



St. John Ambulance
Council for Ontario

Disaster Response Plan

St. John Ambulance Provincial
Emergency Response Pager
1-888-249-8531

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FORWARD
ST. JOHN AMBULANCE
COUNCIL FOR ONTARIO, DISASTER RESPONSE PLAN

This publication supersedes all previous Disaster Plan editions. All St. John Ambulance members are expected to be familiar with its contents, and be able to apply it in an emergency situation.

Each St. John Ambulance Unit is encouraged to develop their own disaster plan, recognizing the differences and unique situations of the various divisions across the province. This document is meant to be generic in nature, providing the minimum expectations of St. John Ambulance Units in Ontario.

Division, and Corps/District plans where the latter exist, should provide an increased level of detail as appropriate to their community. It is essential, however, that such local plans not be in conflict with this master document.



Barbara Graham
Provincial Commissioner

NOTE

St. John Ambulance leaders at all levels will ensure that St. John Ambulance members are utilized where determined to be needed by the legally constituted authority. They will also ensure St. John Ambulance members do not attempt to assume high profile roles they wish to perform, when it is not needed, or requested by the municipal authorities. (e.g. disaster site first response, ambulance work, etc.).

The criteria for involvement must be one of community need, not one of St. John Ambulance want.

CHAPTER 1

ST. JOHN AMBULANCE DISASTER RESPONSE PLAN POLICY

Division (Unit) Plan

All divisions (units) shall have an Emergency Plan for response to a major incident in their community, and this plan shall be in writing.

It is the responsibility of the Division Superintendent/Coordinator to formulate such a plan and ensure all St. John Ambulance members are fully aware of it, and preferably have copies of it, or a synopsis thereof.

In larger municipalities having two or more divisions (units), the plan, at the option of the District Commissioner, may be at a regional level.

It is the responsibility of the Division Superintendent/Coordinator (or District Commissioner, as applicable) to ensure the unit plan is consistent with the overall provincial St. John Ambulance Emergency Response Plan (this document).

Review and Testing of the Divisional (Unit) Plan

It is the responsibility of the Division Superintendent/Coordinator (or District Commissioner as applicable) to ensure a periodic review (at least annually) of the Divisional (Unit) Plan is undertaken, and revised where indicated.

The plan will be tested periodically. This may be combined with municipal exercises where applicable.

Training and familiarization of members with the Division (Unit) Plan must be included in division meetings.

Debriefing

Upon any initiation of the Divisional, Corps, or District plan, at the conclusion of the incident the senior officer involved will conduct a review of the plan to identify and correct any weaknesses or abnormalities highlighted during the plan's application.

Control and Revision of the Plan

A means of control as to who receives copies of the plan is indicated, to ensure all holders are the recipients of updates. This is critical to ensure that, in a crisis, all individuals are working from the latest edition.

CHAPTER 2

PLANNING CONSIDERATIONS

Call-out List

Each Division (Unit) will have a current call-out list. This list shall be prepared:

- (i) normally placing members in order of position, and seniority;
- (ii) so the call-out does not terminate should one member not be able to be reached,
- (iii) permitting leaders, and where possible members, to call no more than two or three other members.

Resource Inventory

Division Superintendents/Coordinators, Corps Superintendents, District Operations Advisors and District Commissioners should maintain a list of resources that could be accessed in a disaster. Normally such a list should contain only vehicles and equipment that are the property of St. John Ambulance.

While a supplementary list of resources of individual members (i.e. snowmobiles, boats, four-wheel drive vehicles) is helpful, such items must never be declared as part of a St. John Ambulance response, as should these items not be available (due to member at work, on vacation, out of town, etc.) St. John Ambulance will be cast in a very poor light by the requesting agency (police, municipality, etc.). No agency should be led to believe during the planning stages that a particular piece of equipment (or number of personnel) is available, only to be told it is unavailable when actually needed in a crisis.

Communications resources and procedures should be a prime planning consideration. Local communication equipment, frequencies and resources may vary from region to region. The St. John Ambulance provincial common VHF radio frequency is: **158.535 MHz**.

NOTE

In the situation of a large-scale disaster, with St. John Ambulance members on-site assisting in first aid operations, resources (other than additional St. John Ambulance members) may well be available through the overall site disaster coordinator. As a result, St. John Ambulance should neither request nor dispatch supplies etc. in isolation from the total disaster response and its on-site command structure.

Be Realistic - Know Your Limitations

Ensure authorities realize that St. John Ambulance members are volunteers, and some delay in arrival is to be expected, and that numbers available for response may be less during normal workdays and peak vacation periods.

Back-up First Aid Supplies

Some means of transporting additional first aid supplies to a disaster site should be considered. Ideally, a trunk or similar carrier can be utilized, and quickly loaded on a mobile unit. Cartons are susceptible to collapsing and water damage, and are not recommended.

Some portion of divisional supplies normally contained therein will negate filling time in a crisis. Use only items necessary in massive injuries (i.e. triangular bandages, abdominal pads, wide gauze bandages. Band-Aids, cotton swabs, and other items for minor injuries will not likely be necessary.)

Contact with Municipal Disaster Planners

Under provincial legislation municipalities are encouraged to develop local emergency plans. It is vital that St. John Ambulance's capabilities and resources be recognized within the local plans to permit minimal delays in activation in times of crisis. Superintendents/Coordinators/Commissioners are required to make this contact with municipalities.

To prevent needless duplication where several divisions are located in one municipality, contact and coordination should be through the District Commissioner or designate.

In the event the municipality does not have a municipal emergency plan, St. John Ambulance divisions will develop a plan consistent with this policy, and liaise with the municipal emergency services in the community(s) served, in order to establish a procedure for St. John Ambulance activation.

Contact with Ambulance Dispatch Centre

In addition to municipal planning involvement, St. John Ambulance should also be part of the local ambulance dispatch emergency plan. It should be recognized that many ambulance services in Ontario are currently dispatched under a Central Ambulance Communications Centre (C.A.C.C.). Such centres, operated by the provincial Health Ministry may cover a number of municipalities, and thus an integrated St. John Ambulance contact, at the District level is indicated.

A local process should be established to ensure that if St. John Ambulance is required, the C.A.C.C. need only call one phone number to initiate response. C.A.C.C. operators will be too involved with the crisis to call one number for each division in the District the C.A.C.C. serves.

Contact with other Non-Government Agencies (NGOs)

Experience in recent large-scale disaster responses demonstrated the necessity for St. John Ambulance to become involved in shelter/reception centre operations.

Due to the mandate and experience of other NGOs e.g. the Red Cross in such operations, it is essential that St. John Ambulance contact their local NGO officials to develop guidelines for joint involvement in future reception/shelter operations.

St. John Ambulance should also consider assuming total operation of a shelter should local NGOs be hard pressed to operate the number of centres required in a large scale incident. Guidelines for such operations are found in the section "Reception Centres and Shelters," Chapter 7.

It is desirable that shelters operated by both St. John Ambulance and other NGOs are operated similarly, to facilitate integration of personnel should integration become necessary. A concurrence between local St. John Ambulance and NGO groups, in advance, as to the operational model to be employed in their community is essential.

Identification of Recognized St. John Ambulance Activities During a Community Disaster

In a disaster in contemporary society, the role of St. John Ambulance may well have to extend beyond St. John Ambulance's traditional mandate, (i.e. patient care at public gatherings).

The following criteria shall be met in responding to requests of municipal or provincial authorities during the planning process or in time of disaster:

- (i) is the requested role in the best interests of the community, and
- (ii) is the requested role an appropriate one given St. John Ambulance training, policies, and organization?

