



ST. JOSEPH'S • ST. MICHAEL'S • PROVIDENCE

UNITY HEALTH
TORONTO

EMERGENCY PREPAREDNESS

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1 Introduction: Unity Health Toronto Emergency Preparedness Program

BACKGROUND

Unity Health Toronto has evolved and streamlined its Emergency Preparedness Program over the past several years, both to reflect the needs of a newly integrated three-site organization, and to ensure that Unity's preparedness reflects best practices in the field and ongoing quality improvement.



Foundational best practices for emergency preparedness in a hospital setting are captured in three major resources:

- The provincial [Emergency Management Framework for Ontario](#), which identifies five interdependent foundational components of emergency management: prevention, mitigation, preparedness, response and recovery, with key supporting activities such as Hazard Identification and Risk Assessment.
- The [Ontario Hospital Association \(OHA\) Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals](#), which adopts the same foundational components, and lays out the OHA standardized emergency colour codes for hospitals in addition.
- The most recent resource, the Health Standards Organization (HSO) 2020 standard [HSO 9002:2020 \(E\) Emergency and Disaster Management](#), developed in 2020, which is being used to inform the ongoing evolution of Unity Emergency Preparedness program.

The Unity Emergency Preparedness Program has built on the foundations established in this guidance, and also adopted an overarching objective for our program: **resilience**. We live in a rapidly evolving local and global context where we can anticipate an increasing frequency and severity of emergency risks, from local infrastructure breakdown to climate change and its impacts. Our preparedness work strives to support our systems in being resilient enough to adapt nimbly to a variety of potential disruptions. Resilience is supported by:

- Maintaining ongoing situational awareness and risk assessment, in order to rapidly detect, identify and communicate hazards so we can maintain a state of readiness
- Building on the existing knowledge, expertise and processes within the organization to shape our plans
- Building a foundation of consistency across our three diverse sites, while supporting each site in their ability to respond in a timely way within their individual context
- Ongoing learning, adaptation and improvement, including linking with our peers for their lessons learned.

Figure 1: Foundational preparedness principles

<div>Components of Emergency Management, Emergency Management Framework for Ontario, October 2021</div> <div></div>	<ul style="list-style-type: none">• Prevention and mitigation, i.e. actions taken to prevent an emergency from occurring, or to reduce/eliminate its impact.• Preparedness, i.e. measures taken prior to an emergency to ensure an effective response, such as plan and policy development, training, and education (including drills and exercises), alerting and notification systems, etc• Response, i.e. measures taken to ensure that a coordinated and effective response is quickly undertaken at the outset of the emergency to minimize impact.• Recovery, i.e. measures taken to support return to a state of normalcy, including debrief, documentation, identification of lessons learned, and quality improvement through incorporating those lessons into an ongoing planning cycle.																																																
<div>OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals</div> <div><div>EMERGENCY COLOUR CODES</div><table><tr><td>CODE GREEN</td><td>Evacuation (Precautionary)</td><td>CODE GREEN STAT</td><td>Evacuation (Crisis)</td></tr><tr><td>CODE YELLOW</td><td>Missing Person</td><td>CODE AMBER</td><td>Missing Child/Child Abduction</td></tr><tr><td>CODE ORANGE</td><td>Disaster</td><td>CODE ORANGE CBRN</td><td>CBRN Disaster</td></tr><tr><td>CODE RED</td><td>Fire</td><td></td><td></td></tr><tr><td>CODE WHITE</td><td>Violent/Behavioural Situation</td><td></td><td></td></tr><tr><td>CODE PURPLE</td><td>Hostage Taking</td><td></td><td></td></tr><tr><td>CODE BROWN</td><td>In-facility Hazardous Spill</td><td></td><td></td></tr><tr><td>CODE SILVER</td><td>Person with a Weapon</td><td></td><td></td></tr><tr><td>CODE BLACK</td><td>Bomb Threat/Suspicious Object</td><td></td><td></td></tr><tr><td>CODE GREY</td><td>Infrastructure Loss or Failure</td><td>CODE GREY BUTTON-DOWN</td><td>External Air Exclusion</td></tr><tr><td>CODE BLUE</td><td>Cardiac Arrest/Medical Emergency - Adult</td><td></td><td></td></tr><tr><td>CODE PINK</td><td>Cardiac Arrest/Medical Emergency - Infant/Child</td><td></td><td></td></tr></table></div>	CODE GREEN	Evacuation (Precautionary)	CODE GREEN STAT	Evacuation (Crisis)	CODE YELLOW	Missing Person	CODE AMBER	Missing Child/Child Abduction	CODE ORANGE	Disaster	CODE ORANGE CBRN	CBRN Disaster	CODE RED	Fire			CODE WHITE	Violent/Behavioural Situation			CODE PURPLE	Hostage Taking			CODE BROWN	In-facility Hazardous Spill			CODE SILVER	Person with a Weapon			CODE BLACK	Bomb Threat/Suspicious Object			CODE GREY	Infrastructure Loss or Failure	CODE GREY BUTTON-DOWN	External Air Exclusion	CODE BLUE	Cardiac Arrest/Medical Emergency - Adult			CODE PINK	Cardiac Arrest/Medical Emergency - Infant/Child			<ul style="list-style-type: none">• Emergency management: “comprehensive programs and activities taken to identify hazards and manage risks, and deal with actual or potential emergencies or disasters”• Involves four phases: prevention/mitigation; preparedness; response; and recovery• Broader than just response plans: encompasses understanding reasons for risk and strategies to minimize it and decrease the magnitude of harm• Six Elements of a Hospital Emergency Management Program<ol style="list-style-type: none">1 Confirm Accountability and Ownership of Emergency Preparedness2 Complete a Hazard Identification and Risk Assessment (HIRA)3 Adopt the Incident Management System (IMS) Framework4 Adopt the OHA Standardized Hospital Emergency Codes5 Plan Development and Implementation (including education & training)6 Exercises, Evaluation and Updating the Program
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<div>HSO 9002:2020 (E) Emergency and Disaster Management</div> <div><div><div>Emergency and Disaster Management</div></div></div>	<ul style="list-style-type: none">• Establishing a foundation for emergency and disaster management: ensuring a holistic and ethics-based approach, appropriate engagement with stakeholders, an emergency planning committee, and a foundation of policies and procedures• Assessing, addressing and reducing risks to the organization related to emergencies and disasters• Preparing for response to and recovery from emergencies: ensuring an all-hazards emergency plan is in place to respond to and recover from an emergency, supported by appropriate notifications, response teams, structures, training, and testing. Recovery should incorporate resilience principles.• Responding to and recovering from an emergency: following established emergency plans, policies and procedures, followed by debriefing, including psychological debriefing																																																

2 Overview

Work has been done since the previous accreditation process on our foundational readiness, as well as in all the dimensions of foundational preparedness (prevention/mitigation, preparedness, response, and recovery), with a particular focus on the following key areas:

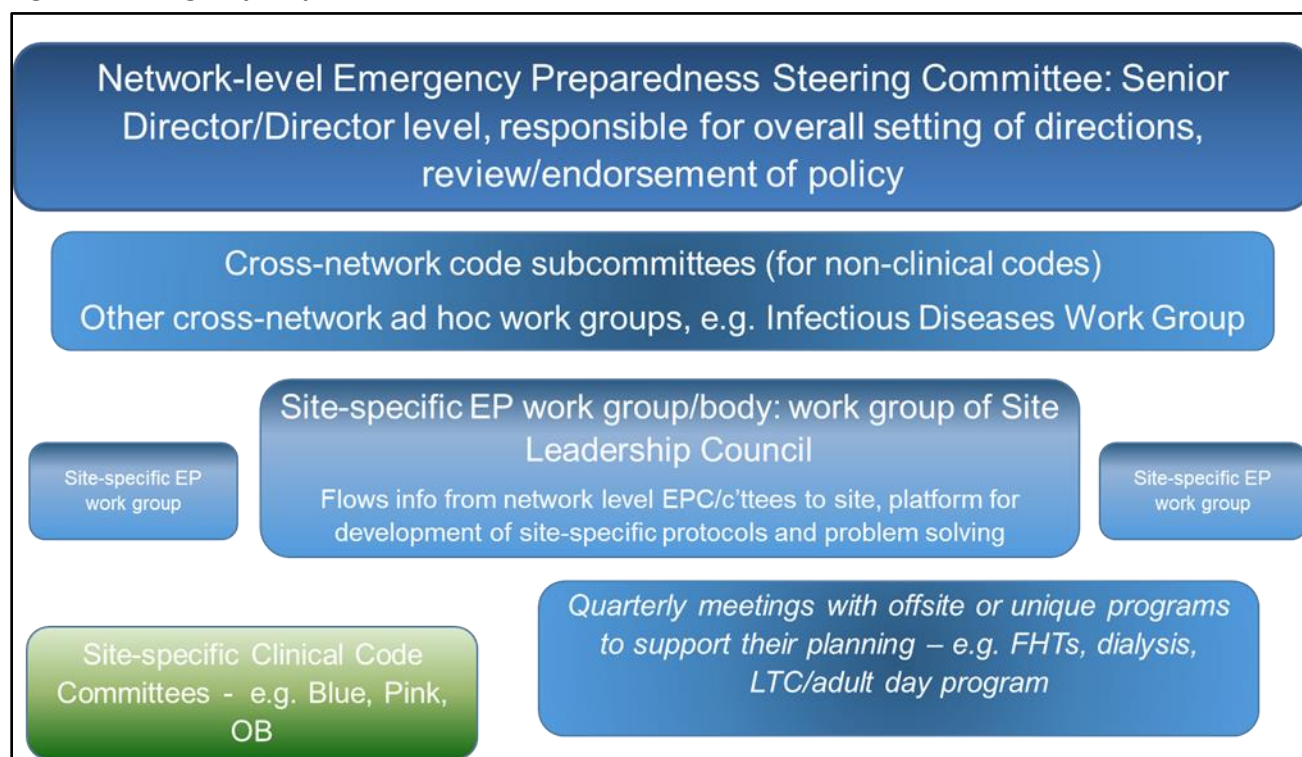
1. Refresh of the Emergency Preparedness governance structure, including an updated Emergency Preparedness Steering Committee and the initiation of planning for site-specific emergency preparedness planning bodies.
2. Development of systematic ongoing activities to support Surveillance/Risk Assessment and Situational Awareness.
3. Review of Emergency Codes, with an ongoing process to harmonize policies and practices.
4. Development of a framework to support future education on the harmonized codes once completed, including key partnerships with other departments such as the Simulation Program.
5. A Unity-wide approach to our Incident Management Structure to support response, including a flexible Command Centre Model.
6. Evolution of the Emergency Preparedness Program and identification of future directions for development.

3 EMERGENCY PREPAREDNESS GOVERNANCE STRUCTURE

To support the balance between corporate consistency and site-based flexibility, the following governance structure has been approved, and is being implemented in two phases:

- Phase 1: Transformation of the remaining legacy committee structures at the three sites into the Emergency Preparedness Steering Committee, and the update of existing Code Subcommittees
- Phase 2: implementation of the site-specific Emergency Preparedness Working Groups

Figure 2: Emergency Preparedness Governance Structure:



3.1 Phase 1:

Status:

- As of November 15, the new membership of the Emergency Preparedness Steering Committee (EPSC) has been incorporated. Part of the task of this group will be to approve draft TOR to go to the site EP Working Groups, and once these groups are in place, the EPSC will phase into its new meeting schedule of every second month, starting in early 2021.
- Code subcommittee membership has been in flux due to clinical restructuring, the pressures of COVID, and staff turnover, but Terms of Reference are in place and groups have been working, with ad hoc membership as required, to support the harmonization of the code policies.

Emergency Preparedness Steering Committee (EPSC)

Mandate:

The Unity Health Emergency Preparedness Steering Committee is responsible for reviewing, endorsing and maintaining the overarching corporate policies and plans that support emergency preparedness excellence for Unity, and for overseeing Unity's participation in network-wide or broader community emergency drills and exercises.

The Steering Committee will work with the Code Subcommittees and the Site Emergency Preparedness Work Groups to provide consistent direction and tools for emergency preparedness, while supporting any need for site-specific protocols or processes.

Objectives:

- Make recommendations to Executive Committee regarding the establishment and maintenance of effective emergency preparedness and planning
- To assess the readiness of UHT for external and internal emergencies, including the organizational ability to mobilize resources for a coordinated, effective and efficient emergency response
- Make recommendations to EC regarding the corporate activities and financing required to establish and maintain effective emergency preparedness, including drills and mock exercises
- Oversee emergency preparedness and planning site working groups, sub-committees, task forces and working groups
- Develop and maintain network-wide policies consistent with the Incident Management System (IMS) framework.
- Coordinate with external stakeholders in preparation for emergency situations, including but not limited to:
- Toronto (and neighbouring) Paramedic Services, Toronto Fire, Toronto Police, City of Toronto, Toronto Public Health, other Toronto-area hospitals, Ontario Health and/or the Toronto Central LHIN, Ontario Health Teams as appropriate, and the Ministries of Health and Long-Term Care.

Reporting:

- The Emergency Preparedness Steering Committee reports directly to the Executive Committee.

Frequency of Meetings:

- Meetings scheduled every second month or at discretion of the Chair.

Membership of the Emergency Preparedness Steering Committee:Medical & Clinical Program Representatives:

- Senior Clinical Program Director, Emergency & Medicine (SMH)
- Senior Clinical Program Director, Emergency, Medicine and ICU (SJHC)
- ICU representative (SMH)
- Senior Clinical Program Director, Mental Health & Addictions
- Senior Clinical Program Director, Seniors Health & Ambulatory Care
- Senior Clinical Program Director, Kidney and Metabolism Program/NRT/IRT teams
- Chief Emergency Department SMH)

Corporate Program Representatives:

- Senior Director Enterprise Risk, Emergency Preparedness & CPO, (Co-Chair)
- Manager, Emergency Preparedness
- Senior Director, Engineering and Plant Services
- Director, Corporate Health, Safety and Wellness
- Director, Security and Fire Safety
- Executive Director, Information Technology
- Senior Director Support Services (Environmental Services, Porter & Food Services)
- Executive Director and Chief Communications Officer

Associate Membership:

The following members will attend no fewer than two meetings of the Unity EP Steering Committee to provide input on emergency preparedness and their program:

- Senior Clinical Program Director, Primary & Community Care
- Administrator, Houses of Providence
- Medical Director, Infection Prevention and Control)
- AHM/ACM representation

Ad Hoc representatives and community liaisons may be called upon to join, depending on the issues facing the committee.

