

trellis

MENTAL HEALTH AND DEVELOPMENTAL SERVICES

Enhancing Wellness, Enriching Lives

EMERGENCY PREPAREDNESS PLAN



www.trellis.on.ca

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I. EXECUTIVE SUMMARY

Authority: As in any emergency, the Executive Director, or his/her designate, will determine the appropriate response.

Trellis' Emergency Preparedness Plan is the responsibility of the Executive Director, and is informed by the Emergency Preparedness Committee (EPC). The Executive Director is the Chairperson of the EPC. The EPC Terms of Reference are attached as Appendix 5.

In an emergency, the ED, or his/her designate, may convene the Incident Management Team (IMT). If convened, the IMT has full decision making authority and responsibility to manage the emergency. The IMT Terms of Reference are attached as Appendix 5.

The Executive Director, or his/her designate, has the authority to close Trellis, acting on the recommendation of the IMT.

Looking After Those Affected: Plans are developed to support the safety of staff, students, volunteers and clients who may be affected.

Business Continuity: Business may not be "as usual". It is highly likely that appointments will be cancelled at some point as well as many functions and activities. It is possible Trellis will be closed as well. However, even if Trellis closes, it is imperative that essential functions continue to operate. It is these functions that require close planning.

Department Plans: This plan identifies the essential functions of Trellis. All departments identified in this plan as performing essential functions must develop individual plans to ensure they meet these commitments (Refer to Appendix 2).

II. CHALLENGES TO TRELIS

Trellis may face numerous significant challenges as a result of an emergency. Trellis will focus on the following areas to reduce and/or overcome the challenges caused by the emergency.

Employee Absenteeism

High absenteeism will present challenges to our delivery of services as human resources will be strained in all aspects of the operations. Strategies to manage staff shortages and to cancel non-critical activities must be developed. Such strategies may include redeploying staff from non-urgent activities or drawing on additional workers such as recent retirees, students, or volunteers.

Communication

Communication is critical to an effective response to an emergency. Trellis will ensure accurate and effective communication to staff, students, volunteers, clients and visitors and its stakeholders. Trellis will communicate early in an emergency and as often as possible to keep the information current and reduce anxiety. Details on communication issues are identified in Appendix 1.

The Executive Director (or delegate) is the spokesperson for Trellis. The messages will be informative, factual, timely, and clear and aim to minimize undue panic. A central communication plan will be established that addresses the information that is to be relayed. Trellis' identified methods of communication will be employed to ensure rapid and efficient communication with a large number of staff with special consideration to employees who may not have ready access to a computer or telephone (see Appendix 1). A communication hotline is available for staff (519 821-8089 extension 299) and for clients (519 821-8089 extension 399) to receive immediate information. Trellis recognizes that cell phone systems may go down and websites may not be accessible. As such, numerous communication vehicles will be used including "call outs", posting of hard copy notices and radio announcements.

In the event that the IMS Team is convened, communication will be the responsibility of the Communications/Community Liaison Officer. Communication will be coordinated through the Coordinator; the spokesperson remains the Executive Director or the Incident Manager (if directed by the Executive Director).

Communication Tools differ depending upon the type of emergency. Trellis' Executive Coordinator is the lead for all communications. The Executive Coordinator will work closely with the Executive Director and together they will determine which method will be implemented. Some specific methods of communication are tied to sites and specific emergencies (ie. Codes). In these instances, staff will follow policy.

Education and Training

Education and training sessions have been developed and provided to staff, students and volunteers regarding emergency and service continuity plans, so they will know their roles and responsibilities. Staff, students, who have direct contact with the public are also trained in Non-Violent Crisis Intervention (NVCI), and infection control precautions. Annual refreshers and re-certifications are practiced. Trellis' SSAH staff and volunteers receive information and a condensed version of the NVCI and Infection Control precautions.

Trellis' Joint Health and Safety Committee is responsible for oversight of Trellis' Codes and Practise Drills. It is the responsibility of each site JHSC representative to ensure site staff are aware of emergency procedures, policies, and practices for those areas which they oversee. All Trellis policies are posted on the Garden, under Agency Handbook; the Codes

practiced at Trellis each have their own policy. See Appendix 8 for examples of incidents/emergency situations. To the degree possible, Trellis has plans to address each type.

Trellis' Incident Reporting Form is used to document incidents/issues. Completion of this form ensures full-circle reporting, including a review with lessons learned identified and communicated. These actual scenarios are used in training and orientation sessions.

The Emergency Preparedness Plan and other relevant information is available for Staff in the Garden in the Safety section. Clients are informed of Trellis' Emergency Preparedness Plan via Trellis' website.

The Incident Management Team

Trellis' response to an emergency will be directed and controlled by the Incident Management Team (IMT), a group of senior administrators responsible for coordinating the provision of the essential services necessary to minimize the effects of the incident. It is very important that all members of the IMT identify an alternate. See the IMS Terms of Reference

Membership:

| | |
|-----------------------------------|---|
| Incident Manager: | Executive Director (or designate) (Chairperson) |
| Medical: | Medical Director (or designate) |
| Safety & Security Officer: | Human Resources Mgr/Chair JHSC |
| Communications & Liaison Officer: | Executive Coordinator |
| Program Lead: | Director of Programs (or designate) |
| Operations Lead: | Director of Operations (or designate) |
| Scribe: | Executive Assistant |

Additional personnel may be called to assist the work of the IMT including:

- Medical Specialists
- Service Managers / Regional Coordinators (or designate)
- Finance Manager
- Information Technology, Facilities, JHSC,
- Community emergency management coordinator – Communities we serve;
- Police representative;
- Public Health representative (for the community affected).

The IMT have job descriptions with defined roles and responsibilities. See Appendix 7 It is critical that the IMT work very closely with representatives of the major stakeholder groups (staff, client and funder groups) as communication and consistent messaging will be very important during an emergency.

The members of the IMT will follow the guidelines for an emergency crisis response and consider the following:

- Confirming that an emergency is potentially going to impact (a site) and declaring that the IMT is assuming responsibility for the coordinated response.
- Identifying protocols for utilizing temporary staff, students and volunteers to perform critical functions.
- In consultation with the ED, authorizing and coordinating the evacuation and/or closing of part, or all, of Trellis.
- Notifying, assistance from and/or liaison with various levels of government or public agencies, as considered necessary.
- Confirming that the emergency is over and noting that the IMT has fulfilled its mandate.

III. MANAGING TRELLIS PRIORITIES

The priorities for Trellis in an event of an emergency are to maintain, insofar as is possible, the following:

- Health, safety, and security of staff, students, volunteers, contractors, clients, and visitors to Trellis' premises;
- Communications to deliver critical messages to internal and external audiences, in a timely, accurate, and comprehensive way;
- Continuity of essential services including, crisis, essential administrative services (regulatory compliance, pay, benefits, records) supply management, and security and preservation of Trellis' facilities, equipment, and documentation. Many services initially identified as essential may move to non-essential if the emergency/incident becomes widespread.
- Effective partnerships and support with key external agencies and the communities we serve.

