

TITLE

EMERGENCY AND DISASTER MANAGEMENT

SCOPE

Provincial

DOCUMENT

1181

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

January 9, 2019

SPONSOR

Vice President Provincial Clinical Excellence

REVISION EFFECTIVE DATE

February 10, 2025

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

February 10, 2028

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca, is valid.

OBJECTIVES

- To ensure Alberta Health Services (AHS) can effectively manage **emergencies** and **disasters** by:
 - supporting the safety of **AHS people, patients** and **families** AHS serves and cares for;
 - promoting awareness of roles and responsibilities in preparing for and responding to emergencies and disasters;
 - enabling continuity of **health services** while minimizing disruptions; and
 - minimizing the potential negative health consequences (physical and psychological) of an emergency or disaster on AHS people, patients and families.
- To promote a standardized, integrated, organization-wide approach to emergency management planning, preparedness, response, and recovery.
- To outline the standardized emergency response codes and plans approved for use throughout AHS.

PRINCIPLES

- Legislation/Regulation Compliance: Emergency and disaster management measures comply with applicable legislation, regulations, and standards.
- Operational Practice: Management of emergencies and disasters is part of the

organization's normal business practices. Successful management of emergencies and disasters requires everyone at all levels in the organization, including senior leaders, **departments**, frontline staff, external partners, and AHS' Emergency/Disaster Management (E/DM) Division to collaborate fully.

- E/DM Responsibilities: A comprehensive E/DM Division aligns and coordinates activities to improve the organization's capability and capacity to prevent, prepare for, respond to, and recover from emergencies and disasters.
- Standardized Approach: E/DM response at all levels of the organization follows standardized organizational structures, functions, processes, tools, forms, resources, and terminology.
- Policy Alignment: This Policy is based on AHS' *Enterprise Risk Management* Policy and is in alignment with the *Business Continuity Management* Policy.
- Value-Based Considerations: E/DM measures aim to uphold the values of compassion, equity, inclusivity, and dignity for patients, families, and AHS people. Recognizing unique challenges faced by vulnerable populations, including the Indigenous communities, and people with disabilities, the organization strives to provide accessible, culturally sensitive support to reduce inequalities during emergencies and disasters.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Emergency/Disaster Management Division

- 1.1 The E/DM Division aims to prepare the organization, its facilities, and AHS people to effectively respond to and recover from any major emergency or disaster. These efforts shall be interconnected and coordinated with external partners.
- 1.2 The E/DM Division shall manage and operate within the AHS *Framework for Emergency and Disaster Management*, that supports the four inter-dependent foundations of emergency management: mitigation, planning/preparedness, response, and recovery.
 - a) E/DM is responsible for the command network design, plans, roles and responsibilities, maintenance of pre-designated infrastructure (physical space and technology) and staff training.
 - b) Various E/DM Committees support planning (including development and implementation of emergency response codes and emergency response plans) and preparedness activities (e.g., training, drills, exercises etc.).

- 1.3 The E/DM Division shall stay informed and collaborate with provincial, zone, site and department leaders to ensure compliance with current federal, provincial, and municipal legislation, regulations, and standards.
- 1.4 The E/DM Division acts as AHS' 24/7 on-call single point of contact for Alberta Health, the Government of Alberta, AHS departments and sites, and external partners during emergencies and disasters. The E/DM Division shall collaborate closely with these parties to ensure effective responses and coordination.

2. Strategic Command Network

- 2.1 AHS uses a strategic command network designed to enable effective and efficient incident management and coordination during an emergency or disaster that directly or indirectly impacts AHS.
- 2.2 The AHS command network supports incident response and recovery effort and consists of:
 - a) Provincial Emergency Coordination Centre (ECC), activated by the Executive Leadership Team (ELT);
 - b) Zone Emergency Operations Centres (ZEOCs), activated by the Zone Executive Leads (ZELs); and
 - c) Site Command Posts (SCPs), activated by site leadership.

3. Incident Command System

- 3.1 Within the ECC, ZEOCs, and SCPs, AHS shall utilize the **Incident Command System (ICS)**.
 - a) The ICS builds on AHS' organizational structure and facilitates a seamless transition from normal operations or local response to a coordinated response at the provincial level.

4. Emergency Response Codes and Plans

- 4.1 AHS departments and sites shall use the emergency response codes and plans outlined in Appendix A: *Emergency Response Codes/Plans*.
 - a) Under very limited circumstances, additional emergency response codes may be used to meet operational requirements. Codes shall be either:
 - (i) numerically identified at the site level (e.g., Code 66).
 - (ii) colour coded at the unit level and should not be announced outside of the unit.
 - b) All requests for new emergency response codes shall be directed to the E/DM Division.

