

Emergency Management Unit Newsletter

Ministry of Health Services

FEATURE ARTICLES



The Best Place on Earth

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Special points of interest:

- Emergency Management Branch officially changes its name to Emergency Management Unit (EMU). The EMU now reports to Michael MacDougall, Chief Operating Officer, Ministry of Health Services.
- The EMU visits Beijing Olympics.
- Emergency Preparedness Conference takes place November 25–27, 2008, at the Sheraton Wall Centre in Vancouver (visit <http://www.jibc.ca/epconference/> for more information).
- The Sixth Annual Bi-National Cross Border Workshop will take place May 26–28, 2009, at the Sheraton Wall Centre in Vancouver.

Cross Border Public Health Collaboration in the Pacific Northwest

Wayne Turnberg, PhD, MSPH Acting Bioterrorism Surveillance and Epidemiology Program Manager, Washington State Department of Health

Public health disease outbreaks and emergencies, whether originating from natural or manmade causes occur without regard to political borders. A dramatic example of this is the spread of the previously unknown Severe Acute Respiratory Syndrome (SARS) virus from its origin in China to locations around the world within a matter of days in 2003. For an effective response, public health officials must therefore be prepared to work with their colleagues across national, provincial, state and local jurisdictions to recognize and control public health emergencies. Addressing this need, the Washington State Department of Health and the British Columbia Ministry of Health Services have been co-sponsoring an annual cross border workshop since 2004 to formalize relationships between US and Canadian public health and emergency management agencies responsible for controlling infectious disease outbreaks and other public health emergencies in the Pacific Northwest.

Since 2004, five annual cross border workshops have been held – three in Washington and two in British Columbia, with a sixth workshop scheduled to take place in Vancouver, BC in May of 2009. Workshops are attended by up to 200 public health professionals from Canada (Alberta, British Columbia, Canada Federal Government and Yukon Territories), Tribes, and the United States (Alaska, Idaho, Montana, North Dakota, Oregon, the United States Federal Government and Washington). The work-

shops are held to build and strengthen strong professional relationships across borders, as well as to highlight the public health systems and legal framework under which each jurisdiction operates. The workshops also serve as a forum for public health colleagues to develop formal agreements leading toward a seamless response to public health emergencies across borders. Bi-national workgroups in areas of communicable disease epidemiology, public health laboratory science, emergency management and medical services, communications and public health law continue to meet throughout the year as needed to implement the assignments identified during the workshops.



John Erickson, Special Assistant, WA State DOH, Wayne Dauphinee, Consultant Health Initiative Integration, MoHS, Mary Selecky, Secretary, WA State DOH, and John Lavery, Executive Director, EMU, MoHS at the 2008 Cross Border Conference in Washington.

The “Pacific Northwest Emergency Management Arrangement (PNEMA)” stands as the centerpiece for emergency preparedness, response and recovery measures among Pacific Northwest partners. Adopted by government leaders in British Columbia, Yukon Territory, Washington, Oregon, Alaska, and Idaho in 1996-97, PNEMA serves as

the foundation for bi-national emergency management cooperation in the Pacific Northwest. Although originally designed for large-scale natural disasters such as earthquakes, its utility as a tool for public health emergencies came to light through the cross border workshops. In 2006-07, implementing procedures for PNEMA (termed “Annex B”) were adopted by Pacific Northwest government leaders, adding further support to the region’s mutual aid arsenal. On June 20, 2006, public health relationships between British Columbia and Washington State were formalized through the signing of the “Memorandum of Understanding: Public Health Emergencies” by Washington’s Secretary of Health, Mary Selecky, and BC’s Minister of Health, the Honorable George Abbott.

From the cross border workshops, plans and agreements are being developed between Washington and British Columbia under authorities Of PNEMA. These address data sharing for epidemiology investigations, movement of medical personnel, patients and supplies, and public health laboratory surge capacity. Work continues on ratifying a Pacific Northwest Border Health Alliance to further formalize these relationships. If and when disaster strikes, public health leaders and colleagues want to ensure that the relationships are in place, and that plans and agreements are established for an effective response across borders.

