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Upcoming Events!

9th Annual Cross Border Workshop

May 15-17, 2012
Tacoma, Washington
www.pnwbha.org

2012 EPICC Forum

May 15-16, 2012
New Westminster, B.C.
<http://epicc.org/>

Evergreen Quake 2012 Exercise Series

Functional: June 5-6
[www.emd.wa.gov/training/
EvergreenQuake.shtml#ExSeries](http://www.emd.wa.gov/training/EvergreenQuake.shtml#ExSeries)

A Health Sector Mass Notification Capability is coming to your organization soon!

Watch for further information in
the next issue of the HEM
newsletter .

B.C. Health Sector Emergency Management Newsletter



Reflections of the Health Emergency Management In-Service Dr. Graham A. Dodd, MSc, MD, CCFP(EM), MADEM, Kamloops, BC.

On February 22-23 I had the opportunity to attend the inaugural Health Emergency Management In-Service held at the Justice Institute of BC in New Westminster. As a front-line medical clinician with an interest in emergency preparedness/disaster management I found this event extremely interesting and would like to acknowledge the great work that Chris Smith (Director, Planning and Programs) and his team from the Emergency Management Unit, Ministry of Health did in organizing and assembling an interesting agenda. Included were topics such as: an introduction to B.C.'s Mobile Medical Unit (MMU) and the Emergency Response Unit (ERU) of the Canadian Red Cross, BC Ambulance's Technical Advisory Program for hazardous substances, updates from the emergency managers of the Province's Health Authorities as well as a live demonstration of a Mass Notification System. I found it most beneficial to have the opportunity to network and discuss some of the unique challenges health emergency managers face throughout the province including geography, community remoteness, resource availability, and unique community risks and vulnerabilities. I felt this In-Service built upon some of the discussion generated at the 24th Annual Emergency Preparedness Conference held in Vancouver from November 29 to December 1, 2011.

Several different themes emerged during the In-Service. One theme that resonated the most with me was the need to better engage front-line clinicians not just in the response phase of emergency events, but also in the planning and preparedness phases. The pres-



Leanne Appleton delivers a presentation on the Mobile Medical Unit at the In-Service

entations during the conference reinforced the emergency management principle that the success of a community (or facility) response is largely dependent upon the degree of planning and preparedness that precedes a response. Taking this concept one step further, as experiences from around the globe have shown, the majority of emergencies or disasters involve front-line health professionals at the pre-hospital and hospital levels. Therefore, it makes sense that we engage those groups before they are called upon to respond. From discussions held during the conference it was clear that considerable engagement and leadership has emerged from the Ministry of Health, the BC Ambulance Service, and Health Authority Emergency Managers. I believe there still remains a need to better engage front-line health clinicians such as physicians and nurses to better prepare B.C. for future emergencies or disasters. ...*(Continued on P. 2)*

In Service Continued...

(Continued from P. 1)... I would like to thank the In-Service organizers for their foresight to include a few front-line physicians as participants. Hopefully this will serve as a building-block for a future In-Service as well as planning and preparedness discussions at provincial, health authority and local community levels. This may help identify and encourage those interested physicians to become emergency management “champions” at all levels. From the In-Service in Feb-

ruary, as well as the 24th Annual Emergency Preparedness Conference it is clear that BC is fortunate to have world leaders in both the field of emergency and disaster management as well as health-emergency management. With this strong base I believe we have an excellent opportunity to develop similar levels of expertise in “clinical disaster health”, thereby increasing disaster resiliency for all BC communities.

Managing Fire Safety in the Lower Mainland Health Emergency Management Program.

Scott Blessin, Manager, Fire Safety Management with Lower Mainland Health Emergency Management.

The creation of the consolidated Lower Mainland Health Emergency Management (LMHEM) Program in the fall of 2011 included the creation of a consolidated Fire Safety Management (FSM) function across Fraser Health (FH), Providence Health Care (PHC), Provincial Health Services Authority (PHSA), and Vancouver Coastal Health (VCH). Collectively, the three person FSM team supports approximately 64,000 employees, located in hundreds of acute, residential, community health, research, support services, and corporate buildings throughout the Lower Mainland, Sea to Sky, Sunshine Coast and other sites throughout the province. While the scope of Fire Safety Management can range considerably from code consultation on new builds/renovations to Fire Safety Plan development, the critical focus for the LMHEM Fire Safety Management team is people. More specifically the team focuses on finding ways to educate staff on prevention, how to respond to fires, and fire alarms in a variety of work settings.