Without limiting the generality of the above, activities deemed as acceptable at the request of duly constituted authorities, include:

- (i) provision of patient care at a disaster site, evacuation centre, or missing person search site,
- (ii) provision of patient care at a hospital, nursing home, chronic care facility,
- (iii) transportation of patients in St. John Ambulance vehicles to support public ambulance service functions,
- (iv) operation of any or all facets of a reception centre/shelter for persons displaced from their homes by an emergency,
- (v) assisting, within the ability of individual members, and officers, in the search for missing or lost persons,
- (vi) assisting in the evacuation of persons or patients from homes or facilities ordered by the appropriate community authorities,
- (vii) assisting with health and safety concerns as required.

Examples of activities not deemed to be appropriate to St. John Ambulance members:

- (i) uniformed security patrol of disaster or evacuated areas,
- (ii) direction in the street of vehicular traffic,
- (iii) manning roadblocks at perimeters of disaster or evacuation sites.

Mobile Unit Readiness

In order to ensure immediate readiness in a disaster, divisions having mobile units will have a documented procedure in effect whereby:

- (i) the gas tank is filled at the conclusion of each public service event or other use,
- (ii) the mobile unit is started on a regular basis, especially if parked outside in inclement weather,
- (iii) booster cables are immediately available for use, and all drivers have been instructed in their proper and safe usage.

In addition, the Division Superintendent/Coordinator is responsible for ensuring that the mobile unit:

- (i) is properly licensed (i.e. plate and permit validated) and insured at all times, and,
- (ii) the battery is checked periodically for function, especially single battery vehicles, or vehicles parked outside,
- (iii) is properly stocked with equipment and supplies which meet provincial guidelines,
- (iv) contains current local, regional and provincial maps.

CHAPTER 3

DISASTER RESPONSE PRINCIPLES

Dress

All members will respond in appropriate dress for identification purposes and for the conditions expected. The time taken to put on the uniform (or approved identifier) will be time ultimately saved by having to repeatedly identify oneself.

Members' Private Vehicles

St. John Ambulance members should not respond directly to the disaster site in private vehicles.

Such vehicles are not readily identifiable by police at traffic control points, and in addition, excess non-essential vehicles become obstructions at the site and impediments to the passage of emergency vehicles on periphery roads.

Under no circumstances will member's private vehicles be equipped with red lights or sirens. Not only is this clearly illegal, it causes confusion to the public and emergency services alike, when such devices are affixed to vehicles that do not otherwise give the appearance of emergency units.

Response to Site

St. John Ambulance members will only respond to the actual disaster site when specifically directed by the Division Superintendent/Coordinator (or alternate) or higher leadership.

Such direction will only be given by the aforementioned leader upon explicit direction to attend the site by:

- (i) local ambulance service, or
- (ii) ambulance dispatch service, or
- (iii) police, or
- (iv) municipal disaster planning official.

When response to the site is requested, St. John Ambulance members should respond to an assembly point (e.g. shopping plaza parking lot, etc.) and from there be transported in mass by:

- (i) St. John Ambulance mobile unit(s), or if not feasible, by

- (ii) private vehicles, using a minimum number of vehicles, for reasons as noted under “Members Private Vehicles”.

In order to facilitate entry, the senior St. John Ambulance leader present should be in the lead vehicle, and the vehicles should travel in convoy.

Under no circumstances will these private vehicles be operated in an emergency mode (i.e. speed, or other traffic violations).

Arrival on Site

Most disaster sites will have a security perimeter to halt all unnecessary persons. At such location, the senior leader in the first vehicle will:

- (i) identify him/herself to the police/security official,
- (ii) advise that St. John Ambulance has been specifically requested to attend the site,
- (iii) request the location of the:
 - (a) Senior Ambulance Service Officer, or
 - (b) Medical Command Post.

The senior St. John Ambulance leader will advise the police/security official that vehicles containing St. John Ambulance members are following. He/she should also request information on the most appropriate place to park private vehicles. (St. John Ambulance mobile units will normally proceed directly to the staging area).

Staging Area

The Provincial Ambulance Services Contingency (Disaster) Plan designates a “Staging Area” for the reception and temporary holding of all incoming resources. From this location appropriate resources are drawn as they specifically become necessary. Emergency vehicles will seldom proceed directly to the site, as excess vehicles can compromise patient and personnel safety, as well as inadvertently obstruct the passage of critical vehicles (e.g. fire trucks, heavy rescue equipment).

In most disasters, vehicles, even ambulances, will be held in the Staging Area until required to move specific patients. Members will proceed on foot, with equipment, to the casualty/patient area. (This relates to all ambulance units as part of the Provincial Ambulance Services Contingency Plan, including St. John Ambulance vehicles).

Reporting on Site

The senior St. John Ambulance leader will immediately seek out the senior ambulance officer on site (usually marked by an orange flagman's type vest marked "Ambulance Supervisor", "Ambulance Chief Officer", or "Triage Officer" or a yellow vest marked "Ambulance Site Coordinator") and advise him/her:

- (i) of St. John Ambulance's arrival,
- (ii) the number of St. John Ambulance members, and St. John Ambulance health care professionals on site,
- (iii) the number of St. John Ambulance vehicles on site.

The senior St. John Ambulance leader on site will receive directions from the Senior Ambulance Officer, and will pass instructions to all St. John Ambulance staff on site.

Command and Control on Site

St. John Ambulance leaders and members will not commence activity on site without direction from the senior Ambulance Service Officer.

On the rare occasion when ambulance services are not initially on site, the senior St. John Ambulance leader will first consult:

- (i) the senior fire department official on site, or if none,
- (ii) the senior police officer on site.

The senior St. John Ambulance leader will then commence triage and treatment activities (see Chapter 4 "On-site Disaster Patient Care"). Upon arrival of ambulance services personnel, the senior St. John Ambulance officer will immediately provide a status report containing:

- (i) the approximate number of patients, including the approximate number of critical patients,
- (ii) the status of triage and treatment activities.

It is essential that all St. John Ambulance members on site deal with other response agencies only through the senior St. John Ambulance leader on site.

St. John Ambulance members will only give or take instructions with respect to their involvement, through their senior on-site leader. Any complaints, criticism, requests to change role, etc. should be placed through their leader, who in turn should only deal with the senior on-site officer of the agency concerned.

This does not however, relate to specific first aid or patient care measures given by a medical responder with higher qualifications.

The senior St. John Ambulance leader on site should attempt to keep himself/herself free from actual hands-on first aid involvement, in order to:

- (i) be immediately available for liaison with the senior officials of other response agencies, and,
- (ii) oversee St. John Ambulance involvement.

All other St. John Ambulance members (regardless of position) should be actively engaged in dealing with the problem. Seldom should more than one leader be needed, at the same location, in a supervisory role.

Arrival of Senior St. John Ambulance Members

Upon the arrival of members who are senior to the initial St. John Ambulance leader on site, the senior leader(s) must either:

- (i) assume control of St. John Ambulance's operation, or,
- (ii) allow the initial leader to continue, the senior leader functioning solely as an advisory person to him or her.

It must be clear to everyone,

- (i) the initial St. John Ambulance leader,
- (ii) all other St. John Ambulance members,
- (iii) all other emergency response agencies,

that there can and must be no confusion or misinterpretation as to who is responsible for St. John Ambulance operations on site.

Should the senior St. John Ambulance leader take charge of St. John Ambulance operations, he/she must immediately notify the control officer, and both must advise the senior on-site ambulance services official of the change.

Should the senior St. John Ambulance leader not take charge (but only wish to observe, etc.) he/she must not become involved in the direction of St. John Ambulance activities, but must refer all such requests to the St. John Ambulance leader in charge.

It must be stressed that senior rank or position does not automatically assume command at the disaster site, unless they clearly assume that role from a less senior leader.

