT

Task	Responsibility
<p><i>Restoration of Infrastructure</i></p> <p>Reach out to alternate suppliers, partners to obtain supply</p> <p><i>Service Adjustment</i></p> <p>As needed, identify and implement safe and ethical ways to limit services³⁹</p>	EMC coordinates with most appropriate staff member; may require consultation with Board of Directors

³⁸ Further detail is available in [Infectious Disease Plan](#).

³⁹ See for example [Ethical Framework for Resource Allocation during the Drug Supply Shortage](#).

POWER FAILURE

Task	Responsibility
<p><i>Restoration of Infrastructure</i></p> <p>Power down all servers</p> <p>Ensure all workstations (including printers) are unplugged to protect against power fluctuations</p> <p><i>Impact Assessment</i></p> <p>Check Alectra app for an estimate of when power will be restored</p>	Reception & IT Services Team Lead or designate from EMC
<p><i>Service Adjustment</i></p> <p>Transfer the main line immediately to the answering service</p>	Reception
<p><i>Service adjustment</i></p> <p>Transfer vaccines to the fridge in the Dialysis unit</p>	Program & Services Director or designate from EMC
<p><i>Service Adjustment</i></p> <p>Initiate building closure as needed</p>	EMC
<p><i>Impact assessment, notification, service adjustment</i></p> <p>Follow procedures for Internet failure</p>	Reception & IT Services Team Lead All providers Finance & Corporate Affairs Manager
<p><i>Recovery</i></p> <p>Address issues of food spoilage</p> <p>Debrief</p>	EMC

INFORMATION TECHNOLOGY SYSTEMS FAILURE

Under review

INFECTIOUS DISEASE PLAN

VCHC has developed this Infectious Disease Plan as a hazard-specific response plan as part of the Emergency Management Program. The document supplements and provides additional detail to the [COOP](#) and [ERP](#), as well as preparedness information in the Emergency Management Program. This document provides high-level information useful for any emergency infectious disease outbreak and requires supplemental information for the specific disease.

Some of the activities that VCHC undertakes as an infectious disease emergency looms include:

Task	Responsibility
As much as possible / needed, clear the schedules of management team so that they can focus on organizational preparations	Management Team
<p>Review this plan and make any changes</p> <p>Re-orient staff and community partners to infectious disease readiness and to this plan as needed.</p> <p>Review and prepare to implement relevant strategies under insufficient staffing and health & safety threat in the COOP, and/or IPAC strategies being advised by health authorities</p>	EMC
<p>Alert clients and program participants of programs that may be deferred.</p> <p>Reinforce public health measures to the community (e.g., physical distancing, use of masks, hand hygiene, regular cleaning of high used surfaces, deep cleaning of site symptoms to watch for)</p> <p>Consider virtual care</p>	Communications Lead, Reception & IT Team Lead, other staff

Task	Responsibility
<p>Restock of PPE, staff team huddles, distribution of IT equipment to allow staff to work from home. Staggering staff schedules. Divide staff into 2 teams, to decrease rate of transmission.</p> <p>Purchase food cards for clients in need.</p> <p>Ensure implementation of mental health strategy for staff.</p>	<p>Leadership team, Flu committee</p> <p>Finance & Corporate Affairs Manager. Keswick Site Coordinator</p>
<p>If relevant, arrange fit-testing for respirators any staff who have not yet been fit-tested.</p> <p>Check availability of IPAC supplies in stockpile. Consider stockpiling for a second wave.</p> <p>Determine how and when visitor and client screening begins (upon arrival and over the phone). Alert clients if they are screened as they arrive.</p>	<p>EMC, with input from JHSC</p>
<p>Modify schedule / rebook primary care patients as necessary (based on prioritization, risk)</p>	<p>Programs & Services Director in consultation with service providers</p>
<p>Develop individual care and support plans for vulnerable clients, if indicated using clinical judgement (may include providing longer supplies of medications to minimize clinical visits)</p>	<p>All providers</p>

Task	Responsibility
Implement other IPAC strategies as needed, including passing around hand sanitizer at the start of group sessions and promoting self-screening	All staff

DURING AN OUTBREAK OF INFECTIOUS DISEASE

Services Offered

There are several reasons why VCHC may significantly reduce the number of services it offers during an infectious disease outbreak.

- A major strategy for public health measures is physical distancing. This includes avoiding bringing groups of people together except when necessary.
- Program staff may be needed to perform other duties
- Staff absenteeism may be quite high. VCHC may not have enough staff available to run all of the programs it usually offers.

At this point, based on the limited information from some funders, VCHC can choose what programs are offered based on mission and emergency management objectives:

VCHC uses guidelines in the [COOP](#) around prioritization and disruption of services and operations.

In scenarios of high volumes of patients needing to be assessed for the infectious disease, primary care services are offered in the mornings while disease-specific care is provided by in the afternoons.

Clinical services also may include immunization and assessment, treatment and referral, including dispensing of antivirals, or other medications for treatment / prophylaxis as needed.

Staff such as allied health professionals and community health workers may be reassigned on a daily basis to such roles as vulnerable client outreach, crisis response, active screening (or other IPAC activity).

HUMAN RESOURCES CONSIDERATIONS

A number of principles guide decision-making regarding HR policy during an infectious disease outbreak

- When staff members have symptoms of the illness, or when staff members are needed at their homes because family members are sick, the staff member should not be coming in to work.
- VCHC has responsibilities to its community and also to the broader health care system, and therefore must participate in wider community initiatives.
- VCHC may need as many of its staff as possible to work during an outbreak in order to meet these obligations.
- VCHC is part of the health system, and its employees have obligations to work during a health emergency
- VCHC may redeploy staff to other roles based on needs.