Emergency Code Subcommittees and Plan-Specific Working Groups**General Mandate** (individual subcommittees may identify additional nuances):

- The creation, maintenance and renewal of their respective Policies and Procedures, including an initial review and harmonization process.
- Incorporating feedback from debriefs and lessons learned
- Developing quick reference and flow sheets to optimize usability
- Endorsing draft policies and related materials to go to the EPSC
- Making recommendations and supporting development of materials regarding training and education for their respective codes

General Objectives (individual subcommittees may identify additional nuances)::

- Review and harmonize the existing Code Policies policy and associated procedures
- Review available data regarding trends and patterns in their respective code incidents to maintain and improve the policy and procedures
- Make recommendations to Emergency Preparedness Steering Committee regarding best practices that can be applied
- Make recommendations to the Emergency Preparedness Steering Committee regarding the corporate activities and financing to establish and maintain effective code procedures, including but not limited to training and mock exercises

Frequency of Meetings:

These subcommittees will meet a minimum of two times per year or as required by the frequency of code occurrences. More frequent meetings will be required during the review and revision process

Membership of the Code Subcommittees:

Each code subcommittee will include cross-site representation, which will include at least one Director-level position, manager-level representation from key areas, and subject matter experts as appropriate.

3.2 Phase 2:**Status:**

- TOR are prepared and being approved by both the EPSC and the Site Leadership Councils, to whom these working group report

Site Emergency Preparedness Working Group:

St. Michael's Hospital, St Joseph's Health Centre, and Providence Healthcare will each strike a site Emergency Preparedness Working Group

Draft Mandate:

The draft mandate of these work groups (pending approval) is to:

- Interpret and implement the overall direction provided by the EP Steering Committee, and through corporate code policies and other related policies, in the context of their individual site programs and resources, including development and approval of site-specific protocols.
- Provide guidance and advice to the EP Steering Committee and the Code Subcommittees in their development and review of corporate code policies and other related policies.
- Planning for site-specific participation in network-wide or broader community emergency drills and exercises in which Unity is involved.

Reporting

Site Emergency Preparedness Work Groups will report to the Site Leadership Council.

Frequency of Meetings:

These work groups will meet six times per year or at the call of the Chair.

Membership of the Site Emergency Preparedness Work Groups:

Membership will include options for director and manager-level representation, local champions, and subject matter expertise as appropriate. Ad hoc attendance will be encouraged as needed for specific expertise for specific protocols or plans.

4 SITUATIONAL AWARENESS, SURVEILLANCE/RISK ASSESSMENT, & PREVENTION/MITIGATION PLANNING

Two essential tools support the ongoing risk assessment which feeds into both our prevention/mitigation planning and preparedness. They are:

- Ongoing surveillance for hazards and the accompanying situational awareness communications
- Our corporate integrated Enterprise Risk Register, which also flows into the Hazard Identification and Risk Assessment (HIRA) document required by the LHIN.

Surveillance and Situational Awareness:

Hazards – sources of potential disruption that could lead to an emergency - occur at a variety of scales, from day-to-day-hazards that emerge in the settings of our various sites to larger-scale potential disruptions that require dedicated assessment and mitigation planning. The goal of surveillance is to identify these hazards, communicate them in a timely way to appropriate decision-makers and partners within Unity, and ensure appropriately scaled planning is taking place, whether that is basic readiness among key teams, or dedicated planning for targeted mitigation measures and response preparation.

For day-to-day hazards a variety of regular situational awareness activities take place:

- Regular alerts to facilities, planning and support services regarding severe weather, to help prevent and monitor for floods
- Regular alerts regarding special events or major incidents in the city to Security, on-call leaders, the Emergency Departments, and other key areas within the hospital of so they are able to prepare for potential impacts to our sites and services, and escalate concerns if required
- A weekly email to the on-call administrators and other key supports regarding the status of our sites, local and larger city planned events, and other concerns (e.g. protests, major road closures, etc) going into the weekend to enhance preparedness during a time with fewer resources available
- Alerts as needed to the on-calls or the larger executive group of emerging risks or issues that may need awareness and further monitoring or dedicated planning

Risk Register

Significant or unusual hazards may require the next stage of the Hazard Identification and Risk Assessment (HIRA), a formal risk assessment. This is done via the framework established for our corporate Integrated Risk Register, which assigns a formal risk score: the probability of the incident occurring x the level of severity. The level of severity is evaluated in three (3) key areas:

- Human impact
- Property impact
- Business impact

The Risk Register documents this, and also documents the mitigation strategies which are developed and implemented, resulting in a clear understanding of our residual risk. Some hazards, as well as major projects such as construction, require a dedicated Risk Register

This framework is adaptable, in that we can apply and compare the level of risk of very different types of scenarios (i.e. major special event, broader city emergency, Pandemic, climate change, Emergency Codes). The risk assessment provides us with a realistic picture of the types of challenges we are likely to face in an emergency or large-scale planned event and allows us to set priorities for planning and developing mitigation strategies.

Recent examples where surveillance identified potential risks early enough to anticipate and begin to manage risks in advance are:

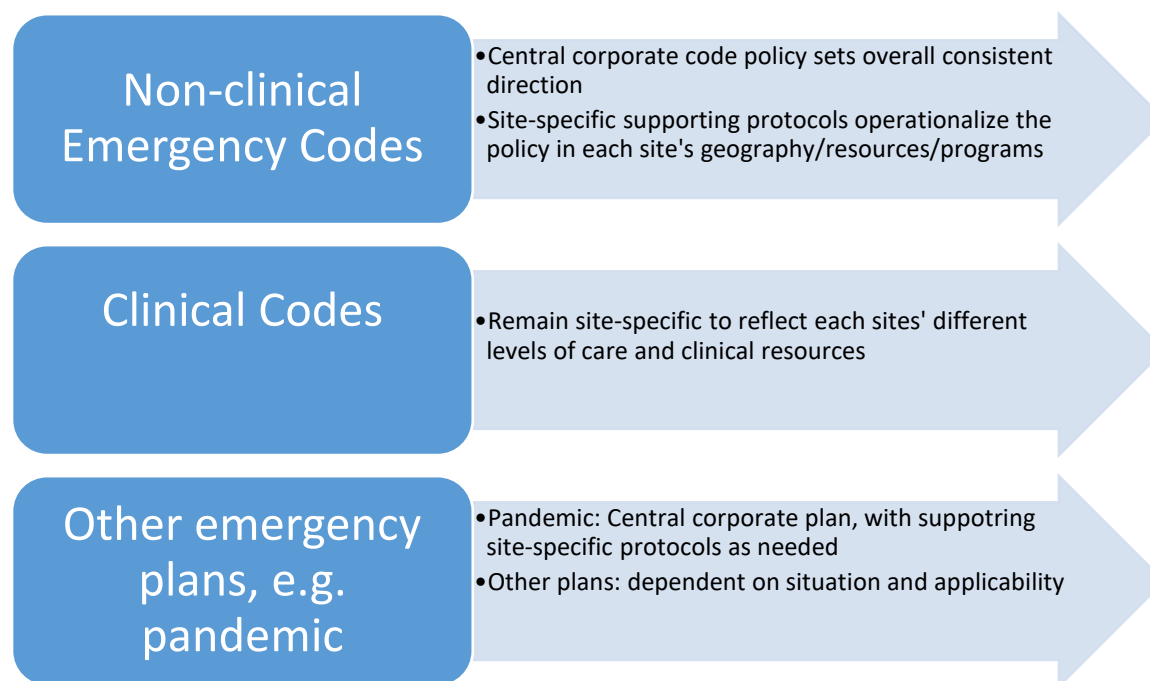
- The Toronto Raptors Parade
- The 2019 expansion of the Caribana route,
- The timely identification of COVID-19 as a concern

