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BC Forest Fire Facts:

As of September 13th, 2009:

- 3,013 fires have struck BC's forests so far this year
- 212,535 hectares have burned
- The average number of fires in BC is 1,848, burning an average of 81,291 hectares and costing \$115.9 million per year.



www.bcwildfire.ca

BC Health Sector Emergency Management Newsletter

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Province-wide solutions. Better health.

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Interior Health

Providence Health Care Dares to Prepare

Julie Topolniski—Coordinator, EPP PHC

Emergency preparedness is now at the forefront of organizational activities at Providence Health Care (PHC) due to its' role in the upcoming Olympics (with St. Paul's designation as "Spectator Hospital" for the 2010 Games). PHC's Emergency Preparedness Program (EPP) promotes a culture of empowerment and engagement through exercises, as well as innovative and interactive education initiatives.

For the past year, Health Authorities in the lower mainland have been highly involved with the Vancouver 2010 Integrated Security Unit (ISU) exercises: Bronze, Silver and Gold. In order to support Exercise Gold and to build internal capacity, PHC executed several functional exercises in the spring.

In April, a fan-out drill was conducted across all PHC sites to test the Disaster Staff Recall System. Objectives were to: validate the accuracy of fan-out lists; test internal communication flow; determine the number of staff who could be contacted within one hour and how many of those could report to work; and identify barriers preventing staff from reporting to work (e.g., child/elder/pet-minding, reliance on bridges, etc.).

In May, St. Paul's Hospital (SPH) and Mount St. Joseph's Hospital

(MSJ) participated in a multi-agency scenario involving a plane crash at Stanley Park. The exercise served not only to practice and validate Code Orange (mass casualty) response plans; it offered an invaluable opportunity to foster partnerships among various organizations and to identify gaps in the integration of disaster response plans. Vancouver Fire and Rescue Services led the exercise, which involved ten other organizations including E-COMM, Vancouver Police Department and the Vancouver Parks Board.



Stanley Park Exercise— Jason Payne photo (Province)

Exercising is just one way to enhance resilience within the health system; PHC recognizes that an organization is only as prepared as its staff. A basic level EPP Training Course was launched in May - this interactive two-hour course focuses on personal preparedness, hospital code colours and intro-

duction to the Hospital Emergency Incident Command System (HEICS). Barbara Kubik, Educator at MSJ, booked a session for the Sterile Processing Department: "Today [staff] are discussing putting together their home disaster kits. They will be more prepared because of [this training]."

Because it will take some time for the basic training to reach all staff, PHC developed the "Dare to Prepare EPP Challenge". Staff, departments and sites were challenged to increase their EPP awareness and preparedness through this three-tiered, bingo-style game. Jocelyne Wong, Operations Leader at MSJ, used the Dare to Prepare campaign as "a way to help staff be aware of the basic foundation pieces of EPP. I used the bingo card at staff meetings – it was a fun way for the staff to learn about EPP but more importantly was a useful tool to engage staff in conversation". By completing all 24 tasks on their bingo card, MSJ and residential-facility Brock Fahrni tied for the coveted "Most Prepared Site at PHC". PHC would like to recognize the efforts of both sites and all who participated in this challenge – the entire organization is in a better place due to their diligence!

For more information: jtopolniski@providencehealth.bc.ca.

A Seminar in Risk Communication

Kirsten Brown—Manager of Planning, MoHS EMU

"Most people are apathetic about most risks, and it is extremely difficult to get them concerned. But when people are concerned about a risk, it is extremely difficult to calm them down again"

~ Dr. Peter Sandman

Risk communication is defined as the exchange of information about risks between various audiences, including the general public, the risk assessors and the media. It is an everyday task of an emergency manager and it is often complicated by the fact that the risks that harm people and the risks that alarm them are often completely different. As Dr. Peter Sandman, a risk communications specialist notes "the natural state of humankind vis-à-vis risk is apathy. Most people are apathetic about most risks, and it is extremely difficult to get them concerned. But when people are concerned about a risk, it is extremely difficult to calm them down again".

