TITLE:	**Emergency Preparedness and Response Plan**		
Manual/Policy#:	Emergency Codes Manual E 10.0	**Entity:**	AGH/ CPDMH/ FVM/ LCPS
Original Issue:	October 2025	**Issued by:**	VP Capital Development & Support Services
Previous Date Reviewed:	N/A	**Approved by:**	Senior Team
Last Date Reviewed:	November 2025	**Cross Reference(s):**	MRHA Policy E10.1 EPAS-Code Grey-Infrastructure Loss or Failure

1. POLICY STATEMENT:

Almonte General Hospital, Carleton Place & District Memorial Hospital, Fairview Manor and Lanark County Paramedic Service (the "MRHA") is committed to ensuring the MRHA leaders regularly test the organization's disaster and emergency plans with drills and exercises and complying with current Accreditation Canada standards.

2. SCOPE:

This policy applies to all employees, members of the medical staff, residents, substitute decision makers, caregivers, Residents' Council, Family Council, volunteers and students of the MRHA.

3. GUIDING PRINCIPLES:

The MRHA will be guided by legislative requirements such as:

- Ontario Fire Code, O. Reg. 213/07
- Public Hospital Act, R.S.O. 1990
- Health Protection and Promotion Act, R.S.O.1990
- Emergency Management and Civil Protection Act**,** R.S.O. 1990
- Occupational Health and Safety Act, R.S.O.1990
- Workplace Safety and Insurance Act, 1997
- Atomic Regulations Control Act, SC 1997
- Fixing Long -Term Care Act, S.O. 2021

The VP Capital Development & Support Services and/or the Manager of Facilities and Environmental Services is responsible for driving the MRHA Emergency Preparedness program; ensuring the Policies are maintained and for integrating the MRHA in the broader local Emergency Management community.

4. DEFINITIONS:

N/A

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5. PROCEDURE:

5.1 Emergency Management Stakeholders

Emergency Management at the MRHA is a process that includes both internal and external stakeholders. Internally, emergency response is divided between an executive and a response group, each interdependent on the other.

Since it is rare that an emergency affecting the MRHA would not also affect the broader community, linkages within the district with external government and service groups are essential. It is vital that the MRHA and community groups plan in concert and test the critical interdependencies that exist.

MRHA Senior Team

The Senior Team is responsible for the strategic management of emergencies. It is the Senior Team that staffs the Emergency Operations Centre (EOC), or provides designates as required, and is responsible for making the extraordinary decisions that mitigate the consequences of a disaster. The Senior Team is removed from the scene of the disaster and works behind the scenes to support frontline response.

At the MRHA the Senior Team is comprised primarily of the CEO, Vice Presidents, Chief's of Staff and Chief of Lanark County Paramedic Service (LCPS). During an emergency, members will assume roles in coordinating logistics, communication, finances, and developing operational plans specific to the event. The Senior Team also creates a record of the disaster, so that lessons can be extracted in a post-event debrief, and standing response plans can be modified to better respond in the future.

The Senior Team is also responsible for liaising with other EOC's in the community and with the province. Where necessary, a member of the Senior Team will occupy a position in a Community Emergency Operations Centre (EOC) during a disaster, and act as a conduit between the MRHA EOC and the local authority.

Fairview Manor

The Fairview Manor is a Long Term Care operating under the Almonte General Hospital, a facility physically adjacent and connected to the Almonte General Hospital. The Director of Care (DOC) and the CEO are responsible for ensuring that emergency procedures are followed as outlined in the Fixing Long-Term Care Act, 2021. Specifically:

- ensuring that an emergency plan is developed, evaluated and updated at least annually, including updating all emergency contact information as per O.Reg. 246/22, s.268 (8) (a)
    - *Refer to the following policies created and updated October 2025 which provide the*
        - *E10.0 - Emergency Preparedness and Response Plan (this policy)*
        - *"E10.1- Emergency Preparedness − Code Grey – Infrastructure Loss or Failure − External Air Exclusion"*
- Ensuring emergency plans address the following as per O.Reg. 246/22, s.268 (5):
    - Plan Activation, including identifying who or which entity declares there is an emergency at the home and who or which entity declase that the emergency is over at the home, as agreed upon by the entities the licensee consulted under clause (30) (a) (refer to Policy

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- *Refer to Policy E10-1 Code Grey, page 3, Section 5 -Procedure which identifies who activates, graduated activation system depending on scale of event, table identifying activation procedures, criteria and steps for activating, and procedures for escalating.*
- *See Policy 10.0 Appendix A – Code Grey Roles and Responsibilities which outlines steps from all stakeholders during a Code Grey event.*

- Lines of Authority;
  - *See Policy E10.0 and E10.1 and related Appendices which outline the Administration On-Call and/or the Incident Commander as the ultimate line of authority during Code Grey event, plus roles and responsibilities of all stakeholders during either Stage 1 Code Grey event; or the Incident Management System (IMS) structure used for Stage 2 and/or Stage 3 Code Grey events.*
- A communications plan
  - *See Policy E10.0 and E10.1 and related Appendices which outline the Administration On-Call and/or the Incident Commander and how communication is relayed to all staff, medical staff, residents, substitute decision-makers, caregivers, Residents' Council, Family Council, volunteers and students. Communication is done via email and overhead announcement at the activation of Code Grey, providing status on the incident as it progresses, and subsequent notice upon the Code Grey ending.*
  - *Should the Code Grey escalate to become a Stage 2 or Stage 3 then the Incident Management System (IMS) structure, with the Incident Commander would ensure communication and actions with the Fairview Manor would be addressed through the IMS structure*
  - *Notification will be provided to all staff, medical staff, residents, substitute decision-makers, caregivers, Residents' Council, Family Council, volunteers and students as per the policy*
  -
- Specific staff roles and responsibilities
  - *See Policy E10.0 and E10.1 and related Appendices which outline the Administration On-Call and/or the Incident Commander as the ultimate line of authority during Code Grey event, plus roles and responsibilities of all stakeholders during either Stage 1 Code Grey event; or the Incident Management System (IMS) structure used for Stage 2 and/or Stage 3 Code Grey events.*

Community Emergency Management Partners

The MRHA is responsible for managing the health effects of disasters and works closely with Public Health which takes the lead in any health-related emergency that strikes the Municipality of Mississippi Mills and Lanark County.

Local Authorities

The Municipality of Mississippi Mills and Lanark County employs a full-time Emergency Management Coordinator who is responsible for Regional Emergency Management. The upper tier municipalities have designated an emergency manager. The lower tier municipalities have identified these positions, but most are not role-dedicated and in some cases are filled by

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volunteers. Primary contact between the MRHA and local authorities in times of disaster will occur through the designated roles within the Incident Management System

Emergency Social Services is established at the county level. It is designed to provide necessities of food, shelter, and comfort to those displaced by disaster. Emergency Social Services also provides a mechanism for tracking displaced persons, and reuniting families separated during a disaster.

First Responders

First responders have a vital role to play in emergency management, as their daily occupations regularly involve extraordinary circumstances. Unlike many emergency management roles, the role of first responder remains the same regardless of the emergency, though it will intensify.

The MRHA plans and works closely with Lanark County Paramedic Service (LCPS) and Emergency Medical Services (EMS).

Local Fire departments are equally vital to emergency planning for the MRHA. Regular liaison with the Fire Prevention Officers for the two fire services (Carleton Place and Mississippi Mills) that correspond to our two hospital/long-term care sites ensures that the MRHA meets its fire safety requirements. The local fire departments respond to fire alarms and hazardous materials incidents both at the MRHA and within the broader community. Firefighters are also available to direct the evacuation of a MRHA facility, and can act as medical first responders, performing triage.

The Police are the responding agency to non-medical and other disturbances at all MRHA facilities, should an event exceed the capacity of MRHA staff. They can also be called upon to provide security and enforcement during emergency events, limiting access to the MRHA if necessary.

The MRHA has adopted an “all-hazard approach‟ to emergency preparedness including standard response and recovery procedures and processes. This policy is used to prevent and prepare for, respond to and recover any emergency of any size within the MRHA and its immediate vicinity. This policy also ensures the safety and protection of patients, residents, visitors, and staff, and that all essential hospital operations and services are maintained throughout the response to and recovery from all emergency events.

