

Province of British Columbia

British Columbia
Pandemic Influenza
Provincial
Coordination Plan

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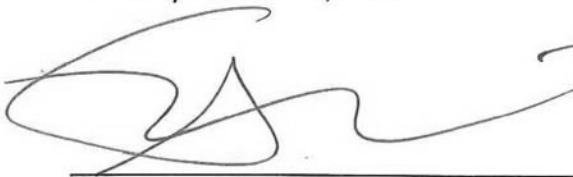
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BC Pandemic Influenza Provincial Coordination Plan

Section One: Introduction

Purpose

The British Columbia Pandemic Influenza Provincial Coordination Plan describes the provincial government's strategy for cross-ministry coordination, internal and external communications and provincial government business continuity in response to an influenza pandemic. This plan fosters cooperation and collaboration among provincial government ministries involved in the active management of the consequences and policy needs associated with an influenza pandemic.

Scope

The scope of this plan is limited to the activities of the provincial government outside of the health system. The province's medical 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. For information related to the health sector response to pandemic influenza, please see the *BC Pandemic Influenza Response Plan*. The *BC Pandemic Influenza Response Plan* outlines the activities and responsibilities of the health sector to mitigate and respond to an influenza pandemic including plans and guidelines for public health; clinical care; First Nations; human resources; communications and education; and psychosocial support.

This plan is scalable and flexible. The severity of the pandemic influenza strain, the requirements for coordination and communications and the existence of unique policy issues will determine the degree of engagement and the extent of activities required by provincial ministries. This plan may also be of use in a pandemic event that is not influenza.

This document is a hazard-specific annex of the provincial Comprehensive Emergency Management Plan (CEMP) and it aligns with the BC Emergency Response Management System (BCERMS).

This plan replaces all previous versions including the BC Pandemic Influenza Consequence Management Plan (2009).

Background

Pandemics of influenza have been recorded every 10 – 40 years for the last 400 years. The worst known impact of an influenza pandemic occurred during 1918–1919, when a virus known as the Spanish Flu 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 to moderate. Due to medical advances, death rates as seen in the 1900s due to pandemic influenza are now unlikely.

In the spring of 2009, the outbreak of a novel strain of the H1N1 influenza signalled the first occurrence of an influenza pandemic (World Health Organization (WHO) Phase 6) in over 40 years. Fortunately, the H1N1 pandemic was relatively mild and without any severe secondary consequences to public safety.

The WHO is responsible for monitoring new viruses and providing situational awareness for national government health entities. After 2009, the WHO moved to promoting national risk assessments while continuing to provide global situational awareness. The following quote from the *Pandemic Influenza Risk Management WHO Interim Guidance* document further explains this shift. “The WHO phases, which are based on virological, epidemiological and clinical data, are used for describing the spread of a new influenza subtype, taking account of the disease it causes, around the world. The global phases have been clearly uncoupled from risk management decisions and actions at the country level. Thus, Member States are encouraged as far as possible to use national risk assessments to inform management decisions for the benefit of their country’s specific situation and needs.”¹

The WHO phases are:

- **Interpandemic phase:** This is the period between influenza pandemics.
- **Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.
- **Pandemic phase:** This is the period of global spread of human influenza caused by a new subtype. Movement between the inter-pandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.
- **Transition phase:** As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.²

The following chart is from the *Pandemic Influenza Risk Management WHO Interim Guidance* and outlines the continuum of the pandemic phases within the cycle of preparedness, response and recovery. Prevention and mitigation activities such as public health measures are constant.

¹ World Health Organization, Pandemic Influenza Risk Management WHO Interim Guidance, 2013, http://www.who.int/influenza/preparedness/pandemic/GIP_PandemicInfluenzaRiskManagementInterimGuidance_Jun2013.pdf?ua=1

² Ibid.

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a “global average” of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

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Prevention and mitigation are ongoing and include activities such as public awareness and education campaigns; immunization; use of personal protective equipment; encouraging hand cleaning and other methods of enhanced sanitation. During the pandemic phase, tactics may incorporate additional methods of prevention such as increasing the use of telecommuting or enhancing public education programs.

Preparedness activities typically occur in the interpandemic phase and include the development and maintenance of emergency plans, mutual aid agreements, resource inventories, training and exercises. Preparedness activities immediately following an influenza pandemic includes incorporating lessons learned into existing plans and procedures.

Response occurs within the alert and pandemic phases. Response activities include activating operational structures, implementing policies related to occupational health and safety, providing care to people affected, and addressing consequences of pandemic influenza such as reduced staffing levels and compromised levels of health support.

Recovery activities occur in the transition phase and imply a return to pre-event or new levels of service. It also includes the deactivation of pandemic-specific client support systems and the decommissioning of alternative or non-traditional facilities put in place during response.

BC Centre for Disease Control Planning Assumptions

In order to appropriately plan for the impacts on the health system, the BC Centre for Disease Control (BCCDC) developed planning assumptions through the analysis of two scenarios and

³ Ibid.

modelling of data from the 1957, 1968 and 2009 influenza pandemics. The first scenario is a moderate to rapid paced pandemic without public health interventions (such as vaccinations, antiviral use and public health measures) and is provided for illustrative purposes only. The second scenario is a moderate to rapid paced pandemic with interventions. The following charts outline the results of the modelling.

Scenario One – No Interventions

BC Total Population 2010		4,900,000						
	First Wave	Cases		Second Wave	Cases		Total – 2 Waves	Cases
Rates (per 1000 pop)								
Attack Rate – proportion infected	100	490,000		500	2,450,000		600	2,940,000
Clinical Attack Rate – proportion who become ill	50	245,000		250	1,225,000		300	1,470,000
Proportion who see a Physician	25	123,000		125	613,000		150	736,000
Hospitalized	0.4	2000		2	10,000		2.4	12,000
ICU Admissions	0.04	200		0.2	1000		0.2	1200
Require ventilator	0.022	110		0.105	510		0.13	620

Scenario Two – With Interventions (i.e. vaccinations, antivirals, public health measures etc.)

BC Total Population 2010			4,900,000					
	First Wave	Cases		Second Wave	Cases		Total – 2 Waves	Cases
Rates (per 1000 pop)								
Attack Rate – proportion infected	60	294,000		10	49,000		70	343,000
Clinical Attack Rate – proportion who become ill	30	147,000		4	20,000		34	167,000
Proportion who see a Physician	15	74,000		2	10,000		17	84,000
Hospitalized	0.2	1000		0.03	150		0.23	1150
ICU Admissions	0.02	100		0.003	15		0.023	115
Require ventilator	0.009	40		0.0011	5		0.0101	45
Deaths	0.01	50		0.0013	5		0.0113	55

⁴

⁴ Ministry of Health, British Columbia's Pandemic Influenza Response Plan (2012) Planning Assumptions, September 2012, <http://www.health.gov.bc.ca/pandemic/response/pdf/bc-pandemic-planning-assumptions.pdf>

These scenarios will ensure plans are robust enough to account for all likely pandemic events. Response arrangements must be flexible enough to deal with the range of possible scenarios up to the reasonable worst case and be capable of adjustment as they are implemented. It should be noted that the model and therefore the planning assumptions have limitations. The two scenarios (without any intervention and with a suite of interventions) were developed using the following assumptions:

- The rates of impact of population health measures have been applied to the entire population rather than attempting to make assessments of the impact of various influenza strains on specific age segments of the population. No account was taken of possible immunity in older populations for various strains of a future pandemic.
- The second wave is expected to begin in September to model a worst-case scenario as a result of children returning to school.
- For the first wave, public health measures and antiviral use result in a reduction in transmission and hospitalization.
- The second wave interventions include public health measures, antiviral use, and vaccinations, resulting in augmented reductions in transmission and hospitalization.
- The first wave will be twelve-weeks in duration.
- The period between waves will be a twelve-week period.
- The second wave will be twelve-weeks duration.
- A 1:1 symptomatic to asymptomatic ratio for infected individuals was chosen.
- The Clinical Attack Rate will be 20%.
- Vaccine will be delivered to health authorities and other vaccine providers starting in the first week of the second wave and delivered to 75% of population (an estimate of all those who will want to receive the vaccine)
- There will be a campaign to immunize all those who wish to be immunized in a 6 week period (in line with an anticipated receipt of one-sixth of our pandemic vaccine supply per week from the onset of the second wave with random population vaccination rather than by specific high-risk groups since the vaccine will arrive so quickly).
- A vaccine effectiveness rate of 90%.
- Antivirals have an efficacy of 80% and reduce hospitalizations by 38%.
- Public Health infection transmission reduction strategies, such as cough etiquette, hand washing, social distancing and staying home while ill, will reduce transmissibility by 20%.

For a more detailed analysis please refer to the [BC Pandemic Influenza Response Plan](#).

Considerations for Provincial Government Response

Influenza pandemics are unique from other hazards in various ways including:

- 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 the activation of existing mutual aid agreements amongst governments, agencies and corporations.

- Uncertain timing and impacts of pandemic influenza require flexibility to address critical needs as determined by the event.
- An influenza pandemic is a long-term event with multiple peaks (also called waves). As a result, operational requirements and considerations are different from events with a shorter duration.
- Unlike other hazards, which are communicated from the site level to local authority and then provincial level, pandemics are communicated from the international and national level to the provincial and local levels.

The potential impacts of an influenza pandemic are far-reaching and diverse. The following list outlines some of the activities, challenges and consequences that government agencies may need to manage because of an influenza pandemic.

