



Province of British Columbia

# **British Columbia Pandemic Provincial Coordination Plan**

Refreshed February 2020



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Ministry of Health  
Deputy Minister

March 5, 2020

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Date



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Emergency Management BC  
Deputy Minister

March 5, 2020

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Date

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# BC Pandemic Provincial Coordination Plan

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## Section 1: Introduction

### Purpose

The British Columbia Pandemic Provincial Coordination Plan describes the provincial government's strategy for cross-ministry coordination, internal and external communications and provincial government business continuity in response to public health events that are pandemic in nature. This plan fosters cooperation and collaboration among provincial government ministries involved in the active management of the consequences and policy needs associated with public health pandemics. This plan is designed to complement the [Federal/Provincial/Territorial Public Health Response Plan for Biological Events](#).

This plan is not intended to replace existing Ministry plans, but rather is intended to complement and when applicable, be used in conjunction with the existing suite of plans and protocols currently in use by each Ministry by providing an overarching governance framework that can be used to respond to a spectrum of public health events caused by biological agents.

### Background

Biological agents are the cause of pandemics and include bacteria, viruses, fungi, other microorganisms and their associated toxins. They can adversely affect human health in a variety of ways, ranging from relatively mild allergic reactions to serious medical conditions and even death. These organisms are widespread in the natural environment; they are found in water, soil, plants, and animals.

Pandemics can be naturally occurring disease outbreaks that occur at local, provincial, national and international levels. They can be the result of accidental exposure to pathogens (disease causing agent) in the context of biomedical diagnostics and research, significant shortages of drugs and biologics, or intentional use of pathogens or biotoxin (poisonous substances produced by a living organism) against humans, plants, or animals for harmful purposes. The scope of this plan is intended for those situations where the principal issue is human health and includes biological agents found in the environment or diagnosed in animals that have the potential for transmission to humans (zoonosis). Pandemics that are restricted to animal, plant, or food health or safety are outside the scope of this plan.

It is recognized that public health events that are intentional in nature (e.g., bioterrorism) will require a law enforcement/security response in addition to a public health response. While the elements of the public health response to an intentional event may not significantly differ from those described in this plan (and therefore this plan may be utilized for the public health consequence management), the linkages to the law enforcement/ security response are not

within the scope of this plan. Nevertheless, it is expected that the governance structure for a pandemic where the intent is malicious would be similar to that as described in this plan.

### Scope

The scope of this plan is limited to the activities of the provincial government outside of the health system and describes the ways in which non-health actors coordinate and interact with their health partners. The Province's medical response to a pandemic will be led by those agencies responsible for disease control and public health, applying provisions of the [Public Health Act](#) as appropriate. For information related to the health sector response to pandemic influenza, please see the [BC COVID-19 Response Plan](#) that outlines the activities and responsibilities of the health sector to mitigate and respond to an influenza pandemic including plans and guidelines for public health, clinical care, Indigenous peoples, human resources, communications and education, and psychosocial support.

The Pandemic Provincial Coordination Plan is scalable and flexible. The severity of the pandemic, the requirements for coordination and communications, and the existence of unique policy issues, will determine the degree of engagement and the extent of activities required by provincial actors.

This plan is a hazard-specific annex of the provincial [Comprehensive Emergency Management Plan](#) (CEMP) and it aligns with the [BC Emergency Management System](#) (BCEMS).

This plan replaces all previous versions including the BC Pandemic Influenza Provincial Coordination Plan (2014).

### Plan Administration

This plan will be reviewed and updated as necessary following changes in organizational structure and/or roles and responsibilities of any of the agencies identified. In addition, the plan will be updated to reflect current best practices and lessons learned from events and exercises.

### Plan Activation

The activation of this plan will be determined through consultation between and recommendation from the Deputy Ministers of Health (HLTH) and Emergency Management British Columbia (EMBC) to the Deputy Ministers Committee on Emergency Management. This Plan will be activated in coordination with the [BC COVID-19 Response Plan](#).

### Considerations for Provincial Government Response

Pandemics are unique from other hazards in various ways including:

- The event is not isolated and will stretch across regional, provincial and international borders at the same time.
- Nearly simultaneous impacts across jurisdictions could affect the activation of existing mutual aid agreements amongst governments, agencies and corporations.

- Uncertain timing and impacts of pandemics require flexibility to address critical needs as determined by the event.
- A pandemic is a long-term event with multiple peaks (also called waves). As a result, operational requirements and considerations are different from events with a shorter duration.
- Unlike other hazards, which are communicated from the site level to local authority/First Nations and then provincial level, pandemics are communicated from the international and national level to the provincial and local levels.

The potential impacts of pandemics are far-reaching and diverse. The following list outlines some of the activities, challenges and consequences that government agencies may need to manage because of a pandemic.

- Consistent and ongoing information for the public regarding the level of risk and preventative measures will be required. Additional communication efforts may be required to manage public fears and personal concerns.
- The maintenance of regular services at all levels of government may be interrupted or reduced due to staff shortages. Government agencies may need to develop modified business practices in order to maintain critical services.
- Government policy may need to be developed in order to facilitate the response to a pandemic and to address key issues.
- An extreme public health emergency may result in an increased demand for psychosocial, mental and behavioural health services.
- If possible, influenza vaccine development will begin as soon as the vaccine seed strain for influenza is developed and delivered to the manufacturer. It may take several months to produce a vaccine. For other pandemics a vaccine will likely need to be developed de novo.
- If school and daycare closures are recommended by the Provincial Health Officer (PHO), it will result in increased demands on parents and the need for guidance to school boards and independent schools regarding levels of risk and appropriate public health measures.
- A pandemic may impact BC's multi-modal transportation network, including both government and industry provided transportation services.
- The health structure may require unconventional support from other agencies to maintain levels of service and coordinate the public health response.

- Pandemics can impact the economy over the long-term and in a variety of ways, such as:
  - decreased production levels due to illness;
  - temporary loss of jobs and business closures (particularly small to mid-size enterprises);
  - reduction or restrictions on public gatherings;
  - potential impact to supply chains;
  - a negative impact to the agricultural sector;
  - adverse ripple effects in the world-wide investment community; and
  - decreased activity within the hospitality and tourism industry due to travel restrictions.

Please note the preceding consequences include extreme scenarios and the extent of these impacts and countermeasures will be determined by the characteristics of the disease. Not all pandemics will overtax the health, economic and/or social support systems.

### Legislation

Under the authority of the [Public Health Act](#) and the [Emergency Program Management Regulation](#), Ministry of Health (HLTH) is the lead agency and authority in public health emergencies and human diseases as well as responsible for providing critical incident stress debriefing and counselling services.

Provincial and local government legal authority to plan and respond to the health consequences of a pandemic resides within the [Public Health Act](#). This Act addresses health planning, prevention, and response.

The [Emergency Program Act](#) and its accompanying regulations specify the roles and responsibilities of provincial ministries as well as local authorities for general emergency preparedness, response and recovery.

According to the [Emergency Program Management Regulation](#) and provincial government Core Policy, all ministries are required to complete a business continuity plan to outline the manner and means by which the ministry will minimize the impact of an emergency or disaster on its provision of essential services. During a pandemic, provincial ministries may need to implement business continuity plans to ensure that critical public services remain in place.

WorkSafeBC's [Occupational Health and Safety Regulation](#) (OHSR) outlines requirements for the development and implementation of an exposure control plan when workers are occupationally exposed to biological agents. Under the OHSR, the employer is required to conduct a risk assessment, performed by a qualified person that includes a listing of all work activities for which there is a potential for exposure. Based on the risk assessment, control measures (including engineering controls, administrative controls, and personal protective equipment) will need to be considered to reduce or prevent worker exposure.



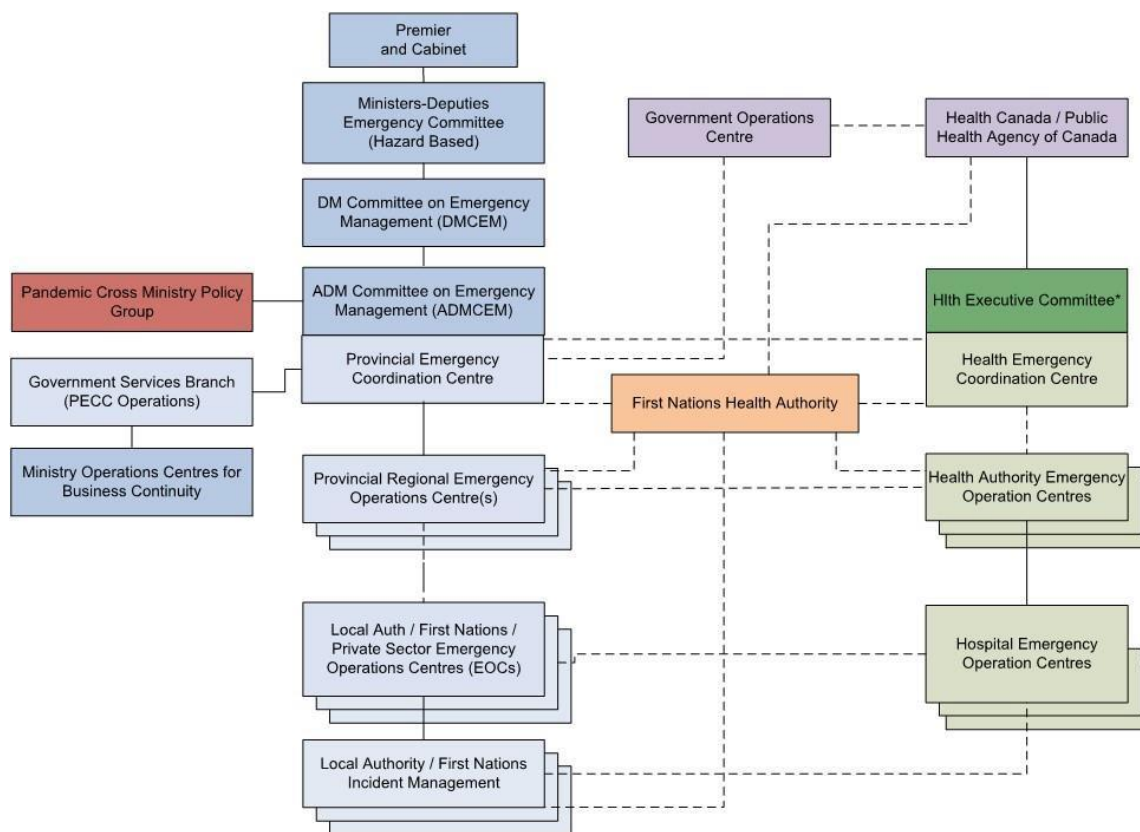
## Section 2: Provincial Coordination

### Intent of Coordination

The provincial government's response to a pandemic requires integration and coordination of multiple organizations. The intent of effective provincial coordination during a pandemic is to ensure consistent communications and information sharing, conduct effective provincial business continuity and develop cross-ministry policy as required.