INFECTION PREVENTION AND CONTROL

Administrative Controls

These include isolation of potential cases, promoting two metres distance between anyone who may have the disease and other people, cohorting of staff into teams who alternate working onsite and virtually, and encouraging clients who screen positive to come in the afternoon.

In scenarios of high numbers of people with symptoms of the disease, one area of the main site may be set up as an area for assessment, treatment and referral while another is accessible only by people who have screened negative. A screening station is established at the entrance to screen all people who enter for relevant symptoms.

Personal Protective Equipment

Staff use PPE based on direction from the Chief Medical Officer of Health.

Immunization

All staff members are strongly encouraged to get immunized. VCHC participates in the rollout of vaccine based on national, provincial and local arrangements.

Hand Hygiene

Hand hygiene is the cornerstone of IPAC at VCHC. Please see the Infection Control policy for additional information.

Cleaning and Disinfection

All staff are responsible for disinfecting own work areas throughout the day, including own phones and door handles. Clinicians or staff reassigned are responsible for disinfecting exam rooms and equipment. Staff are provided with disinfecting wipes for their offices in emergency scenarios.

Sani-wipes are used to disinfect all high use surfaces, and objects such as doorknobs, keyboards, phones, tables, thermometers etc.

Hospital grade disinfectants are used throughout the clinical area – hypochlorite (0.5% chlorine bleach).

Please see the Infection Control Policy for additional information.

APPENDIX 1: ACRONYMS

COOP	Continuity of Operations Plan
EAP	Employee Assistance Program
ED	Executive Director
ERP	Emergency Response Plan
HIRA	Hazard Identification and Risk Assessment
IPAC	Infection prevention and control
IT	Information technology
JHSC	Joint Health and Safety Committee
MOH	Ministry of Health
PPE	Personal protective equipment

Appendix 2: Demonstrations, Threats, Suspicious Mail Protocol

This protocol provides hazard-specific guidance to staff on scenarios such as:

- Individuals or groups attempting to block access to entrances
- Threatening telephone calls, faxes, emails, mail, etc.
- Signs of tampering with building facilities such as broken doors, locks, windows, external light bulbs, etc.

Any staff who notice such suspicious activity that could pose a risk to VCHC should immediately alert management. Depending on risk, management may consider implementing lockdown procedures.

Staff should not attempt to enter a building that is being blocked or to engage protestors. Instead, they should move to a safe location and follow VCHC's media policies and any direction management provides.

If staff receive a threatening phone call, they should document as many details as possible including contact information if possible. If the threat is a bomb threat, staff should try to stay on the line and arrange for another person to call 911. If the call ends, they should follow instructions from 911 and contact management as soon as possible.

If staff receive a threat in writing, they should print it (if an email) and alert management who may contact police. If it is a letter or package, they should handle it as little as possible and place it in an envelope or plastic bag and alert management who may contact the police.

All of these situations require completion of an incident report (See Reporting Safety Incidents Policy).

APPENDIX 3: HOSTAGE SITUATIONS

A hostage situation is one where a person or people forcefully restricts the movements and actions of another person or people through threats or acts of violence, or situations where this is threatened.

In these situations, staff should:

- If possible, exit immediately and move to safety, assisting others to exit as needed. Do not attempt to escape unless.
- Alert others calmly without using the panic button.
- Call 911

If you are unable to leave:

- Go to a nearby room and secure / barricade the door
- Stay away from doors and windows
- Stay silent and close to the floor (turn off phone ringers, etc.)
- Await instructions from police only

If you are taken hostage:

- Remain calm, polite and cooperative
- Stay away from windows and low to the ground

During a rescue situation:

- Drop to the ground if possible or remain still

APPENDIX 4: CRISIS CART

A crisis cart is available at each of the main sites containing:

- Hard copy of Emergency Management Program
- Bags
 - Garbage bags, small and large Ziplock bags
- Batteries (variety)
- Clothing
 - Vests or hats to identify as EMC
- Extra cell phone chargers for iPhones and Blackberries, laptops if available; consider a turbo stick or other device to enable WIFI connectivity
- First aid kit
- Flashlights (with extra batteries)
- Floor plans for the building
- Keys to the Board room
- Laptop/computer (and cords)
- Matches and candles
- Megaphone, whistles
- Office supplies
 - Folders
 - Paper and pens and markers and highlighters
 - Scissors
 - Stapler
- Personal protective equipment
- Radio
- Soap
 - Liquid and bar hand soap, hand sanitizer
 - Liquid dish soap and powdered laundry detergent
- Tape
 - Caution tape
 - Duct tape
 - Electrical tape
 - Masking tape

APPENDIX 5: STAFF EMERGENCY SKILLS INVENTORY

In the event of a serious and ongoing emergency, Vaughan CHC staff may temporarily undertake specific tasks to address the emergency within the staff member's job description. The purpose of this form is to facilitate rapid planning. *This information is used to plan for or respond to an emergency.*

Name:

Date:

Home telephone:

Mobile phone:

Personal email:

Do you have Internet access at home (Y/N)?

Languages: In addition to English, what languages can you speak and understand well enough to communicate with a client:

What training/skills/certifications do you have that may be useful during an emergency?

Examples include:

- Infection prevention & control
- Cardiopulmonary resuscitation / First aid
- Heat, ventilation & air conditioning
- Occupational health & safety
- Security