Business Continuity Issues

Identify Essential Functions and Personnel

During an emergency, it may not be business as usual. Functions may stop. Some offices may be closed, therefore, one of the key elements in any plan is to define the essential functions that are critical to maintain. These services are identified in Appendix 2. Note: it is function, not department that are essential. Some departments may restrict functions to only one or two items. Some of these critical functions and personnel will vary according to the extent of emergency/incident. All essential services need to be reviewed to determine what can be performed off-site.

Response to Human Resource Issues

- Review the list of essential personnel and essential functions.
- Encourage staff to update emergency contact information.
- Review vacation/sick leave guidelines for applicability.
- Prepare communications for staff, students, and volunteers addressing guidelines related to the emergency, travel procedures, information to people returning from affected areas and access to the Trellis' employee assistance programs.
- Review/update work-at-home guidelines
- Assist in the recruitment of a volunteer work force and identification of cross-training needs as required.
- Deploy affected staff from a specific site to deliver services from another Trellis site, if applicable.

Partnerships

Trellis also recognizes the external partners and users of our facilities may also be impacted during an emergency. For example, agencies that co-locate with us in our offices may not have access to our services and/or facilities.

Building Maintenance

Trellis has many sites/buildings that will need to continue to be lit, heated and cleaned. Facilities staff will need to prioritize building maintenance support and develop plans to ensure continued operation of essential services. Some buildings may need to be closed as a result of the emergency/incident. With the exception of the 3 offices in Guelph, all sites are located in communities which may not be impacted by the emergency. Depending upon the nature of the emergency/incident, Facilities staff may request that Site Coordinators take responsibility to manage site needs until the emergency/incident is resolved.

Business and Finance

Trellis will not shut down completely regardless of the emergency/incident. While some offices may be closed to the public, some staff will still be working. As such, there is a need to estimate the impact and identify emergency funding to cover purchases and business continuation. Stockpiling may need to occur and procedures may need to be developed for rapid procurement and payment for supplies, equipment and services.

Health Services Supplies

Depending upon the emergency/incident, it may become difficult, if not impossible, to obtain medical supplies. Therefore, the IMT may pool resources and supplies. Supplies may be controlled; consumable items will be provided only to essential personnel and clients. Trellis will not have the capacity to provide supplies for all members of its community.

Legal Issues

Legal counsel will provide advice on legal issues (e.g., restricting access or travel,

isolation/quarantine, liability, compulsory vaccination for staff, students, and volunteers. Other issues include insurance issues and labour and employment law issues.

Biological Waste Disposal

Nursing has identified contingencies in the event that biomedical waste management service providers do not have sufficient staff to conduct normal pick-ups.

Network Computer Services

Potential service disruptions or interruptions (on or off-site) may arise. During an emergency Trellis may experience a surge in demand which could affect the quality and availability of work from home tools.

IV. POST EMERGENCY

The IMT will complete a formal debrief once the emergency/incident is over. There may be an opportunity to debrief the emergency with the major participants and an action report prepared that documents lessons learned and recommendations for changes to the Trellis' plan. Trellis' EPC will also conduct a debrief and evaluation and their findings. Recommendations will be implemented.

I. PANDEMIC

The following plan should be read in the context of Trellis' broader Emergency Response Plan which can be found on the Garden. An influenza pandemic (pandemic) is one in a possible range of emergencies Trellis could face and for which it must be prepared. However, a pandemic brings with it unique challenges so extreme that careful advance planning is required. Given the concerns raised by health officials around the world that a pandemic is likely, all major institutions, as well as countries and municipalities, are being asked to prepare plans.

This report identifies for Trellis issues of primary concern. It also identifies the characteristics of a pandemic, the unique challenges it presents and establishes authority for decision making. It also identifies essential functions for business continuity. Finally, the plan identifies those units that need to prepare detailed departmental plans.

Pandemic Influenza: Pandemic influenza can occur when a new strain of influenza appears, to which people have little or no immunity, there is no immediate vaccine, and serious clinical illness and/or death may result.

Challenges: Challenges unique to a pandemic include:

1. Extremely high absenteeism – 30 per cent as well as cyclical ripples resulting from additional exposure. Some of the individuals are likely to die.
2. Close involvement and co-ordination with the relevant community response teams (local and provincial) and local Public Health units.
3. Supply chain disruptions.
4. Communication disruptions.

Authority: As in any emergency, the Executive Director, or his/her delegate, has full decision making authority and responsibility. The Executive Director may consult the Emergency Preparedness Committee (EPC). The Executive Director, or his/her designate, has the authority to close Trellis. However, in a pandemic, the external authorities and/or local Public Health will also play an important role in the decision making.

Looking After Those Affected: Plans have been developed to support staff, students and volunteers who are affected.

Business Continuity: Business will not be "as usual". It is highly likely that appointments will be cancelled at some point as well as many functions and activities. It is possible Trellis will be closed as well. However, even if Trellis closes, it is imperative that essential functions continue to operate. It is these functions that require close planning. Trellis is connected to community emergency planning and will work with the community to ensure essential services are coordinated and delivered in a manner that protects staff and clients.

Department Plans: The report identifies the essential functions of Trellis. All departments identified in this plan as performing essential functions must develop individual plans to ensure they meet these commitments (Refer to Appendix 2).

OBJECTIVE

The objective of this plan is to direct the members of the Trellis community to respond effectively in the event of a pandemic. Our main goal is to protect our community during a pandemic and limit the impact on Trellis' ability to achieve its strategic direction of delivering services. Trellis will take steps necessary to strengthen pandemic preparedness; contain or delay the spread of the virus; ensure early detection, notification, and response to cases; and to minimize the impact of the pandemic on the communities within which Trellis operates. It is recognized that there will need to be a balance between protecting the community generally and protecting individual rights and freedoms. The goals of the Pandemic Plan for Trellis are consistent with the provincial and Wellington-Dufferin-Guelph Public Health's goals:

1. To minimize the serious illness and overall deaths.
2. To minimize disruption.

This plan guides pandemic preparedness efforts at all Trellis locations. While Trellis will work closely with community partners, each partner will be guided by its own pandemic plan.

DEFINITION OF A PANDEMIC

Pandemic Influenza

Pandemic influenza can occur when a new strain of influenza appears to which people have little or no immunity and there is no immediate vaccine. To be considered influenza pandemic, the new strain must be easily transmitted from human to human and cause serious clinical illness or death.