When indicated, the response(s) and recovery will be coordinated across local and regional health care facilities, community agencies, municipality emergency services, and other related services.

5.2 Emergency Preparedness & Response Policy

Emergency Codes at the MRHA are driven and conform to the specific response needs generated by particular events. *(see Appendix C)*

The MRHA Emergency Preparedness and Response Policy includes the hospital’s overall response and recovery procedures and processes to all emergency situations, both internal and external, and is reflective of the Ontario Hospital Association (OHA) Emergency Colour Code designations as well as MRHA’s internal Codes. These emergency situations and related codes include the following:

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Code Blue	Cardiac Arrest/ Medical Emergency - Adult
Code Pink	Cardiac Arrest/ Medical Emergency – Infant/ Child
Code White	Violent Person
Code Red	Smoke, Fire or Fumes
Code Black	Bomb Threat
Code Yellow	Missing Adult
Code Amber	Missing Child/ Child Abduction
Code Brown	In-facility Hazardous Spill
Code Grey	Infrastructure Loss or Failure - External Air Exclusion
Code Orange (CBRNE)	Mass Casualties Reception
Code Green	Unit or Facility Evacuation
Code Purple	Hostage Situation
Code Silver	Active Shooter

MRHA's Internal Codes	
Code Transfusion	Massive Hemorrhage Protocol
Code Stroke	The organized clinical response and evaluation of patients and residents presenting with stroke symptoms for the purpose of evaluating the patient's or resident's appropriateness to receive TPA.

Each Emergency Code is reviewed at the multidisciplinary Emergency Preparedness and Safety (EPAS) Committee. Any adjustments are made by the committee and subsequently sent to Leadership Team/Senior Team for review and approval.

MRHA Hospitals are public facilities. As such, it is expected that all employees are trained and able to respond and recover from emergencies in an expedient and coordinated manner. Staff are expected to respond to emergencies which threaten the safety and protection of any person within the MRHA facilities and immediate vicinity, ensuring continued timely and efficient delivery of health services regardless of the cause or location of the emergency.

<u>Pandemic Plan</u>

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The MRHA Pandemic Plan covers specific responses to a pandemic outbreak in the region and is in-line with the Ontario Health Plan for an Influenza Pandemic. The Pandemic Plan assumes that approximately thirty percent of the available workforce will be unavailable.

Further development of the Pandemic Plan will include a generalization of the document to apply to all infectious disease outbreaks that may impact the region.

5.3 Corporate Emergency Preparedness Accessibility Safety (EPAS) Committee

The MRHA is committed to providing a safe and secure environment through relevant policies, training and testing of emergency response and recovery processes at all sites within the MRHA. At the district level, EPAS works to ensure the elements of this policy are enacted, and to further develop protocols for emergencies. Each site has representation on the Committee.

Oversight for the Corporate Emergency Preparedness program rests with the MRHA Emergency Preparedness and Safety Committee (EPAS). The following provides details on the goals, roles and responsibilities of this committee.

Goals:

- To develop a standardized plan, including risk appropriate responses for the MRHA identified through a written Hazard Analysis Risk Assessment completed for each hospital on an annual basis as it relates to Emergencies.
- To develop and review on an annual basis the emergency codes of the MRHA.
- To develop a process to review and revise, if necessary, each program and departmental plans
- To develop additional Emergency Response Codes as the need arises.

Roles and Responsibilities of the Committee:

- To review, test and evaluate the effectiveness of each Emergency Response Code over a 3-year period.
- To provide guidance to each unit/department in the development of a specific Emergency Response Code.
- To ensure a process for debriefing following all responses to incidents that affect the MRHA and/or its operations.
- To foster external linkages and community partnership through liaison and planning.
- To ensure a coordinated approach in educating and training all staff/medical/volunteers regarding emergency preparedness and the Incident Management System.
- To develop an annual report for the MRHA Leadership Team or more frequently as required.

Exercises, Drills and Evaluations

- To ensure that the MRHA Emergency Preparedness and Response Policy is effective, the emergency codes will be tested and kept current through a systematic process. Drills and exercises will provide a hands-on analysis of the different elements and coordination of the Emergency Preparedness and Response Policy. *(See Appendix C)*
- Monthly Fire Drills will be scheduled at each site by the Manager of Facilities and Environmental Services
- A record of all Fire Drills will be kept by the Manager of Facilities and Environmental Services.

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- Periodic tests through drills and/or exercises of other codes e.g., bomb threat, missing patient or resident and external disaster (mass casualty reception) response and recovery will be conducted based on an annual schedule set out by EPAS.
- A debriefing report which identifies required changes and/or recommendations will be completed following each drill and exercise or actual events. The Emergency Preparedness and Response Policy, procedures and processes will be updated accordingly.
- A record of the report will be maintained in the Corporate Office and by EPAS.

5.4 Hazard Identification and Risk Assessment

The Hazard Identification and Risk Assessment (HIRA) for MRHA is completed on an annual basis by Manager of Facilities and Environmental Services in consultation with appropriate staff at each site, using the HIRA from the relevant Municipalities, and is reviewed by EPAS.

Once risks are identified, they are stratified using a risk matrix which then produces the risk list for each site. The HIRA process drives planning/ mitigation/ preparedness priorities by focusing on the list created.

Hazard Identification and Risk Assessment (HIRA) Summary
The MRHA is responsible for primary and secondary health service delivery at its two fully accredited hospitals; Carleton Place & District Memorial Hospital, Almonte General Hospital; Fairview Manor and Lanark County Paramedic Service bases. A jurisdiction encompassing two sites of varying size and complexity with over 850 staff, 200 physicians serving a population of approximately 30,000 in the region west of Ottawa.

The Lanark region is historically subject to extreme weather events such as winter storms, tornados and extreme heat, both of which have disrupted service delivery at the MRHA. The provincial #7 highway passes through Carleton Place and is a major commercial conduit. Infectious disease outbreaks, including pandemic influenza, remain a tangible risk for the MRHA.

Internally, MRHA facilities are subject to risk from fire, hazardous materials spills, bomb threats, violent/aggressive people, and building systems failures. The increased reliance on computing technology in the health sector also introduces a risk to Information Technology systems, and potential loss of operation due to data corruption, system failure, or hacking.

5.5 Communications

To ensure alternative modes of communications are deployable should one system fail during an emergency, the following equipment or communication systems can be used:

- Managers and Senior Team members all have cell phones (with separate network capability than that of the hospital) which could be used to communicate.
- The Fan Out List also contains cell and home numbers of Leadership staff
- The internet and phone system are separate, therefore if one goes down it is anticipated that the other will still work.
- All sites still have power-fail phones that can be used.
- Can use e-mails to communicate with staff (if Wifi is working)
- Last resort walkie-talkies located with the Facilities Maintenance teams at both sites

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- Long-Term Care can provide backup wireless CallBell system (but needs Wifi).

Fan-Out System

The MRHA utilizes a manual calling fan-out system designed to alert Management staff and Medical Leadership of the activation of an Emergency Operations Centre. Emergency Operations Centres are activated through either the Administration On-Call, Senior Team or M Manager of Facilities and Environmental Services. Then the Administration On-Call activates the Fan Out List scaled relative to the type of Code event being called, prioritizing key skillsets and individual first and then fanning out from there depending on need. This system provides an opportunity for efficient notification to all staff or requests for additional support.

Switchboard

Switchboard receives a call from the Administration On-Call, Senior Team and/or Manager of Facilities and Environmental Services o page the Code overhead at both sites. The Switchboard operator will ensure they receive the following information:

- Which Code is to be activated
- Location of the Incident (Hospital, Floor, Unit, Room Number)

Retention of Fan-out Information

The Fan-out list utilizes names and cellular phone numbers saved inside the Administration On-Call Binders and online on Common drive. The saved list resides in the shared Hospital Common Drive. Only the Human Resources staff have access to the drive to edit the data as required.

