PROVINCIAL STANDARDS & GUIDELINES

BCRenal
Provincial Health Services Authority

HEMBC
Health Emergency Management

Emergency Management Plan

Aug 2023

Developed by the BC Renal Emergency Management Committee in partnership with HEMBC

Provincial Health Services Authority · BC Children's Hospital · fraserhealth · Interior Health · island health · northern health · Providence Health Care · Vancouver CoastalHealth

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IMPORTANT INFORMATION
This BC Renal guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to www.bcrenal.ca for the most recent version.

For information about the use and referencing of BC Renal provincial guidelines/resources, refer to bcrenal.ca/health-info.

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Executive Summary

BC Renal (BCR) is a provincial clinical program within the Provincial Health Services Authority (PHSA) and the driving force behind the kidney network in British Columbia (BC). BCR's mandate is to plan and coordinate the care of patients with kidney disease throughout the province of BC, using the latest research and collective knowledge of the kidney care community. BCR addresses the challenge of kidney disease by:

- Planning and monitoring the delivery of province-wide kidney care services
- Co- develops province-wide clinical standards and guidelines
- Management of funding models to support the best health outcomes
- Measuring and reporting on patient and system outcomes
- Supporting knowledge development through research and teaching

BCR acts as a resource for all renal programs across regional Health Authorities where care provision occurs. Consensus guidelines for patient care, identification of key elements essential to evaluate patient outcomes, and the utilization of provincial contracts have all enabled BC Renal and the health authority renal programs to collaboratively support high quality care for kidney disease patients. A range of guidelines, tools and educational resources can be found on the BC Renal Website (http://www.bcrenal.ca/health-professionals).

In collaboration with BC's six regional Health Authority Renal Programs (HARPs), BC Renal funds and coordinates service delivery in 13 hospitals and 29 community dialysis units throughout the province.

Services provided by the health authorities include:

- Chronic kidney disease clinics (for patients who have kidney disease but do not require dialysis)
- Independent dialysis, including peritoneal dialysis (PD), self-care hemodialysis (home) and community or hospital-based dialysis units.

The provincial program networks include:

- 11 Home Hemodialysis Training Sites
- 12 Peritoneal Dialysis Clinics
- 13 Hospital Dialysis Units
- 14 CKD Clinics (for registered, non dialysis kidney patients)
- 29 Community Dialysis Units

More than 17,000 patients are registered on the provincial renal database, including almost 3,600 who require dialysis to stay alive. Furthermore, BCR operates a province-wide registry – Patient Records and Outcome Management Information System (PROMIS) for kidney and transplant patients. PROMIS provides real-time, accurate data to support various functions, including emergency management.

Introduction & Background

Scope

The scope of this document is to outline BC Renal Emergency Management planning and response processes including, governance, statutory and regulatory compliance, organizational response structures and resources within the organization. External response structures and their relationship to BC Renal will also be reviewed. Additional documentation to support this plan (e.g. PHSA Emergency Operations Centre Guide, Emergency Communications Handbook, Emergency Task

Group Activation Structure etc.) is available on the BC Renal Website (http://www.bcrenal.ca/health-professionals/professional-resources/emergency-preparedness), PHSA on Demand (POD) (https://pod.phsa.ca/workplace-resources/emerg/eoc/Pages/default.aspx), and the BC Renal SharePoint (https://healthbc.sharepoint.com/sites/BCRenalEmergencyManagement-TeamPHSA).

Objectives

The objectives of this document include:

- Identify the overall BC Renal emergency management planning and response processes.
- Establish an organizational reporting structure during planning and response
- Identify the process for notification after-hours.
- Identify emergency communication linkages between BC Renal, the Health Authorities, the Ministry of Health and other key partners.
- Identify the activation criteria for BC Renal Emergency Task Group (ETG).
- Provide an overview of the British Columbia Emergency Management System (BCEMS) and its application to BC Renal.
- Outline the process of communicating decisions, directions and information between BC Renal and external partners.
- Provide an overview of other key plans and planning tools which support and supplement this document.

Background

BC Renal has adopted an all hazards/common consequence approach to addressing emergency events both natural and manmade. This means both planning and response are focused on the consequences of an event rather than the cause. For example, planning around an earthquake is not focused on the ground shaking but rather the consequences such as, fire, flood, power failure, mass causalities that may result from that earthquake.

The fundamental concepts and principles outlined are consistent with the emergency management activities and measures undertaken throughout BC. This document supports current legal and policy frameworks, programs, activities, standards, and other measures that enable BCR to plan and respond effectively and efficiently. Based on evolving experience and research, this document is subject to regular review.

Intent

A key element of emergency management within BC Renal is to foster a culture of preparedness. This will enable the organization of key members to anticipate and manage significant disruptive events, emergencies and disasters in a manner that minimizes impact, reduces economic losses and maintains delivery of health services.

Emergency management includes tailoring best practices to the health care setting across British Columbia. Collaborative emergency management between BC Renal and the Health Authorities ensures an integrated and comprehensive approach across multiple regions. These practices are rigorous; evidence based and subject to continuous improvement. They meet, or exceed, the wide spectrum of legislation/regulations that influence health safety.

Health Emergency Management BC (HEMBC)

Emergency Management within BC Renal is the responsibility of Health Emergency Management BC (HEMBC); a program within PHSA. HEMBC provides leadership, expertise, education, tools, and support for the BC health system to effectively mitigate, prepare for, respond to, and recover from the impacts of emergency events. HEMBC's goal is to bring consistent and effective emergency management processes, plans and procedures to the BC health system.

HEMBC has three goals:

- Create a consistent, integrated, and innovative provincial approach to health emergency management
- Develop an integrated provincial framework for responding to major emergencies and catastrophic events
- Create effective emergency management program management, including governance, staff and partner engagement, performance management, and administration

In accomplishing these goals, HEMBC takes the role of an expert consultant/facilitator for Health Authorities. The client organization is responsible for ensuring emergency management meets human, operational and accreditation requirements, and that plans are implemented, exercised and improved. HEMBC makes recommendations and provides advice to health organizations, at all levels, that is consistent with best practice and enables consistent goals and objectives to be met across all health organizations, while ensuring that adaptations are made as necessary to meet local requirements.

HEMBC staff are assigned to (and work within) Health Authorities, working with staff and partners to ensure emergency management principles are utilized in developing emergency management plans. In this role, HEMBC staff are involved in resourcing, development and implementation of plans, and other initiatives to support bodies that govern emergency management within health organizations. In addition, HEMBC dedicates staff to the management of province-wide and multi-health authority issues through Provincial Operations and Coordination.

