



BC Health System Wildfire Response Plan

Version 1 – June 2018

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HEMBC
Health Emergency
Management



Preamble

This plan was developed by Health Emergency Management BC, based on input from provincial health system stakeholders, and details roles, responsibilities and expectations of health system stakeholders during wildfire response. It outlines the emergency response structure of the provincial health system as well as the coordination processes and information required to support wildfire response across the health system.

Plan Maintenance

This is an interim plan and will form an annex of an all hazards plan for the provincial health system. The plan is an evergreen document and will be reviewed following its activation.

Amendments and Control

The HEMBC Ministry of Health Emergency Management Unit maintains a distribution list of all recipients of the BC Health System Wildfire Plan.

Holders of the plan are responsible for verifying and maintaining current distribution information for their organization, and for informing the Emergency Management Unit point of contact of any required changes to the distribution lists.

Note to Readers

First occurrences in the text of terms listed in the Glossary are formatted in bold. Titles of acts, plans and supporting documents are formatted in Italics.

List of Amendments

Date (m/yr)	Edition	Sections Affected	Status	Inserted By (Name or initials)

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1.0 Overview

1.1 Purpose

The purpose of the BC Health System Wildfire Plan is to describe the emergency response structures, processes, and activation criteria for the provincial health system during wildfire events.

1.2 BC Health System Partners, External Stakeholders, and the HECC

1.2.1 BC Health System

The BC or provincial health system (PHS) refers to provincial health system partners including the Ministry of Health, Provincial Health Officer, Regional Health Authorities, First Nations Health Authority, and the Provincial Health Services Authority, including Health Emergency Management BC, BC Emergency Health Services, BC Clinical and Support Services, BC Centre for Disease Control, and the Mobile Medical Unit, all of whom provide health delivery or support services to the province of British Columbia.

1.2.2 External Stakeholders

External stakeholders are organizations with whom the health system coordinates in response to wildfires. These external stakeholders include federal, provincial, interprovincial, and non-governmental organizations such as the Public Health Agency of Canada, Emergency Management BC, and the Canadian Red Cross. The roles and responsibilities of external stakeholders are not included in this document.

1.2.3 Health Emergency Coordination Centre

The Health Emergency Coordination Centre (HECC) is a provincial coordination function that connects health system partners and external stakeholders during emergencies.

Key HECC responsibilities during wildfire response include:

- Monitoring the status of the BC health system
- Identifying and supporting the resolution of health system issues
- Coordinating resource requests across the health system
- Hosting and documenting health system Wildfire Coordination Calls
- Developing the health system Situation Report (Appendix B)
- Managing mutual aid requests and processes with external stakeholders
- Briefing the MoH Executive Team, including the Deputy Minister, Minister of Health, and the Provincial Health Officer
- Liaising with the Provincial Emergency Coordination Centre

The HECC respects the autonomy and operating processes of health system partners, and primarily plays a coordination function, however, the Minister (and MoH staff as his/her representative) can provide direction to regional Health Authorities and the PHSA as required during a response. In line with the expectations detailed in this document (1.4), the HECC may be directive in requiring critical information from health system partners and external stakeholders as well as to ensure information flows through the health system to all appropriate health system partners and external stakeholders in a timely and effective manner.

1.3 Scope

This plan details the roles, responsibilities and expectations of health system partners during wildfire emergencies that require a coordinated response across the health system. It outlines the emergency response structure of the provincial health system as well as the coordination processes and information required to support wildfire impacts to the health system.

This plan does not replace or direct emergency measures for health system partners at the site or site support level (e.g. the structure within a health authority). It does not guide any provincial response beyond the health system. Although there are common procedures, this plan is intended to be used during wildfire response, and is not an all-hazards response plan.

1.4 Assumptions

This document assumes the following:

- All health system partners and external stakeholders are aware of and comply with British Columbia Emergency Management System (BCEMS) principles during emergency response.
- Health system partners have a 24/7 point of contact for emergency purposes.
- Health system partners have effective means of communication during emergencies, including backup communications.
- Health system partners will connect with their emergency management counterparts for their respective levels of roles and responsibilities (e.g. local governments, Provincial Regional EOCs, etc.).

1.5 Expectations

In the event of significant wildfires impacting the province, all health system partners are expected to:

- Notify the Provincial Health Duty Officer (PHDO) of a significant impact (see 1.5.1) to their jurisdiction if the HECC has not yet been activated. After the HECC has been activated, all wildfire updates should go through the HECC Operations section while incidents outside of wildfire shall continue to be reported through the PHDO.
- Activate their respective emergency plans as required based on the situation.
- Participate in health system-level response coordination activities during emergency response operations.
- Provide information requested by the HECC in a timely manner.
- Send representatives to health system coordination calls who have the expertise and knowledge to speak and provide updates on behalf of their organization.

1.5.1 Significant Impacts

Significant impacts may include but are not limited to:

- Damage or closure of health facilities, or Facilities are under evacuation alert or evacuation order,
- BCEHS stations have been evacuated resulting in no, or limited, 9-1-1 emergency response in community
- Actual or imminent impacts to population health and health programs due to wildfires or smoke,
- Wildfire has or is likely to cause impacts to transportation infrastructure that may impact supply chain, staff movement, or patient transportation, including emergency health services.
- BCEHS capacity to transport non-critical patients has been compromised due to wildfire smoke disrupting air travel, or road corridors rendered inaccessible due to the wildfire hazard

- Wildfire has or is likely to cause impacts to communications infrastructure.
- Support is needed that may require coordination across the health system.
- Wildfire is generating strong public and/or media interest.

