



Middlesex Hospital Alliance

Emergency Management Plan

2025

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INTRODUCTION

Overview

This Emergency Management Plan, along with its appendices, establishes a comprehensive framework for effectively managing internal and external incidents or emergencies that may disrupt or impede the normal operations of the Middlesex Hospital Alliance (MHA) operating Strathroy Middlesex General Hospital and Four Counties Health Services.

The objectives of this plan are to:

- Minimize the organization's vulnerability to emergencies by mitigating risks to staff, patients, visitors and property, thereby reducing the potential for damage, injury, and loss of life.
- Ensure prompt and efficient response to incidents and emergencies.
- Leverage all available systems and resources to safeguard the health, safety, and well-being of all individuals affected by an emergency.
- Provide a structured and coordinated approach for managing incidents and emergencies, ensuring the continuity of critical services and operations.

This plan serves as a guiding document to support decision-making and enhance the MHA's overall preparedness, response, and recovery capabilities.

Scope

The Emergency Management Plan establishes a standardized approach to preparing for and responding to organization-wide incidents and emergencies. Grounded in an all-hazards framework, it ensures a comprehensive and adaptable incident response.

This plan is designed to be flexible and scalable, allowing Middlesex Hospital Alliance to tailor its response based on the specific nature of an incident and the organization's available resources at any given time. It is complemented by other incident-specific plans attached as appendices, which provide targeted guidance for specialized emergencies.

Recognizing the dynamic nature of emergency management, this plan will continuously evolve as MHA applies it in real-world scenarios, integrates lessons learned, and enhances its preparedness and response capabilities.

Access to the Emergency Management Plan

A complete digital version of the Emergency Management Plan with appendices will be available to all Senior Leaders and Emergency Control Group (ECG) members. A digital version of the main component of the Emergency Management Plan with limited appendices access will be accessible through the MHA Insider to all staff. Additionally, a printed copy of the plan will be available at SMGH Switchboard and FCHS Registration areas.

Each tenant will receive an Emergency Response Card (in development), which will be readily accessible in all designated areas. This resource will outline general guidelines for responding to Emergency Codes, ensuring a standardized and effective response.

Annual Reviews and Evaluation of the Plan

The Emergency Preparedness Committee is accountable to the Senior Leadership Team for maintaining, updating, and validating Middlesex Hospital Alliance's Emergency Management Plan on an annual basis.

All individuals, service areas, and departments referenced in this plan are responsible for informing the Chair of the Emergency Preparedness Committee of any revisions, administrative updates, or changes to contact information that may impact the plan or its appendices.

Training and Exercise Program

The Emergency Preparedness Coordinator is responsible for organizing annual training sessions and Emergency Management Plan exercises to ensure preparedness and compliance. Insights and recommendations from these exercises will be integrated into future revisions of the plan to enhance their effectiveness.

Hazard Identification and Risk Assessment

Based on the local geography and environmental factors, the potential hazards that must be considered in the MHA's Emergency Planning may include, but are not limited to:

External

- Power Disruptions and Outages (localized and widespread)
- Environmental Issues, e.g., wildfire, severe weather (heat/cold, ice storm, flooding, tornado, blizzard, hurricane, storm surges)
- Pandemic, Infectious Disease Outbreak
- Contamination / Disruption to Water System
- Cybersecurity Incidents
- Hospital / Long Term Care Facility Evacuations
- Terrorism, Bomb Threats, Suspicious Packages

Internal

- HVAC issues (heating, ventilation, air conditioning)
- Infrastructure Failure (electrical, gas, information technology, health information systems)
- Fire, flooding (water damage)
- Hazardous substance spills/leaks
- Workplace violence
- Physical, chemical and biological agents
- Health Human Resources (HHR) crisis/shortage
- Other Health & Safety issues (e.g., air quality issues)

INCIDENT RESPONSE STRATEGY

Background

Emergency legislation is established at the federal, provincial/territorial, and municipal levels of government to ensure a coordinated response to emergencies.

At the federal level, Public Safety Canada is responsible for overseeing and coordinating the national emergency response. Emergency Management Ontario manages the provincial response, ensuring alignment with provincial policies and resources.

At the municipal level, the Emergency Management and Civil Protection Act authorizes municipalities to develop and implement emergency plans tailored to their specific needs and risks.

Objective During an Incident

The primary objective during an incident or emergency is to prioritize the safety and well-being of Middlesex Hospital Alliance's staff, patients, and visitors while mitigating associated risks.

