

LINKING HEALTH AND ESS



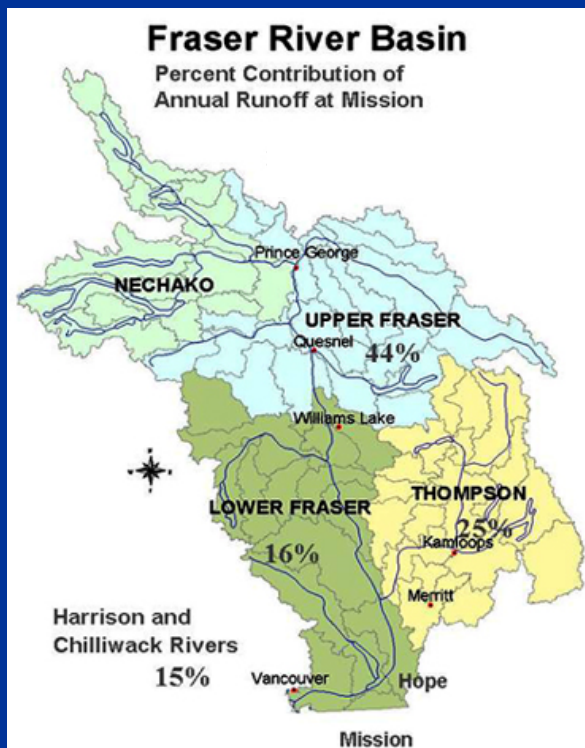
Objectives

1. Historical review
2. ESS-Health Charter overview
3. Identify related issues
4. Review polling questions
5. Brainstorm next steps

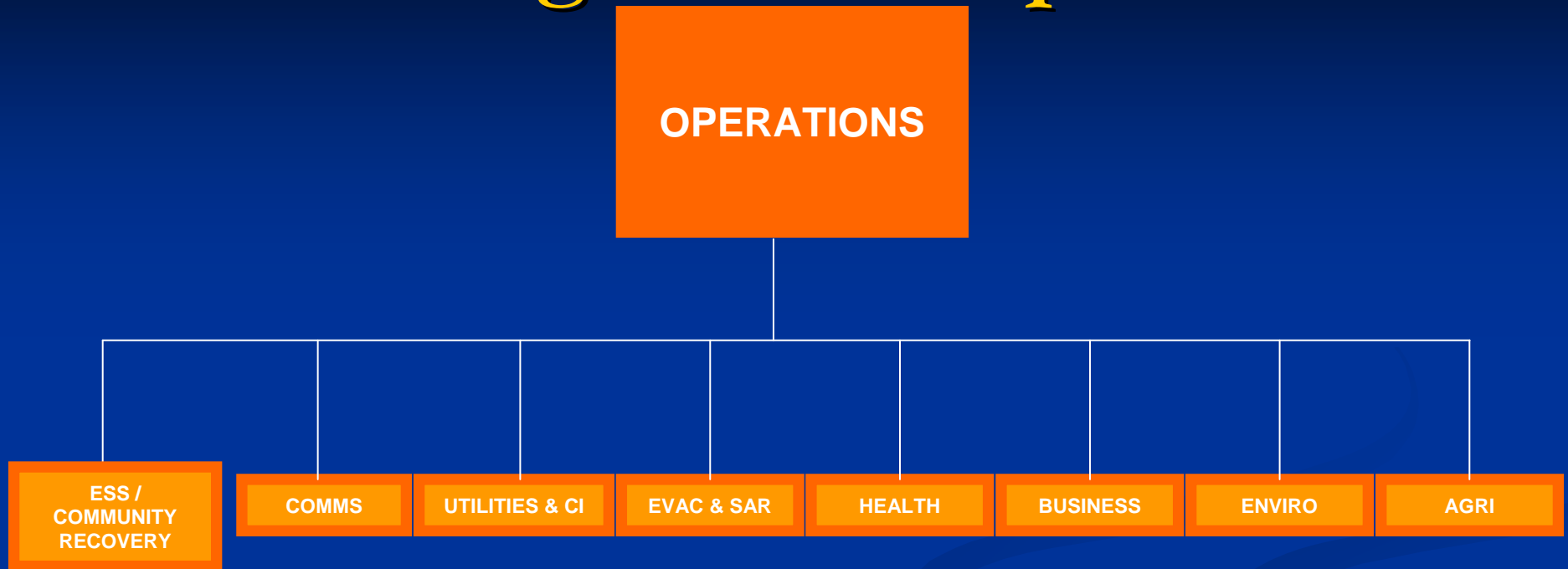


Advanced Planning Unit

- Early 2007 above normal snow pack accumulation
- Unfavourable spring weather forecast
- Risk of significant freshet runoff
- Potential flooding to many areas of British Columbia including the lower mainland