- Consistent and ongoing information for the public regarding the level of risk and preventative measures will be required. Additional communication efforts may be required to manage public fears and personal concerns.
- The maintenance of regular services at all levels of government may be interrupted or reduced due to staff shortages. Government agencies may need to develop modified business practices in order to maintain critical services.
- Government policy may need to be developed in order to facilitate the response to a pandemic influenza and to address key issues.
- An extreme public health emergency may result in an increased demand for psychosocial, mental and behavioural health services.
- 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 and according to planning assumptions will be available for the second wave.
- If school and daycare closures are recommended by the Provincial Health Officer, it will result in increased demands on parents and the need for guidance to school boards and independent schools regarding levels of risk and appropriate public health measures.
- The influenza virus may impact British Columbia's multi-modal transportation network, including both government and industry provided transportation services.
- The health structure may require unconventional support from other agencies to maintain levels of service and coordinate the public health response.

- Influenza pandemics can impact the economy over the long-term and in a variety of ways, such as:
 - decreased production levels due to illness;
 - temporary loss of jobs and business closures (particularly small to mid-size enterprises);
 - reduction or restrictions on public gatherings;
 - potential impact to goods transport;
 - a negative effect on the agricultural sector;
 - adverse ripple effects in the world-wide investment community; and
 - decreased activity within the hospitality and tourism industry due to travel restrictions.

Please note the preceding consequences include extreme scenarios and the extent of these impacts and countermeasures will be determined by the characteristics of the influenza strain.⁵ Not all influenza pandemics will overtax the health, economic and/or social support systems.

Legislation

Under the authority of the *Public Health Act* and the *Emergency Program Management Regulation*, Ministry of Health (MoH) is the lead agency and authority in public health emergencies and human diseases as well as responsible for providing critical incident stress debriefing and counselling services.

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, and response.

The *Emergency Program Act* and its accompanying regulations specify the roles and responsibilities of provincial ministries as well as local authorities for general emergency preparedness, response and recovery.

According to the *Emergency Program Management Regulation* and provincial government Core Policy, all ministries are required to complete a business continuity plan to outline the manner and means by which the ministry will minimize the impact of an emergency or disaster on its provision of essential services. During an influenza pandemic provincial ministries may need to implement business continuity plans to ensure that critical public services remain in place.

WorkSafeBC's *Occupational Health and Safety Regulation (OHSR)* outlines requirements for the development and implementation of an exposure control plan 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

⁵ Potential consequences developed from the Canadian Pandemic Influenza Plan and the analysis of H1N1 materials.

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.

Plan Administration

The BC Pandemic Influenza Provincial Coordination Plan will be reviewed and updated as necessary following changes in organizational structure and/or roles and responsibilities of any of the agencies identified. In addition, the Plan will be updated to reflect current best practices and lessons learned from events and exercises.

Section Two: Provincial Coordination

Intent of Coordination

The provincial government's response to an influenza pandemic event requires integration and coordination of multiple organizations. The intent of effective provincial coordination during an influenza pandemic is to ensure consistent communications and information sharing, conduct effective provincial business continuity and develop cross-ministry policy as required.

Organizational Structure

The following organizational chart follows the BCERMS and outlines the linkages between provincial operational centres and the health sector. This structure will be implemented to the degree necessary to deal with the provincial coordination, communication and policy needs of an influenza pandemic resting outside of the health sector. The Provincial Health Officer (PHO) and the MoH maintain ultimate authority over the public health emergency.

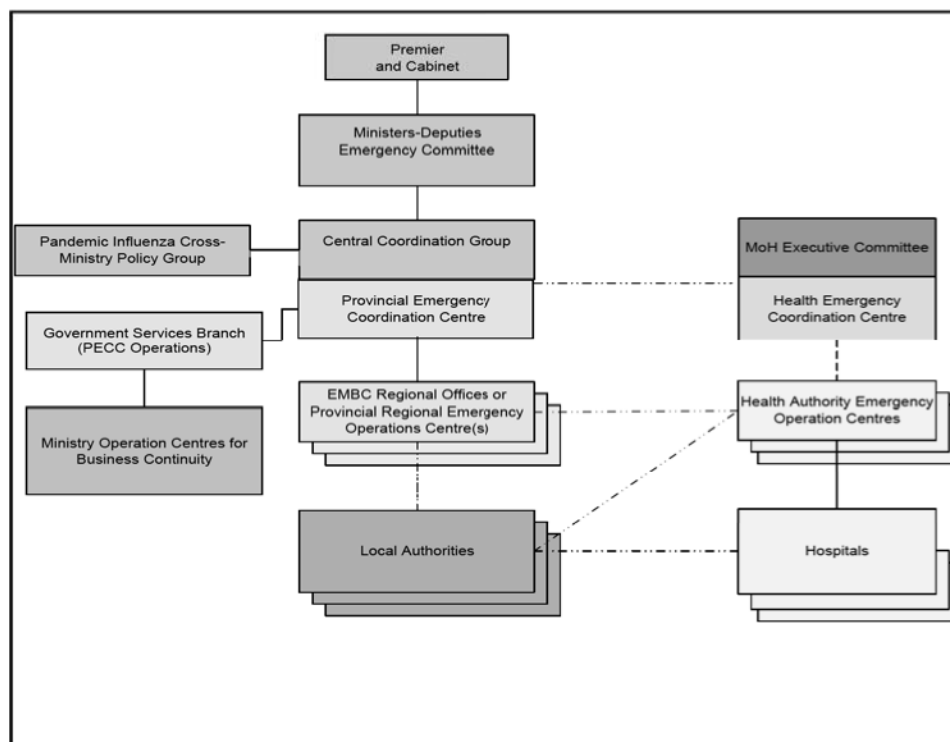


Figure 2: Illustration of the provincial emergency management structure and the relationship with the Ministry of Health and other Ministry Business Continuity operations during an influenza pandemic.

Ministers–Deputies Emergency Committee

The Ministers-Deputies Emergency Committee (M-DEC) comprises a provincial cross-section of the key provincial Ministers and Deputy Ministers (or designates) who provide direction and strategic guidance to the Central Coordination Group (CCG) for pandemic influenza events. The CCG often recommends the activation of the M-DEC.

Central Coordination Group

During an influenza pandemic the CCG may be activated to guide cross-government coordination and activities. The CCG provides strategic and policy direction to the Health Emergency Coordination Centre (HECC), the Provincial Emergency Coordination Centre (PECC) and all provincial ministries and agencies involved in the response. The CCG is an avenue to discuss significant challenges that require high-level cross-government coordination. In addition the CCG:

- Evaluates the situation and assesses provincial government involvement;
- Supports the activation of the M-DEC;
- Oversees the implementation of cross ministry communications; and
- Briefs senior government officials on the pandemic influenza threat as well as preventative, response and recovery activities.

EMBC and the MoH Emergency Management Unit (EMU) will co-chair the CCG during the response to an influenza pandemic. The health related co-chair position can also be designated

to a MoH senior ministry representative or the Office of the PHO. The CCG is activated by one of the co-chairs based on an assessment of the risk or the determined need for provincial coordination, provincial business continuity activities or an extensive communications effort. The CCG will also activate if there is a potential for public safety issues due to the severity of the virus.

The suggested makeup of the CCG for pandemic influenza events is as follows:

- Ministry of Justice, EMBC (co-chair);
- Ministry of Health, EMU (co-chair);
- Ministry of Health, PHO;
- Ministry of Justice, EMBC Business Continuity Management (BCM) Program;
- Ministry of Transportation and Infrastructure;
- Ministry of Education;
- Ministry of Technology, Innovation and Citizen's Services, Government Communications and Public Engagement (GCPE);
- Ministry of Advanced Education;
- Ministry of Social Development and Social Innovation;
- Ministry of Children and Family Development;
- Ministry of Aboriginal Relations and Reconciliation;
- Ministry of Finance;
- Ministry of Finance, BC Public Service Agency (BCPSA);
- Ministry of Jobs, Tourism and Skills Training; and
- Ministry of Agriculture.

Depending on response requirements, additional organizations, provincial ministries or federal agencies may be invited to participate in the CCG, such as the BCCDC, health authorities, Public Safety Canada (PS), Health Canada (HC) and Public Health Agency of Canada (PHAC).

Each Ministry that is requested to participate in the CCG will designate a senior representative (i.e. Executive Director/ Assistant Deputy Minister level) and one alternate to represent them on the CCG. Each representative will report to the CCG on the prevention, business continuity and response activities of their respective ministry.

When required the CCG will task the Cross-Government Pandemic Influenza Policy Group to analyze specific pandemic influenza related issues and situations. The policy group will then provide decision support and recommendations for resolution by the CCG, PECC or HECC.

Pandemic Influenza Cross-Ministry Policy Group

As a sub-component of the CCG, the Pandemic Influenza Cross-Ministry Policy Group can be activated to address specific pandemic influenza policy issues that may arise.

The Policy Group will assist the CCG with:

- Decision support relating to the management and resolution of unresolved policy issues pertaining to or caused by an influenza pandemic;
- Development of processes and policies that support a consistent and equitable resolution to issues that fall outside established policies and protocols; and
- Recommendations for decisions on issues where cross-government involvement is required.

Examples of cross-ministry policy areas that may need to be discussed and/or addressed include:

- School closures;
- Transportation sector impacts;
- Financial impacts and/or protocols;
- Agricultural impacts;
- Workplace policies;
- Psychosocial impacts on the public and workers/responders; and
- Impacts to external services, such as healthcare services, daycare, education, food processing etc.

To review the Terms of Reference for the Pandemic Influenza Cross-Ministry Policy Group, see Appendix D.

Provincial Emergency Coordination Centre

During an influenza pandemic the PECC located in Victoria may be activated to coordinate cross-government activities, to monitor internal and external communications for consistency and to facilitate business continuity of the provincial government. The PECC will also provide support to EMBC regional offices or to any activated Provincial Regional Emergency Operation Centre (PREOC).