In addition to life safety, MHA considers several key factors in its emergency response, including but not limited to human resources, information security, financial stability, stakeholder relationships, and physical assets.

MHA's approach to incident and emergency management is guided by the principles of the International Incident Management System (IMS), ensuring a structured, coordinated, and effective response.

Emergency Status of the Organization

Clear understanding and effective communication of the organization's Emergency Status is essential to ensure a coordinated and informed response. This shared understanding enables all stakeholders to:

- Assess and evaluate the characteristics of an event;
- Determine whether the event has the potential to escalate into an incident requiring heightened management or Senior Leadership attention; and
- Initiate appropriate response actions, including notifying Senior Leadership and escalating concerns to relevant operational areas and/or Senior Leadership.

Regular evaluation and review of the Emergency Status support:

- Timely activation of the Emergency Management Plan when necessary;
- An appropriate and adaptive response as the incident evolves, whether it involves a single event or multiple concurrent emergencies; and
- Consistent and clear communication of the Emergency Status using standardized terminology that is understood across the organization.

Middlesex Hospital Alliance Emergency Status		
Levels	Description	
	Normal Operation	Organizational Response
Normal (Level IV)	There are no identified internal or external threats requiring heightened concern or actions beyond standard security protocols.	None
Watch (Level III)	<p>This status is activated upon receiving notification of an incident or potential emergency that may disrupt, interrupt, or adversely impact operations. It may be established under the following circumstances:</p> <ul style="list-style-type: none"> • In response to a minor or localized incident that can be effectively managed through standard operational procedures; or • As a precautionary measure when an emerging situation is identified, but its scope, credibility, or immediacy has not yet been fully assessed. 	<p>Emergency Control Group (ECG) Notification –notification to be sent to group by using the What’s App Code Group.</p> <p>Increased level of awareness and monitoring/management oversight; review of related preparedness status and emergency management plan; and preparation to undertake pre-declaration activities if necessary.</p>
Warning (Level II)	<p>Operational disruptions and/or an increasing risk of disruption may be present. This status may be activated under the following conditions:</p> <ul style="list-style-type: none"> • When a localized incident surpasses the response capacity or authority of on-site responders; and/or • In anticipation of an escalating incident that has been assessed as both credible and imminent. 	<p>ECG Member Notification –notification to be sent to group by using the What’s App Code Group.</p> <p>Heightened awareness and enhanced monitoring with increased management oversight. Preparatory actions are undertaken for potential Emergency Management Plan activation, including:</p> <ul style="list-style-type: none"> • Pre-declaration measures, such as readying the Emergency Operations Centre and ensuring key resources are available for deployment. • Proactive communication, providing contingency instructions and guidance for potential response scenarios.

Declared (Level I)	<p>The Emergency Operations Centre (EOC) has been activated in response to an incident that meets or exceeds the established crisis criteria. This status may be declared based on:</p> <ul style="list-style-type: none"> • The severity of damage sustained; or • The incident's impact on critical operations, the protection of vital interests, organizational values, operational continuity, or financial stability. 	<p>ECG Member Notification –notification to be sent to group by using the What's App Code Group with response required. Call-outs to group utilizing the emergency call out listing. Note: Initial call-out will go to the Core ECG members and escalated to more members as the Incident Commander deems necessary. ECG members to meet and initiate IMS by Teams or in person at EOC as decided by the Incident Commander.</p> <p>The Emergency Management Plan has been activated, with corresponding operational adjustments to:</p> <ol style="list-style-type: none"> 1. Ensure the protection of life and property; and 2. Safeguard the organization's ability to sustain critical functions throughout the incident.
Recovery	<p>At this stage of the incident, the organization is actively engaged in recovery efforts to restore normal operations.</p>	

INCIDENT MANAGEMENT SYSTEM (IMS) STRUCTURE AND PROCESS

Overview

The Incident Management System (IMS) is a structured, hierarchical model designed to coordinate the healthcare response during emergencies. By identifying risks and hazards, IMS enables a rapid and organized response, ensuring stabilization, prioritization, and resource allocation to protect life, property, and the environment.

The IMS framework is built around the four key functional concerns of Planning, Logistics, Operations and Administration/Finance:

- What actions need to be taken?
- What information needs to be communicated?
- How will patients, staff, and stakeholders be protected?
- Who needs to be contacted?
- How will the response be implemented?
- What resources and support are required?
- What documentation is necessary?
- What are the financial considerations and responsibilities?