### Organizational Structure

The following organizational chart follows BCEMS and outlines the linkages between provincial operational centres and the health sector. This structure will be implemented to the degree necessary to deal with the provincial coordination, communication and policy needs of a pandemic resting outside of the health sector. The PHO and HLTH maintain ultimate authority over the public health emergency.



\* See Appendix C for the Health Emergency Response Management Structure

Figure 1: Illustration of the provincial emergency management structure and the relationship with the Ministry of Health and other Ministry Business Continuity operations during a pandemic.

### *Ministers–Deputies Emergency Committee*

The Ministers-Deputies Emergency Committee (M-DEC) is comprised of a provincial cross-section of the key provincial Ministers and Deputy Ministers (or designates) who provide direction and strategic guidance to the Deputy Ministers' Committee on Emergency Management (DMCEM) during a pandemic. DMCEM often recommends the activation of the M-DEC.

### *Deputy Ministers' Committee on Emergency Management*

DMCEM leads executive-level prioritization and alignment of provincial emergency management policy, legislation, and operations to ensure that resources are directed towards the most critical emergency management issues and initiatives. During a pandemic, Emergency Management British Columbia (EMBC) and HLTH will co-chair DMCEM. DMCEM provides direction and guidance to the Assistant Deputy Ministers' Committee on Emergency Management (ADMCEM).

### *Assistant Deputy Ministers' Committee on Emergency Management*

During a pandemic ADMCEM may be activated to guide cross-government coordination and activities. ADMCEM provides strategic and policy direction to the Provincial Emergency Coordination Centre (PECC) and all provincial ministries and agencies involved in the response to an emergency. ADMCEM is an avenue to discuss significant challenges that require high-level cross-government coordination. In addition, ADMCEM:

- Evaluates the situation and assesses provincial government involvement;
- Supports the activation of M-DEC and DMCEM;
- Oversees the implementation of cross ministry communications; and
- Briefs senior government officials on the pandemic threat as well as preventative, response and recovery activities.

EMBC and HLTH will co-chair ADMCEM during the response to a pandemic. The HLTH-related co-chair position can be designated to a HLTH senior ministry representative or the Office of the PHO. ADMCEM is activated by one of the co-chairs based on an assessment of the risk or the determined need for provincial coordination, provincial business continuity activities or an extensive communications effort. ADMCEM will also activate if there is a potential for public safety issues due to the severity of the pandemic.

The suggested makeup of ADMCEM for a pandemic event is as follows:

- Ministry of Public Safety and Solicitor General, EMBC (co-chair);
- Ministry of Health (co-chair);
- Ministry of Transportation and Infrastructure;
- Ministry of Education;
- Government Communications and Public Engagement;
- Ministry of Advanced Education, Skills and Training;
- Ministry of Social Development and Poverty Reduction;
- Ministry of Children and Family Development;

- Ministry of Indigenous Relations and Reconciliation;
- Ministry of Finance;
- Ministry of Finance, BC Public Service Agency;
- Ministry of Jobs, Economic Development and Competitiveness;
- Ministry of Labour;
- Ministry of Tourism, Arts and Culture;
- Ministry of Agriculture; and
- Ministry of Municipal Affairs and Housing

Depending on response requirements, additional organizations, provincial ministries or federal agencies may be invited to participate in ADMCEM, such as the BC Centre for Disease Control (BCCDC), health authorities, Public Safety Canada (PS), Health Canada (HC) and the Public Health Agency of Canada (PHAC).

Each Ministry that is requested to participate in ADMCEM will designate a senior representative (i.e. Assistant Deputy Minister level) and one alternate to represent them on ADMCEM. Each representative will report to ADMCEM on the prevention, business continuity, response and recovery activities of their respective ministry.

When required ADMCEM will task the Pandemic Cross-Ministry Policy Group to analyze specific pandemic-related issues and situations. The policy group will then provide decision support and recommendations for resolution by the ADMCEM, HECC, PECC or PHO.

#### *Pandemic Cross-Ministry Policy Group*

As a sub-component of ADMCEM, the Pandemic Cross-Ministry Policy Group can be activated to address specific pandemic policy issues that may arise.

The Policy Group will assist ADMCEM with:

- Decision support relating to the management and resolution of unresolved policy issues pertaining to or caused by the pandemic;
- Development of processes and policies that support a consistent and equitable resolution to issues that fall outside established policies and protocols; and
- Recommendations for decisions on issues where cross-government involvement and community resilience coordination is required.

Examples of cross-ministry policy areas that may need to be discussed and/or addressed include:

- School closures;
- Transportation sector impacts;
- Financial impacts and/or protocols;
- Agricultural impacts and potential transmission to or from livestock/poultry;
- Workplace policies;

- Supply chain management;
- Psychosocial impacts on the public and workers/responders; and
- Impacts to external services, such as healthcare services, daycare, education, food processing, local governments and their operations/community services, etc.

See Appendix D for the Terms of Reference for the Pandemic Cross-Ministry Policy Group.

#### *Provincial Emergency Coordination Centre*

During a pandemic the PECC located in Victoria may be activated to coordinate cross-government activities, to monitor internal and external communications for consistency and to facilitate business continuity of the provincial government.

The PECC can be activated to:

- Provide coordination, support and information products to EMBC regional offices or activated Provincial Regional Emergency Operation Centres (PREOCs);
- In coordination with the Health Emergency Coordination Centre (HECC), provide cross-government support to emergency management stakeholders including local authorities;
- Coordinate provincial communications with the HECC and the Office of the PHO;
- Coordinate government's business continuity to support mission critical functions;
- Provide business continuity support to provincial senior officials as requested;
- Facilitate, as required, the acquisition of provincial, territorial, state, national and international assistance;
- Provide support to Senior Officials as required; and
- Provide internal and external situational awareness.

EMBC's Business Continuity Management (BCM) Program will lead the Government Services Branch (GSB) within the PECC Operations Section in order to support and maintain awareness of provincial government business continuity activities within provincial ministries, and central agencies. For further information on the GSB, refer to Section Four: Government Business Continuity During a Pandemic.

HLTH will provide representatives to sit in the PECC Operations Section Health Branch to provide assistance as necessary and to act as a link between the HECC and the PECC.

#### *Health Emergency Coordination Centre*

The HECC is operated by HLTH. When activated, the HECC provides inter-region policy direction and coordination. It acts as an overall provincial health coordination centre in the event of multi-region disaster impacts, such as a pandemic, and serves as the coordination and communications link with the provincial emergency management structure, as well as the Federal health portfolio (PHAC and HC).

The HECC has overall responsibility for the following activities:

- Provide support to the emergency management activities of all health partner organizations such as Health Authority Emergency Operation Centres, BCEmergency Health Services, etc.;
- Manage event documentation, situational awareness and reporting;
- Provide support to the planning, response, and recovery activities of HLTH and the Office of the PHO;
- Manage health specific media and public information issues with GCPE;
- Provide emergency-related direction and/or advice to BC health sector organizations, including policy instruction, as appropriate;
- Provide timely and well-coordinated communication within the provincial emergency management structure;
- Provide timely and well-coordinated communication to other provincial, national and international health sector entities;
- Provide access to and advice on the acquisition and use of emergency resources such as the National Emergency Stockpile System (NESS);
- Ensure that appropriate disaster psychosocial support services to the public and workers are in place when needed; and
- Work with the Provincial Health Services Authority (PHSA) Supply Chain on the acquisition and deployment of BC health resources, such as stockpiles, and personal protective equipment (PPE).

#### *Ministry Operation Centres for Business Continuity*

To address business interruption needs and ensure service continuation some ministries may open a Ministry Operation Centre (MOC). If this is the case, the MOC will forward situation reports to the GSB of the PECC Operations Section.

#### *EMBC Regional Offices/Provincial Regional Emergency Operations Centres*

During a pandemic, the EMBC regional office or activated PREOC(s) will support HLTH in the distribution of public health messaging. The regional office/PREOC may also assist with the distribution of government policy to local authorities on behalf of the provincial government. In addition, regional offices or activated PREOC(s) will provide guidance to local government decision-makers during pandemics and liaise with the appropriate health authorities, as required.

If a PREOC is activated, a regional and/or First Nations Health Authority representative may be deployed to the Operations Section Health Branch or as an agency representative to act as a link between the regional health authority EOC and to provide assistance, as needed.

#### *Health Authority*

Regional health authorities and the First Nations Health Authority are responsible for the provision of emergency, acute and critical care hospital services as well as public health services. In addition, health authorities also work to ensure the continuity of community-based services such as residential care, home care and support, mental health and addictions services.

A health authority EOC may activate to coordinate their response to an emergency and support individual health authority sites, such as hospitals.

## Section 3: Communications

### Internal Communications

Communications will be directed from the PHO to the ministries and provincial public service organizations. The BC Public Service Agency (PSA) will work in partnership with GCPE and internal communication teams with direction from the Office of the Premier to coordinate the necessary internal communications involving the approximately 30,000 employees of the public service.

At the time a pandemic announcement is made in any country or the World Health Organization (WHO) declares a pandemic phase, the BC PSA will assemble a team, led by the head of the BC PSA (or designate) which includes medical and safety representation. This group would begin monitoring the situation and communicating with clients and employee representatives.

The @Work website, which can be accessed by all public service employees, can be used to post situation specific communications for the information of staff.

### External Communications

The [BC COVID-19 Response Plan](#) has a chapter on public communications that is general enough to be applicable to the majority of pandemics.

The GCPE representatives within HLTH will be the lead on all external pandemic-related communications to the public. GCPE holds primary responsibility to develop the provincial communications strategy to support the provincial emergency management structure once activated.

GCPE is responsible for the release of news releases and regular information bulletins, as well as protocols around timing and method of how and when information will be released publicly. During a province-wide pandemic response, GCPE will work closely with the PHO and HECC. The ministry communication staff must work in close cooperation with HECC information officers in order to develop emergency public health information responses at all provincial levels.

GCPE will also lead coordination with national communication partners (e.g. PHAC communications staff) to ensure messaging in BC is consistent with that being given throughout the country and around the world.

To ensure consistent messaging, communications between HLTH and the health authorities, the BCCDC, and chief medical health officers, are ideally shared with GCPE prior to distribution with media or the public.

In the event of a public service campaign, the corporate communications division of GCPE will take the lead on the creation of any provincial public service announcement materials.

