



PANDEMIC RESPONSE PLAN

Squamish-Lillooet Regional District

Abstract

This is the Pandemic Response Plan for the Squamish-Lillooet Regional District (SLRD). It is a hazard specific plan under the overarching SLRD All-Hazards Plan and provides pandemic-specific checklists, guides and an organizational framework for supporting those who live and work in the SLRD during emergency response. The All-Hazards Plan, in turn, is a component of the SLRD Comprehensive Emergency Management Plan.

SLRD Emergency Program

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Executive Summary

This is the Pandemic Response Plan for the Squamish-Lillooet Regional District (SLRD). It is a component of the SLRD's All-Hazards Plan (AHP), which itself is a component of the SLRD's Comprehensive Emergency Management Plan (CEMP). This plan provides pandemic-specific guidance for the SLRD's Emergency Operations Centre (EOC) when it is activated.

The Emergency Program Act provides the legislative framework for emergency management in British Columbia. The development and use of this Pandemic Response Plan is further mandated by the British Columbia Local Authority Emergency Management Regulation whereby:

- 2(2): *Each municipal council and each board of a regional district that qualifies as a local authority under section 2 (1) of the Act must reflect in its local emergency plan, unless it is documented elsewhere,*
- (a) the commitment of the local authority to provide policy guidance and direction to the emergency management organization established by that local authority under section 6 of the Act, and*
- (b) the procedures by which that guidance and direction is to be provided.*

A pandemic is the rapid spread of an infectious disease across an extremely large region, typically involving multiple continents across the globe. For the SLRD's emergency planning purposes, the guidance found in this document is also applicable to epidemics that affect smaller regions and infectious disease outbreaks that, while not as widespread, would still nonetheless pose a public safety hazard to the population of the SLRD, elected officials and staff.

The main role of the SLRD in pandemic response is to implement the advice and recommended risk reduction measures of public health officials and agencies and support their approach to pandemic response in order to safeguard the health and safety of:

- the communities of the SLRD
- SLRD staff, and
- members of the public engaging with the SLRD, including through front counter service, public participation and engagement processes.

This may involve:

- The amplification of public health messages through SLRD communications channels.
- Working with community service organizations to support their work with vulnerable populations, including food banks, mental health services and services to get essential supplies to those shielding or in mandatory quarantine.
- Closing or restricting access to SLRD administration office, parks, trails or public facilities in accordance with public health guidance.
- Assisting communities to reduce their risk of transmission, especially vulnerable populations,
- Conducting public meetings and engagement by electronic or other physically distanced measures, and
- Implementing staff safety measures to reduce the risk of transmission.

While pandemics do not directly result in the widespread structural damage that can be caused by hazards such as interface fire, flood, or earthquake events, the social, mental health and economic impacts can be devastating, disrupt every aspect of daily life and place severe strain on the medical system. Infectious disease may cause direct harm to people in the SLRD, may stress the health care system such that it has less capacity to respond to other



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emergencies, and may require response measures that can negatively impact mental health through social isolation or economic hardship. Businesses in the SLRD, including restaurants, personal services, special events, film production and tourism related businesses, may be constrained or closed down by public health orders designed to limit the spread of infectious disease, resulting in negative economic and employment impacts.

The complex, widespread and nuanced impacts of infectious disease are difficult to predict beforehand, and as such this Pandemic Response Plan is designed to be flexible and scalable to respond to the specific circumstances of an outbreak. Provisions for ensuring continuity of government and ongoing delivery of SLRD services essential to life, health and basic societal functioning are within the scope of the SLRD Business Continuity Plan.

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1. Overview

This pandemic response plan (the Plan) is for public health events that are pandemic in nature and where the principle issue is human health, and reducing any consequential impact on essential services provided by the SLRD as a local government.

Biological agents are the cause of pandemic events and include bacteria, viruses, fungi, other microorganisms and their associated toxins. They have the ability to adversely affect human health in a variety of ways, ranging from mild, allergic reactions to serious medical conditions and death. These organisms are widespread in nature; they are found in water, soil, plants, and animals.

Pandemics can be naturally occurring disease outbreaks that occur at local, provincial, national and international levels.