The PECC can be activated to:

- Provide coordination, support and information products to EMBC regional offices or activated PREOCs;
- In coordination with the HECC, provide cross-government support to emergency management stakeholders including local authorities;
- Coordinate provincial communications with the HECC and the Office of the PHO;
- Coordinate government's business continuity to support mission critical functions;
- Provide business continuity support to provincial senior officials as requested;
- Facilitate, as required, the acquisition of provincial, territorial, state, national and international assistance;
- Provide support to Senior Officials as required; and
- Provide internal and external situational awareness.

EMBC's BCM Program will staff the Government Services Branch (GSB) within the PECC Operations Section in order to support and maintain awareness of provincial government business continuity activities within provincial ministries, central agencies and Shared Services BC. For further information on the GSB, refer to Section Four: Government Business Continuity in an Influenza Pandemic.

The MoH will provide representatives to sit in the PECC Operations Section Health Branch to provide assistance as necessary and to act as a link between HECC and the PECC.

Health Emergency Coordination Centre

The HECC is operated by the MoH. When activated, the HECC provides inter-region policy direction and coordination. It acts as an overall provincial health coordination centre in the event of multi-region disaster impacts, such as an influenza pandemic, and serves as the coordination and communications link with the provincial emergency management structure, as well as the Federal Health Portfolio (PHAC and HC).

The HECC has overall responsibility for the following activities:

- Provide support to the BC Emergency Health Services (BCEHS), HealthLink BC, and Health Authority Emergency Operation Centre(s) (EOCs);
- Manage event documentation, situational awareness and reporting;
- Manage health specific media and public information issues with GCPE;
- Provide emergency-related direction and advice to BC Health Sector organizations, including policy guidance, as appropriate;
- Provide timely and well-coordinated communication within the provincial emergency management structure;
- Provide timely and well-coordinated communication to other provincial, national and international health sector entities;
- Provide access to and advice on the acquisition and use of emergency resources such as the National Emergency Stockpile System (NESS);
- Ensure that appropriate Disaster Psychosocial Support services to the public and workers are in place; and
- Work with Health Shared Services BC (HSSBC) on the acquisition and deployment of BC health resources, such as stockpiles, and personal protective equipment (PPE).

Ministry Operation Centres for Business Continuity

To address business interruption needs and ensure service continuation some ministries may open a Ministry Operation Centre (MOC). If this is the case, the MOC will forward the information to the GSB of the PECC Operations Section.

EMBC Regional Offices/Provincial Regional Emergency Operations Centres

During an influenza pandemic event, the EMBC regional office or activated PREOC(s) will support the MoH in the distribution of public health messaging. The regional office/PREOC may

also assist with the distribution of government policy to local authorities on behalf of the provincial government. In addition, regional offices or activated PREOC(s) will provide guidance to local government decision-makers during an influenza pandemic and liaise with the regional health authority as required.

If a PREOC is activated, a regional health authority representative may be deployed to the Operations Section Health Branch or as an agency representative to act as a link between the regional health authority EOC and to provide assistance as needed.

Health Authority

Regional health authorities are responsible for the provision of emergency, acute and critical care hospital services as well as public health services. In addition, health authorities also work to ensure the continuity of community based services such as residential care, home care and support, mental health and addictions services. A regional health authority EOC may activate to coordinate their response to an emergency and support individual health authority sites, such as hospitals.

Section Three: Communications

Internal Communications

Communications will be directed from the PHO to the ministries and provincial public service organizations. The BC PSA will work in partnership with GCPE and internal communication teams with direction from the Office of the Premier to coordinate the necessary staff related internal communications involving the approximately 30,000+ employees of the public service.

At the time a pandemic announcement is made in any country or the WHO declares a pandemic phase, the BC PSA will assemble a team, led by the head of the BC PSA (or designate) which includes medical and safety representation. This group would begin monitoring the situation and communicating with clients and employee representatives.

The BC PSA has established a MyHR webpage with a focus on influenza in general, the public service annual influenza vaccination program and a link to pandemic influenza information. Specific communications would be posted with guidance and coordination by Public Service Engagement and Corporate Initiatives (PSECI), on the @Work website which can be accessed by all public service employees.

External Communications

The BC Pandemic Influenza Response Plan has a chapter on Public Communications. The following section is a summary of the key points. The complete document can be found at: <http://www.health.gov.bc.ca/pandemic/response/pdf/bc-pandemic-influenza-communication-and-education-framework.pdf>

The GCPE within the MoH will be the lead on all external pandemic-related communications to the public. GCPE holds primary responsibility to develop the provincial communications strategy to support the provincial emergency management structure once activated.

GCPE is responsible for the release of news releases and regular information bulletins, as well as protocols around timing and method of how and when information will be released publicly. During a province-wide influenza pandemic response, GCPE will work closely in communication with the PHO and HECC. The ministry communication staff must work in close cooperation with HECC information officers in order to develop emergency public health information responses at all provincial levels.

GCPE will also lead coordination with national communication partners (e.g. PHAC) to ensure messaging in BC is consistent with that being given throughout the country and around the world.

To ensure consistent messaging, communications between the MoH and the health authorities and the BCCDC, including those from chief medical health officers, are ideally shared with GCPE prior to distribution with media or the public.

In the event of a public service campaign, the corporate communications division of GCPE will take the lead on the creation of any provincial public service announcement materials.

GCPE support activities include:

- Assign a senior representative for the provincial communication working group;
- Liaise with HC/PHAC public information office;
- Implement the Province's Crisis Communications Strategy for Major Provincial Emergencies and CEMP Public Information Annex;
- Brief senior government officials on communications issues;
- Provide additional Information Officers to work in PECC, HECC and PREOCs if activated; and
- Liaise with the PHO, BCCDC and health authority communications departments during a pandemic influenza event.

Examples of the communication tools used for public messaging during a pandemic include but are not limited to the following:

- Pandemic influenza specific information;
- Information for schools;
- Information for employers and employees;
- Information for sports teams;
- Questions and answers;
- Fact sheets;
- Informative websites;
- News releases;
- Timed press releases, press conferences;
- Backgrounders;
- Advertisements, public service announcements;
- Toll-free telephone information lines;
- Web sites with links to other critical pandemic influenza sites;
- Newsletters;
- Technical briefings;
- Presentations; and
- Social media.

Section Four: Government Business Continuity in an Influenza Pandemic

According to the *Emergency Program Management Regulation* and provincial government core policy, all ministries are required to complete a business continuity plan to outline the manner and means by which the ministry will minimize the impact of an emergency or disaster on its provision of essential services. During an influenza pandemic provincial ministries may need to implement business continuity plans to ensure that critical public services remain in place.

The BCM Program provides a common framework for the development and administration of ministry business continuity programs through the development of cross government policy, the provision of standardized templates and tools, the maintenance of the provincial mission critical list and the monitoring of cross government readiness.

As part of its shared mandate to safeguard the delivery of critical programs and services, the BCM Program provides ministries with the *"Business Continuity Planning Guide for Pandemic Influenza"* and the template *"Appendix P"* for the inclusion of pandemic specific prevention, mitigation and response strategies in business continuity plans.

The Government Services Branch

During a pandemic the BCM Program will activate the GSB of the PECC to collaborate with Shared Services and BC PSA on the development and dissemination of cross government strategies, assist with ministry related advanced planning activities and support MOC activations and requests.

The GSB functions under the Operations Section of the PECC and acts as the central point of contact between MOCs and the PECC, as well as the primary liaison with Shared Services BC and central government agencies for business continuity.

The GSB is responsible for:

- Receiving BCP-related requests for assistance or information from MOCs;
- Receiving and consolidating MOC Situation Reports for submission to the PECC Planning Section;
- Monitoring overall government ministry business continuity recovery status and assisting with cross-ministry issues;
- Working with Shared Services BC to assist with the prioritization of Ministry business continuity related resource or service requests;
- Disseminating relevant information from the PECC to Ministry MOC Directors and BCP Advisors; and
- Briefing the CCG on provincial business continuity issues and potential solutions.

Ministry Operation Centres for Business Continuity

MOCs activate to support ministry business interruptions and business continuity plan activations. MOCs are modeled on the BCERMS framework, guided by ministry executive Policy Groups and integrated with the PECC through the GSB. Activated MOCs provide situational awareness and submit reprioritization or assistance requests to the GSB for processing or CCG escalation.

Section Five: Provincial Agency Roles and Responsibilities

This section outlines the roles and responsibilities of provincial agencies as well as potential policy areas that provincial ministries may need to address.

Ministry of Health

The Office of the PHO provides leadership and guidance to pandemic influenza preparedness activities across the health sector. The MoH maintains the *BC Pandemic Influenza Response Plan* in conjunction with its partners including the BCCDC, Medical Health Officers (MHOs) and health authorities. In addition, the PHO works with other provinces and territories, and the PHAC 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 MoH is the lead in the province in the event of an influenza pandemic and 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 PHO, who partners with the BCCDC and the MHO in the regional health authorities. The PHO is the primary provincial spokesperson and is responsible, with advice from BCCDC, for the decision to declare a pandemic in the province. The MoH 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.

Depending on the situation the PHO may delegate certain responsibilities to the BCCDC. In 2007, a Memorandum of Understanding was signed to clarify the roles of BCCDC in support of the stewardship responsibilities of MoH and the statutory and related responsibilities of the PHO. BCCDC's support role relates to the core programs of communicable disease, environmental health, public health laboratories and emergency management.

During a pandemic response, the MoH may:

- In cooperation with BCCDC, participate in national pandemic surveillance and reporting programs;
- Implement, in cooperation with BCCDC, the *BC Pandemic Influenza Response Plan*;
- Activate the HECC;
- Assign a senior ministry representative to act as co-chair of the CCG;
- Provide representatives to the PECC as required;
- Provide public health messaging and guidance;
- Coordinate the provision of health services, including acute care, home care, community care, public health and ambulance services; and
- Assist health authorities in emergency procurement and delivery of stockpiled medical supplies, equipment and pharmaceuticals.