5.6 Roles & Responsibilities

- Manager of Facilities and Environmental Services will coordinate with appropriate departments and EPAS Committee to create and maintain an emergency program and plan for the facility.
- Develop, in coordination with EPAS Committee, an annual training and exercise program including personal preparedness training for staff/medical staff/volunteers, monthly fire drills and an exercise of the emergency plan, at least once a year.
- Maintain records and documentation of emergency training, exercises and maintenance of supplies and equipment.
- Be a resource to the Incident Commander and IMS team during emergency incidents and ensure an alternate is designated in your absence.
- Establish agreements with relocation facilities *(See Appendix A)*

All Staff

- Develop and maintain personal emergency plan and preparedness.
- Participate, review and assist in the development of the emergency plans and procedures, including colour codes.
- Attend and participate in emergency training and exercises.
- Ensure supervision and on-going care of patients, residents and visitors.

Food Services

- Participate, review and assist in the development of the facility emergency plans and

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procedures.
- Maintain a sufficient supply of food and water in case of emergency, minimum 3 days.
- Develop contingency plans to support the emergency stockpile of food and water.
- Attend and participate in emergency training and exercises.

Facilities/Maintenance
- Participate, review and assist in the development of the facility emergency plans and procedures.
- Participate or lead the hazard site assessment to identify and mitigate physical hazards.
- Provide and maintain facility specific information in the emergency plan, such as the location of utility controls and procedures for managing an emergency.

5.7 Operations

Roles and responsibilities in an emergency are legislated by the Emergency Management Act and are shared among provincial departments and authorities. MRHA, in coordination with local emergency management structures, is developing plans for emergencies in the district. These plans are consistent with the Incident Management System and coordinate management, operations, planning, logistics, finance and administration in an emergency response. They incorporate important features such as the use of common language, the principles of coordinated decisions and priorities based on the “greater need”, and the utilization of a chain of command. The following section outlines the operational structures and protocols used at the MRHA in the event of a disaster.

Incident Management System (IMS)
The Incident Management System (IMS) is a standardized method for delivering a coordinated response to emergencies and disasters among agencies which the MRHA has adopted. The IMS is a bottom-up‟ response model and reflects the fact that emergency events are predominantly managed at the facility or site level. If the incident cannot be adequately managed from the site due to insufficient resources, an escalating threat, or an incident that impacts multiple sites, site support can be provided by the organization's corporate leadership, municipality or local government.

During these major emergencies, the local municipality, together with first responders, will assess and prioritize community needs, allocate resources and respond based on the determined priorities. In a major emergency that causes major disruption to transportation networks or infrastructure, outside assistance or community resources may not be immediately available.

High demand for limited resources and nature of the emergency itself means that facilities should be self-sufficient and manage impacts at the site level as much as possible and look to corporate leadership for site support where necessary.

Site Response
Many incidents are managed at the site level and are the responsibility of the facility. During an emergency at the MRHA, the Incident Command System (ICS) will be used as a framework for command, control and coordination of emergency operations. The ICS provides a way of coordinating staff and resources toward safely responding, controlling, and mitigating an emergency incident. ICS is an organized response management structure used by local

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governments, agencies, and provincial ministries that applies key principals and goals in a standardized way.

The IMS guides the MRHA in preparing operational Emergency Preparedness and Response Policy and outlines the functions of various supporting departments and agencies during an emergency. The response objectives of the IMS, in order of priority are to:

1. Provide for the safety and health of all responders.
2. Save lives.
3. Reduce suffering.
4. Protect public health.
5. Protect infrastructure.
6. Protect property.
7. Protect the environment.
8. Reduce economic and social impact.

The IMS has key pre-defined positions, and each position has a specific function during emergency situations. These positions have an individual checklist designed to direct the assigned individual with tasks that are categorized as immediate, on-going during the event and for the disaster recovery phase. *(See Appendix D)*
A helpful element of the IMS is that it is flexible, meaning that only those positions, or functions, which are needed, should be activated. The IMS also allows for the addition of needed positions, as well as the deactivating of positions at any time, which promotes efficiency and cost effectiveness. The chart may be fully activated for a large, extended disaster such as a pandemic. However, full activation may take hours or even days. Many disasters or emergencies will require the activation of far fewer positions.
Additionally, more than one position may be assigned to an individual. Situations of a critical nature may require an individual to perform multiple tasks until additional support can be obtained. This is made possible with the use of the individual position checklists.

Basic Principles of Incident Command System (ICS) of IMS The basic principles of ICS include:

- Appointment of an Incident Commander who has overall responsibility for the facility's response.
- All functions remain with the Incident Commander until delegated to other positions.
- A pre-defined, clear reporting channel (chain of command) is to be followed to maintain a manageable span of control (no more than 5-7 direct reports).
- A common language for all Command Staff and Section Officer positions is used which allows for greater interoperability between partner agencies.
- Pre-defined responsibilities are based on response role or function (See Appendix D)

Emergency Operation Centre (EOC)
Emergency Operations Centres are the focal point of emergency management. The purpose of the EOC is as follows:

1. Consolidation points for information
2. Coordinate the response to a disaster.
3. Operate within the principles of Incident Management System (IMS).

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The Emergency Operations Centre (EOC) is a centralized location at each hospital for the IMS staff to convene and coordinate activities, resources and the flow of information. After the immediate life safety response (i.e., evacuation due a fire) the EOC should be activated to manage the ongoing activities in a sustained response.
The EOC should support and coordinate activities relating to:

- Policy direction and support
- Information management (collection, evaluation and display)
- Establishment of priorities
- Resource management
- Communications (internal and external)

To set up the Incident Command Post:

1. Ensure Incident Commander is appointed; determine which location to use.
2. Ensure staff and Site Manager / Administration On-Call have communication with EOC.
3. Incident Commander appoints supporting staff (Section Officers) as needed.
4. Gather materials and stationery as needed. (There is an EOC tote/cupboard at each site: Carleton Place & District Memorial Hospital in the Main Board Room; and at Almonte General Hospital located in the Main Board Room
5. Begin assessment and action planning – identify priority actions, delegate to appropriate leads,
6. Share response plan with staff, Site Manager or Administration On-Call (and partner agencies if on-site).

The MRHA has used the IMS model to determine the composition of the Emergency Operations Centre. This list is scalable based on the scope, scale, and impact of the emergency on district operations and facilities.

Incident Commander	Liaison Officer
Communications Officer	Logistics Officer
Safety Officer	Operations Officer
Finance Officer	

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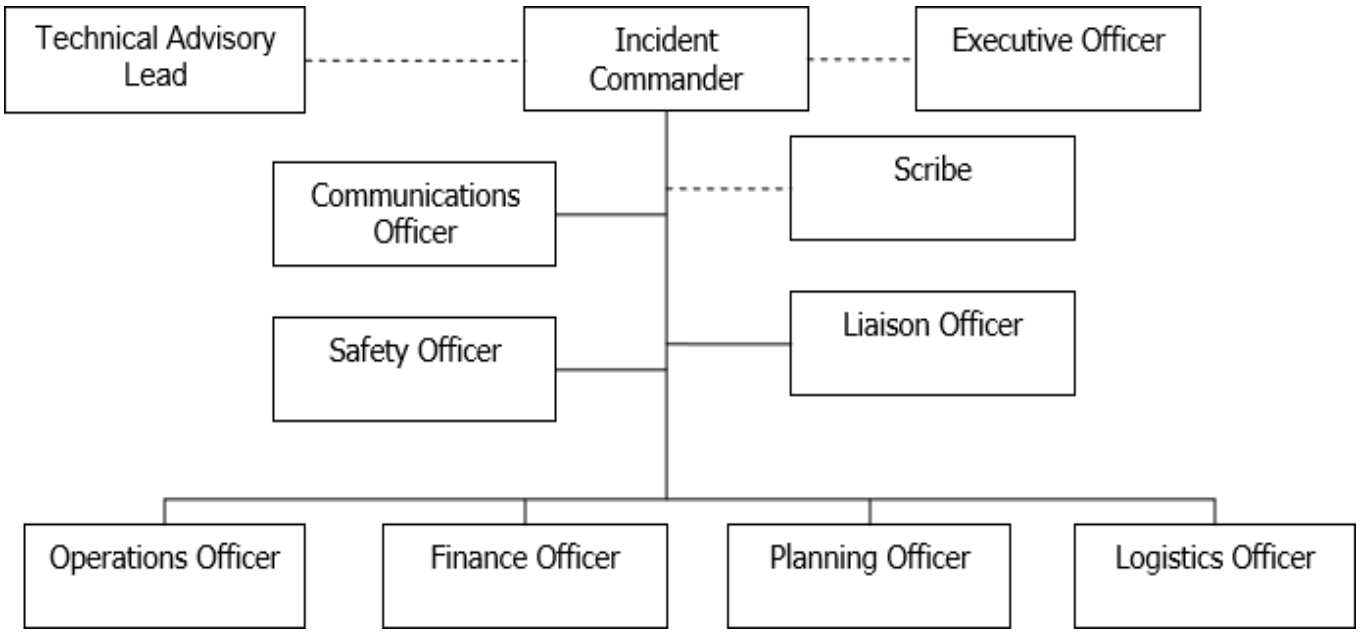
Image 1: General Structure of IMS



Emergency Codes

Emergency Codes at the MRHA are driven and conform to the specific response needs generated by particular events. *(see Appendix C)*

Pandemic Plan

The MRHA Pandemic Plan covers specific responses to a pandemic outbreak in the region and is in-line with the Ontario Health Plan for an Influenza Pandemic. The Pandemic Plan assumes that approximately thirty percent of the available workforce will be unavailable.

