



**British Columbia**  
**Pandemic Influenza**  
**Consequence Management**  
**Plan**

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(Interim) 2004

Ministry of Public Safety and  
Solicitor General  
Provincial Emergency Program

Ministry of Health Services  
Provincial Health Officer  
Emergency Preparedness Branch

British Columbia Public Affairs Bureau



BRITISH  
COLUMBIA

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## FOREWORD

The recommended strategy for containing a pandemic influenza outbreak involves mass immunizations, public education, early identification and aggressive antiviral treatment of outbreaks. Immunization of health care workers is key to maintaining a response capacity in the health services system, and to reducing transmission of the virus. Under the Emergency Program Management Regulation, the Ministry of Health (now Ministry of Health Services) is responsible for setting out the “manner and means by which the government will respond to the hazard of disease and epidemics.” These duties are assigned to the Provincial Health Officer, working with the BC Centre for Disease Control and Medical Health Officers in the regional health authorities.

This plan describes the procedure for managing the consequences of pandemic influenza, such as degradation of the provincial work force and support for alternate health care facilities, and the coordination of critical resources required in support of the care and treatment of patients.

The plan has been developed in a quadripartite partnership involving the Ministry of Health Services (MOHS), the British Columbia Public Affairs Bureau (PAB) and the Ministry of Public Safety and Solicitor General (PSSG)/Provincial Emergency Program (PEP).

March 2004

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Annex C - Emergency Response Functions

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Annex E - BC Housing Emergency Beds and Blankets

Annex F - Emergency Medical Stockpile

References:

- A. WHO Influenza Pandemic Preparedness Plan
- B. Canadian Pandemic Influenza Plan (2004)
- C. British Columbia Pandemic Influenza Preparedness Plan (Interim 2003)
- D. Emergency Program Act
- E. Health Emergency Act
- F. Emergency Program Management Regulation
- G. British Columbia Emergency Response Management System (BCERMS) Overview (2000)
- H. British Columbia Emergency Public Information Plan

## INTRODUCTION

### General

Local governments have the primary responsibility for emergency response and recovery. The provincial government acts in support of local government. In unorganized (unincorporated) communities, or where the level of response is beyond the capability of local communities, the provincial government will coordinate the response.

At the provincial level, pandemic influenza consequence management will be undertaken on a tripartite basis. The principal and primary supporting ministries/agencies involved in response to pandemic influenza are:

- **Ministry of Health Services (MOHS) (Provincial Health Officer (PHO)/Emergency Management Branch)** is the lead ministry with primary responsibility for disease outbreaks.
- **Ministry of Public Safety and Solicitor General (PSSG)**
  - **Provincial Emergency Program (PEP)** is responsible for coordinating all elements of the provincial emergency response management structure.

- **Coroners Service (CS)** is responsible for coordinating the establishment of emergency (temporary) mortuary services and disposal of human remains.
- **British Columbia Public Affairs Bureau (PAB)** has primary responsibility to develop the provincial communications strategy once the provincial emergency management structure is activated, and to liaise with the Provincial Emergency Coordination Centre (PECC) Chief Information Officer (IO) to ensure all provincial agencies implement the strategy.

Numerous other ministries provide support based on their assigned emergency response functions.

## Background

Pandemic influenza results from a mutation of a known flu virus, which produces a new strain for which there is no proven vaccine, and which is characteristically highly contagious and virulent, with global susceptibility.

There have been 19 influenza pandemics since the mid 17<sup>th</sup> century, four occurring in the last 85 years, the most devastating of which was in 1918, which infected half of the world population and killed upwards of 50 million people. The period between pandemics ranges from 10-40 years. Virologists believe we are much closer to the next pandemic than the last, speculating that the next one can be expected within 3-5 years. Today's networks of high-speed transportation links accelerate the propagation of the influenza virus when an outbreak occurs, which sharply limits the time available to public health officials to identify a new strain and mount a preventive vaccination program.

Vaccination is the proven method for reducing infection and death rates from influenza, but the domestic production capacity is incapable of producing sufficient vaccine to immunize even the highest risk populations of infants, seniors, people with compromised immune systems or people in

institutions, health care workers, people with cardiac/pulmonary conditions, and family contacts of those already infected.

The impact of an unmitigated pandemic in BC (based on extrapolations from previous pandemics):

- up to 3/4 of the population infected;
- about 1/3 of the population very seriously ill;
- about .5 million will require outpatient care;
- 2-17 thousand will require hospitalization;
- 800-6000 people will die;
- the health care system will experience a 25-50% reduction in available staff; and
- the aggregate economic cost could range from \$1-2.5 billion.

The recommended strategy for containing a pandemic influenza outbreak involves mass immunizations, public education, early identification and aggressive antiviral treatment of outbreaks. Immunization of health care workers is key to maintaining a response capacity in the health services system and to reducing transmission of the virus. Under the Emergency Program Management Regulation, the Ministry of Health Services is responsible for setting out the “manner and means by which the government will respond to the hazard of disease and epidemics.” These duties are assigned to the Provincial Health Officer (PHO), working with the BC Centre for Disease Control Society and Medical Health Officers in the regional health authorities (RHA).

