



Inside this issue:

- Don't Freak Out...ShakeOut! 2
- Pandemic Planning 2
- MV Sun Sea: An Integrated Health Response 3
- HealthLink Welcomes Sairra Wannamaker 3
- Williams Lake Disaster Psychosocial Activation 4
- Congratulations Amy Sheridan! 4

Sparking Interest: BC Fire Info

Social media tools, such as Facebook and Twitter, are popular online means of information sharing. Recognizing their potential, the BC Government created a BC Forest Fire Info Facebook page and Twitter feed to share wildfire information with the public. So far, the government's use of these tools has been a success, with 1, 085 people following on Twitter, and 12, 436 fans on the Facebook page.

Klout, a group that rates online influence using Facebook and Twitter, gave BC Forest Fire Info a score of 16/100. Not bad considering popular public figures such as US President Obama, and celebrity Beyonce Knowles, currently have an influence rating of 36/100! ■

BC Health Sector Emergency Management Newsletter



Pacific NorthWest Border Health Alliance

By Wayne Dauphinee, Executive Director, Pacific NorthWest Border Health Alliance

The Pacific NorthWest Border Health Alliance (PNWBHA) is a cross border coalition of the states of: Alaska, Idaho, Oregon and Washington; the provinces of British Columbia and Saskatchewan; and the Yukon Territory.

PNWBHA's primary goal is to provide leadership in the integration of health sector preparedness and response initiatives at all levels of government, including Tribal and First Nations, throughout the Pacific North West.

The PNWBHA is one of three regional border health collaborations, the other two being the Great Lakes and Eastern Border Health Initiative (Figure 1).

Since 2004 the Washington State Department of Health and the British Columbia Ministry of Health Services have jointly sponsored an annual Pacific North West Cross Border Public Health Workshop on emerging public health issues, including pandemic influenza.

These workshops reinforced the need to formalize existing informal communication/collaboration

jurisdictions in addressing diverse issues.

Recognizing the need to institutionalize the informal partnership arrangement that had sustained the workshop, the 2008 Cross Border Public Health Workshop (Bellingham) endorsed the creation of a Pacific NorthWest Border Health Alliance.

A MOU for sign-off by the respective Ministers or Secretaries of Health was developed in response to this identified need. The

MOU provides a framework for further collaborative work, including mutual assistance and inter-agency and inter-disciplinary collaboration. Furthermore, the MOU has institutionalized a number of informal cross border working groups to ensure sustainability of the collaborations and provide a framework for further collaborative work.

This innovative agreement will allow the region to respond to surge capacity demands on health systems and related resources (*continued on p.2*)

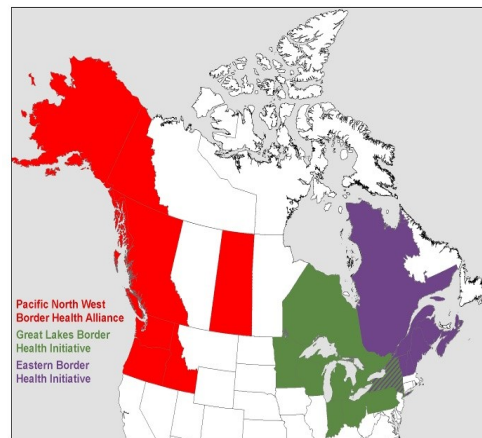


Figure 1 - Regional Border Health Collaborators

through agreements or memorandum of understanding between public health partners, and a commitment was made to continue that work. In this regard, participants agreed to encourage their jurisdictions to undertake a collaborative approach around access to and use of available health service resources to prepare for, respond to, and recover from emergencies impacting the health sector. To date, cross border collaboration has enabled public health officials to discuss and compare response plans, and build upon best practices developed in other

(continued from page 1) efficiently, and in a cost effective manner, when public health emergencies arise in any of the signatory jurisdictions. The arrangement also explores future areas of operational responsi-

bility that could result in efficiencies when providing health services.