Further development of the Pandemic Plan will include a generalization of the document to apply to all infectious disease outbreaks that may impact the region.

5.8 Site Emergency Operations Centre (SEOC) Resources

Material

Site Emergency Operations Centre(s) are stocked with a MRHA EOC Tote/cupboard that will provide the minimum essentials for emergency operations. Site Emergency Operations Centre Group members will be expected to bring MRHA laptops (as issued) and cell phones already in their possession to augment onsite supplies.

Additionally, any supplies present at the sites not already designated for emergency use may be requisitioned at the request of the Incident Commander or Site Manager.

Human

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In addition to the Site Emergency Operations Centre group, there will be 1 Administrative Assistant per 12-hour shift available to assist with record keeping and management (Scribe). Should the Site Emergency Operations Centre group expand, further staff may be called in to assist at the request of the Incident Commander.

One security position per 12-hour shift may be assigned to provide the safety, security and confidentiality of the SEOC and its staff. Should more security be needed, the Incident Commander will ensure resources are determined.

Telecommunications

Phone lines have been designated for exclusive Site Emergency Operations Centre use during an emergency. Currently, these lines will be used for other purposes when the Site Emergency Operations Centre is inactive.

All VP/Directors/Managers have corporate Cell Phones, and an updated Manager/Director Call Out list is provided in each EOC Tote/cupboard.

Business Cycle

The Emergency Operations Centre (EOC) will:

- Operate 24/7 for the duration of the response phase of any disaster affecting the MRHA.
- Designate an alternate to ensure 24/7 coverage is maintained.
- Establish 12-hour shifts, allowing 0.5 hrs. per shift for effective transfer of information between shifts. No member of the EOC group will work longer than one 24-hour cycle without a sufficient rest period.
- Meet at the beginning and end of each shift to debrief.
- Conduct a planning cycle every 2 hrs. – or as directed by the Incident Commander – throughout the shift to ensure all relevant information has been communicated, and to engage in forward operational planning.
- Create event logs and other relevant documentation will be gathered from each EOC group at the mid- and end point of each shift and filed appropriately by the on-shift
- Ensure to schedule nutrition and personal care/rest periods throughout each shift.
- Reduce operational hours as the disaster moves into the recovery phase.

Documentation

Documentation of the decisions made inside the EOC is vital. Ethical and financial decisions made during the response phase of a disaster must be rationalized in the recovery period, and important lessons learned captured from EOC documentation, as these will aid in post-event reporting and debriefing.

- All decisions made, and all actions taken in the EOC will be recorded.
- The onsite EOC Forms contains MRHA Event Logs – these will be issued at the start of each shift and will be returned to the on-shift Administrative Assistant (Scribe) at the end of each shift or signed over to the replacement shift.
- Information will only be recorded on the materials provided in the EOC kit.
- Any computer files, flip charts, etc. must be retained.

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Retention
The retention of emergency management documents for Districts in Ontario is governed by provincial standards. All documents related to emergency management must be maintained for 7 years.

Security
Any of the MRHA EOCs are designated as a secure environment. Because of the nature of the decisions being made, and the necessity for information to flow in an unrestrained manner, it is imperative that no unauthorized personnel be present while the EOC is in operation. This includes MRHA employees without a designated EOC role, and all non-MRHA personnel.

- Emergency Operations Centre members will sign in with security at the beginning of each shift and sign out when leaving.
- Emergency Operations Centre Group members must also wear MRHA Identification at all times.
- All visitors must show government issued identification, sign in and out, wear an ID tag clearly marked "MRHA EOC – VISITOR", and be escorted into the EOC secure area by Security once cleared by Incident Commander.

Incident Command Forms
To support the Incident Command Post activities, EOC Forms are provided on the MRHA Common Drive with a hard copy located in the EOC Tote/cupboard.

- Status Report – a simple form that is intended to help Section Officers gather information needed to update the Incident Commander during planning meetings in the ICP. Status Reports are read out at the meeting and then submitted to Planning Officer (copy retained by the issuing Section Officer) for further analysis and inclusion in the Action Plan. Status Reports will be generated by each section for each Planning Meeting.

- Action Plan – a document that describes the priority Objectives, Strategies and Tasks for the upcoming operational period. The Action Plan is authorized by the Incident Commander prior to implementation and may be requested by the EOC. The Action Plan is also an important reference document during shift changes in prolonged incidents. Action Plans are developed for every operational period.

- Sign in Sheet – to track staff attendance and assignments in the ICP.

- Position Log Sheet – to record key decisions and actions taken by individual staff.
  - Establishment of priorities
  - Resource management
  - Communications (internal and external)

5.9 Locations of Important Functions during Emergencies

Table 1: MRHA Corporate Emergency Operations Centre (EOC), Family Support Centres, Media Rooms and Staff Deployment Rooms.

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Site	Emergency Operations Centre (EOC) and Tote Cupboard (Primary)	Emergency Operations Centre (EOC) (Secondary)	Staff Deployment Center	Media Room (If required)	Family Support Centre (If required)
CPDMH	Boardroom (Basement)	Training Room (Basement)	Old Emergency Area (Level 1)	Administration Trailer Meeting Room (outside in front of Hospital)	Old Ambulance Garage (Level 1)
AGH/FVM	Main Boardroom (Main Floor near Main Lobby)	Physio Dept (Space next to Main Lobby)	Day Hospital	Octagon Room (Main Floor)	FVM Great Room (Adjacent to Main Entrance)

Staff Deployment Centre	Media Centre	Family Support Centre
Staff reporting to work centre. Maintain records of staff attendance and hours worked. Provide direction and allocation of staff throughout the Hospital. Assess and respond to changing staffing needs.	Coordinate all aspects of media communication and relations internally and externally. Receive all inquiries from the media.	Direct Family members to the appropriate patients or residents. Obtain information from Family member to assist in identification or admitting information. Ensure refreshments. Keep a lot of families present.

Each of the two MRHA Hospitals has a designated primary location for their EOC, as well as a backup should the primary EOC be unavailable due to the Emergency. Each Hospital has an Emergency Operation Centre Tote/Cupboard *(see appendix B)* which provides many of the physical resources required for Emergency Operations.

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5.10 Post Incident Procedures

Recovery
Recovery planning is just as important as preparedness planning. Many facilities that have not planned for business disruption have never recovered from a disaster. If you are forced to close over a long period of time, what will happen to your workforce? If you require specialized equipment and technology, how long will it take to replace, particularly if other facilities are also attempting to find a replacement?

Stand Down Flow Chart
At the conclusion of an event where the MRHA Emergency Preparedness and Response Policy has been activated, the following steps will guide the standing down of emergency operations.

Post Operation Briefings
Post operational briefings will be held at the conclusion of an event. Once response activity has concluded, each site EOC conducts a “hot wash”, or an informal operational debrief to discuss lessons observed for the event. The results of the hot wash will be recorded and forwarded to the

Manager of Facilities and Environmental Services to be included in an after-action report. The Manager of Environmental Services and Facilities will compile site, district, and external partner debrief information (if applicable), and will produce a comprehensive draft report on the event, including lessons observed and suggestions for mitigation. This report will be disseminated to the MRHA EPAS Committee and will be presented to the Senior Team at a post operation briefing.