Pandemics can be the result of:

- Accidental exposure to pathogens (disease causing agents) in the context of biomedical diagnostics and research;
- Significant shortages of drugs and biologics; or
- Intentional use of pathogens or biotoxins (poisonous substances produced by a living organism) against humans, plants, or animals for harmful purposes.

It is recognized that pandemics that are intentional in nature (e.g. bioterrorism) will require a law enforcement/security response in addition to a public health response. While a response for intentional pandemics may not significantly differ from those described in this plan, the linkages to the law enforcement/security response are not within scope of this plan.

2. Scope

This plan is connected to, but is not a replacement for, the SLRD Business Continuity Plan (BCP).

The scope of this Plan is limited to the activities of the SLRD, which are outside of the health system, and describes the ways in which the SLRD coordinates and interacts with the public health authorities, the provincial, and the federal governments to support public health.

The medical response for pandemics will be managed by those agencies responsible for disease control and public health, applying provisions of the Public Health Act as applicable.

The SLRD will support the Vancouver Coastal Health Authority and the Interior Health Authority and any other agency or related stakeholders as requested/directed during a pandemic response in accordance with the Public Health Act.

The Pandemic Hazard Plan for the SLRD is scalable and flexible. The severity of the pandemic, the requirements for coordination and communications, and the existence of unique policy issues, will determine the degree of engagement and the extent of activities required by the SLRD.

3. Plan Activation

Under the Emergency Program Management Regulation (1994), the Ministry of Health is the lead ministry for human disease events, including pandemic. The activation of this Plan will be determined through consultation with, and recommendation from, the Ministry of Health (MOH), including through the Provincial Health Officer, the Vancouver Coastal Health Authority (VCH), the Interior Health Authority (IH), and Emergency Management BC (EMBC). Pandemics are considered an “emergency” within the meaning of both the Public Health Act and the Emergency Program Act. A recognized medical authority must declare that an emergency exists for the Emergency Program Act to apply, and a State of Provincial Emergency may be declared. As a result, task numbers for local and First Nations governments will be available for eligible emergency response costs, as determined by EMBC and within the meaning of the Emergency Program Act and the Compensation and Disaster Financial Assistance Regulation.

3.1. Standing up the Advanced Planning Unit

Prior to any pandemic being declared, the situation may require an activation of the Advance Planning Unit to coordinate preliminary planning and preparation for future impacts to the SLRD.

Potential triggers for standing up the Advance Planning Unit may include:

- Warnings issued by health officers of VCH, IH, the provincial or federal government.
- Credible indications of a potential pandemic affecting the SLRD due to existing conditions of widespread illness elsewhere in the world.

3.2. Standing up the Emergency Operations Centre (EOC)

If/when the World Health Organization designates a pandemic, or in response to imminent impacts to the community, the SLRD will activate the EOC to the level required, consistent with the SLRD All-Hazards Plan. The EOC will respond to the pandemic as described in this Plan.

4. SLRD Pandemic Response Objectives

- Maintain essential local government delivered services in the SLRD in accordance with the BCP;
- Set priorities for maintaining public safety, including the closure of parks or other SLRD-operated public spaces, as required;
- Liaise with EMBC Southwest Provincial Regional Emergency Operations Centre (SWE PREOC), health authorities and other coordinating agencies for situational awareness;
- Implement all measures recommended or ordered by the Federal and Provincial Health Officers to reduce the risk of workplace disease exposure or transmission to staff, in accordance with the BCP;
- Work collaboratively with VCH, IH to promote the consistent application and communication of guidance from the PHO, including amplifying the messages of medical health officers through public health campaigns;
- Host (virtual, if reasonable) public education and planning sessions with key stakeholders in the community in conjunction with the applicable Health Authority; and
- Seek ways in which the SLRD can recover from pandemic impacts where possible, and adapt to social and economic changes where adaptation is more feasible.

5. SLRD EOC Key Tasks

The objective of the EOC in a pandemic response is to undertake activities consistent with the BC Emergency Management System, or BCEMS. These tasks may be carried out to mitigate public health, economic, societal or other impacts to SLRD communities. Please refer to the SLRD BCP for tasks related to promoting continued delivery of SLRD essential services.

