



# College of Respiratory Therapists of Ontario

## *Emergency Preparedness Plan*

**Version 3.0**

## Disclaimer

The intent of this document is to outline the College of Respiratory Therapists of Ontario's (CRTO) communication and business continuity plan in the event of an emergency. Some of the information provided is specific to the CRTO's planned response to a pandemic influenza outbreak. Strategies may change over time and when they do, the CRTO will make every effort to inform its Members and, where applicable, update the information on the College website at <http://www.crto.on.ca/>

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An emergency that would trigger the initiation of the CRTO's *Emergency Preparedness Plan* could encompass many sudden and usually unforeseen events, such as:

- Pandemic influenza outbreak.
- Disruption in essential services (e.g.) electrical grid, transit, etc.
- Temporary or permanent loss of key leadership (e.g., Registrar, President, etc.).

### **Key Assumptions during an Emergency**

- There may be little advance notice.
- The *Regulated Health Professions Acts* (RHPA) and the *Respiratory Therapy Act* (RTA) will remain in effect, as will other relevant legislation and regulations.
- Respiratory Therapists (RT) will evaluate the existing situation and work with their employer and pertinent agencies to determine where their skill can be best utilized to serve the patient population in their region.
- RTs will receive up-to-date information on governmental and other agency requirements and how they relate to their practice.
- Travel and group gathering restrictions may affect staff and Council/ Committees from meeting and may affect the delivery of supplies and services.
- Telecommunication and internet services may be interrupted.
- Certain events could trigger the closure of the CRTO office and require that activities continue off-site, such as:
  - § TTC interruptions.
  - § School closures.
  - § Power outages.
  - § Building security concern
  - § Staff safety concerns.
  - § Supply shortages.
  - § Significant staff absenteeism.

## **CRTO's Role in an Emergency**

The primary role of the CRTO in an emergency situation is as follows:

**1. Regulatory**

The College will need to ensure, as much as is possible, that it's regulatory mandate can continue to be fulfilled in accordance with all relevant legislation and regulations.

**2. Communication**

The CRTO will endeavour to provide an effective communication link between the applicable agencies (e.g.) the Ministry of Health & Long-Term Care (MOHLTC), the RTs working in Ontario and their employers. On-going communication will also be necessary between the College, its key stakeholders (e.g., other regulatory Colleges) and members of the general public.

**3. Registration**

It is the role of the College to ensure, as much as is possible, that there is an adequate number of RTs in Ontario to meet the need of the patient public. During an emergency, mechanisms will need to be put into place to expedite the registration of qualified practitioners.

**4. Professional Practice Advice**

Regardless of the nature of the emergency, CRTO Members will require clear, concise and accurate information on how to continue providing patient care within the existing regulatory and standards of practice framework.

Advanced planning is vital to ensure the business continuity of the College in the event of an emergency. This involves staff training, policy and procedure development and putting the necessary technical and communications infrastructure in place to maintain essential business operations, which have been identified to be:

- **Maintaining continuity and consistency of decision making that will enable the College to uphold its regulatory mandate.**
- **Communicating and collaborating with agencies at all level of government and other key agencies/ stakeholders.**
- **Provide the framework to support and update the staff and Council.**
- **Establish mechanisms of communication to staff, Council, the Membership and employers.**
- **Continue essential areas of business and day to day operations.**
- **Suspend certain business activities in order to permit staff reallocation.**

## **CRTO's Communication Plan during an Emergency**

In order to provide the necessary information to CRTO Members and other key stakeholders in a timely and efficient manner, the CRTO plans to utilize the following communication vehicles:

- Telephone/ teleconference.
- E-mail.
- CRTO Website (for updates, links to practice guidelines and other important websites).
- Webinar, when necessary.

As mentioned previously, one of the key roles of the CRTO during an emergency is to be a conduit of information between the MOHLTC and the RTs practicing in the province. Members will require the most up-to-date and accurate information as to the current response strategies as mandated by provincial, federal and local governmental agencies. In addition, RTs will continue to need advice on registration and professional practice matters. The CRTO will endeavour to provide open, transparent and supportive communication to its Members and key stakeholder throughout an emergency. As strategies and circumstances can change, Members are encouraged to consult the CRTO website on a regular basis for up status updates.

### **Key Stakeholders**

In addition to its Members, the following are groups that the CRTO will need to communicate and coordinate their emergency response with:

- The relevant federal, provincial and local governmental agencies.
- Federation of Health Regulatory Colleges of Ontario (FHRCO).
- Other health regulatory colleges (the FHRCO website has links to all the other college's websites at <http://www.regulatedhealthprofessions.on.ca/WHOWEARE/default.asp>)
- Members of the general public.

