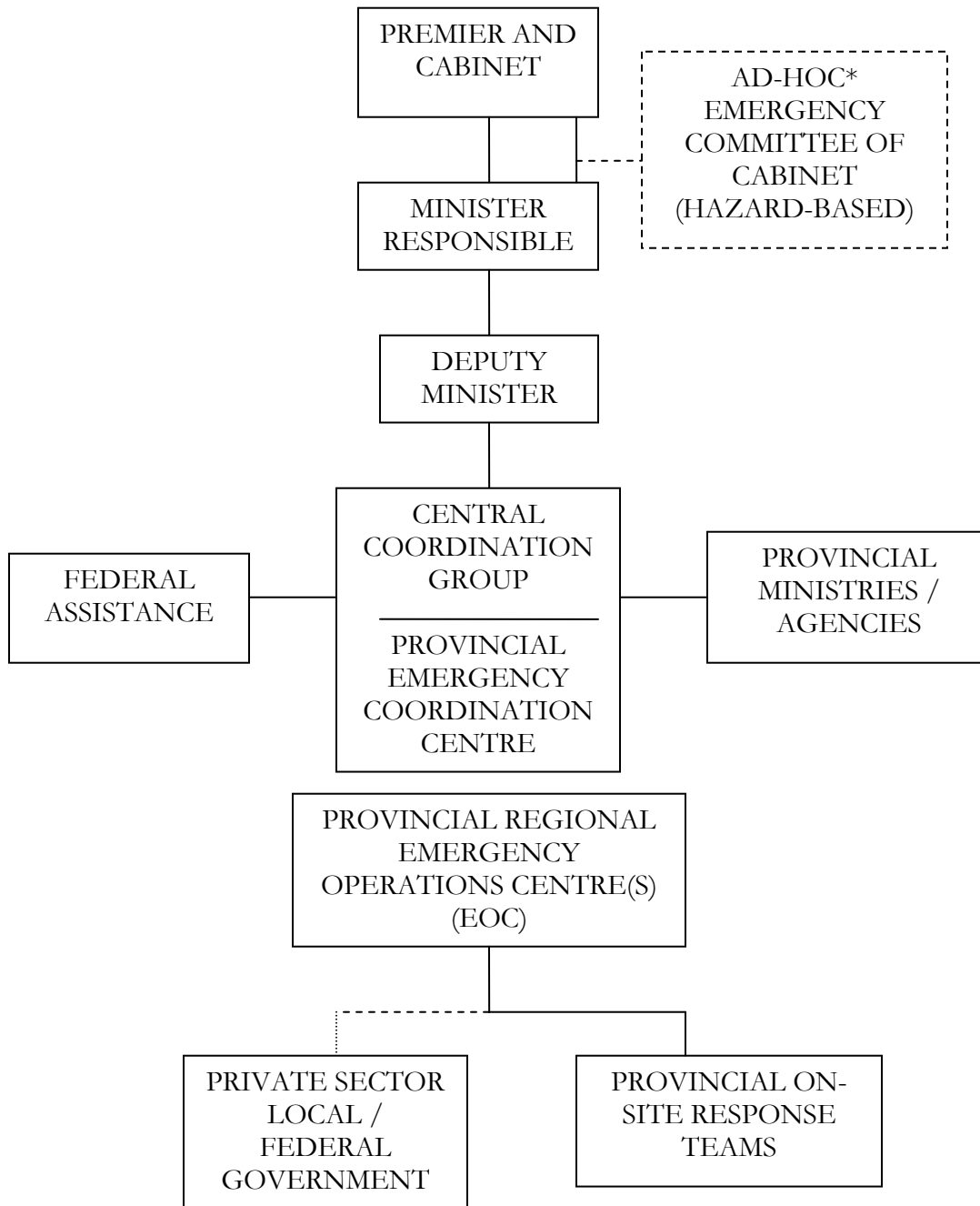


ANNEX C: EMERGENCY RESPONSE GUIDELINES

Pandemic influenza plans are managed, coordinated and operationalized in the same manner and under the same auspices as all BC Provincial Emergency Plans. The following figure outlines BC's Emergency Management structure.

Figure C-1: BC's Emergency Management Structure



*Ad hoc committee may be formed in the event of a severe emergency or catastrophic event.