In contrast to the normal pattern of common infectious diseases, the appearance of a pandemic may be abrupt and spread rapidly. In addition, pandemic influenza will strike in waves rather than appearing as one incident that dissipates. It is predicted that except for very early index cases, quarantine will not provide adequate isolation or prevent the spread of the virus. It is unknown how much advance warning there will be, how long the pandemic will last, how many cycles of illness will occur, or which age group(s) will be most affected.

Related Links:

- World Health Organization: <http://www.who.int/csr/disease/influenza/pandemic/en/>
- The Government of Canada: Pandemic Influenza:
http://www.influenza.gc.ca/index_e.html
- Wellington-Dufferin-Guelph Public Health: Pandemic Influenza
<http://www.wdghu.org/page.cfm?id=718&newsID=27&a=1>
- Ontario Ministry of Health and Long Term Care
http://www.health.gov.on.ca/english/public/program/emu/pan_flu/pan_flu_mn.html

WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

| | ESTIMATED PROBABILITY OF PANDEMIC | DESCRIPTION | MAIN ACTIONS IN AFFECTED COUNTRIES | MAIN ACTIONS IN NOT-YET AFFECTED COUNTRIES | OVERARCHING PUBLIC HEALTH GOALS |
|----------------|-----------------------------------|--|---|--|---|
| PHASE 1 | Uncertain | No animal influenza virus circulating among animals has been reported to cause infection in humans. | Producing, implementing, exercising, and harmonizing national pandemic influenza preparedness and response plans with national emergency preparedness and response plans. | | Strengthen influenza pandemic preparedness at the global, regional, national and if present in animals, the subnational levels. |
| PHASE 2 | | An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat. | | | Minimize the risk of transmission of humans; detect and report such transmission rapidly if it occurs. |
| PHASE 3 | | An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. | | | Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases. |
| PHASE 4 | Medium to High | Human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified. | Rapid containment | Readiness for pandemic response | Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. |
| PHASE 5 | High to Certain | The same identified virus has caused sustained community level outbreaks in at least two countries in one WHO region | Pandemic response: Each country to implement actions as called for in | Readiness for imminent response. | Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement a pandemic response measures. |
| PHASE 6 | Pandemic in | In addition to the criteria defined in Phase 5, the same virus has | | | Minimize the impact of the pandemic. |

| | | | | | |
|-----------------------------|----------|--|---|--|--|
| | progress | caused sustained community level outbreaks in at least one other country in another WHO region. | their national plans. | | |
| POST-PEAK PERIOD | | Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels. | Evaluation of response; recovery; preparation for possible second wave. | | |
| POSSIBLE NEW WAVE | | Level of pandemic influenza activity in most counties with adequate surveillance is rising again. | Response | | |
| POST-PANDEMIC PERIOD | | Levels of influenza have returned to the levels seen for seasonal influenza in most countries the adequate surveillance. | Evaluation of response; revision of plans; recovery. | | |

Source: World Health Organization, Pandemic Influenza Preparedness and Response, April 2009

CHALLENGES DURING A PANDEMIC

A. Challenges to the Broader Community

Employee Absenteeism

Health Canada estimates that 15 to 35 per cent of the population will become ill during the course of a pandemic and be unable to work for a period of time. Many people who are not ill will likely stay home to care for children, other family members, or friends who are ill. As well, some people may stay home due to concerns or fears about potential exposure to illness in the workplace. The resulting high rates of employee absenteeism will affect every sector and every part of the affected communities.

Communication

Regular mediums of communication may be adversely affected due to absenteeism and increased demand for information.

Supply Chain Disruption

High absenteeism will likely affect the delivery of services and goods, nationally and internationally, as transportation and manufacturing staff will be ill. The pandemic will affect countries around the world, with some regions hit earlier, longer, and harder than others. If border crossings or transportation systems are disrupted, the delivery of supplies may be delayed. It is anticipated that a pandemic will result in interruption of services and a shortage of supplies and fuel. Identifying contingency plans for sustaining basic functions in case of loss of telecommunications, utilities, and IT capability is required in departmental plans.

Public Health Measures

Public health measures are non-medical interventions that may be imposed by provincial or local public health care officials to reduce the spread of the influenza virus in the community. These measures may include public education; case and contact management; community-based disease control measures, such as cancellation of public gatherings (e.g., conferences, classes or sporting events); or closure of schools and day nurseries. In addition, the federal government may issue travel restrictions and screening of travelers.

Changes in Demand and Access to Services

During a pandemic, citizens in affected communities will likely demand greater access to information and services that could help reduce the impacts of the pandemic on their health (e.g. emergency services, public health services and clean water) and daily activities (e.g., public transit). However, the services may actually become limited due to absenteeism.

Social Issues

There may be restrictions on international travel and border crossings. There will be challenges to decisions as to who gets vaccines and who is required to help support the sick.

CHALLENGES TO TRELIS

Trellis will face numerous significant challenges as a result of a widespread pandemic. Trellis will focus on the following areas to reduce and/or overcome the challenges caused by the pandemic.

Employee Absenteeism

High absenteeism will present challenges to our delivery of services as human resources will be strained in all aspects of the operations. Strategies to manage staff shortages and to cancel non-critical activities must be developed. Such strategies may include redeploying staff from non-urgent activities or drawing on additional workers such as recent retirees, students, or volunteers. Departments will be encouraged to develop social distancing strategies at the first signs of increased rates of absenteeism. These strategies include encouraging employees who have symptoms to stay home, providing employees the option to work from home, and staggered or alternative work hours.

Communication

Communication will be critical to an effective response to the pandemic. Trellis will need to ensure accurate and effective communication to staff, students, volunteers, clients and visitors. Trellis will follow its regular communication methods to communicate with clients, after-hours workers, staff, and community stakeholders about changes in services.

Education and Training

Staff receive "Fit" testing for masking purposes bi-annually and/or at time of hire. Training on Infection Control is provided at time of hire; resources are available on Trellis' Garden, under Safety. As well, information is available to staff, students, volunteers, and clients on Trellis' Emergency Response Plan through the Garden and website.

Supplies

In the event of a pandemic, the ability to obtain supplies will be affected as goods may be unavailable or shipping/receiving may be impeded. A list of essential supplies will need to be developed in advance; planning will begin at Stage 2 as identified by the World Health Organization (WHO) and/or the WDG Public Health . Where possible, supplies deemed essential will be secured and stored at adequate levels prior to a pandemic.

Providing Support for Those Affected

Individuals will be affected in numerous ways: staff of Trellis may be ill or caring for ill family members; individuals may be dealing with the loss of family members or friends.

Service Continuity Plan

Trellis will plan to reduce the impact on its operations and to ensure continuation of services wherever possible.

PLANNING AND PREPAREDNESS**ROLE OF PUBLIC HEALTH DURING A PANDEMIC**

Public Health Units play a significant role during a pandemic. Its functions include:

- Disease surveillance and reporting.
- Case investigation and management.
- Identification and follow-up of close contacts.
- Health risk assessment and communications.
- Liaison with the hospitals and other agencies.
- Community-based disease control strategies.
- Vaccine and antiviral medication administration and distribution.

