



BRITISH COLUMBIA PANDEMIC INFLUENZA CONSEQUENCE MANAGEMENT PLAN

(2009)



Ministry of Healthy Living and Sport
Ministry of Health Services
and
Ministry of Public Safety and Solicitor General-
Emergency Management British Columbia

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British Columbia pandemic influenza consequence management plan.



Effective response to pandemic influenza requires coordination of not only the agencies responsible for disease control and public health, but of the agencies engaged in managing the consequences of such events.

The BC Pandemic Influenza Consequence Management Plan represents a tripartite agreement between the Ministry of Healthy Living and Sport, the Ministry of Health Services and Emergency Management British Columbia of the Ministry of Public Safety and Solicitor General defining an integrated collaborative approach to managing the consequences of pandemic influenza in British Columbia.

We, the undersigned, adopt this Plan as a framework that defines each organization's roles and responsibilities with respect to mitigation, preparedness, response and recovery efforts as they relate to the pandemic influenza hazard in British Columbia.

Approved by the undersigned this date, __26__ of __April__, 2009

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1.0 INTRODUCTION AND PURPOSE

The British Columbia Pandemic Influenza Consequence Management Plan describes the provincial government's strategy for coordinating provincial mitigation/prevention, preparedness, response and recovery efforts to address human needs, critical service disruption and business continuity consequences of pandemic influenza exclusive of the health system. The [British Columbia Pandemic Influenza Preparedness Plan](#) outlines the activities of the health sector to mitigate and respond to a pandemic influenza.

This plan sets out a concept of operations that fosters cooperation and collaboration among multiple organizations involved in active management of the consequences associated with the pandemic influenza hazard. This includes governments at all levels, community and regional services and non-governmental organizations.

1.1 Signatory Roles

The Ministry of Healthy Living and Sport is responsible for setting out the manner and means by which the government will respond to the hazard of disease and epidemics. These duties are assigned to the Provincial Health Officer, who partners with the British Columbia Centre for Disease Control (BCCDC) and Medical Health Officers in the regional health authorities.

The Emergency Management Unit of the Ministry of Health Services exists to ensure that the provincial health system is capable of planning for, responding to and recovering from the impacts of extreme events, whether natural, accidental or intentional in nature. The mission of the Emergency Management Unit is to deliver a comprehensive provincial emergency management program for the health sector, based on an all hazard, common consequence approach, which recognizes the uniqueness and requirements of individual health regions. EMU also has responsibility for the Ministry's Pandemic Influenza Operational Planning Project (PIOPP).

The mission of Emergency Management British Columbia Provincial Emergency Program is to enhance public safety by: mitigating the effects of emergencies and disasters through education and awareness; promoting preparedness through planning, training and exercising; coordinating and assisting in response activities and developing and implementing recovery strategies for local implementation.

Emergency Management British Columbia (EMBC) Business Continuity Management Program (BCMP) 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. It is also responsible for providing

evaluation criteria and support for response, recovery, resumption and restoration efforts for mission critical provincial government programs.

This plan also serves as an information resource for our partners in emergency management. Organizations with response and recovery roles are encouraged to draw principles and guidance from the concepts presented here.

1.2 Plan Description

The Plan contains three descriptive sections: Introduction; Emergency Management Pillars; and Other Support Agencies.

The Introduction includes the purpose of the plan, definitions, background information, legal authority and planning assumptions.

The Emergency Management Pillars section is based on the four pillars of emergency management: prevention/mitigation, preparedness, response and recovery. It describes the activities and framework used by MoHS, MHLS, PEP, BCMP, Health Authorities, local authorities and key federal government departments to reduce the human needs and critical service impacts of pandemic influenza events.

The Other Support Agencies section provides a general overview of the various activities undertaken by the province, other levels of government and non-government organizations to reduce the impact and hasten the recovery from pandemic influenza events.

1.3 Definitions (as applied in this document)

Antiviral: Medicine taken to reduce the severity of an influenza infection. BC has stockpiled enough antiviral medication 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 influenza based on the characteristics of the disease and national direction.

British Columbia Centre for Disease Control (BCCDC): An agency of the Provincial Health Services Authority that provides scientific support and medical advice to Regional Health Authorities and the Provincial Health Officer.

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 influenza that results in the need for plans to contain influenza spread, maintain critical services and manage high absentee rates).

Chief Medical Health Officer (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, waste management, financial or business services.

Health System Consequences: Consequences that directly affect the health sector and the ability of the Ministry of Health Services, Ministry of Healthy Living and Sport and Health Authorities to provide health services to the public.

Human needs: For the purposes of this plan, impacts of illness on the population which increases the need for support, of the type normally provided by family, friends and neighbours, for individuals in the community.

Inter/Pre-pandemic period: During this period, no new strains of influenza virus with the potential to lead to a pandemic have been reported. The WHO phases 1 and 2 are the inter-pandemic period.

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 the public within that area.

Pandemic alert period: During this period a unique influenza virus strain has been identified that has in isolated cases transferred from human to human but spread has been limited. The WHO phases 3, 4 and 5 are the pandemic alert period.

Pandemic influenza: 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.

All the following conditions are necessary for an influenza pandemic to occur:

- a new influenza A virus arising from a major genetic change
- a virulent virus with the capacity to cause serious illness and death
- a susceptible population with little or no immunity; and
- a virus that is transmitted efficiently from person to person.

Pandemic period: When several outbreaks of a new pandemic influenza virus strain with likely associated illness and death has been identified is spreading in the world. The WHO phase 6 is the pandemic period.

Post-pandemic period: Immunity to the pandemic virus strain is widespread in the general population and status has returned to inter-pandemic level.

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.

Provincial Health Service Authority (PHSA): PHSA's primary role is to ensure that B.C. residents have access to specialized health care services provided by agencies such as British Columbia Children's and Women's Hospital, Riverview and the Forensic Psychiatric Hospitals, and the British Columbia Cancer Agency. The British Columbia Centre for Disease Control supports communicable disease control activities of Regional Health Authorities and the Provincial Health Officer.

Regional Health Authorities: Health authorities are responsible for the delivery of health care including acute care, mental health, public health and home and community care services. Organizations which provide quality, appropriate and timely health services based on province-wide goals, standards and performance agreements. There are five regional health authorities in British Columbia (See Appendix 1 for a map of the Health Authority Boundaries.) which are independent organizations with their own Chief Executive Officer, Chief Medical Health Officer (MHO), and independent operational structures.

Surveillance: A process by which Public Health professionals detect and observe outbreaks of infectious disease and other health hazards.

Influenza 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 the 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.

1.4 Background

Pandemic influenzas have been recorded every 10 – 40 years for the last 400 years. The worst known impacts of pandemic influenza occurred during 1918–1919, when a virus now known as H₁N₁ killed an estimated 30,000 to 50,000 people in Canada and over 20 million people worldwide. The most recent pandemics occurred in 1918-19; 1957 and 1968. The pandemics of 1957 and 1968 were relatively mild and mortality rates were not much higher than rates during the annual seasonal influenza epidemics.

Globally, the World Health Organization indicates that “the world is now closer to a pandemic than at any time since 1968” and has established it's phase of alert at level three (of six), indicating that a new virus (H₅N₁) has caused human cases with no, or very limited, human to human transmission .

1.5 Legal Authority to Plan

Provincial and local government legal authority to plan and respond to pandemic influenza resides within the:

- [Public Health Act](#)
- [Emergency Program Act](#)
- [Emergency Program Management Regulation](#)
- [Local Authority Emergency Management Regulation](#)

The Acts and Regulations specify the roles of B.C. ministries, as well as the responsibilities of local authorities in B.C. for overall emergency preparedness, response and recovery.

1.6 Plan Assumptions

The plan uses assumptions based on the [Canadian Pandemic Influenza Plan](#) and the [British Columbia Pandemic Preparedness Plan](#). For a more detailed analysis of assumptions please refer to section two of the [Canadian Pandemic Influenza Plan](#).

