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E Team Facts for BC's Health Sector:

- Currently supporting over 100 active registered users
- Utilized by 13 health sector partners and programs.
- For more information on E Team, visit nc4.us/ETeam.php



BC Health Sector Emergency Management Newsletter



E Team Success within British Columbia Ambulance Service

Kevin Urton—Superintendent, British Columbia Ambulance Service

With 2,600 athletes, 10,000 media representatives and countless spectators descending upon the Lower Mainland and Whistler – how does one organization keep track of everything that is going on and adjust for changing needs? For BC Ambulance Service (BCAS) this was a critical question for the successful delivery of ambulance services at the 2010 Vancouver Winter Olympic and Paralympic Games. The answer: the web based emergency management information system E Team.

The BCAS 2010 Advanced Planning Unit (APU) integrated E Team into the project planning process early on. The APU recognized that they would face challenges that would impact resources, response plans, and that as an emergency services organization BCAS would need to react quickly and appropriately. The APU also recognized that there would be a number of BCAS staff involved, that staff would be rotated through shifts, and that timely information would need to be shared among all of these individuals, as well as with external stakeholders.

E Team training for BCAS staff

involved in the Games was conducted early in 2008. Once the training was completed and the first few days of the Games had passed, staff used the tool with confidence and relied on the information to respond in a



timely manner.

Using E Team, information flowed easily from the ground up and top down. BCAS Venue Paramedic Commanders would log in at the beginning of their shift to report on challenges, changes and any logistical needs. At the same time, BCAS' Regional Emergency Operations Centre (REOC) would communicate new information from the Planning, Operations, Logistics, Communications, and Finance Sections of the REOC. This included incident reports, Techni-

cal Advisor reports, response route changes, staffing updates, planned protest information and other security and safety type information. The Finance section used E Team to extract information on staffing for payroll purposes. Expenditure and procurement tracking was also accomplished using E Team.

In addition to sharing information internally, BCAS also shared with external partners using E Team. All incidents reported in E Team were available to our partners through the BCAS Field Liaison Officer assigned to the South West Provincial Regional Emergency Operations Centre (SWPREOC), who could remotely access and share this information.

Today BCAS has all of its 2010 Games Operations information archived within E Team. This information can be accessed and referenced when planning for future events or shared with EMS partners. E Team clearly assisted in the management and success of BCAS' role in the 2010 Games.

For more information:
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2010 Olympic and Paralympic Facts

Vancouver and Whistler, BC hosted the 2010 Olympic and Paralympic winter games from February 12-28 and March 12-21 respectively.



More than 3,000 Olympic and Paralympic athletes from over 80 countries competed in 20 events at 9 different competition venues.



The Olympic flame traveled by land, air and water during the 106-day torch relay, visiting more than 1,000 communities across Canada.



An estimated 25,000 people volunteered for the games.



H1N1 Pandemic Influenza Response in BC

Dean Murdock—Manager of Public Health Planning, MoHS EMU

Once the H1N1 virus outbreak began in Mexico, British Columbia (B.C.) began preparing for the possibility the virus may come to Canada. The Government of B.C., through the Ministry of Health Services and the Ministry of Healthy Living and Sport (the ministries), updated infection control guidelines and practices, regional outbreak management policies and pandemic influenza and business continuity plans; communicated updates and key information to B.C.'s six health authorities (HAs), key stakeholder groups, First Nations and the public; increased influenza surveillance through the HAs and BC Centre for Disease Control; and worked closely with the Public Health Agency of Canada (PHAC) to ensure the timely sharing of information and a consistent provincial and national response to the outbreak.

On June 11, 2009, the World Health Organization (WHO) officially declared the H1N1 virus outbreak a pandemic.

Part of B.C.'s preparations included the updating and completion of the BC H1N1 Pandemic Influenza Response Plan (2009), which contains over 36 guidelines and plans as well as other supporting documents and links to external health and clinical agency materials. The Plan

assisted the ministries and the health sector in mounting a comprehensive response to the H1N1 flu virus outbreak in B.C.

Along with stockpiling protective equipment and supplies, B.C. also worked with PHAC and provincial and territorial partners to acquire enough H1N1 vaccine for every resident of the province. Also, as early research indicated that the antiviral drugs oseltamivir (Tamiflu) and zanamivir (Relenza) could be effective in treating the



B.C. Minister of Healthy Living and Sport Ida Chong receiving the H1N1 vaccine

H1N1 flu virus, B.C.'s large stockpile of antivirals was a key piece of the provincial strategy to address this novel virus. In fact, the B.C.'s Provincial Health Officer has gone on record saying that the Province's antiviral strategy likely cut the expected illness and mortality rate due to H1N1 in half.

As of March 30, 2010, B.C. had dispensed 2 million doses of

antiviral medication to individuals for the prevention and treatment of H1N1 influenza.

In B.C., the traditional seasonal influenza immunization program has been provided by physicians and through public health nurses in community clinics. In the fall of 2009, B.C. expanded this group and authorized pharmacists and licensed practical nurses to give vaccinations. In late October - several weeks earlier than expected - the H1N1 vaccine became available to British Columbians and was offered mainly through physicians' offices and community clinics in each region. As of March 30, 2010, an estimated 43 percent of B.C.'s population had been immunized against H1N1.

This provincial response tested the readiness of B.C.'s health sector in the face of a pandemic. Based on lessons learned from the response to the H1N1 influenza pandemic, the ministries are currently updating the Pandemic Influenza Operational Preparedness Plan to ensure B.C.'s health sector continues to be prepared for any future influenza pandemic.

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Emergency Preparedness Week

May 2-8, 2010

Are you prepared for at least the first 72 hours of an emergency?