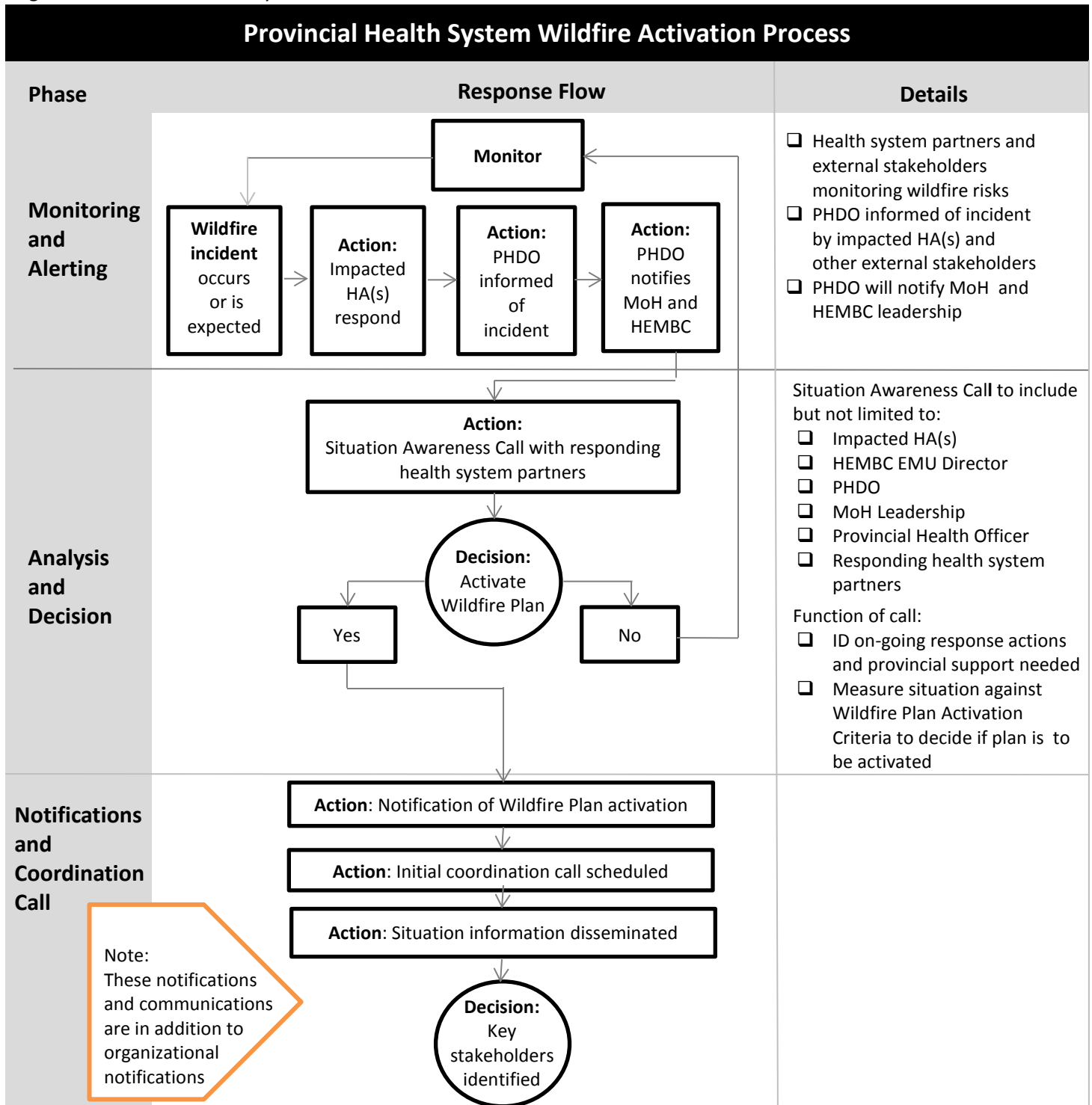
2.0 BC Health System Emergency Response Flow

2.1 BC Health System Wildfire Activation

The activation of the BC Health System Wildfire plan will be based on an assessment of fire impacts to the health system and related needs for coordination across provincial health partners. Due to the complexity and impacts of large scale events, emergencies, and disasters, early activation for the exchanging of information and identification of possible requirements for support and coordination is encouraged.

Figure 1 illustrates a typical activation process from the initial incident awareness to the activation of a provincially coordinated response.

Figure 1. Provincial Health System Wildfire Activation Process



2.1.2 BC Health System Response Criteria

The decision to undertake a provincial level health emergency response is dependent on the nature and scale of the event. The criteria that will determine activation are listed below. The situation does not need to meet all listed criteria; any one criterion may justify the decision to activate a provincial level response:

- Wildfires are significantly impacting multiple health system partners;
- One or more health system partners requires support, and provincial coordination is required to provide that support
- Wildfire smoke is presenting a significant hazard
- Provincial state of emergency is declared; and/or
- PECC is activated and requesting significant health system support.
- See also “significant impact” under 1.5.1

2.1.3 Initial Coordination Call

Once this plan is activated, an initial coordination call will be hosted and organized by the Health Emergency Coordination Centre. All health system partners will be invited to this initial coordination call. The purpose of the initial coordination call is:

- to ensure all health system partners and identified external stakeholders are aware of the current situation;
- to highlight current health system impacts and identify any immediate needs for support;
- to communicate response activities across the provincial health system;
- to notify health system partners of a decision to activate the BC Health System Wildfire Plan;
- to determine what further health system wildfire coordination will be required;
- to confirm key contacts and identify any external stakeholders who should be on the call;
- to outline provincial health system response priorities; and,
- to establish regular health system coordination call timing that is most suitable to all identified external stakeholders, if required.

