

EMERGENCY MANAGEMENT IN HEALTHCARE

A new **Emergency and Disaster Management Standard** is being implemented which outlines the responsibilities to reduce risk, be prepared to respond to, and recover from an emergency.

Health PEI has an All Hazards Plan, Emergency Communications Plan, and Emergency Management Steering Committee. Many 24/7 facilities, including hospitals, mental health and addictions facilities and LTC facilities have local Emergency Management Committees and site specific All Hazards Plans.

KEY EMERGENCY MANAGEMENT DEFINITIONS:

- All Hazards Plan: A site emergency plan which contains emergency/code plans and business continuity plans. This document should be reviewed by all staff at least annually.
- **Emergency Management Exercises:** A simulated emergency where participants carry out roles that would be expected in an emergency, e.g. live drills, tabletops, full scale, fanout tests, etc.
- **Fire Drill:** A practice drill where all staff participate. 24/7 facilities should perform drills quarterly for each shift, at minimum. Non 24/7 facilities should hold a drill annually, at minimum.
- **Prevention and Mitigation:** Prevention refers to measures taken to avoid/stop an emergency from occurring. Mitigation refers to actions taken to reduce the risk and impact of a hazard.
- **Partner Organizations:** Often include first responders (e.g. fire, police and EMS). Sites can align plans by including their roles and supports, sharing plans, participating in exercises and tours.
- **Incident Command System (ICS):** The incident management system used by Health PEI. Online and in-person training is offered by the provincial Emergency Measures Organization.
- **Business Continuity Plan:** Plans designed to respond to and recover from service or system losses, e.g. power failure plan, IT downtime, water loss plan and boil water order plan.
- **Debrief:** An opportunity for staff to discuss what went well and challenges after an incident.

Please contact the Emergency Management and Business Continuity Consultant, Denise Bustard, dbustard@ihis.org, for further information.