Planning Unit Composition



- ESS demographic community profile was conducted
- Identified complex and diverse needs among individuals living in the area

Overview

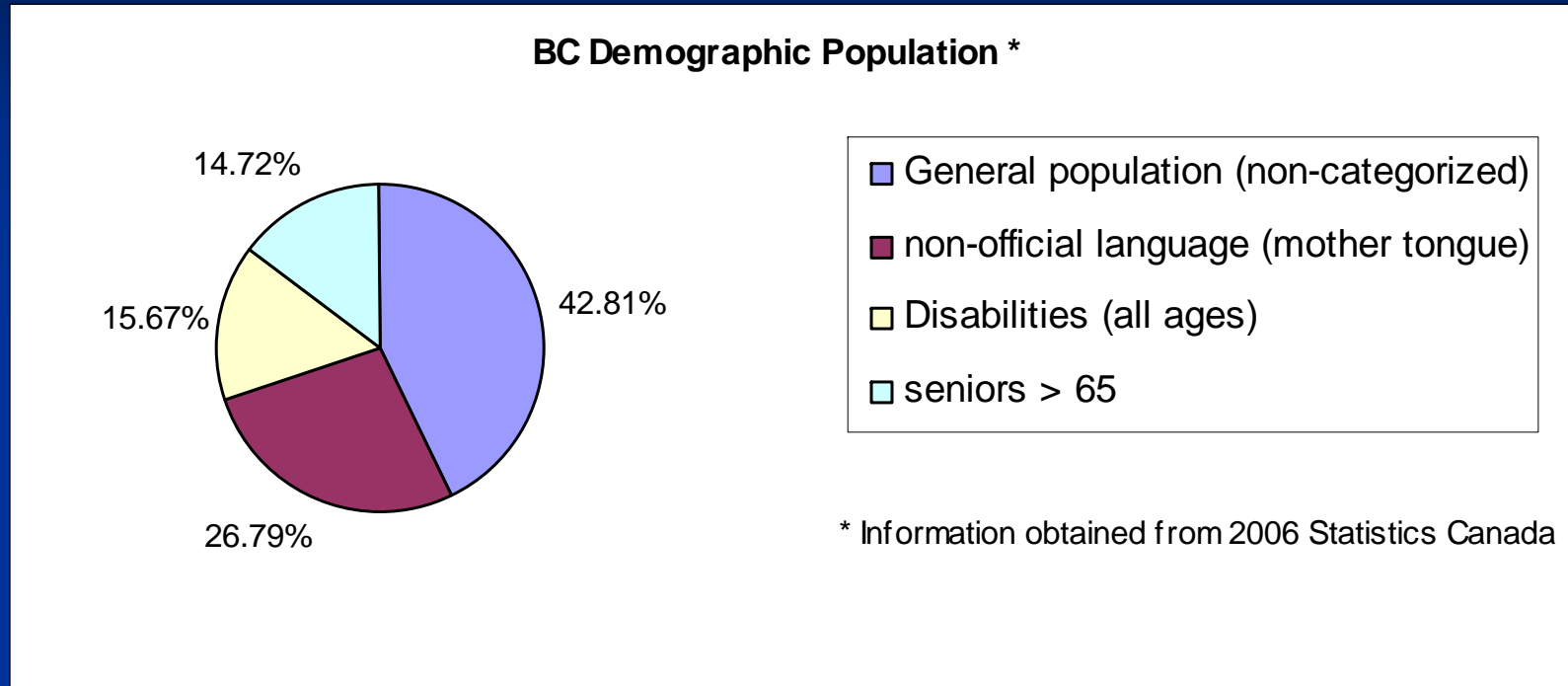
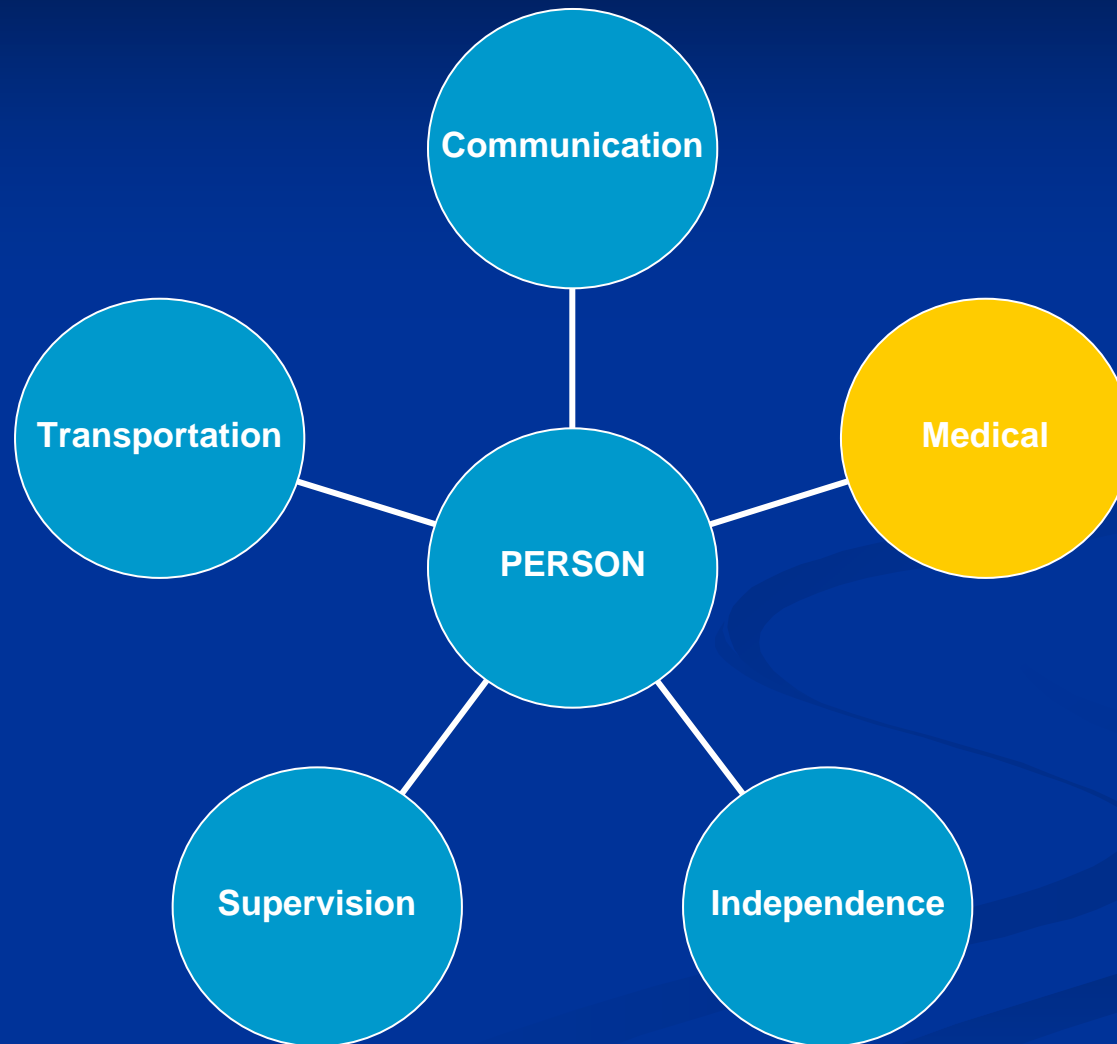
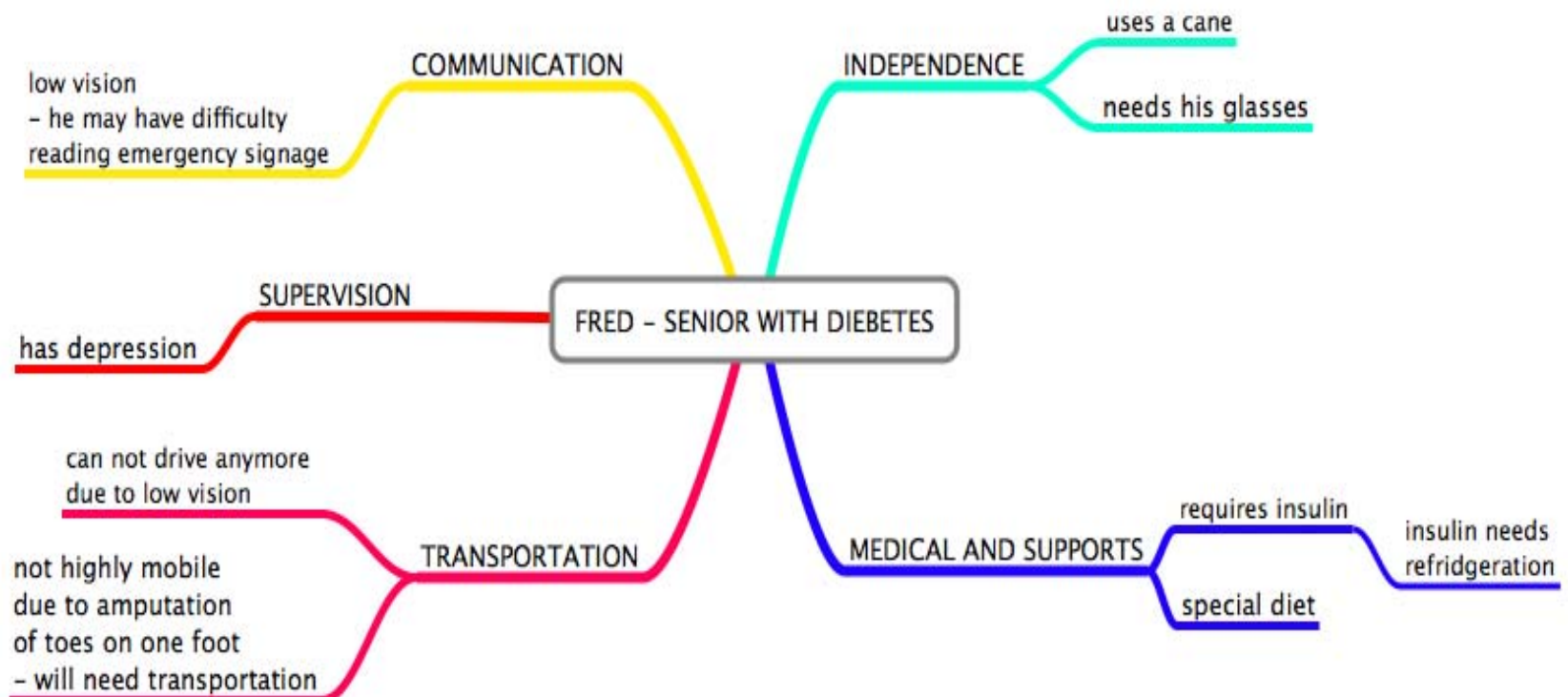