The next big event on the PNWBHA calendar is the 8th Annual Cross Border Workshop and Conference, scheduled for

next May 24-26 at the Delta Ocean Point Hotel, Victoria. The theme for 2011 is *The Health Impacts of Disasters: Infectious Diseases and Beyond*. Visit www.pnwbha.org for more information. ■

Don't Freak Out...ShakeOut!

By Emily Nixon, Manager of Social Policy & Programs, Emergency Management Unit



Photo Credit:
www.shakeoutbc.ca

The BC coast, and in particular, the south-western portion of the province, is considered to fall within a highly seismic area. Therefore, it is important for citizens and organizations to be appropriately prepared to respond to and recover from potential earthquake hazards.

At 10:00am Wednesday, January 26, 2011, thousands of British Columbians will “Drop, Cover and Hold On” in The Great British Columbia ShakeOut, the largest earthquake drill in Canadian history. The Emergency Management Unit, Ministry of Health Services encourages involvement and participation from across the health sector and communities across BC.

The Great British Columbia ShakeOut is an initiative of the BC

Earthquake Alliance. Comprised of membership from local, provincial, and federal governments, utilities, and non-governmental organizations, the aim of the BC Earthquake Alliance is to promote earthquake and tsunami awareness, preparedness and education to communities and organizations throughout BC. The BC Earthquake Alliance has collaborated with The Great California ShakeOut, held annually on October 21st, to ensure success and continuity for the ShakeOut brand.

At the Ministry of Health Services, it is anticipated that staff will “Drop, Cover and Hold On” during the 2 minute drill on January 26, 2011. To encourage participation in The Great British Columbia ShakeOut, the Emergency Management Unit will lead an educational campaign in the Ministry focused on printed material, posters, lunch and learn sessions, and registration through the ShakeOut BC website. To learn more and register yourself, your family or your organization for The Great British Columbia Shakeout, please visit www.shakeoutbc.ca. ■

Pandemic Planning in 2010

By Dean Murdock, Manager of Public Health Planning, Emergency Management Unit

To prepare for the second wave of the H1N1 Influenza virus, the Ministries responsible for health and our health sector partners developed a web-based BC H1N1 Pandemic Response Plan (2009), which contains 36 guidelines and plans. The majority of the guidelines and plans are for the relatively mild scenario presented by H1N1.

With the passing of second wave, and the scaling down of the provincial response operation, the Ministries planning team undertook a review of the H1N1 Pandemic Plan and a post-pandemic operational review to determine requirements to update the Pandemic Response Plan. The planning team identified 18 components of an updated Pandemic Response Plan to incorporate scalability from a moderate to severe scenario. The Ministries activated a second phase of the Pandemic Influenza Operational Plan Project and the Ministry of Health Services is now working with health sector partners and agencies to update the H1N1 Pandemic Response Plan (2009).

The components include the development of planning scenarios for a moderate to severe pandemic upon which the scalable plan will be based. A general update of the content of the Plan is another component of the project. All 36 plans and guidelines will be reviewed and updated to reflect more challenging and complex scenarios.

Other components of the updated plan include Operational Governance and Information Management. These components examine the health sector's command and control structure during the H1N1 response and incorporate structural changes to ensure that the decision-making and information-sharing processes are seamless and efficient in the event of a future pandemic.

The update also includes a revised Logistics plan to inform the development of a provincial pandemic stockpile and updated personal protective equipment recommendations based on a pan-Canadian strategy. An Immunization Response Plan is being developed in consultation with health authority immunization program leads to address mass immunization clinics, supplies and logistics, and promotion.

