

# BC HEALTH SECTOR EMERGENCY MANAGEMENT NEWSLETTER

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Ministry of  
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## IMPORTANT DATES

- EPICC Forum April 27th—April 29th.
- Emergency Preparedness Week May 4th—8th
- World Congress on Disaster and Emergency Medicine May 12th—15th.
- Pacific Northwest Border Health Alliance 6th Annual Cross Border Workshop May 26th—May 28th

## Transguard Exercise - A Fraser Health Perspective

Co-authors: Deirdre McLachlan, EM/BC Manager & Terri-Lou Woods, EM Coordinator

Fraser Health, at the request of Public Safety Canada, participated in a national, full scale exercise on Sunday, November 23<sup>rd</sup>. 2008. The exercise was designed to rehearse regional emergency systems in response to a terrorism incident, affecting multiple organizations; including Federal, Provincial & Municipal government agencies and various private organizations. Fraser Health's participation included their Trauma Program and activation of their mass casualty and emergency response protocols (Code Orange) at Royal Columbian and Eagle Ridge Hospitals.

The goal of the exercise was for Fraser Health to test their ability to respond to mass casualty incidents, through the activation of their current Code Orange plans. The objective was to evaluate plans, determine capabilities and identify limitations, creating the opportunity to improve current response procedures.

The designation of both the numbers and injuries was designed to greatly exceed the "normal" capacity of each facility.

The participants at both sites, including receivers and Emergency Operation Centre support, managed the incident

very well. However, key learnings were identified through the after action debriefings and will be incorporated into emergency response plans and protocols.

The many hours of planning and the contribution of over 25 agencies, 150 volunteers and over 50 Fraser Health staff members, provided the organization with an opportunity to experience an incident that they hope will never occur. However, through the application of the considerable knowledge that was gained from this exercise, they are better prepared to respond to a diverse array of events.

## Pattullo Bridge—Health Sector Impacts

Pattullo Bridge Health Sector Coordination Committee

The Pattullo Bridge has spanned the Fraser River since its completion in 1937. However, at 3am on Sunday, January 18, 2009, the Pattullo Bridge caught fire, closing a critical component of Lower Mainland's transportation network. On average, 67,000 cars and 3400 trucks cross the bridge each day. The loss of

this single bridge not only had repercussions for residents and commuters, it also had significant consequences for the health sector. It highlighted the interdependent nature of the health system in BC and the value of effective cooperation and coordination in responding to the loss of a critical dependency.

News of the bridge closure spread rapidly through the media and health emergency management staff in the lower mainland held teleconferences to discuss the issues the health sector could face during an extended bridge closure. Of particular concern were the movement of patients (cont'd on Page 2)

(both routine and emergency) and critical supplies, potential staffing shortages and cumulative effects of delayed appointments. Significant delays due to high traffic volumes around the region could have dire consequences for patients in need of rapid care. While Fraser Health Authority and BC Ambulance Service were likely to be most heavily impacted, it was recognized that the effects of the loss of the Pattullo Bridge would be felt by health sector organizations throughout the Lower Mainland.

As organizations began to settle in to operations without the Pattullo Bridge, questions arose on what would happen if another river crossing was shutdown from an emergency or accident? A closure of a second bridge, even for just a few hours, could have serious consequences for the delivery of healthcare. TransLink developed a small Working Group, including a seat for health, to consider how to respond in the event of additional road closures.

On January 25<sup>th</sup>, 2009, media outlets began reporting that the Pattullo Bridge would re-open early Monday morning, weeks ahead of schedule. Operations around the region returned to normal and

the health sector reflected on the lessons learned. The events surrounding the closure revealed the vulnerability of the transportation system and those sectors that rely heavily on its availability. The Pattullo Bridge incident urged those in Health to consider how services would continue to be delivered in the event of future transportation disruptions

The incident was also an opportunity for health sector organizations to come together to coordinate a regional response. At the height of the response, nine health sector organizations, including multiple

health authorities, provincial agencies, various divisions of the Ministry of Health Services, HealthLink BC, BC Ambulance Service and Canadian Blood Services, were working together to ensure that health services continued. Information was freely shared and efforts were underway to ensure a consistent approach to situation reporting. The efforts of all involved in this incident will benefit future continuity of health services and emergency management planning and has further reinforced a tone of collaboration and coordination that will prove invaluable in future events.



Source: TransLink South Coast British Columbia Transportation Authority

## 16th World Congress on Disaster and Emergency Medicine

(May 12th - May 15th 2009)



The 16th World Congress on Disaster and Emergency Medicine is a biannual event and is a function of the World Association for Disaster and Emergency Medicine (WADEM).

The WADEM is an academic, international, humanitarian association dedicated to improving the everyday delivery of pre-hospital and emergency health care and enhancing disaster health and preparedness. Fostering international collaboration, the organization is inclusive, culturally sensitive, unbiased, ethical, and dynamic in its activities.

The 16th World Congress will bring the world's disaster and emergency health experts to Victoria to review, assess, and make recommendations for the advancement of best practices based on available evidence regarding preparedness and management of the events that inflict damage on the inhabitants and environment of our planet.