GCPE support activities include:

- Assign a senior representative for the provincial communication working group;
- Liaise with HC/PHAC public information office;
- Implement the Province's Crisis Communications Strategy for Major Provincial Emergencies and the [CEMP Public Information Annex](#);
- Brief senior government officials on communications issues;
- Provide additional Information Officers to work with the PHO and in PECC, HECC and PREOCs, if activated;
- Liaise with the PHO, BCCDC and health authority communications departments during a pandemic; and
- Liaise with economic ministries.

Examples of the communication tools used for public messaging during a pandemic include, but are not limited to, the following:

- Pandemic specific information;
- Information for schools, colleges and universities;
- Information for employers and employees;
- Tourist or traveller information;
- Guidance for businesses;
- Information for sports teams;
- Questions and answers;
- Fact sheets;
- Informative websites;
- News releases;
- Timed press releases, press conferences;
- Backgrounders;
- Advertisements, public service announcements;
- Toll-free telephone information lines;
- Web sites with links to other critical pandemic-related sites;
- Newsletters;
- Technical briefings;
- Presentations; and
- Social media.



## Section 4: Government Business Continuity in the Event of a Pandemic

According to the [Emergency Program Management Regulation](#) and provincial government core policy, all ministries are required to complete a business continuity plan to outline the manner and means by which the ministry will minimize the impact of an emergency or disaster on its provision of essential services. During a pandemic, provincial ministries may need to implement business continuity plans to ensure that critical public services remain in place.

The BCM Program provides a common framework for the development and administration of ministry business continuity programs through the development of cross government policy, the provision of standardized templates and tools, the maintenance of the provincial mission critical list and the monitoring of cross government readiness.

As part of its shared mandate to safeguard the delivery of critical programs and services, the BCM Program provides ministries with the “*Business Continuity Planning Guide for Pandemic Influenza*” and the template “*Appendix P*” for the inclusion of pandemic-specific prevention, mitigation and response strategies in business continuity plans.

### The Government Services Branch

During a pandemic the BCM Program will activate the GSB of the PECC to collaborate with the Ministry of Citizens’ Services (CITZ) and BC PSA on the development and dissemination of cross-government strategies, assist with ministry related advanced planning activities and support MOC activations and requests.

The GSB functions under the Operations Section of the PECC and acts as the central point of contact between MOCs and the PECC, as well as the primary liaison with CITZ and central government agencies for business continuity.

The GSB is responsible for:

- Receiving BCP-related requests for assistance or information from MOCs;
- Receiving and consolidating MOC situation reports for submission to the PECC Planning Section;
- Monitoring overall government ministry business continuity recovery status and assisting with cross-ministry issues;
- Working with CITZ to assist with the prioritization of Ministry business continuity related resource or service requests;
- Disseminating relevant information from the PECC to Ministry MOC Directors and BCP Advisors; and
- Briefing ADMCEM on provincial business continuity issues and potential solutions.

### Ministry Operation Centres for Business Continuity

MOCs activate to support ministry business interruptions and business continuity plan activations. MOCs are modeled on the BCEMS framework, guided by ministry executive policy groups and integrated with the PECC through the GSB. Activated MOCs provide situational awareness and submit reprioritization or assistance requests to the GSB for processing or ADMCEM escalation.

## Section 5: Provincial Agency Roles and Responsibilities

This section outlines the roles and responsibilities of provincial agencies as well as potential policy areas that provincial ministries may need to address.

### Ministry of Health

The Office of the PHO provides leadership and guidance to pandemic preparedness activities across the health sector. HLTH maintains the [BC COVID-19 Response Plan](#) in conjunction with its partners including the BCCDC, Medical Health Officers (MHOs) and health authorities. In addition, the PHO works with other provinces and territories, and the PHAC to ensure consistent approaches to plans, policies and guidelines for pandemic preparedness and response and communicates these policies, plans, and guidelines to provincial health stakeholders. In the event that HLTH activates the HECC, it will act as a support mechanism to the activities of the PHO and Ministry through its pre-established coordination functions.

HLTH is the lead in the province in the event of a pandemic and is responsible for setting out the manner and means by which the province will respond to the hazard of disease and epidemics. These duties are assigned to the PHO, who partners with the BCCDC and the MHOs in the regional health authorities. The PHO is the primary provincial spokesperson and is responsible, with advice from BCCDC, for the decision to declare a pandemic in the province. HLTH is responsible for ensuring the continuity of health services and as such will liaise with all health partners to coordinate available resources in support of the pandemic response.

Depending on the situation the PHO may delegate certain responsibilities to the BCCDC. In 2007, a Memorandum of Understanding was signed to clarify the roles of BCCDC in support of the stewardship responsibilities of HLTH and the statutory and related responsibilities of the PHO. BCCDC's support role relates to the core programs of communicable disease, environmental health, public health laboratories and emergency management.

During a pandemic response, HLTH may:

- In cooperation with BCCDC, participate in national pandemic surveillance and reporting programs;
- Implement, in cooperation with BCCDC, the [BC COVID-19 Response Plan](#);
- Activate the HECC;
- Continue the operation of the 24/7 Provincial Health Duty Officer, to facilitate response and coordination activities;
- Assign a senior ministry representative to act as co-chair of the ADMCEM;
- Provide representatives to the PECC as required;
- Provide public health messaging and guidance;
- Direct the response activities of health sector partners;
- Coordinate the provision of health services, including acute care, home care, long term care, community care, public health and ambulance services; and

- Assist health authorities in emergency procurement and delivery of medical supplies, equipment and pharmaceuticals.

The HLTH Emergency Management Unit (EMU) is responsible for supporting the activation and operation of the HECC. The HECC functions as a central coordinating body for emergency management activities during a pandemic. It provides support to the activities of the PHO, HLTH, health authorities and other health partner organizations, and coordinates provincial health emergency response processes.

HealthLink BC (HLBC) is a tele-health platform that provides multi-disciplinary comprehensive self-care and health system navigation services to British Columbians and health care professionals. In the event of a pandemic, HLBC will provide health related information to the public via 8-1-1 and report to HLTH on service volumes.

#### Ministry of Public Safety and Solicitor General, EMBC

In conjunction with its partners EMBC maintains and updates the *BC Pandemic Provincial Coordination Plan*.

During a pandemic the role of EMBC is to facilitate cross-government coordination, communications and business continuity. To ensure effective provincial coordination and consistent communications EMBC may:

- Co-Chair ADMCEM;
- Provide strategic advice and event information regarding impacts to government operations to senior officials;
- Activate the PECC or PREOC(s) as required;
- Assist with the distribution of health-related messaging that is developed by the PHO/HLTH;
- Assist with the distribution of other ministry and Crown corporation messaging or policy statements;
- Assist with the dissemination of internal human resource related government policy;
- Coordinate with emergency management stakeholders;
- Facilitate information sharing between local authorities, First Nations, health authorities and key stakeholders;
- Hold coordination calls to inform external stakeholders of the pandemic and anticipated impacts;
- Through the Information Officer position (held by GCPE staff) support communications efforts being led by HLTH;
- Through the GSB in the PECC, support the provincial government's business continuity efforts;
- Implement EMBC business continuity measures as required; and
- Support local authorities by sharing information and advising on policy questions and decisions.

In addition, the BC Coroners Service (BCCS) is housed within PSSG. During a pandemic the Chief Coroner will support the PHO, BCCDC, and medical health officers by providing information about any pandemic-related deaths outside of the healthcare setting. The Coroners Service may also assist by establishing temporary mortuaries, as required.

#### *Business Continuity Management Program*

EMBC's BCM Program will provide business continuity support and expertise to MOCs including assistance in confirming priority rankings for provincial government services. The BCM Program representative in the GSB will assist CITZ, MOCs and PECC Operations in determining resource allocation for the provincial government. It is also responsible for providing evaluation criteria and support for response, recovery, resumption and restoration efforts for mission critical provincial government programs.

During a pandemic, the BCM Program within EMBC works with provincial central agencies and CITZ to coordinate corporate strategies and protocols.

In addition to assisting provincial ministries with the development of templates, strategies and exercises for business continuity plans, EMBC's BCM Program has created and maintains the *Business Continuity Planning Guide for Pandemic Influenza* to assist provincial ministries in preparing and planning for a pandemic. As well, the program provides strategic leadership, coordination, information, tools and assistance to provincial government ministries to increase the preparedness of the province to maintain critical government services during and following a major disruptive event.

#### Government Communications and Public Engagement

During a pandemic, GCPE and HLTH will have primary responsibility for communications support for the PHO. They will work closely with EMBC to promote the coordination and understanding of roles between health agencies and the agencies responsible for consequence management.

GCPE has the primary responsibility to implement the provincial communications strategy once the provincial emergency management structure is activated. GCPE provides information officers to the HECC and the PECC as needed to provide expertise in media relations and public information activities. Associated activities include:

- Implement the Province's Crisis Communications Strategy for Major Provincial Emergencies and [CEMP Public Information Annex](#);
- Ensure the readiness of Temporary Emergency Assignment Management System (TEAMS) information officers;
- Brief senior government officials on communications issues;
- Assign a senior representative to the ADMCEM;
- Liaise with HC and PHAC public information officers;
- Liaise with and support the PHO, BCCDC and health authorities' communications departments;

- Contribute to or create public education campaigns and media releases during a pandemic including vaccination and hygiene measures;
- Fulfill the Information Officer role in the PECC, HECC and PREOCs (if activated);
- Provide expertise and support regional and local public information campaigns as necessary; and
- Coordinate cross-agency media briefings.

### Ministry of Children and Family Development

The Ministry of Children and Family Development (MCFD) supports healthy child development by its commitment to a collaborative professional practice delivered across a range of services that strive to maximize the potential of children and youth and achieve meaningful outcomes for children, youth and families.

Programs and services are delivered through Service Delivery Areas and Provincial Programs offices and facilities. Children in care are the responsibility of the Provincial Director of Child Welfare, and could be living with caregivers such as foster parents, specialized homes, or even with relatives. In the event of a pandemic, the primary impact on the Ministry will be on the children in care. There will also be a greater demand for services, the need to coordinate information for caregivers, and fewer staff and service delivery partners available to provide those services.