2.2 Coordinated BC Health System Response Operations

Figure 2 highlights the operational activities which require input and coordination across the health system during wildfire emergencies. Individual health system partners impacted by the wildfire event are expected to contribute to provincial level coordination activities and working groups. The goals of these provincially coordinated operations are to:

- provide mutual support across the provincial health system;
- ensure situational awareness is maintained for all health system partners throughout the wildfire event; and,
- coordinate efficient and effective wildfire response actions

Figure 2. Wildfire Operations and Deliverables

Coordinated Health System Wildfire Operations and Deliverables			
Phase	Lead	Participants	Information, Tasks, and Deliverables
Health System Coordination Calls (2.4)	HECC / PHDO	<ul style="list-style-type: none"> • HECC / PHDO • Health system partners • Subject Matter Experts and additional external stakeholders as required 	<ul style="list-style-type: none"> <input type="checkbox"/> HECC/PHDO facilitates the Health System Coordination Call <input type="checkbox"/> Information to be shared on the Coordination Call includes but not limited to: <ul style="list-style-type: none"> • Provincial wildfire situation • Impacted HA situation • Health system situation • Health system objectives and priorities are identified • Request for support are raised • Provincial response activities requiring health system support are vocalized and addressed
Health System Wildfire Situation Reports (2.5)	HECC	<ul style="list-style-type: none"> • HECC Planning • Health system partners • External stakeholders • HECC Operations 	<p>Development of the Health System Wildfire Situation Report</p> <ul style="list-style-type: none"> <input type="checkbox"/> HECC Planning, in consultation with HECC Director, identifies information needs. <input type="checkbox"/> Health system partners provide situation updates for their respective organization to the HECC / PHDO <input type="checkbox"/> HECC Planning Section develops the Situation Report (SitRep) (Appendix B) <input type="checkbox"/> SitRep distributed across the health system and to external stakeholders via HECC Operations
Advanced Planning	HECC	<ul style="list-style-type: none"> • HECC Planning • Health system partners • HECC Operations 	<p>Chaired by the HECC Planning Section, Advanced Planning Working Group includes representation from all engaged health system partners</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop an Advanced Plan based on health system priorities and anticipated issues for the next 36 to 72 hours <input type="checkbox"/> Determine potential future impacts of the event or disaster, particularly issues that might modify the overall Health System priorities and objectives
Health System Recovery	HECC	<ul style="list-style-type: none"> • HECC Planning • Health system partners • External stakeholders • HECC Operations 	<ul style="list-style-type: none"> <input type="checkbox"/> Lead by: HECC Planning Section <input type="checkbox"/> Recovery working group includes representation from all engaged health system partners <input type="checkbox"/> Assess the requirements for health system recovery from a wildfire disaster and identify immediate steps that can be taken to initiate and speed recovery from across the health system <input type="checkbox"/> HECC representative will participate in Provincial recovery planning and implementation and will provide updates and communication between the provincial recovery and HECC recovery

2.2.1 The Operational Cycle

Figure 3 depicts an example of an operational cycle for wildfire operations from the perspective of a provincial health system response at the HECC. While the wildfire situation constantly changes, wildfire response is a repetitive and cyclical process. An operational period is not strictly based on a fixed period of time but rather it is based on the progress of the following cyclical process:

- **Maintaining Situational Awareness:** health system partners will constantly maintain situational awareness throughout the course of the wildfire event. This will be done by reviewing situation reports, communicating with external stakeholders and tracking issues that arise.
- **Action Planning:** Based on the current situation, health system partners shall establish priorities, objectives and an action plan for their respective organization. These objectives should be coordinated amongst other health partners and external stakeholders as necessary and achievable
- **Coordination and Operations:** Each health system partner will conduct operations and produce situation updates on behalf of their respective organization and will additionally participate and coordinate in health system operations and activities as needed. Health system partners may be requested to participate in specialized provincial working groups such as advance planning, and recovery.
- **Reviewing and Updating Response Priorities:** At the summation of each operational period, health system partners should review the situation, action plan and priorities from the operational period to confirm that the objectives have been or will be met. This review also assists in establishing priorities for subsequent operational periods.

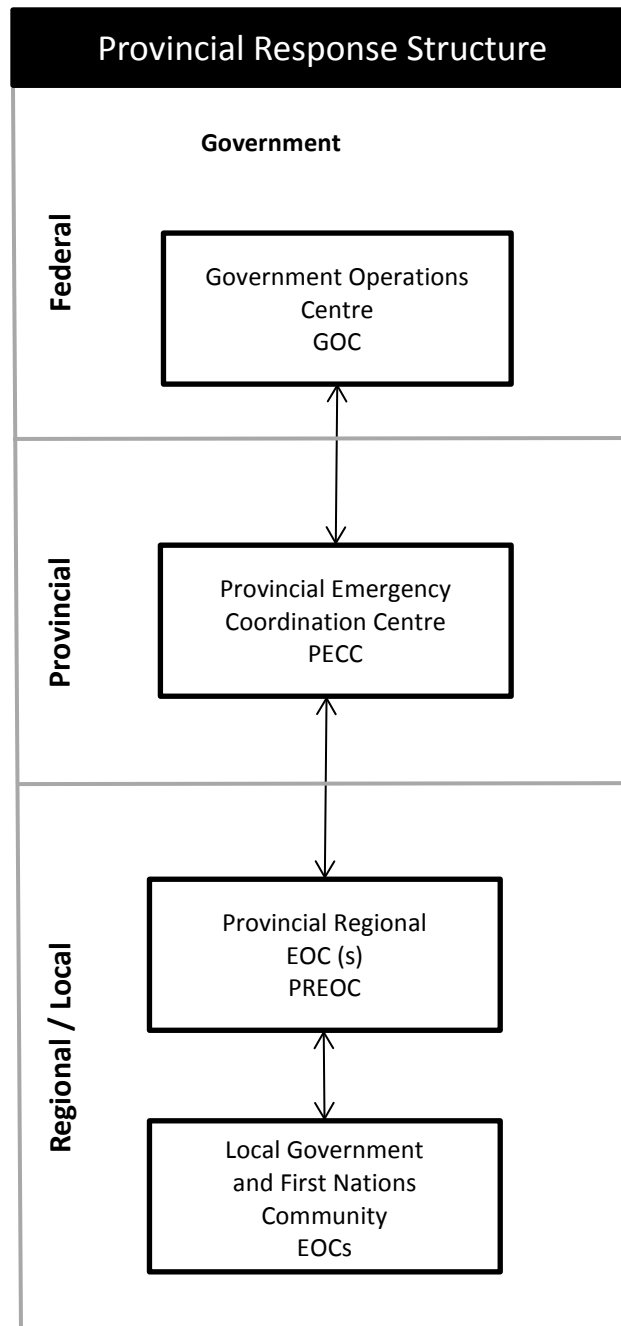
Figure 3. Operational Cycle – Typical Day