For more information please visit [www.wcdem2009.org](http://www.wcdem2009.org)

## Vancouver Island Health Authority—Update

([www.viha.ca](http://www.viha.ca))

**Emergency Planning for Child Care Providers**—Vancouver Island Health Authority's Emergency Management program and Community Care Facilities Licensing program have joined forces to provide special Emergency Preparedness workshops for licensed childcare providers – the first training of its kind in BC tailored to child care facilities.

Information sessions were held in November 2008 and delivered through 6 regional training sessions to over 600 child care facility providers. Child care facilities operators were provided with an overview of all components of comprehensive emergency plans, and all of the resources they need to create all-inclusive emergency plans specific to their child-care facility.

All sessions were extremely well attended, and a proud partnership between Vancouver Island Health Authority and licensed childcare facilities across the Island.

**Decontamination Equipment**—Vancouver Island Health Authority's (VIHA) Emergency Management program and BC Ambulance Services have finalized and signed a Memorandum of Agreement (MoA) to operationalize Vancouver Island's decontamination trailer and equipment units.

Work is now underway between both organizations through the MoA to orient and train staff to equipment and access funding through the Federal government which will benefit both Vancouver Island Health Authority and BC Ambulance Services.

## The Great Southern California ShakeOut

Author: Emily Nixon, Manager of Programs, Emergency Management Unit

At 10 a.m. on November 13, 2008, over 5.4 million Southern Californians dropped, covered and held on; although not for a real earthquake, but for the largest earthquake drill in U.S. history. This drill was just one of a weeks worth of special events organized to inspire Southern Californians to prepare for large earthquakes and prevent disasters from becoming catastrophes.

The Great Southern California ShakeOut ran from November 12-19, 2008. However, the largest and most widely participated in, was the ShakeOut drill that targeted individuals, families, businesses, schools and organizations to join health professionals, firefighters, police officers, and other emergency responders

The U.S. Geological Survey developed the ShakeOut scenario at the request of community leaders and emergency re-

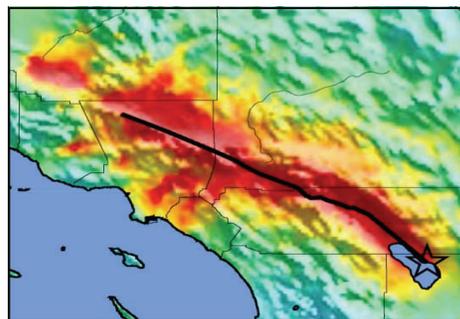
sponders to examine the consequences of one hypothetical earthquake and the dynamic interactions among the elements of their physical infrastructure and economic and social systems.

For British Columbian's, the concept of "Drop, Cover and Hold" is synonymous with earthquakes. The province is situated in a seismically active region and experts predict a large earthquake is bound to occur in the near future.

In preparation BC's Provincial Emergency Program (PEP) is planning a table top earthquake exercise scheduled for the Lower Mainland and Vancouver Island regions on June 3, 2009. Involving many provincial partners and agencies, including the BC Health Sector, this table top will set the stage for a more involved functional exercise, tentatively planned for the Fall of 2010. One objective of the June 3rd table top exercise is to take the

lessons learned and update BC's current earthquake plan.

The 2008 BC Earthquake Response Plan has now been released and is available on the PEP website:  
[www.pep.gov.bc.ca/hazard\\_plans/hazard\\_plans.html](http://www.pep.gov.bc.ca/hazard_plans/hazard_plans.html).



Strength of ground shaking during a magnitude 7.8 earthquake on the southern San Andreas fault. Red indicates areas of strongest ground shaking.

### Planning Ahead for an Emergency

Emergencies can happen at any time and it's important to take the necessary steps to make sure you are prepared. Emergency Kits should be portable, stocked with essential items and easily accessible. It is best to have one kit for each member in your household as well as one for your vehicle. Below is a checklist of key items that should be included in your Personal Emergency Kit:

- Flashlight and batteries
- Candles and matches
- First Aid Kit
- Water/Food (3 day supply)
- Extra keys for your car or house
- Small coins and bills
- Whistle
- Basic toiletries and personal supplies
- Plastic bags for sanitation
- Sleeping bag or blanket
- Emergency Contact List

For additional information please visit [www.72hours.org](http://www.72hours.org)

### Emergency Management Unit—Update

([www.health.gov.bc.ca/emergency](http://www.health.gov.bc.ca/emergency))

**Response Coordination Update**—A key priority for health emergency management in BC is to formalize a process for coordination and communication in an emergency response through the development of a *Framework for Response Coordination*. In recent months, the Emergency Management Unit has conducted a series of consultations with health sector organizations to address topics such as incident notification procedures, communications tools, activation levels and our response structure.

The Health Sector Response Coordination project will involve participation across the health sector including: Ministry of Health Services, Ministry of Healthy Living and Sport, Regional Health Authorities, Provincial Health Services Authority, BC Centre for Disease Control, BC Ambulance Services, HealthLines Services BC, Providence Health Care, Public Health Agency of Canada and Washington State Department of Health.