The MoH EMU is responsible for supporting the activation and operation of the HECC. The main role of the HECC during an influenza pandemic is to support the activities of the health authorities and to coordinate provincial health emergency response processes.

HealthLink BC (HLBC) is a tele-health platform that provides multi-disciplinary comprehensive self-care and health system navigation services to British Columbians and health care professionals. In the event of an influenza pandemic, HLBC will provide health related information to the public via 8-1-1 and report to the MoH on service volumes.

Ministry of Justice, EMBC

In conjunction with its partners EMBC maintains and updates the *BC Pandemic Influenza Provincial Coordination Plan*.

During influenza pandemic event the role of EMBC is to facilitate cross-government coordination, communications and business continuity. To ensure effective provincial coordination and consistent communications EMBC will:

- Co-Chair the CCG;
- Provide strategic advice and event information to senior officials;
- Activate the PECC or PREOC(s) as required;
- Assist with the distribution of health related messaging that is developed by the PHO/MoH;
- Assist with the distribution of other ministry messaging or policy statements;
- Assist with the dissemination of internal human resource related government policy;
- Coordinate with emergency management stakeholders;
- Facilitate information sharing between local authorities, First Nations, health authorities and key stakeholders;
- Hold coordination calls to inform external stakeholders of the pandemic influenza and anticipated impacts;
- Through the Information Officer position (held by GCPE staff) support communications efforts being led by the MoH;
- Through the Government Services Branch of Operations support the provincial government's business continuity efforts;
- Implement EMBC Business Continuity measures as required; and
- Support local authorities by sharing information and advising on policy questions and decisions.

In addition, the BC Coroners Service (BCCS) is housed within EMBC. During an influenza pandemic the Chief Coroner will support the Provincial Health Officer, BCCDC, and medical health officers by providing information about any influenza-related deaths outside of the healthcare setting. The Coroners Service may also assist by establishing temporary mortuaries as required.

Business Continuity Management Program

EMBC's BCM Program will provide business continuity support and expertise to MOCs including assistance in confirming priority rankings for provincial government services. The BCM Program representative in the Government Services Branch will assist Shared Services BC, MOCs and PECC Operations in determining resource allocation for the provincial government. It is also

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

During a pandemic, the BCM Program within EMBC works with provincial central agencies and Shared Services BC to coordinate corporate strategies and protocols.

In addition to assisting provincial ministries with the development of templates, strategies and exercises for business continuity plans, EMBC's BCM Program has created and maintains the document *Business Continuity Planning Guide for Pandemic Influenza* to assist provincial ministries in preparing and planning for an influenza pandemic. As well, the program 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.

Ministry of Technology, Innovation and Citizen's Services, GCPE

During an influenza pandemic response, GCPE and the MoH will have primary responsibility for communications support for the PHO. They will work closely with EMBC to promote the coordination and understanding of roles between health agencies and the agencies responsible for consequence management.

GCPE has the primary responsibility to implement the provincial communications strategy once the provincial emergency management structure is activated. GCPE provides information officers to the HECC and the PECC as needed to provide expertise in media relations and public information activities. Associated activities include:

- Implement the Province's Crisis Communications Strategy for Major Provincial Emergencies and CEMP Public Information Annex;
- Ensure the readiness of TEAMS information officers;
- Brief senior government officials on communications issues;
- Assign a senior representative to the CCG;
- Liaise with HC and PHAC public information officers;
- Liaise with the PHO, BCCDC and health authorities communications departments;
- Contribute to or create public education campaigns and media releases regarding pandemic influenza including vaccination and hygiene measures;
- Fulfill the Information Officer role in the PECC, HECC and PREOCs (if activated);
- Provide expertise and support regional and local public information campaigns as necessary; and
- Coordinate cross-agency media briefings.

Ministry of Children and Family Development

The Ministry of Children and Family Development (MCFD) supports healthy child development by its commitment to a collaborative professional practice delivered across a range of services that strive to maximize the potential of children and youth and achieve meaningful outcomes for children, youth and families.

Programs and services are delivered through Service Delivery Areas and Provincial Programs offices and facilities. In the event of a pandemic, the primary impact on the Ministry will be a greater demand for services, and fewer staff and service delivery partners available to provide those services.

MCFD's priorities during a pandemic are to perform the identified mission critical functions and report on the major strategic risks and responses that are essential to maintaining operations. MCFD mission critical functions are:

- Residential Services:
 - Residential and out-patient treatment programs for children and youth with mental health needs;
 - Residential environment for students attending the BC Provincial School for the Deaf;
 - Safety and security of youth residing in Youth Custody Centres; and
 - Youth Forensic Psychiatric Unit in-patient assessment, which includes a secure hospital and mental health facility.
- Medical Benefits:
 - Essential medical equipment, supplies; and
 - MSP coverage for children who have significant disabilities and are dependent in most areas of daily living.
- Child Protection Services:
 - Intake and assessment; and
 - Family support services and placement.
- Community Youth Justice Services:
 - Information and reports required by the Justice System; and
 - Provincial Director of Youth Justice Reviews.
- Youth Forensic Psychiatric Services:
 - Assessment and treatment services under the auspices of the Youth Criminal Justice Act for youth aged 12 – 17 years.
- Child and Youth Mental Health:
 - Community-based, specialized mental health services to mentally ill children and their families.
- Guardianship:
 - Care and planning for children and youth in the care of the Provincial Director of Child Welfare.
- Foster Care:
 - Ongoing support to foster parents with children placed in their home.
- Critical Payments:
 - Foster parent pay and post adoption assistance.
- Records Production:
 - Production of historical records to support child protection services.

Ministry Business Continuity Plans identify the procedures and required resources necessary to continue essential operations. Local Client Service Managers and Team Leads work with those plans and provide a focus on the unique effect a pandemic will have on the province.

As articulated in the *Emergency Program Management Regulation*, the primary responsibility of the MCFD in an emergency situation is to care for unattended children.

Ministry of Social Development and Social Innovation

The Ministry of Social Development and Social Innovation (SDSI) focuses on providing British Columbians in need and maintains a system of supports to help them achieve their social and economic potential.

The key accountabilities of SDSI include:

- Provision of income assistance to those in need;
- Delivery of the employment program and services to unemployed or underemployed people;
- Provision of community and employment supports for adults with disabilities and their families to develop connections and inclusion within their community;
- Support and encouragement for social innovation and social entrepreneurship to improve social outcomes for all British Columbians; and
- Support emergency services for vulnerable populations during a catastrophic event.

In the event of a pandemic, SDSI's support network may experience an increase in the demand for ongoing social services, while at the same time experiencing a loss in capacity to meet that demand.

SDSI's three mission critical functions are:

- Provide financial, housing and other supports for vulnerable SDSI clients, or for those eligible for assistance;
- Recovery of ministry information systems; and
- Provide a network of trained staff and facilities to assist across the province, under the direction of Emergency Management BC.

As part of the influenza pandemic response, SDSI is ready to provide analyses regarding the status of at-risk populations; as well as implement operational plans to ensure the province's most vulnerable populations have access to financial resources. A cross-agency team (comprised of senior ministry staff and key stakeholders) will assemble to ensure a consistent and coordinated response across the province. SDSI can also leverage several ongoing programs and outreach services to ensure hard to reach clients are made aware of programs and services available to address an influenza pandemic.

Ministry of Education

Recognizing that in the event of an influenza pandemic British Columbia's education sector may experience temporary interruption or reduction of services, the Ministry of Education (MEd) is part of the provincial pandemic response.

To date, the Ministry has been involved in extensive planning to mitigate the risks and address specific challenges to minimize disruption of services provided to students and families while continuing to ensure students' and staff safety.

The MEd has business continuity plans in place with branches responsible for processing payments to ensure schools receive funds to meet operational requirements in case of emergency such as a pandemic.

MEd's priorities during a pandemic are to minimize disruption of services while ensuring students' and staff safety. Under that goal, three main roles for the MEd:

- Communications:
 - To assist with the distribution of health related messaging that is developed by the PHO and the Ministry of Health. Consistent and ongoing information will be required for the ministry employees, education sector, and students' families regarding the level of risk and preventative measures.
- Staffing:
 - Ensure adequate staffing in line with the Ministry's Business Continuity Plan. If the emergency situation appears to be long term in nature, develop and implement a staff relief plan.
- Continuity of Instruction:
 - The Ministry will be working with key contacts in each school district to ensure continuity of instruction in the event of prolonged school closures. A number of alternative means are already in place, such as online learning, correspondence, and home schooling.

Boards of education are responsible for the safety of their staff and students at all school district facilities in the event of an emergency, incident or disaster. In the *Pandemic Planning Guidelines for School Districts*, districts are asked to form an Emergency Response Team, develop a communications plan and identify strategies and plans to address a number of areas, including disruptions in continuity of instruction, transportation and janitorial services. *Pandemic Planning Guidelines for School Districts* ensure some consistency in district pandemic plans.

School Closure Guidelines have been developed to guide decision-making for public health officials around school closures due to a novel influenza virus. The Guidelines are based on public health criteria and align with national guidelines released by the Public Health Agency of Canada. The closure of schools and daycares will result in increased demands on parents and

the need for guidance to school boards and independent schools regarding levels of risk and appropriate public health measures.

Ministry of Advanced Education

A pandemic has the potential to lead to the suspension of classes and the closure of entire institutions in the public and private post-secondary system in BC, affecting tens of thousands of students, faculty and staff. Institutions are expected to follow the public health guidelines and instructions set out by their local health authorities, emergency management and public health officials. Administrators will communicate all relevant information to students and employees in a timely manner.

