



BRITISH COLUMBIA PANDEMIC INFLUENZA CONSEQUENCE MANAGEMENT PLAN

(Fall 2009)



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



Managing a pandemic influenza outbreak is primarily the responsibility of agencies tasked with disease control and public health. However, an effective response to the severe secondary impacts of a pandemic influenza would require the coordination of all emergency management partners.

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 and collaborative approach to managing the severe secondary consequences of pandemic influenza in British Columbia.

The scope of this plan is limited to those pandemic events that are of such a severe impact that they will cause secondary consequences which pose a risk or imminent risk to public safety.

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, 29th of October, 2009.

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1.0 INTRODUCTION AND PURPOSE

The province's response to a pandemic outbreak will be led by those agencies responsible for disease control and public health applying provisions of the *Public Health Act* as appropriate. The [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#) outlines the activities of the health sector to mitigate and respond to a pandemic influenza.

Not all influenza outbreaks that satisfy the criteria established by the World Health Organization (WHO) for pandemic influenza will overtax the health and/or psychosocial support systems. Pandemic influenzas that present challenges typical of those faced during seasonal influenza outbreaks are outside the scope of this plan.

While the [Emergency Program Act \(1996\)](#) and the [Compensation and Disaster Financial Assistance Regulation](#) do not recognize a pandemic outbreak as a disaster, they do provide the capacity for the province and local authorities to respond to a wide range of severe secondary consequences which may result from a pandemic (e.g. reduced fire protection or water treatment services).

A pandemic influenza with serious secondary consequences that pose a risk to public safety will require the activation of the BC emergency management structure and the support of all emergency management stakeholders, including local governments. The *British Columbia Pandemic Influenza Consequence Management Plan (Fall 2009)* 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.

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 (MHLS) 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 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 (EMU) of the Ministry of Health Services (MoHS) 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. The EMU also has responsibility for the Ministry's Pandemic Influenza Operational Planning Project (PIOPP).

The mission of Emergency Management British Columbia (EMBC) 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.

As well, EMBC's 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 scope of this plan is limited to those pandemic events that are of such a significant impact that they will cause severe secondary consequences which pose a risk or imminent risk to public safety.

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, EMBC, 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 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.

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 public health 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 World Health Organization (WHO) phases 3, 4 and 5 are the pandemic alert period.

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. In addition, for the purposes of this plan, the pandemic outbreak must cause severe secondary consequences which pose a risk or imminent risk to public safety.

Pandemic period: When a new pandemic influenza virus strain with likely associated illness and death has been identified, several outbreaks have occurred, and the virus 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 the 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. These organizations 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. Pandemics have occurred in 1918-19; 1957 and 1968. The pandemics of 1957 and 1968 were relatively mild and mortality rates were not much higher than the rates associated with annual seasonal influenza events.

In the spring of 2009, the outbreak of H1N1 influenza signalled the first occurrence of a pandemic influenza (WHO phase 6) in over 40 years. Fortunately, as of the fall of 2009, the H1N1 pandemic has been relatively mild and without any severe secondary consequences to public safety. Accordingly, the management of this presentation of H1N1 influenza falls outside the scope of this plan.

1.5 Legal Authority to Plan

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

- [*Public Health Act*](#)

This act addresses health planning, prevention, response and the role of local governments in health emergencies.

Planning, responding, and recovering from the severe non-health secondary consequences of a pandemic as defined in this plan (see below) are covered under the [*Emergency Program Act*](#) and its accompanying regulations: [*Emergency Program Management Regulation*](#), [*Local Authority Emergency Management Regulation*](#) and [*Compensation and Disaster Financial Assistance Regulation*](#). This act and regulations specify the roles of BC ministries, as well as the responsibilities of local authorities in BC for overall emergency preparedness, response and recovery.

1.6 Plan Assumptions

The plan uses assumptions based on the [*Canadian Pandemic Influenza Plan*](#), (CPIP) the [*BC H1N1 Pandemic Influenza Response Plan \(2009\)*](#), and relevant

legislation. For a more detailed analysis of assumptions please refer to section two of the [CPIP](#).