## **PURPOSE**

This plan describes the methodology for coordinating the provincial response to the consequences of pandemic influenza.

## **Assumptions**

Based on historical data, the following assumptions apply:



- outbreaks are expected to occur simultaneously throughout the country;
- the effect of influenza on individual communities will be relatively prolonged (weeks to months);
- there will be a devastating effect on the health and well being of the public;
- effective preventative and therapeutic measures will likely be in short supply;
- health care workers will be at even higher risk of exposure and illness than the general population; and
- widespread illness in the community will result in shortages of personnel in other sectors providing critical community services.

**Abbreviations and Definitions**

A list of abbreviations and definitions for terms used in this plan is provided in Annex A.

## **CONCEPT OF OPERATIONS**

The province is committed to minimizing the impact of pandemic influenza on the provincial residents, infrastructure and the economy. The Ministry of Health Services, in conjunction with the regional health authorities and the BC Centre for Disease Control, has primary responsibility for disease surveillance and treatment, and management of health-related consequences.

Local governments have the primary responsibility for response and recovery from the consequences of pandemic influenza.

The province, if requested, will support the response efforts of a local government or, if the event occurs in unorganized (unincorporated) communities, the province will direct response operations.

The province will provide surveillance information to citizens, agencies and local governments to encourage and assist with preparation in advance of a pandemic event.

The level of provincial response will be directly dependent upon the magnitude of the event.

In responding to a pandemic influenza event, the actions and decisions of the province will be based on the priorities to protect the following:

- health and safety (save lives, reduce suffering);
- provincial infrastructure (transportation, communications, public services and utilities);
- private property (buildings, livestock and other animals), excluding land;
- the environment; and
- reduce economic and social losses.

**Emergency Response Structure**

An integrated provincial emergency management structure will apply for the management of any pandemic-related emergencies requiring a multi-ministry, provincially coordinated response.

The provincial pandemic response structure will be based on the British Columbia Emergency Response Management System (BCERMS), as described in Reference E, and is comprised of the following:

- Central Coordination Group (CCG);
- Provincial Emergency Coordination Centre (PECC);
- Provincial Regional Emergency Operations Centre (PREOC); and
- Emergency Operations Centres (EOCs) operated in support of site response.

**Central Coordination Group (CCG)**

In preparation for pandemic influenza, the Director of PEP will call together the core CCG representatives from PSSG, MOHS and PAB to begin advance preparation for a coordinated pandemic response. The Director of PEP and the PHO, or senior ministry representative from MOHS, will co-chair the CCG. Depending on the magnitude of the pandemic, the role of the CCG changes from planning and

preparedness to that of response support and coordination.

**Provincial Emergency  
Coordination Centre  
(PECC)**

The PECC manages provincial level resources on behalf of the CCG in response to the emergency needs of the operational area(s). It manages and coordinates mutual aid between regions (PREOCs) and at the provincial central level, and serves as the coordination and communications link with the federal disaster support structure.

The PECC may be activated in support of any activated Provincial Regional Emergency Operations Centre (PREOC). In addition, it will be automatically activated immediately following any major emergency/disaster. Staffing is initially based upon the PEP Emergency Coordination Centre (ECC) (already augmented once an emergency occurs), PEP headquarters staff, and personnel assigned under the Temporary Emergency Assignment Management System (TEAMS). Personnel from other ministries and auxiliary/volunteer staff also subsequently augment staffing as required.

**Provincial Regional  
Emergency  
Operations Centre  
(PREOC)**

The primary function of a PREOC is the management of a multi-ministry/agency coordinated response to pandemic influenza within a specific geographical region.

The function of the PREOC Director will be shared as follows:

- Readiness and Recovery Phases - PEP regional manager; and
- Response Phase - as directed by CCG/PECC.

The appropriate health authority will provide health planning specialists to the PREOC planning and intelligence section. Other operating personnel will be assigned to the PREOC under the Temporary Emergency Assignment Management System (TEAMS).

The affected PEP regional manager, as PREOC Director (Phase 2), may:

- Activate the PREOC at “required staffing levels<sup>1</sup>” and notify the CCG accordingly;
- Assess the pandemic situation in the associated region;
- Liaise with regional health staff and the PECC, especially for problem solving;
- Determine staffing requirements for the PREOC and field operations;
- Issue a PREOC pandemic influenza directive reflecting the duties and responsibilities outlined in this plan, the region plan and CCG directives that have been issued.

The PREOC provides local direction, control and coordination of pandemic influenza consequence management operations conducted in unorganized areas, and will provide support to local governments on a region priority basis. The staffing level of each PREOC will be determined by the magnitude of the associated pandemic event. Additional staff may be added if the pandemic increases, or staff may be reassigned as pandemic consequences become more manageable.

While the duties of the PREOC will be in accordance with BCERMS, adjustments to meet pandemic-specific requirements may be needed to ensure an effective and coordinated response.