Ministry of Advanced Education's priorities during an influenza pandemic are to:

- Continue regular funding transfers to public post-secondary institutions. The Post-Secondary Funding and Corporate Finance Business Continuity Plan may be activated if required.
- Ensure public post-secondary institutions' individual Business Continuity Plans include mechanisms to distribute payments to faculty and staff.
- Ensure all institutions communicate pertinent information from health and emergency officials and the Ministry to their students and employees.
- Initiate communications from Student Services Branch to institutions and to students accessing Student Aid to confirm policies in place covering the interruption of studies due to cancellation of classes and/or institution closures.
- Request regular updates from institution administrators on the impact of the pandemic influenza on students, staff and services, and assist with their management through the crisis where possible.

Ministry of Aboriginal Relations and Reconciliation

The Ministry of Aboriginal Relations and Reconciliation (MARR) is the B.C. Government's lead for pursuing reconciliation with the Aboriginal peoples of British Columbia. In the event of an influenza pandemic, MARR will provide advice of First Nations engagement to all other provincial ministries and agencies and may act as a liaison if relationships with provincial agencies do not exist. In addition, MARR may:

- Work with provincial agencies to develop protocols with Aboriginal Affairs and Northern Development Canada (AANDC), Health Canada, First Nations Leadership Council, the First Nations Health Authority and First Nations friendship centres about information transmission to on-reserve and off-reserve First Nations and Aboriginal peoples;
- With MOH and EMBC, work with Canada/First Nations organizations to address any service and information gaps or confusion; and

- Engage with First Nations communities as a liaison when there is a gap in relationship with any response agencies (provincial or federal).

Ministry of Transportation and Infrastructure

In the event of an influenza pandemic, British Columbia's multi-modal transportation network may experience a temporary, but significant impact to the movement of people and goods and/or transportation services.

As part of the pandemic response, the Ministry of Transportation and Infrastructure (MOTI) is ready to provide analyses for the movement of people and goods via highways, ports, airports, railroads, public transit and ferries; as well as prepare operational plans for the implementation of transportation strategies within the Province of British Columbia.

Three levels of transportation services have been identified to address emergency operational situations during a pandemic:

1. Full service and unrestricted movement of people and goods.
2. Partial service restricting the movement of people and goods based on inability to fully staff and/or reduced services restricting movement of people and goods due to a Provincial Health Officer order.
3. Temporary cessation of any service that facilitates movement of people and/or goods due to insufficient staffing levels or by Provincial Health Officer order.

MOTI's priorities during an influenza pandemic are to perform the identified mission critical services, and report on the major strategic risks and responses that are essential to maintaining operations of the provincial transportation network during an influenza pandemic event.

MOTI's four mission critical services are:

- Highways:
 - Maintain operation of the highway system, including avalanche forecasting and control, and emergency response through the assemblage and deployment of resources necessary to meet pandemic-generated demands.
- Traffic operations:
 - Program lights and changeable message signs while facilitating safe and effective alternative emergency transportation corridors for emergency operations, authorities, commercial transportation and the general public.
- Radio and electronics:
 - Provide critical communications to ministry staff, contractors, emergency response teams and all highway users.
- Inland ferries:
 - Ensure safe transportation in areas that require an alternate highway system.

A cross-agency transportation team (comprised of senior ministry staff and key stakeholders) will assemble to ensure a consistent and coordinated response across all transportation modes, in order to operationalize the CCG's overall emergency preparedness and response strategies.

MOTI is prepared to establish a Transportation Dispatch Centre in order to provide further assistance in efficiently prioritizing the deployment of essential people, goods and services while utilizing all modes of available transportation. The ministry is also equipped with public communication tools and infrastructure, such as DriveBC and Dynamic Message Signs (DMS), which may be used as an information dissemination method should critical communication stages emerge during a pandemic.

Ministry of Finance

The Ministry of Finance manages approximately fifty percent of the revenue for government, manages borrowing on behalf of government and makes all government payments. Payments include income assistance, children at risk, health authorities, crown corporations, refunds and salaries. The Ministry also has the authority to expedite procurement of emergency goods and services.

During an influenza pandemic, there may be a temporary reduction in tax payments and, therefore, revenue to government. However, with the introduction of eTaxBC this should be lessened as business owners can make various tax payments electronically instead of in person or by mail. The ministry is continuing to encourage businesses to switch to eTaxBC.

If necessary, the ministry has the ability to borrow funds to address any temporary shortfall of revenue. During an influenza pandemic, the ministry will also maintain communication with the banking industry to better understand their preparedness and manage government's ability to operate on a timely basis.

The following are the mission critical business areas for the Ministry of Finance :

- Provincial Treasury, Banking Cash Management and Debt Management branches:
 - Make payments on behalf of government and manage borrowing funds.
- Provincial Treasury, Risk Management Branch:
 - Provide risk management expertise and management of emergency claims.
- Office of the Controller General, Legal Encumbrance Branch
 - Stop future payments to debtors (suppliers and/or employees) doing business with the process, or process payments diverted from suppliers and/or employees on stop pay. (Example: Child Support Orders.)
- Corporate Accounting Services:
 - Ensure electronic data entry and payment tracking e.g. accounts payable and general ledger for BCP government.

- Government House, Lieutenant Governor:
 - Provide necessary support for continuance of the Lieutenant Governor's Office and of Government (in absence of other statutory authority, only the Lieutenant Governor can authorize major extraordinary funding).
- Revenue Programs Division, Income Taxation and Revenue Solutions Branches, Student Loans and Family Bonus interface:
 - Administer collection of revenue and loan payments, and support payment of Family Bonus.
- IT support to the Premier's Office, Members of the Legislative Assembly and Cabinet Operations:
 - Support all IT functions and equipment.

During a pandemic, the ministry may temporarily reassign employees to ensure mission critical business functions are maintained.

Risk Management Branch

Although Risk Management Branch falls under the Ministry of Finance, the Branch works independently in support of all provincial government Ministries, Crown Corporations, and the wider public sector. During an influenza pandemic, the primary role of the Risk Management Branch is to coordinate and facilitate the development of a multi-Ministry risk register as required. Part of this process includes assisting Ministries in the identification of risks, mitigation strategies and plans. In addition, Risk Management Branch also assists health authorities in the identification of risks to the provision of health services.

If the PECC is activated, the Risk Management Branch will provide an individual to fulfill the risk management function. The Risk Management Branch also advises the CCG regarding the identification of risks within the context of responding to an influenza pandemic.

Refer to the Risk Management Branch [website](#) for additional information and supporting materials.

Public Service Agency

During the preparedness stage, the BC PSA will have shared responsibility with EMBC's BCM Program for providing human resource advice and employer representation. This includes consultation with public service employee representatives, and partner organizations (e.g. WorkSafeBC).

The BC PSA's labour legislation, collective agreements rights and entitlements will guide the early stages of pandemic planning.

Overall the BC PSA will support Ministries' human resource needs including staff safety, in the event of a local or regional event as defined by the Public Health Act. This includes supporting the following critical items:

- Provide Ministries with safety and occupational disease information, support, protocols and tools to respond to a pandemic thereby ensuring staff safety.
- Help ensure accurate and timely information flow to employees.
- Work with Public Service unions and professional associations to inform them of safety measures, exposure control plans and any policy changes.
- Assess extraordinary policy decisions.
- Provide professional advisory support to all ministries to respond to various questions and issues concerning matters related to terms and conditions of employment, pay and leave provisions.
- Coordinate with WorkSafeBC and any other regulatory agencies as necessary.
- Work to ensure payroll is completed, taking into consideration any changes made due to new or extraordinary policies.

BC PSA services and service levels could be negatively impacted by a lack of capacity during a pandemic. A multidisciplinary inter-agency team will be assembled to ensure the BC PSA has the ability to respond to critical issues. This team is equipped to work remotely if necessary. The team will be directly linked into the Central Coordination Group and the Cross-Ministry Policy Group through the BC PSA representative on those teams.

In the event of a pandemic the BC PSA will focus its resources on priority services that are needed to address Ministries' high priority needs.

Ministry of Agriculture

During provincial response to a pandemic the Ministry of Agriculture (AGRI) will:

- Assign a senior representative to the CCG;
- Provide advice on the protection and health of livestock;
- Provide a representative to the appropriate PREOC, if activated;
- Provide agriculture related information to local governments as required;
- Provide advice on the protection of livestock;
- Advise on management of flocks/herds affected by influenza;
- Communicate to farmers through agriculture industry associations; and
- Participate in regional planning as required.

In addition, AGRI's response to an influenza pandemic will be directed by the Ministry's Business Continuity Plan Appendix P – Pandemic Influenza. AGRI mission critical activities include:

- Emergency Planning and Response:
 - Provide advice to farmers on protection of crops and livestock;
 - Provide agriculture-related information through EMBC regional offices/PREOC, local governments, industry associations and direct communications/website;
 - Coordinate emergency relocation of poultry and livestock as required;
 - Establish the Ministry EOC, as required;

- Identify food and potable water supplies with Ministry of Health; and
- Assist Ministry of Health with food safety.
- Monitor and Diagnose Animal Diseases, with emphasis on foreign animal diseases.
- Milk Production and Testing

Ministry Regional Coordinators are on call and are responsible for the pre-planning and coordination of AGRI Emergency Responder support to a local government or EMBC regional offices/PREOCs. Ministry responders will be activated when a Ministry Regional Coordinator receives a direct request for assistance from the EMBC Regional Manager, PREOC or the local government. There are three AGRI Regional Coordinators: one in the North West/North East EMBC Region, one in the Central/ South East region, and one in the South West/Vancouver Island region.

Ministry of Jobs, Tourism and Skills Training

The Ministry of Jobs, Tourism and Skills Training, also responsible for Labour, would play key roles in two important areas (tourism and labour) should the province be impacted by a pandemic or similar widespread event.

Tourism

In the event of an influenza pandemic, British Columbia's tourism industry may experience a temporary, but potentially economically significant impact. As part of the pandemic response, the Ministry of Jobs, Tourism and Skills Training (JTST) is ready to provide analysis and policy direction as well as ensure tourists are informed and aware. JTST will draw from tourism market protection and recovery strategies from previous international health issues.

