# **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*. |
| **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. |
| **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 |