One of the first challenges and opportunities for FSM has been to bring a consistent message to fire response education. Fortunately, the most basic actions to take during a fire can be defined in a simple and internationally recognized acronym – RACE (See RACE graphic).

With the support of their LMHEM colleagues, the FSM team introduced RACE into Providence Health Care (PHC) and Provincial Health Services Authority (PHSA) (who were using other acronyms) installing signage above pull-stations, on Evacuation Route Maps, on staff Code Response cards, and in general fire response procedures for sites. To assist with the introduction of this new concept, a series of one-hour, instructor-led fire safety in-services were provided to hundreds of staff at PHC and PHSA sites reviewing health care fire risk, fire prevention principles, building fire protection systems, fire response, extinguishers, and fire alarm response.



To ensure the broadest possible availability of FSM educational opportunities for staff of the Lower Mainland health organizations, the consolidated FSM team introduced an interactive "Code Red - Fire Safety Acute and Residential" on-line course for those working in in-patient facilities, and an 8 minute Fire Safety video outlining fire safety concepts for all workplaces (including those outside of acute/residential care).

As the foundation for fire safety education is being established, FSM is looking forward to expand its focus. A key element is the enhancement and standardization of supporting fire response documents in the form of checklists, internal fire response team guides, team lead procedures, and flow charts to provide front-line workers with the necessary tools to respond to fires. Similarly data is being collected on fire alarm activations and fire events across the Lower Mainland health organizations to aid in identifying causes and highlighting prevention opportunities. Should you have any questions, comments or potential collaboration opportunities please feel free to contact Scott Blessin, Manager at: Scott.Blessin@vch.ca

St. Mary's Hospital Full-Scale Code Orange Exercise

David Reid, Lower Mainland Health Emergency Management Coordinator



Saint Mary's Acute Services Manager Sherryl Hoskins receives information from staff during the Code Orange Exercise in Sechelt

On March 14th, 2012 St. Mary's Hospital (SMH) conducted a full-scale exercise to test its Emergency Response Plan. The exercise was based on an earthquake scenario in which people were injured and local infrastructure was damaged.

SMH's exercise was coordinated with a larger regional exercise led by the Sunshine Coast Regional District (SCRD) and included, the Sunshine Coast Regional District, British Columbia Ambulance Service, British Columbia Ferries, Sechelt Fire Department, the Royal Canadian Mounted Police, the Salvation Army, the Sunshine Coast School District and the local Emergency Social Services.

SMH staff who participated in the exercise included senior level management staff, emergency department leaders, and staff volunteers.

The exercise lasted 3 hours and its primary focus was to test the hospital's ability to deal with issues and challenges from an earthquake event. This included setting up an incident command post, managing and treating casualties, and dealing with infrastructure failures.

Denys Carrier in partnership with the Lower Mainland Health Emergency Management program has led SMH Emergency Management initiatives over the last year. These have included:

- Creating St. Mary's Emergency Response Plan
- Providing personal preparedness education sessions to staff
- Conducting tabletop exercises
- Planning the full-scale exercise

The full-scale exercise demonstrated that SMH is prepared for emergency and disaster events and has validated the importance of Emergency Management training. SMH is presently under-going an exercise review to create action items and initiatives to further improve its Emergency Plan.

Get Ready for the Evergreen Exercise

Melia Kelly
Manager, Training and Exercises, EMU

The BC Health Sector will be participating in the upcoming Washington State Evergreen Earthquake Exercise Series taking place June 5-6th 2012. If you would like to find out more about your Health Authority's involvement please contact Melia Kelly at melia.kelly@gov.bc.ca, or your Regional Health Emergency Management Department. General information about the exercise is available at: www.doh.wa.gov/phepr/exercises/2012EvergreenQuake.htm

Health Emergency Management Announcements

Rosalie Page joins the Lower Mainland Health Emergency Management (LM HEM) team as an Emergency Management Advisor for Surrey Memorial Hospital, the Jimmy Pattison Outpatient Facility, Fraser Health offices at Central City, plus residential/community programs in Surrey.