- 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 [Canadian Pandemic Influenza Plan](#).
- The secondary consequences of the pandemic outbreak are of such severity that they pose a risk to public safety. Planning assumptions for specific influenza strains will be developed by the Office of the Provincial Health Officer, as appropriate.

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.¹

- Maintenance of regular services at all levels of government and in the private sector as well as community services such as police, fire, utilities may be interrupted or reduced due to staff shortages. Local governments should have business continuity plans in place to address the immediate challenges of staff shortages, including staff absenteeism resulting from a pandemic outbreak.
- Potential for a significant increase in fatalities which could strain funeral and burial services.
- An extreme influenza pandemic may result in levels of chronic stress with associated with psychological and physiological health and social problems, behavioural consequences and surges in demand for psychosocial support.

¹ Potential consequences developed based on information from [Canadian Pandemic Influenza Plan](#) and [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#).

- Increased number of people requiring care (e.g. home care).
- 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);
 - potential impairment of goods transport;
 - adverse ripple effects in the world-wide investment community; and
 - decreased activity within the hospitality and tourism industry.



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 the pandemic period and phase and expected severity are the primary drivers 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 the 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/influenza/gisrs_laboratory/pip_announcement_4112011/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 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 annual 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 authorities should be working closely with their regional health authorities in advance of an outbreak to collaborate on strategies to mitigate the spread of pandemic influenza. Planning/educational sessions can be held regarding pandemic influenza with key stakeholders in the community. These information sessions are designed to increase understanding of the risks and consequences associated with pandemic as well as general awareness of local governments' contingency plans.

Costs for mitigation and prevention activities such as local government support for immunization clinics are not eligible for reimbursement under the *Compensation and Disaster Financial Assistance Regulation (1995)*.

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 antivirals.
- Establishing plans for mass vaccination clinics and inventories of related materials, with the support of local authorities where appropriate;
- Establishing inventories of appropriate supplies, including personal protective equipment for staff working in proximity to persons with influenza; and
- In partnership with related stakeholders including local authorities, 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 [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#), the [BC Centre for Disease Control](#) and individual health authorities:

[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 and Sport (MHLS)

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

- Providing oversight for the response
- Developing key messages, strategies and guidelines for communication through all pandemic influenza periods and completing public education activities.
- The Office of the Provincial Health Officer (PHO) provides leadership to pandemic influenza preparedness activities across the health sector and maintains the [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#).
- The Office of the PHO works with other provinces and territories and the Public Health Agency of Canada to ensure consistent approaches to health 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 (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 also develops provincial guidelines to minimize the spread of pandemic influenza in the community; and
- BCCDC will implement an enhanced Public Health surveillance system to monitor influenza activity when appropriate

For more details regarding the Ministry of Healthy Living and Sport's activities during the pre-pandemic/inter-pandemic influenza period please refer to the [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#).

2.1.4.2 Ministry of Health Services (MoHS)

MoHS monitors the status of the provincial health system and oversees contingency planning to ensure sufficient capacity to respond to any emergency. 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 the successful mitigation of pandemic influenza across the province.

The Emergency Management Unit (EMU) 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. The EMU is responsible for the Pandemic Influenza Operational Planning Project (PIOPP). The project's purpose is to continue to refine BC's provincial pandemic influenza plan and associated policies to support the health sector's response to a possible future pandemic influenza.

2.1.4.3 Emergency Management BC (EMBC)

EMBC Staff 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. Regional staff also support regional health authority initiatives and public education campaigns as required.

In addition to assisting provincial ministries with the development of templates, strategies and exercises for business continuity plans, the Business Continuity Management Program (BCMP) within EMBC works with provincial central

agencies and Shared Services BC to develop and coordinate corporate strategies and protocols to ensure a safe workplace (e.g. facilities and human resource strategies) within the provincial government.

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 public health 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 Alert and Response \(GAR\)](#).

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 emergency plans that detail how the community will respond to emergencies and disasters. These all-hazard plans should be based on the

known hazards in the community. 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 governments 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 spills fit this model. An outbreak of infectious disease in the community (i.e. 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 business continuity and the management of any severe secondary consequences of a pandemic influenza.