Post operation briefings allow involved EOC participants to comment on the report produced and discuss strategies for the implementation of mitigation measures. The Manager of Environmental Services and Facilities will record the results of these briefings and include the results in a final after-action report detailing next steps and changes to the Plan. The final report will be forwarded to the Leadership Team within their scope of accountability to address the recommendations.

Recovery is the effort to restore infrastructure and normal operations, but it should incorporate mitigation as a goal. For the short term, recovery may mean bringing necessary lifeline systems (e.g., power, communication, water and sewage, patient and resident care and services, etc.) up to an acceptable standard. Once some stability is achieved, the recovery efforts for the long-term restoring of normal operations can begin with attention to long-term mitigation needs.

Aim & Scope of Recovery Plan: The process by which a hospital and long-term care facility minimizes the impact an emergency has made on its operations to resume normal operations or establish new norms for operations.

Implementation of Business Continuity Plan: The IMS Team will coordinate and ensure a business continuity plan is created, maintained and de-escalated.

Validation - Evaluation of Response and Gap Analysis of Plan

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As real or mock emergencies take place, the Manager of Facilities and Environmental Services will ensure debriefings are completed and gaps in the plan that were identified are addressed.

Summary Report: If the MRHA experiences a true emergency, a summary report of the event will be completed by the IMS Team and provided to the Manager of Facilities and Environmental Services. The Manager of Facilities and Environmental Services will ensure, in collaboration with the EPAS Committee, and Joint Health and Safety Committee (when applicable) that any gaps identified will be monitored and rectified.

6. REFERENCES:

Ontario Ministry of Health and Long-Term Care's Emergency Response Plan, May 2013 OHA Emergency Management Toolkit, Ontario Hospital Association (OHA), 2008

Health Authority Officer Executive Officers, BC, Ministry of Health Services Policy Directives, 2013.

https://www.ontario.ca/page/emergency-management

https://www.pshsa.ca/safe-environments/topics/emergency-preparedness

7. APPENDICES:

Appendix A – MRHA Evacuation Locations
Appendix B – EOC Tote and Cupboard Inventory
Appendix C – Emergency Codes and Annual Timelines
Appendix D – IMS Roles and Responsibilities

Evaluation

This policy will be reviewed every 2 years.

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APPENDIX A

MRHA Evacuation Locations

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Site	Location	MOU Site	MOU Transportation
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	Secondary Location: Arklan Public School 123 Patterson Crescent, Carleton Place, ON K7C 4R2 Tel: 613-257-8113	**MOU** signed TBD	**Premier Bus Lines** 613-253-8863
Almonte General Hospital (AGH)	**TBC Secondary School**	**MOU signed**	**TBC**
	TBC Secondary School	**MOU signed**	**TBC**
Fairview Manor (FVM)	**TBC Secondary School**	**MOU signed**	**TBC**
	TBC Secondary School xxx.	**MOU signed** Term x Years	**TBC** Xxx
Lanark County Paramedic Service (LCPS)	**TBC Secondary School** xxx.	**MOU signed** Term x Years	**TBC** Xxx
	TBC Secondary School xxx.	**MOU signed** Term x Years	**TBC** Xxx

APPENDIX B

MRHA EOC Tote/Room Resources Inventory

EOC Supplies Checklist	EOC DESIGNATED ROOM
Emergency Preparedness & Response Policy 2.13 - Administration Binder	**Infrastructure**
Director/Manager Call-out List	Auxiliary Power
IMS Roles & Responsibilities	Lighting
EOC Forms	Bathroom
1 – MRHA Phone Directory	Food
1 – Carleton Place and Almonte area maps	
1 - Current Phone Book - Carleton Place and Almonte, Ottawa	
3 - Fluorescent Lanterns	**General Office and Communications Equipment**
8 – Flashlights	Telephones
14 - 1.5 v D flashlight batteries	Fax Machine
2 - Small flashlights	Copy Machine
1- Fluorescent safety vest	Computer Terminal with wireless access
2 - Metal signalling whistles	Printer/Scanner
1- Battery/hand crank operated AM/FM radio	TV
1- Small metal locked box with 4 Master keys	2 - extension cords
	Tables & chairs
	Overhead projector with Screen
Small Tote	Flip chart
1 - Box (4 flip chart pens) black, blue, green, & red ink	Flip chart paper or Cling on sheets
2 - White board markers	Dry erase markers
1 - Box (12) highlighters	Dry erasers
6 - Erasers	
1 - pkg (100) index cards	**Office Supplies**
1 - Scissors	1 - pkg (5 pads) lined note pads - 8.5 X 11"

1 - Three-hole punch	1 - pkg (500 sheets) white printer paper 8.5 x 11"
1 - Roll 1" masking tape	1 - box (100) file folders burgundy 8.5 x 11"
1 - Roll (48 x 50 mm) cellophane tape	1 - pkg (500 sheets) white printer paper 8.5 x 17"
1 - box (100) jumbo paper clips	
1 - Box (100) regular paper clips	
2 - pkg (4 ea) bulldog clamps	
1 - Stapler	
1 - Box (5000) staples	
5 - Rulers 12" wooden	
2 - pkg (3 in ea) Post It notes	
1 - pkg Post It flags (red/green/yellow/blue)	
1 - Box (100) rubber bands	
1 - Box pencils (12)	
1 - Box (12) pens - black	
1 - Box (12) pens - red	
1 - Box (12) pens - blue	

APPENDIX C

MRHA Emergency Codes and Annual Review Timelines

Code Blue	Completion of Review: **February & August**
Code Pink	Completion of Review: **February & August**
Code White	Completion of Review: **May & November**
Code Red	Completion of Review: **Monthly**
Code Black	Completion of Review: **September**
Code Yellow Code Amber	Completion of Review: **December**
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Code Orange	Completion of Review: **April**
Code Green	Completion of Review: **October**
Code Purple	Completion of Review: **July**
Code Transfusion	Completion of Review: **March**
Code Silver	Completion of Review **June**

APPENDIX D

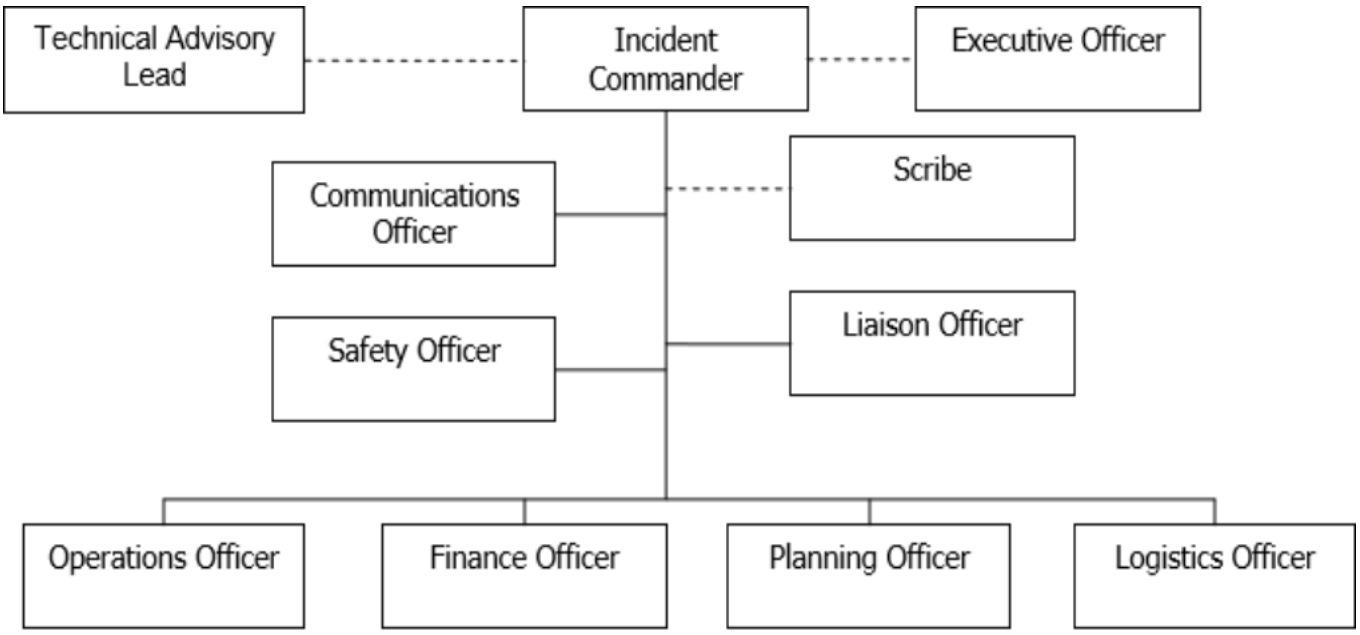
Incident Management System (IMS)

Roles and Responsibilities for Emergency Operations Center (EOC)

Under the Incident Management System (IMS), this operational structure requires that the following designated functions are filled.