C.1. Provincial Coordination

The Province of British Columbia has adopted the British Columbia Emergency Response Management System (BCERMS). BCERMS is a comprehensive management system based upon the Incident Command System (ICS) that ensures a coordinated and organized response and recovery to all emergency incidents and disasters. It provides the framework for a standardized emergency response in BC. For more information, see the BCERMS brochure (http://www.pep.bc.ca/bcerms/bcerms_brochure.pdf).

C.2. Developing Health Authority Emergency Plans

Emergency Operations Basics Overview:

- ❑ Use the all-hazards approach to develop an emergency management framework to plan for and respond to pandemic influenza (see below).
- ❑ Define the roles, responsibilities and location of community resources, such as police, fire, public works and emergency social services.
- ❑ Maintain current telephone and e-mail Emergency Operation Centre (EOC) lists, including local and regional acute care hospitals' emergency departments and local municipal/regional district emergency planners.
- ❑ Update EOC telephone numbers, cellular phone numbers, fax numbers, satellite phone numbers and e-mail addresses on a yearly basis.
- ❑ Periodically update public health emergency callout list(s).
- ❑ Periodically update acute care hospital administrator on-call list(s).
- ❑ Adapt existing disaster management forms to reflect pandemic influenza incident issues.
- ❑ Meet various times throughout each year to update emergency plan(s).
- ❑ Include municipal and/or regional district representatives in the planning process.
- ❑ Develop plans for demobilization after the emergency.

C.3. Planning and Operationalizing the Plan

As indicated in the main body of the BC Pandemic Influenza Preparedness Plan, it is recommended that the following command and control guidelines be used when planning for and responding to a Pandemic. This adaptation of the Hospital Emergency Incident Command System (HEICS) is presently used in many facilities as part of an “all hazards” approach to dealing with large-scale emergencies and disasters. If not already in place, once implemented, this system will help streamline organizational planning and response to large-scale emergencies and disasters. The system can be applied to all hazards, including an influenza pandemic.

The recommended guidelines identify several of the functions necessary when planning for a pandemic. Think of the boxes in the planning organizational chart as “functions” that do not necessarily require one person for each position. Depending on the size of your area and the resources available one person may take on several functions, conversely, some of the functions may require more than one individual.

Organizational Structure

The organizational structure (illustrated in [Figure C-2](#)) shows a chain of command which incorporates four sections (Logistics, Planning, Finance, Operations) under overall leadership of an Emergency Operations Centre (EOC) Director. As required, each of the four sections has a Chief appointed by the EOC Director. The Chiefs, when required, appoint leaders to sub-functions filling various crucial roles. This structure limits the span of control of each position/function in an attempt to distribute the work.

It is strongly recommended that the Health Authority BC Emergency Response Management System (HABCERMS) be utilized as a planning and response management system for various types and magnitudes of emergency events.

The organizational chart ([Chart C-2](#)) has been adapted from HEICS and BCERMS as a guide to assist in planning for and responding to an influenza pandemic. It was developed by John Hill, Emergency Disaster Manager, Vancouver Island Health Authority.

See www.pep.bc.ca for BCERMS details.

See <http://www.emsa.ca.gov/Dms2/heics3.htm> for the latest version of the HEICS.

C.4. Health Authority BC Emergency Response Management System (HABCERMS): Overview of Positions and Functions

Emergency Operations Centre (EOC) Director:

- Initiate health emergency response management system (recommend HABCERMS) by assuming role of EOC Director.
- Organize and direct the HSDA's Emergency Operations Center (EOC).
- Appoint necessary command staff as needed (e.g. Public Information Officer, Liaison Officer, Safety/Security Officer) and necessary Section Chiefs.
- Give overall direction for HSDA operations.
- Receive status report and discuss an initial action plan with command staff and section chiefs.
- Call for a HSDA-wide patient census projection report (Operations).
- Obtain patient census and status (Operations).
- Authorize a patient prioritization assessment for the purpose of designating early discharge to obtain beds for incoming influenza patients (Operations).
- Consult with Section Chiefs on needs for staff and volunteer responders.
- Deliver regular briefings/updates to all EOC staff.
- If requested, provide a health representative to the Provincial Regional Emergency Operations Centre (see Provincial Emergency Program Pandemic Influenza Consequence Management Plan for provincial EOC operational guidelines and staffing requirements).
- Establish roles and reporting relationships which involve agencies from within the same jurisdiction, and under multi-jurisdiction conditions.
- Establish areas of cost sharing.
- Provide for EOC staff rest periods and relief.