Age and Qualification of Members

No member of St. John Ambulance under the age of eighteen (18) will be requested to attend, or be in attendance representing St. John Ambulance, at a primary disaster site. Members providing patient care at a primary site must be certified independent patient care providers i.e. BTS Level 1 minimum qualified.

At an off-site location (e.g. Evacuation Centre), a St. John Ambulance member who has attained the age of sixteen (16) years may assist, providing:

- (i) parental permission, (which may be obtained in advance), is obtained for the specific role or location envisioned, and
- (ii) he/she is working under the direct supervision of a member who is 18 or older,
- (iii) the senior St. John Ambulance leader at the location requests or approves such involvement,
- (iv) he/she has a current standard first aid certification, if assisting with patient care.

Resources - Protracted Emergency

Most emergencies are of a relatively short duration, and hence full usage of all resources (especially human) can be made.

St. John Ambulance leaders should be cognizant of the fact that some emergencies may extend over several days (initially, this may not be apparent), and ensure that either:

- (i) some St. John Ambulance members are held in reserve for later use, or
- (ii) early contact is made with adjacent divisions for subsequent back-up.

The Provincial St. John Ambulance Emergency Operations Centre (Chapter 5) if activated can assist in this function.

The possibility of an extended emergency should be considered early, and at least preliminary planning put into effect for that possibility, including the notification of provincial Emergency on-call officer (pager 1-888-249-8531), who can assist with necessary human and material resources.

CHAPTER 4

ON-SITE DISASTER PATIENT CARE

Medical Activities

At the disaster site, three medical activities will take place, and may be performed by physicians, nurses, ambulance officers, or St. John Ambulance members.

These may be termed the “three T’s”:

- (i) Triage
- (ii) Treatment
- (iii) Transport

Depending upon the point at which St. John Ambulance arrives, they may be asked to assist in one or more of these functions.

Triage

A rapid assessment to rate the patient as to priority for treatment (and later transport).

Staff performing triage will perform only assessment of patients, with the exception of casualties with:

- (i) compromised airway/ventilation,
- (ii) severe, uncontrolled bleeding.

Without immediate intervention, such patients will not survive until treatment commences. Such care must be rapid, so as not to delay the triage of subsequent patients.

Patients in Ontario are triaged into four (4) categories:

- (i) Immediate - life threatened/critical
- (ii) Second - serious, but stable in the short term if adequate field emergency care given
- (iii) Delayed/deferrable - includes minor injuries and walking patients
- (iv) Deceased - dead

Cardboard tags, termed “Triage Tags”, will be made available on-site by the ambulance services. Each tag has four (4) portions, corresponding with the breakdown shown above.

The tags will have perforated tear-off strips at the bottom that can be removed, up to the appropriate category (see Annex B).

Where triage tags are not available, adhesive tape, with numbers to indicate priority can be used as an interim measure.

Treatment

Treatment will be performed by St. John Ambulance members, according to the current St. John Ambulance first aid and BTS standards.

All patients with red tags (i.e. critical) will be treated first, followed by all patients in second highest (serious) category. At a disaster site, patients are not treated in the sequence encountered.

Transport

Patients will be removed to hospital:

- (i) by priority (e.g. tag colour) sequence; all “critical” (red tags) prior to “serious”, etc.,
- (ii) when a patient has been stabilized for transport, and
- (iii) at the direction of the Ambulance Services Triage Officer or Transport Supervisor. St. John Ambulance vehicles will transport patients only at the express direction of the Triage Officer or Transport Supervisor.

Destination

Should St. John Ambulance be instructed to transport disaster patients, the destination will be as follows:

- (i) to the hospital or facility directed by the Triage Officer, Transport Officer or Transport Supervisor. If no such direction,
- (ii) to the hospital or facility directed by the Ambulance Service dispatcher, or if unable to do so,
- (iii) to the nearest appropriate hospital.

NOTE

Notwithstanding a direction made in (i) or (ii) above, should St. John Ambulance members believe a patient's condition on board has worsened to the extent that life may be endangered, they will take the patient to the nearest hospital, unless otherwise directed by an Ambulance Communication Centre.

CHAPTER 5

ST. JOHN AMBULANCE PROVINCIAL EMERGENCY OPERATIONS CENTRE

As part of its disaster preparedness capability, St. John Ambulance Provincial Headquarters will operate an Emergency Operations Centre (EOC). ***In the event of an emergency contact St. John Ambulance's Provincial 24/7 Emergency Response Pager (on-call Emergency Officer) at 1-888-249-8531 (toll-free call).***

The primary St. John Ambulance EOC is located at the St. John Council for Ontario (Provincial Headquarters), 46 Wellesley Street East, Toronto, Ontario M4Y 1G5 (telephone 1-800-268-7581 ext. 243, fax: 416-923-4856).

Should the emergency prevent access to the primary EOC, St. John Ambulance has the capability of establishing alternate Centres throughout Ontario (see Annex C).

Role of the Provincial St. John Ambulance Emergency Operations Centre

- (i) To provide consultative advice to St. John Ambulance officers at the local command post, or on site, regarding management of the situation.
- (ii) To provide resources, both materiel and human, as requested or required by St. John Ambulance officers in charge of the emergency at the local level.
- (iii) To provide contacts for particular resources needed at the local level.
- (iv) To provide a liaison between Provincial Headquarters and National Headquarters.
- (v) To provide a liaison between St. John Ambulance Ontario and government/non-government agencies.
- (vi) To otherwise assist in the resolution of the emergency situation, relative to St. John Ambulance responsibilities.

It is not the role of the Provincial St. John Ambulance EOC to take over the authority of local St. John Ambulance leaders. The Provincial St. John Ambulance EOC exists solely to support local initiatives in time of disaster.

The Centre will be set up upon the decision of the Provincial Commissioner (or designate) and manned by Provincial Community Services Staff (staff and volunteers).

Such a decision will consider:

- (i) the time to activate the Centre vis-à-vis the time to resolve the emergency at the local level,
- (ii) the availability of key Provincial Community Services Staff, and the time frame for their arrival at the Centre,
- (iii) the assistance, if any, likely to be required, given the nature and scope of the emergency.

Divisions/Corps/Districts assisting at an emergency in their community in which the resources of the Provincial St. John Ambulance EOC might be required, should contact the Provincial Emergency Response Pager, 1-888-249-8531 (on-call Emergency Officer) early, in order that EOC activation might commence, and be operational by the time its capabilities are required.

CHAPTER 6

NATIONAL GUIDELINES FOR COOPERATION

amongst
Adventist Development & Relief Agency
Canadian Red Cross
Christian Reformed World Relief Committee of Canada
Mennonite Disaster Service
St. John Ambulance
and
The Salvation Army

1. Purpose:

The agencies listed below, the signatories to this statement of cooperation, have forged strong bonds with each other in our common service to mankind in times of need.

The creation of these Guidelines for Cooperation amongst the signatories to this document confirms their intent to work together to ensure optimal service is provided to victims of emergencies and disasters. Each agency recognizes the primacy of the local government and undertakes to work with the local governments for preparedness, capacity-building and response activities. This document neither defines nor limits the scope of cooperative efforts amongst and between the organizations. The Guidelines are intended to encourage local chapters of each agency to assess the local needs and cooperatively share the workload in service provision. Open consultation, dialogue and mutual support of each other are the guiding principles under which members of local affiliates are urged to work with their sister agencies.

In all such cooperative endeavours, the Adventist Development and Relief Agency (ADRA); Canadian Red Cross (CRC); Christian Reformed World Relief Committee of Canada (CRWRC); Mennonite Disaster Service (MDS); St. John Ambulance (SJA) and The Salvation Army (TSA) will retain their unique identities and missions.