The Human Resources and Communications and Education components are being led by the Ministry of Health Services in collaboration with Health Employers Association of BC. The development of these components involves engagement with healthcare workers and service providers across the health sector. These two plans will ensure that, in the event of a future pandemic, the health system has the capacity to mount a successful response campaign, and that pandemic-related information is delivered in a timely manner. ■

MV Sun Sea: An Integrated Health Response

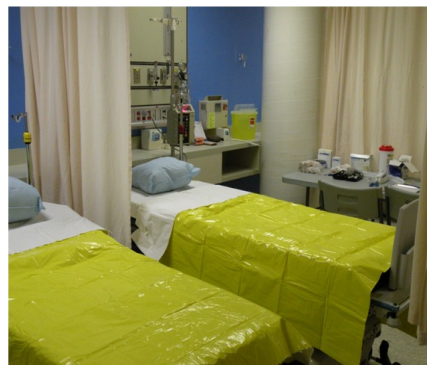
Kirsten Brown, Manager, Planning, Emergency Management Unit

During the summer of 2010, media began reporting that Federal Officials in both Canada and the United States were tracking a cargo ship carrying Sri Lankan migrants en route for the North American coast. As the summer progressed, all indicators suggested that the ship would arrive in British Columbia by mid-August.

Experience from previous migrant ship arrivals highlighted the need to be prepared to respond to a wide variety of health concerns of those on board the ship and to protect the health and wellbeing of responders and citizens. The BC Health system began a process of integrated planning in order to ensure readiness to respond. This included a series of planning meetings and exercises with a wide variety of partners at the federal, provincial, regional and local levels.

As part of the planning process, the Ministry of Health Services, Emergency Management Unit submitted a formal request to the Public Health Agency of Canada (PHAC) for federal assistance in the form of a Mini-Clinic. The Mini-Clinic is part of the National Emergency Stockpile System (NESS) designed to supplement local and provincial medical equipment in the event of a disaster or large-scale emergency event that would cause a surge on medical systems and facilities. Other pre-planning tasks included the development of an Integrated Health Response

Plan and a series of process maps outlining the flow of patients from the vessel, through the dockside services to their final destinations.



August 2010 : Ward set-up for the Sun Sea response at Victoria General Hospital (VGH).

The MV Sun Sea arrived at the Canadian Forces Base, Esquimalt, on Vancouver Island on August 13th, 2010 with 492 individuals on board, including women and children. Department of National Defense medical staff provided an initial medical assessment, triage, and basic medical treatment at sea as required. A medical plan was put in place involving staff from the Vancouver Island Health Authority (VIHA), BC Ambulance Service (BCAS), and PHAC's Office of Quarantine Services to provide medical assessments of disembarking passengers. Those requiring medical attention were triaged to a medical station for further

assessment and treatment. Those requiring a higher level of medical care were transported to Victoria General Hospital (VGH), which was the designated receiving centre for any patients requiring immediate or acute care.

In the late fall of 2009, VGH's new emergency department was built onto another part of the hospital grounds, leaving its previous ER available as a suitable location to set-up the NESS Mini-Clinic to attend to migrant needs. In addition, the seventh floor of VGH had been recently vacated, leaving it empty and available for any migrant patients who required admission to hospital.

In the end, the BC Health system was able to successfully respond to the health needs of the migrants. The response involved multiple organizations working together to achieve a common goal and once again, proved the value of integrated planning and response. In addition to our regular partnerships, the response required engagement with organizations such as BC Corrections, the Canadian Border Services Agency and the RCMP. These partnerships proved successful and forged relationships that can be built upon for future events. The BC Health System continues to capture lessons learned from the event, enhancing the ability to respond to future migrant ship arrivals and other emergency events. ■



Sairra volunteering for the Victoria Emergency Management Agency.