Public Health units have worked closely with communities as they developed their plans. In 2009, the Wellington-Dufferin-Guelph Public Health Unit took the lead in developing a local pandemic plan for the City of Guelph. Local Public Health units will be guided by decisions made at the federal or provincial levels (e.g., regulations regarding who has priority in receiving vaccination once a pandemic vaccine becomes available). Trellis will work closely with Public Health and the communities we serve as it responds to the pandemic and, in some cases, may be mandated by these bodies to take action. It is understood that we will need to make many of our own decisions. The Emergency Planning Committee (EPC) will have the authority to determine actions for Trellis.

ROLE OF TRELIS DURING A PANDEMIC**Operations Management**

The many complex decisions that will be made during a pandemic must be co-ordinated and carefully managed. If the situation moves to *Phase 2*, Trellis may assemble the Emergency Preparedness Committee (EPC) or the Incident Management Team (IMT) which will have overall authority in this regard. If the situation moves beyond *Phase 2*, Trellis will be guided by the EPC/IMT (Refer to page 5 or Appendix 5). Trellis will not assume that assistance will be provided during a pandemic, given the wide-scale demands and limitation of resources. While Trellis will be guided by Public Health, it will make its own decision on policy and guidelines (e.g., closure or scale-back criteria).

Health and Safety of the Trellis Community

There are three components to caring for our Trellis community:

1. Education to minimize the spread of illness.
2. Containment of the influenza once within the organization.
3. Caring for those affected.

EDUCATION AND TRAINING

In order to be proactive, education and training regarding pandemic planning is paramount to minimizing the impact of a pandemic on the local community.

The Joint Health and Safety Committee (JHSC) with the assistance of Nursing will assemble and distribute information to increase awareness of pandemic influenza and other infectious diseases. Materials will be distributed to all members of our communities using a variety of media tools including internet websites, the Garden, emails, voicemail, and documents.

CONTAINMENT AND INFECTION CONTROL

With the first occurrences of human to human pandemic transmission Trellis will implement containment procedures: social distancing, isolation, infection control measures, increased cleaning protocols, and site closures if required.

CARING FOR THOSE AFFECTED

Social distancing will be a critical factor in minimizing the spread of the virus. Social distancing (ie. 2 metre space) refers to actions taken to discourage close social contact between individuals. This intervention would be most effective when instituted early in the pandemic and before infection takes hold in a community.

Ideally, social distancing measures should be acted on early when the attack rate in the community is 0.01 percent. As the attack rate will dramatically increase in one week, there will be a small window of opportunity to enact the strategies that will have the greatest impact. Examples of social distancing include creating space in waiting rooms, cancellation of work activities: groups, cooking classes, team meetings; personal activities: sporting events, worship services, and other social events. There is increased probability of exposure in some buildings and gathering places where there is a greater likelihood of direct contact with others because of high volume of pedestrian traffic or high density of occupants.

Isolation refers to separating individuals with illness from the general population and restricting their movement within the general population until they are no longer contagious. ***Quarantine*** is the separation and restriction of movement of those who are not ill but believed to have been exposed. Staff will need to take precautions and be aware of

places to which they normally visit which are experiencing an isolation or quarantine issue.

All personnel who come in contact with significant numbers of individuals (ie., administrative/support staff, direct service staff, physicians, students, and volunteers) have been trained in *infection control procedures*, the use of protective equipment, biological waste disposal procedures (if required) and Trellis' pandemic plan. Precautions for employee health protection and personal hygiene are summarized at:

http://www.phac-aspc.gc.ca/influenza/flupc_e.html

<http://www.cdc.gov/germstopper/work.htm>

http://www.ccohs.ca/oshanswers/diseases/washing_hands.html

Infection Control Supplies and Estimating Requirements

Surgical masks or filtering face-piece respirators will be required. The type of mask will be recommended by Public Health. During the early phases of a pandemic masks will minimize the transmission of influenza when there is face-to-face contact with coughing individuals. EPC will oversee the issuing of supplies in collaboration with JHSC who will work with sites to ensure there are sufficient supplies for those individuals who are performing essential services (approximately 4 weeks supply). Trellis will not have the capacity to provide masks for all members of its community. These items will be reserved for essential functions only. Information on infection control is found in Appendix 4.

Vaccination and Antiviral Drugs

In the event of a pandemic, it's unlikely that a vaccine will be readily available. Once available, the vaccine will be administered on a priority basis, determined by city and public health plans.

BUSINESS CONTINUITY

The first priority of this plan is to safeguard the health of individual members of our Trellis community. Therefore, it is desirable in each area of administrative responsibility to maintain operations as fully as possible but only in ways that emphasize during a declared medical emergency social distancing and other effective public practices. At the same time, Trellis must take steps to ensure its core business continues to the extent possible. There will be significant challenges and difficult decisions to be made. Every attempt will be made to keep critical functions operational. The ED, on the advice of the IMT, will have to determine at which point the absence of staff becomes a significant disruption, and cancel services/close offices. However, even if services are cancelled, activities must still continue: employees need to be paid; supplies need to be purchased; buildings need to be maintained and technology and infrastructures need to be protected.

Business Continuity Issues

Identify Essential Functions and Personnel

During a pandemic, it will not be business as usual. Functions will stop. Attempts will be made to close buildings; therefore, one of the key elements in any plan is to define the essential functions that are critical to maintain. These services are identified in Appendix 3. Note: it is function, not department that are essential. Some departments may restrict functions to only one or two items. Some of these critical functions and personnel will vary according to the extent of the illness in the community. All essential services need to be reviewed to determine what can be performed off-site. At all times, social distancing should be a goal.

Response to Human Resource Issues

Trellis is prepared for absenteeism of up to 30%; consideration will be given to

- Review of the list of essential personnel and essential functions.
- Encourage staff to update emergency contact information.
- Review vacation/sick leave guidelines for applicability.
- Develop and clearly articulate Trellis' position on employee requirements for those who are ill, and for those who have ill family members at home.
- Establish return-to-work guidelines consistent with the case definition.
- Prepare communications for staff, students, and volunteers addressing guidelines related to reporting of illness, travel procedures, information to people returning from affected areas and access to the Trellis' employee assistance programs.
- Review/update work-at-home guidelines
- Assist in the recruitment of a volunteer work force and identification of cross-training needs as required.

Partnerships

Trellis also recognizes the external partners and users of our facilities will also be impacted during a pandemic; agencies that co-locate with us in our offices may not have access to our services and/or facilities.

