

Introduction to the Emergency Response Structure of IH

INTRODUCTION

The existing Interior Health Emergency Response Management System is an “all hazards” response system and is to be applied when planning for emergency response to infectious hazard threats such as pandemic influenza. Business interruption is expected as a result of the response required to deal with the threat as well as the potential impact on staff resources due to illness.

1. IH ERMS

Interior Health’s direction for response to emergencies and disasters is the development of a system-wide plan incorporating all necessary activities/responses to:

- ensure that **health care/services continue to be provided** and
- assist with **response to and/or recovery from emergencies or disasters**

Ministry of Health Services (*MOHS*) policy requires the adoption of the BC Emergency Response Management System (*BCERMS*) standards by health authorities, in the development of emergency response plans. Interior Health has adopted these standards in the creation of an Interior Health Emergency Response Management System (*IH ERMS*). The IH ERMS is a comprehensive management system that ensures a coordinated and organized response to all emergencies and disasters.

The organizational structure and standards for emergency management at the three operational levels of Interior Health will be described in this overview. These operational levels remain the same in the event of a Pandemic. The organization of the Interior Health Emergency Response Management System is depicted in Diagram 1.

The three operational levels of emergency response within Interior Health are:

1. Site / Facility or Local Health Area Level (*Incident Command Post/Centre*)
2. Health Service Area Support Level (*HSA EOC*) & Local Health Area (*LHA EOC*)
3. Health Authority Support Level (*HA EOC*)

The Interior Health ERMS structure is used within the Health Authority Emergency Operations Centre (*HA EOC*) and at the Area Support Level (e.g. Health Service Area). The Area Support Level provides direction for their respective Local Health Areas and includes resources from both the geographically located Health Service Area and Public Health Service. The use of the BCERMS terminology at these levels, allows for improved communication with other organizations, which have responsibility for emergency response, under the Provincial Emergency Program Act. (Refer to [Appendix B](#) of the BCERMS for the legal and policy framework for emergency response.)

At the site level, all sites/facilities have introduced Emergency Response Plans that address internal emergency/disasters. Each plan incorporates the Incident Command System, but is based on the Hospital Emergency Incident Command System (*HEICS*) structure. Facility plans (facilities with admitted patients/residents) also incorporate a Command Post or Command

Centre, which would be activated if additional planning, coordination, or resources are required at the site/facility level.

The Health Authority Support Level plan is activated when a) more than one of its areas and/or other health authority are affected and b) there are **hazards and events** where there is consequent damage to or demand placed upon the Interior Health infrastructure, systems or staff, sufficient that there is significant impairment of the ability of Interior Health to conduct business or provide requested support to the a) Provincial Regional Emergency Operations Centres (PREOC), located within the boundaries of Interior Health or b) other health authorities. It is anticipated that in the event of a Pandemic the Health Authority Support Level Plan will be implemented.

The Interior Health Emergency Response Management System allows for a scalable response that would expand and contract as required. Part or all of the IH ERMS may be initiated, as required, to successfully manage a Pandemic event and/or coordinate the health response at all levels of authority. Diagram 2 depicts the varying levels of response and escalation.

Sites/facility and IH level plans contained within the IH Emergency Response Management System will likely form the basis for response in the event of a Pandemic.

Specific Site plans are located at the following insidenet link:

<http://inside.interiorhealth.ca/Employee+Info/Emergency+Planning/Site+Plans/>

The IH level plan is located at the following insidenet link:

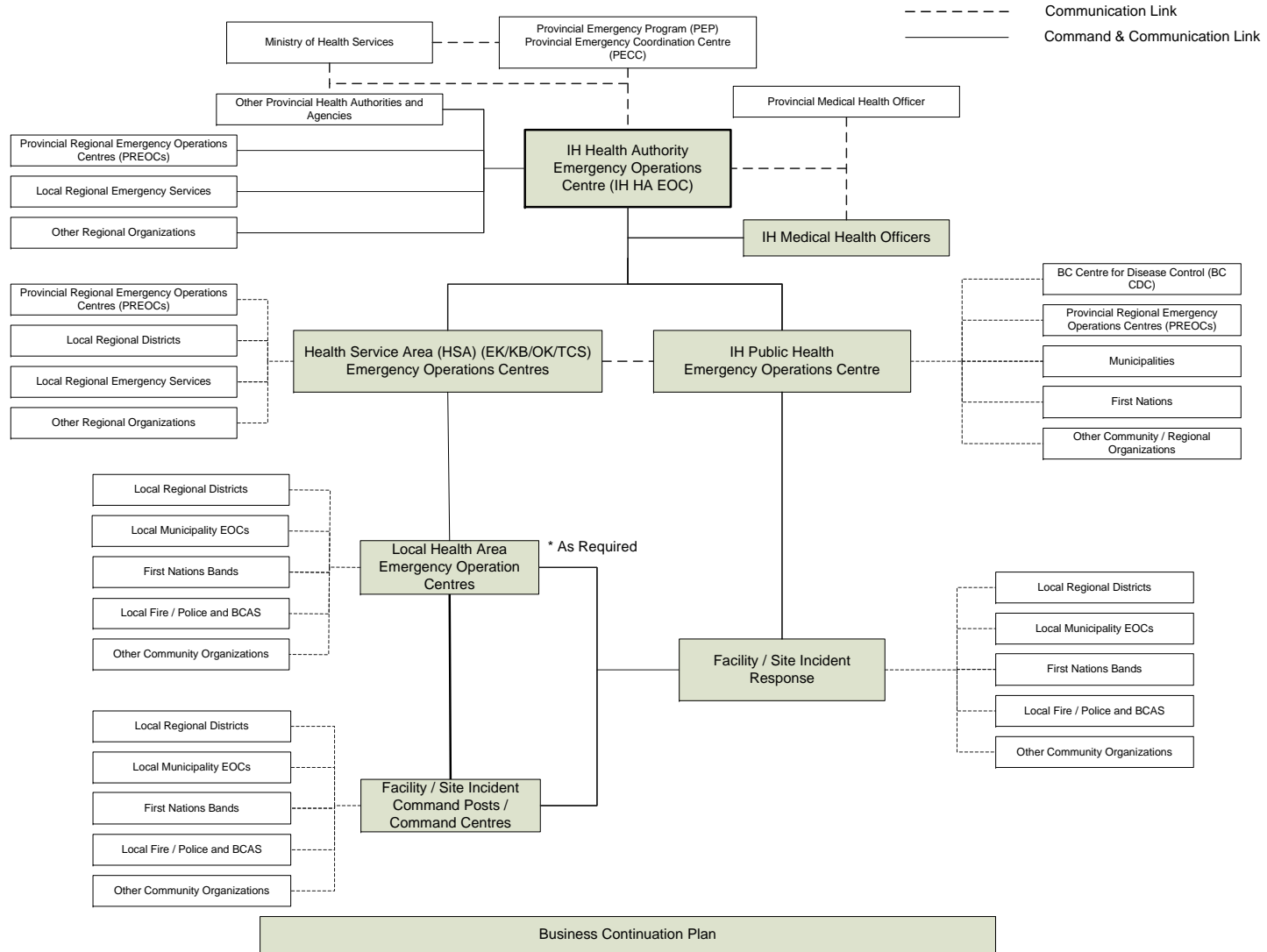
<http://inside.interiorhealth.ca/Employee+Info/Emergency+Planning/Health+Authority+Wide/>

2. LIAISON AND CONTACTS REQUIREMENTS

In order to prevent potential confusion stemming from multiple or outdated contact lists, leads at all levels are responsible for maintaining liaison with local municipal and other external partners. Lines of communication should be based on the pre-existing emergency response structures and fan-out lists at the various levels from facilities through local health areas to Health Service Areas. Recommended liaison linkages are defined in the following table:

IH Liaison Level	External Agency
Facility/Site Manager	Local Fire, Police and BCAS
Local Health Area	Municipalities
	First Nations Bands
	Regional Districts
Health Service Area	Provincial Regional Emergency Operations Centres (PREOC)
	Other IH HSAs
	BCAS
Health Authority	Provincial Emergency Coordination Centre
	Ministry of Health Services
	Provincial Health Authorities
	Other Agencies as Required

Diagram 1: Interior Health Emergency Response Management System Organizational Structure