## Essential Business Areas

The manner of the crisis will determine which business operations will continue and which will be suspended. In a serious emergency like a pandemic influenza the most essential operations of the College that would need to be maintained are:

- Finance and Office Administration.
- Registration/ Renewal.
- Professional Practice Advice on regulatory matters and standards of practice.

Depending on the nature and duration of the emergency, the CRTO may have to suspend the following of its normal function:

- Quality Assurance.
- Investigation of Professional Conduct and related inquires (except in circumstances where there is a perceived imminent threat to patient safety).

## Structures to be in place

- Technical infrastructures that will enable the College premises and Executive/ Council/ Committees to move to a virtual format (e.g.) computer access, telephone, teleconferencing, etc., when necessary.
- Guidelines for how Council will function (e.g.) inability of obtain quorum due to illness.
- Clear role definition for staff that will enable cross-training.
- Guidelines for other staffing considerations (e.g.) working from home, emergency personal leave, extended work hours, accrual of lieu time, etc.

## Leadership Structure

Executive, Council and Committees will continue their governance role to the extent possible, given the nature of the emergency. Continuity of control and leadership can be maintained by establishing a plan that allows for shifting of and/ or broadening of authoritative powers during an emergency.

The College's Registrar (or designate) will be responsible for implementation and coordination of:

- Essential CRTO services
- Re-deploying staff resources
- Internal and external communication which will take place on a pre-determined schedule.

## CRTO's Business Continuity Plan

When the Emergency Medical Unit of the MOHLTC declares a Pandemic outbreak and the province is put on **Amber Alert**, the CRTO will implement its business continuity plan and College operations move into a virtual format, as required. This may require CRTO staff to work from home, performing routine and pre-assigned tasks such as:

- Providing support to Members and other key stakeholders via telephone, e-mail and teleconference contact, in order to continue the operation of essential regulatory tasks.
- The CRTO Emergency Team will begin meeting virtually on a daily basis and on a pre-determined schedule.

## Pandemic Planning

In response to the potentially significant impact that an influenza outbreak could have on its Members, the CRTO has dedicated this portion of its *Emergency Preparedness Plan* specifically to pandemic planning. Effective communication is essential to ensuring a coordinated response to widespread human infection. Once the human-to-human transmission in Ontario has reached a predetermined level, notification will be made through the Emergency Management Branch (EMB) of the Ministry of Health and Long-term Care (MOHLTC). The EMU will then raise its Provincial Status Indicator to **Emergency Conditions** level and will activate its Emergency Response Plan.

[http://www.health.gov.on.ca/english/providers/program/emu/emerg\\_prep/emerg\\_resp\\_plan.html](http://www.health.gov.on.ca/english/providers/program/emu/emerg_prep/emerg_resp_plan.html)

### Key Assumptions during an Influenza Pandemic

- Respiratory Therapists will continue to be an essential, front-line health care provider and there is likelihood that there will be an increased demand for their services. At the same time, it is possible that to 50% of the Membership and the CRTO staff/ Council may be unable to work due to illness or care giving responsibilities.
- RTs may be required to take on tasks that are not part of their normal day-to-day activities and require additional training. The CRTO *Standards of Practice* outline the expectation that all Members ensure they are competent before undertaking a task. This expectation will remain unchanged in the event of an emergency such as an influenza pandemic.
- RTs may be required to perform controlled acts not legislatively authorized via the RTA. Thus, delegation will be required and the same standards that previously applied to the delegation process will continue to apply.
- Proper authorization to perform a task will still be required, as per the RTA and the *Public Hospitals Act* (PHA).

To view FHRCO's templates for medical directives and delegation, please follow the link to: <http://www.regulatedhealthprofessions.on.ca/EVENTSRESOURCES/medical.asp>

Once an Emergency Condition is declared, the MOHLTC Stakeholder and Public Information Cycle will begin. The aim of this information cycle are to ensure timely, accurate and up-to-date reports for provider groups and the public/media. Information will be issued and briefings held at the same time each day.

## MOHLTC Daily Schedule

- 2400 h Important Health Notices will be sent out providing status updates.
- 0830 h Video Conference with health care stakeholders (e.g., regulatory colleges and professional associations) in order to relay information from pertinent authority (e.g., Ontario Chief Officer of Health).
- 1000 h Executive Emergency Management Committee (EEMC) meeting to provide update on new information from overnight and pressing issues. CRTO staff to review status and current priorities and communicate pertinent information to Members and Executive, as applicable.
- 1500 h Public Media Conference held (e.g., Chief Medical Officer of Health).
- 1530 h EEMC meeting to update on activities and issues that occurred throughout the day. Based on updated information, the CRTO staff with realign their priorities and communicates this to staff, Council, Committees, as required.