### **Emergency Operations Centre (EOC)**

#### **Local Government**

EOCs are established to provide site level support. They work directly with the PREOC. There are times, however, when an EOC may be established by a community group other than a local government, i.e.,

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<sup>1</sup> The PREOC director will determine the staff necessary to provide required support in a timely and efficient manner.

search and rescue groups. They also provide site support and work directly with the PREOC.

**Provincial Government** While large areas of the province are not covered by an emergency response by-law enacted by local governments or regional districts, all areas are covered by regional health authorities with responsibility of providing pandemic response in these areas, including health surveillance and treatment operations.

Supporting ministries may activate EOCs to manage ministry-specific operations, for example, the Ministry of Human Resources (MHR)/Emergency Social Services (ESS) and Ministry of Children and Family Development (MCFD).

**Regional Boundaries** The PEP regional boundaries (Annex B) will apply for all consequence management activity, while the RHA boundaries will apply for patient management.

**Pandemic Management Phases** Pandemic consequence management will be undertaken in four phases that correspond to pre-established thresholds, such as initial disease strain identification, multiple outbreaks/disease spread and likelihood of fatalities.

**Phase 1 – Planning (Pre-Pandemic Preparation)**

During this phase, all levels of government/agencies will undertake appropriate planning and pandemic preparedness including:

- maintaining surveillance/monitoring;
- developing immunization capacity;
- reviewing response plans; and
- issuing strategic direction.

**Phase 2 – Preparedness (Pre-Pandemic Readiness)**

PEP regional managers may, in cooperation with RHA counterparts, establish and maintain a PREOC at an appropriate activation level to coordinate

readiness activity within a specific health region. The CCG and PECC may be established to monitor and direct provincial preparedness activity. During this phase all levels of government will undertake appropriate preparedness measures, including: initiating immunization and awareness programs.

### **Phase 3 – Response (Pandemic)**

Full emergency response is initiated, including establishing emergency treatment facilities and programs. Emergency Operations Centres (EOCs), Provincial Regional Emergency Operations Centres (PREOCs) and the Provincial Emergency Coordination Centre (PECC) are activated as required.

Outbreak management (anti-virals) will be undertaken to mitigate the impact of pandemic influenza-related consequences on the provincial infrastructure and the health and safety of BC residents.

### **Phase 4 – Recovery/Rehabilitation (Post-Pandemic)**

The restoration of infrastructure to pre-event condition, including disposal of fatalities, provision of clinical follow-up and rehabilitation services.

**Graduated Response** The assessment and response to a pandemic event is described in the following paragraphs and in the Response Activity Flow Chart (Figure 1).

**Local Pandemic Event Initial Report:**

- All reported pandemic events are relayed to the PHO and PEP ECC. PEP then activates the provincial response structure as required to support the PHO.

**Incident Assessment:**

- PEP and MOHS/BCCDC will assess the situation to determine the severity of the event and recommend the level of response.