- **Incident Commander**
- **Scribe**
- **Communications Officer**
- **Safety Officer**
- **Liaison Officer**
- **Operations Officer**
- **Finance Officer**
- **Logistics Officer**

IMS Structure



Selection of the Incident Commander (IC)
The selection of the Incident Commander is the first step once it is decided to initiate the IMS process.

The decision on who is best suited to take on the Incident Commander is dependent on

- which staff and leaders are available, and
- on the nature of the event

In principle, the IC person selected should be agnostic to the event; for example, if the event is a disruption to IT systems the IC should not be an IT leader as those leaders are required to focus on the issue at hand, plus it's important to have someone at the IC role who is at arms-length to the service issue.

Any staff member could be called to be Incident Commander and/or any of the Officer positions that form the IMS team.

Below is a summary of the roles and responsibilities of each designated position.

Incident Commander

- Directs and coordinates the emergency response.
- Considers the who, what, when, where of the emergency (SIZE UP)
- Announces a status/action plan meeting of all Command Centre participants within 15 minutes of setup.
- Determines which response centers need to be established (Media, Patient Inquiry, Staff Assignment, etc.)
- Responsible for safety of staff and patients. Ensures risk management principles and procedures are applied to all ICP activities in consultation with the Safety and Risk Management Officer.
- Imposes a visitor ban (Requires Communication with Communications and Security)
- Obtains and reviews status reports from all Section Officers to develop an action plan.
- Coordinates issuing of information to staff, public, news media, patient inquiries via Communications Officer.
- Determines appropriate level of service (in consultation with Operations and Planning Officers)
- Designates timing of business cycle (briefing) meetings with all Command Centre participants
- Determines, with section Officers, need for staff, volunteers, supplies, equipment.
- Regularly communicates status to the CEO or designate.
- Approves media releases in consultation with the Communications Officers
- Monitors situation as it develops in consultation with all Command Centre participants.
- Discusses organization-wide projection plans for immediate (1-4 hours), intermediate (4- 8hours) and long-term period (8 to 24 hours and greater as required)
- Communicates the stand-down or deactivation status to organization via Communications as situation resolves.

Scribe

- Reports to the Incident Commander
- Provides an accurate, chronological, written record of events pertaining to the incident, and disseminating that information to the correct people at the correct time.
- Functions as a support to the Incident Commander and other Command Centre participants
- Obtains appointment and briefing from the Incident Commander and prioritizes duties as assigned.
- Assists the Incident Commander in any way required.
- Offers relief to the Incident Commander and other Command Centre participants as require (must be formal hand-off)
- Works with Operations, Planning, Logistics and Finance Officers.

Communications Officer

- Manages external and internal communications.
- Develops communications action plan.
- Monitors television/radio and social media coverage of event
- Addresses any serious mis/disinformation campaigns
- Assumes all responsibility for working with the media, setting up the media centre, preparing press conferences.
- Records all media calls and responses.
- Prepares communication briefs to internal staff and keeps staff regularly informed of status of the emergency.
- Notifies media and public with updates as required.
- Continually updates and distributes communications action plan as required.
- Informs media of the physical areas which they have access to and what areas are restricted.
- Works with the Security Officer regarding media access to the hospital

Safety Officer

- Ensures the proper implementation of safety measures and/or infection control measures.
- Obtains briefing from the Incident Commander and prioritizes steps or duties assigned.
- Asses immediate or anticipated needs regarding staff safety/infection control
- Assesses need for equipment decontamination as required.
- Ensures that Operations, Planning and Logistics Officers have incorporated and anticipated equipment/supply/facility/resource needs related to infection control and staff safety.
- Communicates with the Operations, Planning and Logistics Officers to ensure the safety and well-being of staff are being provided for (water, food, rest, family concerns)
- Continually updates and communicates plan.
- Observes all staff and volunteers for signs of fatigue and stress.
- Coordinates with Liaison Officer any communication with outside agencies as required Public Health, Health Canada, etc.)
- Works with Security Officer and Public Information Officer regarding infection screening of staff, patients, visitors, etc.

Liaison Officer

- Functions as incident contact person for representatives from other agencies
- Assists the Incident Commander with establishing the Command Centre
- Obtains briefing from the Incident Commander with establishing the Command Centre
- Obtains briefing from the Incident Commander and prioritizes duties as required.
- Develops action plan and continually updates.
- Reviews provincial and municipal emergency organizational charts and determines appropriate contacts and message routing (in consultation with the Incident Commander)
- Provides information to the inter-hospital emergency communication network, municipal EOC and/or the provincial EOC as appropriate/as required.
- Provides information to relevant contact points on:
  - Organization's current patient population
  - Ability to receive patients.
  - Current or anticipated personnel, supply needs
  - Decanting progress and destinations
  - Any resources required/requested by other facilities.
- Responds to requests and complaints from incident personnel/responders regarding problems and concerns (works with Security Officer as required)
- Liaises with Police, Fire, EMS and continually updates plan status (works with Security Officer as required)
- Continually updates and distributes action plan as required.

Operations Officer

- Organizes, coordinates and supervises the Medical Care and Clinical Support under Operations
- Obtains the bed and staff status from each unit, clinic or department (as required by incident) and provides this information to the Incident Commander as soon as possible.
- Appoints clinical support, human resource leaders, and medical care director.
- Briefs all Operations Section Directors on status and develops action plan.
- Establishes an Operations Section Centre in proximity to the Command Centre
- Announces a status/action plan meeting of all Operations Section leaders within 15 minutes or less of call action.
- Develops business cycle meetings with all Operations Section Directors
- Attends business cycle meetings with Incident Commander and other Section Officers and updates status of plan.
- Ensures that the Medical Care and Clinical Support subsection are adequately staffed and supplied.

Finance Officer

- Monitors the utilization of financial assets.
- Oversees the acquisition of supplies and Services necessary to carry out the hospital's medical mission.
- Supervises the documentation of expenditures relevant to the emergency incident.

Logistics Officer

- Organizes, coordinates and directs those operations associated with the maintenance of the physical environment and adequate levels of food, shelter and supplies to support the organization.
- Obtains briefing from the Incident Commander and prioritizes duties.
- Establishes Logistics Section Centre in proximity to the command Centre.
- Appoints Security Leader & Facility Operations Leaders, Nutrition Leader, Transportation Leader, Materials Management Leader, Information Technology Leader, Biomedical Devices Leader
- Announces a status/action plan meeting of all Logistics Section Leaders to be held within no more than 15 minutes of event activation.
- After meeting with Incident Commander, briefs all Logistics Section Leaders and develops action plan.
- Develops business cycle with Logistics Section Leaders
- Receives any damage assessment updates from the Facility Operations Leader and relays to the Incident Commander
- Obtains needed supplies (works closely with the Finance Officer/Leader as required)
- Ensures long range plans for maintaining the physical environment and levels of required supplies.