MCFD's priorities during a pandemic are to perform the identified mission critical functions and report on the major strategic risks and responses that are essential to maintaining operations. MCFD mission critical functions are:

- Children in care (including Independent Living Agreements for youth):
  - Ensuring children in care have the services and supports they need to stay healthy
  - Any necessary direct funding, e.g. Independent Living Agreements
- Youth
  - Ensuring appropriate information provision
  - Funding and supports for Youth on Agreements and youth receiving Agreements with Young Adults funding
- Caregivers including contracted, foster, and out of care (including post-adoption assistance)
  - Supporting caregivers with information, services and supports
  - Payments
- 24-7 Facilities (including for children in care, children in therapeutic settings, youth in custody (open and closed):
  - Ensuring safety and security
  - Ensuring health and well-being
  - Fulfilling court-ordered requirements
- Centralized Screening:
  - Receiving calls associated with child protection

- Coordinating information for children, youth and caregivers served by the Ministry
- Centralized telephony and IT:
  - Supports 24-7 phone lines for child protection and helpline for children
  - Access to electronic records
  - Coordinates information and supports with offices and caregivers across the Province in times of emergency
- Medical Benefits:
  - Essential medical equipment, supplies; and
  - MSP coverage for children who have significant disabilities and are dependent in most areas of daily living.
- Child Protection Services:
  - Intake, assessment and interventions when required; and
  - Family support services and placement.
- Community Youth Justice Services:
  - Information and reports required by the Justice System; and
  - Provincial Director of Youth Justice Reviews.
- Community-based Youth Forensic Psychiatric Services:
  - Assessment and treatment services under the auspices of the Youth Criminal Justice Act for youth aged 12 – 17 years.
- Child and Youth Mental Health:
  - Community-based, specialized mental health services to children and their families.

Ministry Business Continuity Plans identify the procedures and required resources necessary to continue essential operations. Local Client Service Managers and Team Leads work with those plans and provide a focus on the unique effect a pandemic will have on the province. Ensuring up to date information is provided to youth, and to caregivers for children in care as well as those cared for through the out of care system will assist in supporting the health and welfare of children for whom the Province is the guardian or who are actively receiving supports and services. A centralized unit operates to receive updates from youth and caregivers and to coordinate assistance and support.

As articulated in the [Emergency Program Management Regulation](#), the primary responsibility of the MCFD in an emergency situation is to care for unattended children.

#### Ministry of Social Development and Poverty Reduction

The Ministry of Social Development and Poverty Reduction (SDPR) provides a system of income and other supports and services to help families and individuals in need. Income assistance supports and services are delivered by over 2,000 staff in 84 locations around the province that offer in-person client services, including at 44 Service BC locations, as well as through on-line and telephone channels. Employment programming is currently delivered through contracted service providers at 102 WorkBC Centres. Community living services across the province for

people with developmental disabilities and their families are provided through Community Living BC.

The key accountabilities of SDPR include:

- Leading development and implementation of a cross-government, province-wide poverty- reduction strategy – *TogetherBC: BC's Poverty Reduction Strategy*;
- Leading development and implementation of a homelessness action plan to reduce the homeless population through permanent housing and services – in partnership with provincial ministries and agencies, local governments, first responders and service providers;
- Providing income, disability and supplementary assistance for people in need;
- Providing an integrated system of employment programs and services and supports to all British Columbians through WorkBC;
- Through, Community Living BC, supporting community living services for adults with developmental disabilities and their families; and
- Supporting emergency services for vulnerable populations during a catastrophic event.

In the event of a pandemic, SDPR's support network may experience an increase in the demand for ongoing social services, while at the same time experiencing a loss in capacity to meet that demand. SDPR has business continuity plans in place outlining the strategies and resources required to ensure ministry clients and staff are able to meet operational requirements and key ministry accountabilities with minimal disruption of services to the following three overall mission critical SDPR functions.

- Provide financial, housing and other supports for vulnerable SDPR clients, or for those eligible for assistance;
- Recovery of ministry information systems; and
- Provide a network of trained staff and facilities to assist across the province, under the direction of EMBC.

As part of a pandemic response, SDPR is ready to provide information and analysis regarding the status of at-risk populations, as well as implement operational plans to ensure the province's most vulnerable populations have access to financial and other critical resources. A cross-agency team (comprised of senior ministry staff and key stakeholders) will assemble to ensure a consistent and coordinated response across the province. SDPR can also leverage several ongoing programs and outreach services to ensure hard to reach clients are made aware of programs and services available to address a pandemic.

### Ministry of Education

Recognizing that in the event of a pandemic BC's education sector may experience temporary interruption or reduction of services, the Ministry of Education (EDUC) is part of the provincial pandemic response.



To date, the Ministry has been involved in extensive planning to mitigate the risks and address specific challenges to minimize disruption of services provided to students and families while continuing to ensure students' and staff safety.

EDUC has business continuity plans in place with branches responsible for processing payments to ensure schools receive funds to meet operational requirements in case of emergency such as a pandemic.

EDUC's priorities during a pandemic are to minimize disruption of services while ensuring students' and staff safety. Under that goal, three main roles for the EDUC:

- Communications:
  - To assist with the distribution of health-related messaging that is developed by the PHO and HLTH. Consistent and ongoing information will be required for ministry employees, the education sector, and students' families regarding the level of risk and preventative measures.
- Staffing:
  - Ensure adequate staffing in line with the Ministry's Business Continuity Plan. If the emergency situation appears to be long term in nature, develop and implement a staff relief plan.
- Continuity of Instruction:
  - The Ministry will be working with key contacts in each school district to ensure continuity of instruction in the event of prolonged school closures. A number of alternative means are already in place, such as online learning, correspondence, and home schooling.

Boards of education are responsible for the safety of their staff and students at all school district facilities in the event of an emergency, incident or disaster. In the *Pandemic Planning Guidelines for School Districts*, districts are asked to form an Emergency Response Team, develop a communications plan and identify strategies and plans to address a number of areas, including disruptions in continuity of instruction, transportation and janitorial services. *Pandemic Planning Guidelines for School Districts* ensure some consistency in district pandemic plans.

*School Closure Guidelines* have been developed to guide decision-making for public health officials around school closures due to a pandemic. The Guidelines are based on public health criteria and align with national guidelines released by the PHAC. The closure of schools and daycares will result in increased demands on parents and the need for guidance to school boards and independent schools regarding levels of risk and appropriate public health measures.

### Ministry of Advanced Education, Skills and Training

A pandemic has the potential to lead to the suspension of classes and the closure of entire institutions in the public and private post-secondary systems in BC, affecting tens of thousands of students, faculty and staff. Institutions are expected to follow the public health guidelines and instructions set out by their local health authorities, emergency management and public health officials. Administrators will communicate all relevant information to students and employees in a timely manner.

The Ministry of Advanced Education, Skills and Training's (AEST) priorities during an influenza pandemic are to:

- Provide a Post-Secondary Institution (PSI) liaison to the PECC to support the provincial response;
- Disseminate relevant information from the AEST MOC to BC Post-Secondary Emergency Planners or PSI EOCs;
- Request regular updates from the post-secondary sector on impacts on students, staff and services, as well as updates on impacts within the ministry, for submission to the Government Services Branch of the PECC and executive briefings;
- Provide expertise and/or policy direction regarding PSI requirements and accountabilities;
- Distribute health-related communication tools and information developed by the PHO, HLTH, EMBC and GCPE to the post-secondary sector;
- Continue regular funding transfers to public post-secondary institutions;
- Provide support to PSIs in order to meet the immediate needs of students during the emergency; and,
- Advise institutions and students that StudentAid BC has policies in place covering the interruption of studies due to cancellation of classes and/or institution closures.

### Ministry of Indigenous Relations and Reconciliation

The Ministry of Indigenous Relations and Reconciliation (IRR) is the BC Government's lead for pursuing reconciliation with the Indigenous peoples of BC. In the event of a pandemic, IRR will provide advice regarding Indigenous Peoples engagement to all other provincial ministries and agencies. In addition, IRR may:

- Work with HLTH and EMBC to develop protocols with their key First Nations partners about information transmission to Indigenous Peoples;
- With HLTH and EMBC, work with Canada/First Nations organizations to address any service or funding gaps that fall outside existing agreements;
- Engage with First Nations communities as a liaison when there is a gap in relationship with any response agencies (provincial or federal) or a lack of regional representation; and

- In a larger event, and in partnership with HLTH, EMBC, additional agencies and Indigenous Communities, maintain the “Consultation during Emergencies and Disasters” tracking sheet. The tracking sheet ensures government agencies needing to carry out consultation maintain a high level of awareness of an events’ impacts on a given Indigenous group.

### Ministry of Transportation and Infrastructure

In the event of a pandemic, BC’s multi-modal transportation network may experience a temporary, but significant, impact to the movement of people and goods and/or transportation services.

As part of the pandemic response, the Ministry of Transportation and Infrastructure (TRAN) is ready to provide analyses for the movement of people and goods via highways, ports, airports, railroads, public transit and ferries, as well as prepare operational plans for the implementation of transportation strategies within BC.

Three levels of transportation services have been identified to address emergency operational situations during a pandemic:

1. Full service and unrestricted movement of people and goods.
2. Partial service restricting the movement of people and goods based on inability to fully staff and/or reduced services restricting movement of people and goods due to a PHO order.
3. Temporary cessation of any service that facilitates movement of people and/or goods due to insufficient staffing levels or by PHO order.

TRAN’s priorities during a pandemic are to perform the identified mission critical services, and report on the major strategic risks and responses that are essential to maintaining operations of the provincial transportation network. TRAN’s four mission critical services are:

- Highways:
  - Maintain operation of the highway system, including avalanche forecasting and control, and emergency response through the assemblage and deployment of resources necessary to meet pandemic-generated demands.
- Traffic operations:
  - Program lights and changeable message signs while facilitating safe and effective alternative emergency transportation corridors for emergency operations, authorities, commercial transportation and the general public.
- Radio and electronics:
  - Provide critical communications to ministry staff, contractors, emergency response teams and all highway users.
- Inland ferries:

- Ensure safe transportation in areas that require an alternate highway system.

A cross-agency transportation team (comprised of senior ministry staff and key stakeholders) will assemble to ensure a consistent and coordinated response across all transportation modes, in order to operationalize the ADMCEM's overall emergency preparedness and response strategies.

TRAN is prepared to establish a Transportation Dispatch Centre in order to provide further assistance in efficiently prioritizing the deployment of essential people, goods and services while utilizing all modes of available transportation. The Ministry is also equipped with public communication tools and infrastructure, such as DriveBC and Dynamic Message Signs (DMS), which may be used as an information dissemination method should critical communication stages emerge during a pandemic.

### Ministry of Finance

The Ministry of Finance (FIN) manages revenue and borrowing on behalf of government and makes all government payments. Payments include income assistance, children at risk, health authorities, crown corporations, refunds and salaries. The Ministry also has the authority to expedite procurement of emergency goods and services.

