

VULNERABLE POPULATIONS PROTOCOL

Emergency Human Services

1. Purpose

This protocol establishes the framework for identifying and meeting the special needs of vulnerable populations during an Emergency Human Services response. It outlines the roles of City staff responsible for coordinating services for vulnerable populations and for identifying vulnerable people and their needs, as well as the roles of the community agencies and non-governmental organizations that partner with the City to deliver services.

This protocol is used in conjunction with the Emergency Human Services Operational Support Function in the City of Toronto Emergency Plan.

The policy and procedures that serve to operationalize this protocol are contained in the Emergency Human Services Policies and Procedures Manual, Section 2.1. These guidelines ensure that people who require assistance to access Emergency Human Services have the additional supports they require.

2. Introduction

The City of Toronto's Emergency Plan describes how emergencies are managed.

The Emergency Human Services (EHS) Operational Support Function (OSF) of the Toronto Emergency Plan provides the framework for delivering services to people, pets, and service animals during an evacuation. The services provided are emergency accommodation, food, registration and inquiries, personal support services and a reception centre. Evacuees are encouraged to make plans and arrangements to look after themselves.

The Vulnerable Population Protocol guides how the City ensures that those who are unable to access these services or to make their own arrangements during an evacuation are provided the additional support they need in order to have temporary emergency accommodation, food, and the other emergency human services to which they are entitled.

3. Policy Statement

The City of Toronto is committed to everyone having access to City services and programs in a way that respects their dignity and independence. This includes people with physical limitations, cognitive impairments, mental health issues, substance use issues, intellectual or developmental disabilities and learning disabilities.

During an Emergency Human Services response, the EHS Incident Commander is responsible for delivering on the City's commitment to accessibility of services for all and to provide for any additional assistance that vulnerable people may require in order to receive the EHS services that is their right.

4. Serving Vulnerable Populations During an EHS Response

There are three parts to the response to vulnerable populations in the aftermath of an emergency:

- Coordination of the service response
- Identification of those with special needs and delineation of the nature of those requirements.
- Delivering the specialized needs through partnerships with community agencies, City divisions, provincially mandated organizations, and non-governmental organizations.

4.1 Coordinating the Service Response

A dedicated function within the Incident Command System for emergency human services ensures that vulnerable people are getting the help they need to access services. The Coordinator for Vulnerable Persons Services reports to the Operations Chief within the Emergency Human Services Incident Command. Responsibilities of this function include:

- Providing input on site selection for the Reception Centre so that the physical plant is accessible to those with mobility issues and who may be using wheelchairs or scooters. Since the Reception Centre may provide short-term emergency shelter, handwashing, sleeping, and washroom facilities all need to be accessible. Ideally, quiet space can be made available for those who are particularly agitated by the stressful situation and space for those who require supervision.
- Providing for food being served at the Reception Centre to be adaptable for those with medical or cultural dietary restrictions.
- Ensuring that service animals are able to stay comfortably with their owners.
- Determination of the need and resources to provide communications assistance wherever possible. For example, translation and signing.
- Overseeing the functional needs assessment process and using the resultant information regarding the additional services needed on-and off-

site to organize the specialized outside agencies to deliver these services according to the pre-determined plan.

- Connecting vulnerable persons to the support services as soon as possible.
- Providing for a bridging from temporary services to ongoing support services following the end of the emergency response.
- Tracking the whereabouts of vulnerable people who have been transferred to other facilities in order to receive required services.
- Notifying all service providers about all changes to accommodation during the EHS response and at the end of the emergency response.
- Liaising with service partners to ensure assistance is being provided and is meeting service standards.

4.2 Identifying Vulnerable People and their Needs

Requirement to assess every evacuee

Each evacuee over 16 is asked to complete a standardized set of questions that is scored according to a standardized code. This is called a functional needs assessment. Nine questions are answered by the evacuee and two are answered by staff.

EHS Functional Assessment Tool

1. There are a number of services that we may be able to offer to help you cope with this emergency. Can you please tell me what services you think you need?
2. Are you having trouble hearing me?
3. Do you have a medical or health concern or need right now?
4. Are you having trouble understanding or answering any of my questions?
5. Observation for the interviewer: does the evacuee appear to be overwhelmed, disoriented, agitated, or a threat to self or others?
If yes, escort evacuee directly to Health Support Centre or notify supervisor to call 911.
6. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?
7. Do you normally have a caregiver, personal support assistance or a service animal?
8. Is your caregiver, personal assistant or service animal with you now?
9. Do you have mobility issues or need assistance with transportation?
10. Do you have any severe environmental, food or medication allergies?
11. Question to interviewer: Would this person benefit from a more detailed assessment?

If evacuee is uncertain or unsure of answer to any questions, refer for a health needs assessment.

This assessment must be done as early in the response as possible and should be part of the registration process. The consent form that is signed as part of the registration process allows EHS staff to provide inquiry services which means they can answer questions from callers regarding the whereabouts of family and friends. Signing the consent form also allows staff to share location information about those vulnerable people who may have been moved to another location in response to their need for a specialized additional service. This is important as well so that staff can follow up with any individual at another location to pass along information about when they can return to their homes and to check that they are receiving adequate food and other EHS services.