HEMBC supports health organizations during disaster and emergency events by deploying HEMBC staff to emergency operations centres where they consult and provide liaison linkages with other response organizations. These processes allow HEMBC to provide the necessary expertise, facilitation and support to guide organizations through an optimal response and recovery.

BC Renal Emergency Management Planning

An optimal emergency plan encompasses all organizational levels, units, and programs. The plan requires strategic and tactical approaches designed to enable and sustain ongoing planning and development of initiatives, resilience, and response capabilities. The following outlines the BCR approach. BCR is committed to providing a safe and secure environment. The BCR Emergency Management Plan complies with all applicable legislation, regulations, and will allow for the continuation of business and the return to normal functions as soon as possible after an emergency.

Philosophy

BCR recognizes the requirement for effective response to both internal and external situations that may impede the organizations ability to provide normal levels of service. BCR ensures the best possible health services will be provided during a business impairment, emergency, or disaster. This will accomplish by supporting the development, evaluation, and maintenance of an organization wide emergency management plan, a high level of readiness, and a coordinated response.

Strategic Approach

BCR has adopted an all hazard approach to its activities. This is consistent with jurisdictions across Canada. Emergencies and disasters result when a hazard interacts with a vulnerability to produce serious and adverse consequences that may, for an undetermined period of time, exceed the ability to cope.

Emergency management refers to a comprehensive risk management process comprising of: hazard/ risk analysis, mitigation, preparedness, response and recovery. Emergency management content is predicated on five strategic sectors of emergency management:

1. Hazard, Risk, and Vulnerability Analysis
2. Prevention and Mitigation
3. Preparedness
4. Crisis Response and Consequence Management
5. Recovery

Hazard, Risk, and Vulnerability Analysis

Fundamental to effective emergency management is the ability to identify threats and hazards, assess the risk and probability of occurrence, and to analyze the impact and consequences to the program.

Prevention and Mitigation

Prevention and mitigation activities are practices designed to avoid or minimize the impacts of a disaster. Reducing vulnerabilities can build organizational resiliency to disasters and result in saving lives, reducing injuries and protecting infrastructure in future disaster events as well as reducing financial impact. Identifying protective measures may be the most effective means of managing certain risks and reducing potential impacts of a disaster or disruptive event.

Preparedness

An essential activity of emergency management includes a focus on emergency preparedness. This consists of reviewing current emergency plans and ensuring staff awareness, education, and training is provided. Planning occurs at the corporate, site, program, and departmental levels. The organization has also adopted the Incident Command System principles inherent in the BC Emergency Management System.
Emergency Operations Centres may be established at the Health Authority Renal Program level, where each region has a designated EOC. The BC Renal Emergency Task Group (ETG) is activated during a BCR systems wide emergency, designated to

support a wide range of regional emergencies. The BCR ETG will be virtually activated when one or more HARP is affected and requires leadership and provincial support. Where appropriate, BC Renal and the HARPs have adopted the use of colour codes congruent with the requirement of the BC Ministry of Health and Accreditation Canada guidelines. Further comparisons between an EOC and ETG have been outlined in this plan.

Preparedness at the individual site level includes preparation of staff recall procedures, downtime procedures for critical services and processes. Staff with unit/department specific emergency procedures and initiatives for simple mitigation such as securing supplies, equipment and furnishings such that people are safe and the unit/department will be operational during and following an emergency or disaster event.

Crisis Response and Consequence Management

While much of the focus of emergency management is prevention and preparedness, it is inevitable that unplanned events will occur. The emphasis is to ensure minimal impact on patients, staff, and facilities, by supporting a coordinated response, continuity of critical operations, and a timely return to normal operations. Health Authority EOCs are activated at the time of an emergency or disaster to manage the response, continuity and recovery actions.

Recovery

Recovery aims to restore service delivery to an acceptable level (or to an improved level) and to increase resilience. Recovery planning may be short, medium or long term, and may take years to complete. To begin the recovery planning process, the program will need to set priorities, set realistic milestones with which to gauge progress, ensure effective transfer of knowledge, expertise, services, and support from the ETG to those involved in recovery.
Managing the consequences of a disruptive event involves both initial response and continuity of operations activities. Recovery plans developed during emergency management process may initially be implemented through Health Authority EOCs. Moving from response/continuity to recovery requires a smooth transition.

Continuous Improvement

Debriefs are conducted, in part, as learning experiences in order to improve and revise emergency plans and emergency response processes, as necessary. After Action Reports (AAR) are comprehensive accounts of the emergency incident/event and include specifics regarding the incident/event, response activity and the debriefings. These reports also include recommendations with regard to how to improve the response to future incidents/events.

Health Emergency Management BC reviews events in detail where appropriate, and provides a forum for staff and other partners to relate their experiences, successes and concerns. Recommendations for improvement and after action reports are reviewed, shared and tracked after significant events, and incorporated into plans, in order to continuously improve BC Renal's response to emergencies. Results post-exercise and post-drill are also reviewed and analyzed in order to revise emergency plans as necessary. More information on debriefs and AARs can be found on the POD (https://pod.phsa.ca/workplace-resources/emerg/eoc/Pages/default.aspx#toc-debriefs-and-after-action-reports-).

Emergency Management Planning Structure

The overarching BC Renal Emergency Management Committee (EMC) has representation from each HARP. Emergency management within BC Renal utilizes a committee structure to support development, implementation and maintenance of emergency planning initiatives, processes and procedures. This structure supports oversight at the program and site levels. The BC Renal Emergency Management Committee oversees BCR program-wide planning and emergency management. Emergency management initiatives and processes are managed from the site level up.

Administration & Maintenance

Responsibilities

BC Renal Leadership Team

- The BC Renal Leadership team is responsible for ensuring integration of health emergency management processes and initiatives within BC Renal. Specific responsibilities include:
  - Consider emergency management principles and strategies as part of enterprise risk management
  - Reflect emergency management strategies in the strategic plan
  - Provide and/or delegates leadership in the management of emergency events
  - Receive updates on emergency management initiatives through HEMBC
- Support emergency management initiatives within the BC Renal committee
- Provide leadership and ensure appropriate structures are in place to work with the renal network

BC Renal Emergency Management Committee

- Support the development, maintenance and exercise a comprehensive emergency plan for individual hospitals, facilities, and programs
- Review emergency plans and revise as necessary
- Facilitate delivery of emergency management education to staff and conduct exercises to test effectiveness of plans

- Support local leadership in the management of emergency events
- Ensures shared services organizations, contracted services and volunteer services are involved in emergency preparedness activities

Health Authority Directors & Managers (or delegate)

- Develop program/department procedures to be followed during the activation of the BC Renal Emergency Management Plan. All department plans will be submitted to the relevant Emergency Management Committee to ensure a coordinated response
- Revisits and reviews emergency management plans on an annual basis to ensure an agile response in the event of an emergency
- Ensures appropriate education/training is provided to staff to make certain that response processes are performed in a safe manner
- Maintains a record of staff Emergency Response education/training
- Generates and maintains employee contact lists

Vendors

- Close communication with HARPs and BCR on daily status update service coverage constraints.
- For supply shortages, vendors will propose product alternatives for BC Renal for clinical approval. In cases where vendors are unable to source an alternative, PHSA's Supply Chain will step in.
- Work in partnership with BCR and HARPs to propose unique solutions to the provision of dialysis care.