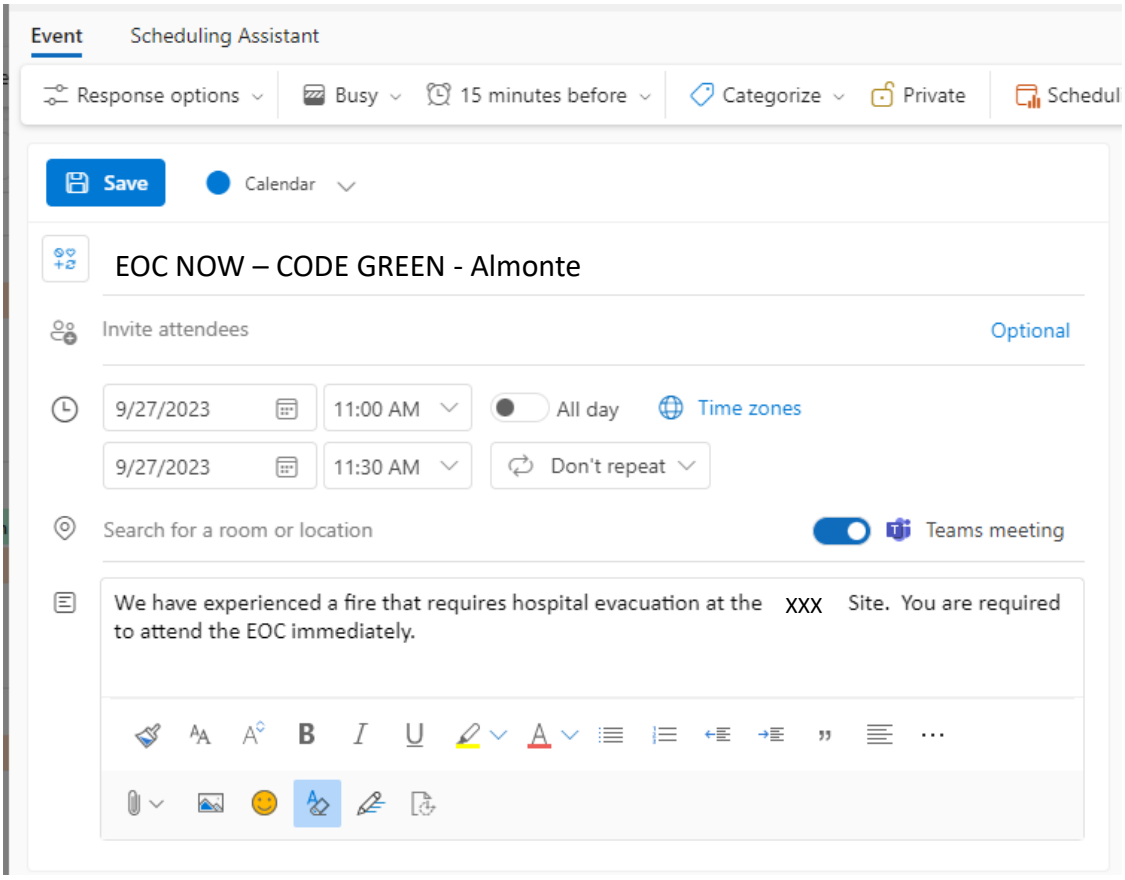
Technical Advisory Lead

- When required, the Technical Advisory lead will create and advisory group to help the Incident Commander with technical advice and recommendations.
- Examples of types of technical advisory functions; new emerging infectious disease, ethical issues, etc.

EOC Activation – Remote

- Upon notification of a MRHA Emergency/Activation of an emergency code that requires the EOC, the Incident Commander will establish a remote EOC meeting using Microsoft Teams.
- A Microsoft Teams invite will be sent to any Officer/Delegate/Lead who has been appointed to the EOC who cannot be physically present.
- The Incident Commander will create an outlook calendar invitation.

Example


Event
Scheduling Assistant
Response options
Busy
15 minutes before
Categorize
Private
Schedul
Save
Calendar
EOC NOW – CODE GREEN - Almonte
Invite attendees
Optional
9/27/2023
11:00 AM
All day
Time zones
9/27/2023
11:30 AM
Don't repeat
Search for a room or location
Teams meeting
We have experienced a fire that requires hospital evacuation at the XXX Site. You are required to attend the EOC immediately.

APPENDIX A

MRHA Evacuation Locations

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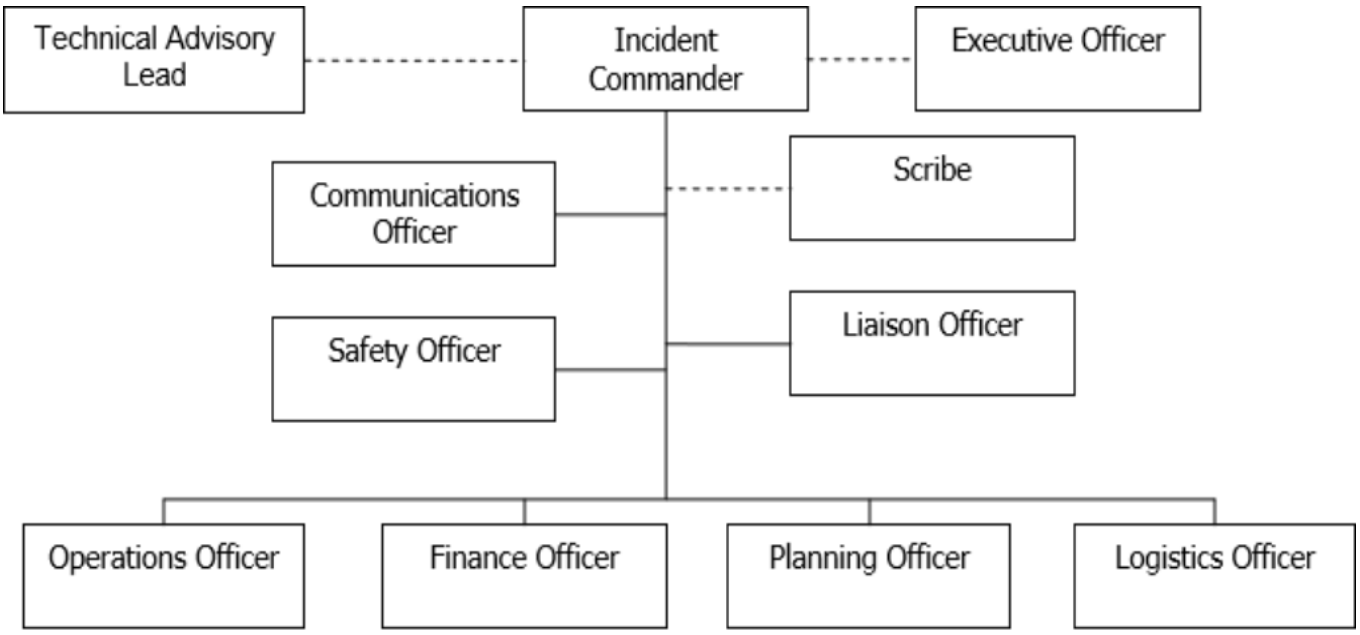
IMS Structure



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- Imposes a visitor ban (Requires Communication with Communications and Security)
- Obtains and reviews status reports from all Section Officers to develop an action plan.
- Coordinates issuing of information to staff, public, news media, patient inquiries via Communications Officer.
- Determines appropriate level of service (in consultation with Operations and Planning Officers)
- Designates timing of business cycle (briefing) meetings with all Command Centre participants
- Determines, with section Officers, need for staff, volunteers, supplies, equipment.
- Regularly communicates status to the CEO or designate.
- Approves media releases in consultation with the Communications Officers
- Monitors situation as it develops in consultation with all Command Centre participants.
- Discusses organization-wide projection plans for immediate (1-4 hours), intermediate (4- 8hours) and long-term period (8 to 24 hours and greater as required)
- Communicates the stand-down or deactivation status to organization via Communications as situation resolves.

Scribe

- Reports to the Incident Commander
- Provides an accurate, chronological, written record of events pertaining to the incident, and disseminating that information to the correct people at the correct time.
- Functions as a support to the Incident Commander and other Command Centre participants
- Obtains appointment and briefing from the Incident Commander and prioritizes duties as assigned.
- Assists the Incident Commander in any way required.
- Offers relief to the Incident Commander and other Command Centre participants as require (must be formal hand-off)
- Works with Operations, Planning, Logistics and Finance Officers.