5.1. EOC Director

- Maintain a general situational awareness of other hazard events that may impact the SLRD concurrent with the pandemic, in conjunction with the SWE PREOC Advance Planning Unit (APU).
- Keep the SLRD Policy Group informed of pandemic specific impacts to SLRD communities and businesses, as well as response measures undertaken by the public health system, EMBC, other responding government agencies and non-governmental organizations.
- Ensure that all required continuity measures are implemented in accordance with the BCP.
- Ensure that the SLRD EOC is adequately staffed to meet response needs, with a particular focus on the potential for staff illness to impact EOC staffing in the context of pandemic. Higher staff numbers than usual, or contractor support may be required to ensure continuity.
- Determine if a virtual EOC (all staff remote) or composite (some staff in a physical EOC and some remote) EOC provides the most appropriate model for organizing pandemic response, and utilize components of the BCP to activate a virtual or composite EOC if required.

5.2. Liaison Officer

- Maintain a general situational awareness of other hazard events that may impact the SLRD concurrent with the pandemic and update the EOC Director.
- Maintain open communications and information sharing with the SWE PREOC, relevant Health Authorities, SLRD member municipalities, and other organizations as required.
- Review the SLRD Pandemic Response Plan, BCPP, and All-Hazards Plan to ensure that plans will meet the needs of response objectives.
- Maintain awareness of the most current EMBC eligible response costs as they may evolve to meet pandemic response requirements.

5.3. Information Officer

- Amplify the effect of public health orders and guidance by sharing relevant messages on the SLRD website, social media and through messaging from the SLRD Board Chair.
- Develop an organizational and public communication plan to meet the needs arising from the specific pandemic emergency.
- Assist elected officials in developing and delivering their key messages to SLRD constituents.
- Monitor media channels for items relevant to the SLRD, including press briefings delivered by public health officials.
- Coordinate with Information Officers from partner municipalities and First Nations to deliver joint or mutually-supporting pandemic messaging, such as travel advisories for potential visitors, in order to deliver consistent and unified messages from all local authorities that occupy our shared geographical region.

- Develop scenario messaging that may be required for contingency events such as other disasters like interface fires or floods that may occur simultaneously with the pandemic.
- Identify additional staffing requirements to meet the communications needs of pandemic response.

5.4. Risk Management Officer

- Maintain an SLRD Risk Registry that captures and integrates all known organizational risks as they pertain to the pandemic, pandemic response measures, business continuity measures, or emergency response measures to other risk events that may be occurring concurrent with the pandemic.
- Consider pandemic-specific risks as they pertain to the PEARL Framework:
 - People
 - Environment
 - Assets
 - Reputation
 - Liabilities
- Assess SLRD pandemic response actions as they pertain to best practices recommended by the Municipal Insurance Association of British Columbia (MIABC).
- Have oversight of SLRD response measures to ensure that the SLRD is acting in accordance with various Ministerial Orders, bylaws, or policies that may be issued by other government agencies in response to the pandemic.

5.5. Operations Section

- Develop and deploy signage indicating closure of SLRD parks or facilities, as required.
- Be prepared to conduct situation-specific response tasks designed to minimize the pandemic's impact on SLRD constituents physical, mental, and economic well-being.
- Be prepared to develop and coordinate community support structures that may be required in the event of a quarantine, including systems for the distribution of food and goods for people unable to leave their homes.
- Develop and implement policy and procedure to enable the continuity of essential SLRD local government services such as water, wastewater and solid waste management.

5.6. Planning Section

- Research and develop response tasks for the SLRD EOC that address the specific pandemic requirements at hand. Consider issues of:
 - **Food security for SLRD communities.** Travel restrictions or quarantine orders may prevent community members, especially those with elevated health risk factors, from being able to acquire essential grocery and prescription needs by their regular means.
 - **Mental health of SLRD communities.** Public health agencies may encourage or order physical distancing measures to reduce a pandemic infection rate, which can lead to feelings of social isolation, alongside the overall stress of living with the risks associated with pandemic.
 - **Economic impacts due to the pandemic.** SLRD businesses that rely on tourism may see fewer patrons during a pandemic. Restaurants and service industry businesses may have to reduce capacity or close temporarily. Further, the global

economic system is likely to experience negative shocks that will have ripple effects in local economies.

