



# ESS WATCH



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*Emergency Social Services Office Monthly Bulletin*

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## LONG RANGE PROVINCIAL FORECAST

The Environment Canada forecasts for December, January and February are:

Precipitation:

Majority of the areas in province can expect normal levels. The coastal areas into the centre of the province are actually showing below normal levels and above normal only for the small area reaching around the Alaskan panhandle.

Temperature:

The northern half of the province is calling for above normal level of temperatures. A strip of the southern border is showing below normal with the remaining forty percent showing normal temperature ranges.

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## EMERGENCIES NATIONAL AND INTERNATIONAL

Recent global emergencies and their aftermath's affecting large numbers of people and property include but certainly not limited to:

- Wildfires
  - November 30 – Oklahoma – a number of fires in the state have quickly burned more than 50,000 acres in 24 hours. To this point no death or injury reported but there has been 30 homes burned so far.
- Earthquake
  - November 26 – China – a magnitude 5.7 on the Richter scale was felt in the Jiangxi region. At this point the impact is still being assessed.
  - November 27 – Iran – a magnitude 6.1 on the Richter scale quake has resulted in at least 10 deaths and dozens injured. This event was in a less populated region of the country.
- Man-made
  - November 13 – China – a chemical plant accident resulted in toxic material (benzene) getting into a nearby river and population water supply. Intakes have been shutdown and clean up has commenced. No information on exposure to people reported at this time but potential of affecting a city of 1.4 million people makes this a very significant event.
- Flood
  - November 22 – Sri Lanka – torrential rains over a period of 3 days has impacted 29,000 families. Reports of six deaths and some 2,000 homes have been damaged or destroyed.
- Volcano
  - November 24 – Comoros – eruption of the volcano Karthala on this regions small island resulted in approximately 2,000 people fleeing their villages.

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## ESS Office Update

1. The hiring of the new **Regional ESS/Recovery Coordinator** position for Kamloops has been successful. We are happy to announce that **Sue Saunders** will be joining the PEP Regional office team in Kamloops in early January. Sue will be covering the Central and Southeast PEP regions and working with **Ginny Garner, Rod Salem** and **Alan Bond** to enhance support to the local ESS teams in these regions.
2. We have upgraded our loaner ESS table top display units! So our previously available loaner units are now going to be raffled off to any ESS teams that wish to be entered into a draw for them. The entry deadline is January 13, 2006 and we will draw the winners on January 18, 2006. Winners will be contacted directly and announcements made in subsequent editions of the ESS Watch.
3. Guidelines for ESS roles in a Highly Infectious Disease Emergency event. This document is attached to the ESS Watch for ESS teams to use as a basis for planning discussions with their local authority Emergency Program Coordinator and the Health Authority Emergency Planner. The purpose of the document is to ensure that ESS teams are involved in the planning processes that are presently under way for the threat of pandemic influenza. The primary focus in the documents is that volunteer safety is paramount in the community's planning considerations.
4. Finally

*Merry Christmas*

and

*Happy New Year*

to all the exceptional people involved in ESS throughout the province  
from all of us here at the ESS Office!!

Jeff, Maggie, David, Cheryl, Christine and Karinne

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## MONTHLY SUMMARY OF ESS ACTIVITY

Date	# of Persons Assisted	Event
November 2005	59	22 separate house fires 1 apartment fire 1 gas leak 1 police evacuation
	25	
	3	
	67	
	154	
October 2005	60	21 separate house fires 1 apartment fire 1 stranded travellers 1 house destroyed by vehicle
	30	
	11	
	6	
	107	
September 2005	72	20 separate house fires 1 landslide 1 police evacuation 1 toxic fumes 1 dangerous goods
	2	
	20	
	60	
	2,000	
	2,154	
August 2005	40	15 separate house fires 2 forest fires 1 gas leak 1 apartment fire 1 police evacuation
	567	
	40	
	77	
	34	
	758	
July 2005	54	20 separate house fires 1 flood 1 gas leak
	Unknown	
	Unknown	
	54	
June 2005	123	28 separate house fires 1 bus crash 1 police evacuation 1 dangerous goods
	12	
	Unknown	
	50	
	185	
May 2005 (revised)	70	20 separate house fires 1 flooded home (broken pipes)
	8	
	78	
April 2005	79	19 separate house fires 2 police evacuation 1 house destroyed by vehicle
	53	
	5	
	137	
March 2005	65	19 separate house fires 3 apartment fires 1 flood
	33	
	1	
	99	
February 2005	90	17 separate house fires 1 apartment fire 3 floods 1 collapsed roof
	50	
	7	
	2	
	149	
January 2005	247	31 separate house fires 3 landslides 7 flood
	405	
	282	
	934	
<b>Total – 2005</b>	<b>4,809</b>	<b>275 separate incidents</b>

## DETAILED ESS INCIDENTS FROM THE PAST MONTH

The following information is intended as a “snapshot” of recent ESS activity:

2005	Incident	# of people assisted	Community
Nov 1	House Fire	1	Langley
Nov 3	House Fire	6	Crofton
Nov 5	House Fire	4	Prince George
Nov 6	House Fire	6	Chilliwack
Nov 7	House Fire	2	Keremeos
Nov 8	Police Evacuation	67	Chilliwack
Nov 10	House Fire	1	Bamfield
Nov 11	House Fire	3	Nanaimo
Nov 14	House Fire	0	Abbotsford
Nov 15	House Fire	0	Abbotsford
Nov 16	House Fire	6	Harrison Hot Springs
Nov 17	House Fire	6	Burnaby
Nov 19	House Fire	3	Fraser Valley Reg. Dist.
Nov 20	Gas Leak	3	Kent Harrison
Nov 21	House Fire	1	Clearwater
Nov 22	House Fire	0	New Westminster
Nov 22	House Fire	0	Abbotsford
Nov 22	House Fire	2	Abbotsford
Nov 24	House Fire	8	Burnaby
Nov 25	House Fire	3	Lake Country
Nov 26	House Fire	2	Nanaimo
Nov 28	Apartment Fire	25	Terrace
Nov 29	House Fire	0	Victoria
Nov 29	House Fire	5	Lake Cowichan
Nov 30	House Fire	0	Comox
<b>TOTAL</b>		<b>154</b>	

Your feedback is **important** to us at the ESS Office. Please send your comments, questions or tips to:  
**David Tomaz, Provincial ESS Coordinator, at 1-800-585-9559, by fax at 250-952-5831**  
or e-mail at [David.Tomaz@gov.bc.ca](mailto:David.Tomaz@gov.bc.ca).



## **Guidelines for Emergency Social Service (ESS) activities related to a Highly Infectious Disease Emergency response**

### ***Overview:***

With the adoption and review of the British Columbia Emergency Response Management System (BCERMS) into ESS we are reminded that the number one response objective of BCERMS is “Provide for the safety and health of all responders”. This document is intended to assist the ESS Director, Emergency Program Coordinator and Health Authority Emergency Planner with the planning process for highly infectious disease emergencies. However, it should in no way be construed as an exhaustive and totally directive policy document. Additionally this document is not intended to imply any requirements by the Provincial Emergency Program for any of the ESS Volunteers to participate in an infectious disease response. This document will simply outline some general expectations and limitations that the ESS Office will support in the provision of services by the community ESS volunteers during a Pandemic Influenza outbreak.

### ***What is a Highly Infectious Disease emergency response?***

BC has tailored the emergency management framework to have an all-hazard approach to the 57 identified hazards that might occur in the province. Infectious disease is an identified hazard. The integrated response to this hazard would involve the coordination of the health sector of government within the provincial emergency management structure just as the response to interface forest fires involves the coordination of the forestry sector, and the entire the emergency management structure. The potential outbreak of a virulent version of influenza is presently the primary focus of this document but the strategies and proposals will relate to any other type of infectious outbreak.

### ***What is Pandemic Influenza?***

Pandemics pose unique problems which distinguish them from other types of emergencies and will require planners to adapt existing emergency response plans to address these issues.

These unique features are:

- The influenza pandemic will likely originate outside North America and we may have advance warning of its arrival.
- Outbreaks will occur simultaneously across the country, preventing reallocation of human and other resources from one jurisdiction to another.
- The influenza pandemic could last for several weeks or even months at a time.
- Health care workers and other first responders will face a higher risk of infection than the general population, potentially reducing response capacity.
- Widespread illness will increase the likelihood of personnel shortages in other key areas such as police, fire, utility and transportation services.

## ***What skills does ESS bring to a response?***

ESS Volunteers are:

- trained in skills such as registration services that are defined by the ability to interview and speak empathetically to people who have been impacted by a disaster or emergency;
- trained to receive displaced people into a gathering place called a Reception Centre in a caring and nurturing manner;
- able to be readily activated or mobilized by an established and practiced communication network;
- giving of their time freely and compassionately to assist their community in times of disaster and/or emergency;
- located in approximately 150 communities throughout the province;
- familiar with the available facilities in a community and
- involved in established networks with local businesses as suppliers of goods and services for people affected by a disaster or emergency.

## ***What response areas can ESS participate in?***

Apart from the normal well established processes and procedures for ESS (Reception Centres and Group Lodging facilities) there are presently other areas that ESS volunteers have been identified as potential essential resources in what the health sector is calling Non - Traditional (NT) or Alternate Care sites for healthcare.

A Non-Traditional site is a site that is currently not an established healthcare site or is an established healthcare site that usually offers a different type or level of care.

An Alternate site is one which remains within the healthcare system, is staffed by healthcare professionals and can deliver a limited range of clinical care.