For further information, please follow the link to the MOHLTC website at [http://www.health.gov.on.ca/english/providers/program/emu/emerg\\_prep/emerg\\_com.html](http://www.health.gov.on.ca/english/providers/program/emu/emerg_prep/emerg_com.html)

CRTO staff will be on the 0830 calls and will make every effort to ensure all pertinent information relayed from the MOHLTC is placed on the College's website as soon as is possible.

The World Health Organization (WHO) monitors influenza outbreaks throughout the world and utilizes a six-phased pandemic influenza system to indicate the need for preparedness (level 1- 3) and response (level 4 -6) required.

The amount and type of information shared with staff will depend on which phase of the pandemic we are in. These phases are defined by the World Health Organization (2009) as follows:

Phase 1 – 3                      Predominately animal infections; few human infections.

Phase 4                              (Pandemic Alert) Sustained human to human transmission.

Phase 5 – 6                      (Pandemic Period) Widespread human infection.

Post Peak                        Possibility of recurrent events.

Post Pandemic                  Disease activity at seasonal levels.

Each phase of alert coincides with a series of recommended activities to be undertaken by WHO, the international community, governments, and industry. Changes from one phase to another are triggered by several factors, which include the epidemiological behavior of the disease and the characteristics of circulating viruses. For more information follow link to the 2009 revised phase descriptions at:  
[http://www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

## **CRTO's Communication Plan during a Pandemic**

There is an internal and external component to the CRTO's Communication Plan during an emergency. The amount the type of information shared with staff and the Membership will depend on the type of emergency and, in the case of an influenza pandemic; it will depend on the current phase of the pandemic.

### **Internal Communication**

#### **Phase 4 - Pandemic Alert**

All staff reviews relevant information from the Colleges emergency preparedness plan, including:

- Basis information about an influenza pandemic.
- College's role during a pandemic and the role of the Operational Emergency Team.
- Communication plan.
- How to remotely access College website/ voicemail.
- External information sources
- Infection Control Practices.

#### **Phase 5/6 - Pandemic Period**

- Staff will be expected to keep the Registrar (or designate) informed of their attendance and ensure current contact information.
- Staff will be asked to check voice mail/ e-mail daily to receive up to date information.
- Collaboration with MOHLTC and other key stakeholders regarding pandemic planning and effective communication.

## Member Communication

### Phase 4 – Pandemic Alert

- An Influenza Pandemic Communiqué will be developed to address the College's;
  - § Role and priorities during a pandemic.
  - § Expectations during a pandemic.
  - § Relevant publications/ standards, etc.
  - § Key issues to consider during a pandemic.
  - § Other sources of information.
- College staff is prepared to respond to Members inquires.

### Phase 5/ 6 – Pandemic Period

- College website to provide status updates as directed by the MOHLTC and as required.
- Links to pertinent websites will be available on the CRTO website.
- CRTO staff to meet with Pandemic Advisory Committee as required.
- Professional practice advice to be provided via telephone and e-mail as possible and as required.

## Alignments & Stakeholders

This plan is aligned with the plans of other authoritative organizations on a federal, provincial and municipal level.

### Federal

The Federal Government has-beenn and will continue to work closely with the provinces to ensure a coordinated response to an influenza outbreak.

- Canadian Pandemic Influenza Plan for the Health Sector (2006) <http://www.phac-aspc.gc.ca/cpip-pclcpi>
- Public Health Agency of Canada <http://www.phac-aspc.gc.ca/index-eng.php>

### Provincial

The Ministry of Health & Long-Term Care (MOHLTC) is in charge of planning and managing the response to a pandemic in Ontario. As such, it is will be the primary source of information on influenza management. The Ontario Health Plan for an Influenza Pandemic (OHPIP) is an extensive document that covers all the various aspects of the provincial pandemic response.

- MOHLTC Health Care Provider site (professional resources) [http://www.health.gov.on.ca/english/public/updates/archives/hu\\_09/provider/default.html](http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html)
- Ontario Health Plan for an Influenza Pandemic (OHPIP -2008) [http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_plan.html](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html)
- MOHLTC Emergency Management Branch [http://www.health.gov.on.ca/english/providers/program/emu/emu\\_mn.html](http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html)

### Municipal

- Toronto Public Health Plan for an Influenza Pandemic (2007) [http://www.toronto.ca/health/pandemicflu/pandemicflu\\_plan.htm](http://www.toronto.ca/health/pandemicflu/pandemicflu_plan.htm)
- Public Health Ontario <https://www.publichealthontario.ca/portal/server.pt>

### International

- The World Health Organization (WHO) – Global Alert & Response (GAR) <http://www.who.int/csr/disease/swineflu/en/index.html>

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