2. Definitions:

The following definitions of emergency and disaster are those determined by the Office of Critical Infrastructure Protection & Emergency Preparedness in Canada (formerly Emergency Preparedness Canada) with additional notes by the Canadian Red Cross:

As defined in Canada's *Emergencies Act*, a "national emergency" is "an urgent and critical situation of a temporary nature that:

- a) Seriously endangers the lives, health or safety of Canadians with proportions or nature as to exceed the capacity or authority of the province to deal with it, or

- b) Seriously threatens the ability of Canada to preserve the sovereignty, security and territorial integrity of Canada, (resulting in the ‘declaration of a public order emergency’) and that cannot be effectively dealt with under any other law of Canada.”

A disaster¹ occurs when a natural or technological hazard (flood, earthquake, fire, blizzard, explosion, chemical spill, etc.) exposes the vulnerability of individuals and/or communities. They can be small in scale, affecting one or a few families, or large, affecting entire communities.

Disasters may be caused by a variety of natural, technological or human-made events, and include incidents such as extreme weather conditions, earthquakes, fires, chemical spills, etc.

Individuals affected by a disaster often experience a sudden disruption in day-to-day patterns of life that can directly threaten their survival or well-being. Those affected often require temporary assistance with food, clothing, shelter, medical care, social care and other necessities.

Communities affected by a disaster often experience temporary disruptions of their economic and/or social structures that can cause or add to the suffering of its residents.

In disaster situations, the needs of individuals and communities often exceed their capacity to respond without additional assistance.

Declared State of Emergency

A State of Emergency may be declared by a municipality, a province or the federal government. The declaration may be made to provide the government with the legal wherewithal necessary to deal with the emergency. (a municipality might declare a state of emergency if they required extraordinary powers or resources.)

Phases of a Disaster

The Office of Critical Infrastructure Protection & Emergency Preparedness in Canada (Formerly Emergency Preparedness Canada) uses the following terminology to describe the different phases of a disaster.

Phase 1 - Prevention

This phase involves any activity that will eliminate or reduce the probability of a disaster occurrence, or serve to postpone, mitigate or lessen the effects of a disaster.

Disasters can never be eliminated entirely; therefore, it is important to increase the capacity of individuals and communities to respond to a disaster by planning and preparing for disasters.

Phase 2 - Preparedness

This phase includes making people aware of the risks facing their community, understanding how individuals and communities can prepare to manage these risks, and understanding how they should respond when a disaster strikes.

Phase 3 - Response

The activities of the response phase immediately follow the occurrence of a disaster and are designed to save life and protect property. During the response phase, the agencies referred to in this document can offer immediate relief assistance to all those who have been affected by the disaster.

Phase 4 - Recovery

The recovery phase attempts to return life in the community to normal. It involves two stages: short and long-term. Short-term assistance is designed to help individuals who lack the necessary resources to return to normal life, or as close to that as possible, by providing assistance to meet their basic needs. Longer term plans include the reconstruction of the community.

An effective recovery and reconstruction plan should focus on increasing the capacity of individuals and communities to respond to disasters. In this way, the recovery and reconstruction phase provides opportunities to prepare for, and reduce the impact of, future disasters.

NOTES:

1. The terms 'disaster' and 'emergency' are considered synonymous for the purposes of this document.
2. The phases of a disaster may overlap, (e.g., Some people might begin returning to their homes and rebuilding their community while others remain in the relief phase for some time.)
3. Each signatory agency to this document recognizes and respects differences in terminology and in legislation pertaining to emergency response.

3. Code of Conduct in Disaster Relief ¹

The following is a voluntary code, enforced by the will of the organizations accepting it to maintain the standards of independence, effectiveness and impact to which each aspires in disaster relief:

- i) *The humanitarian imperative comes first.* The prime motivation of our response to disaster is to alleviate human suffering amongst those least able to withstand the stress caused by disaster.
- ii) *Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.* The implementation of this policy can be effective only if all partners have access to the necessary resources to provide such equitable relief and have equal access to all disaster victims.
- iii) *Aid will not be used to further a particular political or religious standpoint.* Notwithstanding the right of any of our signatories to espouse particular political or religious opinions, we affirm that assistance will not be dependent on the adherence of the recipients to those opinions.
- iv) *We shall respect culture and custom.* We will endeavour to respect the culture, structures and customs of the communities in which we are working.
- v) *We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.* We often act as an institutional link in the partnership between those we wish to assist and those who need assistance during disasters. We therefore, hold ourselves accountable to both constituencies. All our dealings with donors and beneficiaries shall reflect an attitude of openness and transparency.
We recognize the need to report on our activities from both a financial perspective and the perspective of effectiveness.
We recognize the obligation to ensure appropriate monitoring of aid distributions and to carry out regular assessments of the impact of disaster assistance.
- vi) *In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings – not objects of pity.* While we will cooperate with the media in order to enhance public response, we will not allow external or internal demands for publicity to take precedence over the principle of maximizing overall relief assistance.

We will avoid competing with other disaster response agencies for media coverage in situations where such coverage may be to the detriment of the service provided to the beneficiaries or to the security of our staff or the beneficiaries.

We will encourage a team approach to media contacts.

The Code is presented for guidance and is not legally binding. Its intent is to confirm the spirit of openness and cooperation, which will characterize an ideal working relationship amongst our organizations.

¹ The Code above is loosely based on the Code of Conduct for The International Red Cross and Non-Governmental Organizations (NGOs) in Disaster Relief.

4. Intent of Cooperation :

- a) Nationally** – At the national level, the Directors responsible for emergency preparedness and response for each organization will meet and /or communicate with each other and with the Centre for Emergency Preparedness at Health Canada and the Office of Critical Infrastructure Protection & Emergency Preparedness of the federal government on a regular basis. Where it is practical, invitations may be extended to members of the other agencies to attend training sessions, annual meetings and other gatherings, which have the potential for enriching the relationship and understanding amongst our organizations. When major events occur which indicate the need for a joint response, the leadership of each organization will agree upon their respective roles and undertake to fulfill those commitments to the greatest extent possible. The nature of all interaction and references to the other agencies will be that of mutual respect and support. One of the goals of the interaction will be to generate lists of means by which services to disaster victims can be mutually enhanced.
- b) Locally** – By cooperating at the provincial, territorial, regional and community levels, we will:
- i) optimize the provision of relief and recovery services to those who are affected by disasters and emergencies
 - ii) support individuals and communities by enhancing their capacity to respond to future incidents
 - iii) maximize the service to front-line relief workers
 - iv) minimize unproductive overlapping functions and roles
 - v) recommend regular meetings of local representatives and leaders of each of the organizations along with governmental agencies and other sister NGO agencies
 - vi) assess local needs in potential disasters
 - vii) divide and assign the required tasks to respond appropriately to potential local disasters in a cooperative manner consistent with the local government plan

- viii) ensure our own workers receive the appropriate physical, emotional and spiritual support in their tasks

Disasters may require resources beyond the scope of any one organization or community. The needs of those affected will be best addressed if organizations and governments, which provide relief in disasters, work together to address the needs of those affected.

These factors state, in part, the rationale for forging an effective working relationship at the local level.