During a pandemic, there may be a temporary reduction in tax payments and, therefore, revenue to government. However, eTaxBC is available to all citizens and businesses, and is the primary method by which the majority of provincial sales tax (PST) returns and payments are submitted. It provides clients remote and secure 24/7 access to their accounts. This means that the impact on revenue collection during a pandemic will be minimal.

If necessary, the Ministry has the ability to borrow funds to address any temporary shortfall of revenue. During a pandemic, the Ministry will also maintain communication with the banking industry to better understand their preparedness and manage government's ability to operate on a timely basis.

The following are the mission critical business areas for FIN:

- Provincial Treasury,
  - Banking & Cash Management – Manage payments on behalf of government.
  - Debt Management Branch – Manage borrowing funds.
  - Risk Management Branch – Provide risk management expertise and management of emergency claims.
- Office of the Comptroller General
  - Corporate Compliance & Controls Monitoring Branch – Capture, process and redirect payments that have become legally encumbered by court order, or through federal or provincial legislation, and legally served on the province

- Corporate Accounting Services – Ensure electronic payment processing and payment tracking (e.g. accounts payable and general ledger) for BC Government
- Revenue Division
  - Revenue Solutions Branch – Process and approve the daily preapproval of student loan disbursement funds
- Corporate Services Division
  - Information Management Branch – Provide IT support to Offices of the Premier, including Minister’s Office, Intergovernmental Relations Secretariat (IGRS), and Cabinet Operations
- Government House – Lieutenant Governor
 

Provide necessary support for continuance of the Lieutenant Governor’s Office and of Government (in the absence of another statutory authority, only the Lieutenant Governor can sign proclamations, Orders in Council or warrants that authorize major extraordinary funding).

During a pandemic, the ministry may temporarily reassign employees to ensure mission critical business functions are maintained.

#### *Risk Management Branch*

Although Risk Management Branch (RMB) falls under FIN, the Branch works independently in support of all provincial government Ministries, Crown Corporations, and the wider public sector. During a pandemic, the primary role of the RMB is to coordinate and facilitate the development of a multi-Ministry risk register as required. Part of this process includes assisting Ministries in the identification of risks, mitigation strategies and plans. In addition, RMB also assists health authorities in the identification of risks to the provision of health services.

If the PECC is activated, the RMB will provide an individual to fulfill the risk management function. The RMB also advises the ADMCEM regarding the identification of risks within the context of responding to a pandemic.

Refer to the RMB [website](#) for additional information and supporting materials.

#### *Public Service Agency*

During the preparedness stage, the BC PSA will have shared responsibility with EMBC’s BCM Program for providing human resource advice and employer representation. This includes consultation with public service employee representatives, and partner organizations (e.g. WorkSafeBC).

The BC PSA’s labour legislation, collective agreements rights and entitlements will guide the early stages of pandemic planning.

Overall the BC PSA will support Ministries’ human resource needs including staff safety, in the event of a local or regional event as defined by the [Public Health Act](#). This includes supporting the following critical items:

- Provide Ministries with safety and occupational disease information, support, protocols and tools to respond to a pandemic thereby ensuring staff safety.
- Help ensure accurate and timely information flow to employees.
- Work with Public Service unions and professional associations to inform them of safety measures, exposure control plans and any policy changes.
- Assess extraordinary policy decisions.
- Provide professional advisory support to all ministries to respond to various questions and issues concerning matters related to terms and conditions of employment, pay and leave provisions.
- Coordinate with WorkSafeBC and any other regulatory agencies as necessary.
- Work to ensure payroll is completed, taking into consideration any changes made due to new or extraordinary policies.

BC PSA services and service levels could be negatively impacted by a lack of capacity during a pandemic. A multidisciplinary inter-agency team will be assembled to ensure the BC PSA has the ability to respond to critical issues. This team is equipped to work remotely if necessary. The team will be directly linked into the ADMCEM and the Pandemic Cross-Ministry Policy Group through the BC PSA representative on those teams.

In the event of a pandemic the BC PSA will focus its resources on priority services that are needed to address Ministries' high priority needs.

### Ministry of Agriculture

During provincial response to a pandemic the Ministry of Agriculture (AGRI) will:

- Assign a senior representative to the ADMCEM;
- Provide advice on the protection and health of livestock and poultry;
- Provide a representative to the appropriate PREOC, if activated;
- Provide agriculture related information to local governments and First Nations as required;
- Advise on the management of flocks/herds affected by a pandemic;
- Provide laboratory services for the surveillance and diagnosis of zoonotic diseases (including influenza) that could be spread to or from livestock and poultry;
- Communicate to agricultural producers and stakeholders through agriculture industry associations; and
- Participate in regional planning as required.

In addition, AGRI's response to a pandemic will be directed by the Ministry's Business Continuity Plan – Pandemic Influenza. AGRI mission critical activities include:

- Emergency Planning and Response:
  - Provide advice to farmers on protection of crops and livestock;

- Provide agriculture-related information through EMBC regional offices/PREOC, local governments, industry associations and direct communications/website;
- Coordinate emergency relocation of poultry and livestock as required;
- Establish the Ministry EOC, as required;
- Identify food and potable water supplies with HLTH; and
- Assist HLTH with food safety.
- Monitor and Diagnose Animal Diseases, with emphasis on foreign animal diseases.
- Milk Production and Testing.

The ministry's Director of Emergency Management is responsible for the pre-planning and coordination of AGRI Emergency Responder support to a local government, First Nation or EMBC regional offices/PREOCs/PECC. Ministry responders will be activated when the Ministry receives a direct request for assistance from the EMBC Regional Manager, PREOC, PECC, local government, or First Nation. The Ministry's Animal Health Center in Abbotsford is responsible for the ongoing surveillance and diagnoses of animal diseases, including zoonotic diseases. Zoonotic diseases, such as some influenza viruses, can be transmitted from livestock and poultry to humans or vice-versa. The Ministry has an agreement in place for information exchange with the health sector to ensure timely information sharing regarding zoonotic diseases.

#### Ministry of Jobs, Economic Development and Competitiveness

The Ministry of Jobs, Economic Development and Competitiveness (JEDC) plays key roles in supporting a strong economy, through trade, economic development, support for the small business sector and broad awareness of BC's opportunities for investment. The ministry also plays a role in supporting in-bound immigration through the Provincial Nominee Program, in partnership with the federal government.

During provincial response to a pandemic, the ministry will:

- appoint a representative to the ADMCEM;
- advise on the viability and risks associated with inward and outward-bound trade missions in partnership with IGRS;
- support the small business sector in adapting to pandemic related impacts (and eventual recovery) working closely with Ministry of Labour and Ministry of Tourism, Arts and Culture;
- support policy and procedural changes associated with in-bound immigration should it be necessary (working closely with the federal government);
- advise on trade policy should shifts in international trade policy have an impact on BC trade interests; and
- work across ministries to support effective economic analysis and mitigation strategies to minimize the impact and support recovery of BC's economic development, trade and investment.

### Ministry of Labour

The Ministry of Labour (LBR) would play a key role should the province be impacted by a pandemic or similar widespread event.

It is anticipated that a pandemic may increase demands on labour advisory services to the public (i.e. providing advice to workers and employers respecting the workers compensation system and minimum employment standards). In the event of an extended pandemic, key Ministry services can be maintained at a reasonable level in accordance with the Ministry's business continuity plan, as many of the services can be offered remotely (e.g., electronically, by telephone).

In terms of government's overall response to a pandemic, LBR will be available to provide analysis and advice to government on labour policy and legislation. This will ensure that the current legislative provisions continue to adequately address the economic and social imperatives related to the workplace. During a pandemic, WorkSafeBC would continue its work to promote workplace health and safety for BC workers and employers, develop and enforce the Occupational Health & Safety Regulation (OHSR), and administer the workers' compensation system.

### Ministry of Tourism, Arts and Culture

The Ministry of Tourism, Arts and Culture (TAC) is responsible for, through its Crown corporations, a number of public gathering places: BC Place, Vancouver Convention Centre and the Royal BC Museum. Should it be required, TAC will provide direction regarding phased response strategies (e.g. access, closures) and possible redeployment as relief centres.

In the event of a pandemic, BC's tourism industry may experience a temporary, but potentially economically significant impact. As part of the pandemic response, TAC is ready to provide analysis and policy direction as well as ensure tourists and tourism businesses are informed and aware. TAC will draw from tourism market protection and recovery strategies from previous international health issues.

#### *International Travel*

The threat of a pandemic can prompt other nations to issue travel advisories recommending against non-essential international travel, causing individuals to cancel international travel, and triggering immediate (and potentially longer-term) tourism declines. TAC will work with Destination British Columbia (DBC), GCPE, IGRS and other stakeholders to monitor international travel advisories and develop a communication strategy geared to accurate information and positive tourism messages about travel to and within BC.



### *Services for Tourists*

TAC will work with EMBC and TRAN to coordinate the needs of travellers moving within the province on cruise ships, public transportation (buses and ferries), planes, trains, border crossings, etc. Accurate messaging, consistent with the PHO and GCPE, will be developed for social media and web-based communication such as HelloBC, DriveBC and Dynamic Message Signs. These tools may also be useful in disseminating critical information to tourists if needed during a pandemic.

Through DBC, the provincial network of Tourist Visitor Centres may also be utilized for communication or traveler referrals for needed services during a pandemic.

During and following a pandemic, a cross-agency tourism team (comprised of senior ministry and DBC staff and appropriate key stakeholders) will engage with tourism businesses to ensure they are providing appropriate messaging to their clients and are prepared to accept tourists again when safe to do so.

### Ministry of Municipal Affairs and Housing

In the event of a pandemic, the Ministry of Municipal Affairs and Housing (MAH) would provide an advice and support function and act as a liaison between local governments and provincial agencies, as well as with key system partners, such as the Union of BC Municipalities (UBCM), the Local Government Management Association (LGMA), and BC Housing to ensure accurate information is conveyed across local governments and the housing community. Supports would focus on activities listed below.

#### *BC Housing*

A pandemic has the potential to impact the operation of emergency shelters and supportive housing where staff work on-site. A pandemic could also interrupt the provision of housing outreach services. BC Housing will provide pandemic planning information to service providers of emergency shelters, supportive housing, homeless outreach, and other BC Housing-funded programs, if required. BC Housing will coordinate communications and actions via the MAH Housing Policy Branch.

#### *Residential Tenancy Branch*

The Residential Tenancy Branch (RTB) provides information and dispute resolution services to the public. A pandemic has the potential to impact the following services:

- Face-to-face interaction with citizens at the Burnaby RTB Office;
- Decreased availability of employees due to illness could cause increased wait times for both hearings and information services; and
- Decreased availability of employees could cause hearings to be rescheduled.