The planned and disciplined processes established for risk assessment and operational readiness have also supported true organizational resilience faced with the ongoing evolution of Unity's integration, major city construction projects in the vicinity of our sites, ongoing organizational construction and redevelopment projects, and an unprecedented period of global disruption due to COVID-19 and other world events.

5 EMERGENCY CODES AND PREPAREDNESS PLANS

An extensive review and revision of the existing Emergency Codes and related documents at all three sites has been ongoing, and a model of how to approach consistent Unity-wide practices where appropriate has been developed.

Figure 3: approach to code harmonization across three diverse sites



Harmonized Unity Non-clinical Emergency Code policies are in the process of being approved. The harmonized code policies are intended to set consistent corporate direction, while supporting the ability of each site to nimbly respond within their own geography and resources.

All Codes and Emergency Plans are reviewed every three years and revised as required in response to legislative requirements, operational changes and lessons learned from debriefs and peer organizations to ensure we maintain best practice protocols in code response.

Clinical Codes - Code Blue, Code Pink/Code OB, and unique codes such as ERT (Emergency Response Team) will remain site-specific to reflect their unique clinical profiles and resources, supported by site-specific committee structures.

6 EDUCATION, TRAINING AND EXERCISES

General awareness regarding codes: this is supported through the orientation and On-Boarding process, which includes a mandatory unit on Fire Safety which also provides a basic outline of the emergency codes. This is refreshed by periodic communications in venues such as Twice a Week to remind people of key codes or highlight issues.

Routine drills and simulations: There are also drills and simulations which take place on a routine basis to support requirements regarding clinical codes and codes with regulatory requirements, supported by various teams within Unity. This includes:

- As per fire code the Unity Fire Safety Team conducts monthly fire drills (Code Red/Green) for Hospital Occupancy, followed by an annual drill. This is supported by regular training for staff. In addition fire and evacuation drills (Code Red/Green) are also conducted specifically with the labs every 6 months.
- To support the Medical Residents, Respiratory Therapists, and Nurses on the Code team responding to medical emergencies, the Simulation Program runs 30-35 Code Blue simulations annually in the St Michael's Simulation Centre. In addition, the simulation program also conducts a "First 5" series at both St. Michael's and St Joseph's, where simulations are run in clinical spaces with intact clinical teams to help the unit staff effectively respond to an emergency before the code team arrives, and identify any latent safety threats that would impact the team's ability to respond.

Emergency Code exercises: Unity also conducts targeted emergency exercises in a range of modalities, from tabletop to live play, to test priority non-clinical codes, as well as participating in applicable larger system exercises. Recent examples include (See appendix X for more details):

- **2019:**
 - July 25: SJHC Code Orange Caribana Tabletop
 - August 13: SMH ED Code Orange simulation, focused on the initial response to a Code Orange
 - Nov 28: GTA Unified – a GTA-wide system-level functional exercise including activation of all three Unity Command Centres
- **2021:**
 - March 31: Unity IT Cybersecurity table-top exercise
 - October 19: SMH Code silver 'walking tabletop' exercise (SJHC ED exercise planned for December)
 - Sept 13 - 30: Code White simulations at SJHC

COVID-related training and exercises: Due to the pressures of COVID, there were no major emergency code policy exercises conducted in 2020. However, multiple drills and simulation activities were carried out in support of Unity's COVID response, with more than 2,300 staff receiving training through in-situ,

centralized, and translational simulations.

Education, training and exercises going forward:

The necessary process of harmonizing the codes across sites has made ongoing training a challenge. However, as harmonization reaches its final stages, Emergency Preparedness has been working with key partners to development of a framework to support roll-out of the new policies and sustainable future education. Basic approaches are outlined below.

Education & training	Tools and Activities	Key Partners
Individual Preparedness: <ul style="list-style-type: none"> <u>Objective:</u> Basic awareness; “Emergency Preparedness is everybody’s business” 	<ul style="list-style-type: none"> Update orientation content Update Code Cards Update mandatory LMS module on fire safety and awareness of codes Development of more detailed LMS content on codes Links to personal preparedness resources at city/province 	<ul style="list-style-type: none"> LMS team Education Fire Safety
Unit-level Preparedness <ul style="list-style-type: none"> <u>Objective:</u> sustain familiarity with code policies & unit-level continuity of operations planning 	<ul style="list-style-type: none"> Refresh ‘Code of the Month’ campaign Code of the month scenarios & checklists for use by leaders in unit huddles Seasonal reminders for key codes (Brown, Grey) Support for unit-level/team-level drills and exercises as per competency needed 	<ul style="list-style-type: none"> Communication & Public Affairs Fire Safety (e.g. local Code Red drills) Education & Simulation Program Unit/team leadership as appropriate
Specific technical training <ul style="list-style-type: none"> <u>Objective:</u> Ensure education on specific task or role-based technical skills are available, e.g. Clinical Codes, PPE use 	<ul style="list-style-type: none"> Ensure any gaps in technical skills for implementing code policies are identified Work with partner areas to ensure that training is available 	<ul style="list-style-type: none"> Education & Simulation Program Code Subcommittees IPAC Occupational Health, Safety and Wellness Unit/tea, leadership as appropriate
Organizational exercise program <ul style="list-style-type: none"> <u>Objective:</u> Conduct regular exercises to confirm that the emergency policies & procedures meet expectations. 	Develop a plan for escalating exercises focusing on priority code policies going forward, ensuring opportunities for tabletop & discussion exercises, functional exercises involving activation of the Command Centre(s), and full-scale live play exercises	<ul style="list-style-type: none"> Simulation Program Senior Leadership Communication & Public Affairs Code Subcommittees Teams and units as needed as per code

7 INCIDENT MANAGEMENT SYSTEM (IMS) STRUCTURE & COMMAND CENTRES

The Incident Management System is a standardized operational framework for managing emergencies, recommended by Emergency Management Ontario, the Ministry of Health's Health System Emergency Management Branch, and the Ontario Hospital Association. It can be used to respond to incidents of any kind.

The Unity Health IMS structure is one of the all-hazards foundations of Unity's emergency preparedness. It provides a foundation for the management of all emergency situations (including Codes and Pandemic planning), as well as large scale planned events like the Pan AM Games or a papal visit, and prolonged protracted health emergencies such as the COVID-19 Pandemic. It provides an organized, universal management structure, and facilitates interoperability with partners at all levels of government as well as local emergency services.