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 consequence management 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 that are the responsibility of the local government;
- Indicate what support the local government can provide to regional health authorities to assist existing and/or new clients (Note: the costs for mitigation and prevention support are not reimbursable);
- Identify dependencies on supply sources outside of the community in order to develop realistic planning assumptions.

Through EMBC's Provincial Emergency Program (PEP) website includes a [Community Planning Toolkit](#) which 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 community's capacity to manage emergencies.

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

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 should 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:
 - procedures and protocols for managing scarce staff resources,
 - staff safety guidelines specific to pandemic influenza,
 - psychosocial support plans for health care workers and providers,
 - community psychosocial support plans.

Health authorities must 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 authorities:

[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 developed by the province should be distributed in advance.

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 authorities' 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.

The primary objective of a psychosocial response is to restore and increase the capacity of individuals by addressing their social, emotional, psychological and material needs. It includes supporting and strengthening social systems and helping individuals regain a sense of control effectively manage stress and improve adaptive coping strategies.

The Disaster Psychosocial Program, under the Provincial Health Services Authority has developed the following psychosocial plans to support health care providers: '[British Columbia Pandemic Influenza Psychosocial Support Plan for Health Care Workers and Providers](#)' and an interim psychosocial support plan for the public: '[Community Pandemic Influenza Psychosocial Support Plan](#)'.

Both these plans assist health authorities in developing and implementing their psychosocial support plans in collaboration with local and regional stakeholders.

The Disaster Psychosocial Program has developed psychosocial networks across the province and is developing training for all levels of government and responder groups. It also has some capacity to support communities in British Columbia through a volunteer network of registered psychologists, social workers, clinical counselors and police victim services staff.

2.2.3 Provincial Government

2.2.3.1 Ministry of Healthy Living and Sport (MHLS)

In conjunction with its partners including the Ministry of Health Services, BC Centre for Disease Control (BCCDC) and Medical Health Officers, MHLS maintains, and updates pandemic influenza response plans, which focus 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 [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#).

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 policies, 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 H1N1 Pandemic Influenza Response Plan \(2009\)](#).

2.2.3.2 Ministry of Health Services (MoHS)

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.

2.2.3.3 Emergency Management BC

In conjunction with its partners EMBC maintains and updates the *BC Pandemic Influenza Consequence Management Plan*. The plan will be trained and exercised based on the engagement of key stakeholders. In addition EMBC provides BC Emergency Response Management System (BCERMS) expertise and tools to stakeholders to assist them in developing their own pandemic influenza plans.

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

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

2.2.3.4 Inter-Agency Emergency Preparedness Council

The Inter-Agency Emergency Preparedness Council (IEPC) is chaired by the Deputy Ministers, Ministry of Public Safety and Solicitor General, on a permanent 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: [WHO Global Alert and Response \(GAR\)](#).

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. The following section is the framework for an integrated provincial response to 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 the experiences 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's concept of operations for response to the severe secondary public safety consequences of any major pandemic influenza event impacting BC addresses the need for integration and coordination of multiple organizations. The concept of operations ensures that the severe secondary consequences of pandemic 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, First Nations, Emergency Management BC, the Ministry of Healthy Living and Sport, and the Ministry of Health Services is essential for the success of any provincial pandemic consequence response.