HealthLink BC Welcomes New Manager of Emergency and Business Continuity Planning

Sairra Wanamaker is the successful candidate for the new position of Manager, Emergency and Business Continuity Planning for HealthLink BC. This position combines the leadership of emergency management and business continuity under a single portfolio within HealthLink BC. Sairra has been the business continuity lead for HealthLink BC for over 2 years and has been involved in a number of emergency management initiatives including: HealthLink BC's response to waves 1 and 2 of the H1N1 Pandemic; HealthLink BC's Pandemic Planning and Response Plan (PPRP) Project; and the Provincial Inter-agency Health Emergency Planning for the 2010 Olympics. When Sairra isn't working, she is in the community as a volunteer, connecting with her friends on one of Greater Victoria's nature trails, or on a flight heading east to spoil her grandchildren. Sairra can be contacted at sairra.wanamaker@gov.bc.ca. ■

Pacific NorthWest Border Health Alliance Notification Exercise

On October 25th, 2010, the Emergency Management Unit, Ministry of Health Services, lead the first ever Pacific Northwest Border Health Alliance Notification Exercise. The goal of this exercise was to confirm telephone and email connectivity between the various health agencies 24/7 points of contact. Participating health agencies included:

- State of Alaska
- Province of BC
- State of Idaho
- State of Montana
- State of Oregon
- Public Health Agency of Canada BC/Yukon Region
- Province of Saskatchewan
- State of Washington
- Yukon Territory
- Dept of Health and Human Services (Region 10)

The exercise was a great success! Thank you to all of those who participated. ■

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Disaster Psychosocial (DPS) Response to 2010 Williams Lake Wildfire Evacuations

Co-authors: Melissa Kozma & Heleen Sandvik, Psychosocial Provincial Health Services Authority (PHSA)

In response to the 2010 interface wildfires, the Cariboo Regional District Emergency Operation Centre (EOC) requested the activation of Disaster Psychosocial (DPS) support.

The first step of the DPS response was to identify what psychosocial supports already existed within communities through consultation with existing agencies, followed by creating joint strategies to fill gaps. One noteworthy success following the DPS deployment to the Cariboo Regional District EOC was the forging of a new partnership with Aboriginal Health stakeholders.

The new alliance between the DPS Program and Interior Health, Aboriginal Health resulted in the establishment of a First Nations Psychosocial Partnership. The Acting Director of Aboriginal Health consulted with the Chiefs of the three First Nations groups: Dog Creek, Ulkatcho and T'let'inox (Anaham flats), to identify existing disaster psychosocial needs.

Chiefs, Council and band members were also offered a facilitated circle session to discuss the impacts of the fires and evacuation on their communities. Finally, a regional/provincial First Nations DPS Team was formed to determine support providers, required education, and strategies to integrate into Emergency Management structures. The partnership between the DPS Program and Interior Health, Aboriginal Health will pursue the incorporation of First Nations information into existing DPS documents, with the goal of integrating services.

The valuable lessons learned and outcomes gained from this response continue to enhance the development of provincial disaster psychosocial response.

For information on DPS response and its services, visit the BC Ministry of Health Services webpage at <http://www.health.gov.bc.ca/emergency/dstrs.html>. ■

Congratulations Amy Sheridan!

Amy Sheridan, Manager of Exercise and Training, will be leaving the Emergency Management Unit (EMU) at the Ministry of Health Services as of November 12th, 2010.

Amy is leaving for an exciting new position as the Director, Preparedness, Planning and Response with the Association of State and Territorial Health Officials (ASTHO), based in Arlington, Virginia.

Amy will be greatly missed by many including EMU staff, provincial Health Emergency Management program colleagues, our partners in the Pacific North West and emergency management profes-

sionals across Canada.

Over the years Amy has developed new knowledge and enhanced a wide range of skills that will serve her well as she moves to this challenging new position with ASTHO.

ASTHO is the national non-profit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice.

Among her diverse duties, Amy will be the liaison for the States/ Territories on the Strategic National Stockpile (SNS). She starts with ASTHO on November 29th. We are very proud of Amy, and wish her great success in her new position.

In order to maintain continuity of Amy's projects, Melia Kelly, our Manager of Administrative Programs and Strategic Initiatives, will be acting in the Manager of Exercise and Training position for the next few months. Melia can be reached at: Melia.Kelly@gov.bc.ca or 250-952-1687. ■