- The next pandemic will first emerge outside of Canada.
- The next pandemic influenza virus may rapidly spread to Canada.
- The first pandemic influenza peak could occur within 2 to 4 months after the virus arrives in Canada. The first peak in mortality is expected to be approximately 1 month after the peak in illness.
- The influenza pandemic will occur in two or more waves and the length of each wave will be 6 to 8 weeks in localized areas and up to 15 weeks in larger areas such as a province. The influenza pandemic will last 12 to 18 months and more than one wave may occur within a 12 month period.
- The pandemic virus may arrive in Canada at any time of year (i.e., potentially outside of the usual influenza season in Canada)
- Total workplace absenteeism rate due to illness and caretaking will likely be about 20%* during the peak two-week period of the first wave. For a detailed analysis of absenteeism by industry please refer to the [CPIP](#)¹.

¹ Statistics and assumptions drawn from the [Canadian Pandemic Influenza Plan](#).

1.6.1 Potential Consequences

Please note the following potential human needs, critical services and business continuity consequences include extreme scenarios and the extent of these impacts and countermeasures will be determined by the characteristics of the influenza strain.²

- Maintenance of regular services at all levels of government and in the private sector as well as community services such as garbage, police, fire, utilities will be a challenge and may be interrupted or reduced due to staff shortages.
- A variety of public health measures may be recommended which are non-medical interventions used during a pandemic to reduce the spread of disease that include but are not limited to:
 - providing public education
 - issuing travel restrictions and screening travellers
 - conducting case and contact management
 - social distancing measures, such as restricting public gatherings and closing schools.
- Potential of significant increase in fatalities which could strain funeral and burial services.
- Potential for stress and psychological trauma among survivors due to illness or death among family members and friends, loss of employment, and financial losses.
- Increased number of people requiring care outside of the formal health care system (eg. at home).
- A pandemic influenza will impact the economy and business. The impact on the economy would likely extend beyond the announced end of the pandemic. Economic impacts may include:
 - decreased production levels due to illness;
 - temporary loss of jobs and business closures (particularly small to mid-size enterprises);
 - goods transport could be impaired;
 - adverse ripple effects in the world-wide investment community; and
 - decreased hospitality and tourism industry.

² Potential consequences developed based on information from Canadian Pandemic Influenza Plan and BC Pandemic Preparedness Plan.



2.0 EMERGENCY MANAGEMENT PILLARS

This section outlines the roles and responsibilities of the provincial government and its partners through the four pillars of emergency management: **mitigation, preparedness, response** and **recovery**. It also describes the response concept of operations for addressing non-health consequences during a pandemic influenza response.

Pandemic influenza mitigation, preparedness, response and recovery is unique from other hazards in various ways including:

- The probability of advanced notice allows for advanced planning by all levels of government, agencies, corporations and individuals.
- 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 activation of existing mutual aid agreements amongst governments, agencies and corporations, which might be agreed upon or expected during other emergencies.
- Uncertain timing and impacts of pandemic influenza requires flexibility to address critical needs as required during the event.
- Pandemic influenza is a long-term event with multiple peaks. As a result, operational requirements are different from events with a shorter duration.

Communications from the Provincial Health Officer regarding pandemic period and phase is the primary driver behind activating measures throughout the four pillars. For the purposes of this plan we have identified the pandemic period(s) and World Health Organization pandemic influenza phase(s) associated with each emergency management pillar.

World Health Organization Phases (See Appendix 4 for PHAC Phases)

<i>Period</i>	<i>Phase</i>	<i>Description</i>
Inter-pandemic Period	Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.
	Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific pandemic threat.
Pandemic Alert Period	Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
	Phase 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks have been verified.
	Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region
Pandemic Period	Phase 6	In addition to criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post Pandemic Period		Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.

Figure 1 Extracted from WHO Pandemic Preparedness Plan

<http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html>

2.1 Prevention/Mitigation

Corresponding WHO Phase(s): 1-6

Corresponding Period: Inter-pandemic, Pandemic Alert, Pandemic and Post-Pandemic

Prevention and mitigation activities are initiated in Phase 1 and continue throughout the inter-pandemic, pandemic alert and pandemic period. Vaccine development will begin as soon as the vaccine seed strain is developed and delivered to the manufacturer. It will take several months to produce the vaccine. Prevention and mitigation activities include providing public awareness and

education; identifying and protecting high-risk populations; immunization with vaccines; use of personal protective equipment , or other barriers to virus transmission, where appropriate and encouraging hand washing and other methods of enhanced sanitation.

2.1.1 Prevention and Mitigation at all Levels of Government

Prevention and mitigation activities are similar across all levels of government and differ only in scale. Local, provincial and federal governments all implement programs such as yearly vaccine offerings and hygiene programs to decrease the level of disease transmission within the workplace. During a pandemic, access to vaccines, antivirals, and antibiotics will be administered appropriately based on the nature of the virus and consequence management requirements. Prevention and mitigation activities should be implemented as part of an organization's business continuity plan (BCP) for pandemic influenza. Tactics may incorporate stricter methods of prevention such as isolation of healthy workers to reduce the risk of infection, increased use of telecommuting, implementation of other social distancing techniques and enhanced sanitation. The following outlines activities specific to particular stakeholders.

2.1.2 Local Authorities

Local governments can hold planning/educational sessions regarding pandemic influenza with key stakeholders in their community. These information sessions are designed to increase understanding of the risks and consequences and local government contingency plans. In addition to this, local authorities should be working closely with their local public health departments.

2.1.3 Health Authorities

The mitigation and prevention activities of Medical Health Officers and Regional Health Authorities include:

- Administering regional vaccine and antiviral supplies including:
 - Planning for storage and delivery;
 - Preparing and presenting education materials for health care providers and the public;
 - Determining local requirements by risk groups; and
 - In partnership with the province and BCCDC, developing forms/strategies to collect and review adverse events and to understand the overall success of antiviral.
- Establishing plans for mass vaccination clinics and inventories of related materials;
- Establishing inventories of appropriate supplies, including personal protective equipment for staff working in proximity to persons with influenza; and

- In partnership with related stakeholders, increase public awareness of influenza through education, promotion, presentations, and the news media.

For further details regarding health authority prevention and mitigation activities please refer to the [British Columbia Pandemic Influenza Preparedness Plan](#), the [BC Centre for Disease Control](#) and individual health authority plans:

[Fraser Health Authority](#)
[Interior Health Authority](#)
[Northern Health Authority](#)
[Vancouver Island Health Authority](#)
[Vancouver Coastal Health](#)
[Provincial Health Services Authority](#)

2.1.4 Provincial Government

2.1.4.1 Ministry of Healthy Living & Sport

The Ministry of Healthy Living and Sport prevention and mitigation activities include:

- Providing oversight for the response
- The Office of the Provincial Health Officer (PHO) provides leadership to pandemic influenza preparedness activities across the health sector and maintains the *British Columbia Pandemic Influenza Plan*.
- The Office of the PHO works with other provinces and territories, and the Public Health Agency of Canada to ensure consistent approaches to plans, policies and guidelines for pandemic influenza preparedness and response and communicates these policies, plans, and guidelines to provincial health stakeholders.
- On behalf of the Office of the PHO, The BC Centre for Disease Control provides administration of provincial vaccine and antiviral supply including:
 - Distribution to Regional Health Authorities;
 - Guidelines and protocols for use;
 - Secure storage and transportation;
 - Informing public and healthcare providers regarding proper use; and
 - Refining priority of vaccine recipient groups according to nature of the virus and consequence management plans.
- BCCDC also develops provincial guidelines to minimize the spread of pandemic influenza in the community;
- In addition, BCCDC will implement an enhanced Public Health surveillance system to monitor influenza activity when appropriate; and

- Develop key messages, strategies and guidelines for communication through all pandemic influenza periods and completing public education activities.

For more details regarding Ministry of Healthy Living and Sport activities during the pre-pandemic/inter-pandemic influenza period please refer to the [British Columbia Pandemic Influenza Preparedness Plan](#).

2.1.4.2 Ministry of Health Services

The MoHS monitors the status of the provincial health system and oversees contingency planning to ensure sufficient capacity to respond to any emergency. The MoHS ensures that steps to minimize the spread of pandemic influenza within healthcare facilities are taken. Steps such as ensuring consistent infection control procedures, equipment and supplies are critical to successful mitigation of pandemic influenza across the province.