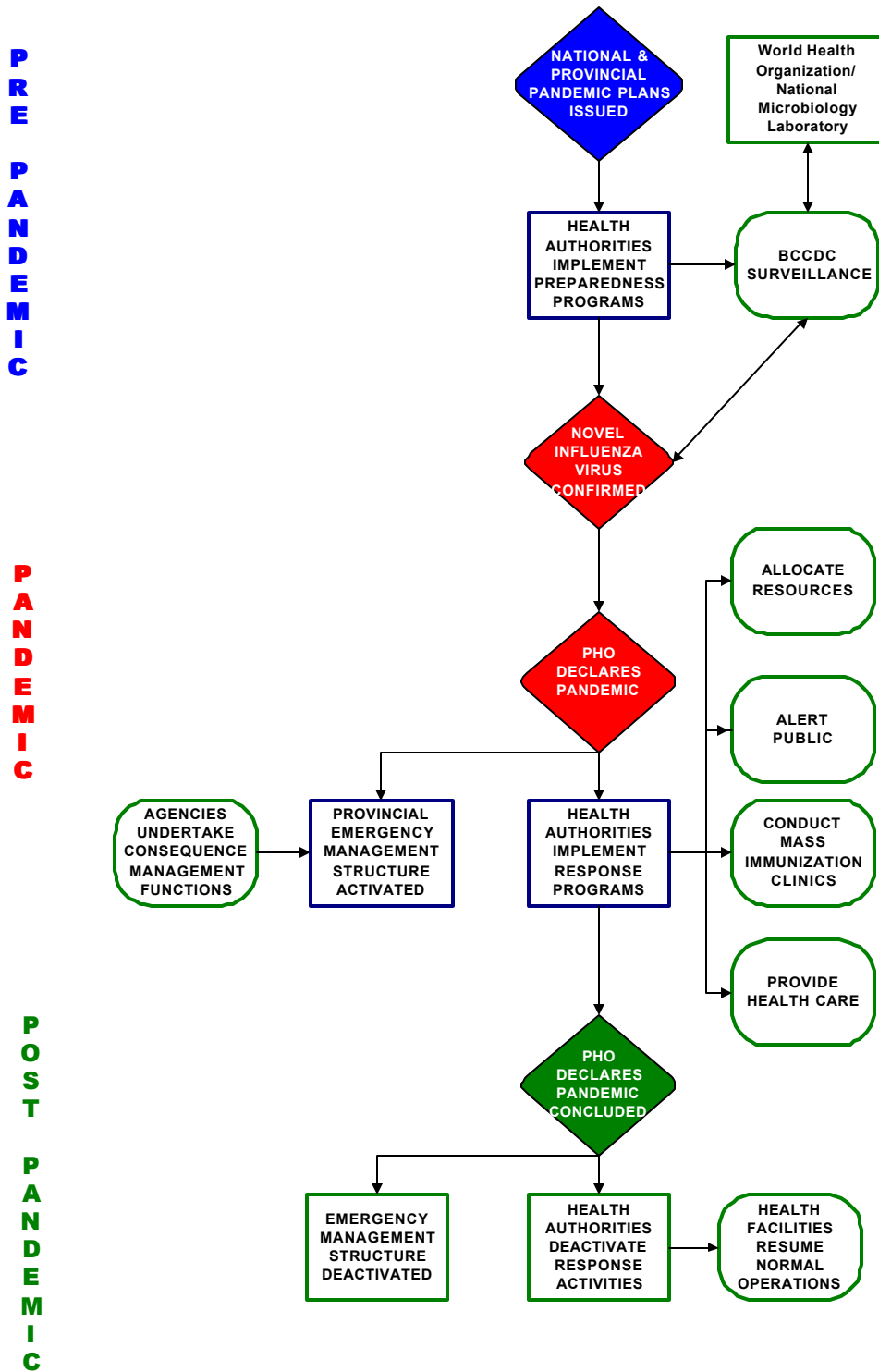
**Preparation:**

- CCG may convene and review/update strategic guidelines for pandemic response.
- MOHS monitors potential pandemic situations in cooperation with regional health officials.
- MOHS will provide surveillance reports based on data collected from sources throughout the province. These reports will warn of the potential for pandemic-related consequences. This information will be shared as appropriate with the public and the media.

**Response Action:**

- Local authorities will coordinate response activities within their jurisdictions. MOHS will coordinate the clinical and PEP will coordinate consequence management response activities in areas of provincial jurisdiction. Field (regional) staff monitors and updates provincial headquarters.
- MOHS/BCCDC will continue to monitor and assess epidemiological conditions. Information officers will be provided by MOHS/PAB as needed.
- Regional health officials will be notified and will respond to pandemic events that impacts within their jurisdiction.

Figure 1 – Pandemic Response Activity Flow Chart





**Regional  
Pandemic Event**

**Enhanced Response:**

- If, in the opinion of PEP/MOHS/Health Authority on-site senior staff, the situation warrants additional coordination and control on an urgent basis, they may activate a coordinated regional response and/or request the activation of a PREOC.
- If a PREOC is opened, the director PEP will activate the PECC and inform the CCG.

**Funding:**

- All involved agencies are reminded that all emergency expenses must be authorized by senior PEP staff in accordance with approved financial policy<sup>2</sup>

**Escalated Regional/  
Provincial  
Pandemic Event**

**Notification:**

- Should the site evaluation indicate that an escalated provincial response beyond regional boundaries or capability is required, PEP ECC is notified and the situation is reported to the director of PEP and the MOHS designated representatives.

**Response Decision:**

- CCG may direct the activation of one or more PREOCs.
- CCG directs an escalated provincial response, issues pandemic directives to PREOC directors and provides pandemic events information to the respective executives. PEP ECC will notify all agencies.

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<sup>2</sup> Reimbursement of journal vouchers is not based on whether or not a Declaration of a State of Emergency has been issued. NOTE: A CCG directive is not the same thing as a Declaration of a State of Emergency.

**Response Action:**

- The PECC and PREOC(s) are fully activated. Pandemic directives issued by the PECC and PREOC director(s) are implemented.
- The PREOC director(s) for the affected region(s) notifies designated regional response personnel.

**ROLES AND RESPONSIBILITIES**

**Ministry of  
Health Services**

- Assign a senior ministry representative to act as co-chair to the CCG.
- Provide representatives to the PECC.
- Provide emergency medical services, including hospitalization and ambulance services.
- Arrange procurement and delivery of medical supplies, equipment and pharmaceuticals, including blood and blood products.
- Provide occupational health services for monitoring worker health and medical problems.
- Provide water quality survey services.
- Provide radiological and toxicological services.
- Provide sewage disposal expertise.
- Provide public health measures, including epidemic control and immunization programs.
- Provide disease forecasts and bulletins (through the BCCDC).