2.3.1 Concept of Operations

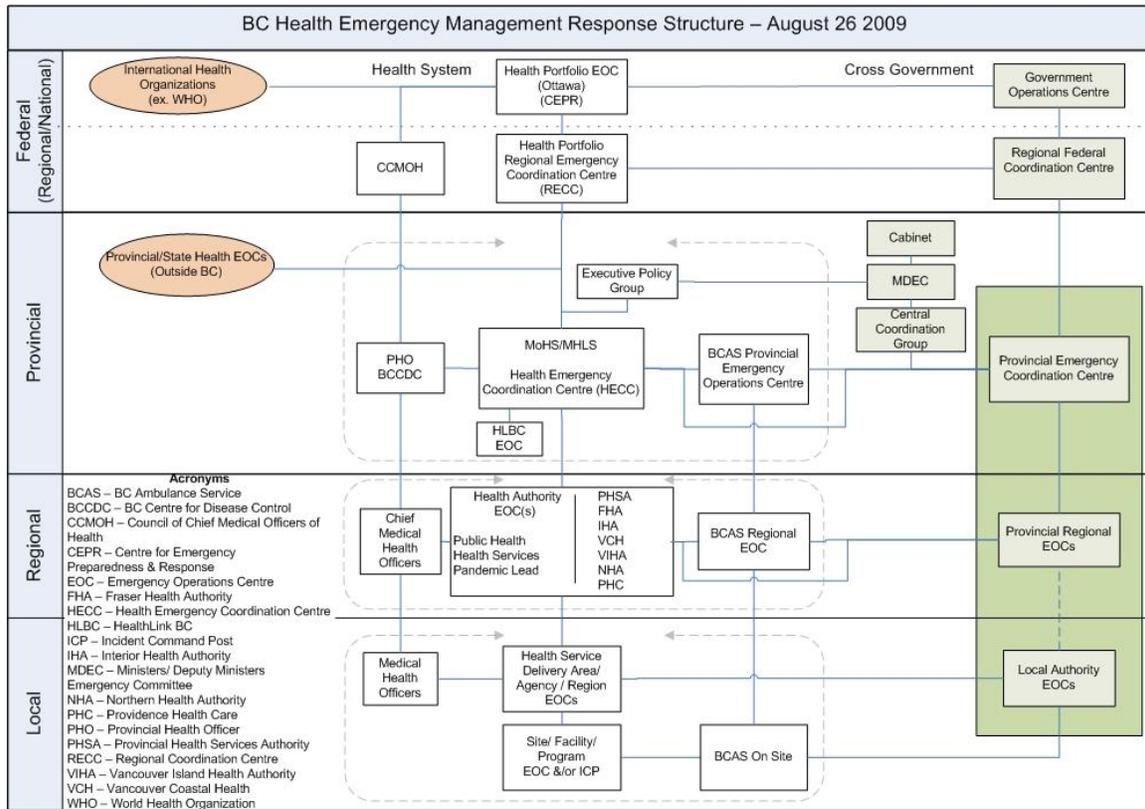
The concept of operations to respond to the severe secondary consequences of a pandemic influenza reflects the current provincial standards as defined in the [British Columbia Emergency Response Management System \(BCERMS\)](#).

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.



Note: Connecting lines do not preclude any operations centre or organizations from communicating directly with another operations centre or organization.
 Note: operations centres in green will only be activated under the Emergency Program Act in response to serious secondary consequences.

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 Ministers Emergency Committee (M-DEC) composed of the key ministers and deputy

ministers 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 all provincial ministries and agencies involved in the response. During a pandemic influenza event, on the advice of the Provincial Health Officer (PHO), Emergency Management BC will call together the core CCG representatives from 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 consequence response. Extended CCG members could include the Ministry of Housing and Social Development, Ministry of Children and Family Development and other entities as appropriate. EMBC 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 EMBC offices in Saanichton 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.

EMBC's 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.

The Ministry of Health Services and/or Ministry of Healthy Living and Sport will provide representatives to sit in the PECC Operations Section Health Branch to 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 severe secondary public safety consequences associated with a pandemic influenza and will liaise with the PECC to identify requirements and resource availability.

A regional 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 acting as a link between the regional 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 which 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 \(1996\)](#), declare a state of local emergency to exercise emergency powers such as prohibiting travel. As a pandemic event does not qualify as an emergency or disaster under the [Emergency Program Act \(1996\)](#), local authorities may only declare a state of local emergency for the purpose of effectively responding to severe secondary consequences that pose a risk to public safety.

Emergency Management BC, through the Provincial Emergency Program website, provides guidelines in the form of a [Community Response Tool Kit](#) to assist local authorities in developing their community response plans. During severe pandemic influenza events local governments are responsible for maintaining essential services and coordinating community response and recovery activities. Local authorities could potentially establish an emergency operations centre to:

- Support site operations (external to the health care system);
- Maintain the continuation of essential community services where a disruption would result in risk to public safety;
- Coordinate external resource requirements/mutual aid;
- Liaise with the Provincial Regional Emergency Operation Centre (PREOC) and other support agencies as required;
- Manage communications (public/media messaging/emergency radio communications);
- Work with local businesses to maintain a level of service in the community for critical services;
- Coordinate multi-agency and volunteer activities in response to any severe secondary consequences of the pandemic outbreak; and
- Initiate and coordinate community recovery activities.