The Emergency Management Unit supports mitigation by encouraging the development of emergency management programs within Health Authorities and through the facilitation of provincial initiatives related to development of sector-wide plans and protocols. EMU is currently supporting the development of a BC Pandemic Influenza Operational Plan through the Pandemic Influenza Operational Planning Project (PIOPP). The project's purpose is to develop an up-to-date British Columbia (BC) Provincial Pandemic Influenza Plan and develop policy issues to support the health sector's response to a possible future pandemic influenza.

2.1.4.3 EMBC Provincial Emergency Program (PEP)

In accordance with government policy, the PEP Business Continuity Plan and the Occupational Health and Safety procedures are continually being updated to include the most current prevention and mitigation activities to reduce the impacts of pandemic influenza on the provision of emergency management services.

Provincial Emergency Program staff annually or semi-annually facilitate regional seasonal readiness workshops for local governments, First Nations and associated stakeholders to increase awareness of potential hazards and consequences, including the pandemic influenza threat. PEP regional staff support regional health authority initiatives and public education campaigns as required.

2.1.4.4 EMBC Business Continuity Management Program (BCMP)

In addition to assisting provincial ministries with the development of templates, strategies and exercises for business continuity plans, BCMP will support work with provincial central agencies and Shared Services BC to develop and coordinate corporate strategies or protocols to ensure a safe workplace (e.g. facilities and human resource strategies).

2.1.5 Federal Government

2.1.5.1 Public Health Agency Canada (PHAC)

The federal government through the Public Health Agency of Canada (PHAC) is responsible for acquiring and distributing vaccines to the provinces and territories. Federal agencies will also be responsible for implementing mitigation strategies at the borders and ports as well as liaising with international actors regarding medical supplies. For further details regarding the mitigation and prevention activities of the PHAC, please refer to the [Canadian Pandemic Influenza Plan](#).

2.1.6 International

2.1.6.1 World Health Organization (WHO)

The World Health Organization performs global surveillance and disseminates surveillance information. The WHO also provides recommendations on composition of influenza virus vaccines. For further details regarding the WHO prevention and mitigation activities please refer to the [WHO Global Influenza Preparedness Plan](#).

2.2 Preparedness

Corresponding WHO Phase(s): 1-6

Corresponding Period: Inter-pandemic, Pandemic Alert, Pandemic and Post-Pandemic

Preparedness activities are initiated during the inter-pandemic period and continue through the remaining pandemic alert, pandemic and post-pandemic periods. Preparedness activities include development and maintenance of emergency plans, mutual aid agreements, resource inventories and training exercises. In between pandemic waves plans should be revisited and reinforced.

2.2.1 Local Authorities

All local authorities are required under provincial legislation to prepare and maintain all-hazard emergency plans that detail how the community will respond to known hazards. Local authorities should also have established internal and external emergency communication plans with the ability to communicate risk and self-protective measures to the populations within their jurisdiction.

Generally all-hazard emergency plans developed by local government prioritize the protection and recovery of real property, along with the mass sheltering of healthy persons. Most response and management plans for various hazards, such as flood, fire, earthquake and hazardous material spill fit this model. An outbreak of infectious disease in the community (ie not exclusively in a hospital or other care facility) has unique consequences. Therefore, pandemic planning for local authorities involves additional considerations outside of the existing all-hazard local government plan templates, particularly regarding the business continuity and the provision of social services.

Business Continuity plans relating to human resource shortages can form the basis of a Business Continuity Plan for pandemic influenza. In addition local authority pandemic influenza response plans should:

- Identify containment and social distancing strategies to reduce staff infection and exposure to the pandemic influenza;
- Set priorities for maintaining public safety and other essential public services (fire, police, waste management, water and other public utilities);
- Support regional health authorities in providing information to the public, establishing alternative care sites for the delivery of health care, alternative transportation, mitigation/prevention efforts;
- Identify strategies to assist in the provision of the type of support normally provided by family, friends and neighbours to individuals lacking a support network. This may include:
 - Identification and coordination of community groups able to provide services;

- Coordinating communications about individuals requiring assistance;
 - Volunteer resource coordination; and
 - Transportation coordination.
- Identify dependencies on supply sources outside of the community in order to develop realistic planning assumptions.

The Ministry of Healthy Living and Sport document [Managing a Pandemic Influenza: A Guide for BC Local Governments](#) outlines the impacts that should be considered by local governments when developing a pandemic influenza response plan. Through the PEP website, a [community planning tool kit](#) provides local authorities with information on how to establish and/or review their emergency program, how to conduct a hazard, risk and vulnerability analysis (HRVA) and how to evaluate their communities' capacity to manage emergencies.

Local governments should meet with their regional health authorities and Medical Health Officer to collaborate on pandemic influenza response planning and to ensure that procedures are in place for mutual information sharing and public education that meet the anticipated requirements in their jurisdiction.

Local governments may also organize and participate in pandemic influenza exercises within their communities.

2.2.2 Health Authorities

Health authorities are responsible for planning the health system response to a pandemic influenza within their region with direction from both the provincial and the federal governments. In order to develop effective plans, health authorities should liaise with local partners in advance to facilitate a coordinated response when pandemic influenza strikes in the community. Health authority pandemic influenza response plans include:

- assessment of capacity for the care of influenza patients;
- prioritized delivery of health services;
- protocols for vaccine and anti-viral use;
- command structure and operational procedures;
- identification of alternative care locations and resources;
- continued delivery of acute and residential care services;
- risk communication strategies for internal and external stakeholders and
- human resources plan which includes procedures and protocols for managing scarce staff resources and staff safety guidelines specific to pandemic influenza.

In partnership with municipalities and involved stakeholders, health authorities develop plans for establishing and operating mass immunization clinics. Health authority plans should be developed, maintained, exercised and reviewed during the pre-pandemic/inter-pandemic period. See the following links for individual health authority Plans:

[Fraser Health Authority](#)
[Interior Health Authority](#)
[Northern Health Authority](#)
[Vancouver Island Health Authority](#)
[Vancouver Coastal Health](#)
[Provincial Health Services Authority](#)

Public information and educational materials regarding pandemic influenza and self/family-care are also developed in advance and distributed as requested.

Health authorities also maintain public health surveillance and report cases of reportable disease incidents, and unusual symptoms to the British Columbia Centre for Disease Control and the Provincial Health Officer. It is likely that the health authority's public health programs, through existing or enhanced surveillance, will be the first ones to detect influenza in their community. Once detected, the BCCDC will confirm the existence of the pandemic influenza strain in British Columbia.

2.2.3 Provincial Government

2.2.3.1 Ministry of Healthy Living and Sport

In conjunction with its partners including the Ministry of Health Services, BCCDC and Medical Health Officers, the Ministry of Healthy Living and Sport maintains, and updates the [British Columbia Pandemic Influenza Preparedness Plan](#) which focuses on the health sector aspects of pandemic influenza.

The Provincial Health Officer will ensure increased public health surveillance as appropriate, to enhance the ability to detect and monitor the pandemic strain of influenza in British Columbia. The Office of the Provincial Health Officer (PHO) provides leadership to pandemic influenza preparedness activities across the health sector and maintains the *British Columbia Pandemic Influenza Plan*.

In addition, the Office of the PHO works with other provinces and territories, and the Public Health Agency of Canada to ensure consistent approaches to plans, policies and guidelines for pandemic influenza preparedness and response and communicates these polices, plans, and guidelines to provincial health stakeholders.

The Ministries of Health Living and Sport and Health Services provide health authorities with information relevant to pre-pandemic emergency planning and support health authority planning activities. The ministries also promote

awareness and education within and outside government, supplementing federal and local level information.

For public health and health care issues of province-wide scope, MHLS provides support to initiatives which develop guidelines and protocols for health ministries, agencies, and authorities.

For more details regarding health sector preparedness activities please refer to the [BC Influenza Pandemic Preparedness Plan](#).

2.2.3.2 Ministry of Health Services

The MoHS provides coordination and support to health authority preparedness activities to ensure an appropriate emergency response and continuity of health services. Ensuring clinical triage and care guidelines and standards are consistent and appropriate across health authorities and, where possible, that incremental equipment and supplies needed for response are of a type which can be utilized by all health authorities.

Psychological impacts on those who have suffered pandemic impacts are being addressed by development of a psychosocial support network. The goal is to ensure that those at risk psychologically are identified, supported and, if necessary, treated in a timely manner. MoHS supports the development and implementation of psychosocial networks and training within health authorities as a means of maximizing operational capacity during a pandemic.

