# **Health Systems Operations Centre (HSOC)**Inter- and Intra- Health Authority Relocation

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| **Level of response** | **Impacts and triggers** | **Key parties**  | **Considerations and actions** |
| **Level 1 – Ready State**Coordination calls occurring. Frequency to be determined based on risk assessment and needs.Purpose: Key updates and information sharing; establishing lines of communication and relationships; monitoring risk.  | Anticipated extreme weather conditions that have the potential to cause community-level evacuations.Triggers include, but are not limited to:* Evacuation alerts issued
* Wildfire season declared
* Onset of Freshet flooding
 | * Representation from all health authorities\*
* Ambulance Service
* Subject matter experts in your jurisdiction related to emergency management.

  | * Who will initiate coordination calls?
* Minutes will not be distributed at this level as meetings are primarily for information purposes.
* Create and circulate up-to-date contact lists.
* Conduct risk assessments that consider:
	+ Hazard threat (i.e. distance, duration, intensity, etc.)
	+ Transportation conditions
	+ Patient/client/resident complexity, acuity, and care needs
* Review site/program response plans and determine appropriate proactive preparedness activities based on risk.
* Health authority and sites that may be impacted by hazard and require relocation to begin filling out and updating *Sending Site List*.
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| **Level 2 – Partial Activation** Coordination calls ongoing, with increased frequency based on risk and needs assessment. Purpose: Monitor hazard activity in impacted areas; maintain cross-health authority situational awareness and preparedness.  | Impacts and response contained by single health authority, with potential risk for escalation requiring cross-health authority support. Triggers include, but are not limited to:* Evacuation orders issued
* Regionally contained relocations/evacuations
* Potential for need for cross-health authority support (i.e. for staff, supplies, transportation, etc.)
 | * Representation from all health authorities
* Increased representation from impacted health authority or program
* Ambulance Service, Subject matter experts in your jurisdiction related to emergency management.
* Ministry of Health
* Transportation vendors
* Ethics
* Risk Management
 | * Health authorities to begin regular reporting, with frequency to be determined based on risk assessment and needs. This includes:
	+ Regular status reports and updates from impacted health authority or program
	+ Regular updates regarding resource availability and limitations from non-impacted health authorities or programs in order to determine their capacity should cross-health authority support be required
	+ Identify lead agency to prepare Situation Reports to support cross-health authority situational awareness
* Identify potential cross-health authority receiving sites in hazard-free areas that could be utilized in the event hazard impact intensifies.
* Prepare plans for cross-health authority relocation in the event hazard impact intensifies.
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| **Level 3 – Full Activation** Coordination calls ongoing with increased frequency based on response requirements. Purpose: Coordinate cross-health authority relocation; maintain situational awareness throughout response.  | Widespread hazard impact requiring a coordinated, cross-health authority response. Triggers include, but are not limited to:* Evacuation orders issued
* Relocations/evacuations across different regions
* Cross-health authority support needed (i.e. for staff, supplies, transportation, receiving patient/client/residents, etc.)
 | * Representation from all health authorities
* Increased representation from impacted health authorities or programs
* Ambulance Service
* Subject matter experts in your jurisdiction related to emergency management.
* Ministry of Health
* Transportation vendors
* Ethics
* Risk Management
 | * Active coordination, decision-making, and resource-sharing to support cross-health authority response.
* All impacted and supporting health authorities or programs to provide regular status reports.
* Identify lead agency to prepare Situation Reports at increased frequency to maintain cross-health authority situational awareness.
* Conduct frequent risk assessments and *Stop Checks* to re-evaluate appropriate actions and priorities. Consider:
* Hazard threat (i.e. distance, duration, intensity, etc.)
* Transportation conditions
* Patient/client/resident complexity, acuity. and care needs
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