Christine Rempel has moved to a new role within the Lower Mainland Health Emergency Management team as the Emergency Management Coordinator for the BC Children's Hospital and the BC Women's Hospital and Health Centre.

Mark Phillips joins the LM HEM team as the Emergency Management Coordinator for the Richmond Health Service Delivery Area, based at Richmond Hospital.

Matthew Calvert joins the LM HEM team as the Provincial Emergency Management Logistics Officer.

Shawn Carby joins the Emergency Management Unit (EMU) as the new Executive Director. Shawn comes to the Ministry of Health with 30 years of emergency and health service system experience.

Norma Sorensen takes over for Emily Dicken as the acting Manager of Social Policy and Programs., EMU. Emily is on a temporary assignment (TA) with Emergency Management BC.

Elaine McCandless joins the EMU on a TA as Administrative Assistant. She takes over for Jocelyn Hawse who is on a TA at the Ministry of Forest Lands and Natural Resource Operations.

Chris Smith is leaving his role as Director, Planning and Programs, EMU on a TA at the Ministry of Energy and Mines. Chris has been with the EMU for 15 years.

The Bright Lights of Richmond

Dr. David Ostrow, President and CEO, Vancouver Coastal Health*

I don't get to watch a lot of TV. There's never quite enough time to stop and sit. But as I was talking with some friends about the power outages that happened in Richmond on March 12, 2012, the comparison that kept coming up was the old TV show M*A*S*H (now I know referring to a show that went off the air in 1983 is dating myself... but I'm assured that it is still widely in reruns).

In the world of M*A*S*H, every episode or two, some disaster would strike the camp and the surgeons and nurses would be forced to operate in the dark, try a procedure they had only read about or rise above their training.

We all know that life is nothing like a half-hour sitcom. And Richmond doesn't have a lot in common with a war zone. But on Monday the power went out at Richmond Hospital, Minoru Residence and Bowling Green. Shortly after that two of the three emergency generators failed. Some of the resulting stories from the following hour really do sound like something from a TV show. For example, the entire team in operating room 6 completed a bowel resection by only the light of a handful of flashlights. The ICU team under Dr. Justin Wong and the ICU team leader pulled together to hand ventilate and manually monitor our most critical pa-

tients and manually crank our dialysis machines for almost an hour. Even patients became creative, like the man on the medical unit who called the nursing station on his cell phone because the call buttons were not working.

The other part of M*A*S*H that kept the show on TV over eleven years was the compelling stories of people. People who went about their work quietly and competently, doing whatever needed to be done, pitching in, making quick decisions, using professional judgment and offering a helping hand despite very stressful circumstances. Again Richmond's story fits the mould. Examples include sterile processing supervisor Leana Gabrilo, who stopped in the hallway to reassure the wife of a surgery patient or mental health and addictions manager Lisa Ramage who walked down a flight of stairs with a visitor on each arm to help them down safely.

I know there are as many stories as there were on shift that day. I would like to commend everyone who worked together to keep our patients safe, calm and well cared for.

** Reprinted with permission from Up for Discussion: VCH's Executive blog for staff. Visit www.blog.vch.ca to join the discussion.*

Burns Lake Sawmill Explosion: An Integrated Emergency Response

Kelsie Carwithen, Manager, Communications and Media, BC Ambulance Service

On January 20, 2012, at 8:00 p.m., tragedy struck the small community of Burns Lake. Babine Forest Products, a large sawmill employing many local residents, spontaneously exploded and caught fire.

Immediately after receiving a call for assistance, the BC Ambulance Service (BCAS) dispatch centre in Kamloops began implementing a provincially-integrated response.

Faced with some of the worst weather conditions the area had seen all year, paramedics leapt into action and responded with ambulances from the outlying communities of Burns Lake, Southside, Fraser Lake, Vanderhoof, Smithers and Houston. Twelve patients were triaged at the scene and transported to the Lakes District Hospital and Health Centre in Burns Lake for treatment. Air ambulances were also deployed to transport four critical patients to higher levels of care at health care facilities in British Columbia and Alberta.

Working through the night, BCAS dispatchers and paramedics, nurses, doctors, hospital staff and agency partners coordinated resources, executed a timely emergency medical response and provided support, all while maintaining normal service levels in the area.

Those who were at the scene during this incident noted the excellent response and teamwork displayed by BCAS staff, first responders, hospital staff, health professionals, and emergency managers.