BC Renal Employees

- Ensure familiarity with and follows BCR emergency response protocols as well as any specific departmental Emergency Response procedures
- Attends prescribed education and training programs
- Ensure personal contact information is current and accurate
- Work as required in an emergency. In an emergency event, changes to normal job activities and location may be required with minimal notice

Emergency Management Team (HEMBC)

- Provides leadership and subject matter expertise to BCR to support the development and maintenance of a comprehensive health emergency management program
- Provides a planning framework, subject matter expertise and facilitation in development of an up-to-date plan for various types of threats
- Supports the organization in becoming familiar with the plan, the roles and responsibilities and the activities of key partners at all levels within BCR
- Identifies training needs for key personnel within BCR
- Provides consultation, education and subject matter expertise to guide compliance with legislative, regulatory and best practice standards in emergency management
- Coordinates and implements BCR emergency management plans according to identified priorities and integration with the British Columbia Emergency Management System (BCEMS), Emergency Management BC and the Ministry of Health

- Develops and standardizes Emergency Management policies and guidelines
- Links Emergency Management Plans with other BCR organization plans such as Protection, Fire Safety, Workplace Health, Risk Management and Communications
- Fosters relationships with external community Emergency Management partners ensuring appropriate linkages with other Health Emergency Management plans
- Provides relevant information on all aspects of emergency management to the BC Renal Executive Leadership Team
- Supports an Emergency Preparedness culture within all levels of the organization including the promotion of personal preparedness for all BCR employees, physicians, and volunteers
- Develops a wide-ranging Emergency Management training and education program, including; application, evaluation and adaptation
- Responds to emergency events, facilitating command, control, and emergency operations functions. Enhances situational awareness and assist in the collation and compilation of critical data for event debriefs and the development of an AAR
- Acts as the BC Renal representative in external EOCs and ensure appropriate Subject Matter Experts i.e. Health Protection, Medical Health Officers are connected when required.
- Provides afterhours support and consultation on emergency events and EOCs as well as liaises with municipal and provincial partners

Emergency Response

BCR emergency response plans, guides, and manuals contain information, procedures, and protocols designed to ensure BCR is capable of responding anywhere within its area of operations, to an emergency in an effective, coordinated and integrated manner.

Emergency Response and Colour Code Manuals

As prescribed in Accreditation Canada Standards and Guidance and referenced in many of the other guiding documents, BC Renal has adopted the use of standardized colour codes for use in facilities with 24/7 care to identify different types of emergencies. These codes follow the Ministry of Health's policy for a standard across British Columbia. Emergency Management is identified as the custodian of the codes but it is not necessarily the owner: Code Blue Cardiac Arrest/Medical Emergency as an example, provides a clinical response.

Colour Codes are used in acute care hospitals worldwide to denote to staff various kinds of emergency situations. The use of codes is intended to convey essential information quickly while preventing concern among clients and visitors. Each employee, unit, program and facility within BC Renal has been provided with written materials that contains the emergency response procedures for the Colour Codes. Emergency response procedures are also available through Shared Health Organizations Portal (SHOP), on the POD (https://pod.phsa.ca/workplace-resources/emerg/codes) and on each Health Authority Intranet sites.

HEMBC Health Emergency Management

Colour Code Quick Reference Guide

Refer to the site Emergency Response & Colour Code Manual for site specific procedures

Code		Who can activate	Who responds	What to do
Red	Fire	Anyone discovering smoke or fire	• All staff • Code Red Response Team • Fire Department	**R**emove people **A**ctivate alarm **C**ontain smoke/fire **E**xtinguish/Evacuate
Blue*	Cardiac Arrest Medical Emergency *Adult/Pediatric	Anyone who finds a person in an immediate medical emergency	• Code Blue Team	Make way for Code Blue Team, give assistance as directed
White	Violence/Aggressive Behaviour	Anyone who witnesses violent/aggressive behaviour	• Code White Team • Security	Assist as trained to do so or as directed
Yellow	Missing Patient/ Resident	Charge Nurse/Designate	• All staff	Refer to missing patient/resident description, search area
Green	Evacuation	On-Call Manager or Director/Designate	• All staff	Prepare to assist with evacuation and/or receive patients in your work area
Orange	Mass Casualty/ Disaster	On-Call Manager or Director/Designate	• All staff	Activate functional area or departmental plan as directed
Black	Bomb Threat	On-Call Manager or Director/Designate	• All staff • Security • Police	Give assistance as directed, conduct a visual search of your area for unusual objects
Brown	Hazardous Spill	Supervisor/Designate when spill/leak meets workplace health guidelines	• Contracted Chemical Response Team	Keep yourself and others away from spill
Grey	System Failure	On-Call Manager or Director/Designate	• System specialists	Give assistance as directed, refer to downtime and code procedures
Pink	Obstetric/Neonatal Emergency	Clinical staff in designated units	• Code Pink Team	Make way for Code Pink Team
Amber	Missing or Abducted Infant/Child	Manager/Designate	• All staff	Refer to missing or abducted infant/child description, search area
Silver	Active Attacker	Anyone who discovers/ witnesses/encounters an active attacker	• All staff • Police (with security as required)	• RUN if there is a safe escape route • HIDE if you cannot evacuate • FIGHT if your life is in IMMINENT danger

Incident and Event Management

When an emergency or disaster exceeds the normal management capabilities of the organization, an incident management system is utilized to provide effective management of the event on the operational capability of the health system, infrastructure, environment and the people. Incident management systems are designed to allow rapid decision making and planning while providing effective logistics, administration and financial management. Additionally, such systems are designed to provide consistent management methodology and language amongst partner organizations.

The BC Renal Emergency Management Plan utilizes an Incident Command based management structure, allowing any member of BC Renal leadership to manage the response and recovery of a major event in a consistent and organized manner.