**Regional  
Health Authorities**

- Participate in the development of a regional Pandemic Influenza Response Plan.
- Respond to pandemic events impacting health care infrastructure.
- Coordinate clinical resources, such as health services personnel, pharmaceuticals and medical supplies and facilities.
- Conduct immunization clinics.
- Establish EOCs in regional offices to support pandemic events in unorganised areas.
- Provide liaison personnel on a 24-hour basis to PREOC.

**Ministry of Public Safety  
and Solicitor General**

**Provincial  
Emergency Program**

**General**

- Assign the PEP Director to act as co-chair to the CCG.
- Establish and coordinate staffing<sup>3</sup> of the PECC and PREOC(s).
- Coordinate provision of support services to the PECC and PREOC(s) for 24/7 operation.
- Appoint PREOC director for Phases 2 (Readiness) and 4 (Recovery), and deputy director for Phase 3 (Response).
- Coordinate the preparation of provincial pandemic response directives.
- Assist in issuing tasking orders.
- Prepare and distribute public information advisories and warnings.
- Provide overall direction for finance at the PECC and PREOC level.

**Regional**

- Determine response in consultation with MOH; update PEP ECC.
- Advise on need for a coordinated regional response.
- Coordinate response as required with health officials and local authorities.
- Provide funding approval and obtain task number.
- Provide provincial summary information to public.
- Compile impact assessments and forecasts.
- Approve tasking orders.
- Prepare and distribute public information advisories and warnings.
- Provide support services and staff on a 24-hour basis to PREOCs.

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<sup>3</sup> PECC and PREOC(s) will be staffed by personnel from across government utilizing the Temporary Emergency Assignment Management System (TEAMS).

- |   |  |
|---|--|
| <b>Coroners Service</b>                           | <ul style="list-style-type: none"><li>• Establish temporary mortuaries as required.</li><li>• Regulate the disposal of human remains.</li></ul>  |
| <b>RCMP “E” Division</b>                          | <ul style="list-style-type: none"><li>• Provide security for provincial infrastructure.</li><li>• Enforce quarantine and/or evacuation orders.</li><li>• Collect evidence and investigate criminal acts.</li></ul>   |
| <b>British Columbia<br/>Public Affairs Bureau</b> | <ul style="list-style-type: none"><li>• Assign a senior representative to the core CCG.</li><li>• Implement the BC Emergency Public Information Plan.</li><li>• Liaise with Health Canada public information office.</li><li>• Prepare the provincial communications strategy.</li><li>• Liaise with PECC Chief Information Officer.</li><li>• Brief senior government officials on communications issues.</li><li>• If requested by the PECC Chief IO, may arrange for additional IOs to work in the PREOCs or PECC and/or as needed.</li></ul> |
| <b>Other<br/>Ministries/Agencies</b>              | The emergency response functions that will be provided by specific provincial ministries/agencies in response to a pandemic event are detailed in Annex C.   |
| <b>Local Government</b>                           | <ul style="list-style-type: none"><li>• Develop contingency plan for health emergencies.</li><li>• Implement local emergency response plan(s).</li><li>• Coordinate site emergency response within capability.</li><li>• Liaise with supporting agencies.</li></ul>  |
| <b>Federal Government</b>                         | Provide support on request to the Provincial Government.   |

## **COORDINATION INSTRUCTIONS**

- |                            |  |
|----------------------------|--|
| <b>PECC/PREOC Staffing</b> | PEP will be responsible for staffing the PECC and PREOCs by drawing upon Temporary Emergency Assignment Management System (TEAMS) and other provincial government personnel. |
|----------------------------|--|

**Activation (Staffing)  
Levels**

**Phase 1:**

- *Level 1* – Pre-response/monitoring status, 0800 - 1630 hours daily with appropriate staffing.

**Phase 2:**

- *Level 2* – Operational response, full 24/7 operation with minimum key appointments and support staff.
- *Level 3* – Major emergency, full 24/7 operation.

**Situation and Incident  
Reports**

Upon PREOC activation, a daily situation report will be submitted to the PECC not later than 1700 hours daily.

Incident reports will be used at all levels to provide immediate notification of a significant incident or change in the status of a previously reported incident.

Situation and incident reports will be prepared and distributed in accordance with instructions provided.

**Pandemic Response  
Stages**

In Phase 3, the following stages will be observed in respect to pandemic response activities:

**Stage 1/Health Watch**

General monitoring of morbidity. EOCs, PREOCs and the PECC may open for 24/7 operations at minimum staffing levels (Activation Level 1). Provide public information on disease prevention as well as public health advisories. Strategically preposition medical resources.

**Stage 2/Health Alert**

Situation deteriorating. EOCs, PREOCs and the PECC may be fully staffed for 24/7 operation (Activation Level 2). Enhanced response initiatives are implemented and plans are completed for maintenance of critical public services.

### **Stage 3/Health Warning**

Pandemic contingency plans implemented for vulnerable population groups.

### **Stage 4/Health Emergency Ordered**

High probability of serious wide-spread illness due to pandemic. Full response/consequence management programs implemented. Travel and public gathering restrictions ordered. Response structure moves to Activation Level 3 as directed.