International Travel

The threat of a pandemic can prompt other nations to issue travel advisories recommending against non-essential international travel, causing individuals to cancel international travel, and triggering immediate (and potentially longer-term) tourism declines. JTST will work with Destination British Columbia (DBC), GCPE, the Intergovernmental Relations Secretariat and other stakeholders to monitor international travel advisories and develop a communication strategy geared to accurate information and positive tourism messages about travel to and within BC.

Services for Tourists

JTST will work with EMBC and MoTI to coordinate the needs of tourists moving within the province on cruise ships, public transportation (buses and ferries), planes, trains, border crossings, etc. Accurate messaging, consistent with the PHO and GCPE, will be developed for social media and web-based communication such as HelloBC, DriveBC and Dynamic Message Signs. These tools may also be useful in disseminating critical information to tourists if needed during an influenza pandemic.

Through DBC, the provincial network of Tourist Visitor Centres may also be utilized for communication or traveler referrals for needed services during an influenza pandemic.

Immediately following a pandemic influenza, a cross-agency tourism team (comprised of senior ministry and DBC staff and appropriate key stakeholders) will engage with tourism businesses to ensure they are prepared to accept tourists again. Travel to the province will be encouraged through DBC marketing campaigns.

Labour

It is anticipated that a pandemic may increase demands on labour advisory services to the public (i.e. providing advice to workers and employers respecting the workers compensation system and minimum employment standards). In the event of an extended pandemic, key Ministry services can be maintained at a reasonable level in accordance with the Ministry's business continuity plan, as many of the services can be offered remotely (e.g., electronically, by telephone).

In terms of government's overall response to a pandemic, the Ministry's Labour Division will be available to provide analysis and advice to government on labour policy and legislation. This will ensure that the current legislative provisions continue to adequately address the economic and social imperatives related to the workplace during an influenza pandemic. During a pandemic, WorkSafeBC would continue its work to promote workplace health and safety for BC workers and employers, develop and enforce the OHSR, and administer the workers' compensation system.

Section Six: Roles of Key External Agencies

British Columbia Centre for Disease Control

During the pandemic period, the BCCDC (an agency of the Provincial Health Services Authority) bears responsibility for providing guidelines for the distribution and use of vaccines in BC and the equitable distribution and use of anti-viral medications. Public information regarding these issues will be distributed via the news media. The BCCDC will collect and share updated information on vaccine coverage, and the overall number of cases and deaths related to the pandemic influenza event. The BCCDC will provide technical scientific support to the PHO, Medical Health Officers and regional health authorities. BCCDC will implement an enhanced Public Health surveillance system to monitor influenza activity when appropriate.

On behalf of the Office of the PHO, the 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 will work with the MoH and the PHO to evaluate the use and effectiveness of vaccines and antiviral medications in reducing the number of severe cases and deaths. BCCDC also develops provincial guidelines to minimize the spread of a pandemic influenza in the community.

Health Authorities

Health authorities are responsible for planning the health system response to an influenza pandemic within their region with direction from both the PHO/MoH and PHAC. Health authorities liaise with local partners in advance to facilitate a coordinated response when pandemic influenza strikes in the community. Each regional health authority is responsible for their pandemic influenza response plan. These plans may include the:

- Command structure and operational procedures;
- Prioritized delivery of health services;
- Protocols for vaccine and anti-viral use and inventories of pandemic stockpile supplies;
- Plans for mass vaccination delivery;
- Identification of alternative care locations and resources;
- Protocols for continued delivery of acute and residential care services;
- Risk communication strategies for internal and external stakeholders;
- Human resource plans for managing staff and providing safety considerations; and
- Education plans for health care providers and the public.

Health authorities are also responsible for participating in disease and public health surveillance as per the [BC Pandemic Influenza Response Plan](#). This includes reporting exceptional disease incidents to the BCCDC and the PHO and providing briefings and status reports to partner agencies.

The operational structure within each regional health authority varies but it is likely that during a pandemic influenza response regional health authorities will activate a health authority EOC. Potential activities of the EOC include:

- Implement the regional health authority pandemic influenza response plan and support the 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;
- Deploy personnel to act as the agency's representative(s) in the PREOC if activated;
- Implement the [Psychosocial Plan for Health Care Workers](#); and
- Coordinate information sharing and public messaging with the PHO, MHO and local governments.

MHOs in each health authority are responsible for directing the public health response, and have wide-ranging authority under the [Public Health Act](#). This legislation allows MHOs to restrict and monitor activity in their region that can potentially increase the spread of pandemic influenza, in consultation with the PHO. For example, an MHO may give orders to minimize gatherings in public centres, limit public travel and the use of transit systems, and assist with federal screening of travellers at ports of entry. In addition, the MHO may direct the provision of care for those infected with a pandemic influenza and order isolation and/or quarantine measures of individuals or groups. It is common for MHOs to act as a spokesperson concerning public health issues in consultation with the PHO and GCPE.

There are seven health authorities in BC (including the First Nations Health Authority), for detailed information regarding the activities of each health authority see the following links.

[Fraser Health Authority](#)

[Interior Health Authority](#)

[Northern Health Authority](#)

[Island Health Authority](#)

[Vancouver Coastal Health](#)

[Provincial Health Services Authority](#)

First Nations Health Authority

The First Nations Health Authority (FNHA), a tripartite arrangement between BC First Nations, the Province of BC, and the Government of Canada, aims to reform the way health care is delivered to BC First Nations. This new health authority has taken over the administration of federal health programs and services previously delivered by Health Canada's First Nations Inuit Health Branch – Pacific Region. FNHA works with the province and First Nations to address service gaps through new partnerships, closer collaboration, and health systems innovation.

The Communicable Disease Emergencies (CDE) initiative is responsible for ensuring that the special considerations and needs of First Nation communities are reflected in overall pandemic influenza planning, for which the Public Health Agency of Canada is the lead. In First Nation communities, the initiative supports the development, strengthening and testing of community pandemic plans. In the event of an influenza pandemic, it also supports communities' responses.

With respect to pandemic influenza, the FNHA's role is to:

- Support communities in preparing for an influenza pandemic by facilitating testing and revision of community level plans as needed;
- Facilitate communities' response to an influenza pandemic (e.g., support mass immunization clinics, provide training, guidance documents, etc.);
- Ensure health facilities have access to personal protective equipment (e.g., masks, gloves, gowns) during a pandemic; and
- Ensure that First Nations circumstances are reflected in overall pandemic planning at all levels of government.

First Nations Health Authority

BC Emergency Health Services

BC Emergency Health Services (BCEHS), formerly the Emergency and Health Services Commission, oversees BC Ambulance Service (BCAS) and the BC Patient Transfer Network (PTN).

During a pandemic, the 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 an influenza pandemic include the provision of prioritized ambulance services in cooperation with regional health authorities as well as liaising with health authorities and the BC PTN 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 that are being transported to their facility.

The BC PTN is a provincial service that coordinates inter-facility transfers and communication between sending/receiving healthcare sites across the province. In addition, BC PTN provides 24/7 clinical oversight to patient transfers.

Local Governments

During pandemic events local governments are required to maintain essential services for their community. Local authorities may achieve this through day-to-day structures or by establishing an EOC. Some potential activities include:

- Managing local government business continuity;
- Setting priorities for maintaining public safety;
- Maintaining essential community services;
- Liaising with the EMBC regional office/PREOC, health authority and other support agencies for situational awareness;
- Working with local businesses to maintain a level of service in the community for critical services;
- Initiating prevention measures in local authority work places to reduce staff infection and exposure to the pandemic influenza; and
- Planning for local government re-establishment of normal business.

In addition to business continuity, some of the activities that local governments may undertake to reduce the spread of pandemic influenza in their communities include:

- Working collaboratively with EMBC regional offices and regional health authorities regarding public health campaigns;
- Supporting the regional health authorities, according to existing arrangements and/or discussions during the event; or
- Holding public education and planning sessions with key stakeholders in the community including business owners and school districts.

Note: The Emergency Program Act (1996) and the Compensation and Disaster Financial Assistance Regulation do not recognize an influenza pandemic outbreak as a disaster or emergency.

Therefore, local authority costs for response activities related to a pandemic influenza are not eligible for reimbursement under the *Compensation and Disaster Financial Assistance Regulation (1995)*.

Federal Government

Health Canada

In the event of a pandemic, Health Canada is responsible for:

- Providing occupational health care for federal government employees; and
- Approving new drugs and vaccines to treat Canadians and minimize the spread of disease in the event of an outbreak.

Health Canada, in partnership with the provinces and territories, has a plan in place to ensure appropriate steps are taken to protect Canadians including that, once produced, an influenza vaccine will be available to Canadians at the earliest possible time.

Public Health Agency Canada

PHAC is the lead federal department with primary responsibility for the surveillance, prevention and control of infectious diseases and the minimization of serious illness and fatalities at the national level.

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 an influenza pandemic. Public education and federal communication strategies are developed in advance of the pandemic.

The federal government through the PHAC is responsible for acquiring and distributing vaccines to the provinces and territories. Federal agencies will also be responsible for implementing health mitigation strategies at international points of entry as well as liaising with international actors regarding medical supplies. PHAC may also work with port authorities and border services to monitor individuals entering and exiting the country.

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 will link with PHOs and the WHO to receive nation-wide and international level information regarding the pandemic influenza outbreak. PHAC is also the liaison with the WHO under the International Health Regulations.

For further details regarding the activities of the PHAC, please see the [Canadian Pandemic Influenza Plan](#).