Consistency with the BC Emergency Management System

The Ministry of Health policy requires the adoption of the British Columbia Emergency Management System (BCEMS) standard by all health authorities. BCEMS is a comprehensive all-hazard management scheme that ensures a coordinated and organized provincial response and recovery to all emergency incidents. BCEMS was developed and adopted by Emergency Management British Columbia to assist the provincial government, authorities, Crown Corporations, municipalities and businesses to deal with the complexity of disaster management. BCEMS ensures a scalable, coordinated and organized response to any and all emergency incidents. BCEMS is recognized for its ability to assist with the growing need for multi-jurisdictional and multi-functional system for a response to complex incidents and events.

Response Objectives

BCEMS supports a prescribed set of response objectives, set out in an order of priority that is common to all responders, allowing a common understanding of government priorities. The 8 BCEMS objectives are:

- Ensure the health and safety of responders
- Save lives
- Reduce suffering
- Protect public health
- Protect infrastructure
- Protect property
- Protect the environment
- Reduce economic and social losses

Incident Command System

Effective emergency response requires all sectors to use a common and consistent emergency management system. Incident Command System (ICS) is the accepted model for command, control and coordination of an emergency event in British Columbia. It provides a way of coordinating the efforts of agencies and recourses as they work together towards safely responding, controlling and

mitigating an emergency incident. ICS can be used at the department, program, facility, community and corporate levels to manage incidents and is the accepted structure for use in Emergency Operations Centres (EOC).

ICS embodies six key concepts:

1. Five Primary Functions – Command, Operations, Planning, Logistics, and Finance
2. Flexible and modular organization – the structure can expand and contract as needed by the incident scope, resources and hazards
3. Management by objectives – Each EOC function establishes objectives to be achieved within a common operating period. The EOC Director/ Incident Commander assures the objectives are focused toward achieving operational goals
4. Action Planning – Action plans are developed to guide activities during pre-impact, response and recovery phases
5. Common terminology – Provides a common language among all responding organizations
6. Span of control – Intense focus is obtained by limiting the number of responsibilities and resources being managed by any individual. ICS requires that any individual's span of control should be between three and seven individuals, with five being ideal.

Emergency Operations Centre (EOC)

An Emergency Operations Centre (EOC) is a predesignated location for managing the response to an event that has overwhelmed a site/department or program. Management of the response includes prioritizing issues, solving problems and tracking issues and resources. An EOC is responsible for:

- Providing policy and strategic direction
- Providing site support and consequence management
- Collecting, evaluating and distributing information
- Coordinating with other organizations (as required)
- Managing resources
- Providing both internal and external communication regarding situation

All EOCs use the ICS system as a basis for internal management structure. The structure is modular and can be adjusted as needed for response to various types of events. Subsidiary EOCS report to the BCR ETG's Incident Commander. Reporting to higher-level EOCs such as the PHSA EOC is through the Incident Commander. Each HARP has a designated EOC structure or have representation within their Health Authority EOC in order to respond to emergencies.

PHSA EOC

During province-wide emergencies, BCR may require support and resources from PHSA. In the circumstances that the PHSA EOC is activated, BCR can request for support beyond the BCR ETG and HARP EOCs. Such emergencies would be affecting multiple programs, sites, or regional health authorities and multiple EOCs would be activated in

such instances. When activated, all PHSA programs (e.g. BC Renal, BC Transplant etc.) would have representation within the PHSA EOC. In BC Renal's case, the ETG Incident Commander would provide program-level updates and request for resources (if required) to the PHSA EOC Director. These structures will enable BCR operations to run as smoothly as possible given the circumstances.

Emergency Task Group (ETG)

Whilst all HARPs would follow the ICS structure and activate EOC's to respond to emergencies within their region, BCR program follows an activation structure independent to the program. The BC Renal Emergency Task Group (ETG) is a virtual platform for managing the response to an event that has overwhelmed multiple HARP sites. Management of the response includes prioritizing issues, solving problems and tracking issues and resources. BCR ETG is responsible for:

- Providing support to all HARPs during an emergency or disaster
- Managing resources
- Seeks external vendor support (as required)
- Providing support and consequence management across multiple BCR sites
- Coordinating with other organizations (as required)
- Providing both internal and external communication regarding situation

The BC Renal Program-Level ETG is activated on an ad-hoc basis. The BCR ETGs can be activated at the request of a HARP Administrator/On-Call member or a BCR Executive Leadership member to provide overall direction and control, coordination and resource support to operations before, during or following an emergency or disaster.

All EOCs use the ICS system as a basis for internal management structure. The structure is modular and can be adjusted as needed for response to various types of events. Subsidiary EOCs report to the BC Renal ETG through the Operations Section. Reporting to higher-level EOCs such as the PHSA EOC is through the EOC Director.

A Health Authority EOC normally turns to the BC Renal ETG for support when their resources or capabilities are (or will be) exceeded, or they require coordination support that is outside of their jurisdiction. In this case, the BC Renal ETG will provide policy direction and guidance with respect to organization wide impact and will manage issues that cannot be resolved by site based EOCs. The BCR ETG will directly manage events when there is a regional impact and where no singular site is identified as the most affected; for example, power failures spanning a large geography or infectious disease outbreaks. The BC Renal Emergency Management Committee may also manage advanced planning for an event.

Emergencies and disasters often occur with little or no warning and require immediate management response to enable situational awareness and rapid decision-making. The ETG facilitates such activities and capabilities – ideally in a dedicated location that is pre-established and is ready for use.

ETG Activation Criteria

The BC Renal ETG would typically be activated in response to a large and/or complex event that involves multiple programs or sites. In such instances, the BC Renal ETG may be required to provide overall direction and control, coordination, resource support, and dissemination of information. It is important to acknowledge that patients and staff reside within independent Health Authorities and that specific EOC is the primary response agents during emergencies. BC Renal ETG is a provincial support network, in which a wide variety of resources could be mobilized to affected regions.

A program-wide response structure is activated when a large or more complex response is required (for example, pandemic, region-wide power failures, earthquake, etc.) and/or an event involves multiple services or sites. BC Renal ETG activation should also be considered when required to fulfil a Ministry of Health mandate, and/or when an event that is currently being managed has the potential to escalate.

BC Renal Leadership will play guidance roles in the activation and operations of a BC Renal ETG, in particular as ETG Director/Incident Commander requires extensive knowledge of the organization, critical operations, and the authority to make high-level decisions.

The following are some examples of scenarios where a BC Renal ETG may be activated. These represent situations where there may be significant staff loss/reduction, overwhelming of resources either by magnitude or duration, infrastructure failure, supply chain challenges, and major logistical challenges, and the possibility of a large number of casualties.