- c) Code activation shall be communicated using the overhead paging system. At sites with no overhead paging system, code activations shall be communicated as determined by each individual site.
- 4.2 **Contracted service providers** should align with the AHS emergency response codes (as listed in Appendix A) to ensure consistency. At a minimum, contracted service providers should ensure they have plans in place to respond to identified emergencies.
- 4.3 The E/DM Division shall incorporate a standardized approach to planning, response, recovery plans, procedures, and forms.
- a) Emergency codes/plans approved by the Provincial E/DM Steering Committee shall be implemented at the site level through the Site Emergency/Disaster Management Committee.
 - b) Site and department-specific resources and tools to support emergency codes or plans shall be developed by departments/sites in collaboration with Emergency Management Officers (designated staff from the E/DM Division).
 - (i) These are approved by the Site E/DM Committee (in consultation with the relevant Zone E/DM Committee).
 - c) Emergency codes/plans (listed in Appendix A), and relevant resources shall be readily accessible and located:
 - (i) on the E/DM Insite library. The E/DM Division is responsible for ensuring Insite contents are kept up to date; and
 - (ii) in emergency response manuals at the department level. Departments and sites are responsible for ensuring emergency response manual contents are kept up to date.
- 4.4 The E/DM Division shall assist in providing relevant resources to support patients and AHS people during and after the recovery phase. This includes but not limited to directing AHS people to the Employee and Family Assistance Program or patients and families to social services.

5. Education, Training and Responsibilities

- 5.1 Education and training facilitated by E/DM Division for AHS people shall align with the education and training strategy outlined in AHS *Framework for Emergency and Disaster Management*, which includes a course inventory and performance measures.
- 5.2 The E/DM Division shall support, prepare, and facilitate regular discussions, operations-based emergency/disaster exercises and drills at department, site, zone, and provincial levels.

- a) The E/DM Division shall facilitate participation in external partner's exercises.
- 5.3 Should an AHS site or department plan to conduct a **functional exercise**, Zone E/DM should be notified in advance.
- 5.4 The E/DM staff, and all provincial, zone, site, and department leaders shall be knowledgeable of and complete applicable AHS **Incident Management System** training.
- 5.5 To support their knowledge and response to an emergency/disaster, AHS people:
- a) shall familiarize themselves with AHS emergency response codes and plans relevant to their respective area(s) of work;
 - b) shall complete Required Organization Learning (ROL) on-line learning modules on emergency and disaster management;
 - c) should complete non-ROL emergency and disaster management on-line learning modules; and
 - d) should participate in emergency and disaster exercises and drills relevant to their respective area(s) of work.

6. Quality Improvement

- 6.1 The E/DM Division shall:
- a) identify and implement best practices in emergency management for prevention, preparedness, response, and recovery; and
 - b) apply a systematic quality improvement approach across all phases of emergency management to understand and measure performance, find solutions to performance issues, and implement changes to improve outcomes.

DEFINITIONS

AHS people means Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

Contracted service providers means a third party, including a self-employed person, providing goods or services to AHS in an AHS site or facility.

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Department means any division, unit, clinic, program, portfolio, sector, section, or service within the AHS organizational structure.

Disaster means, as defined in the *Emergency Management Act* (Alberta), an event that results in serious harm to the safety, health, or welfare of people or in widespread damage to property.

Emergency(-ies) means, as defined in the *Emergency Management Act* (Alberta), an event that requires prompt co-ordination of action or special regulation of persons or property to protect the safety, health, or welfare of people or to limit damage to property.

Functional exercise means a real-time simulation designed to focus on testing and evaluating the centralized emergency operational capability of an organization.

Health services means a service that is provided to an individual for any of the following purposes: protecting, promoting, or maintaining physical and mental health, preventing illness, diagnosing and treating illness, rehabilitation and caring for the health needs of the ill, disabled, injured or dying, but does not include a service excluded by the HIA regulations.

Incident command system (ICS) means a standardized on-scene emergency management system specifically designed to allow for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, regardless of jurisdictional boundaries.

Incident management system means an approach aimed at incorporating consistent and integrated best practices into a comprehensive framework for use by emergency management and response personnel in an all-hazards context across AHS.

Patient means an individual, inclusive of residents and clients, who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. In the context of informed consent or other decision-making, patient also means any alternate decision-maker or co-decision maker for the individual, when applicable.

REFERENCES

- Appendix A: *Emergency Response Codes/Plans*
- Alberta Health Services Governance Documents:
 - *Business Continuity Management Policy* (#1183)
 - *Enterprise Risk Management Policy* (#1125)
- Alberta Health Services Resources:
 - *AHS' Framework for Emergency and Disaster Management*
 - *Business Continuity Management Framework*
 - *Incident Management System*
 - *Emergency Response Codes and Plans*
- Non-Alberta Health Services Documents:
 - *Occupational Health and Safety Code Part 7 Emergency Preparedness and Response* (Alberta)
 - *Emergency Management Act* (Alberta)

TITLE
EMERGENCY AND DISASTER MANAGEMENT

EFFECTIVE DATE
February 10, 2025

DOCUMENT #
#1181

© 2025, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International licence. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

APPENDIX A**Emergency Response Codes/Plans**

Emergency Response Codes established and approved for use in AHS are:

- Code Blue Cardiac Arrest / Medical Emergency
- Code Red Fire
- Code White Violence / Aggression
- Code Purple Hostage
- Code Yellow Missing Person
- Code Black Bomb Threat
- Code Grey Air Quality Concerns
- Code Green Evacuation
- Code Brown Hazardous Spill / Release
- Code Orange Mass Casualty Incident

Emergency Response Plans established and approved for use in AHS are:

- Severe Thunderstorm
- Lockdown
- Loss of Telephone
- Power Supply Disruption
- Water Supply Disruption
- Active Assailant
- Suspicious Item
- Natural Gas Supply Disruption
- Hazmat First Receiver Plan
- Communicable Disease Emergency Response Plan
- Elevator Entrapment