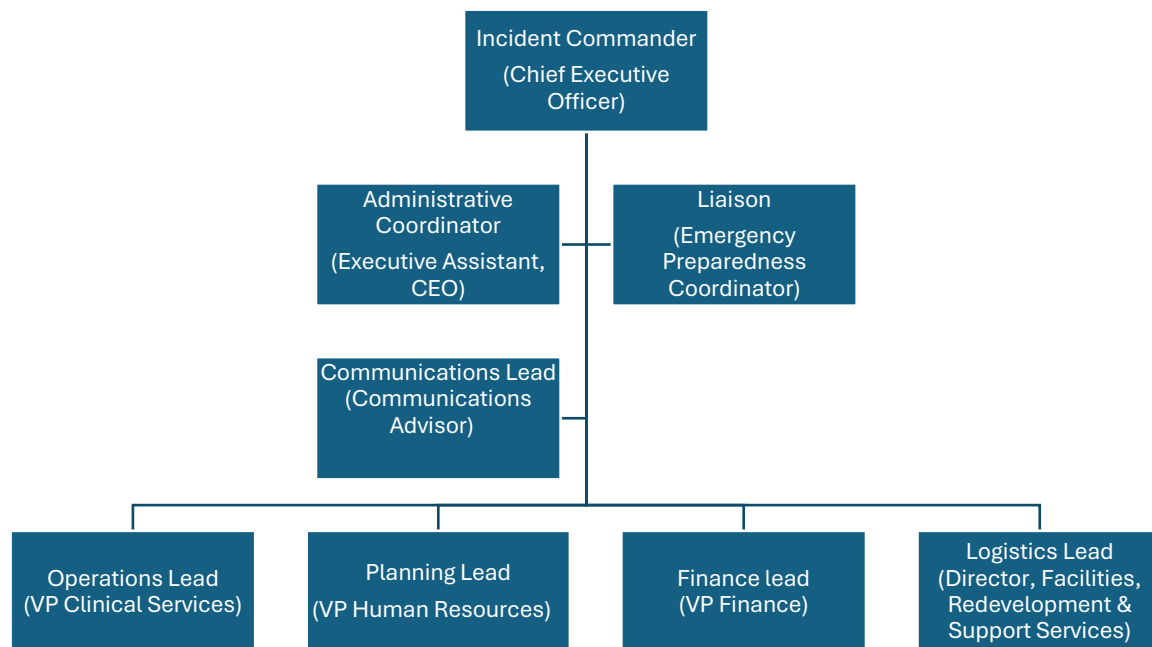
The Incident Commander holds overall responsibility and accountability for managing all aspects of the incident.

Middlesex Hospital Alliance Emergency Control Group (ECG) Team Structure

The Emergency Control Group (EOC) is responsible for providing Emergency Management support and making critical decisions during an incident or emergency. Their primary role is to oversee the strategic management of the situation, ensuring an effective and coordinated response. Key responsibilities include:

- Prioritizing the safety and well-being of MHA staff, patients, and visitors.
- Activating and establishing the EOC to coordinate response efforts.
- Defining goals, objectives, and priorities for MHA's emergency response.
- Implementing the Emergency Management Plan to mitigate risks and manage the incident effectively.
- Overseeing internal and external communications to ensure timely and accurate information sharing.
- Assessing the evolving situation, forecasting potential developments, and adapting response strategies accordingly.
- Developing and executing response and recovery strategies to minimize disruption and restore operations.
- Ensuring comprehensive documentation of all Emergency Management Plan activities.
- Coordinating with external organizations as needed to enhance response efforts.
- Establishing a recovery plan to support the continuation of critical hospital operations.

The following chart represents the Middlesex Hospital Alliance's **Core ECG Team structure**:



Unless otherwise instructed, ongoing program responsibilities (e.g. Human Resources, Occupational Health, Infection Control, Risk Management and Pharmacy) will continue to be managed by existing leadership.

Note: The positions most likely to assume these roles are indicated in brackets within the chart above; however, the Incident Commander may assign responsibilities differently depending on the nature of the incident and staff availability.

EMERGENCY MANAGEMENT PLAN IMPLEMENTATION

Triggers

The activation of the Emergency Management Plan may be prompted by a wide range of trigger events, including those related to health and safety as well as other critical incidents that pose a threat to the organization's ability to maintain normal operations.

Each trigger event is assessed based on its characteristics, actual or potential impact, and required level of response. Key factors considered include:

- Health and safety risks to staff, patients, and visitors.
- Potential or actual operational disruptions that affect hospital functions.
- Escalation factors that may increase the severity or complexity of the incident.
- Time sensitivity and urgency to prevent irreversible consequences.