Communications Officer

- Manages external and internal communications.
- Develops communications action plan.
- Monitors television/radio and social media coverage of event
- Addresses any serious mis/disinformation campaigns
- Assumes all responsibility for working with the media, setting up the media centre, preparing press conferences.
- Records all media calls and responses.
- Prepares communication briefs to internal staff and keeps staff regularly informed of status of the emergency.
- Notifies media and public with updates as required.
- Continually updates and distributes communications action plan as required.
- Informs media of the physical areas which they have access to and what areas are restricted.
- Works with the Security Officer regarding media access to the hospital

Safety Officer

- Ensures the proper implementation of safety measures and/or infection control measures.
- Obtains briefing from the Incident Commander and prioritizes steps or duties assigned.
- Asses immediate or anticipated needs regarding staff safety/infection control
- Assesses need for equipment decontamination as required.
- Ensures that Operations, Planning and Logistics Officers have incorporated and anticipated equipment/supply/facility/resource needs related to infection control and staff safety.
- Communicates with the Operations, Planning and Logistics Officers to ensure the safety and well-being of staff are being provided for (water, food, rest, family concerns)
- Continually updates and communicates plan.
- Observes all staff and volunteers for signs of fatigue and stress.
- Coordinates with Liaison Officer any communication with outside agencies as required Public Health, Health Canada, etc.)
- Works with Security Officer and Public Information Officer regarding infection screening of staff, patients, visitors, etc.

Liaison Officer

- Functions as incident contact person for representatives from other agencies
- Assists the Incident Commander with establishing the Command Centre
- Obtains briefing from the Incident Commander with establishing the Command Centre
- Obtains briefing from the Incident Commander and prioritizes duties as required.
- Develops action plan and continually updates.
- Reviews provincial and municipal emergency organizational charts and determines appropriate contacts and message routing (in consultation with the Incident Commander)
- Provides information to the inter-hospital emergency communication network, municipal EOC and/or the provincial EOC as appropriate/as required.
- Provides information to relevant contact points on:
  - Organization's current patient population
  - Ability to receive patients.
  - Current or anticipated personnel, supply needs
  - Decanting progress and destinations
  - Any resources required/requested by other facilities.
- Responds to requests and complaints from incident personnel/responders regarding problems and concerns (works with Security Officer as required)
- Liaises with Police, Fire, EMS and continually updates plan status (works with Security Officer as required)
- Continually updates and distributes action plan as required.

Operations Officer

- Organizes, coordinates and supervises the Medical Care and Clinical Support under Operations
- Obtains the bed and staff status from each unit, clinic or department (as required by incident) and provides this information to the Incident Commander as soon as possible.
- Appoints clinical support, human resource leaders, and medical care director.
- Briefs all Operations Section Directors on status and develops action plan.
- Establishes an Operations Section Centre in proximity to the Command Centre
- Announces a status/action plan meeting of all Operations Section leaders within 15 minutes or less of call action.
- Develops business cycle meetings with all Operations Section Directors
- Attends business cycle meetings with Incident Commander and other Section Officers and updates status of plan.
- Ensures that the Medical Care and Clinical Support subsection are adequately staffed and supplied.

Finance Officer

- Monitors the utilization of financial assets.
- Oversees the acquisition of supplies and Services necessary to carry out the hospital's medical mission.
- Supervises the documentation of expenditures relevant to the emergency incident.

Logistics Officer

- Organizes, coordinates and directs those operations associated with the maintenance of the physical environment and adequate levels of food, shelter and supplies to support the organization.
- Obtains briefing from the Incident Commander and prioritizes duties.
- Establishes Logistics Section Centre in proximity to the command Centre.
- Appoints Security Leader & Facility Operations Leaders, Nutrition Leader, Transportation Leader, Materials Management Leader, Information Technology Leader, Biomedical Devices Leader
- Announces a status/action plan meeting of all Logistics Section Leaders to be held within no more than 15 minutes of event activation.
- After meeting with Incident Commander, briefs all Logistics Section Leaders and develops action plan.
- Develops business cycle with Logistics Section Leaders
- Receives any damage assessment updates from the Facility Operations Leader and relays to the Incident Commander
- Obtains needed supplies (works closely with the Finance Officer/Leader as required)
- Ensures long range plans for maintaining the physical environment and levels of required supplies.

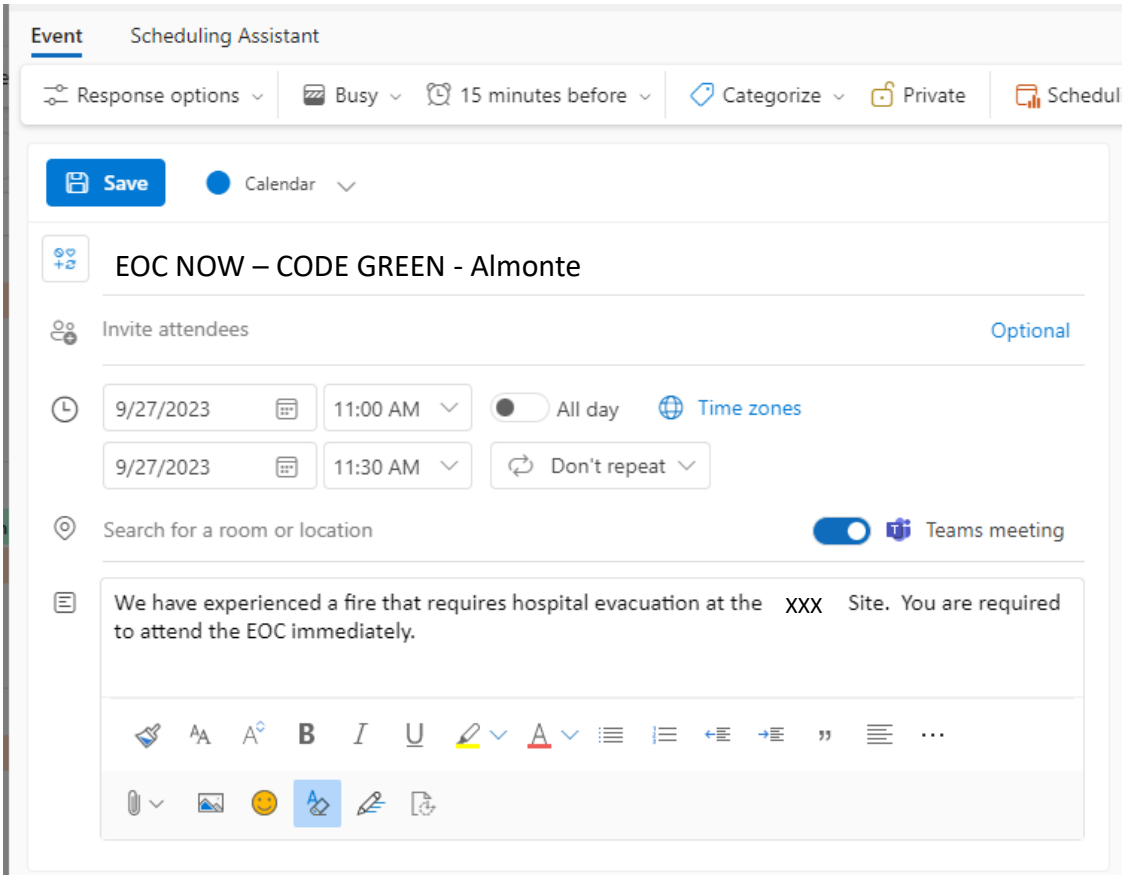
Technical Advisory Lead

- When required, the Technical Advisory lead will create and advisory group to help the Incident Commander with technical advice and recommendations.
- Examples of types of technical advisory functions; new emerging infectious disease, ethical issues, etc.

EOC Activation – Remote

- Upon notification of a MRHA Emergency/Activation of an emergency code that requires the EOC, the Incident Commander will establish a remote EOC meeting using Microsoft Teams.
- A Microsoft Teams invite will be sent to any Officer/Delegate/Lead who has been appointed to the EOC who cannot be physically present.
- The Incident Commander will create an outlook calendar invitation.

Example


Event
Scheduling Assistant
Response options
Busy
15 minutes before
Categorize
Private
Schedul
Save
Calendar
EOC NOW – CODE GREEN - Almonte
Invite attendees
Optional
9/27/2023
11:00 AM
All day
Time zones
9/27/2023
11:30 AM
Don't repeat
Search for a room or location
Teams meeting
We have experienced a fire that requires hospital evacuation at the XXX Site. You are required to attend the EOC immediately.