2.2.3.3 EMBC-Provincial Emergency Program (PEP)

In conjunction with its partners the Provincial Emergency Program maintains and updates the *BC Pandemic Influenza Consequence Management Plan*. Working with key stakeholders the plan will be trained and exercised. In addition PEP provides BC Emergency Response Management System (BCERMS) expertise and tools to stakeholders in developing their own pandemic influenza plans.

PEP coordinates collaborative planning work with all levels of government, non-government organizations and with the private sector. PEP staff also participate and provide expertise to several pandemic planning committees at the federal, provincial, regional and local levels.

2.2.3.4 EMBC Business Continuity Management Program

BCMP has created and maintains the document *Business Continuity Planning Guide for Pandemic Influenza - For Provincial Public Service Organizations* to assist provincial ministries in preparing and planning for a pandemic influenza. BCMP also leads the workgroup Business Continuity Managers Pandemic Working Group (BCMPWG) to develop further provincial government business continuity protocols for pandemic influenzas. This workgroup includes representation from BC Public Service Agency to provide guidance regarding leave, occupational health and safety, staffing protocols and labour relations

issues to provincial ministries. BCMP also works with ministries to prioritize provincial government mission critical business services and the final ranking is approved by the Inter-agency Emergency Preparedness Council (IEPC).

2.2.3.5 Inter-Agency Emergency Preparedness Council

The Inter-Agency Emergency Preparedness Council (IEPC) is co-chaired by the Deputy Minister of PSSG and the Associate Deputy Minister of EMBC on a permanent basis and by the representative of any other member ministry or agency (rotating on an annual basis). The council ensures, through recommendations, that all ministers' emergency plans and procedures are coordinated and consistent across government.

2.2.4 Federal Government

2.2.4.1 Public Health Agency Canada (PHAC)

The [Canadian Pandemic Influenza Plan](#) is maintained and updated by PHAC.

PHAC is responsible for national disease surveillance. 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 influenza. Public education and federal communication strategies are developed in advance of the pandemic influenza.

For further details regarding Public Health Agency Canada's activities in the preparedness stage please refer to the [Canadian Pandemic Influenza Plan](#).

2.2.5 International

2.2.5.1 World Health Organization (WHO)

The overarching goal of the World Health Organization during the inter-pandemic influenza period is to strengthen influenza pandemic preparedness at the global, regional and sub-national levels. Activities 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. For further information regarding the activities of the WHO during the inter-pandemic influenza period, please refer to the [WHO Global Influenza Preparedness Plan](#).

2.3 Response

Corresponding WHO Phase(s): 5 & 6

Corresponding Period: Pandemic Alert, Pandemic

Primarily response activities take place during the pandemic influenza period but some activities could require the response structure to activate in advance to manage in anticipation. The following section is the framework for integrated response adopted by the province to address the consequences outside of the health system caused by a pandemic influenza event.

The period between pandemic waves should be used to re-adjust planning assumptions based on experience and lessons learned as determined in the previous wave. Activities should be reviewed and best practices shared through all levels of government.

The provincial government concept of operations for response to any major pandemic influenza event impacting BC addresses the need for integration and coordination of multiple organizations. The concept of operations ensures consequences outside of the health system are fully supported, including overall coordination of provincial and national resources that may be engaged in the response effort.

Fundamental understanding of the roles and responsibilities and the means of integrating and coordinating activities of Local Authorities and First Nations, the Provincial Emergency Program, the Ministry of Healthy Living and Sport, Ministry of Health Services and the Business Continuity Management Program is essential to successful provincial pandemic response operations.

2.3.1 Concept of Operations

The concept of operations for pandemic influenza response reflects the current provincial standards as defined in the [British Columbia Emergency Response Management System \(BCERMS\)](#).

BCERMS acknowledges the primary role of local authorities and specific provincial ministries in leading emergency response activities. It follows the principles of the Incident Command System (ICS) wherein every corresponding level of support works to resource and provide assistance to the site level. In other words, the provincial and federal governments work to support efforts by local authorities to protect their citizens and communities. For further information regarding the BCERMS levels, please review Appendix 3 as well as the document [British Columbia Emergency Response Management System \(BCERMS\) Overview](#).

The priority of the BCERMS response goals are as follows:

- Provide for the safety and health of all responders;

- Save lives;
- Reduce suffering;
- Protect public health;
- Protect government infrastructure;
- Protect property;
- Protect the environment; and
- Reduce economic and social losses.

The following diagram illustrates the relationship between the lead ministries, site support and site level partners during an activation of the provincial emergency management structure. For the purposes of this plan it will be referred to as a Provincial Pandemic Influenza Response Structure.

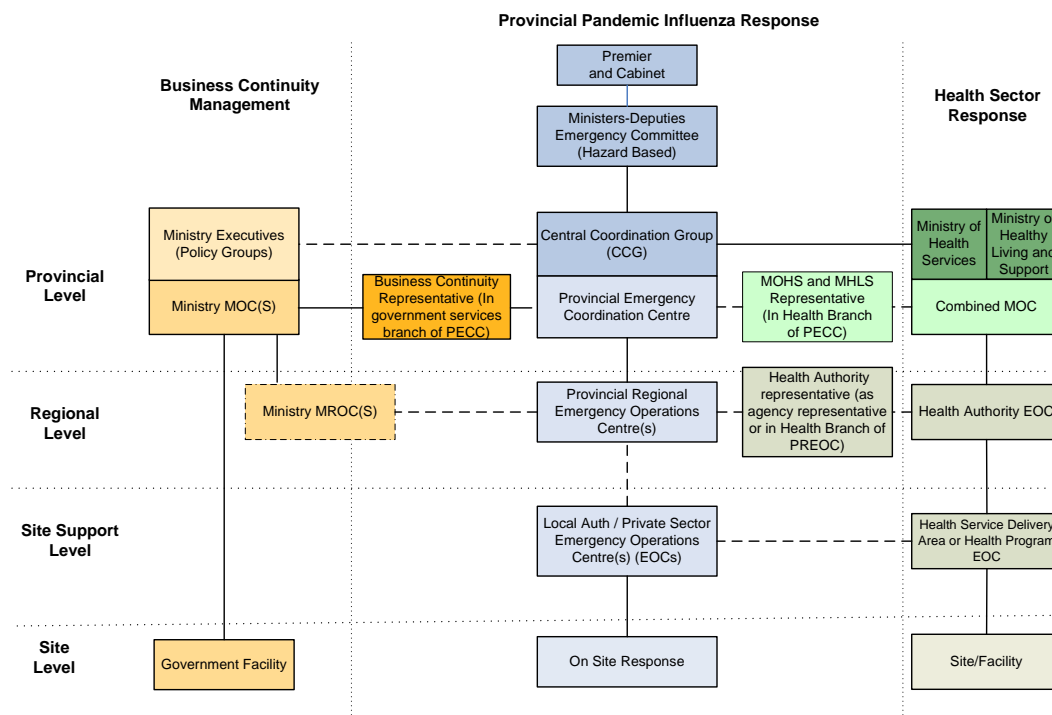


Figure 2.0 Provincial Pandemic Influenza Response Structure

2.3.2 Provincial Central Coordination

Ministers–Deputies Emergency Committee

BCERMS provides for the establishment of a Ministers-Deputy Emergency Committee (M-DEC) composed of the key ministers and deputies who provide direction for policy and strategic decisions to the Central Coordination Group (CCG).

Central Coordination Group

The CCG provides strategic and policy direction to any provincial ministries and agencies involved in the response. During a pandemic influenza event, on the advice of the Provincial Health Officer (PHO), the Executive Director of PEP will call together the core CCG representatives from Emergency Management BC, Ministry of Health Services, Ministry of Healthy Living and Sport, BC Public Service Agency and the Public Affairs Bureau to begin advance preparation for a coordinated pandemic influenza response. Extended CCG members could include BC Coroners Service, Ministry of Housing and Social Development, Ministry of Children and Family Development and private industry. The Executive Director of PEP and the PHO will co-chair the CCG. This responsibility could also be designated to a senior ministry representative from Ministry of Healthy Living and Sport or the Office of the PHO.