Prior to integration, both St. Michael's and St. Joseph's were using IMS, while Providence was in the early stages of adoption. Part of the work of the Emergency Preparedness Program over the past two years has been the development of a Unity Health IMS model, which allows scalable activation of an IMS structure and a Command Centre at an individual site for a site-level emergency, at more than one site for simultaneous emergencies, or as a unified corporate IMS structure coordinating an emergency response that requires actions across all three sites in an integrated fashion.

- It incorporates principles for both a command structure and a planning cycle.
- The framework is role/position driven, not person-driven, so that anyone capable can fill the role without having to rely on specific individuals. Standardized job action sheets have been created to ensure consistency between shifts.
- Fire, police, EMS, Ministry of Health, Ministry of Long-Term Care and Ontario Health's Toronto Region all use IMS. Unity can effectively communicate with these agencies using a common language and identical job titles.
- IMS is also broadly used across North America and is widely accepted as the standard structure for organizational emergency response.

Unity's application of the IMS model is consistent with that of the Ontario Ministry of Health, Health System Emergency Management Unit.

Keys Points include:

- Internal and external incidents such as Code Red, Code Green, or Pandemic etc can disrupt normal hospital operations and services, including but not limited to patient care, staff functioning and finances.
- IMS provides Unity with an organized, universal management structure that promotes immediate, focused direction of activities during a disaster
- IMS provides Unity with a structure for disaster response that allows for minimal disruption to hospital activities and allows for prompt resumption of normal operations.
- As fire, police and EMS all use IMS, any Unity site can effectively communicate with these agencies using a common language and identical job titles.
- The Ministry of Health has adopted the IMS models for its Emergency Operations Centre at the Health System Emergency Management Unit.

The Unity IMS structure is built around five functions. These are scalable, with only those needed activated:

1. Command (Incident Manager and direct supporting roles)

2. Operations
3. Planning
4. Logistics
5. Finance & Administration

Incident Manager: the role of Incident Manager goes first to the most senior person present when the incident is discovered (e.g. the Afterhours Clinical Manager), then escalated either to the most appropriate Director given the area or program impacted, or to the Director on call after hours. If there is widespread impact (e.g. more than one director's area involved) or very severe impact, the role may escalate to most appropriate VP or VP on call

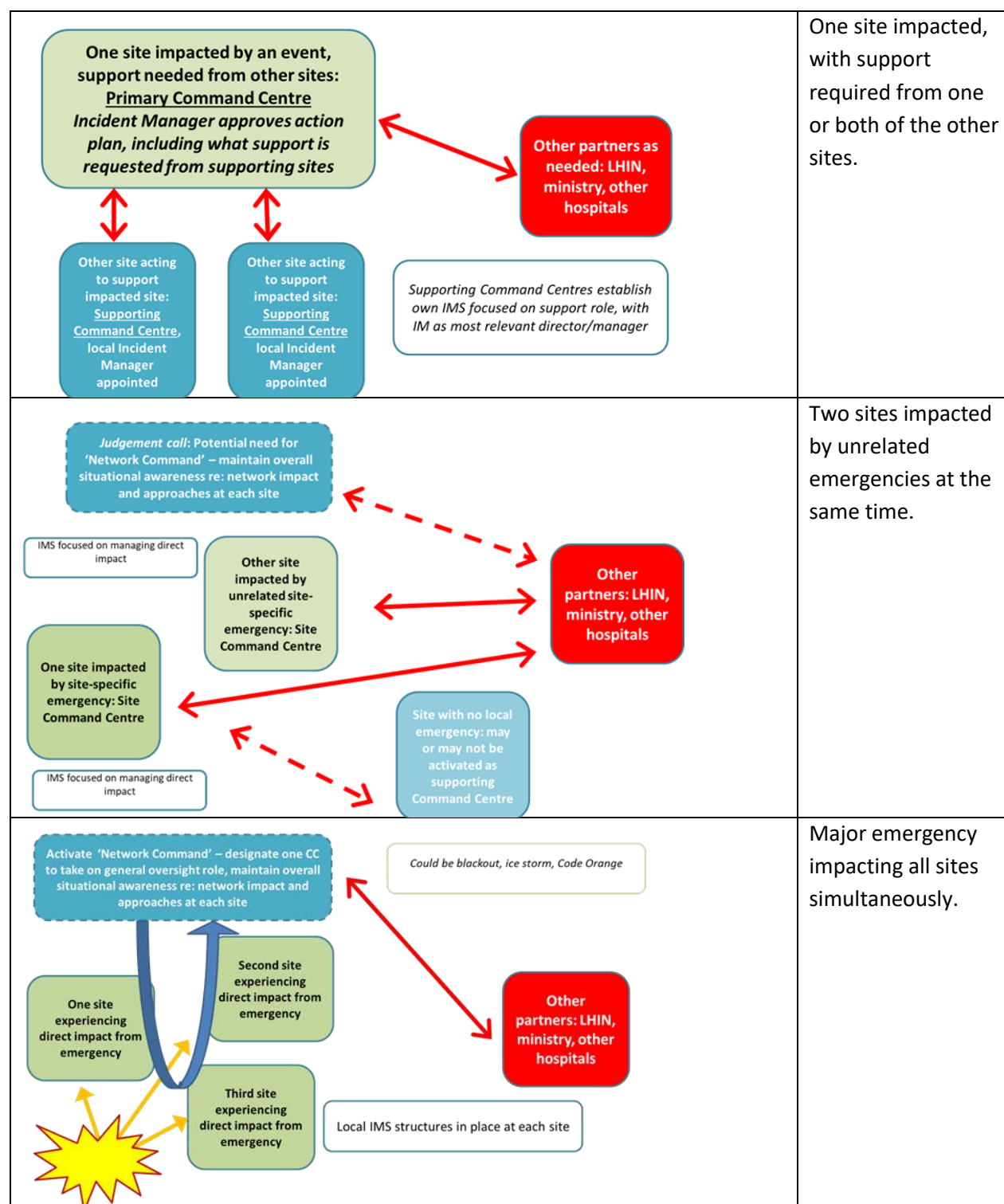
Command Centre(s)

Each Unity site has a physical Command Centre, equipped with AV systems, key supplies such as stacking plans, contact lists, search kits, and copies of the emergency codes, as well as supporting equipment such as computers, radios and powerfail phones. A virtual Command Centre structure can also be activated for the sake of speed, ease of communication across sites, or in response to concerns such as social distancing, and online copies of the Command Centre information resources are available.

The decision to activate the Command Centre will typically be made by the CEO or VP On-Call, but could be activated at the director level by the Program Director (On-Call or most impacted), the Senior Director of Enterprise Risk, Emergency Preparedness and CPO, or by the Afterhours Clinical Manager.

With each site equipped with its own Command Centre, there are a variety of models for Command Centre activation if more than one site is involved in a response to a code, whether they are directly impacted or providing urgent support to an individual impacted site.