5. Guidelines for Working in a Cooperative Inter-Agency Relationship:

The following list is not intended to be comprehensive. Rather it is a sampling of issues, which must be considered when constructing the parameters of a cooperative working relationship:

- ~ The unique identities and missions of each agency must be respected in all aspects of the agreement
- ~ The terms of the working relationship should be made in writing as a part of the local disaster plan. Due to the high percentage of volunteer workers involved, the resulting document should not create legal or contractual obligations for any member group. It is, rather, a statement of an intent to serve to the greatest extent possible in the manner described in the document.
- ~ The guiding principle will be *sharing* - sharing the workload, sharing the materiel and human resources, sharing the support and sharing the recognition.
- ~ Funds received which are specified for one organization or the other will be used according to the policies and procedures of that organization.
- ~ Each organization will explore opportunities to work cooperatively with the others.
- ~ During disaster operations, liaison will be maintained amongst the organizations to ensure cooperation and coordination of efforts, to expedite services to those in need and to minimize unnecessary duplication of services.
- ~ When fundraising is required through an appeal at the local, provincial or national level, each agency agrees that the emphasis is not on competition amongst them but rather on maximizing the impact of the relief effort.

6. Interagency Support and Cooperation:

Although the particular focus and mission of each of our respective agencies differ to varying degrees, all share a common identity as organizations dedicated to providing support and assistance to the members of our communities when emergencies and disasters occur. With that common base of purpose, each of the agencies has the potential to complement and augment the services provided by the others.

The number of local personnel and their capabilities generated by the community chapter of the agency would determine the ratio and the nature of tasks accepted by each agency.

Correlatively, the cooperative approach outlined in this document would increase the collective resources available to assist the victims of disaster. The networking of personnel at all levels of the cooperating agencies will further enhance the power of the collective effort.

7. Summary:

Adventist Development Relief Agency, Canadian Red Cross, Christian Reformed World Relief Committee of Canada, Mennonite Disaster Service, St. John Ambulance, and The Salvation Army will communicate the intent of these guidelines to all levels of their organizations and encourage full cooperation in their implementation. These Guidelines for Cooperation will be effective as of the date of signing. They will remain in effect until any party gives written notice that it wishes to withdraw. Notwithstanding, these Guidelines will be reviewed and revised at least annually.

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The Participating Agencies:

a) Adventist Development & Relief Agency - ADRA - (www.adra.org)

The Adventist Development and Relief Agency (ADRA) is a Seventh-day Adventist organization established for the specific purpose of community development and disaster relief. ADRA Canada's mission is to serve the poor and hurting in Christ's name with a compassionate concern for their physical, emotional, social and spiritual needs without regard to colour, race, gender, religious or political preference as mandated in the Scriptures. It is the policy of the Seventh-day Adventist Church in the North American Division to respond to the needs of people in time of disaster with the cooperation of volunteers in individual churches across Canada, organized by Adventist Community Services (ACS).

Among the services provided by ADRA in declared emergencies are emergency distribution centres for staple supplies; collection centres to receive, sort and repack donated goods; drop-in centres and contact programs to meet emotional and spiritual needs; mass feeding programs; temporary child care.

The Adventist Development & Relief Agency office for Canada is located at 1148 King Street East, Oshawa, Ontario, L1H 1H8.

b) Canadian Red Cross Society – CRC - (www.redcross.ca)

The Canadian Red Cross Society is officially recognized by the Canadian government as a voluntary relief society, providing protection and assistance to victims of armed conflicts and disasters. As one of 176 national Red Cross societies, the Society shares a mission to improve the situation of the most vulnerable through helping people deal with situations that threaten their survival, safety, security, well-being and human dignity.

Each year, the Society helps thousands of Canadians in crises ranging from house fires and chemical spills to large-scale disasters such as floods and forest fires. During the 'relief' phase of disasters, Red Cross works with municipalities, governments and other relief organizations to address immediate basic needs. Trained volunteers coordinate immediate assistance to families affected by fires, floods or other emergencies. For example, Red Cross reunites families who have been separated by the disaster by registering evacuees and handling inquiries from concerned family members searching for their loved ones. Depending on agreements with the province or municipality, Red Cross may also provide essential services such as emergency feeding, shelter, clothing and emotional support.

In the 'recovery' phase of disasters, Red Cross remains on the scene – helping those affected to rebuild their lives and their communities. Red Cross coordinates its recovery work with other relief organizations to address gaps in assistance provided through municipalities, governments and insurance companies. In recent disasters, such help has included assisting in the purchase of essential household items, as well as clothing and equipment to enable people to return to school or work.

Volunteers and staff

More than 70,000 Canadians are the backbone of the Society – volunteering their time to support delivery of a number of humanitarian programs and services. Volunteers govern the direction of the Society – both nationally and locally.

The Society employs about 7,500 full time and part-time staff in more than 400 offices across Canada. The National Office is located in Ottawa at 150 Metcalfe Street, Suite 300. There are 4 Zone Offices across the country: Western Zone Office (Calgary), Ontario Zone Office (Mississauga), the

Québec Zone Office (Montreal), and the Atlantic Zone Office (Saint John, New Brunswick). The Zone Offices provide support, coordinate activities and centralize administrative functions in the 22 regional offices and 300 branch offices within the provinces and territories in their jurisdictions.

World-Wide Network

The Society is a member of the International Red Cross Movement representing 176 National Red Cross and Red Crescent Societies, the International Federation and the International Committee of the Red Cross. The Movement is the largest disaster preparedness and relief network in the world. Should Canada be faced with a catastrophic disaster, this network is prepared to work through the Society to provide life-saving support to Canadians.

c) Christian Reformed World Relief Committee of Canada - CRWRC - (www.crwrc.org)

The Christian Reformed World Relief Committee (CRWRC) is a bi-national organisation, with offices in Burlington, Ontario, and Grand Rapids, Michigan. The organisation is active in community development, disaster relief and rehabilitation, and justice education, both in North America and Internationally. CRWRC of Canada has ten part time and full time staff.

Disaster Response Services (DRS) is a program of CRWRC, and was established in 1972 "to help survivors of disaster in North America solve their disaster-related problems and be restored to self-sufficiency as soon as possible." Six permanent staff in Canada and the US give leadership to approximately 1100 registered and trained volunteers.

Volunteers are trained in area and regional management of disaster intervention, Needs Assessment, site and construction management. DRS is active in the following areas:

Rapid Response: In catastrophic disasters, a volunteer clean-up team that is self-contained and has its own equipment; Organisational Capacity Building: Trained volunteers work with the community-based recovery organisation to help it develop its systems and become operational.

Needs Assessment: Trained and supervised volunteer teams conduct door-to-door surveys of long-term recovery needs. The results become the property of the requesting community-based recovery organisation as a computerized database.

Reconstruction: Trained and supervised volunteer teams are able to erect a house from the ground up with the exception of basements, electrical, and plumbing services. Team size and skill balance will be consistent throughout the duration of the agreement between the Recovery Organisation and CRWRC-DRS. Teams rotate every three weeks.

Estimating: Trained volunteers are able to determine appropriate materials, skills, and time required for home reconstruction; Community Development: CRWRC may provide consultation in specific situations for Recovery organisations who have a long-term vision for becoming a community development organisation.

These services are available upon request from the local Recovery organisation, and will be provided only upon approval by CRWRC.

d) Mennonite Disaster Services - MDS - (www.mds.mennonite.net)

The Mennonite Disaster Services coordinates an organized response to disasters for the Mennonite and other related Anabaptist churches. In keeping with their biblical and Christian service theology, MDS responds to help meet the needs of disaster survivors. MDS places special emphasis on helping those least able to help themselves - that is, the elderly, widowed, handicapped and disabled; people with low incomes; people who are underinsured; or families with a single parent. The major contribution of Mennonite Disaster Service is supplying personnel for cleanup, repair and rebuilding operations. This activity becomes a means of touching lives and helping people regain faith and wholeness. MDS regional and binational offices are organized to assist its 50 local units in the United States and Canada in the effective operation of disaster programs. Usually the local unit, supported by the regional and binational network, carries administrative responsibilities for disaster response programs. MDS is headquartered at 1018 Main Street, Akron, PA 17501 with a Regional Office at 134 Plaza Drive, Winnipeg, MB R3T 5K9.

e) St. John Ambulance - SJA - (www.sja.ca)

The mission statement of St. John Ambulance in Canada is *to enable Canadians to improve their health, safety and quality of life by providing training and community service*. As one organisation, St. John Ambulance is divided into two, mutually supportive groups – the Association and the Brigade.