Figure 1 demonstrates the portion of these groups as they relate to the overall population of British Columbia (>4,000,000).

Functional Needs Framework



FUNCTIONAL NEEDS



Pandemics



Pandemics in the last Century

- 1918-19: “Spanish Flu” – H1N1
- 1957-58: “Asian Flu” – H2N2
- 1968-69: “Hong Kong Flu” – H3N2
- 1977: “Russian Flu” – H1N1
- 2009: “Swine Flu” – H1N1



Ministry of Housing and Social Development

To strengthen pandemic planning for this at-risk group, identify gaps and develop mitigation strategies


Actions:

- Pandemic planning support for Non-Government Organizations
- Communication strategies and materials
- A housing (shelter and marginal) coordination plan
- Work with Health Authorities and other organizations to ensure this group is prioritized



MHSD Initiatives/Partners

Service Continuity Planning Guide
for
Community-Based Organizations



COMMUNITY COUNCIL

November 2009

www.communitycouncil.ca/new.html



Health advice you can trust 24/7
Now as easy as 8-1-1





http://www.healthlinkbc.ca/health_alerts.asp

Healthy Living
Environmental Management
Jobs and the Economy
Family Services

H1N1 FLU VIRUS Information


H1N1 Information for Vulnerable Citizens

<http://www.gov.bc.ca/h1n1/vulnerable/>

Protect Yourself ...and others from influenza

Stop the spread of viruses that make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze.
Throw tissues away immediately.
No tissue? Cough or sneeze into your upper sleeve, not your hands.
Wash your hands often with soap and water or an alcohol-based hand sanitizer.
Stay home if you are sick.