Early	Activity	Purpose	Agency
	Open EOCs/HECC or shift change as appropriate	<ul style="list-style-type: none"> • Activate EOCs/HECC for the day or shift change. • Communicate EOC/HECC status to other health EOCs and external stakeholders 	All
AM	Internal briefings / meetings (as per EOC processes if activated)	<ul style="list-style-type: none"> • Situational updates from overnight. • Review latest forecasts • Identify issues and priorities for the day / operational period 	All (responding health authorities, HECC, BCEHS, etc.)
	Meetings with external partners (e.g. PREOCs / PECC)	<ul style="list-style-type: none"> • Gather and share situational awareness with external stakeholders (for health authorities this may include meetings with multiple PREOCs) 	HAs, BCEHS, HECC
Noon			
	Health System Coordination Call	<ul style="list-style-type: none"> • Information sharing across the health system • Identifying current and potential issues 	All health partners and some external stakeholders
	Health System Situation Report is developed. HECC contributes to provincial situation report	<ul style="list-style-type: none"> • Provide an overview of the health system status. • Provide briefing material for MoH executive to support cross government executive level meetings 	All health partners and some external stakeholders
PM	Provincial government executive-level meetings (MDEC, ADMCEM)	<ul style="list-style-type: none"> • Cross government strategic coordination and policy direction. 	Minster of Health, Deputy Minister, ADM (HECC Director)
	Internal briefings / meetings (as per EOC processes if activated)	<ul style="list-style-type: none"> • Situational updates from day • Review latest forecasts • Identify issues and priorities for overnight / next operational period 	All (responding health authorities, HECC, BCEHS, etc.)
Late	Close EOCs or shift change as appropriate	<ul style="list-style-type: none"> • Close EOCs for the day or shift change. • Communicate EOC status with other EOCs and external stakeholders 	All

2.3 BC Health System Emergency Response Coordination

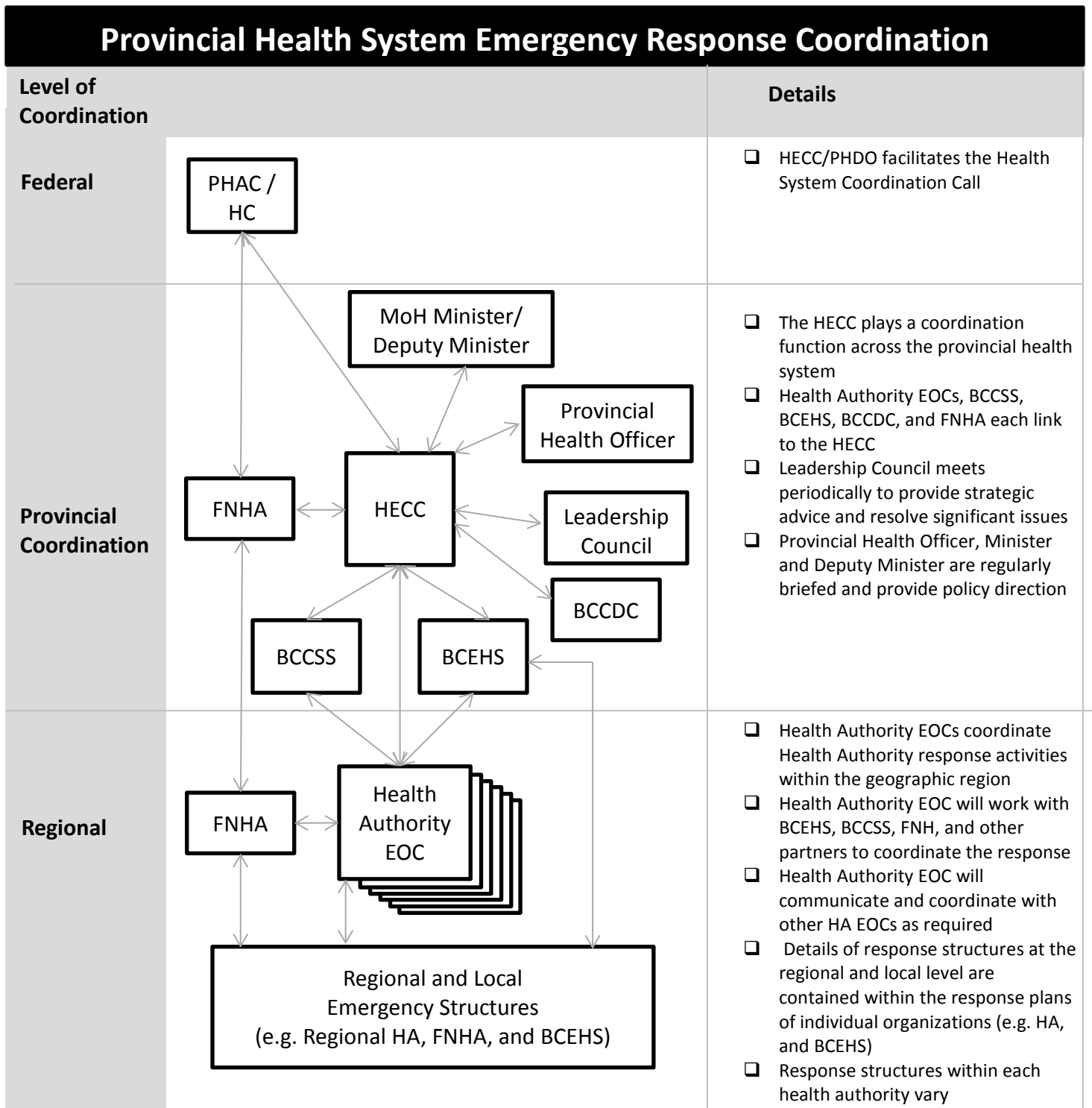
Figure 4 provides a simplified illustration of the general (non-health) emergency response structure in British Columbia. At every level, the health system connects with non-health external stakeholders such as local authorities, Provincial Regional Emergency Operations Centres (PREOCs), and the Provincial Emergency Coordination Centre (PECC). Figure 5 Provincial Health System Emergency Response Coordination illustrates the Provincial Health System Emergency Response Coordination