Figure 5: Command Centre activation models when more than one site is impacted



8 EMERGENCY PREPAREDNESS PROGRAM

The Unity Health Toronto dedicated Emergency Preparedness Program has evolved over the course of integration, incorporating aspects of the new program at SMH launched in 2014-2015 and emergency preparedness at the other two sites, which was a responsibility shared with departments such as Security and Risk. This program oversees the emergency preparedness of the organization reporting to Senior Leadership. The current program has an Administrative Senior Director, a Manager, a Project Manager and support from the Portfolio Coordinator who also supports Risk and Privacy. The program also works closely with key partners within the organization, from HR to Engineering to the clinical teams, as well as the Emergency Preparedness Steering Committee leadership to meet organizational combined goals.

The EP Program also played an integral role in supporting Unity's COVID response. The EP program's surveillance activities first flagged reports regarding pneumonia in China as a potential risk on January 3, before any formal notification from the Ministry of Health. EP then worked with senior leadership to activate the Command Centre once a case was identified in Ontario, helping develop and evolve the IMS structure for COVID across the three sites, and acted as administrative lead during the times the Command Centre was activated, supporting daily operations of the Command Centre, coordinating issues, maintaining a decision log and continuing to share situational awareness as the pandemic developed.

The goals of the program are evolving along with the integrated organization, and with the lessons learned from responses including COVID.

Some goal of the next phase of development include:

- Further documentation and incorporation of the lessons learned from COVID
- Further development and implementation of a training and exercise plan
- Working to align with the additional guidance provided by the new 2020 HSO Emergency and Disaster Management standard.



APPENDICES

Appendix A: Code Subcommittees

1. Code Blue

- The purpose of the committees overseeing Code Blue (Cardiac Arrest Committee at SMH, Joint Resuscitation Committee at SJHC, and Practice at PHC) is to ensure a multidisciplinary approach to cardiopulmonary resuscitation; standardize the policy, procedure, drugs, equipment, documentation, and data collection specific to cardiac arrest situations; and facilitate a continuum of care from the point of resuscitation to the intensive care unit.
- The committee maintains reporting structure to critical care for medical standards and coordinates corporate activities through the EPSC.

2. Code OB (SMH)/ Code Pink – OB (SJHC)

- The Code OB teams respond to a pregnant mother in medical distress (including cardiac arrest) with the goal of delivering and resuscitating the baby. If needed, a Code Blue may be called simultaneously to assist with the resuscitation of the mother.
- Committee maintains reporting structure as per clinical guidelines and coordinates corporate activities through EPSC.

3. Code Pink

- The Code Pink subcommittees ensure a multidisciplinary approach to resuscitation of a neonate or paediatric patient (SJHC only) within the hospital that is current, detailed and effective.
- Committee maintains reporting structure as per clinical guidelines and coordinates corporate activities through EPSC.

4. Code Orange

- Policy for an external disaster, which brings mass casualties to the hospital (including but not limited to external building collapses, natural disasters and terrorist activities).
- Subcommittee prepared the framework for GTA Unified, which, once validated, became the foundation for the corporate policy. Subcommittee membership now being refreshed.

5. Code CBRN

- This Code is considered a sub-set of Code Orange, and follows the Code Orange plan to a large extent, with appropriate modifications for the nature of the event.
- CBRNe prepares the organization to respond to incidents involving chemical, radiological, nuclear, biological or explosives-related incidents. This includes both natural and man-made events.

6. Outbreak (Pandemic) Preparedness

- This task force, led by IPAC, is charged to assess and prepare Unity for an expected and inevitable future outbreak.
- Their activities are guided by federal, provincial and municipal plans, and at present are engaged in capturing lessons learned from the COVID-19 response to inform the next iteration of the plan.
- Much of the plan from Code Orange can be adapted for use during a pandemic event.

7. Code Brown

- Policy and procedures to manage flood, chemical or hazardous spill within the hospital
- Active Subcommittee currently tracking and documenting incidents and roll-out of harmonized code.

8. Code Yellow

- Maintains a current and effective emergency code policy for missing patients.
- Review group prepared corporate policy. Subcommittee membership now being refreshed.

9. Code Amber

- The policy deals with the search process and recovery of a missing baby or child and involves co-ordination from relevant units, security, communications, and potentially other resources from within the hospital as needed.
- Subcommittee is parallel with Code Yellow, membership now being refreshed.

10. Code Red

- This plan is coordinated through the Fire Marshal and Security & Fire Safety office. It involves maintaining a fire safety plan for all Unity-owned properties. Ensuring regular fire drills, and debriefing events, so that this ongoing learning can be included in updates to the Code Red. The Fire Safety Plan is legislated under the Fire Protection and Prevention Action

11. Code Black

- Policy for how the hospital will respond to a Bomb Threat and maintained by Security Services.

12. Code Grey

- Policy that deals with loss or failure of infrastructure, including power failure/loss of hydro, water, communications failure (telephones, paging) or a medical gas failure.
- Active Subcommittee engaged in developing supporting Continuity of Operations tools to support corporate code.

13. Code Green

- Maintain a plan, up to date protocol/procedure for the evacuation of any part of the hospital (horizontal, vertical or total)
- Subcommittee membership being refreshed in alignment with new fire safety team.

14. Code White

- Policy for managing a violent person within the hospital, to optimize outcomes and safety for both the patient and the hospital staff.
- Active Subcommittee, working on plan for roll-out and education.

15. Code Purple

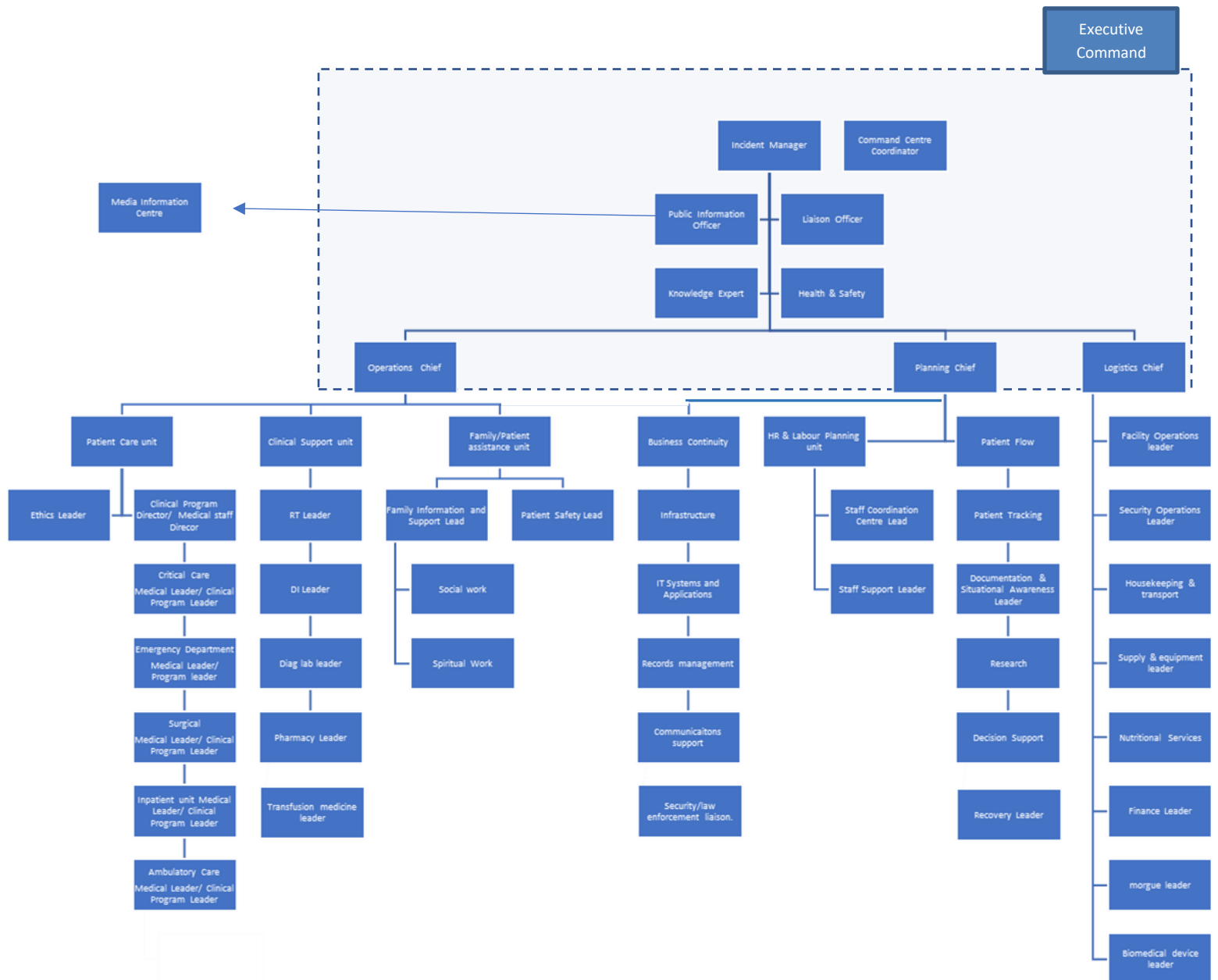
- The plan for how we would respond to a hostage-taking event with the hospital. Maintained by Security Services.