Regional Emergency Operations Centre (REOC) Liaison Officer(s)

- Reports to the EOC Director.
- This person/these people are contact person(s) from outside agencies.
- Directs calls to ensure that the appropriate connections are made between internal and external contacts.

Information Officer

- Reports to the EOC Director.
- Prepares information releases (to be approved by the Incident Commander).

Safety and Security Officer

- Reports to the EOC Director.
- Establishes Security Command Post.
- Removes unauthorized persons from restricted areas.
- Establishes ambulance entry and exit routes.
- Ensure security of the EOC, the hospital's triage areas, pharmaceuticals, patient care areas, morgue and other sensitive or strategic areas from unauthorized access.
- Provides vehicular and pedestrian traffic control.
- Secures food, water, medical and blood resources.
- Establishes routine briefings with safety and security staff.

Operations Chief(s) (Care and Prevention Branches)

Depending on the scope of operations within an area, Section Chiefs may be required for Acute Care, Long Term Care and Community Health Programs.

- Reports to the EOC Director.
- As required, appoints Ancillary Services Director, Medical Staff Director, Medical Care Director, and Human Services Director.
- Coordinates and supervises the Clinical Services, Ancillary Services and Human Services subsections.
- Acts as the overall Director of Community Services/Programs, including community mental health services, public health nursing, continuing care, and community facilities.

Ancillary Services Director

- Reports to the Operations Chief.
- Organizes and manages ancillary medical services, including laboratory services, radiology services, pharmacy services, cardiopulmonary services, and respiratory services.
- Assists in providing optimal functioning of these services.
- Monitors the use and conservations of these resources.
- Tracks the ordering and receiving of needed supplies.
- Supervises operations within Ancillary Services when indicated.

Planning Chief

- Reports to the EOC Director.
- Supplies morbidity and mortality data to appropriate authorities. These data include at a minimum the number of hospitalized persons and the number of persons discharged from hospital to home or other facilities, the number of deaths, and individual influenza patient data including name or physical description, sex, age, address and seriousness of condition.

Labour Pool Worker

- Reports to the Planning Chief.
- Is involved with short term planning, e.g. planning staffing issues, soliciting physicians and other hospital personnel to volunteer as disaster services workers outside the hospitals, etc.

Situation Status Worker

- Reports to the Planning Chief.
- Oversees information flow and documentation. This information includes resource tracking, situation status, personnel time sheets, activity logs and emergency incident message forms.

Finance Section Chief

- Reports to the EOC Director.
- Oversees the acquisition of supplies and services and associated costs of pandemic response.
- Supervises the documentation of expenditures relevant to pandemic influenza.

Logistics Chief

- Reports to the EOC Director.
- Ensures necessary supplies and facilities to support the medical objective(s).
- Coordinates the delivery of consumables to healthcare facilities.
- Ensures necessary communication tools are operational.

C.5. Demobilization of Emergency Operations Centres

Prior to demobilization of the REOC, the following tasks must be performed:

- Complete all documentation.
- Complete damage assessment reports.
- Complete operational situation reports.
- Complete documentation necessary to generate post-emergency action reports.
- Implement demobilization of incident resources in an orderly, safe and efficient manner.
- Compile and report recommendations for improvements in emergency services.
- Provide briefing for EOC staff.

Figure C-2: Organizational Structure: Health Authority Emergency Response Guidelines: Health Authority BC Emergency Response Management System (HABCERMS)