- Significant and/or prolonged threat or disaster (e.g., earthquake) which impacts multiple BC Renal sites across the province
- Public health threats such as an infectious disease outbreak, or a pandemic
- Region-wide infrastructure damage (power, transportation, etc.)
- Loss of healthcare critical infrastructure (IMITS, supply chain)

BC Renal ETGs is activated to different levels depending on the magnitude of the event. The severity or impacts (e.g. to patients, staff, and service delivery) determine the level of ETG activation, which dictates the size of the ETG. Communicating the level of ETG activation helps to convey to other entities the severity of the emergency. Determining the level of ETG activation also assist with assessing the required level of ETG membership staffing.

BC Renal Emergency Response Matrix & Levels of Response

Level	Examples	Types of Support	HA Primary Role	HA Specific Tasks	BCR Emergency Task Group
Level 1 - Minimal activation/small event All dialysis resource levels remain intact, but there is a possibility that resources may become depleted. Potential threat to hemodialysis service delivery may be impacted. • BCR Emergency Prep Documents	**Incident** • Localized spill • Short term power outage • Security concern • Bomb threat • Infectious outbreak	**Site** Incident can be managed by staff and resources currently at the site. BC Renal alerted of potential threat. No requirements needed by BC Renal. ↓	Use current staff and resources at the site to responds to the incident. Direction comes from the onsite HARP Director and Medical Director. BCR notified as required. Renal program to notify H.A. EOC	HARP manages the tactic response to the emergency/disaster. HARP takes responsibility for the safety and health of all those who are operating at the site. HARP to evaluate risk on an ongoing basis HARP determines resources required to deal with the emergency/disaster.	Awareness of the incident Information sharing within the health area impacted; Available to provide support as requested; The **BCR Emergency Task Group (ETG**) is **NOT** activated
Level 2 - Escalate to BC Renal/Moderate event Impact to hemodialysis service delivery. Demand nearly overwhelming HA resources. Dialysis Resource Allocation Framework reviewed for potential enactment. Framework • BCR Emergency Prep Documents	**Incident** • Building or Local Forest Fire • Local flood • Major spill • Gas leak • System Failure • Regional outbreak **Significant incident that impacts:** • Patient care impacting dialysis treatment • Staffing • Supplies/Delivery Management/ Equipment	**Site** Incident that overwhelms the resources at the site, but can be handled by staff and resources within the H.A. May require extra staff or resources brought in or borrowed from unaffected areas ↓	**Escalation to BCR.** Routine operations may be curtailed. H.A. to update BCR on situation If coordinated by BCR ETG, use the staff and resources from other sites.	Primary concern is supporting the emergency activates of the health area and ensuring that most regular business activities continue.	Maintain communication with the health authority impacted. The **BCR ETG may be partially activated** Provides operations/ logistics support Prioritizes and coordinated critical resources. Assists with communication and media.
Level 3 - Full escalation/Major event Demand for services is overwhelming Health Authority resources. Provincial support required. Dialysis Resource Allocation Framework enacted. Framework • BCR Emergency Prep Documents	**Incident** • Earthquake • Regional flood • Regional fire • Significant power failure • Wide spread outbreak **Significant incident that impacts:** • Patient care impacting dialysis treatment • Staffing • Supplies/Delivery Management • Multi system equipment failure	**Area Support** The incident has or has the potential to overwhelm resources at the H.A. level. Will need the coordination of staff and resources across the BCR network	Prioritizes H.A. objectives and leads the overall response. Serves as the coordination and communication link with Provincial HECC (Health Emergency Coordination Centre) Other non-urgent business activities may be deferred or curtailed.	H.A provides overall leadership and coordination in the implementation related to the emergency/disaster.	The **BCR ETG is fully activated** BC Renal monitors the situation and provides update to all parties. Coordination role to support HARP emergency. Provides media commination if necessary.

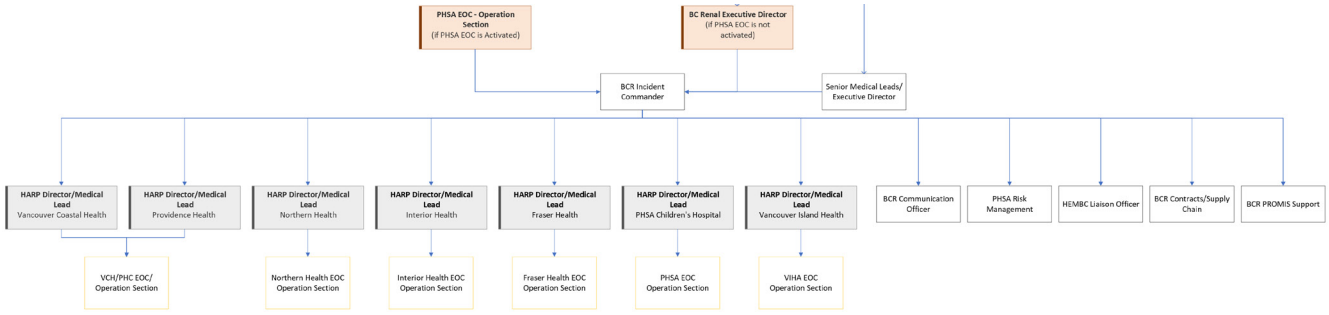
** Health Authority includes Renal Program and Health Authority EOC*

ETG Structure

The BC Renal ETG structure is based on the ICS, which works with the health authority EOC to provide support to meet the specific needs of the emergency event. As incidents grow in size or complexity, the ETG Director/Incident Commander may delegate authority for certain activities to other persons.

It is important to note, however, that only those functions that are required for the specific ETG activation need to be managed; any function that is not activated remains the responsibility of ETG Command and should be monitored continuously for potential activation as the event progresses.

Additional details regarding EOC structure are available in the *PHSA EOC Guide* on the PHSA Intranet, POD, and the roles and responsibilities of EOC staff appear below or in Appendix 1.



Distinguishing between EOC's and ETG's

An Emergency Task Group (ETG) is activated at the BCR program level when one or more health authority requires resource support from the BC Renal leadership team. Examples of said resources include, staff support, renal equipment support, and allocation of supplies. The ETG is able to support multiple sites and health authorities during emergencies and support these sites accordingly. It is important that this does not get confused with Emergency Operation Centre (EOC) activation, which would be activated at the Health Authority level. During site or region wide emergencies, health authorities may activate EOC's in which renal has representation if service delivery has been impacted. The BCR ETG and Health Authority EOC can be activated simultaneously; however, the ETG is brought in to support renal programs amidst province wide emergencies.