Local authorities may also be approached to support the regional health authority response. This could include acting in support of Medical Health Officer directives regarding restrictions on public gatherings or limitations of face-to-face contact (such as school and business closures, isolation or quarantine).

2.3.4.2 Health Authorities

Regional health authorities are the lead agencies responsible for pandemic response at the local and regional levels. There are five regional health authorities (see Appendix 2 for details). The operational structure within each regional 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 H1N1 Pandemic Influenza Response Plan \(2009\)](#);
- Provide personnel to act as the agency's representative(s) 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) is responsible for directing the public health response, and has wide-ranging authorities including the ability 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 the health authorities' activities during a pandemic response see the following links:

[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 a pandemic 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 H1N1 Pandemic Influenza Response Plan \(2009\)](#).

2.3.4.4 Ministry of Health Services (MoHS)

The MoHS 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. 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 the activation and operation of the Health Emergency Coordination Centre (HECC). The main role of the EMU during a pandemic influenza is to facilitate emergency response coordination processes. The HECC will act in support of the activities of health authorities; the Provincial Health Officer, the Ministry of Healthy Living and Sport; and the Ministry of Health Services.

2.3.4.5 Emergency Management BC (EMBC)

During a significant pandemic influenza event, the role of EMBC is to support the management of any severe secondary consequences which pose a public safety risk. EMBC will support the 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 [Provincial Emergency Program 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 – as required.

Staffing of these centres may be augmented by the activation of Temporary Emergency Assignment Management System (TEAMS) members and 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 EMBC will employ alternate methods to staff key response positions.

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 EOC activation costs for responding to the severe secondary consequences of a pandemic influenza. 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](#).

EMBC 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.

A provincial declaration of a state of emergency may be issued (under the [Emergency Program Act](#)) to respond to an emergency or disaster arising from any severe secondary consequences of pandemic that pose a threat to public safety.

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.

EMBC's Business Continuity Management Program 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 BC, central agencies' Operations Centres and PECC Operations in determining resource allocation for the provincial government.

BC Coroners Service (BCCS) within EMBC has an existing high-level disaster response plan. The plan is currently being enhanced to suit operational needs with regards to BCCS policies/procedures.

During the pandemic influenza period the Chief Coroner may support the Provincial Health 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 may also provide support to local coroners and funeral homes.

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 (PS)

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 any federal assets required for a provincial response to the 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 Alert and Response \(GAR\)](#).

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 critical for an effective recovery effort. 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.

Eligibility for reimbursement under the provincial Disaster Financial Assistance program for the recovery of costs associated with severe secondary consequences 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](#).

During the recovery from a pandemic influenza event local authorities will have to address the 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 authorities' 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 H1N1 Pandemic Influenza Response Plan \(2009\)](#).

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 Emergency Management BC (EMBC)

EMBC 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.

EMBC will also 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 Alert and Response \(GAR\)](#) accordingly. For further details regarding the activities of the WHO during the post-pandemic period, please refer to the [WHO Global Alert and Response \(GAR\)](#).



3.0 OTHER SUPPORT AGENCIES

3.1 Local Level

3.1.1 Volunteer Groups

3.1.1.1 Local government public safety volunteers

Local volunteer groups will play an important role in supporting local governments' emergency response and recovery activities associated with any severe secondary consequences of a pandemic influenza outbreak that pose a risk to public safety.

Local authorities must obtain the necessary approval from EMBC through the issuance of an emergency response task number in order for WorkSafeBC (WCB) coverage and third party liability to be in effect for volunteers. Task numbers and associated volunteer coverage are only applicable to response efforts addressing the severe secondary consequences of a pandemic influenza.

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

To encourage the involvement of volunteers it is imperative that local groups are actively involved and consulted in planning for emergencies and disasters caused by a pandemic. 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 unless this arrangement is confirmed in advance.

3.1.1.2 Health Authority Volunteers

Health authority volunteers play an important part in the provision of health and social care in British Columbia. Each health authority has its own policy describing volunteer opportunities, screening and orientation. Volunteers provide support to patients, clients and residents in communities and hospitals across the province.