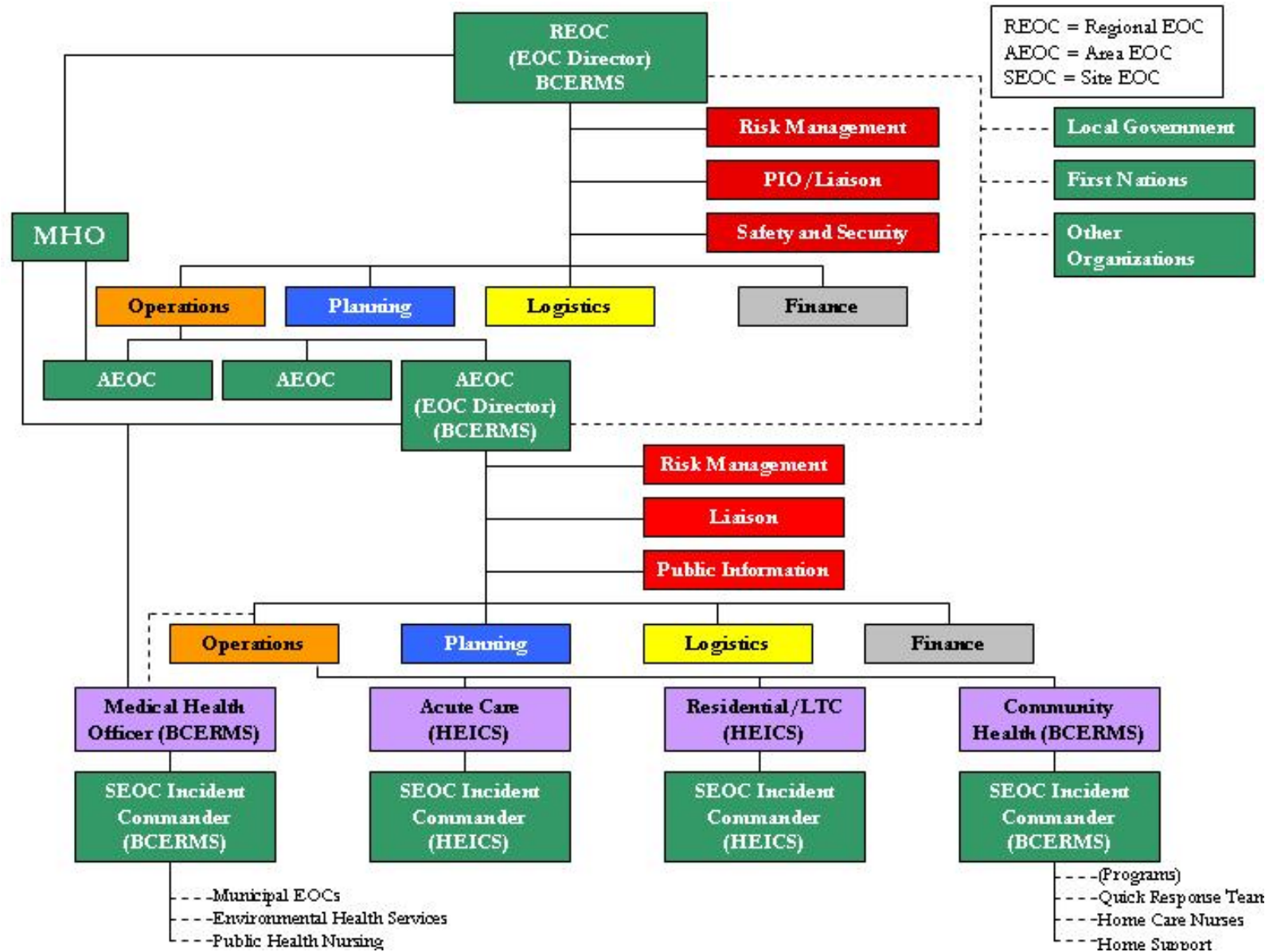