ETG Roles – Management Members

Incident Commander

- Organize and direct Emergency Task Group (ETG), providing overall direction for ETG operations
- Receive status report and discuss an initial action plan
- Obtain client census and status as required
- Support the impacted health authority(s) in using the Ethical Framework for Dialysis Allocation; Guidelines for Emergency Triage (http://www.bcrenal.ca/resource-gallery/Documents/Balancing%20the%20needs%20acute%20and%20maintenance.pdf)
- If requested, provide BC Renal representative to the Provincial Regional Emergency Operations Centre (PREOC)
- Escalate issues to the PHSA EOC as required

BC Renal Executive Director and Senior Medical Leads

- Overall direction and priorities for managing the emergency or emergency situation
- Parameters for expenditure
- Acquire/authorizes/requests additional outside support/resources
- Public information direction

Liaison Officer – (HEMBC representative)

- Function as incident contact person for representatives from other organizations

Risk Management – (Risk Management Representative)

- Ensure effective risk management practices are applied throughout the ETG's area of responsibility and that every function contributes to the management of risk

Communication Officer

- Provides information to the news media and generates information for release to internal partners and external organizations

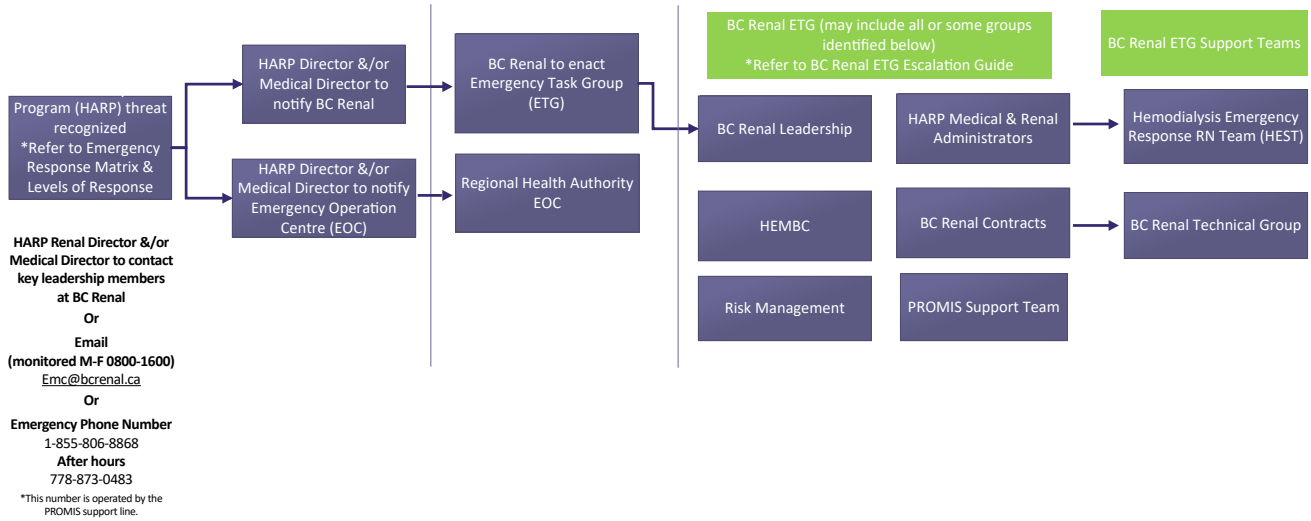
Health Authority Renal & Medical Directors

- Ensures the operations coordination function is carried out including coordination of response for all operational functions assigned at the HARP level EOC
- Ensures operational objectives and assignments identified in the EOC Action Plan are carried out
- Please note, during ETG activation updates are to be provided to the ETG Incident Commander, however, HARP Director/Medical Lead may assume roles as Operation leads during Health Authority EOC activation (refer to ETG structure section)

Activating an ETG

The following steps will be taken to activate an ETG:

BC Renal Emergency Task Group Structure:



Italicized text below denotes an EOC form or template. Additional details are available in the *PHSA EOC Guide* on the BC Renal SharePoint or POD.

The initial steps are as follows:

- Organize and notify Command Team (refer to organizational chart) – with designated managers, supervisors and leaders who will match the resources with the requirements of the situation. Administrative support is essential
- Notify:
  - Health Emergency Management BC/On-Call
  - Communications Officer
- Establish a means/process of communication – Within the program or site and with engaged partner organizations
- Obtain *Situation Report* from the Program/ Department
- Communicate to site, organization and/or external partners that you are functioning as an ETG, where you are located, and which telephone number(s) will be staffed. This can be accomplished by overhead page, site email, runners, etc.
- Write information on a Status Boards (log times)
- Activate a *Position Log* and record duties performed
- Obtain *Status Report* from each site, department and program area
- Obtain Facility Report – i.e. Utilities and structural damage from Facilities Maintenance
- Physician Availability – The ETG is in charge of physician call back. Contact functional areas for physician needs and reassign if necessary

- Problem solve – use facilities and available personnel in the most effective way possible
- Be prepared to designate staff for functions other than their usual roles
- Be prepared for the media – ensure BC Renal communications has been notified
- The decision to stand down an ETG will be made by the Incident Commander. All departments/ programs will be notified and extra members will be free to leave. ETG members will be notified of the status of the debriefing session.

ETG Staffing Requirements

The ETG must be able to function from activation until de-mobilization. The ETG Director/Incident Commander will determine appropriate membership for each activation level based upon an assessment of the current and projected situation.

ETG positions should be filled by designated and qualified individuals from BC Renal, HARP Directors and Medical Directors- Kidney Services. Initially, all positions may be staffed by the first available individual most qualified. Typically, a senior clinical leader at BCR may fill the Operations and Planning Section role, while Business Operations or a representative from Clinical team, depending on the nature of the event, may fill the Logistics Section.

ETG Staffing

When a request to activate the BC Renal ETG, the Administrator On-Call/Designate &/or Medical Director may call BC Renal and be able to provide the following information:

- Brief description of event
- Identity of who authorized the ETG activation
- Where and to whom to report
- Applicable transportation information (known road closures and / or use of specified routes to take)
- Reminder to bring any necessary supplies (e.g. photo ID) and reference materials they may require
- Inquiry as to their estimated time of arrival to the ETG

ETG Activities

ETG meetings should be held to:

- Review policies and operational guidelines
- Establish priorities and objectives based upon:
  - Current situation (relevant to their function/role)
  - Unmet needs
  - Future activities
  - Public information needs
- Keep staff informed as to the current situation
- Inform Action Plans and Situation Reports

Minutes from the meetings should be documented by the Administrative support and approved by the ETG Director/Incident Commander, then distributed to the Command Team and HARP Directors/Medical Leads. HARP Directors/Medical Leads are then responsible for briefing their staff on the outcome of the ETG meetings.