Public Safety Canada (PS)

Public Safety Canada (PS) is responsible for coordinating the whole of federal government response to an emergency. In the event of a pandemic, PS will support the Public Health Agency of Canada (PHAC) in coordinating the overall federal public health response and medical

emergency response effort, the communications response of the federal government, stakeholder efforts to maintain critical services in their areas of responsibility and coordinate federal provision of assistance to the Province if required (health related issues or support requests will go from the BC MoH to PHAC). In addition, PS will provide situational awareness, daily briefs and consolidated situation reports to all stakeholders. When a pandemic begins to affect the BC Region, a Federal Coordination Group (FCG) will convene and activate the federal regional emergency management structure.

World Health Organization

The WHO performs global public health surveillance and disseminates surveillance information. The WHO also provides recommendations on composition of influenza virus vaccines. The following is an excerpt from the *Pandemic Influenza Risk Management WHO Interim Guidance*.

“WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to Member States and monitoring and assessing health trends. WHO promotes health as a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.

As the directing and coordinating authority for health within the United Nations (UN) system, WHO has a mandate for global pandemic influenza risk management, (3, 4) which is reflected at all levels of the Organization. Key mechanisms by which WHO fulfils this obligation are summarized below.

- Convening of an Emergency Committee, declaration of a Public Health Emergency of International Concern and issuance of IHR (2005) temporary recommendations. The IHR (2005) provide the regulatory framework for the timely and effective management of international public health risks. In addition, the Regulations provide a basis for collective global action for certain rare events of particular importance...
- Provision of information and support to affected States Parties. The IHR (2005) also provide a mandate to WHO to perform public health surveillance, risk assessment, support States Parties and coordinate the international response to significant international public health risks....
- WHO regularly issues advice on trade and travel measures related to public health events where such measures are likely or relevant.”⁶

⁶ World Health Organization, Pandemic Influenza Risk Management WHO Interim Guidance, 2013, http://www.who.int/influenza/preparedness/pandemic/GIP_PandemicInfluenzaRiskManagementInterimGuidance_Jun2013.pdf?ua=1

Activities of the WHO 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.

During the pandemic phase WHO activities may include:

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

For further details regarding the WHO please refer to www.who.org.

Appendix A: Acronyms

AGRI	Ministry of Agriculture
BC	British Columbia
BCAS	British Columbia Ambulance Service
BCCDC	British Columbia Centre for Disease Control
BCERMS	British Columbia Emergency Response Management System
BCM	Business Continuity Management
BCPSA	British Columbia Public Service Agency
CCG	Central Coordination Group
CDE	Communicable Disease Emergencies
CEMP	Comprehensive Emergency Management Plan
DBC	Destination British Columbia
EMBC	Emergency Management British Columbia
EMU	Emergency Management Unit
EOC	Emergency Operation Centre
FNHA	First Nations Health Authority
GCPE	Government Communications and Public Engagement
GSB	Government Services Branch
HC	Health Canada
HECC	Health Emergency Coordination Centre
HLBC	Health Link BC
HSSBC	Health Shared Services BC
JTST	Ministry of Jobs, Tourism and Skills Training
LG	Lieutenant Governor
MCFD	Ministry of Children and Family Development
M-DEC	Ministers-Deputies Emergency Committee
MEd	Ministry of Education
MHO	Medical Health Officer
MOC	Ministry Operation Centre
MoH	Ministry of Health
MOTI	Ministry of Transportation and Infrastructure
NESS	National Emergency Stockpile System
OHSR	Occupational Health and Safety Regulation
PECC	Provincial Emergency Coordination Centre
PHAC	Public Health Agency Canada
PHO	Provincial Health Officer
PPE	Personal Protective Equipment
PREOC	Provincial Regional Emergency Operation Centre
PS	Public Safety Canada
PSECI	Public Service Engagement and Corporate Initiatives

SDSI	Ministry of Social Development and Social Innovation
TEAMS	Temporary Emergency Assignment Management System
WHO	World Health Organization

Appendix B: Definitions

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 an influenza pandemic based on the characteristics of the disease and national direction.

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 an influenza pandemic 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.

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.

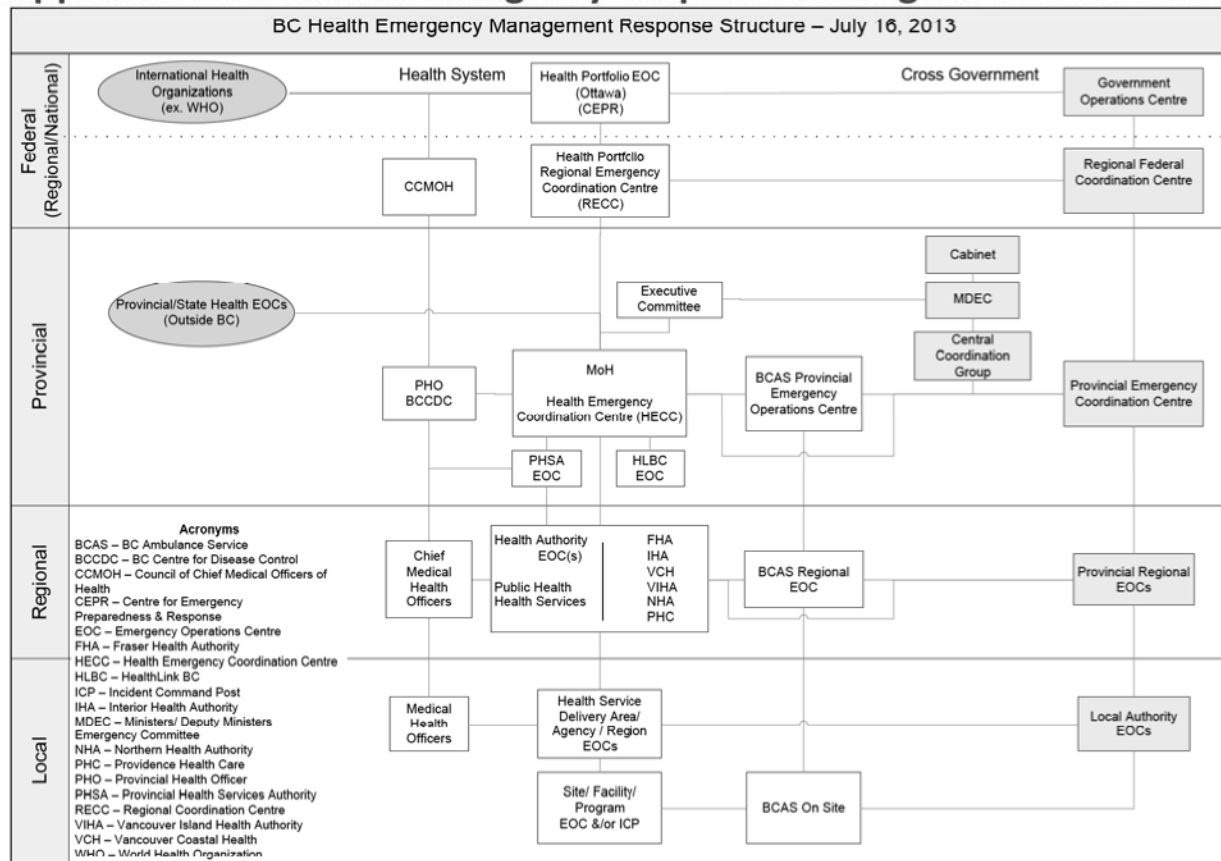
Pandemic influenza: Pandemic influenza, as defined by WHO, occurs when a known influenza virus changes into a new and virulent strain that is readily transmitted from human to human and against which people have little to no immunity.

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.

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.

Appendix C: BC Health Emergency Response Management Structure



Note: Connecting lines do not preclude any operations centre or organizations from communicating directly with another operations centre or organization.

Appendix D: Pandemic Influenza Cross-Ministry Policy Group

TERMS OF REFERENCE

Introduction

During emergent events, such as a pandemic influenza, the Central Coordination Group (CCG) engages subject matter experts to provide research and analysis on legislation and policies as well as technical knowledge to support cross-ministry coordination and resolution of complex issues. The CCG will report to the Ministers-Deputy Ministers Emergency Committee (MDEC).

As a sub-component of the CCG, the Pandemic Influenza Cross-Ministry Policy Group ("the Policy Group") can be activated to address specific pandemic influenza policy issues that may arise.

Purpose

The Policy Group will assist the CCG with:

1. Decision support relating to the management/resolution of unresolved policy issues pertaining to or caused by a pandemic influenza;
2. Development of processes and policies that support a consistent and equitable resolution to issues that fall outside established policies and protocols; and
3. Recommendations for decisions on issues management where cross-government involvement is required.

Guiding Principles

All members of the Policy Group will be governed by the following guiding principles:

- Constructive – The parties will foster constructive working relationships:
 - Each member will undertake the necessary internal steps to ensure the commitment of member's ministry to the work of the Policy Group.
- Proactive – Members will work to ensure that any potential concerns regarding inter-agency cooperation are identified in a proactive manner and that steps are taken to avoid them, or to address them as soon as possible.
- Information sharing – Each member will share information relevant to the issues being discussed by the Policy Group. This will include:

Pandemic Influenza Cross-Ministry Policy Group

- sharing of information respecting the development or amendment of legislation, policy, practices (in advance where possible);
 - sharing relevant information from ministry committees with Policy Group members; and
 - clearly communicating the goals and purposes of the Policy Group to others.
- Confidentiality – In some instances, members may be privy to materials and/or information that may be confidential in nature or not for wider distribution. Members will maintain confidentiality when and as appropriate.
- Respect for mandates – All members will recognize and respect the mandates and statutory decision-making functions of the other members of the Policy Group:
 - Recommendations, policies, and protocols developed by the Policy Group should not limit or constrain the exercise of discretion of any ministry represented within the group in respect to a statutory power or decision.
- Partnership – The parties will give credibility to the work of the Policy Group that reflects a sense of partnership and shared responsibility for responding to the issues posed by a pandemic influenza.
- Efficiency and Practicability – Members seek to ensure that the goals of the Policy Group are achieved in a manner that:
 - minimizes the need for the development of additional referral systems and other activities that will impose significant resource requirements on staff; and
 - supports an appropriate degree of flexibility implementing regional protocols, where present, so as to reflect the particular needs and circumstances of the various regions.