This structured evaluation ensures that the organization responds appropriately to mitigate risks and maintain continuity of care.

Notification

Any staff member who becomes aware of an actual or potential incident or emergency must immediately notify their Leader. Upon receiving the report, the Leader is responsible for assessing the situation and determining the appropriate escalation steps and response actions.

In making this determination, the Leader must evaluate the following factors:

- Urgency of the situation and the need for immediate action.
- Necessity of calling 911, if not already done.
- Availability of time to gather additional information.
- Sufficiency of details received to assess the incident.
- Credibility of the information and reliability of the source.
- Need for independent verification before escalation.
- Requirement for additional details before notifying the Administrator on Call.
- Appropriateness of escalation to a specific department (e.g., IT for a minor to moderate system failure).

Once the Administrator on Call is contacted, they must assess the severity of the incident, its impact on hospital operations, and determine the appropriate emergency alert level to ensure a timely and coordinated response.

Declaration

Declaration of the Emergency Management Plan is the responsibility of the Incident Commander.

Fan-Out

The fan-out list is intended as a quick reference tool for notifying Emergency Control Group team members of incidents or emergencies that may affect operations, safety, or service delivery. Prior to initiating the fan-out call process, the WhatsApp Code Group will be used to share emergency information with key staff. This approach ensures timely and coordinated communication, facilitating a prompt and effective response across all relevant stakeholders.

Any member of the ECG has the authority to initiate the Fan-Out Procedure as required.

Emergency Operations Centre Locations

The Emergency Operations Centre (EOC) serves as the central hub for information management and decision-making during an incident or emergency. Its primary function is to collect, analyze, and process critical information to facilitate a timely and effective response to emerging situations.

The Incident Commander holds the responsibility for the activation and deactivation of the EOC, ensuring a structured and coordinated approach to incident management.

Incident Response Work Flow

The following outlines the key activities and milestones in the incident response process:

- **ECG Team Activation:** Upon the declaration of an emergency, ECG Team members report to the EOC (virtually or in-person as required), review their Job Action Sheets, and prepare for an initial briefing by the Incident Commander.
- **Situation Briefing:** The Incident Commander conducts an initial assessment, reviewing the current situation, potential implications, and available information to guide the response strategy.
- **Incident Objectives & Strategy Development:** The ECG Team establishes Incident Objectives and Strategies, which are then communicated to all Leaders and key personnel.
- **Operational Planning Meetings:** Leaders and relevant staff convene sub-meetings as necessary to define action plans that align with the established Incident Objectives and Strategy.
- **Ongoing Coordination & Review:** The ECG Team meets three times daily at 07:00, 11:00, and 17:00 (or as required), seven days a week, to:
 - Review the status of the incident.
 - Identify and address emerging issues.
 - Present recommendations for the ongoing management and resolution of the incident.

Deactivation of EOC

The Incident Commander is responsible for deactivating the Emergency Operations Centre (EOC) once the incident has been resolved or can be effectively managed through standard operational procedures.

Post Incident Debriefing & Continuous Improvement

An incident is not considered fully resolved until a final debriefing has been conducted. Debriefing is a critical process for capturing lessons learned, identifying areas for improvement, and enhancing future incident response and preparedness.

The Emergency Preparedness Coordinator is responsible for coordinating and/or facilitating debriefing sessions upon request. Additionally, they will ensure that key findings and recommendations are incorporated into the Emergency Management Plan to strengthen organizational resilience.

A Post-Incident Debrief Summary will be documented using the Post-Incident Debrief Summary Form and submitted to the Emergency Preparedness Committee for review and integration into future planning efforts.

EMERGENCY MANAGEMENT PLAN & STANDARDIZED EMERGENCY CODES

Overview

Emergencies, whether gradual in onset or immediate, pose a significant risk to the health and safety of staff, patients, and visitors, as well as the overall operations of the Hospital. Establishing clear, rapid communication protocols with predefined response actions is essential to ensuring an effective and coordinated emergency response.

Standardized Emergency Codes serve as universal alert signals that notify staff of an emergency within the Hospital and trigger a structured, immediate response from designated individuals or teams. These codes were developed to:

- Promote a common language and standardized response procedures.
- Minimize the amount of information staff must memorize, improving recall and efficiency during critical situations.
- Prevent unnecessary panic among patients and visitors by using discreet terminology.

Certain Emergency Color Codes require designated response teams or individuals to take immediate action. In these cases:

- A pre-assigned response team member or the individual assumes the role of Incident Manager upon activation of the emergency code.
- The Incident Manager leads the emergency response efforts until the incident is resolved (e.g., the code is terminated) or command is formally transferred to another individual.