Documentation

All ETG activities require some form of documentation (https://pod.phsa.ca/workplace-resources/emerg/eoc/Pages/default.aspx#toc-eoc-forms-) and record keeping. The forms to complete, depends on the scope and impact of the emergency event. It is extremely important to accurately document actions taken during emergencies.

Templates of forms required for ETG operations are available through the PHSA Intranet and POD.

Decision Making

All decisions made by the BC Renal ETG require accurate and timely information as well as input and consultation from relevant staff members and organizations. The ETG Incident Commander is ultimately responsible for making key decisions on behalf of the ETG. He/she does this in consultation with the ETG Command Team, HARP Directors/ Medical Leads and the Policy Group.

Issues that require a decision or approval from the ETG Director/Incident Commander include:

- Establishing ETG priorities and objectives
- ETG Action Plans
- Extraordinary resources requests
- Press releases
- Media interviews
- Public information bulletins
- Situation reports

Member Well-Being

All ETG members must be constantly aware of the working conditions and stressful events that could affect staff ability to function. There are methods to help cope with stress.

Debriefing - A debriefing is a useful process that can help emergency personnel cope with an incident. It is commonly held at the end of a shift to review operational procedures and identify immediate areas requiring attention and/or changes.

Defusing - A defusing is a much shorter, less formal and less structured version of a critical incident stress debriefing (CISD). A defusing is a short-term fix for an immediate reaction to a troubling event.

CISD - Critical Incident Stress Debriefing. Two of the major goals of a CISD are to reduce the impact of a critical event and to accelerate the recovery of people who have experienced a traumatic event.

BC Renal through Workplace Health and Safety offers a comprehensive Critical Incident Stress Management (CISM) program responding to employees, physicians and volunteers who have been through a traumatic event and may be experiencing strong emotional and physical reactions to unusual events.

BC Renal Emergency Response Structure

The BC Renal Emergency Response Structure utilizes an ETG to focus the organization's attention on the incident or event at hand, enhance situational awareness related to the incident or event and accelerate information flow and decision-making.

Other features include:

- Modular design allows appropriate utilization of all or just part of the system.
- In a larger incident, with many entities reporting into the ETG, it may be appropriate to have several Operations positions linked with reporting facilities, services and communities
- In smaller events, it may be appropriate to simply activate a single person in an Operations Chief role

Managers should be aware of the options available to them in configuring an ETG based on the nature of the incident or event at hand.

BC Renal Program Level Response

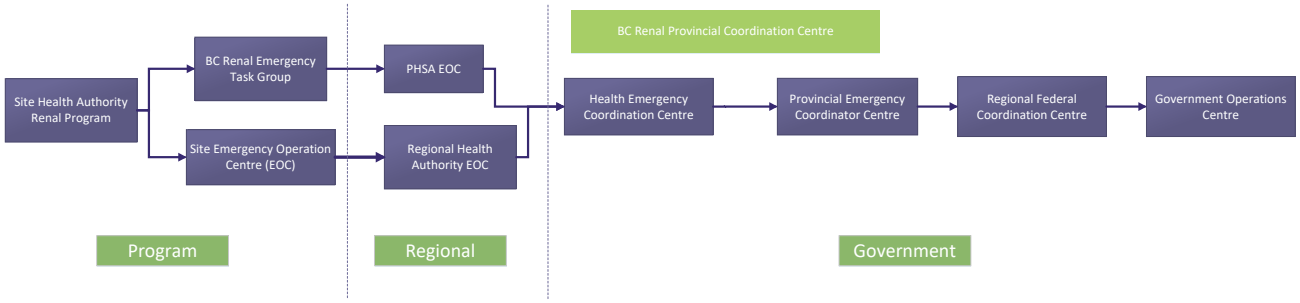
The BC Renal-wide response structure is activated when a large or more involved response is required (i.e. earthquake or pandemic) or if an event escalated to involve multiple portfolios and geographical communities. Senior Executives will hold leadership roles in the activation of a BC Renal ETG, in particular the Incident Commander position. Ideally, a person who has extensive knowledge of the organization, critical operations and the authority to make high-level decisions will fill this role.

Leaders identified in the following organizational chart will fill other management roles. HARP leaders who have appropriate expertise based on the type of event should fill general ETG functions. For example, the Operations Section would be filled by a HARP leader for a mass casualty or Facilities Maintenance and Operations for an infrastructure failure.

Communication and Support Structure

The BC Emergency Management System enhances communication between representative organizations and BC Renal by providing various levels of coordinated support and direction. The following table outlines the various levels at which a Health Authority EOC can be utilized and some features of the health and provincial systems. Typically, formal interagency communications will travel vertically and horizontally between the entities.

BC Renal Provincial Coordination Structure:



The key features of the health sector response are below:

BC Ministry of Health Emergency Coordination Centre	• Prioritizes Ministry of Health objectives and leads provincial health system response • Link to federal health resources and support
BC Renal ETG	• Provides and coordinates health support for health areas, facilities and programs within the BC Renal area of operations • Facilitates, and manages information, policy direction, and resources • Supports a site/program or geographic level EOC when their resources or capabilities are (or will be) exceeded or require support that is outside of their jurisdiction • Directly manages multiple events when there is or the potential of a regional impact where no singular site is identified as the most effected. (example: pandemic response, region wide power loss) • Activated by BC Renal Incident Commander
Health Authority EOC	• Utilizes health resources to manage health impacts arising from an emergency or disaster • Organizes site/facility EOC to coordinate response (possibly in conjunction with first responders) • Example: Vancouver General Hospital is the only site impacted • Activated by the Site Administrator On-Call

Notification and Activation

In an emergency or disaster, the initial information regarding the incident or event can come from a number of different sources such as:

- HARP Directors/Leaders
- Medical Director/Kidney Services
- Health Authority EOC teams

BC Renal must be able to acquire emergency information from any source and make appropriate decisions to implement an effective response when necessary. In cases of an immediate life-threatening emergency for patients (such as fire, violence) within facilities, staff are empowered through the emergency code system to make decisions and activate code responses. Others (such as a precautionary evacuation) require notification to a site level administrator to authorize activation.

Administrators are authorized to utilize the tools in this plan to ensure continuity of critical services. When services are impacted or a reputational issue arises, site administrators should notify the next higher-level, site Medical Directors/Kidney Services.