Volunteers as part of Hospital Auxiliaries also provide support to the health authorities. Hospital Auxiliaries are frequently incorporated societies with their own volunteer policies.

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 for the development of a 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, the Ministry of Healthy Living and Sport and the Ministry of Health Services will have primary responsibility for communications support for the Provincial Health Officer. They will work closely with Emergency Management BC 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;
- Provide additional Information Officers to work in the PECC, PREOCs or other assignments; and
- Liaise with the Ministry of Healthy Living and Sport, Ministry of Health Services, Provincial Health Officer, British Columbia Centre for Disease Control and health authorities' communications departments during a pandemic event.

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 Provincial Health Officer, Medical Health Officers and regional Health Authorities.

BCCDC will work with the Ministry of Healthy Living and Sport, the Ministry of Health Services and the Provincial Health Officer 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 Emergency Health Services Commission

The Emergency Health Services Commission (EHSC) has the legislated mandate to provide BC residents and healthcare professionals with access to pre-hospital emergency services, and non-emergency health and information services. The EHSC is composed of the BC Ambulance Service and HealthLink BC.

3.2.4.1 BC Ambulance Service

During a pandemic event, the BC Ambulance Service (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 and liaison with health authorities and BC Bedline regarding bed availability throughout the province. BCAS helps to facilitate inter-facility patient transfers and takes part in influenza 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 being transported to their facility.

3.2.4.2 HealthLink BC

HealthLink BC (HLBC) is a tele-health care platform that provides multi-disciplined comprehensive self-care and health system navigation services to British Columbians and health care professionals. In the event of a pandemic influenza, HealthLink BC will monitor bed availability through BC Bedline, provide health related information to the public via 8-1-1 and report to the Ministry of Health Services and Ministry of Healthy Living and Sport on service volumes.

3.2.5 Ministry of Children and Family Development

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

3.2.6 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.

3.2.7 BC Public Service Agency (BC PSA)

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

During the pandemic response the BC PSA will have an important role in providing information to public service employees and developing protocols and procedures for staff protection measures.

3.2.8 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.

3.2.9 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.