Membership

The Policy Group may be composed of membership from the following Ministries/Agencies, depending on the issues posed by the particular pandemic influenza event:

- Ministry of Justice, EMBC Emergency Coordination (co-chair);
- Ministry of Health, EMU (co-chair);
- Ministry of Health, Office of the PHO;
- Ministry of Justice, EMBC Business Continuity Management (BCM) Program;
- Public Service Agency;
- Government Communications and Public Engagement (GCPE);
- Ministry of Justice, Corrections;
- Ministry of Transportation and Infrastructure;
- Ministry of Education;
- Ministry of Technology, Innovation and Citizen's Services;

Pandemic Influenza Cross-Ministry Policy Group

- Ministry of Advanced Education;
- Ministry of Social Development and Social Innovation;
- Ministry of Children and Family Development;
- Ministry of Aboriginal Relations and Reconciliation;
- Ministry of Finance;
- Ministry of Jobs, Tourism and Skills Training; and
- Ministry of Agriculture.

Executive Directors from Ministries may choose to identify members at the time of the event, based on the specific issues to be addressed.

Note: Other Ministries/agencies will be brought in to provide specific agency information, identify priorities and consult on options as required.

Responsibilities

Members of the Policy Group will be responsible for:

- Providing recommendations for the resolution of complex policy issues brought on by a pandemic influenza;
- Researching past practices and legal opinions;
- Coordinating and collaborating with subject matter experts;
- Ensuring that their ministry is adequately represented;
- Making recommendations to the CCG and/or MDEC; and
- Determining other issue-specific participation in the group.

Pandemic Influenza Cross-Ministry Policy Group - Procedures

Chairperson –

The Policy Group is co-chaired by Emergency Management BC and the Ministry of Health.

Meeting Frequency –

Once convened, the Policy Group will determine a meeting schedule based on the particular needs of the event.

Status reporting –

The Policy Group Co-Chairs will report to the CCG and/or MDEC as required. The reporting format to be used will be verbal briefings and Ministry Briefing Notes, when appropriate.

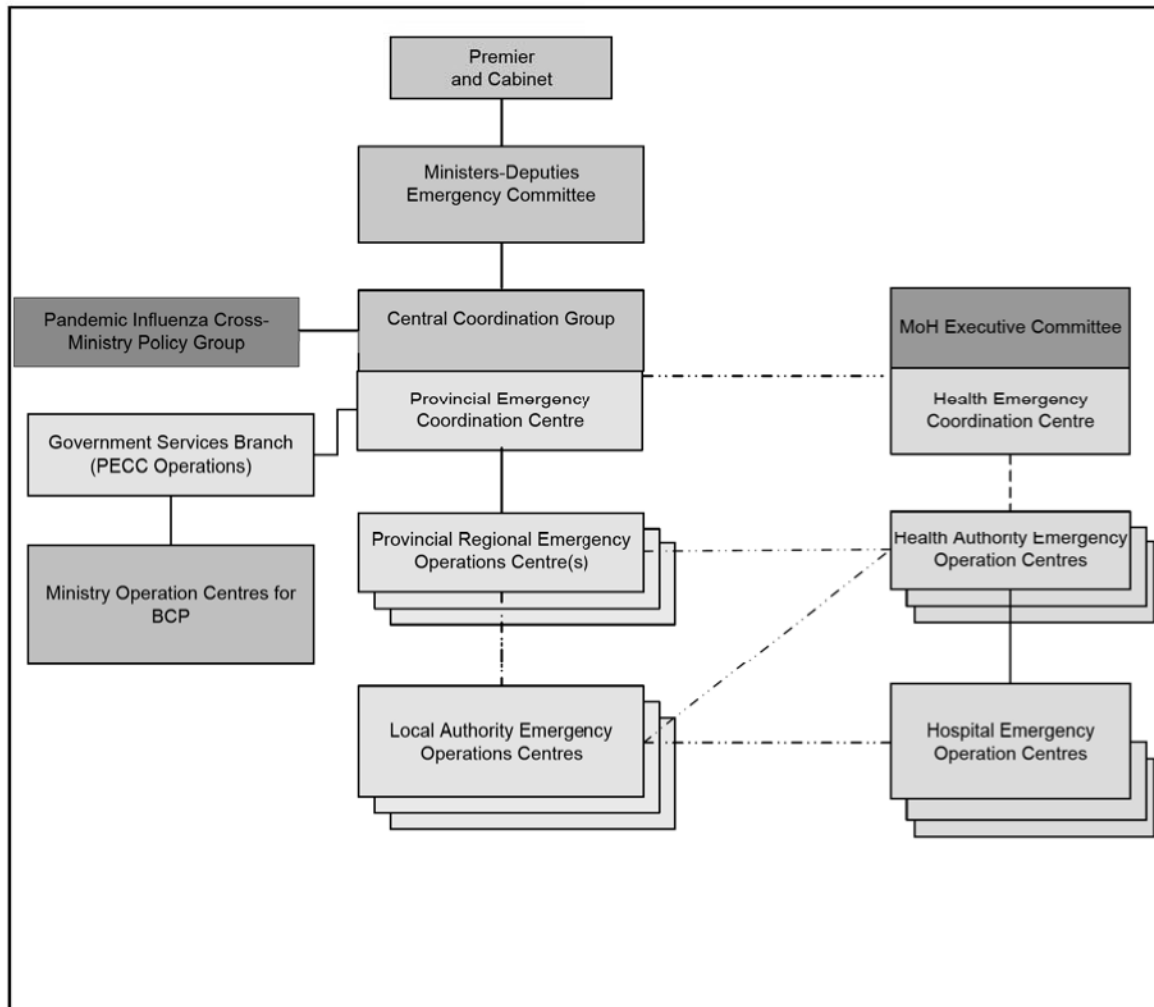
An organization chart depicting the relationship between key entities is attached in Annex A.

Disagreements or Unresolved Issues

If any disagreements or unresolved issues arise during the work of the Policy Group, the Co-Chairs must seek guidance from the CCG. In the event that the CCG is unable to resolve the disagreement in a mutually acceptable manner, the disagreement or issue must be brought forward to the MDEC for resolution by the CCG chairs.

Annex A

Organizational Structure



Appendix F: Agreements and Policies

- **Canada-United States Civil Emergency Planning and Management**
 - The 1986 Canada-United States Civil Emergency Planning and Management Agreement was reaffirmed in 1998. The agreement establishes the means for bi-lateral cooperation in comprehensive emergency management and facilitates planning for the development of mutual cooperation for comprehensive civil emergency management by provinces, states and municipalities, including the exchange of information relative to prevention, mitigation and assistance.
- **Pacific Northwest Emergency Management Arrangement**
 - The *Pacific Northwest Emergency Management Arrangement (PNEMA)* was signed by Alaska, Idaho, Oregon, Washington, British Columbia and the Yukon Territory and was approved by Congress and the President in 1998. Washington State has been leading an effort to add an annex to PNEMA which specifically addresses issues related to public health that occur in emergencies. In particular, the dissemination of health data and licensing and liability of healthcare personnel are among the topics addressed by the annex.
- **Memorandum of Understanding (MOU) on Public Health Emergencies between the Province of British Columbia and the State of Washington**
 - In June 2006 a MOU on Public Health Emergencies was signed by the BC Minister of Health and Washington State Secretary of Health in response to the recognized need to formalize existing informal communication/collaboration through agreements between public health partners. In developing the MOU, the partners agreed to continue to undertake a collaborative approach on the use of available health service resources to prepare for, respond to and recover from public health emergencies.
- **Pacific North West Border Health Alliance**
 - The *Pacific Northwest Border Health Alliance (PNWBHA)* was endorsed at the 2008 Cross Border Public Health Workshop (Bellingham). The alliance encompasses the Provinces of British Columbia and Saskatchewan, the Yukon Territory, and the States of Alaska, Idaho, Montana, Oregon and Washington. The PNWBHA formalized the current informal cross border working groups at the 2011 Cross Border Public Health Workshop to ensure sustainability of the collaborations and provide a framework for further collaborative work, including mutual assistance and interagency and interdisciplinary collaboration.
- **Memorandum of Understanding (MOU) on Public Health Emergencies between British Columbia and Alberta**
 - In October 2006, the BC Minister of Health Services and AB Minister of Health and Wellness signed an MOU on Public Health Emergencies. The agreement calls

for a collaborative approach between the provinces to respond to surge capacity demands on health systems and resources when public health emergencies arise in Alberta or British Columbia.

- **National Plan for the Management of Shortages of Labile Blood**

- In 2009, the National Advisory Committee on Blood and Blood Products, in collaboration with Canadian Blood Services (CBS) and stakeholders across Canada, produced the National Plan. The specific purpose of the Plan is to maximize the effectiveness of a national response to any crisis which impacts the adequacy of the blood supply in Canada, with primary emphasis on the jurisdictions served by CBS, but also in contemplation of close collaboration with participants of the blood system in Québec. The Plan assumes that all efforts to increase the available supply of blood components have been exceeded and addresses the allocation of the available scarce blood supply. The Plan addresses labile blood components; however many of the principles would also be applicable to a shortage of fractionated or recombinant plasma protein product.

Appendix G: Resources and Authoritative Sources of Information

[WHO Pandemic Website](#)

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

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

[BC Centre for Disease Control](#)

[BC Pandemic Influenza Response Plan](#)

[BC All Hazard Plan](#)

[Public Health and Medical Services Annex](#) (includes a detailed list of applicable health related agreements and policies)

[Canadian Pandemic Influenza Plan](#)

[HealthLink BC Files – What is Influenza](#)