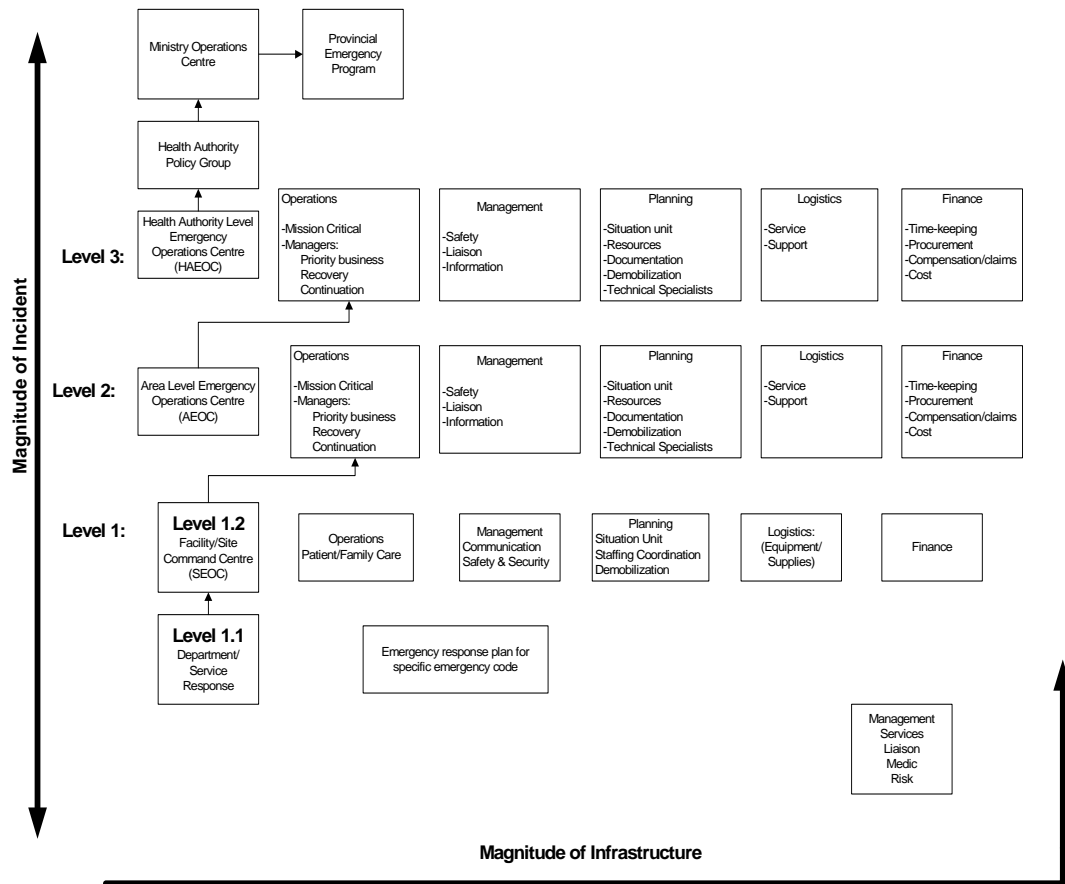


Diagram 2: Magnitude of Incident and Levels of Emergency Response

3. ALERT LEVELS

ERMS B0100 outlines the Emergency Response Activation Levels which provide **guidelines** for activation of an appropriate level of response in the event that Interior Health is facing an actual or potential threat. **Appendix 6** outlines Interior Health’s response to the World Health Organization’s (*WHO*’s) Pandemic Phases and recommended responses.

4. OUTBREAK MANAGEMENT TEAM

The creation and activation of an Outbreak Management Team is part of the action required in the WHO Phase 4 of the Pandemic Alert Period under Interior Health “actions required”. The decision to activate the Interior Health Outbreak Team will be made by the Senior Medical Health Officer. The Outbreak Team will consist of an Interior Health Medical Health Officer and other experts as required, but may include: Infection Control Practitioner, Senior Public Health Nurse, Senior Environmental Health Officer, Director Communicable Disease Control, Infectious Disease Specialist, members of the IH CD Unit and Medical Microbiologist. Positions on the Outbreak Team will be filled congruent with the “3-deep” philosophy to ensure all positions remain filled and to prevent burn-out of key players. The composition of the Outbreak Team will be determined by the Senior Medical Health Officer dependent on the Pandemic presentation within Interior Health. Within the EOC organizational structure, the Outbreak Team will be considered as a specialty advisor report to the HAEOC through the Medical Health Officer. If

deemed necessary (or appropriate), the Outbreak management team may have representation at the HAS EOC levels.

5. EXERCISES AND TRAINING

Interior Health has conducted, and will continue to conduct, numerous educational and training sessions to inform staff and community partners about Pandemic Influenza, the Interior Health Plan, and the role of community and Provincial partners in the event of an Influenza Pandemic.

6. MAINTENANCE OF EMERGENCY RESPONSE PLAN

It is a combined responsibility of the Chief Medical Health Officer and the Leader, IH Health Emergency Management for the maintenance of the Emergency Response Plan of the Interior Health Pandemic Plan with input from the Infectious Hazards Emergency Response Planning Task Force. Review will occur on an annual basis.

7. RESPONSE ACTIVATION PLAN

The following document outlines the alignment of Interior Health's stages of operation during a pandemic with the health authority, HSA, and Public Health EOC levels of activation, as well as the phases of operation at provincial, national, and international levels (as led by the BC Ministry of Health, Public Health Agency of Canada, and the World Health Organization, respectively).