St. John Ambulance is an international, voluntary, charitable organization with a rich history dating back over one thousand years to the time of the Crusades (and even before). In Canada, the first recorded St. John Ambulance Association first aid course was taught in Quebec City during the winter of 1882 – 1883 and the first St. John Ambulance unit was formed in London, Ontario in 1909.

Today, the St. John Ambulance Association is a network of health care professionals and programme development specialists who develop first aid and health promotion courses. These courses are taught to Canadians, of all ages and from every walk of life, by approximately 7,000 nationally certified instructors from coast to coast. The Brigade is a group of over 14,000 uniformed, trained volunteers who serve their communities through the provision of various services. These services include: providing emergency patient care treatment at public events as well as providing assistance to government agencies and other non-governmental organisations during disasters through its patient care service programme, raising the spirits of disabled persons and seniors through its therapy dog visitation programme, and preparing young people to be active and meaningful members of Canadian society through its youth programme.

During times of disaster or large-scale emergency, the St. John Ambulance volunteers are prepared to:

- a. provide basic patient care services at the disaster/emergency site, in reception centres, in private homes and in clinical settings such as hospitals, nursing homes, etc. These services may be carried out independently or in support of, and under the direction of, existing professional staff;
- b. set-up and staff areas for the provision of patient care services (first aid posts) in established reception centres;
- c. transport the ill, injured, infirm to reception centres and/or health care facilities in support of the public ambulance service (where St. John Ambulance has appropriate vehicles and under authorization from the appropriate government agency);
- d. support and assist other non-governmental organisations in the provision of their services, and
- e. undertake other assignments as requested by government authorities and that are deemed to be in the best interests of the general public (provided that such assignments are appropriate to St. John Ambulance training, policies and procedures).

St. John Ambulance Councils in each Canadian province and territory oversee the humanitarian works of this organisation and all St. John Ambulance services are provided without regard to the client's creed, colour, ethnic origin, social status, age or disability. St. John Ambulance National Headquarters is located at 312 Laurier Avenue East, Ottawa, Ontario – K1N 6P6

f) The Salvation Army - TSA (www.salvationarmy.org)

The Salvation Army is an integral part of the Christian Church and is active in more than one hundred countries across the world. Its objects are the advancement of the Christian religion ... of education, the relief of poverty, and other charitable objects beneficial to society or the community of mankind as a whole. Increasingly The Salvation Army's policy and its indigenous membership allow it to cooperate with international relief agencies and governments alike.

In Canada, The Salvation Army has initiated many programs to meet the needs of the society it serves. Correctional Services, Family Assistance, Hostels, Ministry to the Needs of Street People, Service to Alcoholics, Unwed Parents' Programs and Hundreds of Places of Worship across the country are only a sampling of the services provided by the Army.

The Salvation Army's mission in Emergency and Disaster Response is to minister to the emotional, spiritual and physical needs of survivors and emergency management workers in Jesus' name without discrimination. It is capable of providing all five emergency social services – emergency feeding, emergency clothing, emergency lodging, registration and inquiry and personal services - as well as providing administrative services in the organization of volunteers and management of emergency shelters.

The Territorial Commander for Canada and Bermuda is located at 2 Overlea Boulevard, Toronto, Ontario, M4H 1P4. The Canadian portion of that territory is divided into fifteen divisions, each with its own Divisional Commander. The Divisional Headquarters are responsible for organizing, directing and coordinating the implementation of emergency plans. Each local corps (church) and centre is responsible to the Divisional Commander for the development of its own emergency plan for its individual community. The Territorial Emergency Disaster Services Director is the contact and resource person for all matters pertaining to emergency response across the territory.

CHAPTER 7

RECEPTION CENTRES AND SHELTERS

Terminology

Reception Centre is a location that receives evacuees from a community and assesses their needs, with appropriate referrals.

Shelter is used to denote emergency congregate accommodation, usually in a school gymnasium, arena, community centre or similar setting.

Depending on a number of factors, the two operations may be in the same building, or they may be at two separate locations.

The term Evacuation Centre, although used, is rapidly being replaced by the terms above, as Evacuation Centre could be misinterpreted as meaning an assembly point at which evacuees congregate pending transportation (evacuation) to another location.

Operations

A wide range of community emergencies, including forest and bush fires, rising flood waters, as well as chemical spills and the release of toxic fumes have given rise to the necessity in recent years of the initiation and operation of Reception Centres and/or Shelters for those forced to relocate temporarily from their homes.

This contemporary problem has added an additional role to social service agencies (both municipal and volunteers) and St. John Ambulance is no exception.

In many communities, the municipal social services department has responsibility for the actual operation of these facilities, in others; this has been delegated to supporting or volunteer agencies, notably The Canadian Red Cross.

While St. John Ambulance should be prepared to assist in either the Reception Centre or Shelter operations if requested, it is most likely that Shelter operations would be the need. Reception Centres, which, as noted, are essentially needs assessment and referral, can usually be staffed by a relatively small number of individuals characteristically from a social services agency. This is likely, as knowledge of available resources is essential, and some cost charge-backs to the municipality are possible. As a result, usually only municipal employees could make such commitments.

Shelters do, however, require relatively large numbers of staff by comparison, and St. John Ambulance staff lends themselves to this role. Regardless, St. John Ambulance should not take over, or duplicate the efforts of any agency (e.g. The Red Cross) specifically so tasked with this responsibility locally.

Pre-planning with the local Red Cross, the Salvation Army and other agencies is necessary so all agencies will be aware of the roles and responsibilities of each other.

In the event of an on-site reception centre/shelter conflict, in spite of pre-planning, the senior St. John Ambulance officer shall attempt to resolve the contentious issues immediately, with his/her counterpart from the other on-site agencies. The public gains no benefit from a real or perceived conflict between responding agencies.

The following are not intended to be all-inclusive in respect to shelter operation, but are merely provided as general guidelines.

Logistical and Support Functions at a Shelter

(i) Registration

A means of recording the names, addresses and phone numbers of all evacuees, and a means of responding to telephone requests for information on the presence of those individuals.

(ii) Feeding

Interim (short-term); coffee, juice, cookies or donuts.

Long term; hot food.

(iii) Food Support

Refrigeration or the alternative - obtaining food that will not require refrigeration.

Cooking or heating or the alternative - obtaining of food that requires no cooking or heating.

Dishes and cutlery appropriate to the food obtained.

Dishwashing mechanism (unless disposable dishes and cutlery used).

Safe and sanitary holding and disposal of garbage and waste.

(iv) Bedding

As a minimum, blankets, and desirably, mattresses and/or cots.

(v) Clothing

Emergency clothing for evacuees displaced without opportunity to obtain proper clothing.

(vi) Personal Sanitation

Toilet and wash areas/facilities, including hygiene products.

Shelter Areas

Ideally the shelter should have the following areas. Some of these may have to be combined or eliminated due to physical limitations of the building in use, and/or length of operation, and number of evacuees, etc.

- (i) Registration Area,
- (ii) Sleeping Area,
- (iii) Eating Area, including food storage, refrigeration, and preparations and serving areas,
- (iv) Washrooms, preferably with handicap accessibility,
- (v) First Aid/Isolation Area,
- (vi) Counselling/Quiet Room,
- (vii) Children's Play Area,
- (viii) Adult Activity Area,
- (ix) Area for mothers with babies (nursing, diaper changing),
- (x) Administration/Logistics/Staff Rest Area,
- (xi) Garbage Holding/Disposal Area,
- (xii) Parking/Off-loading Area,
- (xiii) Public Telephones (to avoid demands for evacuees' usage of telephones needed for Shelter administration purposes),

(xiv) Provision for pets.