Provincial Emergency Coordination Centre (PECC)

The PECC located at PEP Headquarters in Victoria, will coordinate the integrated provincial response by supporting active Provincial Regional Emergency Operation Centres (PREOCs). The PECC manages the acquisition and allocation of provincial and federal resources (excluding health specific resources), coordinates interagency response and provides internal and external situational awareness.

The Business Continuity Management Program will provide a representative to sit in the PECC Operations Section as part of the Government Services Unit of the PECC to coordinate provincial government business continuity activities with provincial ministries, central agencies, Shared Services and the PECC.

Ministry of Health Services and/or Ministry of Healthy Living and Sport will provide representatives to sit in the PECC Operations Section Health Branch who will provide assistance as necessary and act as a link between the joint MoHS/MHLS MOC and the PECC.

2.3.3 Provincial Regional Coordination

Provincial Regional Emergency Operations Centres (PREOCs)

Each active [PREOC](#) supports the affected local authorities by sharing information, filling requests for resources, and advising on key decisions. The [PREOC](#) will provide support to local authorities in managing the consequences associated with a pandemic influenza event outside of the health system and will liaise with the PECC to identify requirements and resource availability.

A Health Authority representative may be deployed to the PREOC Operations Section Health Branch or as an agency representative to provide assistance in sections as needed and act as a link between the Health Authority EOC and the PREOC.

To address business continuity needs some ministries may open Ministry Regional Operations Centres (MROC) in order to ensure service continuation. If this is the case, these MROCs will report to their Ministry Operations Centre who will forward the information to the Government Services Unit of the PECC Operations Section. The MROCs could also liaise with the PREOCs when appropriate.

2.3.4 Roles and Responsibilities

2.3.4.1 Local Authorities

During emergencies local authorities may, under Section 12 of the [Emergency Program Act](#), declare a state of local emergency to exercise emergency powers such as ordering an evacuation of residents from their homes or prohibiting travel. During a pandemic influenza, it is essential that local authorities consult with Medical Health Officers to ensure the powers enacted are effective in responding to pandemic influenza.

PEP provides guidelines in the form of a [Community Response Tool Kit](#) to assist local authorities in developing their community response plans. During pandemic influenza events local governments are responsible for maintaining essential services to the best of their ability and coordinating local emergency response and community recovery activities. Local authorities could potentially establish an Emergency Operations Centre to:

- Implement local emergency pandemic influenza response plan(s);
- Support site operations (external to the health care system);
- Maintain the continuation of essential community services;
- Coordinate external resource requirements/mutual aid;
- Liaise with Provincial Regional Emergency Operation Centre (PREOC) and other support agencies as required;
- Manage communications (public/media messaging/emergency radio communications);
- Provide leadership and public information in partnership with regional health authorities regarding pandemic influenza, self care and psycho-social services;
- Work with local businesses to maintain a level of service in the community for critical services (for example pharmaceuticals, food retail and gasoline);
- Coordinate multi-agency and volunteer activities; and
- Initiate and coordinate community recovery activities.

Local authorities may also be approached to support the regional health authority response. This could include:

- Coordinating services usually provided by family, friends and neighbours;
- Acting in support of Medical Health Officer directives regarding restriction on public gatherings and limitation of face-to-face contact (such as school and business closures, isolation or quarantine);
- Identifying and supporting set-up and operation of non-traditional health facilities such as mass immunization clinics; and
- Assisting with security of health facilities, pharmaceutical inventories and other supplies when necessary.

2.3.4.2 Health Authorities

Regional Health Authorities are the lead agencies at the local and regional levels. There are five regional health authorities (see Appendix 2 for details). The operational structure within each health authority varies but it is likely that during the pandemic period regional health authorities will activate a Health Authority EOC (HAEOC). Potential activities of the HAEOC include:

- Coordinate public messaging and information with the Provincial Health Officer and local governments;
- Implement the regional health authority pandemic influenza response plan and support 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 vaccines become available;
- Activate alternate care sites as necessary and in partnership with involved stakeholders;
- Ensure necessary services to patients;
- Coordinate selected reductions in services;
- Participate in disease surveillance as per the BC Pandemic Influenza Preparedness Plan;
- Provide personnel to act as agency representative in the PREOC;
- Provide briefings and status reports to partner agencies;
- Liaise with the Medical Health Officer, the Provincial Health Officer, other Health Authorities, and provincial counterparts; and
- Provide direction and expert assistance to municipal stakeholders and related agencies as required.

Under the *Public Health Act*, a Medical Health Officer (MHO) ⁱ is responsible for directing the public health response, and has wide ranging authorities including abilities to:

- Minimize gatherings such as at schools, theatres, recreation centres, stadiums or on transit systems where people gather in close proximity;
- Restrict travel and the movement of people;
- Assist with federal screening of travelers at ports of entry;
- Order the isolation and/or the quarantine or isolation of individuals or groups;
- Direct the provision of care for persons infected with pandemic influenza
- Require the training of alternate care-givers; and
- Act as spokespersons with regard to public health issues in consultation with the PHO and Public Affairs Bureau.

For further details regarding health authority activities during response see the following links for individual health authority Plans:

[Fraser Health Authority](#)
[Interior Health Authority](#)
[Northern Health Authority](#)
[Vancouver Island Health Authority](#)
[Vancouver Coastal Health](#)
[Provincial Health Services Authority](#)

2.3.4.3 Ministry of Healthy Living and Sport

The Ministry of Healthy Living and Sport, through the Office of the Provincial Health Officer (PHO), is the lead in the province in the event of a pandemic/communicable disease outbreak. Depending on the situation the PHO may delegate certain responsibilities to the BC Centre of Disease Control. The PHO is the primary provincial spokesperson and is responsible, with advice from BC Centre for Disease Control (BCCDC) for the decision to declare a pandemic in the province.

During response the Ministry of Healthy Living and Sport is responsible to:

- Participate in national pandemic surveillance and reporting programs;
- Implement, in cooperation with BCCDC, the provincial influenza plan;
- Assign a senior ministry representative to act as co-chair to the CCG and provide representatives to the PECC as required; and
- Provide public health messaging and guidance.

For further details please see the [BC Influenza Pandemic Preparedness Plan](#).

2.3.4.4 Ministry of Health Services

The MoHS is responsible for ensuring continuity of health services and as such will liaise with all health partners to coordinate available resources in support of the pandemic response. This may include:

- Coordinating the provision of health services, including acute care, home care, community care, and ambulance services;
- Assisting Health Authorities in emergency procurement and delivery of stockpiled medical supplies, equipment and pharmaceuticals.

The MoHS Emergency Management Unit (EMU) is responsible for supporting activation and operation of the Ministry Operations Centre (MOC). The main role of the EMU during a pandemic influenza is to facilitate emergency response coordination processes. The MOC will act in support of the activities of Health Authorities; the Provincial Health Officer and the Ministry of Healthy Living and Sport; and the Ministry of Health Services.

2.3.4.5 EMBC Provincial Emergency Program

During a significant pandemic influenza event, the role of PEP is to ensure the consequence management of pandemic influenza is supported. PEP will support provincial response by activating one or more of the six Provincial Regional Emergency Operations Centres PREOC(s) (See Appendix 2 for a map of the [PEP Regions](#)). In support of local authority emergency operation centres (EOCs) the PREOC will act as a regional coordination centre, facilitating the coordination of resources between all levels of government and additional stakeholders. The Provincial Emergency Coordination Centre (PECC) will activate to support active PREOCs and provide policy direction.

Staffing of these centres may be augmented by activation of Temporary Emergency Assignment Management System (TEAMS) members and by appropriate agency representatives. TEAMS is a pool of employees from across government who have training and experience managing emergency operations and communications during disasters. It must be noted that due to increased absenteeism due to illness as well as potential home ministry requirements to maintain essential services, the use of TEAMS may not be effective in bolstering human resources during a pandemic influenza response. In this circumstance PEP will employ alternate methods to staff key response positions.

PEP Task numbers will be issued to local authorities for the purpose of tracking eligible response expenditures authorized by the PREOCs and the PECC. This includes Emergency Operations Centre activation costs. For more information regarding eligible response costs see the [Financial Assistance for Emergency Response and Recovery Costs A Guide for BC Local Authorities and First Nations](#).