3.2.10 WorksafeBC

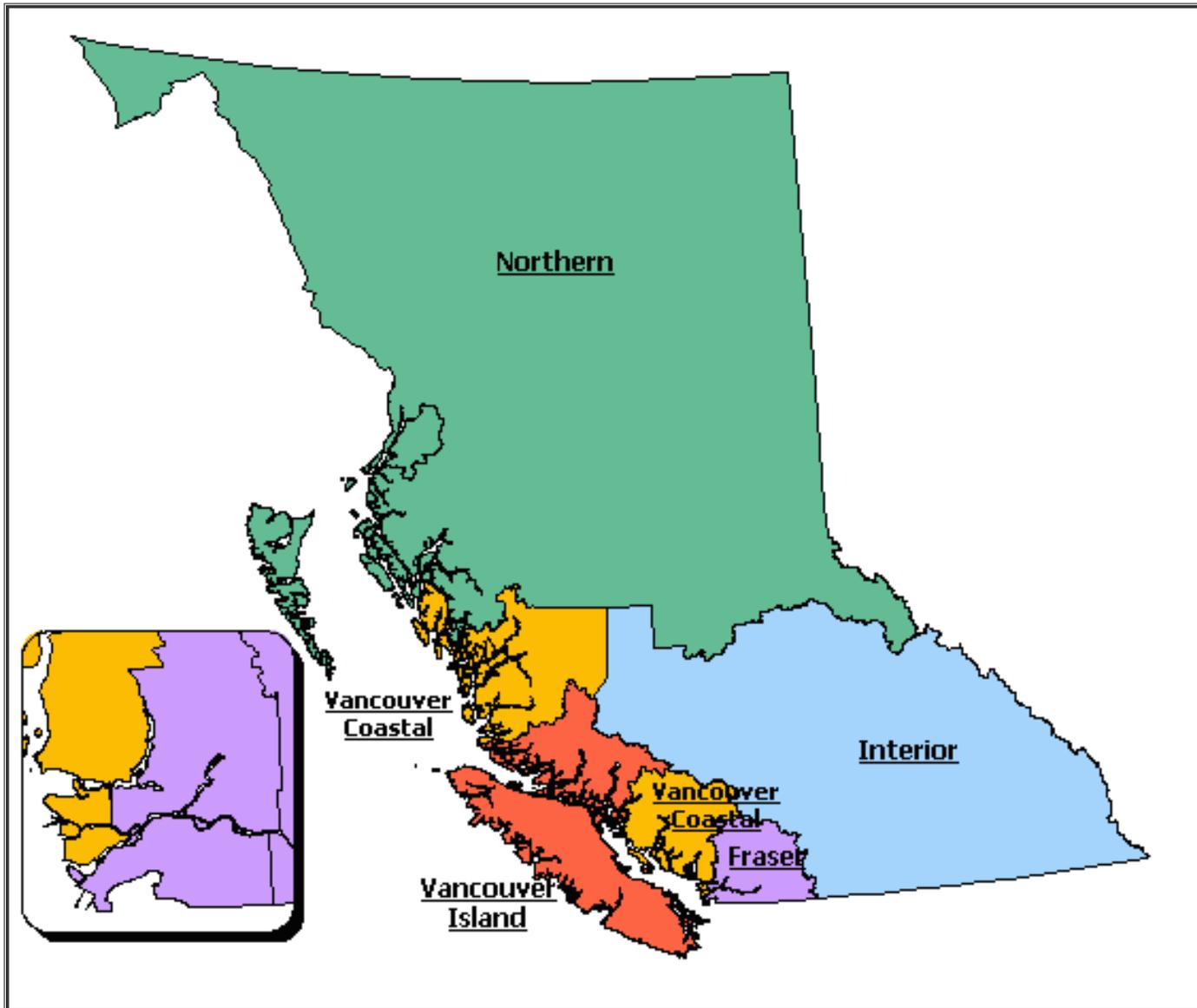
WorkSafeBC's Occupational Health and Safety Regulation ("OHSR") outlines requirements for the development and implementation of an exposure control plan ("ECP") when workers are occupationally exposed to biological agents. Under the OHSR, the employer is required to conduct a risk assessment, performed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

3.2.11 Integrated Disaster Council

The Integrated Disaster Council is chaired by EMBC. 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 in order to foster effective programs delivery in support of local authorities.

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



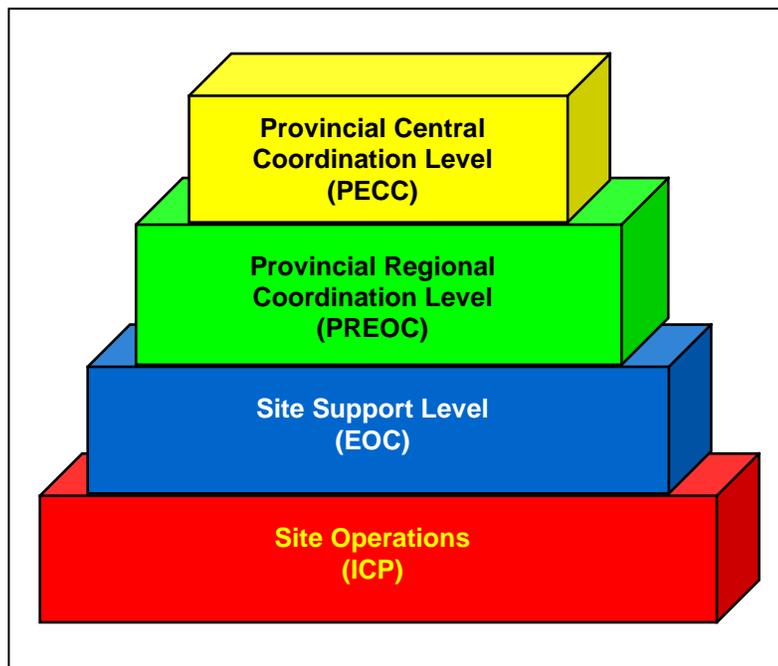
Appendix Three: BCERMS Levels

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 assistance, 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 have 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.