On March 9/10th, 2009, Sandman, along with Dr. Jody Lanard, facilitated the seminar *Alerting, Reassuring, Guiding: Three Risk Communication Toolkits for Environmental Health & Safety Professionals*. A number of Health Emergency Management staff from across the

Province attended the session looking for practical tools to bring back to their organizations. Three different ways of communicating to audiences depending on the balance between the hazard and the level of public outrage were presented:

1. Precaution Advocacy – when hazard is high and outrage is low, the task is to alert insufficiently upset people to serious risks (i.e. "Watch out!")
2. Outrage Management – when hazard is low and outrage is high, the task is to manage the outrage and reassure excessively upset people about small risks (i.e. "Calm down.")
3. Crisis Communication – when hazard is high and outrage is also high, the task is to help appropriately upset people to cope with the serious risks (i.e. "We'll get through this together.")

Underlying the various means of communicating risk is the understanding that there are various social and psychological determinants of how we process risk information. The voluntariness of the hazard, our ability to control it, its familiarity and its catastrophic potential are just a few of the factors that contribute to an individual's perceived risk and willingness to take action.

Emergency managers routinely find themselves communicating about hazards to inspire action from an audience. They promote planning and preparedness for hazards such as forest fires, flooding, earthquakes and disease outbreaks and are often met with resistance. The recognition of the multiple factors at play during communication and the practical tools presented by Sandman and Lanard can be added to the emergency manager's toolkit and may assist in one of the most challenging aspects of the role.

Climate Change and Extreme Weather Events

Due to the location and large landmass of Canada, the country is projected to experience greater rates of warming than many other regions. There are many precautions Canadians can take to minimize the health impacts of these types of events.

KEEP OUT OF THE HEAT—During heat waves try your hardest to stay indoors. If you can't, limit activity to mornings or evenings, stay in the shade, wear a hat, drink plenty of water, wear sunglasses and light, loose fitting clothing

KEEPING WARM—During extreme cold weather wear warm clothing with lots of layers, including a hat.

WEAR SUNBLOCK—Ozone depletion causes damage to your skin. Always wear sunblock if you are going to be in the sun to reduce the risk of skin cancer.

BOIL WATER—During many weather related events there is a chance of drinking water contamination. During these times boiling water before drinking may be advised. Read government advisories for instructions.

FIRST AID KIT—Prepare a first aid kit that you can keep with you at all times.

WASH YOUR HANDS—Stop the spread. Many infections that are transmitted from humans can be reduced by washing hands.

SEEK ADVICE IF YOU HAVE CONCERNS—If you need advice ask someone. Speak to a friend, doctor, or go online.

BE AWARE—Pay close attention to what is going on in your local region by staying informed and read advisories and instructions from local officials.



Climate change impacts include higher frequency of storms and extreme weather events

Source: Public Health Agency of Canada

Vulnerable Populations Flood Hazard Planning

Paul Dixon— At-risk populations subject matter expert, BC Coalition for People With Disabilities

In the spring of 2007, a series of weather phenomena created fear of potentially devastating flooding for the upper Fraser Valley. Snowpack levels in the central and northern watersheds of the Fraser River and its tributaries were more than double normal levels and temperatures leading into spring were below average; the snow was not melting. It was feared that above average temperatures forecasted for early summer would result in rapid melting and water levels higher than any previously recorded.

Under the guidance of the Provincial Emergency Program (PEP), an Advanced Planning Unit was formed to address a number of issues related to the flood threat. First order of business was to determine the potential extent of flooding to how many people could be at risk. This resulted in a projection of up to 40,000 people being forced from their homes, as worst case flooding

would see about half of the Fraser Valley affected to some degree.

Education and information are the keystones to planning. Educate the general population by clearly explaining the threat to the community, potential impacts and what it will mean to them, and then provide them with timely and accurate information to empower them to make sound decisions. With this particular flood threat, there would have been a three to four day advance notice of any actual flood, allowing time for people to self-evacuate in an orderly fashion.

With visions of Hurricane Katrina in their minds, planners were acutely aware that there would be a significant percentage of the population that would require at least minimal assistance in evacuating. The planning group worked with local stakeholders to identify "vulnerable populations" within the region. It quickly became apparent that this designation

could be applied to as much as 40% of the regional population and that without input from local stakeholders, many of these people would never have been identified.

While many of the vulnerable were obvious from the outset, such as hospital patients, people receiving home support, those without transportation or family support, there were other segments of the population that came to light that were not as obvious. This included prisoners in federal and provincial institutions, migrant farm workers and even tourists trapped in the region.

By understanding the numbers of people that would potentially be affected, as well as understanding the level of assistance required by particular groups, it became easier to match transportation resources to those needs and provide appropriate emergency shelter and support if and when evacuation became necessary.