Provincial Emergency Program (PEP) is responsible for coordinating all elements of the provincial emergency response management structure and supporting local government. Activities during a pandemic influenza response include:

- Co-chair the CCG;
- Establish and coordinate staffing of the PECC and PREOC(s) as required;
- Coordinate the preparation of provincial pandemic consequence management response directives; and
- Prepare and distribute public information, advisories and situation reports.

In response to a major emergency or disaster, a provincial declaration of a state of emergency may be issued (under the [Emergency Program Act](#)). The authority for a provincial declaration rests with the Solicitor General or the Lieutenant-Governor. In BC a provincially declared state of emergency is not often used. The Emergency Program Act outlines the extraordinary powers that could potentially be required to respond effectively to an emergency or disaster. These include large scale ordered evacuations of people, access to private property and the movement of resources throughout the province.

2.3.4.6 EMBC Business Continuity Management Program

BCMP will provide business continuity support and expertise to Ministry Operations Centres including assistance in confirming priority rankings for provincial government services. The BCMP representative in the Government Services Unit will provide assistance to Shared Services, central agencies Operations Centres and PECC Operations in determining resource allocation for the provincial government.

2.3.4.7 Public Health Agency of Canada (PHAC)

PHAC is the lead federal department with primary responsibility for the prevention and control of infectious diseases and the minimization of serious illness and fatalities. The federal government holds responsibility for the nationwide coordination of the pandemic influenza response, including national surveillance, international liaison, and coordination of the vaccine response (infrastructure procurement, vaccine allocation etc.). PHAC may also work with airports and border services to monitor individuals entering the country. In order to coordinate the federal response it is likely that the Government Operations Centre will be activated. PHAC will link with Provincial Health Officers and the WHO to receive nation wide and international level information regarding the pandemic outbreak. For further information regarding the federal level response please refer to the [Canadian Pandemic Influenza Plan](#).

2.3.4.8 Public Safety Canada (PSC)

Public Safety Canada is the federal department with overall responsibility to support a coordinated federal all-hazard emergency response. The PECC will liaise with Public Safety Canada in order to coordinate federal assets required for

provincial response to consequences of a pandemic influenza event. Upon request from the province, Public Safety Canada will provide coordination of federal resources to support the provincial response efforts.

2.3.4.9 World Health Organization (WHO)

During the pandemic influenza period (Phase 6) WHO activities include:

- Establish WHO influenza pandemic information and coordination centre;
- Coordinate global strain surveillance;
- Recommend/update composition of pandemic influenza vaccine;
- Monitor global spread of disease;
- Assist 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 partners and stakeholders and the public of the situation.

For further details regarding the activities of the WHO during the pandemic period, please refer to the [WHO Global Influenza Preparedness Plan](#).

2.4 Recovery

Corresponding WHO Phase(s): NA

Corresponding Period: Post Pandemic

Recovery activities are initiated during the pandemic influenza response but the majority of the activities will occur during the post-pandemic influenza period. Recovery activities include addressing psycho-social and economic impacts and returning to pre-event or new levels of service. It also includes the deactivation of client support systems and supporting health authorities in the decommissioning of alternative or non-traditional facilities.

2.4.1 Local Authorities

Public safety and community well-being are the responsibility of all levels of government. However, primary responsibility for community recovery rests with the local authority. Awareness and coordination of all community recovery activities as they are being carried out, is a key to effective successful recovery efforts. Recovery activities work best when local expertise and resources are combined and shared among volunteers, government and private businesses. A [Community Recovery Tool Kit](#) is available on the PEP website to assist local authorities in developing their community recovery plan and associated programs.

Within Provincial Disaster Financial Assistance eligible reimbursable recovery costs are subject to the guidelines outlined in the [Financial Assistance for](#)

[Emergency Response and Recovery Costs: A Guide for BC Local Authorities and First Nations.](#)

In recovery from a pandemic influenza event the local authority will have to address recovery of 1) the full local government services and 2) the community. An outline for internal recovery should be included in local authority pandemic influenza or business continuity plans.

Community recovery includes all actions devoted to assisting individuals, families, businesses, farms, and non-profit organizations regain social and financial stability following a disaster. Local authorities may coordinate recovery organizations in a collaborative effort to help community members by establishing recovery resource centres.

Depending on the severity of the pandemic influenza, psycho-social support may be required for the community to fully recover from the event. Receiving clinical guidance before and throughout town meetings can be an effective way of addressing psychological stresses potentially caused by the event.

All stakeholders should work together to reduce the economic and social impacts of a pandemic influenza.

2.4.2 Health Authorities

During the post-pandemic influenza period health authorities will return to normal operations and review the response. For more details regarding the activities of health authorities in the post pandemic period please consult the individual health authority plans.

[Fraser Health Authority](#)
[Interior Health Authority](#)
[Northern Health Authority](#)
[Vancouver Island Health Authority](#)
[Vancouver Coastal Health](#)
[Provincial Health Services Authority](#)

2.4.3 Provincial Government

2.4.3.1 All of Government

All of government will restore services to normal, review activities throughout the pandemic influenza, document lessons learned and adjust business continuity plans accordingly.

2.4.3.2 Ministry of Healthy Living and Sport and Ministry of Health Services

At the beginning of the post-pandemic period high levels of surveillance will continue. The Ministry of Healthy Living and Sport and Ministry of Health Services will work to restore services to normal, and review and assess the

overall health care emergency response and review emergency and communication plans.

For more details regarding Ministry of Healthy Living and Sport and Ministry of Health Services activities during the post-pandemic period please refer to the [BC Influenza Pandemic Preparedness Plan](#).

2.4.3.3 Ministry of Health Services – Emergency Management Unit

The Emergency Management Unit will deactivate the Ministry Operations Centre. In addition it will support the return to normal business of the Ministry of Healthy Living and Sport, The Ministry of Health Services and Health Authorities.

2.4.3.4 EMBC Provincial Emergency Program

PEP will support local authorities in their recovery efforts and coordinate recovery activities at the provincial level. A review of the provincial planning and integrated response and updates to the *Pandemic Influenza Consequence Management Plan* will also occur.

2.4.3.5 EMBC Business Continuity Management Program

BCMP will review and revise the provincial business continuity templates in light of lessons learned as well as disseminate business continuity best practices across ministries.

2.4.4 Federal

2.4.4.1 Public Health Agency Canada

The primary focus of the federal government during the post-pandemic influenza period is to review and evaluate the national response and to return to normal operations. For further details please see the [Canadian Pandemic Influenza Plan](#).

2.4.5 International

2.4.5.1 World Health Organization

Once the pandemic is over, the World Health Organization returns its pandemic alert system to the inter-pandemic phase 1. During the post-pandemic influenza period the WHO will assess the overall impact of the pandemic influenza; evaluate lessons learned and update the [WHO Global Influenza Preparedness Plan](#) accordingly. For further details regarding the activities of the WHO during the post-pandemic period, please refer to the [WHO Global Influenza Preparedness Plan](#).



3.0 OTHER SUPPORT AGENCIES

3.1 Local Level

3.1.1 Volunteer Groups

Local volunteer groups could potentially play an important role in addressing the human needs consequences of a pandemic influenza such as performing food drop-offs.

In British Columbia local authorities are responsible for planning and managing emergency responses within their jurisdictional areas. Local emergency response often has a volunteer management component to it. To encourage involvement of volunteers it is imperative that local groups are actively involved and consulted in the planning stage for a pandemic influenza response. It must be noted that volunteers have the right to refuse any call to activation and it should not be assumed that they will be available for pandemic influenza response unless this arrangement is confirmed in advance.

Please refer to the Public Safety Lifeline Volunteer Safety Policy for provincial guidelines regarding Workers Compensation Board coverage and safety regulations.

3.1.2 Local Police Departments

During a pandemic influenza response the local police departments could support local authorities and health authorities by:

- Providing security for local infrastructure, medical supplies and clinics;
- Enforcing quarantine and/or evacuation orders; and
- Enforcing travel restrictions and restrictions on public gatherings.

3.2 Provincial Level

3.2.1 Public Affairs Bureau (PAB)

PAB has primary responsibility to develop the provincial communications strategy to support the provincial emergency management structure once activated. PAB also contributes to all public education campaigns and media releases regarding pandemic influenza including vaccination and hygiene measures.