The City requires all registering evacuees to undergo the short assessment in recognition of the fact that emergency situations affect people in different ways. Although we know from health planners that the social determinants of health identify certain groups as being at high risk during an emergency, we also know that not all people within these groups are necessarily vulnerable and that people not included in these groups, in particular, those with mental health issues, could well be vulnerable when faced with the stresses of an evacuation. Therefore, all evacuees are asked to complete the assessment.

How people are assessed for vulnerability

The functional assessment in this protocol was developed by the American Red Cross. Staff ask each evacuee to answer nine questions out of which a discussion may ensue regarding the services they may need for medical or other reasons. Staff answer two questions by observing the individual.

Those identified as having issues in one or more areas will be provided with services designed to meet their needs. Services are typically delivered by agencies and City divisions that specialize in those service areas.

At the conclusion of the functional assessment, some evacuees are referred for a more detailed health needs assessment with a health provider who identifies the assistance required.

Health needs assessments are completed by one of three agencies: Toronto Emergency Medical Services (EMS), the Community Care Access Centre with jurisdiction and the Centre for Addiction and Mental Health. This is done at the Health Support Centre, established by EMS at the Reception Centre.

Five functional categories have been defined in emergency human services responses: **C**ommunication, **M**edical, maintaining **I**ndependence, **S**upervision and **T**ransportation (C-MIST). Each category has a corresponding symbol, which has been developed for use in preparedness activities and during responses.

a) Communication

Some evacuees may not be able to hear announcements, see signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or may not understand English.



Services that may typically be required include translation, signing, one-on-one communication.

Typically, City of Toronto staff take the lead on providing assistance with communication needs.

b) Medical

People who are very ill when evacuated, perhaps bed-ridden due to a chronic condition, clearly require dedicated supports from a health care professional. They may have to be transported to an appropriate temporary care facility away from the Reception Centre.



Services required may include assistance with managing unstable, terminal or contagious conditions, professional observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; dialysis, oxygen, and suction administration; managing wounds; and operating power-dependant equipment to sustain life.

c) Maintaining Independence

Some individuals require support to be independent in daily activities and may lose this support during an emergency or disaster.



Such situations may call for the provision of consumable medical supplies for people of all ages (incontinence supplies, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Providing the necessary support to these individuals at the Reception Centre may enable them to maintain their pre-emergency level of independence.

d) Supervision

Some individuals may lose the support of caregivers, family or friends or may be unable to cope in a new environment at a Reception Centre (particularly if they have dementia, Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety). In the aftermath of an emergency, they are likely to need supervision. Staff notify Police of unattended children but in the meantime, they too will require supervision.

Reception Centre staff may establish a section of the Reception Centre as a "supervised" area. For some vulnerable individuals, this may be a temporary situation until other services are provided.



e) Transportation

Individuals who have mobility issues and accessibility needs may require transportation support for successful evacuation. In addition there may be individuals who cannot drive or do not have a vehicle and may require other transportation assistance.



This support may include accessible vehicles (e.g. lift equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation, as well as access to public transit and taxi cabs and chartered vehicles.

4.3 Delivering the specialized needs through partnerships with specialized agencies and other organizations

Emergency Human Services delivers all of its services through partnerships with other City Divisions, and community based organizations.

Arrangements exist with City Divisions, service providers and community agencies that have the capacity and expertise to provide the specialized services that may be required for vulnerable populations during an emergency evacuation or other situation that requires an emergency human services response, such as a power outage that affects residents who rely on power-driven medical devices.

Examples of services that may be provided at a response include: urgent medication replacements, wound care, minor medical care, replacement of mobility aids and consumable supplies, assistance for developmental and cognitive impairments, supports for mental health and substance use issues and reconnection with existing supports.

Agencies with clients affected by the emergency are notified of the emergency and requested to continue to provide services to their clients.

Partners in the Vulnerable Population Protocol include:

- Catholic Children's Aid Society of Toronto
- Centre for Addictions and Mental Health
- Children's Aid Society of Toronto
- Jewish Family & Child Services of Toronto
- Landlords, condo boards, property managers, social housing providers (including Toronto Community Housing Corporation)
- Native Child and Family Services of Toronto
- Office of Emergency Management
- Toronto Central Community Care Access Centre
- Toronto Central Local Health Integration Network
- Toronto Children's Services
- Toronto Emergency Medical Services
- Toronto Fire Services
- Toronto Long-Term Care Homes and Services
- Toronto Police Service
- Toronto Public Health

Key responsibilities, activation procedures, etc. are detailed in the Emergency Human Services Policies and Procedures Manual, Section 2.1.