LEVEES AND LEADERSHIP: REFLECTIONS FROM NEW ORLEANS

Kirsten Brown, Manager of Planning, Emergency Management Unit and Emily Nixon, Manager of Programs, Emergency Management Unit

Over four days in June, Kirsten Brown, Manager of Planning with the Ministry of Health Services, Emergency Management Unit, travelled to New Orleans to participate in a workshop about the role of leadership in disaster recovery. Led by Margaret Wheatley, this group of international participants toured various communities throughout the city, meeting with dozens of community leaders to learn first hand how the city is coping 3-years after Hurricane Katrina. Following the visit to each community, it was clear that the recovery process in New Orleans can best be described as scattered, with some areas bouncing back more rapidly than others. Even in communities where the recovery effort has begun to take shape, the stark reminder of Hurricane Katrina is still visible in the countless boarded up homes that have remained untouched since the storm.

Although many lessons were addressed throughout this workshop, one that resonated with many of the participants was the importance of community participation and leadership following a large-scale disaster. In many instances, it has been the work of the community that has been directly responsible for bringing citizens back to New Orleans. From gutting and repairing homes, to rebuilding community health clinics and schools, the citizens of New Orleans have called for greater sustainability with regards to the rebuilding process. As a result, many non-government organizations are working hard to ensure that New Orleans is restored to its original lustre through sustainable measures.

Perhaps the greatest lesson that Kirsten was able to take away from this workshop was the extent of the impact of Hurricane

Katrina on the citizens of New Orleans. When she woke on her final morning in New Orleans, thunder, lightening, strong winds and heavy rainfall were ravaging the city. Those from outside the area were in awe of the power of the storm as they watched the water level rise. Within an hour, the streets were flooded and there were serious concerns about the ability to travel out of the city that day. It was clear that those in the group from the New Orleans area were visibly shaken by the storm. With loud claps of thunder shaking the building, everyone gathered for the final meeting of the workshop, and it was evident that the psychological impacts of Katrina are far reaching, continuing to impact everyone who lived through the storm and its aftermath.



Business Continuity Awareness Week at the Ministry of Health Services

Emily Nixon, Manager of Programs, Emergency Management Unit

Business Continuity Awareness Week is an annual event held the third week of September to increase the understanding of an organization's ability to continue services in the event of a disruption or emergency. Through a number of organized events, the Ministry of Health Services aimed to enhance business continuity awareness through the preparedness of its staff. This year at

the Ministry of Health Services, the Emergency Management Unit held a variety of activities for Ministry staff to increase their level of preparedness both at home and in the workplace. An information booth was displayed in the lobby for the week that provided staff with a selection of resources including literature on business preparedness continuity and

personal preparedness, an interactive personal preparedness power point presentation and a draw for personal preparedness prizes.

A key message that Kirsten Brown, Manager of Planning and the Business Continuity Advisor for the Ministry of Health Services, aimed to promote over the course of Business Continuity Awareness

Week was the 5 elements of success in business continuity planning.

These included strong internal and external communications, building resiliency and decreasing vulnerability, accounting for interdependencies, considering all emergencies, testing the Business Continuity Plan, and educating staff about their roles on a regular basis.

5 Elements of Success in Business Continuity

Communications	Building Resiliency	Interdependencies	Consider All Emergencies	Test Plan & Educate Staff
<ul style="list-style-type: none"> -Up to date contact lists -Relationship with media -Strong internal relations 	<ul style="list-style-type: none"> -Decrease vulnerability of organization -Have alternative plans -Prepare stockpiles 	<ul style="list-style-type: none"> -Plan for the loss of services -Have back ups -Ensure there are supplies for staff 	<ul style="list-style-type: none"> -Have plans for various kinds of emergencies -Have plans for all scales of emergencies 	<ul style="list-style-type: none"> -Have annual meetings to refresh staff on plans -Inform new staff about plan, their role, and key players