16. Code Silver

- Plan for how we will respond to an Active Attacker at Unity. Maintained by Security Services.
- Group looking at education and training on harmonized code.

Appendix B: Incident Command Centre Structure

Unity IMS - Framework



Appendix C: SMH IMS Roles & Responsibilities: Job Actions

Incident Manager (determined by Nature of Incident)

The role:

- As the name suggests, in overall charge of the incident
- Retains responsibility for all site operations, but delegates authority to get work done
- The strategist

Main functions:

- Facilitate the business cycle meetings
- Make appropriate decisions surrounding the course of the emergency response
- Provide focus to the members of the Command Centre
- Provide regular briefings concerning major challenges/incidents/successes to the CEO

Responsible for managing the following positions:

- Facility Operations Officer
- Public Information Officer
- Liaison Officer(s)
- Health & Safety Officer
- Operations Chief
- Planning Chief
- Logistics Chief

Subject Matter Expert (determined by Nature of the Incident: Infection Control, Facilities, Security, and could also be an External Resource)

The role:

- Building and or/ subject matter expert
- Ensures site limitations are clearly defined

Main functions:

- **Coordinate efforts in the areas of infection control, fire, building systems, physical site, etc.**
- Reporting all challenges facing the physical buildings that could impact clinical operations and or infrastructure
- Providing input into possible solutions
- Reporting any additional resources that may be required

Responsible for managing the following positions:

- IPAC
- Building Operators
- Maintenance staff
- Other staff as needed as it relates to physical site functions

Public Information Officer (Corporate Communications)

The role:

- Media and public information specialist
- Is expected to field all, media inquiries, arrange press conferences (if appropriate), arrange interviews or tours where appropriate
- Public service/safety announcements

Main functions:

- Preparing briefs/statements for approval to release to staff, family, media, etc.
- Coordinating media information centre
- Assist with any memorandums, messaging or other communications that shall be delivered external to the Disaster Command Centre
- Identify and report any reasonably foreseeable communications concerns

Responsible for managing the following positions:

- None

Liaison Officer(s)

The role:

- Key support and back up to the Incident Manager
- Maintains links, as required with other emergency services, outside agencies for sharing purposes
- A supportive tactician

Main functions:

- Act as liaison with external resources such as the Fire Department, Police, EMS, contract security service provider, etc.
- Responsible for the risk register as well as identification and escalation of items from the Action/Issues log
- Assist with the coordination of external resources
- Report any challenges facing external resources
- Provide input into possible solutions
- Report any additional resources that may be required

Responsible for managing the following positions:

- Operations Centre Coordinator
- Administrative Support

Health & Safety Officer

The role:

- Tasked solely with inspecting the site, reviewing all operations from a safety perspective, ensuring the safety of staff and patients
- Inspects the site and reviews all operations from a safety perspective
- Is authorized, in consultation with the Incident Manager/Command Centre, to order any unsafe work stopped immediately

Main functions:

- Monitor event for any possible safety/infectious related concerns

- Authorized to stop/correct any unsafe actions immediately
- Report, flag and major/critical concerns to the Incident Manager
- Provide input onto possible solutions
- Report any additional resources that may be required

Responsible for managing the following positions:

- Staff as it relates to health & safety concerns

Operations Officer

The role:

- Oversight of the “core clinical business of the organization at the incident
- The main clinician tactician

Main functions:

- Oversee the patient care efforts
- Receives and synthesizes feedback from clinical areas and across the hospital and escalates to Incident Manager/Command Centre
- Ensure the proper level/mix of clinical staff have been deployed to appropriate areas
- Report any challenges facing the patient care efforts
- Provide input into possible solutions
- Report any additional resources that may be required

Responsible for managing the following positions:

- Medical Care Director
- Inpatient Areas Supervisor
- Community Rehab Leader (as appropriate)

Planning Officer

The role:

- Responsible for short and long term planning (and research if required)
- Gathers all of the data required for incident management (i.e. weather forecasts bed closure, surge capacity, decreased clinical activities, etc.)
- Plans for recovery focus on clinical service recovery
- A supporting tactician

Main functions:

- Oversees general strategies, goals and objectives
- Manages most of the people resources (Labour Pool, HR, etc)
- Oversees the movement of patients throughout the facility
- Reports any challenges facing staffing levels
- Provide input into possible solutions
- Report any additional resources that may be required

Responsible for managing the following positions:

- Patient Tracking Leader – Access and Flow

- Research/Scientific Expertise Leader (if required normally an external position)
- Labour Pool Leader
- Human Resources Leader

Logistics Officer

The role:

- Oversight physical plan, vendor and equipment plan
- The “gopher” of the system
- Finds staff, fuel, vehicles, material, and supportive services for staff conducting core business
- Controls and maintains resources
- A supportive tactician

Main functions:

- Manages support functions such as movement of materials/supplies, food preparation, security, etc
- Reports any challenges facing inventory levels, movement of materials, etc
- Provide input into possible solutions
- Report any additional resources that may be required

Responsible for managing the following positions:

- Facilities
- Security Leader
- Nutrition Leader
- Finance Leader (Cost & Compensation Tracking)
- Materials Management Leader
- Information Technology Leader

Coordinator, Operations Centre

The role:

- Works closely with the Incident Manager and Liaison Officer and coordinates the running of the Command Centre
- Coordinates the flow of information in and out of the Command Centre