During a pandemic influenza response PAB, MHLS and MoHS will have primary responsibility for communications support for the PHO. They will work closely with PEP to promote the coordination and understanding of roles between health agencies and the agencies responsible for consequence management.

PAB support activities include:

- Assign a senior representative to the CCG;
- Liaise with Health Canada public information office;
- Activate the BC Crisis Communications Strategy for Major Provincial Emergencies;
- Liaise with PECC Chief Information Officer;
- Brief senior government officials on communications issues; and
- Provide additional Information Officers to work in the PECC, PREOCs or other assignments.
- Liaise with MoHS/MHLS, PHO, BCCDC and HA communications departments during a pandemic event.

3.2.2 BC Coroners Service

The BC Coroners Service has an existing high-level disaster response plan. The plan is currently being enhanced to suit operational needs with regards to BCCS policy/procedure.

During the pandemic influenza period the Chief Coroner may support the Provincial Health Officer by Officer, BCCDC, and medical health officers by providing death related information.

In addition the coroners service may assist by:

- Establishing temporary mortuaries as required;
- Authorizing the disposition of human remains; and
- Scene processing.

The BCCS will also provide support to local coroners and funeral homes such as refrigerated reefer trucks in instances of mass fatalities.

3.2.3 British Columbia Centre for Disease Control, PHSA

During the pandemic influenza period, the BCCDC (an Agency of the Provincial Health Services Authority) bears responsibility for providing guidelines for the distribution and use of vaccines in British Columbia and the equitable distribution and use of anti-viral medications. 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 influenza event. The BCCDC will provide technical scientific support to the PHO, MHOs and Regional Health Authorities.

BCCDC will work with the Ministry of Healthy Living and Sport, the Ministry of Health Services and the PHO to evaluate the use of vaccines and antiviral

medications by targeted risk group and the effectiveness of delivery of vaccine to the public. The organization will assess the effectiveness of the pharmaceutical products in reducing the number of severe cases and mortality.

3.2.4 Ministry of Children and Family Development

The BC Ministry of Children and Family Development has responsibility for unattended and orphaned children.

3.2.5 Ministry of Housing and Social Development

The Ministry of Housing and Social Development may have an increased level of income assistance claims and clients due to temporary loss of jobs as a result of the pandemic influenza. The Ministry of Housing and Social Development will assist only those who meet eligibility requirements and claims will be processed according to the regular procedures.

3.2.6 BC Public Service Agency

During the preparedness stage BC Public Service Agency will have shared responsibility with Business Continuity Management Program for providing human resource advice, guidance and to represent the employer. This includes consultation with public service employee representatives. The BC Public Service Agency's labour legislation, collective agreements rights and entitlements guide the early stages of pandemic planning.

During the pandemic response BC Public Service Agency will have an important role in providing information to public service employees and developing protocols and procedures for staff protection measures during a pandemic influenza.

3.2.7 Other Ministries/Agencies

During a pandemic influenza response other provincial ministries and agencies are required to:

- Provide the highest possible level of service and maintain essential services; and
- Support the provincial integrated response structure.

3.2.8 RCMP "E" Division

During a pandemic influenza response the support activities of the RCMP E-Division could include:

- Providing security for provincial infrastructure;
- Enforcing quarantine and/or evacuation orders;
- Enforcing travel restrictions and restrictions on public gatherings; and
- Assisting Regional Health Authorities with security issues as required.

3.2.9 Worksafe BC

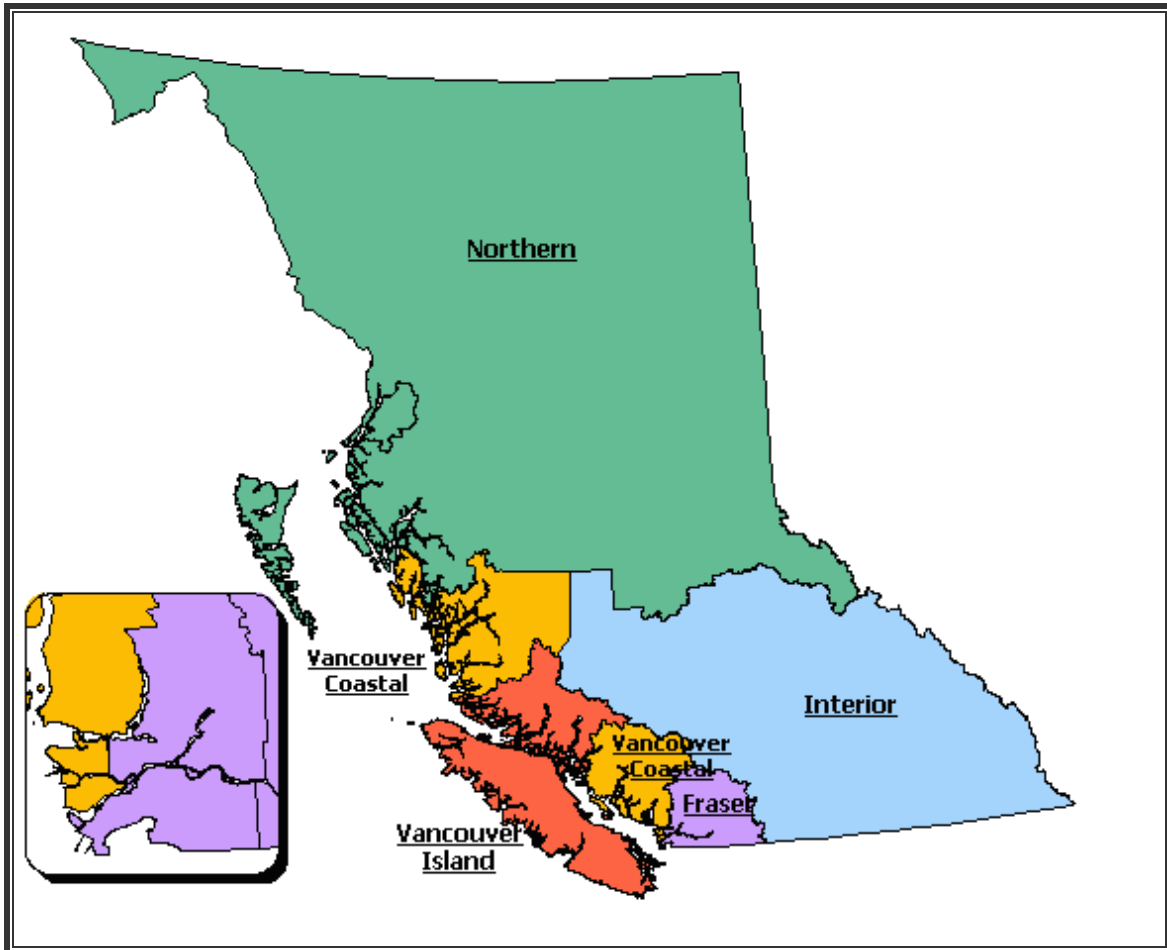
WorkSafeBC's Occupational Health and Safety Regulation ("OHSR") outlines requirements for the development and implementation of an exposure control plan ("ECP") when workers are occupationally exposed to biological agents. Under the OHSR, the employer is required to conduct a risk assessment, performed by a qualified person that includes 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.

3.2.10 Integrated Disaster Council

The Integrated Disaster Council is chaired by the Provincial Emergency Program. This group was created to provide a forum for the collaborative management of the many organizations that perform recovery and emergency social services within the province and foster effective programs to support the local authorities within the province.

During a pandemic influenza response the agencies of the Integrated Disaster Council will share information through operational conference calls and provide routine situation reports to the PECC on activities and services offered by organizations in the council.