BRITISH COLUMBIA Pandemic Influenza Preparedness

For more information, visit www.gov.bc.ca/h1n1

Handwashing with Soap and Water

Protect Yourself and others from influenza

Viruses can live on hard surfaces for up to 2 days, and on hands for up to 5 minutes.
Wash your hands often to keep yourself and others healthy.



- 1 Remove jewelry:** Wet hands with water; add soap to palms and rub hands together to create lather.
- 2 Thoroughly cover all surfaces of your hands and fingers with lather and work fingertips into palms; to clean under nails.**
- 3 Rinse hands well under running water.**
- 4 Dry with a single-use towel and then use towel to turn off the tap.**

Hands should be washed for a minimum of 10-20 seconds.
To help children wash long enough, say the ABC's or sing "Twinkle, Twinkle Little Star."

BRITISH COLUMBIA Pandemic Influenza Preparedness

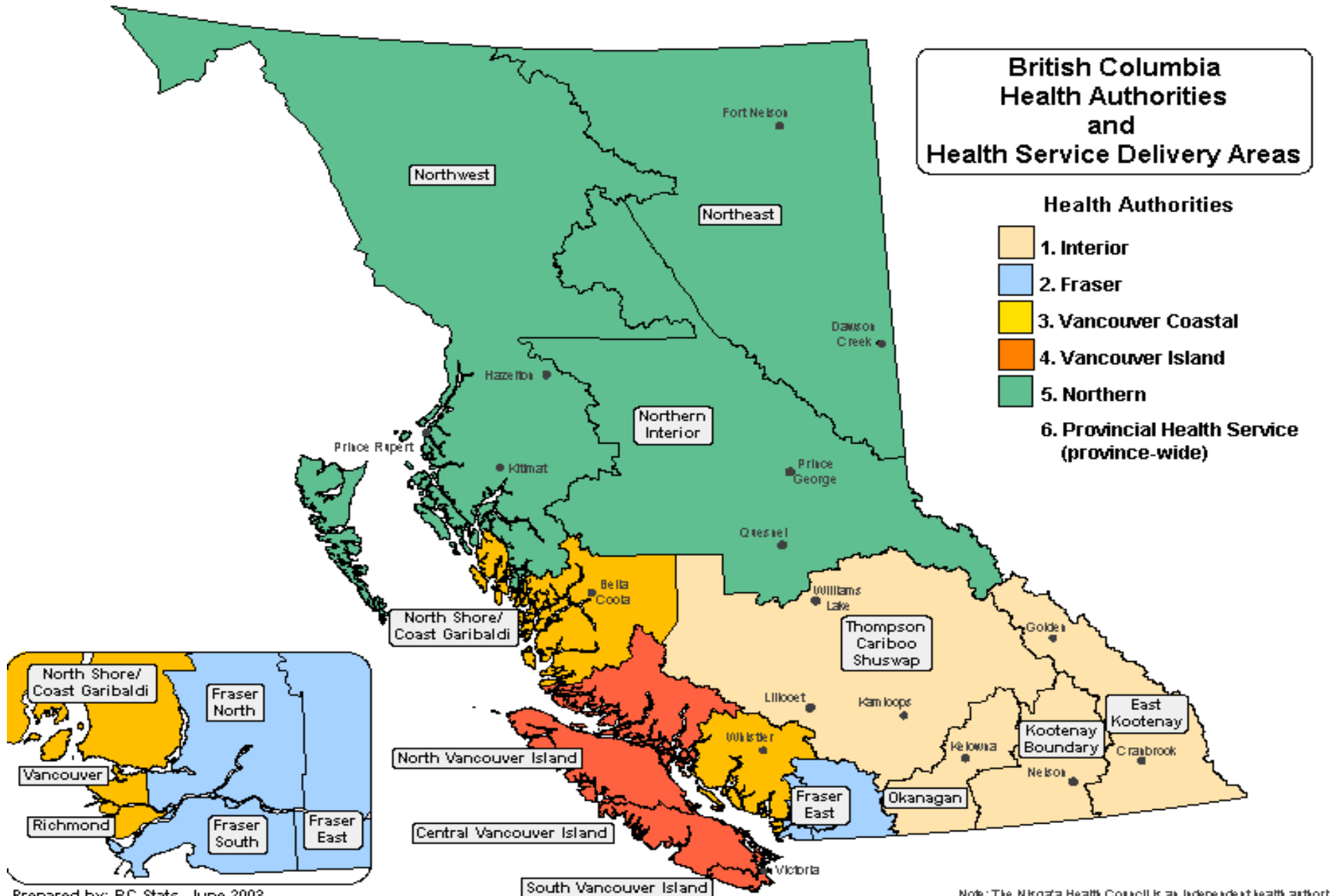
For more information, visit www.gov.bc.ca/h1n1