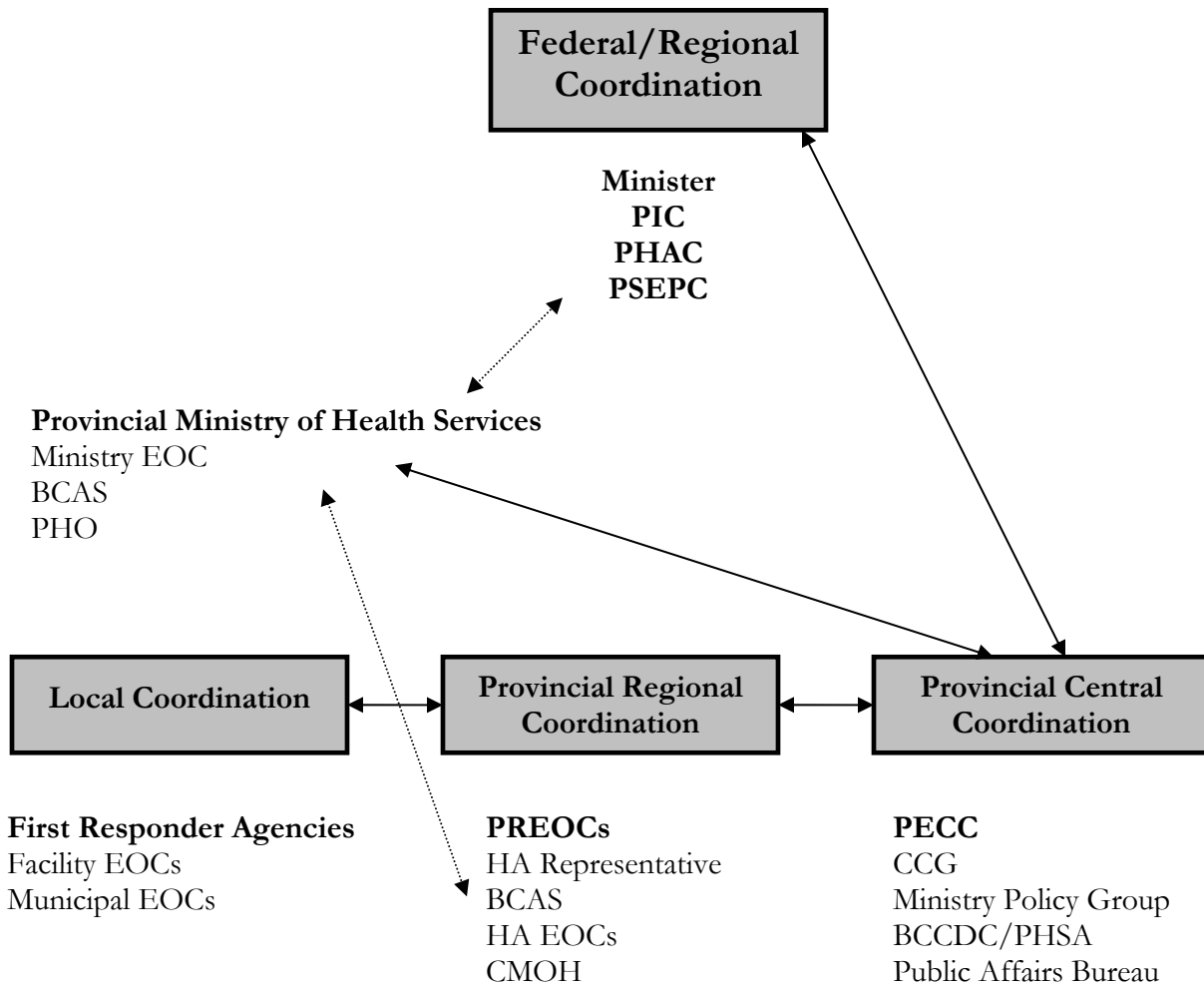