- **Potential demographic shifts among the SLRD constituency due to the pandemic.** As people and businesses adapt to pandemic conditions, it is possible that the SLRD could see certain types of workers migrate into or out of communities. Visiting seasonal workers in the tourism industry may return home, and employees who are able to work remotely may move from urban centres and into SLRD communities for perceived improvements in health and lifestyle values.
- Research and develop long term pandemic adaptation and recovery measures that can be implemented by the SLRD for the benefit of its communities.

5.7. Logistics Section

- Manage the flow of Expenditure Authorization Forms (EAF) to the SW PREOC, following up and seeking clarification about eligible expenses, as required, and remain current with EMBC's policy on eligible response costs covered by EAFs.
- Support the activation of the SLRD's BCP, as required.
- Facilitate the efficient operation of the SLRD EOC through the supply of all necessary equipment and supplies.
- Deploy emergency cleaning supplies and PPE to SLRD facilities, including volunteer fire departments, as required.

5.8. Finance Section

- Stay current with the EMBC eligible response costs covered under task number for reimbursement, as they evolve to meet specific pandemic response requirements.
- Provide analysis and recommendations to the EOC Director and the Chief Administrative Officer about financial impacts of the pandemic to the organization and delivery of services, including expenses that are included and excluded for financial reimbursement by the BC Government through EMBC or provincial ministries.

6. Emergency Response Planning Considerations

Pandemics are unique from other hazard events in various ways including:

- The event is not isolated and will stretch across regional, provincial and international borders at the same time, straining internal staff capacity and resources, and the capacity for external support through additional human resources and the supply of goods and services.
- Nearly simultaneous impacts across jurisdictions could reduce the effectiveness of existing mutual aid or service agreements between governments, agencies and corporations as spare capacity becomes scarce.
- Supply chain disruptions could occur for a number of reasons, including restrictions on transportation or a reduced production of goods due to pandemic impacts on suppliers or workforce.
- Contract services may be impacted and can delay or stop work on community projects and/or construction. This can occur as a result of pandemic impacts to contract workforce, supply chain disruptions, restrictions on travel or transportation, or other issues.
- Uncertain timing and impacts of pandemics require flexibility in order to address emergency needs as determined by the event. Modelling of the spread of transmission by health authorities assists with EOC scenario planning to mitigate this uncertainty and facilitate the required flexible response.

- A pandemic is typically a longer-term event which may have multiple peaks (also called waves). As a result, operational requirements and considerations are different from events with a shorter duration.
- Unlike other hazards, which are communicated from the site level incident command to the SLRD and then provincial level, pandemics are communicated from the international and national level to the provincial and local levels via health authorities.
- For influenza pandemics, vaccine development will begin as soon as the vaccine seed strain is developed and delivered to the manufacturer. It may take several months to produce a vaccine. For novel pandemics, development of a new vaccine may take years.

7. Potential Activities for Pandemic Response

The following list outlines some of the activities, challenges, and consequences that the SLRD may need to manage at the EOC, organizational, or community levels because of a pandemic:

7.1. EOC Level Activities and Challenges in Pandemic Response

- Consistent and ongoing information for the public will be required regarding the level of risk, preventative measures, and how the SLRD will continue to deliver essential services and to detail any services disruptions. Additional communication efforts may be required to establish and maintain public trust in the SLRD, the public health system, and other important sources of information.

7.2. SLRD Organizational Level Activities and Challenges in Pandemic Response

- The maintenance of regular SLRD services (and at all levels of government) may be interrupted or reduced due to staff shortages. The SLRD may need to develop modified business practices in order to maintain critical services. These modified practices may include remote working for staff, which can impact productivity, or staff layoffs which can present challenges when re-hire is required to fill those positions again at a future date.
- New or amended policies and bylaws may need to be developed in order to facilitate the response to a pandemic and to address key issues.
- If school and daycare closures are recommended by the Provincial Health Officer (PHO) or Medical health Officer (MHO), it may impact SLRD staff availability if they are required to provide care for their children during working hours.