Main functions:

- Monitor and maintain the Action and Issues logs
- Monitors the Command Centre communications e-mail inbox
- Flags the issues/concerns to Incident Manager or Liaison Officer requiring action and follow up

Responsible for managing the following positions:

- None

Administrative Support, Operations Centre

The role:

- Works closely with the Coordinator to ensure the smooth running of the Command Centre
- Provides administrative support to Command Centre staff

Main functions:

- Ensures Issues/Actions log is kept up to date
- Record Business Cycle meetings/Check Ins
- Record times of any events related to incident/code
- Record all decisions made by Command Centre
- Provide general administrative support to Command Centre and opening up the teleconference line

Responsible for managing the following positions

- None

Appendix C: Emergency Drills and Exercises - Inventory

2019:

- **July 25: SJHC Code Orange Tabletop**
 - Objective: refresh on the Code Orange policy and do a tabletop walkthrough of a lakefront mass casualty scenario in preparation for Caribana
- **August 13: SMH ED Code Orange simulation**
 - Objective: walk through how the Emergency Department would function in the first 45mins of an event, a mass casualty incident at Union Station, prior to the activation of the Command Centre, including: Controlled Access specific to Code Orange
 - Triage and registration processes
 - Patient flow
 - Resource distribution/staffing
 - Blood delivery
 - Communication within the ED
 - Medication RN/pharmacist role
 - Job action sheets
 - Test the new blood management protocol for unidentified patients (purple turtle)
 - Ensure supply carts match the equipment needed for mass casualty events
- **November 28: Exercise GTA Unified**
 - A GTA-wide multi-partner functional exercise (i.e. activation of Command Centre but no simulated patients) designed to evaluate a health system response to a complex mass casualty event within the Greater Toronto Area. Unity both participated in the planning committee for this exercise and participated as a player across all three sites. The first post-integration emergency exercise in which all three sites participated simultaneously, successfully testing activation of a Unity-wide coordination response with Command Centre activation at each individual site supporting a central coordination approach. Objectives for Unity Health Toronto:
 - Testing flow strategies within and across Unity Health Toronto to create and manage capacity
 - Test internal activation and communications structures/activities across Command Centres at all three sites
 - Test the Incident Management System (IMS) structure across a three-site response
 - Test key Family Information and Support Centre processes in managing the family enquiries
 - Review HR/labour pool support processes

2021:

- **March 31: IT Department Cyber Security Tabletop**
 - Objective: Enact the IT Security Team's incident response plan to, in collaboration with the End User Support Team simulating a virus infection impacting desktop workstations

- propagating throughout Unity Health, including identifying the virus, containing it, and remediating the issue.
- The value of this exercise was demonstrated by a real-life incident on October 13th, 2021, when at approximately 3:30PM IT security identified a virus on a fileshare server at the SJHC site and enacted the incident response plan. By following the incident response plan IT Security was able to successfully engage the Technical Services Team to remediate the issue.
 - **September 13 – 30: SJHC Code White simulations**
 - Objective: simulate Code White response based on draft Code White policy to familiarize staff with policy, identify safety concerns and priorities for future training
 - **October 19: Code silver ‘walking tabletop’ exercise**
 - Objective: validate the draft corporate policy in a high-risk area
 - Similar walk-throughs to be conducted in the SJHC ED and a selected area at PHC

2020-2021 COVID-related simulation activities

- Due to the pressures of COVID, there were no major emergency code policy exercises conducted. However, multiple drills and simulation activities were carried out in support of Unity’s COVID response, supporting extraordinary response measures ranging from protected Code Blues, emergency transport, screening, implementation of PPE use for AGMP and other COVID-specific scenarios, the implementation of new operational spaces such as the Community Assessment Centre and Vaccine clinics, to Critical Care Triage tabletops. More than 2,300 staff receiving training through a combination of in-situ, centralized, and translational simulations.

Translational Sims		Date	Participants
Community Assessment Centre	Interactive sims Friday/Sat, 40 staff trained on Sunday	Mar-20	90
Vaccine Clinic SMH	3 sessions, 2 design, 1 medical emergency	Dec-20	57
Vaccine Clinic SJHC	2 sessions, 1 design, 1 medical emergency	Jan-21	30
Vaccine Clinic PHC	1 session	Jan-21	18
Queen Lobby – screening flow	Lobby re-design-tabletop	27-Jan-21	21
Queen Lobby – screening flow	Lobby part 2 in situ	18-Feb-21	12
Major Surge/Critical Care Triage	2 end user usability tests (MDs) and 1 tabletop with Executive Leadership	19-Feb-21	11
Medical Day Unit	1 tabletop	4-May-21	9

InSitu ‘Protected’ Codes and Transport			
Site	Class	Date	Participants
SMH	ED to ICU transport	28-Jan-20	7
SMH	Code Blue in Centre	29-Jan-20	19

SJHC	ER to ICU	6-Feb-20	9
SMH	Code Blue insitu MSIUC	7-Feb-20	25
SMH	Code Blue MSICU insitu	12-Feb-20	16
SMH	MSICU to OR transport	13-Feb-20	7
SMH	Code Blue Medicine in situ	27-Feb-20	13
SMH	Code Blue ED	5-Mar-20	21
SMH	Code Blue Obs-Gyn	19-Mar-20	11
SMH	OR in situ	20-Mar-20	11
SMH	Code Blue Obs-Gyn	20-Mar-20	10
SJHC	Code Blue insitu ICU	24-Mar-20	8
SJHC	Code Blue ED	25-Mar-20	15
SMH	TNICU insitu training	26-Mar-20	15
SMH	TNICU insitu training	27-Mar-20	16
SMH	Code Stroke	27-Mar-20	11
SMH	TNICU insitu training	29-Mar-20	11
Network	Tabletop MOC	29-Mar-20	8
Network	Tabletop MOC	29-Mar-20	7
SJHC	Code Blue 3M	3-Apr	12
SMH	TNICU PPE training in OR	April 4/5, 2020	150

Centralized Education			
Site	Class	Date	Participants
SJHC	Airway course	March-April 2020	100
SMH	OR PPE training	March 23-27, 2020	250
SMH	OR PPE	April-May 2020	9
SMH	Covid BLS Refresher	April-June 2020	9
PHC	Covid BLS Refresher	April-June 2020	146
SJHC	Covid BLS Refresher	April-June 2020	245
SMH	Code Blue Special	April-Sept 2020	168
SJHC	Code Blue Special	April-Sept 2020	273
SMH	AGMP PPE	Oct 2020-April 2021	395

SJHC	AGMP PPE	Oct 2020- Aug 31 2021	262
PHC	BLS/AGMP Covid floors	Dec-20	17
SJHC	Oxygen and Proning (FBC)	May-21	48
SMH	Functional Line Training- AMGP	May 5,10	11
SMH	Functional Line Training- Proning	May 7 & 10, 2021	15
SMH	Functional Line Training- Ergonomics & Mobility	10-May- 21	7
SMH	Oxygen Titration	March 2021- Oct 21, 2021	31
SJHC	Suctioning & Oxygen Titration Open labs	March 2021- Oct 21, 2021	51
SMH	Suctioning	March 2021- Oct 21, 2021	35