“NLE – 08” – National Level Exercise: The St. Joseph Hospital Experience

Amy Sheridan, Manager Training and Exercise, Emergency Management Unit

The Ministry of Health Services (MoHS), Emergency Management Unit (EMU), and BC Ambulance Service (BCAS) representatives had the great experience of participating in and observing “NLE – 08,” which occurred on May 6, 2008 in Washington State (WA), with local, regional, state and federal representation at all levels. While the Pacific Northwest component simulated major terrorist emergencies that targeted various health issues such as hospital surge, triage, transfer of patients, communications and evacuation, the East Coast of the U.S. focussed its drills and scenarios around massive natural disasters. The particular scenario for WA State represented a mass casualty incident due to a terrorist-detonated chemical truck near Ferndale, Washington, 13 miles South of the US/ Canadian border. There was a full-scale, first responder and military activation, resulting in on-site treatment, triage

and transportation of patients to nearby Birch Bay (triage area) and St. Joseph Hospital.

The WA State component of NLE – 08 involved participation by Whatcom County, St. Joseph Hospital in Bellingham and Fort Lewis Military Base. There was also significant involvement from the Federal Emergency Management Agency, US Army, Department of Defence, WA National Guard, WA Emergency Management Division, Public Health, Whatcom County Transit Authority, American Red Cross, Medic One and local police and fire departments. The focus for this exercise was on evaluation, current response capabilities, communication and information flow, coordination of resources and identification of gaps and solutions or arising issues.

St. Joseph Hospital was the only hospital in the nation that was fully activated and directly involved with all local, state and federal partners during

NLE – 08, and exercised the triage and treatment of many of the 60-plus, made-up “casualties” involved. Safety and Preparedness Manager of St. Joseph Hospital, Randy Scott, worked with and exercise team for over eight months, designing elements that would address the need to test many of their current response capabilities. As the nearest hospital to the US/ Canadian border, with the other closest facility being 30 miles to the South, St. Joseph’s will be the primary location for patient tracking and treatment, especially for any mass casualty or cross border event.

Full-scale involvement at the hospital included the set up of the triage areas for incoming patients from the site, activation of decontamination tents located just outside the entrance to the ER, strategically placed out of pedestrian and auto traffic. Designated treatment rooms within a segregated area inside the

already bustling ER department, fully engaged in real-time emergencies, tested staff and resources around the ever-present issues of surge capacity and existing capabilities.

Impressive was the apparently seamless coordination and communications between the “exercisers,” the Admin, ER and other hospital staff; as the surge of exercise patients were coming into the decontamination tent area and ER from the exercise site, a real-time multi-car accident and its resulting patients were arriving simultaneously which added an additional test of the surge element in the plans.

For more information on St. Joseph Hospital and Whatcom County Health, please visit: <http://www.peacehealth.org/Whatcom/>

For more information on this exercise, please contact Amy Sheridan, Manager of Training and Exercise, MoHS at: amy.sheridan@gov.bc.ca.

Health Emergency Management Training Needs Survey

A Joint Project of the Ministry of Health Services and The Justice Institute of

The Ministry of Health Services, along with all health authorities and agencies in British Columbia are working to enhance Health Emergency Management training and education in close partnership with the Emergency Management Division of the Justice Institute of British Columbia.

This survey is intended to comprehensively explore the specific Emergency Management training needs within the health sector. This includes not only those individuals that have a role in emergency management, but any and all individuals that may have an emergency planning or response role should a disaster or emergency occur.

How will this help me?

The information gathered in this survey will help us better understand what **you** need in order to be more fully prepared for any disaster or emergency situation. It will allow us to make better decisions on your behalf about what kind of training we need to provide and know more about the funding we need to do that.

Who will be participating in this? We are inviting all employees in all healthcare organizations across BC.

How long will it take? The survey is designed to take only 15-20 minutes to be complete. It’s easy to access online.

Paper and pencil surveys are available if you are unable to access a computer. Check with your emergency management team if you need for this option.

When is this happening?

You will be given the opportunity to complete this confidential survey during a two week period from November 3rd through November 21st. Look for more information about this coming soon.

Any other incentives to complete the survey?