Health Services Supplies

Once a pandemic starts, it will become difficult, if not impossible, to obtain medical supplies. Therefore, the IMT in collaboration with Nursing and the JHSC will pool resources and supplies and follow the Ministry of Health and Long-Term Care guidelines. Supplies will need to be controlled; consumable items, such as masks, will be provided only to essential personnel and clients. Trellis will not have the capacity to provide supplies for all members of its community. Community members will be urged to purchase home survival kits well in advance of stage 5 of a pandemic (Refer to Appendix 4).

Biological Waste Disposal

Nursing will develop contingencies in the event that biomedical waste management service providers do not have sufficient staff to conduct normal pick-ups.

Network Computer Services

Potential service disruptions or interruptions (on or off-site) could arise due to labour shortages in IT network support or maintenance. During a pandemic, Trellis will likely experience a surge in demand which could affect the quality and availability of work from home tools.

POST PANDEMIC PERIOD

The ED, on the IMT's recommendation, will declare the pandemic over and call for a return to normal operations. Trellis will plan for a recovery process, which will involve all departments/services. Community members who have been ill or impacted by others who were ill will need support. Transition planning will be needed to move back to normal operations. In addition, there will need to be a debriefing of the emergency with the major participants and an action report prepared that documents lessons learned and recommendations for changes to the plan. Trellis' EPC will conduct a debrief and evaluation and their findings/recommendations will be implemented.

II Inclement Weather

To view the policy on Inclement Weather, please refer to the Human Resources Manual.

Existing communication protocols will be used to inform staff of any office closure.

III External Service Interruption

External service interruptions (ie. Postal strike) may at times impact Trellis. When an interruption takes place, Staff will work within existing communication protocols to ensure clients are informed of plans to address.

IV Internal Service Interruption

Planned

Trellis will take every measure to ensure that planned service interruptions are communicated to staff, clients and affected community partners. Examples of a planned service interruption include Phone and/or Computer System Repairs.

Unplanned

When Trellis experiences an unplanned service interruption, (ie. computers, phones, electrical), normal communication practices will be followed.

Appendix 1 - Communications

In support our values

'Everybody is important', 'Simplicity Works', 'Accountability is Essential' and 'Empowerment is the goal'

Designed to champion our strategic goals of

'Delivering great services' and 'being a great place to work'

Plan Goal

To direct the members of Trellis' community to respond effectively in the event of an emergency. Our main goal is to protect our community during an emergency and limit the impact on Trellis' ability to achieve its mission. It is recognized that there will need to be a balance between protecting the community generally and protecting individual rights and freedoms.

Why A Communication Plan

Strong communications really matter. It affects how we talk and work with our clients and one another. It impacts our ability to make decisions, learn from our mistakes and grow together as a team.

Most importantly it impacts our ability to meet the needs of our staff and clients. The easier and more efficiently we can share information, ideas and learnings, the better we can support our clients.

The goal of this plan is to help us strengthen our ability to communicate with one another during an emergency. We believe that effective processes, clear messages and consistent tools will let everyone at, and involved with, Trellis have the information they need, when they need it. And if it doesn't we want to hear about it!

Communications:

During an emergency, communications will focus on providing up-to-date information to Trellis' community (staff, students, volunteers, clients and stakeholders) as well as to clients, families, and stakeholders (including government agencies and civil leaders) and to the general public. The Executive Director, or designate, is the spokesperson for Trellis. All communication will be directed through the Communications/Liaison Officer (Executive Coordinator.)

Trellis' website and The Garden (internal to staff and students) will be the primary sources of information during an emergency.

Information posted to Trellis' website will be updated as needed, most likely in the late afternoon (ie 4:00 pm), following briefing by the IMT and/or the provincial and local health departments. All postings will include a day and time posted on them.

Information relating to the Emergency will be accessed through our website; this area of the website will be activated as soon as an emergency is declared. The link will be accessed on the website's homepage and named Emergency Information. The page will include links to FAQs and fact sheets, lists of cancellations and links to public health and other communications materials.

Other methods of communication (ie. fan-out, mass email, voicemail, emergency voicemail) will be utilized, but are more likely to be the option for directives or verbal updates. In the event that website/intranet are down, Trellis will also consider posting information on entrance doors and using radio media for announcements.

Trellis' Communications lead will also provide the text for an automated message for the telephone system that will direct clients to a recorded information line (extension 399) where they will receive updates and additional information/contacts.

Given the uncertain nature of an emergency, it is possible that there could be problems with electronic communication, so a multi-pronged approach is necessary.

This includes utilizing existing fan out procedures such as those used for hazardous weather and other emergencies for internal communications to ensure notification.

The focus will be on communicating messages specific to Trellis (ie. how many staff are affected by the emergency, what steps are being taken, employee absences, daily monitoring and updates, provision of services and how to access services, etc.).

Trellis communications will incorporate or link to messages from other agencies (ie. public health) that provide information about the emergency and related issues, including travel advisories, fact sheets, FAQs, personal hygiene and planning tips, provincial and local public health resources.

A member of Trellis' communication team will sit on the Communications Advisory Committee for Planning for Wellington Dufferin Guelph, which is overseen by the Public Health Department. She/he will liaise with that entity to provide and distribute communication materials/information. Trellis' Communication Lead will also be connected to local/municipal planning bodies.

Trellis will develop key messages that will be communicated via community bulletins, news releases, mass emails and/or verbally to the external media.

Messages intended for Trellis' community will be posted on Trellis' webpage as community bulletins. Messages intended for media distribution will also be posted to the web page but as news releases, meaning that they will also be sent to local and regional newspapers, radio and television stations. Mass emails and/or fax bulletins will also be part of the communication efforts.

In addition, information will be available to switchboard services to ensure that people have appropriate information and/or telephone numbers and web pages where they can access more information.

Appendix 2 - Essential Functions

The following is a list of essential functions. Note, what is essential may change during the course of an emergency (e.g., in a pandemic, functions change dependant upon whether services are being delivered, or whether Trellis is closed). In the event of a pandemic that significantly impacts the health of Trellis' staff, students and volunteers, Trellis will stop doing much of its business and focus on essential functions.

Members of Trellis who are well will be asked to support the essential functions. Efforts will be made to perform many of these functions from off-site in an effort to interrupt the spread of the pandemic virus. All departments that perform essential functions will be required to develop *departmental plans* that identify how such functions could continue with up to 30% of the work force away. Possible response strategies include:

1. Methods and procedures to ensure continuity of operations, such as configuring computers to enable some employees to work from home, or delivery of services in different ways.
2. Consideration of need for alternate means to deal with critical labour shortages (e.g., cross-training, temporary staff, equipment and services etc.).
3. Emergency shutdown procedures for immediate protection of people, equipment, work areas and/or buildings if necessary.
4. Planned reductions in service based on staff absenteeism levels; including list of stakeholders to be notified about service reduction.
5. Protective containment issues including counter barriers, stay at home sick policies, social distancing, conference calls in lieu of meetings, etc.
6. Procedures for communication with staff, students, volunteers, clients, suppliers and contractors about status of work unit (e.g., phone, email, web, media, signage etc).
7. Fan out lists and procedures for key personnel.
8. Review procedures to ensure preservation of valuable data which may be at risk.