5. Applicable Legislation and City Policies

- A Guide to Good practice: Providing Equitable Service to Individuals of All Abilities (forthcoming)
- Accessibility for Ontarians with Disabilities Act
- Blind Persons' Rights Act
- Emergency Human Services Policy
- Freedom of Information and Protection of Privacy Act
- Human Rights and Anti-Harassment Policy.
- Occupational Health and Safety Act
- Ontario Child and Family Services Act
- Ontario Human Rights Code
- Personal Health Information Protection Act
- Substitute Decisions Act
- Toronto Municipal Code Chapter 59

6. Privacy and Information Sharing

The provision of Emergency Human Services to vulnerable populations through this protocol does not directly involve the sharing of health care or medical information by EHS staff. Vulnerable individuals sign a consent form that allows EHS staff to deliver the services to which they are entitled. This includes the sharing of information related to where the evacuee is staying and is only available to EHS staff.

7. Vulnerable Populations Protocol Monitoring and Management

The City of Toronto is responsible for this protocol, which is part of the Emergency Human Services Operational Support Function in the Toronto Emergency Plan.

Shelter, Support and Housing Administration is the sponsor of this protocol, and will ensure that the protocol is reviewed regularly, with the support of an advisory body. Changes to the protocol will be based on

- changes in legislation
- input from vulnerable people
- evidence of best practices

DRAFT Letterhead CMO Template

November 2, 2012

Dear Agencies, Boards, Commissions and Corporations

On May 8 and 9, 2012, City Council adopted a series of recommendations from the Ombudsman with respect to her investigation into the provision of Emergency Human Services following the 200 Wellesley Street Fire in September 2010. The fire at 200 Wellesley Street, a Toronto Community Housing building, displaced a large number of vulnerable residents from their homes. One of the Ombudsman's findings was that a lack of awareness about the City's Emergency Plan and the Emergency Human Services policy created some confusion during the response.

As a result of the Ombudsman's findings, Council instructed the City Manager to "direct all Agencies and Corporations to comply with the City of Toronto Emergency Plan and Protocols." Consequently, I am communicating with you today to ask that you assist in this matter by following the policies and protocols outlined in the attached City of Toronto Emergency Plan to the extent that it applies to your organization.

Additionally, City Council also authorized the City Manager to provide clarity for all Agencies and Corporations regarding decision making authority during the provision of an Emergency Human Services response. Pursuant to the 2010 Council approved Emergency Human Services Policy (also attached), the Emergency Human Services Incident Commander (EHSIC) will be the single point of decision-making authority for the human services response aspect of the overall emergency response. The EHSIC will coordinate and maintain services to affected citizens, including operation of a Reception Centre, as outlined in the attached policy.

The Emergency Human Services Operational Support Function has also been updated. This document outlines the response provided to residents who are displaced or otherwise affected by an emergency, and provides information on the role of each of the partner agencies involved in providing the Emergency Human Services response. The OSF integrates the revised EHS policy into the City's emergency plan. The OSF has been approved by the Emergency Management Working Group. The OSF includes the Vulnerable Populations Protocol, which establishes the framework for identifying and meeting the special needs of vulnerable populations during an Emergency Human Services response has been developed.

By conveying this information to your organization, I hope that this will further improve the coordination and effectiveness of the City's emergency response to incidents such as the 200 Wellesley Street fire. If you have any questions or concerns regarding any of the attached information, please do not hesitate to contact my office.

Sincerely,

DRAFT Letterhead CMO Template

November 2, 2012

Dear Division Heads,

On May 8 and 9, 2012, City Council adopted a series of recommendations from the Ombudsman with respect to her investigation into the provision of Emergency Human Services following the 200 Wellesley Street Fire in September 2010. The fire at 200 Wellesley Street, a Toronto Community Housing building, displaced a large number of vulnerable residents from their homes. One of the Ombudsman's findings was that a lack of awareness about the City's Emergency Plan and the Emergency Human Services policy created some confusion during the response.

As a result of the Ombudsman's findings, Council instructed the City Manager to "confirm the EHS Incident Commander is the single point of decision-making authority for emergency human services responses or provide an alternative." Consequently, I am communicating with you today to provide clarity regarding decision making authority during the provision of an Emergency Human Services response. Pursuant to the 2010 Council approved Emergency Human Services Policy (attached), the Emergency Human Services Incident Commander (EHSIC) will be the single point of decision-making authority for the human services response aspect of the overall emergency response. The EHSIC will coordinate and maintain services to affected citizens, including operation of a Reception Centre, as outlined in the attached policy.

I have also attached a copy of the revised Emergency Human Services Operational Support Function (OSF) for your information. This document outlines the response provided to residents who are displaced or otherwise affected by an emergency, and provides information on the role of each of the partner agencies involved in providing the Emergency Human Services response. The OSF integrates the revised EHS policy into the City's Emergency Plan. The OSF has been approved by the Emergency Management Working Group. The OSF also includes the Vulnerable Populations Protocol, which establishes the framework for identifying and meeting the special needs of vulnerable populations during an Emergency Human Services response.

By conveying this information to your Division, I hope that this will further improve the coordination and effectiveness of the City's emergency response to incidents such as the 200 Wellesley Street fire. If you have any questions or concerns regarding any of the attached information, please do not hesitate to contact my office.

Sincerely,