To ensure the safe evacuation of all staff, including those with disabilities or mobility limitations, Individualized Emergency Response Plans (IERP's) will be developed to identify appropriate measures and best practices for assisting employees in emergency situations.

The following Emergency Color Codes align with industry best practices, reinforce emergency response principles, and enhance collaboration and coordination by clearly defining roles and responsibilities across the organization.

Emergency Color Codes		
Codes	Incident	Definition
Code White	Violent/Behavioural Situation	The code designed to initiate a cautious and prescribed response to a patient; visitor or staff member who is displaying undue anxiety, yelling or otherwise represents a threat of aggression or violence to themselves or others.
Code Yellow	Missing Person	The code designed to initiate a comprehensive expedient search by designated staff to locate a missing patient (unauthorized absence from the unit/hospital) before that patient's safety and well-being is compromised.

Code Green	Evacuation (Precautionary)	The code designed to initiate an orderly response when it is recommended to evacuate within a certain perimeter (usually a building or a specific location within a building) until the initial situation is contained. The direction of evacuation may be limited to a horizontal evacuation.
Code Red	Fire	The code designed to alert staff to the detection of smoke or fire.
Code Orange	Disaster	The code designed to activate a response to an external disaster whereby the influx of patients demands additional resources to manage the event.
Code Black	Bomb Threat/Suspicious Object	The code designed to address a bomb threat or discovery of or search for a suspicious object.
Code Blue	Cardiac Arrest / Medical Emergency - Adult	The code designed to respond to a medical emergency, when a person is experiencing a real or suspected imminent loss of life.
Code Pink	Cardiac Arrest /Medical Emergency Infant/Child	The code designed to distinguish a Paediatric arrest from that of an adult.
Code Brown	In-facility Hazardous Spill	The code designed to alert staff to an accidental release of a hazardous or potentially hazardous material.
Code Purple	Hostage Taking	The code designed to elicit a response to a hostage-taking.
Code Grey	Infrastructure Loss or Failure	The code designed to alert the organization to an infrastructure loss or failure of substantial significance. (i.e., IT systems failure, flood, emergency generator failure, etc.).
Code Silver	Person with a Weapon	The code is designed to alert the organization of a threat, attempt, or active use of a weapon or an object/instrument fashioned into a weapon to cause harm.

BUSINESS CONTINUITY PLAN (in development)

Middlesex Hospital Alliance's Business Continuity Plan establishes a systematic framework for preparedness, response, and recovery in the event of an emergency or disaster. This plan is designed to safeguard staff, patients and visitors while ensuring the timely restoration of critical business functions necessary for continued operations.

PANDEMIC PLAN (under review)

Middlesex Hospital Alliance's Pandemic Plan aims to ensure the continuity of essential healthcare services, protect the health and safety of patients, staff, and visitors, and mitigate the impact of a pandemic on hospital operations. By outlining specific strategies for infection control, resource allocation, communication, and collaboration with public health authorities, the pandemic plan enhances the hospital's preparedness and resilience in the face of public health emergencies.

HELIPAD EMERGENCY RESPONSE PLAN

Middlesex Hospital Alliance's Helipad Emergency Response Plan defines the structured procedures and roles to manage emergency situations occurring at the Middlesex Hospital Alliance's Four Counties Health Services ground level helipad, including aircraft incidents, fuel spills and fire related events. The plan aims to ensure safety of patients, aircrew, hospital staff, and visitors while awaiting emergency responders and maintaining operational continuity and regulatory compliance, particularly for operations involving ORNGE air ambulance services.

FIRE SAFETY PLANS

Middlesex Hospital Alliance's Fire Safety Plans have been developed in compliance with the Ontario Fire Code, Section 2.8 (Ontario Regulation 213/07 of the Ontario Fire Protection and Prevention Act, as amended).

These plans are designed to:

- Provide critical safety information for all occupants in the event of a fire.
- Ensure the effective utilization of life-saving building features.
- Prevent fire incidents through proactive safety measures.

Tailored to align with the MHA's resources, the Fire Safety Plans have been reviewed and approved by each of the respective Chief Fire Officials.

The plans undergo regular reviews at least every 12 months to reflect any changes in building use or operational characteristics. Any modifications to the approved Fire Safety Plans must be reported to the respective Chief Fire Official.

These official documents must always be readily accessible to staff and fire officials during an emergency. Hard copies are available at:

- Main Entrance – Strathroy Middlesex General Hospital
- Main Entrance – Four Counties Health Services