The following units have been identified as needed to provide some essential functions. Each department will be required to prepare detailed plans for these functions:

Information Technology (IT) / Facilities

IT will need to ensure that some of the critical IT programs and support is provided. Some functions will be stopped to direct resources to critical functions.

1. It will be crucial to permit people who are physically able to work to do so from home, forgoing the need to gather in large groups.
2. All electronic communication methods, including telephone, e-mail and web pages and the telephone switchboard.
3. Technical support for areas of Trellis where work is essential and support is required for them to fulfill their responsibilities. Examples include: troubleshooting, repairing and replacing computing equipment/software that is essential to the ongoing operation of Trellis.
4. All major applications identified by Trellis' EPC need to remain functional at some level, (ie. Caseworks, InSync, Accpac). In addition, each area will need to have access to some level of expertise & authority within each functional department (HR, Finance, Direct Services, Risk Management).
5. Essential housekeeping, particularly in high risk areas (waiting rooms, nurse practitioners office, washrooms).
6. Develop plans for continuation of housekeeping services and stockpiling items, such as cleaning and disinfecting supplies, hand sanitizer, facial tissues, toilet paper and disposable towels.
7. Keeping heat, hydro, and portable water systems operational.
8. Discuss contingency plans in case of water and energy shortages.

Joint Health and Safety Committee

Joint Health and Safety Committee will need to ensure there is adequate response to critical needs:

1. Provide education and training as directed by the EPC.
2. Advise Trellis employees of their rights and responsibilities relating to health and safety in the workplace.

3. In collaboration with management, work with individuals who are refusing to work due to fear of illness contraction.
4. Make recommendations to the EPC on those staff who have chosen not to be “fit” tested for masking.

Financial Services

1. Ensuring the agency remains solvent (paying necessary bills, monitoring cash flow).

Human Resources

Human Resources would focus its attention on these primary functions:

1. Payroll: This would be the most critical area within Human Resources (HR) to keep operational.
2. Support benefits for individuals who are caregivers or who become ill: HR will establish policies for employee leave, compensation, employees in and near infected areas, how to deal with those exposed to pandemic influenza and those who become ill (i.e. immediate mandatory sick leave). It will be important to ensure that the pandemic plan and the Employee Assistance Program (EAP) coordinate with respect to crisis management services. Please refer to the HR Manual for information.
3. Monitoring the levels of absenteeism in Trellis’ workforce.
4. Ensure medical clearance is provided regarding return to work and accommodation.
5. Assist employees in accessing the Employee Assistance Program (EAP), as well as refer employees for grief counseling.
6. Collaborate with the insurance carrier regarding the pandemic absentee plan.

| |
|---|
| Name of Department: Facilities and Information Technology/Information Management |
| Primary Contact for this Plan: Director of Operations |
| Alternate Contacts for this Plan: Supervisor, IT (alternate for IT) Manager, Finance (alternate for IT) Manager,, Risk and Client Information Services – Privacy Officer (IM contact) |
| Number of Staff (headcount, approximate if necessary) 4 staff and 2 purchased service arrangements (IT) 20 staff (Client Information Services) |
| Location(s) of Offices, Facilities (buildings only): Delhi Street (IT staff) All offices (CIS Staff) |

2. CAPACITY AND BUSINESS IMPACT ANALYSIS

This matrix is designed to capture how your department will continue to provide critical services and functions with the threat of diminishing human resources capacity. This process should assist departments in determining essential services and functions. By completing the matrix, departments will be in a position to highlight:

1. alternative methods or measures that can be implemented to continue delivery of critical services;
2. the other departments that you depend on in order to deliver your critical services;
3. any arrangements you have made with the other departments;
4. contractual arrangement you have developed; inventory requirements you need to maintain services;
5. equipment you will need, from whom and when.

Through this system of analysis you may be required to examine work flow processes especially when highlighting dependencies.

| List your critical services/functions necessary. | List primary and designate alternates that perform critical service. | Are there alternate methods/ measures for continued delivery of critical services? | What other departments do you depend on to accomplish critical services? Have you made any arrangements with them? | Are there contractual arrangements for the delivery of services? | What is the essential inventory, equipment or resources needed to deliver critical service? |
|---|--|--|--|--|---|
| **Assuming business as usual until staffing shortages commence | | | | | |

CLIENT INFORMATION MANAGEMENT:

| List your critical services/functions necessary. | List primary and designate alternates that perform critical service. | Are there alternate methods/ measures for continued delivery of critical services? | What other departments do you depend on to accomplish critical services? Have you made any arrangements with them? | Are there contractual arrangements for the delivery of services? | What is the essential inventory, equipment or resources needed to deliver critical service? |
|--|--|--|--|--|---|
| | | | | | |

| WORST-CASE SCENARIO IMPACT AND TRELIS IS DECLARED CLOSED. Essential services must be accomplished (e.g., heating) | |
|--|--|
| Essential Service | Number of people needed to deliver essential service |
| Critical Service 1 | 1 |
| Critical Service 2 | 1 |
| Critical Service 3 | 1 |
| Critical Service 4 | 1 |
| Critical Service 5 | 1 |
| Client Information Services | 3 staff – knowledgeable of all systems (Caseworks, ACI) And able to go mobile as required |
| <p>Additional Information: Nearly all essential functions that can be performed off site, including: web postings; writing, posting and distribution of news releases; answering of media queries and media interviews; creation and distribution of mass emails. We would require a minimum of 3 on-site client information services staff to work as a small team to cover all locations as necessary, relying on technology as much as possible to retrieve and disseminate critical client information.</p> | |

Key service principles for consideration during an emergency:

- Emphasis on continuity of care and maintaining access to services and medications throughout the pandemic.
- Working and communicating closely with our core service partners is critical – joint local response.
- We will need to be prepared for increased demand as our clients/families will be stressed and vulnerable.
- All flexible and creative service and staffing options supporting a recovery/resiliency approach need to be explored.
- The safety and wellness of our clients/families will depend on their ability to access our support and medications during the pandemic.