7.3. SLRD Community Level Activities and Challenges in Pandemic Response

- An extended public health emergency will likely result in an increased demand for psychosocial support services.
- If school and daycare closures are recommended by the PHO or MHO, it will result in increased demands on parents and the need for guidance to school boards and independent schools regarding levels of risk and appropriate public health measures.
- A pandemic may impact the SLRD's multi-modal transportation network, including both government and industry provided transportation services. These impacts may include a reduction of public transit services, including bus lines within the SLRD and BC Ferries in adjacent regional districts due to decreased ridership or concerns for staff safety. It can also impact protocols employed at rail and air terminals, or require road closures to enforce quarantine orders.

- The health structure may require extraordinary measures of support in order to maintain required levels of service and coordinate the public health response, including deployment of the Canadian Armed Forces or a voluntary recall of retired health practitioners.

8. Possible Impacts to Local Economy

Pandemics may impact the economy over the short and long-term and in a variety of ways, such as:

- Decreased production levels due to illness of workers;
- Temporary loss of jobs and business closures (particularly small to mid-size enterprises) due to loss of revenue in the service industry and tourism;
- Reduction or restrictions on public gatherings intended to limit the spread of infectious disease among closely gathered people;
- Potential impact to supply chains due to impeded transportation, reduced availability of workforce, or loss of international suppliers also affected by a global pandemic;
- A negative impact to the agricultural sector due to plant or animal disease, loss of temporary foreign workers due to travel restrictions, or loss of access to markets in the event that other jurisdictions take precautionary measures by restricting imports;
- Adverse ripple effects in the world-wide investment community leading to local impacts, including the potential for lower pension fund income for retirees and widespread economic recession; and
- Decreased activity within the hospitality and tourism industry due to travel restrictions and public health orders.

Please note the preceding consequences include extreme scenarios and the extent of these impacts and countermeasures will be determined by the characteristics of the disease. Not all pandemics will overtax the health, economic and/or social support systems and local government response may not proceed beyond the advance planning stage.

9. Cross-Government Roles and Responsibilities

Response to pandemics differs from other emergency responses as it consists of a top-down approach, where the SLRD takes direction and guidance from provincial agencies including EMBC, and the health authorities, the Province takes direction and guidance from federal level agencies, and the Government of Canada considers guidance and direction from international agencies, specifically the WHO. The following list outlines some of the roles and responsibilities of the different levels of government in response to pandemics.

9.1. Federal Government

- Facilitates coordination of the overall federal, provincial, territorial (F/P/T) response;
- Supports development of technical guidance, technical and policy recommendations, protocols, and other products that may be required to facilitate a consistent F/P/T response;
- Acts as the national focal point for the WHO on all pandemic matters and manage all international aspects of the response to a public health event caused by a biological agent (e.g., technical discussions, aid requests);
- Sees that risk assessments are prepared and communicated, as required;
- Facilitates access to surge capacity (from federal programs, if needed) with regards to employees and resources (including mobilizing medical supplies in the National Emergency Strategic Stockpile), to support P/T responses as required;

- Facilitates the acquisition of extra medical supplies through Procurement Services and Purchasing Canada and other federal agencies as appropriate;
- Provides travel health notices and other health-related information relevant to international travel;
- Exercises powers under the Quarantine Act to protect public health by taking comprehensive measures to help prevent the introduction and spread of communicable diseases in Canada. Such measures may include, but are not limited to, the screening, examining and detaining of arriving and departing international travelers, conveyances (e.g., airplanes and cruise ships) and their goods and cargo;
- Provides regulatory authorization to market medical countermeasures (i.e., medications and vaccines);
- Acts as the focal point for vaccine manufacturers and international regulatory collaboration;
- Provides regulatory authorization to conduct clinical trials;
- Negotiates with manufacturers and establishing contracts for the F/P/T purchase of medical countermeasures and/or medical equipment (e.g., ventilators);
- Conducts national monitoring of adverse reactions to medications and vaccines;
- Provides medications and/or vaccines to federal populations not covered by arrangements for P/T provision; and
- Provides health services, medications, supplies and equipment for specified federal populations/employees who normally access federally operated health care services.