## **FINANCE AND ADMINISTRATION**

### **FINANCE**

#### **General**

During an emergency, provincial ministries and local government bodies – including municipalities, regional districts, health authorities and education authorities - may be eligible for financial assistance to offset incremental and extraordinary costs. Planners are encouraged to become familiar with the terms and conditions for possible cost recovery. Information regarding available emergency financial assistance will be posted on the Provincial Emergency Program Web site at [www.pep.bc.ca](http://www.pep.bc.ca).

#### **Expenditure Control**

A PEP task number will be assigned to regions, via PEP regional managers for PREOC activation. Task numbers for pandemic-related emergency responses will be issued as and when required.

#### **The following will be observed with respect to expenditure management:**

- All expenditures must be pre-authorized by the director PEP/PECC director or PEP regional manager/director PREOC. The CCG may, as required, designate such other persons as deemed necessary.

- Upon PREOC activation, an initial Phase 2 expenditure fund allocation will be provided to each PREOC director for use against the assigned task numbers.
- During Phase 3 response operations, PREOC directors or designated principal PREOC staff may authorize expenditures for pandemic response or support activity for up to \$100,000 per pandemic response site or jurisdiction, or local or provincial government infrastructure. Any single expenditure exceeding \$100,000 must be pre-authorized by the director PEP or the CCG co-chair.
- Ministries/agencies must ensure that all expenditures that will result in journal voucher action are authorized using an expenditure authorization form<sup>4</sup> (Annex D) completed and signed by the PECC/PREOC director. The agency initiating the expenditure is provided a copy of the authorization form, a copy is retained by the PECC/PREOC, and a copy is passed to PEP headquarters in Victoria.
- All ESS expenditures must be accompanied by an ESS Referral Form completed and signed by a designated spending authority.

**INVOICES/EXPENDITURES WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY DULY COMPLETED AND AUTHORIZED SUPPORTING DOCUMENTATION.**

**Inventory Control**

An equipment inventory will be maintained to record all non-consumable<sup>5</sup> material purchased under a PEP task number. On demobilisation, a copy of the inventory indicating current disposition will be forwarded to PEP headquarters as part of the PREOC post-operation report.

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<sup>4</sup> A control mechanism to aid in tracking authorized expenditures.

<sup>5</sup> Material, such as office equipment, blankets, generators and safety equipment, that is NOT consumed.

**Workshop**

A financial management workshop will be conducted for ALL designated finance and administration chiefs during Phase 2 (Readiness).

**LOGISTICS**

**General**

Beyond the basic personnel and equipment support capability of MOH as government's lead ministry, logistics support is based on the FOR Protection Branch/Fire Centre(s) operations support capability.

To incorporate this capability within the province-wide pandemic response structure, FOR will:

- Supply logistics support at the PECC and PREOC level, including:
  - a logistics representative to the CCG on request; and
  - a logistics advisor on call to the PECC/PREOCs to assist in all preparatory work, and an on-call logistics operations cell to the PECC/PREOCs (24/7 if necessary) upon activation.
- Establish protocols and procedures with Purchasing Commission for resource procurement within regions and from provincial, national or international sources.
- Identify additional delivery system, storage, accounting and critical equipment, and supply control and allocation needs.
- Activate the logistics operations planning and preparedness functions at the CCG/PECC and PREOC levels.
- Incorporate the tasking of air support operations (through existing FOR contractual arrangements) within the logistics element at both CCG/PECC and PREOC levels.



The Purchasing Commission will:

- Provide staff member(s) on call to assist CCG/PECC Logistics Section (24/7 if necessary) for preparedness planning and during pandemic response (Phase 2) operations. The commission's transportation management group should also be included as a resource provider (vehicles as necessary).
- Ensure that a representative is assigned on call to designated PREOC(s) on request (24/7 if necessary) to action resource requirements that are beyond government holdings. (PREOC directors should note the limited regional representation of the commission and that its personnel support to PREOCs will be prioritized.)

**Information  
Technology Services**

The following is the telecommunication hierarchy:

- the PECC and each PREOC will be provided with a generic e-mail address;
- facsimile machine;
- telephone (line, cellular and satellite, including links);
- satellite phones;
- amateur radio; and
- courier.

**Critical Resources**

The initial assignment, movement of and authority to reposition or distribute critical resources between regions is controlled by the CCG/PECC. Critical resources may include provincial government-assigned or designated health services teams, anti-virals, medical evacuation and treatment resources. The disposition of emergency beds and blankets is shown at Annex E. The pre-pandemic disposition of emergency medical stockpile is provided in Annex F.

**Emergency  
Accommodation for  
Evacuees**

The primary supporting ministries are MHR/ESS Branch, the Ministry for Children and Family Development, and the British Columbia Housing Corporation. Municipal requirements and anticipated needs for emergency social services are communicated from the local authority to the PREOC(s), supported where necessary by other agencies as arranged by PREOCs. All coordination with BCHMC is conducted by or through MHR/ESS personnel.