| Service Population (Who is most vulnerable in that service) | List core Trellis services for this population | Normal staffing # vs. core staffing # | Alternative options for continued delivery of core services | Key Service partners involved in core services and communication plan | Key Risk issues specific to this population | What support do staff need |
|---|---|--|--|--|--|---|
| Intake Services ▪ Crisis referrals ▪ Referrals for Psychiatry | | | | | | |
| 1 st Step ▪ Injection clinics ▪ Medication Crisis ▪ Linkages to crisis/ hospitalization as needed ▪ Crisis Services | | | | | | |
| Court Services ▪ Court Support ▪ Pre-Charge | | | | | | |
| Eating Disorders Program ▪ Adults with eating disorders (EDs) who are very isolated socially ▪ Adults or children with EDs who are medically compromised (very low weight) ▪ Adults and children with Eds discharged early from inpatient programs Crisis Intervention | | | | | | |
| Adult, Crisis and Case Management ▪ Crisis clients ▪ Unstable clients ▪ Clients having medication adjustments made ▪ Clients who are isolated and with limited support | | | | | | |
| Children's Services | | | | | | |

| Service Population (Who is most vulnerable in that service) | List core Trellis services for this population | Normal staffing # vs. core staffing # | Alternative options for continued delivery of core services | Key Service partners involved in core services and communication plan | Key Risk issues specific to this population | What support do staff need |
|--|---|--|--|--|--|---|
| Children's Mobile Crisis | | | | | | |
| Seniors living alone (Caregiver illness) <ul style="list-style-type: none"> ▪ Phone support and in person ▪ Risk assessment ▪ Linkages to community supports ▪ Medication including monitoring adjustments ▪ Primary care non-urgent | | | | | | |
| Seniors living with dementia at home with family <ul style="list-style-type: none"> ▪ Medication including monitoring of adjustments ▪ Primary care non-urgent ▪ Monitoring ▪ Risk assessment | | | | | | |
| Seniors attending day programs <ul style="list-style-type: none"> ▪ Linkages to/from crisis supports and hospital services as needed | | | | | | |
| Seniors requiring assistance with forms (e.g. OAS etc) <ul style="list-style-type: none"> ▪ Phone support and in person | | | | | | |
| Seniors recently discharged from hospital <ul style="list-style-type: none"> ▪ Risk assessment ▪ Linkages to community supports ▪ Primary care – non urgent | | | | | | |

Appendix 3 - Emergency Survival Kit

To be prepared for all types of emergencies, every house should have a survival kit. Supplies should be personalized according to individual/family needs or preferences. These needs will be different in families with children, elderly individuals, individuals with disabilities or medical conditions, or those with pets. Once compiled, the kit should be stored in an easily accessed and secure place that is known to all family members.

During any type of disaster stores may be closed so it is advisable to keep a supply of food and water. During a pandemic, stores may be closed for a longer period due to:

- Damaged transportation link (you can't get to the store or stores can't get restocked).
- Structural damage or lack of staff may prevent stores from opening.
- Contamination of food supplies.
- Inability to store food appropriately (no power for refrigeration and heating).
- Limited money if banks and financial institutions become non-functional.

For a Recommended List of Items for your Home Survival Kit go to:

[http://www.wdghu.org/CMSPDF/CHDPCID\(FS\)8%20EmSurvKit.pdf?CFID=277759&CFTOKEN=46100312](http://www.wdghu.org/CMSPDF/CHDPCID(FS)8%20EmSurvKit.pdf?CFID=277759&CFTOKEN=46100312)

We understand that many of our clients may not be able to stockpile and/or store some of the items listed. Clinicians should access the Home Survival Kit and have conversations with clients during regular sessions by WHO Phase 3 (see pages 6 and 7) to inform them about emergency supplies.

Appendix 4 - Infection Control Measures

Staff should refer to the Infection Control Manual for complete information. The following simple infection control measures are applicable to a wide range of infectious diseases including the common cold, influenza and infectious diarrhea. These measures should be adopted as everyday practices.

Hand washing for fifteen seconds with soap (pump source) and warm water

Use hand sanitizers containing 70% alcohol

Cover coughs and sneezes

Avoid touching face, mouth, nose and eyes

Keep back at least two metres from persons coughing or sneezing

Stay home if ill during period of communicability

Maintain a clean environment

- the virus remains infectious on hard, non-porous surfaces for up to 48 hours
- use disinfectants for door handles, railings, buttons, keyboards, service counters, telephones, etc.

Limit social interaction

- avoid handshaking, hugging, kissing
- maintain one metre distancing
- sharing of straws, cups, etc.

Several initiatives have been undertaken already and include: signage in washrooms encouraging hand washing, posters to raise awareness of the importance of hand washing, covering coughs and sneezes and education around flu immunization free clinics.