**PIOPP Update**—No, it's not a new type of 'un-cola,' it's the Pandemic Influenza Operational Planning Project, the moniker for the Ministry of Health Services and Ministry of Healthy Living and Sport's ongoing efforts to update and improve the provincial pandemic plan.

With continuing human cases of H5N1 avian influenza in various parts of the world, the need for this initiative is continually underscored. At the halfway point of the project, which is scheduled to be complete by March 31, 2010, we have turned the corner from project design and planning to project execution, and significant progress is now being made.

Under the leadership of Executive Sponsor Andy Hazlewood; John Lavery, Executive Director, Emergency Management Unit; and Drs. Perry Kendall and Eric Young, the project team is in place and, together with our partners from the Health Employers Association of BC and the BC Centre for Disease Control, we now have dozens of work packets either under way or about to begin. The first few updates to the plan will be available in April after review by the project steering committee with many more to follow in summer and fall 2009.

**Emergency Preparedness Week**— EP Week is a national and annual event which takes place during the first full week in May. During the week the Emergency Management Unit will be hosting a variety of activities and workshops to raise awareness and help Ministry of Health Services and Ministry of Healthy Living and Sport's employees prepare for an emergency. Come visit us at 1515 Blanshard Street from May 4th to 8th and get prepared.

## The Hazardous Substance Response Project

Author: Kirsten Brown, Manager Planning, Emergency Management Unit

Patients contaminated with chemicals and other dangerous agents arrive at BC emergency departments every year. Incidents that could result in patient contamination include industrial and transportation accidents, illegal drug manufacturing and use, and criminal activity. A contaminated patient's first contact with the Health Sector is often through *first responders*, such as the BC Ambulance Service. Hospital staff and physicians are considered *first receivers*. First receivers and the facility itself are at particular risk during mass-casualty incidents, or when contaminated individuals arrive at the emergency department without having received prior screening and decontamination.

A key priority of the Health Emergency Management Council is to ensure that all healthcare workers and facilities that may have contact with patients contaminated with hazardous substances have the plans, equipment and training needed to provide care in a safe manner. As such, the Hazardous Substance Project was initiated on January 1<sup>st</sup>, 2008 with the goal of developing comprehensive guidelines for the decontamination of patients in health facilities.

The Emergency Management Unit entered into a contract with two emergency management specialists to develop the guidelines. The project has also enlisted the

contributions of health representatives from each health authority, the BC Ambulance Service, BC Centre for Disease Control, BC Cancer Agency and the Justice Institute of BC. Contributions have also been made from professionals across the country.

The development of the guidelines has required a great deal of research and debate on a number of issues including what kind of personal protective equipment and supplies are needed, what facilities are needed for patient decontamination, what are the appropriate roles and responsibilities for various staff members and what kind of training is required? The BC hazardous substance project has also conducted research on psychosocial needs following a hazardous substance event. The BC Guidelines will include procedures for the psychological assessment of casualties and family members during a hazardous substance event. It is hoped that the inclusion of planning for the psychosocial aspects of a response will encourage such further planning and enhanced preparedness by all hospitals in the province.

A second draft of the Guidelines has been completed and circulated widely for review and feedback. The Hazardous Substance Project is expected to be complete by March 31, 2009. However, there is a need to ensure the ongoing preparedness

of the Health Sector through a dedicated Hazardous Substance Response Program, requiring the support of relevant health sector partners.



**Demonstration of Personal Protective Equipment**

In this photo—Chris Smith, Director Planning and Programs, Emergency Management Unit, Ministry of Health Services



### Health Emergency Management Training Needs Survey

To better understand emergency management training needs, Justice Institute of BC (JIBC) in a joint effort with Ministry of Health Services (MoHS) put together a survey. The survey was sent to BC's health services' delivery sector including Health Authorities, HealthLink BC and BC Ambulance. In total we received 2,800 responses.

**What's happening now?** A team of people from the JIBC have analyzed the data and have prepared a report to present to Health Emergency leaders in participating organizations. The results of the survey were also presented to the Health Emergency Management Training and Exercise Advisory Committee (HEMTEAC) on February 19, 2009.

**Who won the emergency preparedness kits?** Those who participated in our survey were eligible to win either personal or vehicle emergency preparedness kits. Vancouver Island Health Authority and

Northern Health Authority each had one winner and Vancouver Coastal Health Authority had three winners.

**How do I access the results?** Each organization will have its own plan for sharing this information. Contact your Health Emergency Management staff for more information on how you can access the results.

#### Want to Learn More ?

Want to learn more about Emergency Management? Justice Institute of British Columbia's Emergency Management Division offers a variety of courses designed for health care personnel who play an active role during emergencies and disasters. Courses include:

- Executive Orientation to Health Emergency Management
- Introduction to Health Emergency Management
- Train the Trainer Introduction to Health Emergency Management
- Health Emergency Operations Centre

**For more information please visit [www.jibc.ca](http://www.jibc.ca).**

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