Yes! You will be entered into a draw to win one of five emergency preparedness kits. Each kit is valued at between \$35 and \$400! Good luck!

ARE YOU PREPARED IF DISASTER STRIKES TODAY?

What training do you need to get prepared? We want to know!



You could win one of these great prizes:

- One Remote Vehicle Emergency Preparedness (EP) Kit Valued at \$400
- Two 2-person EP Kits Valued at \$150 Each (picture shown)
- Two Vehicle EP Kits Valued at \$35 Each

Simply fill out this quick survey and you will be automatically entered in for a chance to win one of five great prizes to help get you on the road to emergency preparedness.

Thank you for helping us better understand your emergency management training needs. The BC Ministry of Health Services and your organization appreciate your input.

Stay Tuned for an Online Survey between
November 3 - 21, 2008

For paper versions, contact your Emergency Management Team



Emergency Management Unit Visits Beijing Olympics

John Lavery, Executive Director, Emergency Management Unit, Dave Burgess, Director, Operational Readiness, Emergency Management Unit

On August 11, John Lavery and Dave Burgess of the Ministry of Health Services, Emergency Management Unit, and Jody Sydor Jones of Vancouver Coastal Health, Emergency Management Office, travelled to Beijing to review emergency and disaster preparedness for health services during the 2008 Olympic Games.

From arrival at the new airport, to the organization of the events, to the details in the bowels of the venues, the level of planning and coordination that went into the games was extraordinary. The Chinese were eager to show off their successes through the Beijing 2008 Observer's Program which provided specialized interest tours and/or information sessions throughout our week stay. The success of the games was clearly evident, and the Chinese people the group spoke with were incredibly proud of their accomplishments.

The Polyclinic located at the Olympic Village was large and equipped with the latest equipment, providing a broad array of health services, from physiotherapy and massage, to the latest optical and dental services, along with medical imaging and an urgent care capacity. There were over 3000 medical staff volunteers distributed between the venues and the Polyclinic. The Polyclinic had a staff of 635, including approximately 190 physicians and 200 nurses, who were all volunteers from 41 Beijing hospitals. In addition 30 medical staff were available as a con-

tingency resource for emergencies, with 15 at the Polyclinic at all times and 15 on call, within 20 minutes of the Polyclinic. 4 ambulances were stationed in the Village, each staffed by a doctor, a nurse and driver. The Chinese Center for Disease Control and Prevention was set up across the street from the Polyclinic to facilitate public health information sharing. With linkages to 3 major nearby trauma hospitals and 24 designated Olympic hospitals provided by the local ambulance service, the Olympic Family was sure to be provided with first class health-care. Walking, and walking some more, was part and parcel of the Olympic Experience in Beijing. The majority of venues were located at the Olympic Green, a fenced park in the Northern Part of the City. With only four entries into the Park, and many widely spaced venues (ideal for security), ticket holders had to be prepared for a substantial walk before reaching their seats.

In addition to tours and meetings with Olympic Officials, we met with representatives from the World Health Organization. The WHO have worked closely with the Chinese government and Beijing Organizing Committee for the Olympic Games around a number of public health initiatives, including:

- Prevention & control of outbreaks
- Public health education & prevention
- Bioterrorism planning
- Risk communication
- Collaboration with UNAIDS re: HIV/AIDS prevention.

A day off allowed the team to take advantage of private transport to The Great Wall at Mutianyu. Following several days of heavy smog and a day of stormy weather, a better day couldn't have been planned. Visibility was unlimited, with views back to the high rises of Beijing, over 60 kilometres distant.

The team was particularly appreciative of social evenings put on at the British Columbia Canada Pavilion, and did its part in consuming fine BC beverages and munchies. It was quite extraordinary to make contact with people you know and work with everyday on the other side of the planet!

A complete report of the trip will be available soon for those interested in more details.



In the Polyclinic

From left to right: Jody Sydor Jones, Dr. Bob Chamberlain, Polyclinic Communication Specialist, Dave Burgess, John Lavery.



"The Birdsnest" - Beijing National Stadium