Appendix One: Provincial Health Authority Regions



Appendix Two: PEP Regional Boundaries



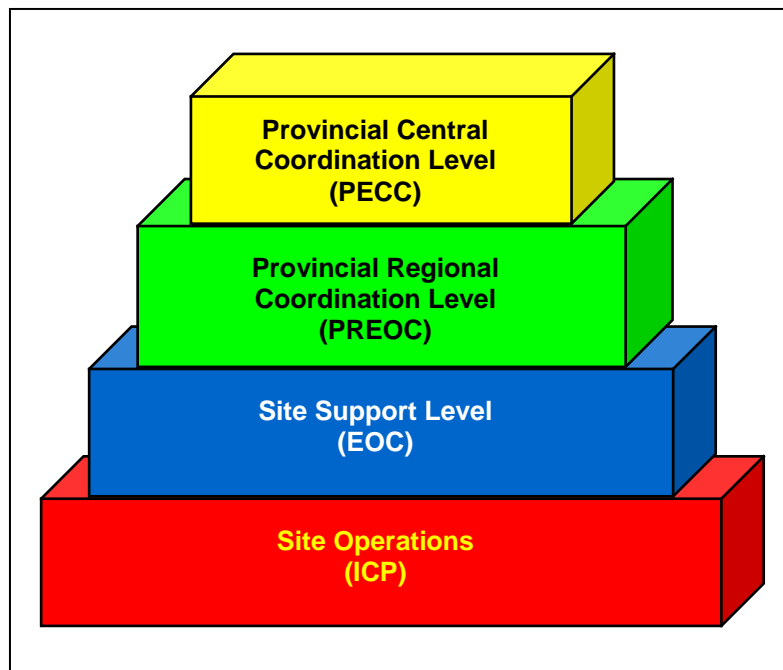
Appendix Three: BCERMS Levels

Site level – one or more Incident Commanders or Incident Management Teams oversee site operations from an Incident Command Post (ICP). In some circumstances, site level response is managed by more than one responsible agency under Unified Command (U/C).

Site Support – an Emergency Operations Centre (EOC) representing a local authority with jurisdiction for the affected area, is activated to oversee and coordinate all non-site activities in support of the Incident Commander.

Provincial Regional Coordination – one or more of the Provincial Regional Emergency Operations Centres (PREOC) located in each of the six [PEP Regions](#) (see Appendix Two) will be activated to provide support and coordination to activated EOCs within their region. The PREOC will provide support when the EOC requests support, has exhausted resources or requires coordination from outside of its jurisdiction.

Provincial Emergency Central Coordination – the Provincial Emergency Coordination Centre (PECC) located at PEP Headquarters in Victoria will activate to support PREOCs and provide policy direction.



Appendix Four: PHAC Pandemic Periods and Phases

<i>Period</i>	<i>Phase</i>	<i>Description</i>
Inter-pandemic Period	Phase 1	No new virus subtypes in humans, animals <i>outside</i> Canada may be infected with a new subtype that is considered low risk for humans
	Phase 1.1	No new virus subtypes in humans, animal(s) <i>inside</i> Canada infected with a new subtype that is considered low risk for humans
	Phase 2.0	No new virus subtypes in humans, animals <i>outside</i> Canada infected with a new subtype that has a substantial risk for humans.
	Phase 2.1	No new virus subtypes in humans, animals <i>inside</i> Canada infected with a new subtype that has a substantial risk for humans.
Pandemic Alert Period	Phase 3.0	Human infection(s) with a new virus subtype occurring <i>outside</i> Canada – no or at most rare instances of human to human transmission.
	Phase 3.1	Sporadic human infection(s) with a new virus subtype occurring <i>inside</i> Canada - no or at most rare instances of human to human transmission.
	Phase 4.0 and 5.0	Clusters with limited human-to-human transmission occurring <i>outside</i> of Canada, spread is localized, no cases in Canada
	Phase 4.1 and 5.1	Sporadic infection(s) with virus that has demonstrated limited human-to-human transmission detected in Canada. No clusters identified in Canada but clusters have occurred outside of Canada.
	Phase 4.2 and 5.2	Localized cluster(s) with limited human-to-human transmission occurring in Canada but spread is localized, suggesting that the virus is not yet well adapted to humans or fully transmissible
Pandemic Period	Phase 6.0	Outside Canada, increased and sustained transmission in the general population has been observed (i.e., pandemic activity). No cases have been identified in Canada
	Phase 6.1 and 6.2	Pandemic virus detected in Canada (Phase 6.1 – single case(s) occurring, Phase 6.2 – localized or widespread activity occurring)
Post Pandemic Period		Return to Inter-pandemic Period

Appendix Five: First Nations Emergency Management and Health Systems

First Nations Health Care

Historically, Health Canada has been responsible for ensuring the provision of health services for First Nations and Inuit communities.

Currently health services in First Nations communities are distributed in various ways:

- Health Canada provides funds to the tribal council or other bodies (ex. NTC, Inter-tribal HA). The body then manages and distributes health services (nursing, training, dental) to smaller communities represented by the body.
- Health Canada provides funds directly to communities who then manage the health services for the community. This usually includes the hiring of a community nurse.
- Some smaller more remote communities have Health Canada nursing stations which are staffed by Health Canada nurses. These communities receive direct services from Health Canada rather than direct funding.

The process to receive direct funding from Health Canada is referred to as transfer negotiations. Health Canada's First Nations and Inuit Health intends to transfer responsibility for delivery of service to as many First Nations communities as possible. Since 1988, with the inception of the transfer policy, First Nations and Inuit Health has transferred responsibility for delivery of health services to approximately 120 communities (out of 200 communities in BC).

Pandemic Influenza Preparedness Initiative

Within BC, First Nations and Inuit Health realized that a critical constraint to pandemic planning in communities was that key community organizers hold many responsibilities and are unable to independently develop local plans. As a result, rather than providing funding to communities, First Nations Inuit Health contracted a consultant to work with communities in the development of their own pandemic influenza plans, provide training and education and perform follow up. To date, this initiative has been very successful; out of 200 communities in BC, 195 now have community pandemic influenza plans. The plans vary according to community needs and risks using a community development approach.

The contractor has also developed an online learning "Pandemic Influenza and Wellness" series. Upcoming additions to this series include a self-diagnosis tool and a home care model. As follow up the contractor will be returning to

communities every three years to revise plans, complete training, conduct exercises and educational sessions and introduce the home care module.

First Nations Emergency Management in BC

In BC, Indian and Northern Affairs Canada (INAC) partners with [First Nations Emergency Services Society](#) (FNESS) to support First Nations communities in emergency response. Through a letter of understanding with INAC, PEP has agreed to support the provision of emergency response services to First Nations communities outside of treaty.

First Nations communities with treaty agreements qualify as local authorities under the Emergency Program Act and must follow its regulations. Some First Nations communities have made formal agreements with neighbouring jurisdictions regarding emergency services and programs such as the recent agreement between the Tsawwassen First Nation and the City of Delta.

Appendix Seven: Resources and Links

Ministry of Health Services Tools

[*Managing a Pandemic Influenza: A Guide for BC Local Governments*](#)

[*Managing Pandemic Influenza: A Guide for BC Industry and Commerce*](#)

PEP Tools and Funding Programs

[*Community Planning Tool Kit*](#)

[*Community Response Tool Kit*](#)

[*Community Recovery Tool Kit*](#)

[*British Columbia Emergency Response Management System \(BCERMS\)*](#)

[*Financial Assistance for Emergency Response and Recovery Costs A Guide for BC Local Authorities and First Nations*](#)

[*Joint Emergency Preparedness Program and SAR New Initiatives Fund*](#)

Provincial and National Pandemic Plans

[*BC Influenza Pandemic Preparedness Plan.*](#)

[*Alberta Pandemic Influenza Operations Plan*](#)

[*Preparing for Pandemic Influenza in Manitoba*](#)

[*Ontario Provincial Coordination Plan for Influenza Pandemic*](#)

[*Canadian Pandemic Influenza Plan.*](#)

Health Authority Pandemic Plans

[*Fraser Health Authority*](#)

[*Interior Health Authority*](#)

[*Northern Health Authority*](#)

[*Vancouver Island Health Authority*](#)

[Vancouver Coastal Health](#)

[Provincial Health Services Authority](#)

World Health Organization

[WHO Global Influenza Preparedness Plan](#)

[WHO Website: Current Pandemic Influenza Phase](#)

[Flu Net \(Global Surveillance\)](#)

Other resources

[Gouvernement de Quebec Guide to Developing the Municipal Pandemic Influenza Specific Response Plans](#)

[Prevention Measures in the Context of and Influenza Pandemic: For Employers and Workers in Quebec](#)

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

[BC Centre for Disease Control](#)