Figure C-3: Pandemic Influenza Response Activity Chart



Legend:
 BCAS: British Columbia Ambulance Service
 BCCDC: British Columbia Centre for Disease Control
 CCG: Central Coordination Group
 CMOH: Chief Medical Office of Health
 EOC: Emergency Operations Centre
 HA: Health Authority
 PECC: Provincial Emergency Coordination Centre
 PHAC: Public Health Agency of Canada
 PHO: Provincial Health Officer
 PHSA: Provincial Health Services Authority
 PIC: Pandemic Influenza Committee
 PREOC: Provincial Regional Emergency Operations Centre
 PSEPC: Public Safety and Emergency Preparedness Canada

Figure C-4: Pandemic Response Activity Flow Chart

This figure is from the BC Pandemic Influenza Consequence Management Plan, page 16 (http://www.pep.bc.ca/hazard_plans/PI_Consequence_Management_Plan_2004-03.pdf).

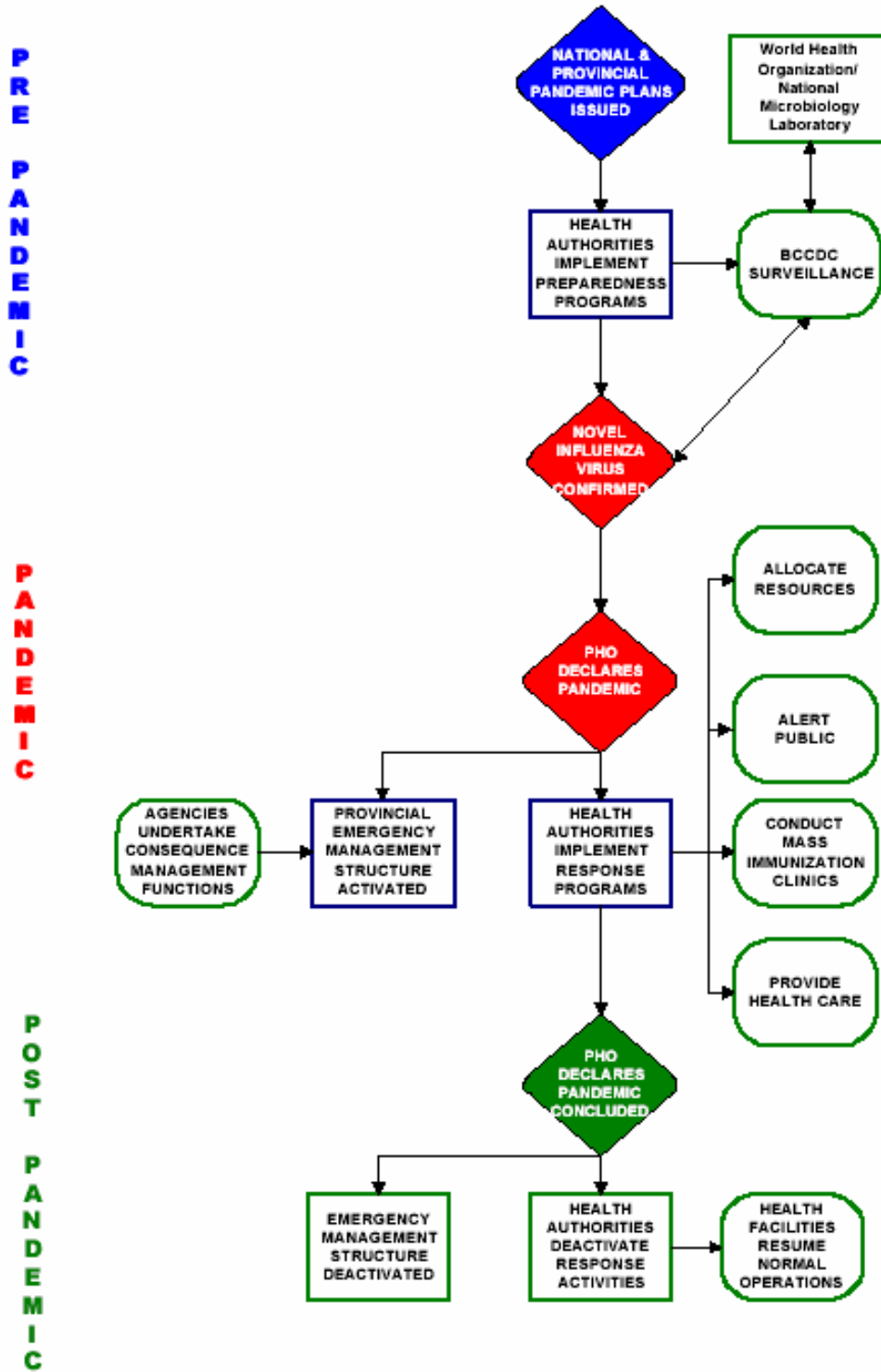


Figure C-5: Provincial Health Emergency Management Structure

Provincial Health Emergency Management Structure

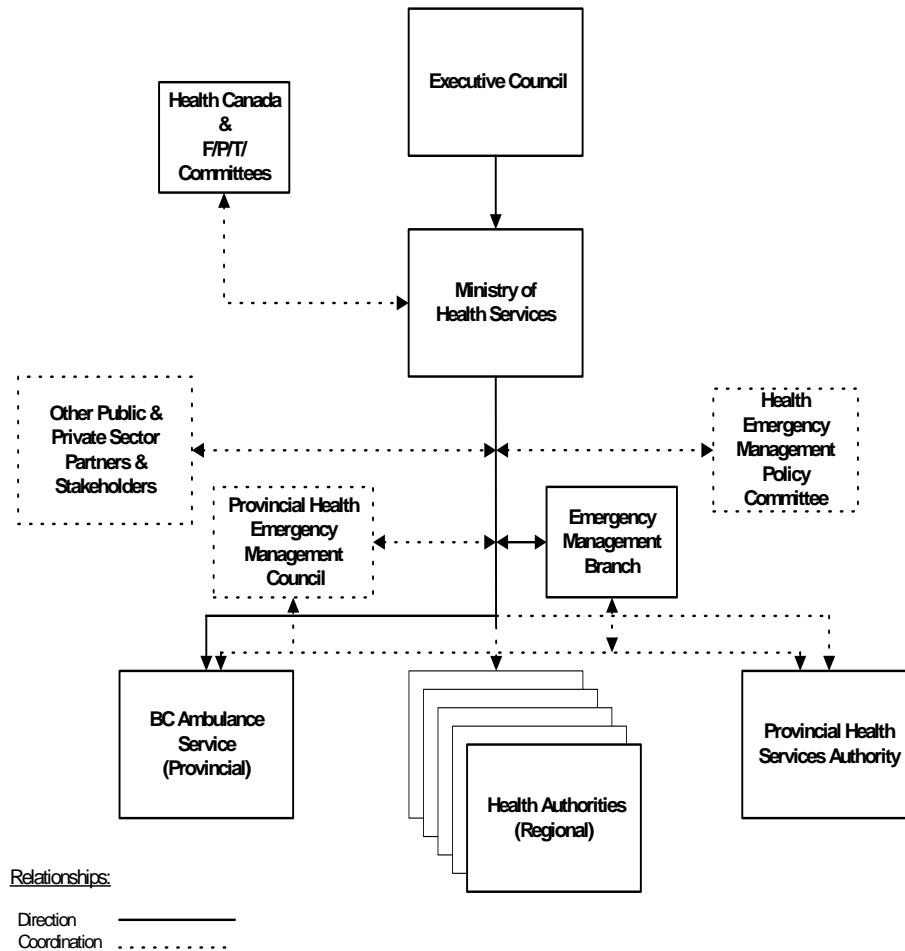


Figure C-6: Outbreak Management Emergency Relationship (Response Phase)

Outbreak Management Emergency Relationships (Response Phase)

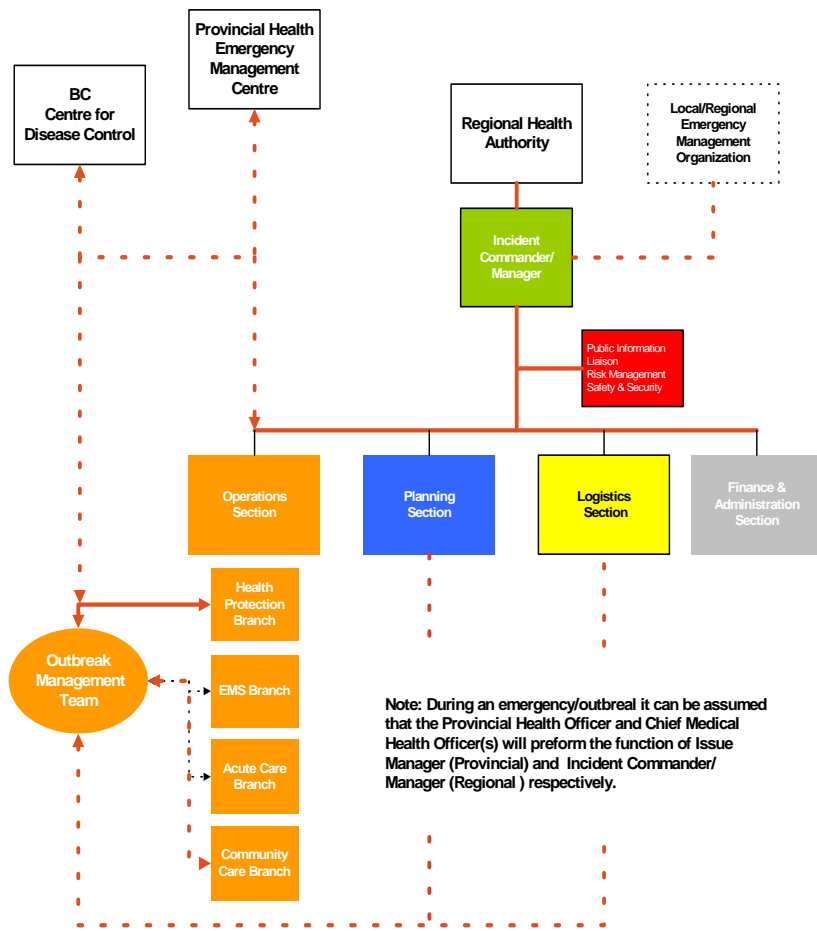


Figure C-7: British Columbia Health Emergency Management Structure