Figure 4. Provincial Emergency Response Structure in British Columbia



The chart below describes the provincial response structure from the local / regional level to the federal level. There are considerable interactions between health partners at each level of the response, and overall provincial coordination occurs through the Ministry of Health’s Health Emergency Coordination Centre (HECC).

Figure 5. BC Health System Emergency Response Coordination



2.4 Health System Wildfire Coordination Call

The primary coordination call for the provincial health system is the health system Wildfire Coordination Call, hosted by the HECC. The call will be held at regular intervals whenever possible.

2.4.1 Health System Wildfire Coordination Call

In the interest of consistency and timeliness the HECC Wildfire Coordination Call will adhere to a pre-determined agenda which will be circulated prior to the meeting. Every organization represented on the call will be given the opportunity to speak. An example of a HECC Coordination Call agenda is included in Appendix A.

2.4.2 Critical Information Requirements

Health system partners will be exceptionally busy during wildfire emergencies; therefore, every effort will be made to minimize and streamline information requests. At times, health system partners may be directed to provide critical information relevant to their respective program or geographical area for the purpose of informing senior health system executive and support provincial health system decision making. When such direction is given, efforts will be made to explain why it is necessary. An anticipated list of Critical Information Requirements is provided in Appendix C.

2.5 Provincial Health System Situation Report

The Provincial Health System Wildfire Situation Report (SitRep) is intended to provide a snapshot of the overall health situation in relation to the wildfire emergency. The health system SitRep is produced daily by the HECC based on information received from health system partners. The health system SitRep is distributed by the HECC Operations Section to all health system partners, the PECC, and other provincial and federal external stakeholders as required. It is also used as a key briefing tool for senior members of the health system, including the Deputy Minister and Minister of Health. The health system SitRep format is included in Appendix B.

2.6 Specialty Coordination Groups

In addition to the HECC Wildfire call, coordination will occur amongst specifically focussed groups, including the provincial health system Leadership Council, Wildfire Smoke Coordination Group, Advance Planning Group, and the Recovery Working Group. The roles of these groups are described below.

2.6.1 Leadership Council

Leadership Council includes health authority Chief Executive Officers and senior Ministry officials, and is chaired by the Deputy Minister of Health.

Alternates are not permitted. Assistant Deputy Ministers of the Ministry of Health will attend as agenda items pertinent to their portfolios arise. The HECC Director and/or Deputy Director and the Provincial Health Officer may attend during HECC Activation.

During health system wildfire activation the Leadership Council will meet to:

- Ensure consistent situational awareness across health system Senior Executive
- Discuss and resolve strategic policy issues (e.g. related to HR or finance)
- Discuss and resolve challenging issues, such as the allocation of scarce resources
- Provide advice to and receive direction from the Deputy Minister

The Group will meet as required, at the determination of the Deputy Minister and with respect to ongoing wildfire priorities.

2.6.2 Wildfire Smoke Coordination Group

The B.C. Wildfire Smoke Coordination Group supports planning and response efforts related to public health impacts for significant wildfire events in BC. Membership includes MoH, BCCDC, regional HAs, BCEHS, FNHA, Ministry of Environment (MoE), EMBC, and the Public Health Agency of Canada (PHAC). Membership of the Group may expand as required.

When activated, the Group will provide consultation and advice during a wildfire smoke event to assist in the development of recommendations or actions in response to the risk to human health. This response coordination role of the Group includes:

- Maintaining situational awareness of the current wildfire / wildfire smoke risk(s) and, when requested by an MHO or the PHO, activate in order to provide recommendations to local/regional government and/or First Nations ; and
- To provide recommendations, a risk assessment will be completed by the Group which will include a review of current and projected weather, wildfire data, wildfire smoke modeling, air quality ratings, and health and environmental surveillance data from BCCDC.

2.6.3 Advance Planning Coordination Group

The Advance Planning Coordination Group is responsible for analysing and looking beyond the next 24-72 hours to identify potential consequences or issues to be considered. The Advance Planning Coordination Group should include representation from all impacted health system partners, and is chaired by the HECC Advance Planning lead.

The Advance Planning Coordination Group's responsibilities include:

- Review all available situation reports, status reports, action plans, and other significant documents;
- Develop an Advance Plan identifying future policy related issues, social and economic impacts, significant response or recovery resource needs, and any other key issues likely to affect health response activities within a 24 to 72 hour time frame;
- Engage and collaborate in cross health system partner and external stakeholder discussions and activities;
- Consider future impacts of the event or emergency, particularly issues that might modify the health system's overall priorities and activities; and
- Provide recommendations and periodic briefings to health system partners.

2.6.4 Provincial Health System Recovery Working Group

Recovery planning is an early and ongoing process to be conducted concurrently alongside the coordinated response. As such, the health system will convene a Recovery Working Group early on in the emergency response. Members will be drawn from all impacted health system partners, and the working group will be chaired by the HECC Recovery lead. Members should be selected based on their authority and ability to speak and implement recovery measures on behalf of their organization. Initial activity for this working group will be to identify recovery priorities. Working group members should participate in coordination calls on a weekly basis as a minimum. The frequency of calls and level of engagement will change with the situation and working group members should allow for flexibility. Following demobilization, health system recovery will become the primary operational priority across the health system.