**PERSONNEL  
General**

PECC and PREOC directors may:

- hire or contract administrative support staff;
- hire or contract security services; and
- authorize and place assigned personnel on travel status.

The PECC will authorize, assign and deploy all critical resources to and between regions.

**TEAMS/Overtime/  
Call-out**

Costs associated with TEAMS, overtime, standby and/or call-out may be authorized by the PECC/PREOC director and will be charged to the task number.

**Staffing**

Refer to PECC and PREOC shifts and staffing level documents distributed under separate cover.

**Identification**

All personnel assigned to the CCG, PECC or PREOC will be required to wear BCERMS identification vests.

**Safety**

PREOC directors are responsible for ensuring that:

- a risk management officer and requisite support staff are assigned at the PREOC; and
- all operational response supervisors and team leaders must ensure proper occupational health and safety measures are enforced.

The risk management officer is part of the command cell at the PECC and PREOCs, and has the responsibility of developing and recommending measures for assuring personnel safety and anticipating Workers' Compensation Board (WCB) hazardous and unsafe situations.

When advised, PECC/PREOC directors will correct unsafe situations in accordance with WCB requirements.

**Supplementary  
Personnel Resources**

The supplementary personnel resources may be available for the following functions:

- TBA

Where possible, supplementary personnel should be provided a minimum of one day training health and safety precautions.

**PUBLIC INFORMATION**

Public information will be conducted in accordance with the British Columbia Emergency Public Information Plan (Reference F) and BCERMS Overview (Reference E).

Annex A

## ABBREVIATIONS/DEFINITIONS

<b>AGF</b>	Ministry of Agriculture, Food and Fisheries.
<b>Agency</b>	Branches within provincial ministries and any other government organization which is affected by emergency response operations; also the mentioned groups participating in joint response efforts.
<b>BCCDC</b>	British Columbia Centre for Disease Control.
<b>BCERMS</b> – British Columbia Emergency Response Management System	The British Columbia Response Emergency Management System is a comprehensive management scheme that ensures a coordinated and organized provincial response and recovery to any and all emergency incidents. The broad spectrum of components of BCERMS includes operations and control management, qualifications, technology, training and publications.
<b>CAWS</b>	Ministry of Community, Aboriginal and Women’s Services.
<b>CCG</b> – Central Coordination Group	The Central Coordination Group provides overall direction to all provincial agencies and resources supporting or assisting with the emergency situation.
<b>MROC</b> – Ministry Regional Operations Centre	An Operations Centre established and operated by a ministry to coordinate the ministry’s emergency response in that region. Structure and function is similar to PREOC.
<b>ECC</b> – Emergency Coordination Centre	The Emergency Coordination Centre at the Provincial Emergency Program headquarters receives and disseminates information from multiple sources regarding emergency situations. The 24-hour Emergency Coordination Centre also serves as the “incident message centre” for the Provincial Emergency Coordination Centre.
<b>EOC</b> – Emergency Operations Centre	A pre-designated facility established by a local authority, jurisdiction or agency to coordinate the site response and support in an emergency.
<b>ESS</b> – Emergency Social Services	ESS are those services that are provided short term (generally 72 hours) to preserve the emotional and physical well-being of evacuees and response workers in emergency situations.

<b>MOHS</b> - Ministry of Health Services	The ministry supports British Columbians in their efforts to maintain and improve their health, including the long-term planning necessary to sustain British Columbia's public health care system.
<b>ICS</b> – Incident Command System	A standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries.
<b>IEPC</b>	Inter-agency Emergency Preparedness Council.
<b>IO</b>	Information Officer.
<b>MHR</b>	Ministry of Human Resources.
<b>PECC</b> – Provincial Emergency Coordination Centre	An emergency operations centre established and operated at the provincial central coordination level to direct and coordinate the provincial government's overall emergency or disaster response and recovery efforts. Located at the Provincial Emergency Program (PEP) headquarters in Victoria.
<b>PEP</b>	Provincial Emergency Program (Ministry of Public Safety and Solicitor General).
<b>PHO</b> – Provincial Health Officer	The senior medical health officer for British Columbia.
<b>PREOC</b> – Provincial Regional Emergency Operations Centre	An emergency operations centre established and operated at the regional level by provincial agencies to coordinate provincial emergency response efforts.
<b>TEAMS</b> – Temporary Emergency Assignment Management System	A program where personnel from across government are specifically trained to fill functions in the PECC and PREOCs, with ministries/agencies being reimbursed personnel costs, i.e., salary and benefits.
<b>WCB</b>	Workers' Compensation Board.

Annex B

**PROVINCIAL EMERGENCY MANAGEMENT REGIONS  
and  
PROVINCIAL REGIONAL EMERGENCY OPERATIONS CENTRE  
(PREOC) LOCATIONS**



NOTE: Vancouver Island PREOC is co-located with the  
Provincial Emergency Coordination Centre (PECC)

Annex C

## **EMERGENCY RESPONSE FUNCTIONS (Secondary Supporting Ministries/Agencies)**

The following list identifies emergency response functions that will be provided by specific provincial ministries/agencies in response to a pandemic event. When required, a liaison (contact) officer will be arranged for each ministry or agency, as determined by the PECC or PREOC director. Any supporting agencies offering assistance will be expected to be self-sufficient with regard to finance and administration. Any incidental costs incurred during response will be settled by the affected agency, and journal vouchered to PEP for cost recovery.