Posters available in Chinese, French, Farsi, Punjabi, Spanish, Vietnamese

Lessons Learned

- Diverse population groups in BC
- Utilizing a functional needs approach requires the engagement of our health care system
- Medical needs and requirements are often complex and might not specifically be a healthcare function
- During a public health emergency, community links need to be established to reach and provide services to diverse population groups
- As first receivers, health and ESS have many similarities and challenges
- Communications gaps

Healthcare in BC



Types of Regional Health Services

- Acute Health
- Community Health
- Public Health
- Environmental health
- Mental Health
- Specialized Health

Reception Centre

It is now 24 hours after the earthquake struck. There have been three mild aftershocks resulting in no further significant damage.

Reception Centres have been operational now for 12 hours with minimal staffing levels. At each centre long lines have formed with anxious and upset individuals seeking assistance. Reception Centre staff, many of whom have been working for over eight hours are struggling to keep up with the demand.

Brainstorming Ideas

- Based on your knowledge of ESS what type of issues might arise that have health or healthcare implications. *(ie., Due to a fire a displaced individual will require replenishment of their medications)*
- If possible, identify other alternate service providers that might be able to augment the healthcare system in an ESS event *(ie., St. John can help with first aid, Red Cross has a loan program for crutches etc)*

FEEDBACK



- Healthcare issues
- Potential service providers
- Any identified gaps
- Initiatives and/or solutions for identified gaps

ESS-HEALTH CHARTER



Purpose

To explore gaps between Health Services and Emergency Social Services (ESS) and to produce deliverables that will ensure a sustainable and integrated response.



ESS-HEALTH MEMBERS

Laurie Bean	ESS Coordinator – North Shore
Rita Bergsma	ESS volunteer; MST captain for southwest region; practicing RN
May Foggo	St. John Ambulance – Director of Community Services and Human Resources
Jennifer Foss	ESS volunteer
Bryan Larrabee	VCHA - EM Planner; past ESSD – City of Vancouver
Jackie Kloosterboer	ESSD – City of Vancouver
Susanne Mackinnon	PHSA – EM Planner; Provincial MST member; DAT team member; NEPP
Emily Nixon	Ministry of Health Services - Manager of Social Policy and Programs
Sally Pollock	ESSD - Lion's Bay; retired ESS JI instructor ; RN
Heleen Sandvik	Provincial lead, Disaster Psychosocial Program (DPS); ESS volunteer; MST member
Dave Scott	BC PEP Provincial ESS Specialist
Ginger Sherlock	EPC for City of Langley
Danny Smutylo	VCHA – EM planner
Terri-Lou Woods	FHA EM Planner; ESS and SAR Volunteer - City of Abbotsford

Project Process



- Review current provincial capacity
- Obtain input from various groups
- Evaluate objective based on the following criteria:
 - In and out of scope
 - Links and dependencies
 - Barriers and constraints
- Obtain baseline Measurement utilizing developed tool

ESS-Health Exercise



EXERCISE OUTLINE

Participants: ESSD's and volunteers; municipal emergency planners; health emergency planners

Part 1:

Groups divided into Pods

Scenario provided (24 hrs post earthquake)

Groups asked to talk about top 5 priorities

Part 2 – Plenary – Polling questions

POD PRIORITIES

Health:

- Communications and coordination
- Critical infrastructure (water, electrical power)
- Status of supplies and equipment
- Public information regarding services and access
- Acute care – activation of mass casualty plans

Emergency Social Services:

- Communications/information management
- Ability to triage individuals in reception centres (including vulnerable populations, first aid requirements, accommodation of pets, etc)
- Determining linkage to health (ie., via municipal EOC)
- Logistical requirements (water, food, wheelchairs etc)
- Volunteer management

EXERCISE IN PROGRESS

POLLING QUESTIONS



REVIEW

- Wrap up
- Next steps