Responsibilities of the Recovery Working Group include:

- Assemble early on during the activation of the Wildfire plan in order to maintain situational awareness and identify early health system recovery priorities;
- Assess the requirements for assistance for community and individual recovery from a major wildfire event;

- Identify immediate steps (short-term relief efforts) that can be taken to initiate and speed recovery across the health system; and
- Anticipate actions required over the long term to restore health services and return the health system to pre-emergency conditions.

2.7 Demobilization

A provincial health response will be activated to a large scale initially and scaled back appropriately based on the situation. Unlike activation, the provincial response must be demobilized gradually in order to make sure all demobilization activities are accomplished and to have resources in place to rapidly re-activate should the situation deteriorate. It is important to note that while the response is over, the recovery phase will continue.

2.7.1 Demobilization Criteria

It is possible to scale back staffing needs and reduce hours of an operational period as the situation becomes more manageable and controlled. The criteria to be considered for demobilization to occur include:

- The Provincial state of emergency declaration has been rescinded (if applicable)
- Not more than one health authority still has an active EOC and/or activated their emergency response plan
- Evacuated patients have returned or are returning to their original health authority or place of residence
- Critical health services have been re-established
- There are no potential impacts to health services or health-related Critical Infrastructures
- Any remaining response and/or recovery activity can be managed by individual stakeholders through the PHDO without a coordinated response model activated.

3.0 Roles and Responsibilities

A provincial health response will be activated to a large scale initially and scaled back appropriately based on the situation. Unlike activation, the provincial response must be demobilized gradually in order to make sure all demobilization activities are accomplished and to have resources in place to rapidly re-activate should the situation deteriorate. It is important to note that while the response is over, the recovery phase will continue.

3.1 Ministry of Health

The Ministry of Health is responsible for providing overall strategic direction to the health system during wildfire response, including activation of the Health Emergency Coordination Centre to ensure a coordinated response across all health system partners, and liaison with Emergency Management BC to support broader provincial wildfire response alignment.

3.1.1 Minister of Health

The Minister of Health has authority for all health related issues within the Province of British Columbia. During periods of emergency, the Minister may require information, and may reallocate health system resources to better support the response.

3.1.2 Provincial Health Officer

The Provincial Health Officer (PHO) is the senior public health official for B.C., and is responsible for monitoring the health of the population of B.C. and providing independent advice to the ministers, public officials and the public on health issues. Under the Provincial Public Health Act (2008)[1], during an emergency or health crisis the Provincial Health Officer has access to and may utilize additional emergency powers as defined by the Act in order to:

- Provide access to resources,
- Streamline processes, and
- Require people to take specific measures
- The PHO also has the authority to make decisions in the best interest of public health for the province.

3.2 Regional Health Authorities

During emergency response the regional health authorities are responsible for:

- Continuity of acute/critical, residential care, home health, mental health and other community health services;
- Establishing contact with the HECC and PREOCs;
- Identifying and coordinating information and guidance for health protection/public health;
- Managing patient surge;
- Determining physical condition and operational capability of health facilities within the impacted area;
- Evacuating facilities identified as unsafe;
- Identifying and prioritizing patients/residents for evacuation/relocation;
- Identifying appropriate patient/resident destinations and establish pick-up/drop-off details with BC Emergency Health Services (BCEHS) through early engagement and planning ;
- Working with BCEHS to move patients to designated evacuation assembly areas with relevant HA documentation;
- Establishing appropriate alternative locations for the provision of care;
- Forwarding consolidated non-medical support requests to the HECC including requests for supplies, equipment, engineering, utilities and transport.

3.3 First Nations Health Authority

The First Nations Health Authority (FNHA) supports the delivery of culturally safe, holistic and traditionally based integrated care services for the health and safety of First Nations, communities, partner organizations and FNHA family across the four pillars of emergency management. This is done through relationships and partnerships, focused on delivering community-driven Nation-based direct and indirect services. Responsibilities include:

- Providing environmental public health services to assist in identifying and controlling public health risks. This includes public health inspections for temporary accommodations, residential and public buildings, drinking water, food services, solid waste, and wastewater disposal systems;
- Developing and distributing public health risk messaging;
- Determining physical condition and operational capability of community health facilities within the impacted area;
- Supporting the coordination of mental health and wellness, and traditional supports for impacted First Nation communities;
- Communicating relevant health information to communities;
- Identifying and prioritizing vulnerable residents for evacuation/relocation;

- Supporting the establishment of appropriate alternative locations for the provision of care;
- Forwarding consolidated non-medical support requests to the HECC including requests for supplies, equipment, engineering, utilities and transport.

3.4 Provincial Health Services Authority (PHSA)

PHSA oversees several programs which contribute to the emergency response capacity of the provincial health system. The Corporate emergency operation centre may be virtually or physically established to manage the larger aspects of an emergency/event by providing overall direction and control, coordination and resource support and dissemination of information. This structure is established for PHSA agencies, divisions, programs & sites to preserve life, minimize damage and obtain a speedy recovery and return to normalcy. During a response PHSA is also responsible for:

- Continuity of acute services at C&W & services that support agencies, divisions, programs and sites
- Establishing contact with the HECC
- Identifying and coordinating information and guidance for health protection/public health
- Managing patient surge
- Determining physical condition and operational capability of health facilities within the impacted area
- Evacuating facilities identified as unsafe
- Establishing appropriate alternative locations for the provision of care

Under a coordinated system, PHSA agencies, divisions, programs & sites are able to perform one or more of the following roles:

1. Coordination and integration action: Setting priorities for their respective operations and resources, and developing strategies for resolving challenges that arise
2. Information sharing: Providing observations on the incident and its effects on PHSA and facilitating ongoing communication.
3. Resource exchanging: Offering resources for the use of others under formal or informal arrangements

3.4.1 Health Emergency Management BC (HEMBC)

HEMBC provides emergency management leadership and support to the BC health system, including to regional health authorities, PHSA, and the Ministry of Health. HEMBC directly supports emergency response to wildfires by supporting a range of response activities, including:

- The management of emergency operations centres (EOCs);
- Leadership of emergency response process (e.g. coordination calls, situation report development);
- Acting as a liaison to external emergency agencies, and EOCs;
- Operating the **Disaster Psychosocial Program (DPS)** which is responsible for:
 - Providing psychosocial strategies with a continuum of supportive services targeting both public and responders affected by an emergency;
 - Providing services and expertise intended to empower people to help themselves and connect them to local resources, minimizing the long-term psychosocial effects of a disaster;
 - Encouraging community recovery by providing educational tools and resources to increase resilience and health coping.

3.4.2 BC Clinical Support Services (BCCSS)

BCCSS will work with Health Authorities to manage the ordering, re-distribution and re-direction of medical supplies, equipment and medicines, including the Provincial Blood Coordination Office. BCCSS has the following roles during emergency wildfire events:

- Inventory Management: BCCSS will support and supply health facilities and programs with required supplies.
- Transportation support: BCCSS will coordinate logistics requirements with other government agencies and health authorities for the transport and delivery of supplies and equipment.
- BCCSS Internal Response Team: BCCSS will provide sourcing and service contract staff to support all supply chain efforts during emergency wildfire events.
- Health Facility evacuation of equipment and asset tracking: BCCSS will assist Health Authorities, as requested, to move assets and will develop and maintain a current list of equipment being transferred between Health care facilities such as beds, commodes, walkers, etc.
- BCCSS Liaison Officers: BCCSS will provide dedicated staff with decision making authority to occupy EOC's as required.
- Vendor Liaison: BCCSS will coordinate between warehouse and Health Authority vendors to track and redirect shipments to ensure integrity.
- Fleet Vehicle Assets Tracking: BCCSS will develop and maintain a current list of available fleet vehicles to be used during a wildfire event.
- Demobilization support: BCCSS will assist Health Authorities in shutting down emergency evacuation centres.

3.4.3 British Columbia Emergency Health Services (BCEHS)

BCEHS, consisting of the BC Ambulance Service and the Patient Transfer Network, is responsible for the delivery, coordination and governance of appropriate and effective out-of-hospital and inter-facility health services throughout BC. During emergency wildfire response BCEHS is responsible for:

- Maintaining continuity of pre-hospital emergency services;
- Monitoring the impact of routine patient transfers on other response capabilities in wildfire impacted areas;
- Managing regional and provincial emergency operations centres (EOCs) to support paramedics and coordinate the BCEHS response;
- Establishing and maintaining contact with HECC, PREOCs and PECC/PERRC;
- Ensuring the safety of paramedics and other staff working in wildfire and wildfire smoke impacted areas;
- Evacuating stations impacted by wildfire;
- Ensuring communications capability in wildfire impacted areas;
- Engaging in advanced planning with health authorities to support the evacuation of patients.

3.4.4 British Columbia Centre for Disease Control and Prevention (BCCDC)

The BC Centre for Disease Control (BCCDC) provides provincial and national leadership in public health through surveillance, detection, prevention, consultation and provides both direct diagnostic and treatment services to people with diseases of public health significance. During periods of wildfire emergency BCCDC has the following roles:

- Accessing and providing location-specific real-time and forecast smoke forecasts,
- Providing up-to-date small-area health effect tracking to reflect the health consequences of forest fire smoke exposure,
- Receiving and responding to queries from stakeholders about optimal health protection, e.g., clean air shelters, effects of anticipatory biomass burn –off, personal protective equipment, vulnerability assessments, removal of fire suppressants, air quality interpretation, etc.
- Offering media and public briefings with a provincial focus,
- Developing and implementing real-time data gathering to inform and evaluate the public health response.

3.4.5 Mobile Medical Unit (MMU)

The Mobile Medical Unit (MMU) program is used to support BC's health authorities and BC's Ministry of Health business continuity plans. The MMU is maintained in a state of readiness to be called upon in the event of a wildfire emergency, for:

- First aid,
- Primary care,
- Emergent/critical care and
- Emergency surgical capacity.

The MMU program works with health authority leadership to support programs with temporary additional or replacement clinical space, medical equipment, supplies, and clinical expertise. Additional information can be found on the MMU website: www.bcmmu.ca.

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Appendix A. Sample HECC Call Agenda

(Sample) HECC Coordination Call Agenda

Date:

1. Director Opening remarks / key updates / issue(s)
 - a. Reminder to please introduce self and organization
 - b. Please speak clearly and try to avoid acronyms
2. Review the status of yesterday's action items
3. Roundtable by health partners and external stakeholder organizations, using the following list
 - a. Northern Health
 - b. Interior Health
 - c. Fraser Health
 - d. Vancouver Coastal Health
 - e. Providence Health
 - f. Provincial Health Services Authority
 - i. Health system
 - ii. Disaster Psychosocial Services (DPS)
 - iii. Mobile Medical Unit (MMU)
 - iv. BC Clinical Support Services (BCCSS)
 - g. First Nations Health Authority (FNHA)
 - h. BC Emergency Health Services (BCEHS)
 - i. HealthLink BC
 - j. Public Health Agency of Canada (PHAC)
 - k. Government Communications and Public Engagement (GCPE)
 - l. BC Centre for Disease Control and Prevention (BCCDC)
 - m. Provincial Health Officer
4. Confirm action items from today:
5. Anticipated or actual HECC coordination support required from Health system partners
6. Confirm upcoming deadlines, such as submission to the HECC Situation Report
7. Closing remarks, next meeting