Flooding in the Fraser Basin

"With visions of Hurricane Katrina in their minds, planners were acutely aware that there would be a significant percentage of the population that would require at least minimal assistance in evacuating"

~ Paul Dixon

EMU Earthquake Research Students Update

Sarah Stoner— MA Candidate, University of Victoria

Having identified a gap in information and research in the area of *earthquakes and the health sector*, the Ministry of Health Services and the Ministry of Energy, Mines and Petroleum Resources sought to jointly sponsor two UVic MA students to engage in research by providing funding in 2008. A year later, the proposed research projects of students Bruce Sanderson and Sarah Stoner, are underway.

Sarah Stoner is engaging in a research project entitled: Building healthy, disaster-resilient communities in the face of earthquake hazards in coastal British Columbia. The project uses both quantitative and qualitative research methods to evaluate health and

social vulnerability for the Capital Regional District (CRD). Further, this project looks to evaluate the capacity of urban and rural communities within the CRD (Victoria and Port Renfrew, respectively) to cope with earthquakes and other disturbing natural hazards. Over the course of the coming months, Sarah will be conducting individual interviews and focus groups within the communities of Victoria, Sooke and Port Renfrew in order to gain a better understanding of the resilience of these communities. Sarah will also be organizing workshops to help educate about the earthquake hazard in the region, as well as to gather community input on ways to increase resilience from the grass roots. By

engaging in this project and working with communities to help determine their strengths and weaknesses when it comes to earthquake preparedness, Sarah hopes that some of this research will encourage reduced dependence on the health system in the event of an earthquake or other extreme hazard event.

Bruce's research aims to hypothesize damage and casualties resulting from three earthquake scenarios of different magnitude in Greater Victoria in order to develop the blood transportation and distribution components of earthquake-specific blood contingency plans. For more information or to participate, contact: Sarah.Stoner@gov.bc.ca



H1N1 Pandemic Preparedness

H1N1 Flu Virus Information: www.gov.bc.ca/H1N1



EMERGENCY PREPAREDNESS CONFERENCE

Nov 24, 25 & 26, 2009

<http://www.jibc.ca/epconference/index.htm>

epconference@vancouver.ca



The declaration of a pandemic resulting from the rapid spread of the H1N1 flu virus in the spring has launched BC's pandemic response into full swing. Influenza pandemics have occurred in the past, approximately every 10 to 40 years, with four in the last century. As a result of the current H1N1 pandemic, BC has increased surveillance activities and communications and improved linkages with public health and emergency management colleagues to ensure a consistent management approach across the province and Canada. The BC Pandemic Influenza Preparedness Plan and the plans of the local health authorities (available on their websites) lay out how BC is responding to the pandemic. The plans' key goals are to help communities and health care resources work together to reduce illness and death, and to give individuals, families and groups the information needed to stay well and secure. Visit www.gov.bc.ca/h1n1 for more details.

Unlike other natural disasters like tsunamis, floods or earthquakes, a flu pandemic can last for a number of months. Pandemics usually occur in several waves, with the second wave of illness occurring within six to nine months after the first. Thus, experts believe there will be a resurgence of H1N1 this fall, which is currently expected to result in what would be similar to a bad flu season. This means people need to remain prepared to respond and to continue to take common sense measures to protect themselves, such as hand washing, coughing and sneezing into a tissue or sleeve and staying home if they are sick.

Gearing up for flu season: 6 steps to staying healthy!

<http://www.gov.bc.ca/h1n1/>



Learn more at FightFlu.ca

1. Stay home when you're sick or have influenza symptoms. Get plenty of rest and check with a health care provider as needed.
2. Avoid close contact with people who are sick. If you are sick, keep your distance from others to protect them from getting sick.
3. Cover your mouth and nose with a tissue when coughing or sneezing, and throw the tissue away immediately. It may prevent those around you from getting sick.
4. Wash your hands. Washing your hands often will help protect you from getting sick.
5. Avoid touching your eyes, nose or mouth. You can become ill by touching a surface contaminated with germs and then touching your eyes, nose or mouth.
6. Practice other good health habits. Get plenty of sleep, be physically active, manage stress, drink plenty of fluids, eat nutritious foods, and avoid smoking, which may increase the risk of serious consequences if you do contract the flu.

General Inquiries:

Emily Nixon
Manager of Social Policy and Programs
Emergency Management Unit—MoHS

1st Floor
1515 Blanshard Street
Victoria, BC
V8W 3C8
Email:
Emily.Nixon@gov.bc.ca

Phone:
(250)952-0978