Specific sites that have been identified are:

- Mass immunization clinics (distribution of vaccine and or antiviral medications);
- Triage clinics (rapid assessment for level of care needed by an individual);
- Domiciliary clinics (care facility to provide service for those unable to care for themselves at home or without a home but not so sick as to require acute level medical care - hospitalization);
- Temporary Influenza Hospitals (extension of the acute care hospital services) and
- Self Care Settings (care of ill people in their own homes).

It is important to note that this terminology may differ between by the various regional health authorities in the province. Different definitions may be used in each region's health authority plan so it is essential that during the planning stages all key stakeholders agree on the terminology and their definitions to ensure a consistent understanding of the issues.

### ***What risks or limitations are there for ESS volunteers?***

The greatest risk which must impose a limitation on the involvement of the ESS Volunteer is the same as for any person in the community. This will be the level of exposure to the infectious disease. In an effort to mitigate this risk the ESS Office has established a set of roles and list of expectations that the local authority should have for their ESS Volunteers.

Reminders:

1. ESS Volunteers are the responsibility and a resource of the local authority.
2. ESS Volunteers have the right to refuse any call to activation that makes them uncomfortable and exposes them to unacceptable risks.

### ***How does this relate to the BC Pandemic Influenza Preparedness Plan – Annex F?***

In Annex F there are roles and responsibilities outlined in general terms specific to the local ESS teams. There are areas in the Pandemic Alert phase, Pandemic phase and Post Pandemic phase that identify ESS activities.

*Consideration must always be made in terms of the impact that the use of ESS volunteers and the identified Reception Centre sites may have on normal ESS response activities.* Therefore, in all phases, but primarily in the Pre-Pandemic, it is imperative that the ESS team be actively involved and consulted with any and all plans being both created and proposed by the health authority to the local authority in terms of the establishment of NT sites. The ESS team will likely have already assessed any available buildings and facility services in the community.

(For further information please refer to the BC Centre for Disease Control website at <http://www.bccdc.org/content.php?item=150>)

### **Important Reminder**

Volunteer safety must be paramount throughout the planning stages for any hazard in the province. For highly infectious diseases, like a Pandemic Influenza, volunteers, ESS Directors, Emergency Program Coordinators and Health Authority Emergency Planners must implement ways to minimize face-to face contact with ill people in order to reduce the volunteer's risk of exposure.

To address potential ESS roles in the specific NT sites:

<b>Specific Site</b>	<b>Suggested roles for ESS Volunteers</b>
<b>Mass Immunization Clinic</b>	<ul style="list-style-type: none"> <li>- Identify appropriate facilities that meet guideline requirements described in the Canadian Pandemic Influenza Plan – Annex J section 1.6.4 Assess Locations for Potential NT Sites;</li> <li>- Assist in the set up of an immunization clinic;</li> <li>- Meet &amp; Greet the public to assist in the smooth flow of large numbers of people through the clinic;</li> <li>- Registration of those going through the clinic;</li> <li>- Distribution of information about influenza to the public;</li> <li>- Demobilization of the immunization clinic to return to normal operations of the facility.</li> </ul>
<p><b>Triage Clinic</b> - provided the volunteer has been provided with appropriate precautionary measures (e.g. received applicable anti-viral medications and infection control training) from the health authority in dealing with the potentially asymptotically ill</p>	<ul style="list-style-type: none"> <li>- Identify appropriate facilities that meet guideline requirements;</li> <li>- Assist in the set up of a triage clinic;</li> <li>- Meet &amp; Greet the public to assist in the smooth flow of large numbers of people through a clinic;</li> <li>- Registration of those going through a clinic;</li> <li>- Distribution of information about influenza to the public.</li> </ul>
<b>Domiciliary Clinic</b>	<ul style="list-style-type: none"> <li>- Identify appropriate facilities that meet guideline requirements;</li> <li>- Assist in the set up but <u>not the operation of</u> any services in the clinic.</li> </ul>
<b>Temporary Influenza Hospitals</b>	<ul style="list-style-type: none"> <li>- Identify appropriate facilities that meet guideline requirements;</li> <li>- Assist in the set up but <u>not the operation of</u> any services in the clinic.</li> </ul>
<b>Self Care settings</b>	<ul style="list-style-type: none"> <li>- ESS outreach services of basic needs (e.g. food, incidentals and emotional support) and making them available to those unable to leave their residences specific examples are;</li> <li>- Delivery of food or medications with appropriate contact protocols in place for example:               <ol style="list-style-type: none"> <li>1. prior phone contact with resident to ensure that they remain indoors during delivery</li> <li>2. leaving provisions at specified doorstep of residence</li> <li>3. follow-up phone contact with resident to confirm delivery and receipt of goods;</li> </ol> </li> <li>- Information distribution about influenza to the public as directed by local authority EOC;</li> <li>- Registration of those in self care settings via phone contact;</li> <li>- Emotional support to those in self care settings via phone contact.</li> </ul>