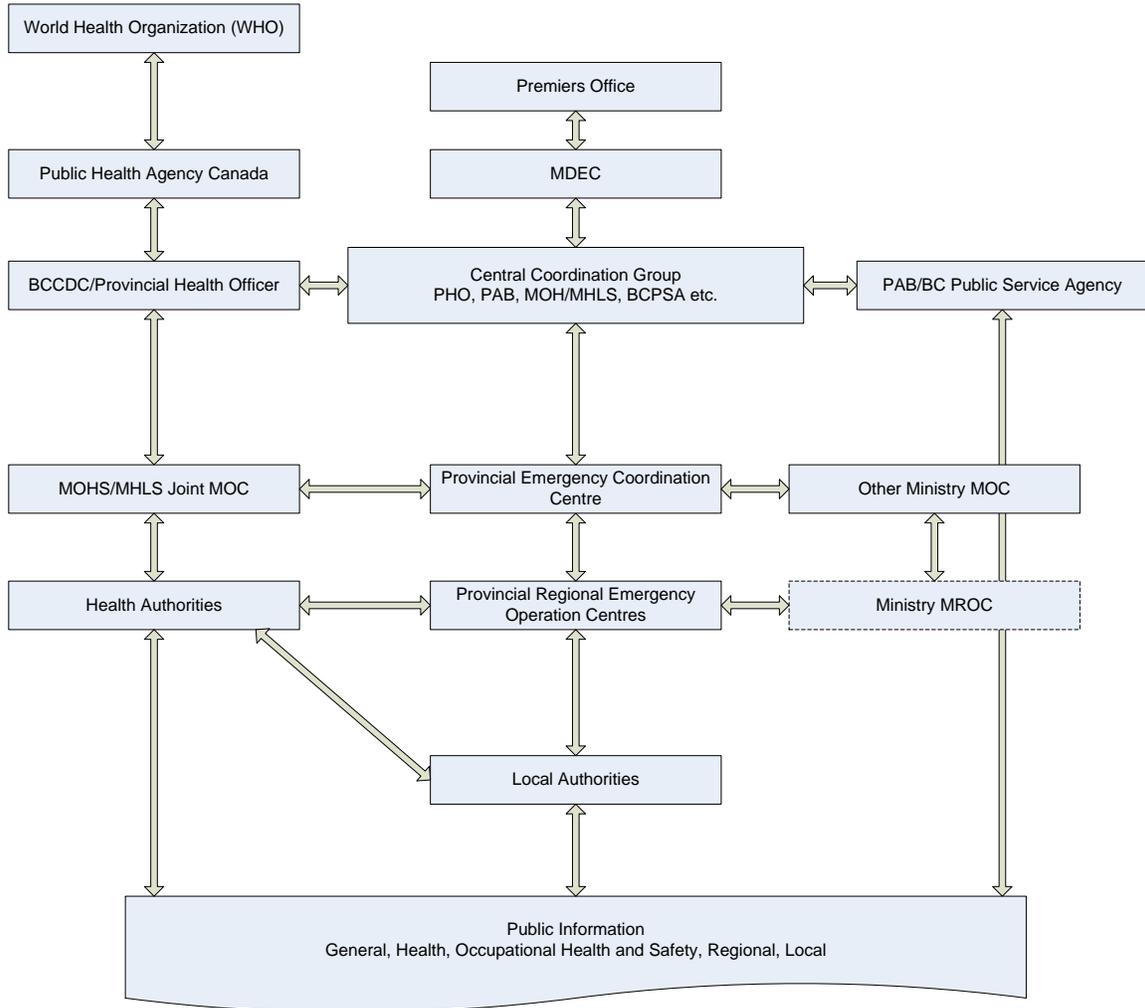
The contractor has also developed an online learning "Pandemic Influenza and Wellness" series. Upcoming additions to this series include a self-diagnosis tool and a home care model. As follow up, the contractor will be returning to the communities every three years to revise the plans, complete training, 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, EMBC 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 Six: Public Information Communications Flow



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 H1N1 Pandemic Influenza Response Plan \(2009\)*](#)

[*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 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 an Influenza Pandemic: For Employers and Workers in Quebec*](#)

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

[*BC Centre for Disease Control*](#)