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Appendix B. Sample HECC SitRep

Health Emergency Coordination Centre

Ministry of Health

Reported on: <Date> – <Time> (updated: <Date – Time>)

FINAL Situation Report

Event Name: Wildfire <YEAR>

Note: New Information in red

PROVINCIAL SITUATION SUMMARY:

- Insert a brief overview of the situation not more than five general points, additional details will be captured in other SitReps

FIRE / WEATHER UPDATE:

- Today and tomorrow: Provide forecast for the immediate future
- Day + 3 to Day +4: Provide immediate forecast
- Outlook: Provide extended forecast for at least a week out

Air Quality Report

- This information is obtained through the Ministry of Environment – Smoky Skies Bulletin

For more information on Air Quality see
<Reference to Air Quality Report>

IMPACTED AND SUPPORTING HEALTH SYSTEM PARTNER UPDATES:

- Include all critical information relating to facility impact, patient impact, staff impacts, and resource impacts. See Appendix C for Critical Information Requirements
- Include new information in **RED**

ADDITIONAL HEALTH SYSTEM PARTNERS AND EXTERNAL STAKEHOLDERS UPDATES (alphabetical order):

1. List any additional agencies that provide that are external to BC Health system (i.e. PHAC, PECC) or any organization that fall under another health system partner but have significant information to add (i.e.DPS).
2. Health partners with nothing new to report include:
 - Organizations that had contributed to previous SitReps
 - Health system partners that are not significantly impacted by this incident

This section is to ensure that health system partners, identified external stakeholders and additional contributors have been accounted for

SITUATIONAL AWARENESS RESOURCES

- List resources that have additional, real-time, and detailed information that would be of assistance to readers of this report

Approved by:

Name / HECC Director

Quick Facts – Provincial Wildfire Situation

Active Fires: <Number of Active Fires>

New Fires in 24 hours: <New Fires>

Total hectares burned / burning <#>

Provide average 10 year of hectares burned for comparison

Evacuation Orders: <#> and indicate increase or decrease from previous report

Total individuals (Under Evacuation Order): <#> and indicate increase or decrease from pervious report

Total individuals under Evacuation Alert): <#> and indicate increase or decrease from pervious report

Reception Centres: <#> activated

- List Reception Centres

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Appendix C. Critical Information

This appendix is meant to provide health partners with a sense of the type of information that may be requested by the HECC during a wildfire response. Health partners should be prepared to provide as much of this information as possible during Health Coordination Calls and as submissions for the Health System Situation Report. The list below is not exhaustive.

Provincial Health System Critical Information	
Health Authority:	
Information below current as of (date and time)	
Patients / Clients	Deceased
	Injured
	Evacuated
	Pending evacuation
	Relocation Details
Health Facilities	Facility name, type, & location
	Impact / Status
	Services disrupted / Services Still Provided
	Expected return of disrupted services
Health Personnel	Needed
	Relocated
Resources	Resource challenges
	Resource requests

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Appendix D. HECC Activation Levels

Level	Description	Support Provided	Deliverables and Responsibilities
1.	<ul style="list-style-type: none"> Provincial Health Duty Officer monitors provincial situation constantly Managed directly with affected HA/PHS partners Incidents may include Dangerous Goods incidents, Mass Casualties 	<ul style="list-style-type: none"> PHDO on call supporting provincial response activities and maintaining situational awareness. Coordinate with appropriate stakeholders of changing or emerging emergency situations. Inform Ministry of Health personnel as appropriate 	<ul style="list-style-type: none"> Relay situation updates to appropriate stakeholders Coordinate resources Arrange coordination calls as needed
2.	<ul style="list-style-type: none"> HECC may be virtually or physically established to support incidents of increasing complexity and scale , multiple smaller incidents or emerging issues: Code Orange, Supply chain shortages PHDO continues to act as central coordination point for the PHS for most events, however more complex incidents (freshet, nuclear incident) may use HECC Operations as the central coordination point Additional support from the EMU and appropriate MoH program areas 	<ul style="list-style-type: none"> Constant situation monitoring and provision of information updates Coordinating and reporting up through ministry and across PHS as situation evolves Advance planning for emerging issues Health System Liaison Officer may deploy to the PECC from EMU 	<ul style="list-style-type: none"> PHS Situation Report PHS Coordination Calls Incident report Updating maintaining of PHDO logs Briefing note (when requested)
3.	<ul style="list-style-type: none"> Whole of ministry support needed to support PHS response PHDO is likely deployed to the PECC as provincial Health Liaison Physically set-up our coordination center in the EMU, Aud A&B or alternate location One or more PHS partner impacted, requiring higher level coordination and resource support 	<ul style="list-style-type: none"> HECC is staffed by MoH staff and executive to support PHS response HECC serves as central coordination hub for provincial health system Liaise with EMBC/PECC to support health system requests (Health System Liaison Officer) Provincial support being provided to responding agencies or authorities Ministry program areas are engaged as necessary 	<ul style="list-style-type: none"> PHS Situation Report PHS Coordination Calls Status updating Issues tracking Logistical support Financial tracking and reporting Action Planning Advance Planning Recovery planning
4.	<ul style="list-style-type: none"> Whole of ministry engaged to support 24 hr operations PHDO deployed to PECC Physically set-up our coordination center in Aud A&B or alternate location One region or program area is severely impacted or multiple PHS partners impacted 	<ul style="list-style-type: none"> HECC is staffed by MoH staff and executive to support PHS response Central coordination hub Liaise with EMBC/PECC to support health system requests (Health System Liaison Officer) Provide constant updates to Minister of Health/DM Ministry program areas are engaged as necessary 	<ul style="list-style-type: none"> PHS Situation Report PHS Coordination Calls Status updating Issues tracking Logistical support Financial tracking and reporting Action Planning Advance Planning Recovery planning

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