On-Call

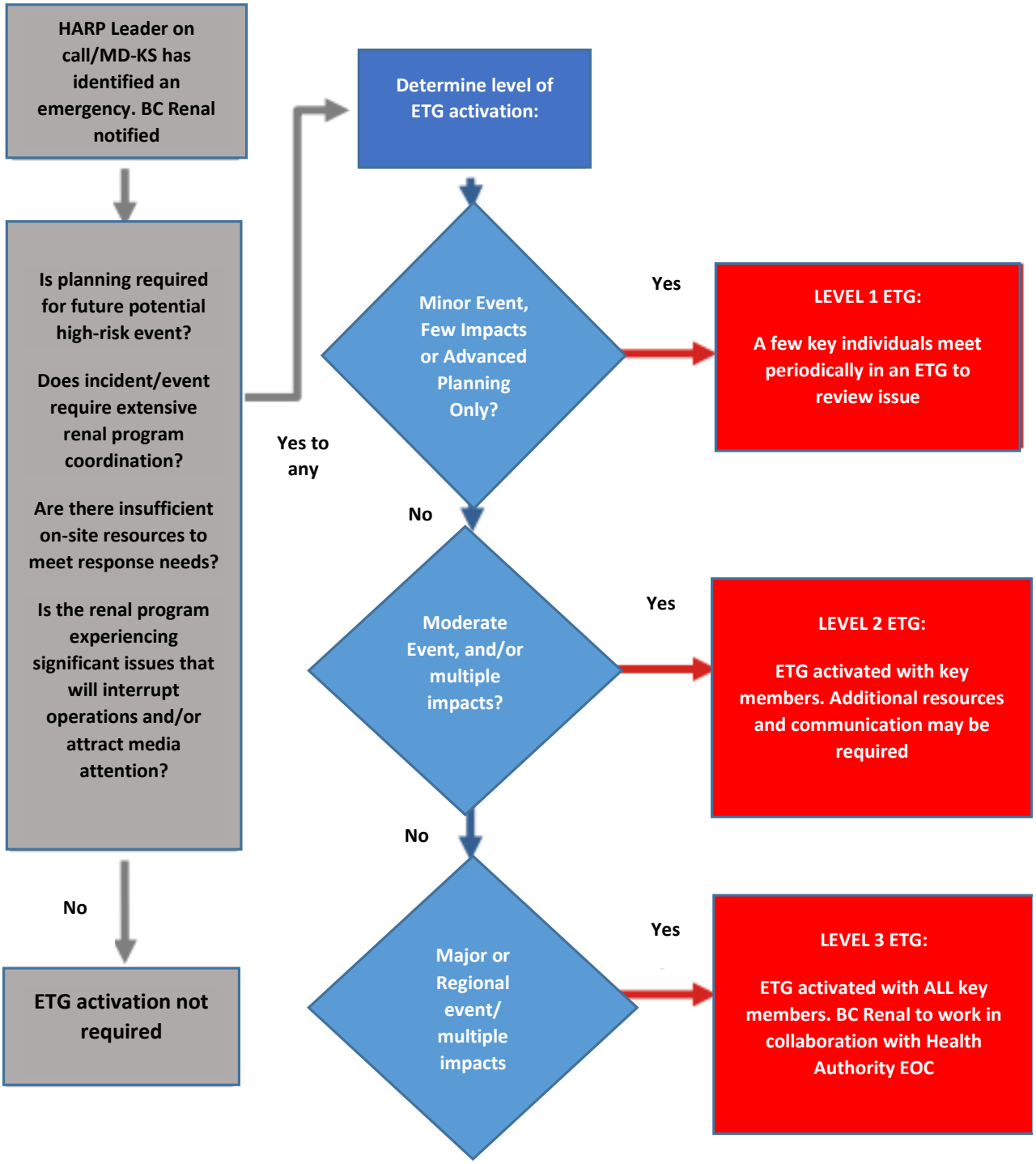
Responsible organizations maintain a 24/7 means of accessing executive authority in the event of an emergency or disaster. BC Renal maintains an after hour's telephone based on a support call system for emergency notification within the organization. At the front line, facility staff can notify an Administrator On-Call for a site or regional program by calling any facility contact centre. The Administrator On-Call is responsible for notifying the Medical Director/Kidney Services, who is responsible for notifying BC Renal Leadership.

Response Activation

The diagram below identifies the basic process for emergency response activation. Some key points are as follows:

- Notification(s) into BC Renal can occur through multiple streams
- Verification of an event and an initial assessment of impacts on BC Renal services should be done
- Notifications of impacted sites and programs must be done utilizing the administrator On-call system
- During the event itself, continuous updates and information are required

BC Renal Emergency Task Group Escalation Guide:



HEMBC On-Call

To ensure there is always access to emergency management expertise and consultation, HEMBC has established an after-hours on-call system. Outside of regular business hours, an experienced emergency management professional is on-call to provide consultation on emergency events, ETGs, and liaison with Municipal and Provincial support and resources. During an emergency or disaster, HEMBC will support a response by assisting with:

- Notifications
- EOC set-up activation
- Incident response coordination
- Liaising with external organizations and the Ministry of Health
- Connecting with IMIT services to support response
- Liaison with local authorities
- Other support and assistance as required

When you dial **1-888-276-1224** or **604-515-5026**, your call will be received by an answering service that will document the details of your message and immediately notify the Health Emergency Manager On-call.

This on-call phone number should be used **AFTER HOURS** when you need to get in touch with Health Emergency Management BC.

Please contact your HEMBC Coordinator (https://pod.phsa.ca/workplace-resources/emerg/library/PHSA/HEMBC-Emergency-Contacts-PHSA.pdf) directly during business hours.

ETG Membership Lists

During an Emergency event, it may be necessary to contact people quickly and/or request members to enact quickly in order to support the response. Membership Lists ensure the ETG member responsible for making calls have the appropriate information at hand and can complete the calls a timely manner. It further captures information that allows calls to be made in a specific order based on the needs of the Emergency Event. For example, if Nurses are required to be deployed to support the responses; the member making the calls will be able to identify triage and quickly. ETG Membership lists should be kept in a secure location. Each department is required to maintain their lists and the site should maintain a complete set of updated membership lists.

Conclusion

BC Renal has adopted an all hazards/common consequence approach to addressing emergency events. As a result, both planning and response are focused on the consequences of an event rather than the cause. This approach complies with all applicable legislation and regulations and is consistent with emergency management activities and measures throughout British Columbia.

BC Renal's Emergency Management plan is aligned with the Provincial Health Services Authority corporate plan and structures. This plan articulates how critical information will be managed and shared across partners during emergency response. It provides a clear description of the response structure and processes for management of health emergency events as well as the roles and responsibilities for provincial health emergency management partners.

Custody and maintenance of this document and the Emergency Management information contained on the internet is the responsibility of Health Emergency Management BC and the BC Renal Emergency Management Committee.

Appendix 1: Roles and Responsibilities of Emergency Operation Centre (EOC) Staff