### **Agriculture and Food**

- Provide expertise to field teams conducting work in areas of agriculture concern.
- Provide coordination of the evacuation of livestock and their care, including emergency feeding.
- Provide coordination for disposal of livestock carcasses.
- Provide expertise to control animal/crop disease and insect infestation.
- Identify sources of food and water supplies for human use, for distribution by ESS as required.

### **Attorney General**

- Provide legal counsel to CCG.

### **Public Safety and Solicitor General**

- Coordinate the province's response.
- Provide coroner services.
- Provide services to enforce law and order (especially against looting).
- Provide resources to conduct search and rescue for missing persons.
- Provide services to control crowds and traffic.
- Provide resources to implement evacuation plans, as required.
- Manage auxiliary police personnel.
- Provide security patrols in evacuated areas.

## **Finance**

- Provide consultation, monitoring and claims support for workers' compensation.
- Provide risk management services.
- Purchase response supplies/equipment and inventory (BC Purchasing Commission).
- Provide personnel services and human resources when available.
- Provide government vehicles.
- Provide computer system and telephone services.
- Coordinate the use of government buildings and business machines for PREOC directors.

## **Forests**

- Supply logistics support, including the following, at the PECC and PREOC level when/where available:
  - temporary accommodation;
  - communication services;
  - response personnel.

## **Community, Aboriginal and Women's Services**

- Provide firefighting and prevention services through the fire commissioner.
- Provide guidance and assistance to local governments.
- Provide liaison with the safety branch regarding railway and pipeline concerns.

## **Human Resources (Emergency Social Services)**

- Coordinate the provision of emergency social services, including the provision of food, clothing, lodging, registration and inquiry services, and other services necessary to support the immediate health and well-being of evacuees and responders.
- Provide assistance to local authorities in the planning and operation of emergency social services.



### **Children and Family Development**

- Provide care and protection of children, youth and adults with mental handicaps and special needs who are not accompanied by a guardian or custodian.

### **Other Support Agencies**

- BC Ferry Corporation - Provide marine transportation/accommodation.
- BC Hydro & Power Authority - Ensure control and maintenance of power supply.
- BC Railway - Provide equipment and transportation.
- BC Transit - Provide ground transportation.
- BC Buildings Corporation - Provide buildings and equipment for temporary clinics and treatment facilities.

Annex D

## EXPENDITURE AUTHORIZATION FORM

Log Reference (if applicable): \_\_\_\_\_

**PREOC:** \_\_\_\_\_ **Task #:** \_\_\_\_\_

**Incident #<sup>6</sup>:** \_\_\_\_\_

**Requesting Authorized Person/Agency (please print):**

\_\_\_\_\_

**Location:** \_\_\_\_\_

**Incident Description<sup>7</sup>:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount Requested: \$** \_\_\_\_\_

**Expenditure Authorized "Not to Exceed": \$** \_\_\_\_\_

**Signature of Designated Authorizing Person<sup>8</sup>:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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<sup>6</sup> From block of assigned incident numbers allocated to PREOCs on activation.

<sup>7</sup> Include date/time, location, jurisdiction and nature of response activity or service to be provided.

<sup>8</sup> PREOC director or designated principal PREOC staff.

## **EXPENDITURE AUTHORIZATION APPROVAL PROCESS**

### **General**

Approval of a designated PREOC staff member is required prior to the expenditure of funds.

NO INVOICE OR JOURNAL VOUCHER WILL BE PROCESSED UNLESS  
ACCOMPANIED BY A DULY COMPLETED AND SIGNED EXPENDITURE  
AUTHORIZATION FORM

### **Request**

Requests will be made by telephone/fax/e-mail to the applicable PREOC. Requests will indicate the nature of incident/requirement and amount of funds requested.

### **Approval**

PREOC will issue a "Not to Exceed" expenditure authority by either telephone/fax/e-mail authority followed by a completed "hard-copy" Expenditure Authorization Approval form.

Completed Expenditure Authorization Approval forms will be distributed as follows:

- Original - requesting person/agency;
- Second Copy - PREOC expenditure log;
- Third Copy - PEP HQ/ECC.

Annex E

**EMERGENCY BEDS AND BLANKET STOCKPILE**

**NOTE:** Distribution of spreadsheet, which provides the location and point of contact for the emergency beds and blankets, will be on a need-to-know basis as determined by the BC Housing Corporation.

Annex F

## **EMERGENCY MEDICAL STOCKPILE**

**NOTE:** Distribution of spreadsheet, which provides the location and point of contact for the National Emergency Medical Stockpile, will be on a need-to-know basis as determined by MOHS Emergency Preparedness Branch.