Appendix 5 – Incident Management Terms of Reference

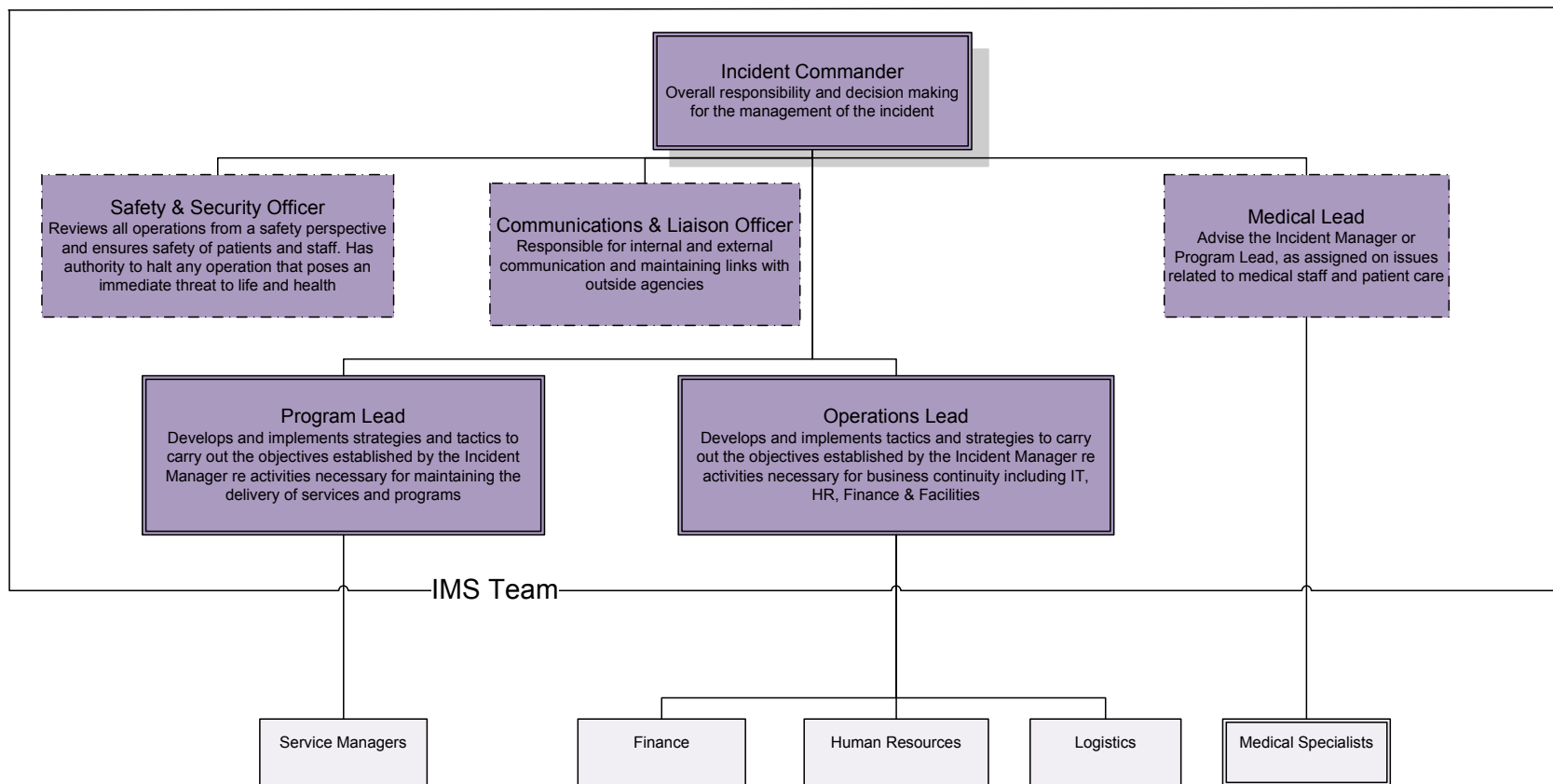
| Emergency Preparedness Planning Committee (formerly DCC) | |
|---|--|
| Role | <p>Ensure Trellis’ readiness to respond effectively to organizational or community disasters and provides a Leadership framework to manage disasters (Code Orange; applicable to infectious disease outbreaks, natural disasters, fire, floods, power outages etc.)</p> <p>The EPP Committee is an advisory committee to the Executive Director. Efforts will be made to achieve consensus; where that is not possible, the Executive Director will make the final decision.</p> |
| Responsibilities | <ul style="list-style-type: none"> • Ensures a system for managing serious incidents • Ensures appropriate training and drills to build organizational capacity • Oversees the debriefing and evaluation of trellis’ response to serious incidents • Revises and improves processes and procedures for the effective management of serious incidents |
| Membership and Voting | <p>Executive Director (or designate) (Chairperson) Medical Director (or designate) Director of Programs (or designate) Director of Operations (or designate) Human Resources Manager (or designate) Quality, Risk and Privacy Manager (or designate) Nursing (Discipline Consultant and Nurse) Primary Care Physician Executive Assistant (or designate)</p> <p>Additional personnel may be called or added:</p> <ul style="list-style-type: none"> • Service Managers / Regional Coordinators (or designate) • Finance Manager • Site supervisors, Information Technology, Facilities, JHSC, Personnel Committee • Community emergency management coordinator – Communities we serve; • Police representative; • Public Health representative (for the community affected). |
| Chair | Executive Director |
| Frequency of Meetings | Twice per year (September / April) or as required |
| Resources | Administrative Assistant |
| Date of Last Review | |

| Incident Management Team | |
|---------------------------------|--|
| Role | To lead Trellis' response to an organizational or community disaster |
| Responsibilities | <ul style="list-style-type: none"> • Assigns roles for management of the incident/disaster • Authorizes and coordinates actions to be taken • Ensures availability of required resources • Ensures service continuity • Coordinates and integrates the organization's actions with the community's emergency response |
| Membership and Voting | Incident Commander: Executive Director (or designate) (Chairperson) Medical: Medical Director (or designate) Safety & Security Officer: Human Resources Mgr/Chair JHSC Communications & Liaison Officer: Executive Coordinator Program Lead: Director of Programs (or designate) Operations Lead: Director of Operations (or designate) Scribe: Administrative Assistant Additional personnel may be called or added as required. |
| Chair | Incident Commander |
| Reporting | To the Executive Director |
| Date of Last Review | |

Appendix 6 – Incident Management Structure



Incident Management Structure And Supports



Appendix 7 – Incident Management Team Job Descriptions

INCIDENT MANAGER – JOB ACTION SHEET

Mission: Organize and direct Trellis' Command Centre (TCC). Give overall strategic direction for agency incident management and support activities, including emergency response and recovery. Authorize evacuation if warranted.

COMMUNICATIONS / LIAISON Job Action Sheet

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, clients, visitors and the news media, as approved by the Incident Commander. Function as the incident contact person in the TCC for representatives of other agencies by assisting and coordinating activities between the Incident Manager and various agencies and groups. This contact may include the Ministry of Health (MOH), Public Health, First Responder Services such as Police, Fire, EMS, Local Health Integration Networks (LHIN), and other Hospitals etc. Liaison alleviates demand on the Incident Manager.

MEDICAL LEADER Job Action Sheet

Mission: Organize and direct those operations associated with medical staff services as defined by TCC. Ensure medical functions are maintained, relocated, restored or augmented as required to provide limited interruptions to continuity of essential services.

OPERATIONS LEADER Job Action Sheet

Mission: Organize and direct those operations associated with maintenance of the physical environment and with the provision of human resources, finance services, materials, IT/IM structure, communications (eg IT connectivity) and services to support the incident activities. Ensure business functions are maintained, relocated, restored or augmented as required to provide limited interruptions to continuity of essential business operations.

PROGRAM LEADER Job Action Sheet

Mission: Organize and direct those operations associated with maintenance of clinical services as defined by TCC and services to support the incident activities. Ensure clinical functions are maintained, relocated, restored or augmented as required to provide limited interruptions to continuity of essential services.

SAFETY & SECURITY Job Action Sheet

Mission: Ensure the safety and security of staff, students, volunteers, clients and visitors; monitor and correct hazardous conditions. (Occupational Health and Safety / Infection Prevention and Control / Risk) Reports directly to the Incident Manager. Responsible for the safety of assigned staff for the duration of the emergency. Maintains authority to temporarily suspend any plan, procedure or strategy considered to be unsafe. Responsible for receiving, investigating and documenting all claims reported to the agency during the emergency incident, which are alleged to be the result of an accident or action on Trellis property. Maintain accurate and complete incident files, including a record of Trellis'/TCC's response and recovery actions and decisions. Recommend to TCC and Section Chiefs, any changes to risk management and loss-prevention policies to comply with emergency safety legislation and industry practices.

Appendix 8: Trellis' Emergency Codes

| | |
|--------------------|---------------------------------|
| Code White | OUT OF CONTROL SITUATION |
| Code Red | FIRE |
| Code Green | EVACUATION |
| Code Orange | DISASTER |

Trellis staff and students will be exposed to drill practices annually for each of the above drills. It is the responsibility of the JHSC representative to plan each of the drills and implement the drill.

Following the drill, JHSC representatives along with staff involved in the drill will complete an Incident Report and submit to the Manager of Human Resources.