In the event of a pandemic, the RTB will rely heavily on its digital workflow tools to ensure employees are able to work remotely while still having access to all necessary case files,

evidence and related information. This can limit exposure and even allow individuals with very light symptoms to continue working.

Key projects could also be impacted; however, virtually all of RTB's project management and continuous improvement architecture allows remote work from any location with internet service (this assumes government VPN services are functioning effectively or not overwhelmed by increased volume of remote work).

#### *TransLink*

A pandemic event has the potential to impact the operation of Lower Mainland transportation system services as well as employees and passengers. MAH will understand TransLink's pandemic plan and liaise with TransLink in the event of an outbreak that warrants regional or Provincial coordination.

## Section 6: Roles of Key External Agencies

### British Columbia Centre for Disease Control

During a pandemic, the BCCDC (an agency of the Provincial Health Services Authority) will provide technical scientific support to the PHO, Medical Health Officers and regional health authorities. BCCDC will implement an enhanced Public Health surveillance system to monitor pandemic activity when appropriate. The BCCDC also bears responsibility for providing guidelines for the distribution and use of vaccines (if available) in BC and the equitable distribution and use of anti-viral medications (if available). Public information regarding these issues will be distributed via the news media. The BCCDC will collect and share updated information on vaccine coverage, and the overall number of cases and deaths related to the pandemic. BCCDC also develops provincial guidelines to minimize the spread of a pandemic in the community including guidelines on detection and management of cases and contacts of the biologic agent, community measures such as social distancing and public health rapid response research and investigation.

On behalf of the Office of the PHO, the BCCDC provides administration of provincial vaccine and antiviral supplies including:

- Distribution to regional health authorities;
- Guidelines and protocols for use;
- Secure storage and transportation;
- Information for public and healthcare providers regarding proper use; and
- Refinements to the priority of vaccine recipient groups according to the nature of the virus and consequence management plans.

BCCDC will work with HLTH and the PHO to evaluate the use and effectiveness of vaccines and antiviral medications in reducing the number of severe cases and deaths.

### Regional Health Authorities

Health authorities are responsible for planning the health system response to a pandemic within their region with direction from both the PHO/HLTH. Health authorities liaise with local partners to facilitate a coordinated response. Each regional health authority is responsible for their pandemic response plan. These plans may include the:

- Command structure and operational procedures;
- Prioritized delivery of health services;
- Protocols for vaccine and anti-viral use and inventories of stockpile supplies;
- Plans for mass vaccination delivery;
- Identification of alternative care locations and resources;
- Protocols for continued delivery of acute and residential care services;
- Risk communication strategies for internal and external stakeholders;
- Human resource plans for managing staff and providing safety considerations; and
- Education plans for health care providers and the public.

Health authorities are also responsible for participating in disease and public health surveillance as per the [BC COVID-19 Response Plan](#). This includes reporting exceptional disease incidents to the BCCDC and the PHO and providing briefings and status reports to partner agencies.

The operational structure within each regional health authority varies but it is likely that during a pandemic response, regional health authorities will activate a health authority EOC. Potential activities of the EOC include:

- Implement the regional health authority pandemic response plan and support the continuity of operations;
- Implement public health and infection control measures to reduce the spread of the disease;
- Coordinate the dissemination of medication and supplies;
- Coordinate immunization clinics once/if vaccines become available;
- Deploy personnel to act as the agency's representative(s) in the PREOC if activated;
- Implement the [Psychosocial Plan for Health Care Workers](#); and
- Coordinate information sharing and public messaging with the, MHO and local governments.

MHOs in each health authority are responsible for directing the public health response, and have wide-ranging authority under the [Public Health Act](#). This legislation allows MHOs to restrict and monitor activity in their region that can potentially increase the spread of a pandemic, in consultation with the PHO. For example, an MHO may give orders to minimize gatherings in public centres, limit public travel and the use of transit systems, and assist with federal screening of travellers at ports of entry. In addition, the MHO may direct the provision of care for those infected with a pandemic and order isolation and/or quarantine measures of individuals or groups. It is common for MHOs to act as a spokesperson concerning public health issues in consultation with the PHO and GCPE.

There are five regional health authorities in BC (Information regarding the First Nations' Health Authority is located below) and one provincial health services authority. For detailed information regarding the activities of each regional health authority see the following links.

[Fraser Health Authority](#)

[Interior Health Authority](#)

[Northern Health Authority](#)

[Island Health Authority](#)

[Vancouver Coastal Health](#)

[Provincial Health Services Authority](#)

### First Nations Health Authority

The First Nations Health Authority (FNHA), a tripartite arrangement between BC First Nations, the Province of BC, and the Government of Canada, aims to reform the way health care is delivered to BC First Nations. This health authority administers federal health programs and services previously delivered by Health Canada's First Nations Inuit Health Branch – Pacific Region. FNHA works with the province and First Nations to address service gaps through partnerships, close collaboration, and health systems innovation.

The Communicable Disease Emergencies (CDE) initiative is responsible for ensuring that the special considerations and needs of First Nation communities are reflected in overall pandemic planning, for which the PHAC is the lead. In First Nation communities, the initiative supports the development, strengthening and testing of community pandemic plans. In the event of a pandemic, it also supports communities' responses.

With respect to pandemics, the FNHA role is to:

- Support communities in preparing for a pandemic by facilitating testing and revision of community level plans as needed;
- Facilitate communities' response to a pandemic (e.g., support mass immunization clinics, provide training, guidance documents, etc.);
- Ensure health facilities have access to personal protective equipment (e.g., masks, gloves, gowns) during a pandemic; and
- Ensure that First Nations circumstances are reflected in overall pandemic planning at all levels of government.

### BC Emergency Health Services

BC Emergency Health Services (BCEHS) oversees BC Ambulance Service (BCAS) and the BC Patient Transfer Network (PTN).

During a pandemic, the BCAS remains a key first responder and is the main provider of provincial pre-hospital care including the treatment and transport of the sick and injured by air and ground ambulance services. The principal roles and responsibilities of BCAS during a pandemic include the provision of prioritized ambulance services in cooperation with regional health authorities as well as liaising with health authorities and the BC PTN regarding bed availability throughout the province. BCAS helps to facilitate inter-facility patient transfers and takes part in pandemic surveillance activities. BCAS also plays a key role in the protection of hospital staff and patients from potential exposure by notifying health facilities of patients suffering from severe respiratory illness that are being transported to their facility.

The BC PTN is a provincial service that coordinates inter-facility transfers and communication between sending/receiving healthcare sites across the province. In addition, BC PTN provides 24/7 clinical oversight to patient transfers.

## Local Governments

During a pandemic, local governments are required to maintain essential services for their community. Local authorities may achieve this through day-to-day structures or by establishing an EOC. Some potential activities include:

- Managing local government business continuity;
- Setting priorities for maintaining public safety;
- Maintaining essential community services;
- Liaising with the EMBC regional office/PREOC, health authority and other support agencies for situational awareness;
- Working with local businesses to maintain a level of service in the community for critical services;
- Initiating prevention measures in local authority/First Nations work places to reduce staff infection and exposure to a pandemic; and
- Planning for local government re-establishment of normal business.

In addition to business continuity, some of the activities that local governments/First Nations may undertake to reduce the spread of a pandemic in their communities include:

- Working collaboratively with EMBC regional offices and regional health authorities regarding public health campaigns;
- Supporting the regional health authorities, according to existing arrangements and/or discussions during the pandemics; or
- Holding public education and planning sessions with key stakeholders in the community including business owners and school districts.

Note: The [Emergency Program Act \(1996\)](#) and the [Compensation and Disaster Financial Assistance Regulation](#) do not recognize a pandemic outbreak as a disaster or emergency. Therefore, local authority costs for response activities related to a pandemic are not eligible for reimbursement under the *Compensation and Disaster Financial Assistance Regulation (1995)*.

## Federal Government

### *Health Canada*

In the event of a pandemic, Health Canada is responsible for:

- Providing occupational health care for federal government employees; and
- Approving new drugs and vaccines to treat Canadians and minimize the spread of disease in the event of an outbreak.

Health Canada, in partnership with the provinces and territories, has a plan in place to ensure appropriate steps are taken to protect Canadians including that, once produced, an influenza vaccine will be available to Canadians at the earliest possible time.

### *Public Health Agency Canada*

PHAC is the lead federal department with primary responsibility for the surveillance, prevention and control of infectious diseases and the minimization of serious illness and fatalities at the national level. See the Federal/Provincial/Territorial (FPT) Public Health Response Plan for Biological Events for further information.

PHAC also assists in developing national guidelines and planning tools for health services, accessing federal resources and implementing federal responses to minimize the spread of disease during a pandemic. Public education and federal communication strategies are developed in advance of the pandemic.

The federal government through the PHAC is responsible for acquiring and distributing vaccines to the provinces and territories. Federal agencies will also be responsible for implementing health mitigation strategies at international points of entry as well as liaising with international actors regarding medical supplies. PHAC may also work with port authorities and border services to monitor individuals entering and exiting the country.

The federal government holds responsibility for the nationwide coordination of pandemic response, including national surveillance, international liaison, and coordination of the vaccine response (infrastructure procurement, vaccine allocation etc.). PHAC will link with PHOs and the WHO to receive nation-wide and international level information regarding the pandemic outbreak. PHAC is also the liaison with the WHO under the International Health Regulations.

For further details regarding the activities of the PHAC, please see the [Canadian Pandemic Influenza Plan](#).

### *Public Safety Canada (PS)*

Public Safety Canada (PS) is responsible for coordinating the whole of federal government response to an emergency. In the event of a pandemic, PS will support PHAC in coordinating the overall federal public health response and medical emergency response effort, the

communications response of the federal government, stakeholder efforts to maintain critical services in their areas of responsibility and coordinate federal provision of assistance to the Province if required (health related issues or support requests will go from HLTH to PHAC). In addition, PS will provide situational awareness, daily briefs and consolidated situation reports to all stakeholders. When a pandemic begins to affect the BC Region, a Federal Coordination Group (FCG) will convene and activate the federal regional emergency management structure.

### World Health Organization

The World Health Organization (WHO) performs global public health surveillance and disseminates surveillance information. The WHO also provides recommendations on composition of influenza virus vaccines. The following is an excerpt from the [Pandemic Influenza Risk Management WHO Interim Guidance](#).

“WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to Member States and monitoring and assessing health trends. WHO promotes health as a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.

As the directing and coordinating authority for health within the United Nations (UN) system, WHO has a mandate for global pandemic influenza risk management, which is reflected at all levels of the Organization. Key mechanisms by which WHO fulfils this obligation are summarized below.