Pets should not be kept in the shelter due to problems of defecation, fleas, and possible allergies of some evacuees.

The best means of managing pets is to set up an adjacent pet area, which may be outside in warmer weather, or in another building. Borrowed cat totes, and/or hastily constructed dog runs are options, as well as temporary boarding at local Humane Societies and/or boarding kennels, etc.

CHAPTER 8

CRITICAL INCIDENT STRESS

Recent years have seen a phenomenon surface among rescue workers that for years was suppressed. Critical Incident Stress refers to an emotional/psychological (and sometimes physical) reaction to being closely involved in a disaster. It happens where significant injuries and/or death occurs, particularly if rescuers feel, usually incorrectly, that they did not do all that they might have for the victims. Although not limited to situations where the victims were children, the presence of such victims often exacerbates the emotional impact.

C.I.S. does not only affect volunteers; it is well recognized in full-time emergency personnel as well.

It is vitally important that senior St. John Ambulance members be aware of the possibility, and probability, of C.I.S. and take steps to reduce or eliminate its occurrence.

Generally, C.I.S. should be anticipated in St. John Ambulance members, and others, when in contact with the victims of any serious incident, particularly, if severe injuries or death results, and/or children are among the victims.

Leaders in charge should ensure that St. John Ambulance members involved in an incident are not released to go home at the conclusion of the incident, but rather are given the opportunity to talk and discuss their feelings, in private and confidence, with other St. John Ambulance members involved. Many full-time emergency response agencies now have access to C.I.S. counsellors who may be available to St. John Ambulance at the local level.

St. John Ambulance in Ontario offers Critical Incident Stress awareness education. The program provides members with essential knowledge in this field.

Additional information on the St. John Ambulance C.I.S. Program may be obtained by contacting the Community Services department at St. John Ambulance Council for Ontario. A list of qualified St. John Ambulance C.I.S. trainers is also available from this source.

CHAPTER 9

DISEASE PREVENTION

With the pressures of time characteristic of a disaster, some members may not remember to take the necessary precautions to prevent the transmission of disease.

St. John Ambulance leaders should ensure that their members and mobile units are equipped with adequate supplies of examination gloves for use in a disaster situation. In addition, universal body substance precaution safeguards must be understood and insisted upon. While not all-inclusive, the following should be adhered to as a minimum:

- (i) Examination gloves should be worn at all times when handling a patient, regardless of whether the patient has obvious signs of bleeding or other bodily fluids. Double gloving should be considered as an added precaution.
- (ii) Any cuts on St. John Ambulance members should be properly bandaged prior to, and in addition to, wearing gloves.
- (iii) Members should carefully remove and properly dispose of gloves, as well as thoroughly wash hands after any form of patient care or fieldwork.
- (iv) Where members must of necessity handle sharp metal, etc., heavy work gloves must be available to avoid cuts. Examination gloves are easily torn and are not suitable for this purpose.
- (v) An awareness of the potential of droplet infection warrants precaution, and barrier devices e.g. surgical-type masks must be made available and utilized.
- (vi) Examination gloves should be changed after each patient, to avoid cross contamination between patients. Gloves should be constantly monitored for tears or punctures, and changed immediately. It must be recognized that these gloves, which are designed for the clinical setting, can become easily torn in a rough field environment.
- (vii) Uniforms and other clothing may be covered with coveralls. Where such are not available, care in removal and laundering of garments is essential.
- (viii) Any lacerations occurring during the incident should be immediately treated to ensure adequate protection from infection, etc.

- (ix) Where gloves are not available and pressure is necessary to stop bleeding, do so through a pad several layers thick, to prevent blood seepage to the surface.
- (x) Minimize mouth-to-mouth contact by utilizing resuscitation devices such as barrier devices, airways, or bag-masks.
- (xi) Dispose of contaminated articles, dressings, etc. in plastic bags labelled "Body Fluid Precautions".

**ROLE OF COMMUNITY SERVICES STAFF
(INCLUDING OPERATIONAL RESOURCES)**

Corps, District and Provincial Community Services Staff have essentially three possible roles to fill in respect to a large-scale emergency or disaster:

- (i) On-site, operational command of St. John Ambulance members.
- (ii) On-site liaison with senior officials of other responding agencies.
- (iii) Off-site support (e.g. provision of emergency operations kits).

Briefly these roles are as follows:

(i) On-Site (Operational) Command

The actual direction of St. John Ambulance members and activities on site at the disaster. Should the Corps/District/Provincial leader deem it appropriate to assume charge, he/she must make such assuming of command clear to the previous on-site St. John Ambulance commander, as well as senior officials of the other response agencies.

(ii) On-Site Liaison

This role is actually one of a “go-between”, transmitting requests for St. John Ambulance service from the requesting agency (i.e. ambulance service, police, etc.) to the St. John Ambulance leader actually in charge of on-site St. John Ambulance members.

This function is strictly as an intermediary between St. John Ambulance and other agencies at the scene. The St. John Ambulance leader in charge will give the actual instruction to individual St. John Ambulance members. The liaison officer shall not take over command by bypassing the designated officer in charge and directing individual members.

(iii) Off-Site Support (including operational resources)

This role will involve being available off-site (e.g. St. John Ambulance Headquarters, or residence) to receive requests for supporting resources (e.g. extra members, vehicles, first aid equipment, food, etc.) from the St. John Ambulance command officer (leader) on-site.

It must be appreciated that the senior St. John Ambulance leader on site may not be in a position to pursue the acquisition from that location, due to logistics of telephone availability, phone number availability, etc.

Provision of support assistance from a local St. John Ambulance Headquarters is usually preferable to private residence, as most have at least two phone lines, permitting the support officer to track down resources requested on one line while still permitting in-coming calls on the other.

Provincial Headquarters and each District Headquarters have a strategically located emergency resource kit that can be used to outfit a local St. John Ambulance operations centre. These kits provide administrative resources, utilities and personal amenities (see Annex C) and can be efficiently transported in times of disaster or civil emergency. Requests for the use of such kits should be made through the respective District Commissioner, or through Provincial Headquarters.

Senior Officer Response



The role of Corps, District, and Provincial leaders on-site should be confined to items (i) or (ii) above. In addition, each site will normally require only one individual to fill each of the roles in (i) and (ii).

St. John Ambulance leaders (Corps/District/Provincial) shall proceed to the site only to fill the categories (i) or (ii), and this should be done in full cognizance of the attendance of other Corps/District or Provincial Leaders residing in the community who might also respond.

It is not acceptable for Corps/District/Provincial leaders to respond in mass, or individually, to “see what is going on”, or to “check it out”. (The only exception is when local telephones are inoperative due to the emergency, i.e. tornado). In such circumstance, the senior St. John Ambulance leader at the local level, e.g. Divisional Superintendent/Coordinator, Corps Superintendent or District Operations Advisor, District Commissioner, may at his/her discretion, proceed personally in uniform, to the site to evaluate emergency needs.

