

**ALBERTA - BRITISH COLUMBIA MEMORANDUM OF UNDERSTANDING**  
**PUBLIC HEALTH EMERGENCIES**

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**THIS MEMORANDUM OF UNDERSTANDING** executed this 26th day of May, 2004.

**BETWEEN:**

**ALBERTA HEALTH AND WELLNESS**  
as represented by the Minister of Health and Wellness  
(hereinafter called "Alberta")

and

**BRITISH COLUMBIA MINISTRY OF HEALTH SERVICES**  
as represented by the Minister of Health Services  
(hereinafter called "British Columbia")

MEMORANDUM OF UNDERSTANDING WITH RESPECT TO A COLLABORATIVE  
APPROACH TO USE OF AVAILABLE HEALTH SERVICE RESOURCES TO  
PREPARE FOR, RESPOND TO AND RECOVER FROM PUBLIC HEALTH  
EMERGENCIES<sup>1</sup> BETWEEN THE PROVINCES OF ALBERTA AND BRITISH  
COLUMBIA (COLLECTIVELY THE "PROVINCES")

**A. GOALS:**

1. The primary goals of the collaborative approach between the Provinces are:
  - a. to respond to surge capacity demands on health systems and health resources efficiently and in a cost effective manner when public health emergencies arise in Alberta or British Columbia; and
  - b. to assess current and explore future areas of operational responsibility that could result in efficiencies in the provision of health services in the Provinces.

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<sup>1</sup> An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic/pandemic disease outbreak, or a novel/highly fatal infectious agent or biological toxin, that poses a substantial risk to human health and requires action beyond normal procedures. A public health emergency may occur as the result of a natural, e.g., earthquake/flood, accident, e.g., chemical spill, or intentional, e.g., terrorism, event.

2. The Provinces wish to enhance their working relationship and explore ways and methods to realize those goals.

**B. STRATEGY:**

1. The Provinces agree to research, analyze and work to develop how available emergency assistance capacity can be used to mitigate situations that may overwhelm the health care resources of one or both of the Provinces through:
  - a. use of a regional planning approach;
  - b. inter and intra-provincial mutual assistance; and
  - c. interagency and interdisciplinary collaboration.
2. It shall be the responsibility of each Province, to the extent reasonably practical, to:
  - a. Review, prioritize and determine most likely and most damaging potential emergencies the Provinces might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorder, insurgency, or enemy/terrorist attack.
  - b. Review jurisdictional emergency plans and consider developing mutual assistance plans, relevant to prioritized emergencies, for public health, mass care and treatment, patient transportation, and interoperable communications services which could determine the mechanism for management and provision of assistance.
  - c. Develop procedures, relevant to prioritized emergencies, that would fill any identified gaps and resolve any identified inconsistencies or overlaps in existing or developed plans, including the mobilization of existing community capacities to assist in the management of various sectors of the vulnerable population.
  - d. Explore what would be necessary to minimize disruption to the delivery of services, medicines, critical lifeline equipment and other resources, both human and material.
  - e. Investigate procedures for the loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness and explore, within their legal jurisdiction, relevant related issues such as: licenses and permits; liability; compensation and reimbursement, that may affect the implementation of any plans considered as a result of this MOU.
  - f. Explore issues relating to any statutes or ordinances that may affect any plans considered as a result of this MOU.
  - g. Assess current and explore future areas of operational responsibility that could result in efficiencies in the provision of health services.

**C. REPORTS TO OFFICIALS:**

The parties will report progress, results, and recommendations (as available) to a Joint Coordinating Committee of the Deputy Ministers at least on a quarterly basis. The Joint Coordinating Committee will provide direction and advice to any provincial working groups, as may be necessary. The Joint Coordinating Committee will provide an initial progress report to the Ministers of the Provinces by September 30, 2004.

**D. DISCRETION AND AUTHORITY NOT FETTERED:**

Nothing in this MOU is intended to or shall be interpreted so as to fetter the discretion or the authority of the respective Ministers or Legislatures of the Provinces.

**E. REVIEW:**

While the goals expressed in this MOU may be met by each of the Provinces developing separate processes and procedures, one result of the work conducted may be an agreement or agreements as may be necessary and agreed upon between the Provinces that furthers the goals set out herein. It is the intent of the Provinces to review that status and progress made under this MOU by October 1, 2006. Nothing in this paragraph prevents either Province from withdrawing its participation under this MOU with written notice to the other Province.

Signed:

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The Honourable Gary Mar  
Minister of Health and Wellness  
Government of Alberta

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The Honourable Colin Hansen  
Minister of Health Services  
Government of British Columbia