- Convening of an Emergency Committee, declaration of a Public Health Emergency of International Concern and issuance of IHR (2005) temporary recommendations. The IHR (2005) provide the regulatory framework for the timely and effective management of international public health risks. In addition, the Regulations provide a basis for collective global action for certain rare events of particular importance...
- Provision of information and support to affected States Parties. The IHR (2005) also provide a mandate to WHO to perform public health surveillance, risk assessment, support States Parties and coordinate the international response to significant international public health risks....
- WHO regularly issues advice on trade and travel measures related to public health events where such measures are likely or relevant.”

Activities of the WHO include the promotion of global and national capacity to detect and respond to early reports of new influenza strains and to encourage and assist comprehensive national pandemic influenza planning. The WHO also coordinates global surveillance networks and provides information to partners at the international, national and sub-national levels.

During the pandemic phase WHO activities may include:



- Establish a WHO pandemic information and coordination centre;
- Coordinate the global strain surveillance;
- Recommend/update the composition of pandemic influenza vaccine(s);
- Monitor global spread of the disease;
- Assist with national reporting;
- Reiterate appropriate and inappropriate public health measures for affected and unaffected countries;
- Coordinate international assessment of vaccine and antiviral susceptibility, effectiveness and safety; and
- Regularly brief international organizations, national authorities, other stakeholders and the public of the situation.

For further details regarding the WHO refer to [www.who.org](http://www.who.org).

## Appendix A: Acronyms

AEST	Ministry of Advanced Education, Skills and Training
AGRI	Ministry of Agriculture
ADMCEM	Assistant Deputy Ministers' Committee on Emergency Management
BC	British Columbia
BCAS	British Columbia Ambulance Service
BCCDC	British Columbia Centre for Disease Control
BCEMS	British Columbia Emergency Management System
BCM	Business Continuity Management
BCPSA	British Columbia Public Service Agency
CDE	Communicable Disease Emergencies
CEMP	Comprehensive Emergency Management Plan
DBC	Destination British Columbia
DMCEM	Deputy Ministers' Committee on Emergency Management
EDUC	Ministry of Education
EMBC	Emergency Management British Columbia
EMU	Emergency Management Unit
EOC	Emergency Operation Centre
FIN	Ministry of Finance
FNHA	First Nations Health Authority
GCPE	Government Communications and Public Engagement
GSB	Government Services Branch
HC	Health Canada
HECC	Health Emergency Coordination Centre
HLBC	Health Link BC
HLTH	Ministry of Health
HSSBC	Health Shared Services BC
IRR	Ministry of Indigenous Relations and Reconciliation
JEDC	Ministry of Jobs, Economic Development and Competitiveness
LG	Lieutenant Governor
MAH	Ministry of Municipal Affairs and Housing
MCFD	Ministry of Children and Family Development
M-DEC	Ministers-Deputies Emergency Committee
MHO	Medical Health Officer
MOC	Ministry Operation Centre
NESS	National Emergency Stockpile System
OHSR	Occupational Health and Safety Regulation
PECC	Provincial Emergency Coordination Centre
PHAC	Public Health Agency Canada
PHO	Provincial Health Officer

PPE	Personal Protective Equipment
PREOC	Provincial Regional Emergency Operation Centre
PS	Public Safety Canada
PSA	Public Service Agency
PSSG	Ministry of Public Safety and Solicitor General
SDPR	Ministry of Social Development and Poverty Reduction
TAC	Ministry of Tourism, Arts and Culture
TEAMS	Temporary Emergency Assignment Management System
TRAN	Ministry of Transportation and Infrastructure
WHO	World Health Organization

## Appendix B: Definitions

*Antiviral:* Medicine taken to reduce the severity of a viral infection (e.g. influenza). BC has stockpiled enough antiviral medications used to treat influenza to provide early treatment for those persons who present symptoms of pandemic influenza to their healthcare providers. Antiviral stockpiles are limited and distribution will be prioritized for early treatment in the event of a pandemic based on the characteristics of the disease and national direction.

*Business Continuity Plan (BCP):* A set of approved procedures and advance arrangements to ensure continuity of the organization's critical business due to a disruption to normal business operations. (In this case, the disruptive event is a pandemic that results in the need for plans to contain influenza spread, maintain critical services and manage high absentee rates).

*Chief Medical Health Officers (CMHO):* Are appointed by Regional Health Authorities to coordinate activities of Medical Health Officers, within the health authority area of operations.

*Critical service disruption:* Impact of illness on critical services for example, police services, fire protection, or water management.

*Medical Health Officer (MHO):* In the event of a threat to the health of the public, within his/her appointed area, Medical Health Officers are empowered to take the steps necessary to protect public health within that area.

*Mission Critical Services:* Those functions and processes that, should they not be performed, could lead to loss of life or injury, personal hardship to citizens, major damage to the environment, or significant loss of revenue or assets.

*Pandemic:* A pandemic is defined as an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people. Pandemics can be said to occur annually in each of the temperate southern and northern hemispheres, given that seasonal epidemics cross international boundaries and affect a large number of people. However, seasonal epidemics are not considered pandemics.

*Pandemic influenza:* Pandemic influenza, as defined by WHO, occurs when a known influenza virus changes into a new and virulent strain that is readily transmitted from human to human and against which people have little to no immunity.

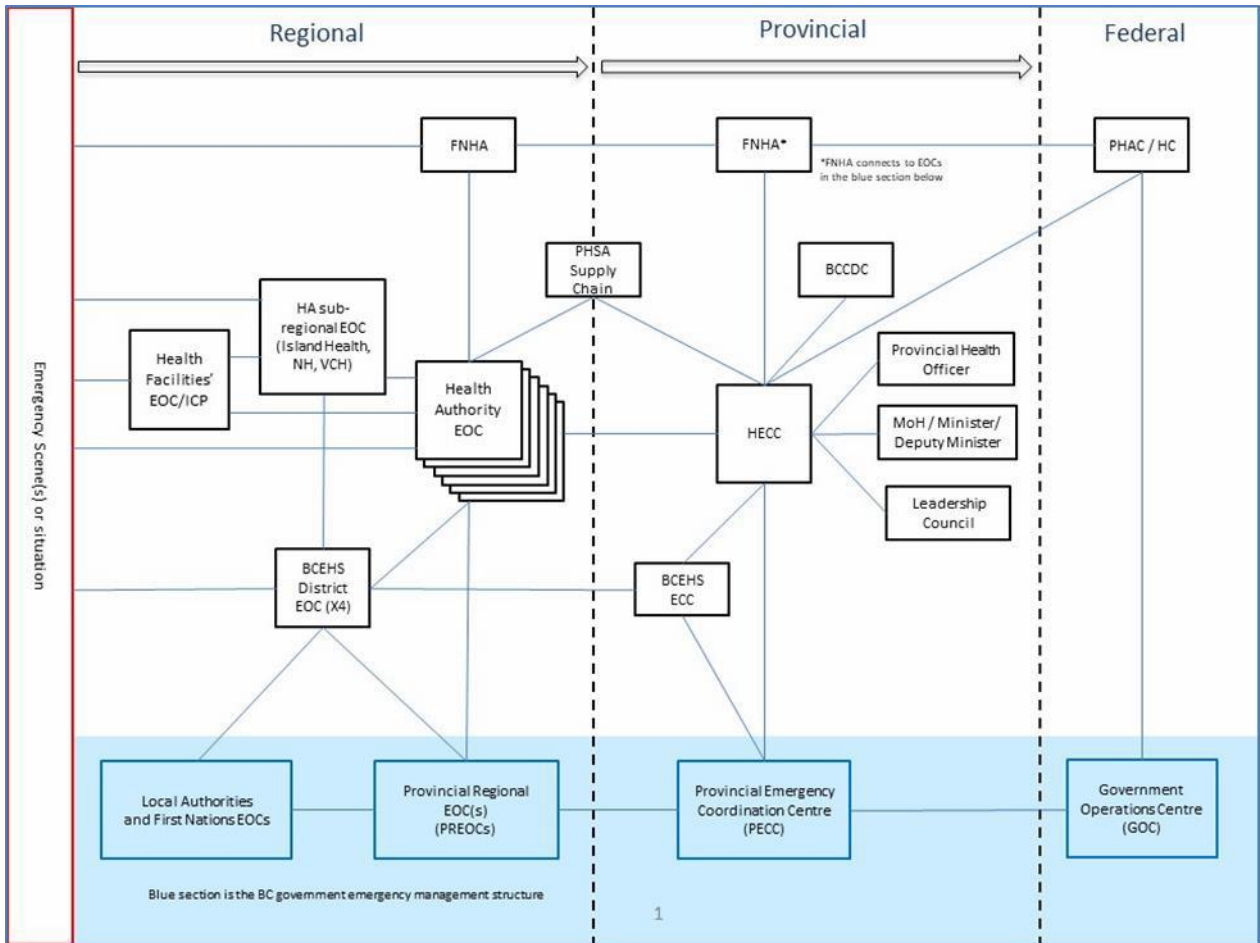
*Provincial Health Officer (PHO):* In the event of a threat to the health of the public, the Provincial Health Officer has the authority to direct the response to protect the public and works with Medical Health Officers in the health authorities and any other agencies as required.

*Surveillance:* A process of the ongoing collection, analysis, interpretation and dissemination of health-related data and information to guide the public health response to the biologic event.

*Vaccine:* A product which generates a protective immune response, administered by injection to a person by a medical or public health professional, to prevent infection by an infectious agent (e.g. influenza virus). An effective vaccine can only be produced once the virus responsible for the vaccine has been identified and isolated. This could take between four to six months for influenza but may be much longer for other new viruses or bacteria.

*Zoonotic Diseases:* Are infectious diseases that are transmitted from animals to humans. Some Influenza viruses, like the H1N1 pandemic flu strain, are zoonotic as well. Many of these diseases may start with animals, but can be transmitted between people or from people to animals.

## Appendix C: BC Health Emergency Response Management Structure



## Appendix D: Pandemic Cross-Ministry Policy Group

### TERMS OF REFERENCE

#### Introduction

During an emergency event, such as a pandemic, the Assistant Deputy Ministers' Committee on Emergency Management (ADMCEM) engages subject matter experts to provide research and analysis on legislation and policies as well as technical knowledge to support cross-ministry coordination and resolution of complex issues. The ADMCEM will report to the Deputy Ministers' Committee on Emergency Management (DMCEM).

As a sub-component of the ADMCEM, the Pandemic Cross-Ministry Policy Group ("the Policy Group") can be activated to address specific pandemic policy issues that may arise.