"All of the agencies and individuals who responded to this incident should be extremely proud of their efforts," said BCAS Superintendent Craig Parnell. "Despite multiple patients and cold, challenging conditions, patients received the highest level of care possible."

Large-scale incidents such as this often require an integrated response and meticulous coordination with many other agencies. As the incident unfolded, BCAS worked in partnership with Northern Health, BCBedline, Emergency Management BC, Vancouver Coastal Health, the Ministry of Transportation and Infrastructure, the Ministry of Health and others to ensure appropriate arrangements were made for patients.

While the aftermath of this incident will continue to affect the community for some time, the integrated emergency response from all agencies resulted in excellent care for patients during an extraordinary event.

B.C. Disaster Psychosocial Services Response to Burns Lake, B.C.

Carolyn Sinclair, Disaster Psychosocial Services Volunteer, B.C. Disaster Psychosocial Program



The Lake Babine Nation, Burns Lake. Image by Carolyn Sinclair.

On January 21, 2012 a request came from the Municipality of Burns Lake to assist with a response following an explosion at the Babine Forest Products Mill on January 20, 2012. Like all responses our Provincial Health Services Authority (PHSA) lead initiated a callout seeking available Disaster Psychosocial Services (DPS) volunteers to respond. Our primary task was to arrive on scene as promptly as possible to conduct a needs assessment.

Initially myself and one other DPS volunteer prepared to depart while our coordinator managed the logistics of plane tickets, a rental vehicle, and accommodation. This was a more challenging task than one might assume as responders, media and interested parties descended on the small rural community. Despite the snow storm that mother nature unleashed, responders from BC Coroners Service, RCMP, Work Safe BC, BC Ambulance Service, Police Victim Services and others arrived to assist with tasks such as site searches for the two missing workers, scene investigations and providing support for responders, family members, and the community as a whole.

Once in Burns Lake we attended the Margaret Patrick Memorial Hall on Lake Babine Nation land. Community members were welcomed to this location and gathered to support each other in prayer or through sharing stories and hugs over coffee. The facility had been open 24/7 since the incident. In addition to basic necessities, resources were being organized to provide emotional support and counseling. Many of those who attended demonstrated signs of shock and confusion. The signs of accumulated loss and grief were evident as people struggled to make sense of what had happened and what was going to happen next.

Briefings took place at the Band Office to coordinate resources. As this was an industrial emergency, traditional supports were not in place. Numerous groups and individuals were involved with this response including Band Chiefs and federal agencies, which contributed to the uniqueness

of the response. It was evident that everyone wanted to help and was dedicated to doing what they could. Eager to offer support, my partner and I signed up for the next shift of emotional support workers at the Hall.

People working at the Hall and those who gathered there shared stories and memories and recalled events that had taken place over the years. For many this event triggered years of trauma, loss and abuse. Clinicians and DPS volunteers worked collaboratively to triage appropriate support.

In addition to the Hall, there were other community meetings and support services that were provided to community members. Later in the response, sessions were set up at the hospital to support those victims who had sustained burns and had returned home after being air lifted to hospitals. The “dressing circles” were a natural fit for DPS volunteers. We worked alongside hospital staff to support the workers as they reintegrated into their community and coped with the loss of their two colleagues.

There were many lessons learned from this event. However, the most important lesson I learned was to “Stop, Think, Plan”. It was essential to listen to what community members had to say and to work together to help meet the needs of the community. Following 10 days of support and a debrief it was clear that everyone felt privileged to respond and appreciated the warm welcome from the community of Burns Lake.

The B.C. Disaster Psychosocial Program

The Disaster Psychosocial Services (DPS) program operates under the Provincial Health Services Authority. This program works collaboratively with a wide range of health sector partners, emergency management, and non-governmental organizations to produce a comprehensive psychosocial response plan for individuals, families and responders in the event of a disaster in British Columbia. The Disaster Psychosocial Services Volunteer Network is a voluntary response group made up of registered professional mental health clinicians and paraprofessionals. These volunteers are activated in the event of a disaster where local resources are unavailable/depleted or when volunteers are requested through an EOC/PREOC. The purpose of the network is to provide the “calm in the storm”, encourage resilience, and provide support. For more information about the DSP Program contact hsandvik@phsa.ca.