9.2. Provincial Government through Ministry of Health

- Activates the Health Emergency Coordination Centre (HECC);
- Directs the response activities of health sector partners;
- Provides health services, including acute care, home care, long term care, community care, public health and ambulance services;
- Contributes to the development, review and approval of technical guidance, technical and policy recommendations, protocols, and other products that may be required to facilitate a consistent F/P/T response;
- Provides public health messaging and guidance;
- In coordination with the BC Centre for Disease Control, conducts surveillance and reporting data to the federal level as required under the International Health Regulations and as agreed upon for the duration of the public health event response;
- Provides medications and/or vaccines to recommended populations;
- Shares information regarding distribution and use of medications and vaccines, as may be developed and available, in their respective jurisdictions;
- Monitors and reports adverse vaccine reactions;
- Develops plans to increase surge capacity;
- Develops and maintains memoranda of understanding and protocols, as needed, to facilitate interprovincial/territorial movement of patients and licensed health care professionals during a response and other aspects of mutual aid;
- Develops, as necessary, a strategy for collecting and monitoring data on health care service use;
- Assists the health authorities in emergency procurement and delivery of medical supplies, equipment and pharmaceuticals; and
- Works collaboratively to establish protocols and guidelines for prioritizing health care services during times of high service demand and staff or supply shortages in their respective jurisdictions.

9.3. BC Centre for Disease Control (BCCDC)

- Provides technical scientific support to the PHO, Medical Health Officers and regional health authorities;
- Implements an enhanced public health surveillance system to monitor pandemic activity, when appropriate;
- Bears responsibility for providing guidelines for the distribution and use of vaccines (if available) in BC and the equitable distribution and use of anti-viral medications (if available);
- Collects and shares updated information on vaccine coverage, and the overall number of cases and deaths related to the pandemic;
- Works with the PHO and MOH to evaluate the use and effectiveness of vaccines and antiviral medications in reducing the number of severe cases and death; and
- Develops guidelines to minimize the spread of a pandemic in the community including guidelines on detection and management of cases and contacts of the biologic agent, community measures such as social distancing and public health rapid response research and investigation.

9.4. Provincial Government through Emergency Management BC

- Facilitates cross government coordination, communications and business continuity;
- Activates the Provincial Emergency Coordination Centre (PECC) or Provincial Regional Emergency Operation Centres (PREOC) as required;
- Assists with the distribution of health-related messaging that is developed by PHO and MOH;
- Coordinates with emergency management stakeholders;
- Facilitates information sharing between local authorities, First Nations, health authorities and key stakeholders;
- Hosts coordination calls to inform external stakeholders of the pandemic and anticipated impacts; and
- Supports local authorities by sharing information and advising on policy questions and decisions.

9.5. Other Provincial Agencies

- Ministry of Children and Family Development (MCFD): ensures children in care have the services and supports they need to stay healthy.
- Ministry of Social Development and Poverty Reduction (SDPR): provides financial, housing and other supports for vulnerable SDPR clients, or for those eligible for assistance; provides a network of trained staff and facilities to assist across the Province, under the direction of EMBC; provides information and analysis regarding the status of at-risk populations; implements operational plans to ensure the Province's most vulnerable populations have access to financial and other critical resources.
- Ministry of Education (EDU): priority to minimize disruption of services while ensuring students' and staff safety; assist with the distribution of health-related messaging developed by the PHO and MOH.
- Ministry of Advanced Education, Skills and Training (AEST): disseminates relevant information to BC Post-Secondary Institutions (PSI); requests regular updates from the PSIs on impacts to students, staff, and services; provides support to meet the immediate needs of students during the emergency; advises institutions and students that StudentAid BC has policies in place covering the interruption of studies due to cancellation of classes/and or institution closures.
- Ministry of Indigenous Relations and Reconciliation (MIRR): works with MOH and EMBC to develop protocols with their Key First Nations Partners about information transmission to