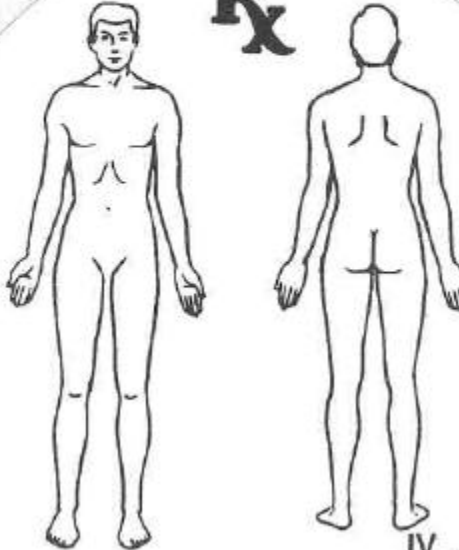
Over the years, disaster planning specialists have consistently criticized the wholesale response and convergence of senior officials of response agencies, who take over the authority of operational commanders, take charge without a clear understanding of the situation, duplicate efforts, jostle for command position with their peers, or walk about without any real purpose or function. Most progressive emergency response agencies are curtailing large-scale senior staff response in favour of a more controlled reaction involving minimal senior command staff actually necessary to manage the incident.

TRIAGE TAG

Nº 80991 Ambulance	 	Nº 80991 Hospital
Emergency Health Services Triage Tag		
Nº 80991		
Time _____ Location _____		
Name _____		
Attended by _____ MD. _____		
RN. _____		
Amb. _____		
Other _____		
DECEASED Dr. _____ Nº. 80991		
CODE 4 IMMEDIATE PRIORITY Nº. 80991		
CODE 3 SECOND PRIORITY Nº. 80991		
CODE 2 DELAYED PRIORITY Nº. 80991		

TRIAGE TAG (REVERSE)

**O
Rx**



IV ___ IM ___

Treatment _____ PO ___ SC ___

Prov. Diagnosis _____ Time _____

By: _____ MD. ___ RN. ___ Amb. ___

Other _____

DECEASED Dr. _____

CODE 4 IMMEDIATE PRIORITY

CODE 3 SECOND PRIORITY

CODE 2 DELAYED PRIORITY

EMERGENCY OPERATIONS SUPPORT RESOURCES

Provincial Headquarters (PHQ) and each District Headquarters have strategically located emergency resource kits that can be used to outfit a local St. John Ambulance emergency operations centre in the event of emergency or disaster.

These kits provide administrative resources, utilities, communication devices, personal amenities and office supplies, and can be efficiently transported in times of disaster or civil emergency (see attached kit list).

To further supplement local operations, PHQ stores and maintains the following emergency resources:

- Portable phone/fax/copier
- Disaster kit of patient care supplies for use by PHQ staff/volunteers responding to off-site locations.
- VHF Portable Radio Cache: a self-contained container with 8 portable VHF radios, headsets, chargers, batteries and accessories that can be independently dispatched to a location and used.
- VHF Base Station Cache: a self-contained unit which can be independently dispatched to a location where St. John requires a temporary Base Station. This case includes all necessary instructions and equipment to establish a working 40-watt VHF base station in virtually any environment.

This VHF Base Station Cache is capable of being hooked up to an AC power source, an AC/DC generator or a DC power source with all cables and instructions included. This allows for the flexibility of plugging directly into an AC electrical plug in a building; or in the case of the Ice Storm, into an electric generator or a vehicle DC power source.

This VHF Base Station Cache is capable of being hooked up to a portable telescopic 30' high gain full wave VHF antenna (included with the case); hooked up to an existing antenna source; or if the opportunity exists, to utilize an existing flag pole or tall building or tree structure near the Base Station with a special "no ground" portable half-wave antenna attachment included in the case.

Two hundred (200') feet of coax are included with the case allowing the portable Base Station Cache to be set in most environments where a window, door or garage regress permits the cables to be extended to the external antenna.

In summary, the Base Radio Cache is capable of receiving its power from three power sources and transmitting/receiving its signals from three antenna sources.

All Portable and Base Station radios acquired over the last two years for both Caches met the Canadian Governments newly proposed frequency bandwidth separation requirements which will make other equipment in St. John obsolete. Further, our Portable and Base Station radios frequencies are all computer synthesized which will allow us to reconfigure add/alter/delete frequencies to these units in the field (with additional software that is being arranging for) and thus permitting us to recalibrate our units if the need exists to be able to collaborate with other agencies during joint exercises or joint relief efforts.

EMERGENCY PREPAREDNESS KIT CHECKLIST

TOTE LOCKER

QTY

1	combination lock
5	blankets

STORAGE SHED

QTY

1	combination lock (combination should be same as lock above)
1	flashlight combo, 3 lights and batteries
1	desk lamp
1	extension cord, 3 tap, 10 m
1	AM/FM, AC/Batt. radio
1 box	garbage bags, 30 per box
1 pack	styrofoam cups, 50 per pack
2 boxes	tissue
1 box	"All Works Easy Up Wipers", 200 per box

Tray – A

MISCELLANEOUS ITEMS

QTY

3 packs	emergency candles, 2 per pack, 6 hours burning time each
1 pack	waterproof matches, 4 boxes per pack
1 pack	60 watt bulbs, 2 bulbs per pack
1 pack	"C" cell batteries for AM/FM radio, 4 per pack
1	GE telephone
1	25 foot line cord for telephone
1	2 in 1 modular telephone adapter
1	alarm clock
1 roll	perimeter tape

TRAY – B**STATIONERY ITEMS****QTY**

2	Ontario Road map books
5 pads	sticky notes
1 box	yellow highlighters, 12 per box
1	marker pen, black
1	marker pen, blue
1	marker pen, red
1 box	stick pens, black, 12 per box
1 box	stick pens, red, 12 per box
1 box	lead pencils HB, 12 per box
1	pencil sharpener
1	eraser
1	1 hole punch
1	12 inch ruler
1	roll masking tape
1	kleencut knife
1	supersnip scissors
2	rolls scotch tape with dispenser
1	stapler
1 box	staples, 1000 per box
1 box	paper clips, 100 per box
1 box	fold back clips, 12 per box
1 box	push pins, various colours, 100 per box

TRAY – C**PERSONAL AMENITIES****QTY**

1 bottle	ASA, 325mg, 100 per bottle
1 bottle	acetaminophen, 500 mg extra strength, 100 per bottle
3 boxes	tooth brushes, 2 per box
6 tubes	tooth paste
5 bottles	mouth wash
4 bottles	shampoo
1 pack	“BIC” shavers (razors), 10 per pack
5 cans	shaving cream
1 pack	hand soap, 9 bars per pack
1 bottle	sterile saline solution (for contact lenses), 360 ml
1 box	sanitary napkins, 60 per box
1 jar	skin cream
2 rolls	toilet paper
1 kit	sewing kit

1 bottle	water purifier, purifies 200 litres per bottle
1 pack	forks and knives, 36 per pack
1 pack	paper plates, 20 per pack

TRAY – D ADMINISTRATION FILE BOX

QTY

1	confidential sealed envelope: {Prov. Emergency Response Pager Number} {Appointment List, names, telephone numbers, locations} {Branch List, names and telephone numbers}
1	binder, red, Event Log
1	binder, blue, Sign In Log
1	binder, black, Assistance Request and Resource Log {Sect. 1, DP1 Assistance Request} {Sect. 2, DP2 Resources Control} {Sect. 3, DP3 Resources Allocation} {Sect. 4, _____} {Sect. 5, _____} {Sect. 6, _____} {Sect. 7, Prov. Vehicle Id. Numbering System - current} {Sect. 8, Prov. Disaster Plan - current}
20	letter size hanging files
10	brown kraft envelopes 9 x 12
20	brown kraft envelopes 6 x 9
1	pad lined paper 8½x 11, 100 sheets
30	patient care records (blank)
10	photograph release forms
2	clipboards 9 x 12 letter size
10	plastic sheet protector 8½x 11
1	extension cord, 3 tap, 30 m
5	St. John Ambulance reflective safety vests
1	first aid kit, (vehicle kit)