Interior Health

POLICY

AH3700

EMERGENCY AND DISASTER MANAGEMENT

Interior Health would like to acknowledge that it operates and provides services on the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tŝilhqot'in Nations.

Interior Health recognizes that a diverse workplace includes all people, particularly those belonging to historically, systemically, and/or persistently marginalized groups, as well as individuals with protected characteristics under the B.C. Human Rights Code.

1.0 INTRODUCTION

1.1 Purpose

To cultivate a robust health system capable of mitigating, responding to, and recovering from emergencies and disasters while supporting the continuous delivery of essential care services.

1.2 Applicability

This policy applies to Employees, Clients, Essential Care Providers, and Visitors within Interior Health (IH) service areas.

1.3 Scope

This policy outlines IH-wide requirements for managing emergencies and disasters that threaten access to health care services.

2.0 POLICY

2.1 Emergency and Disaster Management within IH geographical areas have established governance structures in place that is coordinated with Health Emergency Management BC and other relevant emergency and disaster response partners.

2.2 The Emergency Management Program is in place to support prevention, mitigation, preparedness, response, recovery, and quality improvement processes for Emergency and Disaster Management to minimize harm and protect people and infrastructure.

2.3 Emergency and Disaster Management standards and procedures are in place to address risk, hazards and quality improvement recommendations and maintain alignment with IH policies, legislation, and Accreditation Canada standards.

2.4 Emergency and Disaster Management education is in place to support Employee readiness.

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2.5 Structured evaluation processes are carried out after responses to emergencies and disasters, to strengthen organizational readiness and inform future responses.

3.0 RESPONSIBILITIES

Vice President, Clinical Operations

- Oversee governance structures for Emergency and Disaster Management.
- Escalate concerns to the Chief Executive Officer as needed.

Directors Level Positions and Higher

- Support the development and maintain up-to-date Emergency and Disaster Management response plans for IH facilities within their area(s) of responsibility.
- Implement and facilitate Employee awareness and accessibility to Emergency and Disaster Management resources within their area(s) of responsibility.
- Support direct reports during an Emergency and Disaster Management response, follow up on reported concerns, and escalate to the Regional Emergency Management Steering Committee as required.

Program Director, Patient Access, Transport & Emergency Response

- Establish, maintain, and oversee the Emergency Management Program.
- Oversee coordination with Health Emergency Management BC and other relevant response partners.
- Oversee the development of Emergency and Disaster Management resources.

Regional Emergency Management Steering Committee

- Consult and endorse Emergency and Disaster Management resources.

Managers

- Follow approved Emergency and Disaster Management procedures.
- Ensure direct reports are aware and familiar with Emergency and Disaster Management procedures.

Employees, Clients, Essential Care Providers, and Visitors

- Follow Emergency and Disaster Management procedures during emergencies and disaster events.

4.0 COMPLIANCE

Incidents of non-compliance are investigated to identify barriers and to facilitate compliance. Evidence of disregard of policy requirements is handled as a disciplinary matter, up to and including termination of employment, services, and/or privileges.

5.0 MONITORING AND EVALUATION

This policy is reviewed every 5 years and as needed by the policy steward.

6.0 INQUIRIES

The regional policy library page linked in the footer lists the policy steward that oversees each policy. If you have questions regarding the policy content, reach out to the appropriate policy steward or email IHEmergencyManagement@interiorhealth.ca

All other inquiries can be directed to the policy office (IHPolicy@interiorhealth.ca).

7.0 RELATED DOCUMENTS

Emergency Response & Planning [IH] - Home

8.0 REFERENCES – N/A

9.0 DEFINITIONS

TERM	DEFINITION
Client	A person who is receiving, has received, or has requested health care. This term is synonymous with Patient and Resident.
Emergency and Disaster Management	The structured and coordinated activities undertaken to prevent, mitigate, prepare for, respond to, recover from, and continuously improve Interior Health's ability to manage emergencies and disasters that may affect people, services, infrastructure, communities, or the environment.
Emergency Management Program	A coordinated organizational program that provides leadership, planning, oversight, education, training, exercises, evaluation, and continuous improvement to support prevention, mitigation, preparedness, response, recovery, and continuity of essential health services during potential or actual emergencies and disasters.
Employee	A person currently acting on behalf of Interior Health, inclusive of medical staff, volunteers, students, contractors, and workers.
Essential Care Provider	A person who is identified by the client for the purpose of providing physical, psychological, and emotional support while they are receiving health care services.
Visitor	A person within an IH facility who is not classified as a Client, Essential Care Provider, Employee, medical staff member, student, volunteer, or contractor.

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