Pandemic Influenza Response Activation Plan Overview

Revised: February 11th, 2009



	World Health Organization Phases of Operation	BC Ministry of Health Services Phases of Operation	Interior Health / Health Service Areas / Public Health Emergency Operations Centres (EOC) Level of Activation	Interior Health Stages of Operation
Inter-Pandemic Period	<p>Phase 1</p> <ul style="list-style-type: none"> No new virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection / disease is considered to be low. <p>Phase 2</p> <ul style="list-style-type: none"> No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease. 	<p>Phase 1</p> <ul style="list-style-type: none"> <u>Global</u> – in animals; low risk in humans. <u>Canada</u> – single case(s) in animals <u>In British Columbia</u> – single case(s) in animals <p>Phase 2</p> <ul style="list-style-type: none"> <u>Global</u> – in animals; substantial risk of transmission to humans. <u>Canada</u> - single case(s) in animals <u>In British Columbia</u> –single case(s) in animals 	<p>Level 0 – Emergency Management Level of Activity</p> <ul style="list-style-type: none"> The spread of infectious disease requires preparation for response Incident Lead / Director is assigned Members of EOCs identified - roles and responsibilities outlined 	<p>Stage 0 – No Human Cases Identified</p> <ul style="list-style-type: none"> Confirm case definitions Conduct active surveillance Monitor world activities Develop key messages Resolve issues related to delivery of health services Consider activation of consequence management team Implement respiratory etiquette program
Pandemic Alert Period	<p>Phase 3</p> <ul style="list-style-type: none"> Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. <p>Phase 4</p> <ul style="list-style-type: none"> Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. <p>Phase 5</p> <ul style="list-style-type: none"> Large cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (Substantial pandemic risk). 	<p>Phase 3</p> <ul style="list-style-type: none"> <u>Global</u> – new subtype no or low human-to-human spread. <u>Canada</u> – Single human case(s), no or low human-to-human spread. <u>British Columbia</u> – single case(s) no or low human-to-human spread in British Columbia. <p>Phase 4</p> <ul style="list-style-type: none"> <u>Global</u> – small clusters <u>Canada</u> – localized cases <u>British Columbia</u> – localized cases <p>Phase 5</p> <ul style="list-style-type: none"> Larger localized clusters with better human-to-human transmission (not fully adapted to human transmission) in Canada; corresponding , larger clusters of localized better adapted human transmission infections in British Columbia. 	<p>Level 1 – As Required, EOC Director Assembles EOC Members and Others</p> <ul style="list-style-type: none"> Review planning objectives to meet expected response requirements Formalize the structure and membership Provide communication updates Maintain Liaison with BC CDC, MOH Services and other Health Sector Partners <p>Level 2 – Activation of EOCs on a Limited Basis as Necessary</p> <ul style="list-style-type: none"> Review and update objectives Staff EOCs as required 	<p>Stage 1 – Suspect Case Identified/Presented to Hospital in Interior Health or within BC</p> <ul style="list-style-type: none"> Implement Public Health measures, education & messaging Heighten WH&S programs Increase surveillance Maintain liaison with BC CDC Intensify infection control measures
Pandemic Period	<p>Phase 6</p> <ul style="list-style-type: none"> Pandemic: Increased and sustained transmission in general populations, New virus subtype shown to cause several outbreaks in at least one country 	<p>Phase 6</p> <ul style="list-style-type: none"> <u>Global</u> – increased and sustained transmission <u>Canada</u> – localized or widespread <u>British Columbia</u> – localized or widespread 	<p>Level 3 – Activation of EOCs on a 24/7 Basis as Necessary</p> <ul style="list-style-type: none"> The EOC Director manages the incident with the resources necessary to meet the requirements of the incident Implement Business Continuity Plan (BCP) if required Determine what services can be discontinued Prepare for state of emergency 	<p>Stage 2 – Multiple Suspect Cases Within Interior Health</p> <ul style="list-style-type: none"> Implement additional public health strategies Investigate suspected cases Liaison and messaging with municipalities and Regional Districts Consider activation of alternative care sites Increase messaging to the public Activate established Local Health Area Pandemic Influenza plans <p>Stage 2 – Confirmed Case</p> <ul style="list-style-type: none"> Increase public health measures Increase infection control Increase WH&S activities <p>Stage 3 – End of First Wave</p> <ul style="list-style-type: none"> Maintain response team at reduced capacity Return to Stage 2 with next wave
Post-pandemic Period	<p>Post-Pandemic period will entail recovery and a gradual return to the Inter-pandemic period</p>	<p>Level 4 – Demobilization</p> <ul style="list-style-type: none"> Return to normal state and initiate catch up programs Review Initial Lessons Learned and Amend Response Plan as Necessary <p>Level 5 – Conduct Operational Reviews</p> <ul style="list-style-type: none"> Make recommendations for quality improvement to the planning process 	<p>Stage 4 – Containment/Demobilization</p> <ul style="list-style-type: none"> Partial demobilization and prepare for second wave Review procedures and enter into catch-up programs Return to Stage 2 with next wave <p>Stage 5 – Review and Update Plan</p> <ul style="list-style-type: none"> Lessons Learned review of all aspects of the process and make recommendations to update procedures 	