*Know the risks * Make a plan * Get a kit*

To find out, visit: www.getprepared.gc.ca/index-eng.aspx



A Haiti Deployment Experience

Heleen Sandvik—Provincial Lead, Disaster Psychosocial Program, Provincial Health Services Authority

On January 12th, 2010 Haiti experienced a devastating 7.0 magnitude earthquake where over 200,000 people were killed, countless injured and over 1 million left homeless. Following this tragedy, a colleague, Perry Goertzen (Mental Health Social Worker with Fraser Health) and I left for a 10 day deployment to Port au Prince, Haiti. We were fortunate to be deployed by ACTS (Active Community Teams Serving) World Relief with the assignment to provide mental health support at their medical clinic. In addition to their medical clinic in Port au Prince, ACTS World Relief also operates a feeding program where they provided up to 3,000 meals per day and aid to outlying areas via their mobile medical clinics.

ACTS World Relief first established themselves at the Adventist Hospital in Port au Prince, where they were on the ground providing medical support two days after the earthquake. As identified in countless news reports, many amputations were required and often done without anesthetics. Shortly after the ACTS World Relief moved from the hospital and established a medical clinic in a vacant house opposite the Adventist Hospital. Once established it quickly occurred that every morning people lined up on the street waiting for the medical clinic gates to open, some arriving as early as 4 in the morning. In total, the medical providers (either a doctor or a nurse), would see between 150 – 200 people a day. The ACTS World Relief clinic consisted of four medical stations and one dentist station. To ensure patients were adequately supported, the

care at each station was facilitated by a medical provider, an interpreter and when available, a mental health person.

The mental health, or psychosocial, component of the work being done by ACTS World Relief has been considered a great success. By working in tandem, the mental health clinician and the medical provider are able to simultaneously address and understand each patient's needs. Not only does this create an open line of communication and support between practitioners, it decreases patient stress as they only had to tell their story once.

Beyond the psychosocial support for the patients and worker care for the medical providers, Perry and I were asked to facilitate two amputee groups at the hospital, one for children and one for adults. The intention of the groups was to begin the process of 'peer support', acknowledgement of what happened to each of them and to look towards healing and building capacity. The adults chose to tell their stories of what happened to them during the earthquake, who they lost and how they lost a part of their bodies. It was evident that they wanted to tell their stories and be heard, and they wanted to hear other's stories. Those two hours

were painful, poignant and incredible to hear! The human spirit and what we endure never ceases to amaze.

Lessons Learned

- As the Provincial Lead for BC's Disaster Psychosocial Program it was affirming to see so clearly the many positive results when a range of support is provided to patients and responders alike.
- Organizationally I learned that it is critical to have leadership in the onsite infrastructure that focuses on the needs of the volunteers and staff, otherwise known here in BC as 'Worker Care'. When this is lacking the wellbeing of volunteers and staff quickly begins to erode, especially when the living conditions are difficult already.
- I was fortunate to have experienced, albeit briefly, both the patient environment and the larger clinic environment and was struck by the difference in intensity of the stresses being experienced. Again, this reinforced the need for worker care and communication amongst the groups.
- Frontline experience is an amazing lesson!

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How to Protect Yourself during an Earthquake

1. **DROP** to the ground



2. Take **COVER** by getting under a sturdy desk or table



3. **HOLD** on to it until the shaking stops



For more information visit: www.shakeout.org

2010 Cross Border Workshop



2010 Cross Border Workshop

Seattle, Washington

May, 4-6, 2010

<http://www.doh.wa.gov/Topics/crossborder2010/>

This workshop is by invitation only and there is not fee for attendance. For additional information about the workshop or registration, please contact: Gail.Zimmerman@doh.wa.gov

For general information please contact: Amy.Sheridan@gov.bc.ca

The Pacific NorthWest Border Health Alliance is hosting the 7th Annual Pacific Northwest Cross Border Workshop from May 4-6, 2010 in Seattle, Washington. Participation will be comprised of public health sector representatives from Washington, Montana, Idaho, British Columbia, Alberta, Saskatchewan, Alaska and the Yukon, North Dakota, with additional representation from First Nations, Aboriginal Health and other border provinces, territories and states.

Highlighting their regional experiences with cross border work, speakers from Mexico to Manitoba will be sharing their stories. This three day workshop will also include plenary sessions on community resilience, Vancouver 2010 Olympic and Paralympic Winter Games, and H1N1 Pandemic Influenza. On May 4th, participants are also encouraged to engage in breakout sessions pertaining to:

- Epidemiology and Surveillance
- Public Health Laboratories
- Health Emergency Management
- Emergency Medical Services
- Communications
- Public Health Law

This year's workshop will also include an evening World Café, which will highlight poster presentations and encourage networking opportunities. The World Café is designed as an informal opportunity for agencies and organizations to emphasize their public health/resiliency programs. The exhibits are intended to be an educational and awareness opportunity to showcase emerging ideas.

Emergency Management Unit Welcomes Dean Murdock



Dean Murdock
Manager, Public Health
Planning
Emergency Management
Unit

Dean is the new Manager, Public Health Planning in the Emergency Management Unit. For the past several months, Dean has been working with the Pandemic Planning Team on the Pandemic Influenza Operational Planning Project.

Dean joins the Emergency Management Unit from the Health Authorities Division of the Ministry of Health Services, where he worked as Manager, Performance Accountability for the Fraser Health Authority. He has a Masters of Arts degree in Political Science from the University of Victoria. In addition to his work for the Ministry, Dean is a Councillor for the District of Saanich. He was elected in 2008. He is the

former chair of Sierra Club Victoria, and is interested in local climate action planning and advocating public transportation.

In September, Dean and his wife Keeley, had a baby boy named Caelum. You will often find the three of them out for weekend walks on Dallas road with their Beagle, Bella.

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