- Indigenous Peoples; works with Canada/First Nations organizations to address any service or funding gaps that fall outside existing agreements.
- Ministry of Transportation and Infrastructure (MOTI): provides analysis for the movement of people and goods via highways, ports, airports, railroads, public transit and ferries; prepares operational plans for the implementation of transportation strategies within BC.
 - Ministry of Agriculture (MOA): provides advice on the protection and health of livestock and poultry; provides agriculture related information to local governments and First Nations as required; advises on the management of flocks/herds affected by pandemic; provides laboratory services for the surveillance and diagnosis of zoonotic diseases that could spread to or from livestock and poultry; communicates to agricultural producers and stakeholders through agriculture industry associations.
 - Ministry of Tourism, Arts and Culture (TAC): coordinates the needs of travellers moving within the province on cruise ships, public transportation (buses and ferries), planes, train border crossings, etc.; ensures tourists and tourism businesses are informed and aware of situation through communications that are consistent with the PHO.
 - Ministry of Labour (LBR) through WorkSafeBC: continues its work to promote workplace health and safety for BC workers and employers, develops and enforces the Occupational Health & Safety Regulation, and administers the workers' compensation program.
 - Ministry of Jobs, Economic Development and Competitiveness (JEDC): advises on the viability and risks associated with inward and outward-bound trade missions, and on policy shifts for international trade; supports the small business sector in adapting to pandemic related impacts (and eventual recovery) working closely with LBR and TAC.
 - Ministry of Municipal Affairs and Housing (MAH): provides pandemic planning information to services providers of emergency shelters, supportive housing, homeless outreach, and other BC Housing-funded programs, if required.

9.6. Regional Health Authorities

- Plans the health system response to a pandemic within their region with direction from both the PHO/MOH including:
 - Prioritized delivery of health services;
 - Protocols for vaccine and anti-viral use and inventories of stockpile supplies;
 - Plans for mass vaccination delivery;
 - Identification of alternative care locations and resources;
 - Protocols for continued delivery of acute and residential care services;
 - Risk communication strategies for internal and external stakeholders; and
 - Education plans for health care providers and the public;
- Liaises with local partners to facilitate coordinated response;
- Participates in disease and public health surveillance, including the reporting of exceptional disease incidents to the BCCDC and PHO;
- Activates a health authority EOC to:
 - Implement regional healthy authority pandemic response plan and support the continuity of services;
 - Implement public health and infection control measures to reduce the spread of disease;
 - Coordinate the dissemination of medication and supplies;
 - Coordinate immunization clinics once/if vaccines become available;
 - Implement the Pandemic Influenza Psychosocial Support Plan for Health Care Workers and Providers; and
 - Coordinate information sharing and public messaging with local governments;

- Medical Health Officers (MHO) in each health authority are responsible for directing the public health response, and have wide ranging authority under the [Public Health Act](#), including for:
 - Restricting and monitoring activating in their region that can potentially increase the spread of a pandemic, in consultation with the PHO; and
 - Directing the provision of care for those infected with a pandemic and order isolation and/or quarantine measures of individuals or groups.

9.7. First Nations Health Authority

- Supports communities in preparing for a pandemic by facilitating restaging and revision of community level plans as needed;
- Facilitates communities' response to a pandemic (e.g., support mass immunization clinics, provide training, guidance documents, etc.);
- Ensures health facilities have access to personal protective equipment (e.g. masks, gloves, gowns) during a pandemic; and
- Ensure that First Nations circumstances are reflected in overall pandemic planning at all levels of government.

10. Resources

ITEM	LINK
Emergency Management Planning Toolkit for Local Authorities and First Nations	https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/local-emergency-programs/local-emergency-planning
Federal/Provincial/Territorial Public Health Response Plan for Biological Events	https://www.canada.ca/en/public-health/services/emergency-preparedness/public-health-response-plan-biological-events.html
Public Health Act (BC)	http://www.bclaws.ca/civix/document/id/complete/statreg/08028_01
British Columbia Pandemic Provincial Coordination Plan	https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/provincial-emergency-planning/pandemic-provincial-coordination-plan.pdf
BC Centre for Disease Control	http://covid-19.bccdc.ca/
HealthLink BC	https://www.healthlinkbc.ca/
Office of the Provincial Health Officer	https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer
Provincial Health Services Agency	http://www.phsa.ca/
Interior Health Authority	https://www.interiorhealth.ca/Pages/default.aspx
Vancouver Coastal Health	http://www.vch.ca/



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SLRD Emergency Management Program

First Nations Health Authority	https://www.fnha.ca/
(USA) Federal Emergency Management Association Pandemic Influenza Template	https://www.fema.gov/media-library-data/1396880633531-35405f61d483668155492a7cccd1600b/Pandemic_Influenza_Template.pdf