#### Purpose

The Policy Group will assist the ADMCEM with:

1. Decision support relating to the management/resolution of unresolved policy issues pertaining to or caused by a pandemic;
2. Development of processes and policies that support a consistent and equitable resolution to issues that fall outside established policies and protocols; and
3. Recommendations for decisions on issues management where cross-government involvement is required.

#### Guiding Principles

All members of the Policy Group will be governed by the following guiding principles:

- Constructive – The parties will foster constructive working relationships:
  - Each member will undertake the necessary internal steps to ensure the commitment of member's ministry to the work of the Policy Group.
- Proactive – Members will work to ensure that any potential concerns regarding inter-agency cooperation are identified in a proactive manner and that steps are taken to avoid them, or to address them as soon as possible.
- Information sharing – Each member will share information relevant to the issues being discussed by the Policy Group. This will include:
  - sharing of information respecting the development or amendment of legislation, policy, practices (in advance where possible);
  - sharing relevant information from ministry committees with Policy Group members; and

- clearly communicating the goals and purposes of the Policy Group to others.
- Confidentiality – In some instances, members may be privy to materials and/or information that may be confidential in nature or not for wider distribution. Members will maintain confidentiality when and as appropriate.
- Respect for mandates – All members will recognize and respect the mandates and statutory decision-making functions of the other members of the Policy Group:
  - Recommendations, policies, and protocols developed by the Policy Group should not limit or constrain the exercise of discretion of any ministry represented within the group in respect to a statutory power or decision.
- Partnership – The parties will give credibility to the work of the Policy Group that reflects a sense of partnership and shared responsibility for responding to the issues posed by a pandemic.
- Efficiency and Practicability – Members seek to ensure that the goals of the Policy Group are achieved in a manner that:
  - minimizes the need for the development of additional referral systems and other activities that will impose significant resource requirements on staff; and
  - supports an appropriate degree of flexibility implementing regional protocols, where present, so as to reflect the particular needs and circumstances of the various regions.

## Membership

The Policy Group may be composed of membership from the following Ministries/Agencies, depending on the issues posed by the pandemic:

- Ministry of Public Safety and Solicitor General, EMBC (co-chair);
- Ministry of Health (co-chair);
- Public Service Agency;
- Government Communications and Public Engagement;
- Ministry of Attorney General, Corrections;
- Ministry of Transportation and Infrastructure;
- Ministry of Education;
- Ministry of Citizens' Services;
- Ministry of Advanced Education, Skills and Training;
- Ministry of Social Development and Poverty Reduction;
- Ministry of Children and Family Development;
- Ministry of Indigenous Relations and Reconciliation;
- Ministry of Finance;
- Ministry of Jobs, Economic Development and Competitiveness;
- Ministry of Labour;
- Ministry of Tourism, Arts and Culture;
- Ministry of Agriculture; and
- Ministry of Municipal Affairs and Housing



Ministries may choose to identify members at the time of the event, based on the specific issues to be addressed.

**Note:** Other Ministries/agencies will be brought in to provide specific agency information, identify priorities and consult on options as required.

## **Responsibilities**

Members of the Policy Group will be responsible for:

- Providing recommendations for the resolution of complex policy issues brought on by a pandemic;
- Researching past practices and legal opinions;
- Coordinating and collaborating with subject matter experts;
- Ensuring that their ministry is adequately represented;
- Making recommendations to the ADMCEM, DMCEM and/or MDEC; and
- Determining other issue-specific participation in the group.

## **Pandemic Cross-Ministry Policy Group - Procedures**

Chairperson –

The Policy Group is co-chaired by Emergency Management BC (EMBC) and the Ministry of Health (HLTH).

Meeting Frequency –

Once convened, the Policy Group will determine a meeting schedule based on the particular needs of the event.

Status reporting –

The Policy Group Co-Chairs will report to the ADMCEM, DMCEM and/or MDEC as required. The reporting format to be used will be verbal briefings and Ministry Briefing Notes, when appropriate.

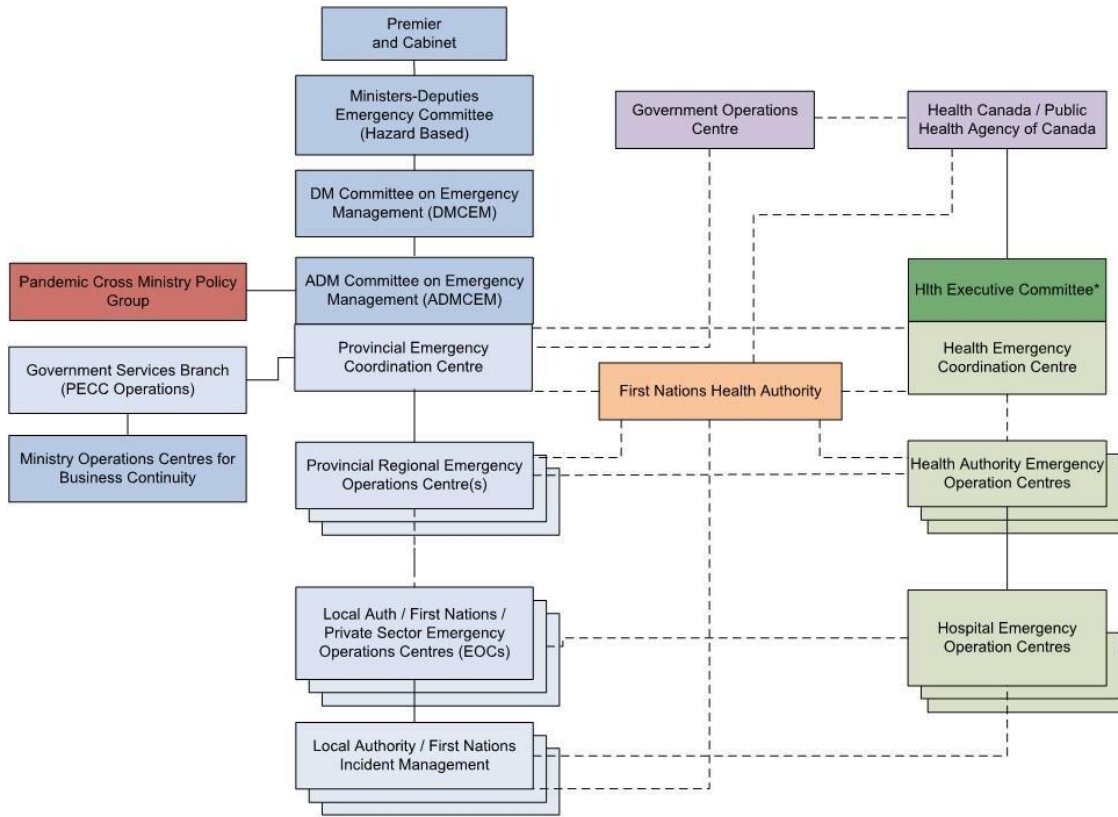
An organization chart depicting the relationship between key entities is attached in Annex A.

## **Disagreements or Unresolved Issues**

If any disagreements or unresolved issues arise during the work of the Policy Group, the Co-Chairs must seek guidance from the ADMCEM. In the event that the ADMCEM is unable to resolve the disagreement in a mutually acceptable manner, the disagreement or issue must be brought forward to the DMCEM for resolution by the ADMCEM chairs.

Annex A

Pandemic Provincial Coordination Plan Organizational Structure



## Appendix E: Agreements and Policies

- **Canada-United States Civil Emergency Planning and Management**
  - The 1986 Canada-United States Civil Emergency Planning and Management Agreement was reaffirmed in 1998. The agreement establishes the means for bi-lateral cooperation in comprehensive emergency management and facilitates planning for the development of mutual cooperation for comprehensive civil emergency management by provinces, states and municipalities, including the exchange of information relative to prevention, mitigation and assistance.
- **Pacific Northwest Emergency Management Arrangement**
  - The *Pacific Northwest Emergency Management Arrangement (PNEMA)* was signed by Alaska, Idaho, Oregon, Washington, British Columbia and the Yukon Territory and was approved by Congress and the President in 1998. Washington State has been leading an effort to add an annex to PNEMA which specifically addresses issues related to public health that occur in emergencies. In particular, the dissemination of health data and licensing and liability of healthcare personnel are among the topics addressed by the annex.
- **Memorandum of Understanding (MOU) on Public Health Emergencies between the Province of British Columbia and the State of Washington**
  - In June 2006 a MOU on Public Health Emergencies was signed by the BC Minister of Health and Washington State Secretary of Health in response to the recognized need to formalize existing informal communication/collaboration through agreements between public health partners. In developing the MOU, the partners agreed to continue to undertake a collaborative approach on the use of available health service resources to prepare for, respond to and recover from public health emergencies.
- **Pacific North West Border Health Alliance**
  - The *Pacific Northwest Border Health Alliance (PNWBHA)* was endorsed at the 2008 Cross Border Public Health Workshop (Bellingham). The alliance encompasses the Provinces of British Columbia and Saskatchewan, the Yukon Territory, and the States of Alaska, Idaho, Montana, Oregon and Washington. The PNWBHA formalized the current informal cross border working groups at the 2011 Cross Border Public Health Workshop to ensure sustainability of the collaborations and provide a framework for further collaborative work, including mutual assistance and interagency and interdisciplinary collaboration.
- **Memorandum of Understanding (MOU) on Public Health Emergencies between British Columbia and Alberta**
  - In October 2006, the BC Minister of Health Services and AB Minister of Health and Wellness signed an MOU on Public Health Emergencies. The agreement calls for a collaborative approach between the provinces to respond to surge capacity

demands on health systems and resources when public health emergencies arise in Alberta or British Columbia.

- **National Plan for the Management of Shortages of Labile Blood**
  - In 2009, the National Advisory Committee on Blood and Blood Products, in collaboration with Canadian Blood Services (CBS) and stakeholders across Canada, produced the National Plan. The specific purpose of the Plan is to maximize the effectiveness of a national response to any crisis which impacts the adequacy of the blood supply in Canada, with primary emphasis on the jurisdictions served by CBS, but also in contemplation of close collaboration with participants of the blood system in Québec. The Plan assumes that all efforts to increase the available supply of blood components have been exceeded and addresses the allocation of the available scarce blood supply. The Plan addresses labile blood components; however, many of the principles would also be applicable to a shortage of fractionated or recombinant plasma protein product.

## Appendix F: Resources and Authoritative Sources of Information

[WHO Pandemic Website](#)

[Flu Net](#) (Global Surveillance)

[Flu Watch \(PHAC Surveillance\)](#)

[BC Centre for Disease Control](#)

[BC COVID-19 Response Plan](#)

[Canadian Pandemic Influenza Plan](#)

[HealthLink BC Files – What is Influenza](#)

[FPT Public Health Response Plan for Biological Events](#)