
FACTSHEET

October 23, 2009

Ministry of Healthy Living and Sport
Ministry of Health Services

H1N1 FREQUENTLY ASKED QUESTIONS FOR LOCAL GOVERNMENTS AND HEALTH AUTHORITIES

The following information has been compiled in collaboration between the Ministry of Healthy Living and Sport, the Ministry of Health Services, and Emergency Management BC. The topics addressed (as proposed by local governments and regional health authorities) serve to clarify the provincial concept of operations regarding the current H1N1 influenza outbreak.

For information on related H1N1 issues please see:

H1N1 Planning Assumptions:

http://www.gov.bc.ca/h1n1/attachments/fs_planning_assumptions_oct_09.pdf

Vaccination Information:

http://www.gov.bc.ca/h1n1/attachments/fs_h1n1_vaccine_information_sept09.pdf

What is H1N1?

http://www.gov.bc.ca/h1n1/attachments/fs_what_is_the_h1ni_flu_virus_aug09.pdf

1. What's the best place to get authoritative information on H1N1?

The best place to get authoritative information on H1N1 online is the B.C. Government website. The link can be found on the main B.C. government homepage or directly at:

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

For information relevant to your community, health authority websites should be used:

[Vancouver Island Health Authority](#)

[Vancouver Coastal Health](#)

[Fraser Health Authority](#)

[Interior Health Authority](#)

[Northern Health Authority](#)

[Provincial Health Services Authority](#)

2. What are the planning assumptions that this FAQ is based on?

This FAQ uses the [H1N1 Pandemic Planning Assumptions for Fall 2009](#), agreed upon by the Office of the Provincial Health Officer.

3. Which is the lead agency during a Pandemic?

The Ministry of Healthy Living and Sport, through the Office of the Provincial Health Officer, is the lead agency during a pandemic influenza.

4. Can the lead agency give a clear matrix of responsibilities within all levels of governments, agencies, and organizations?

The roles and responsibilities of international, national, provincial and regional entities are described in the [BC H1N1 Pandemic Influenza Response Plan \(2009\)](#).

5. Do local authorities have to plan for a pandemic?

Local authorities are expected to plan for emergencies and disasters arising from the hazards they may face in their jurisdiction. They should also work closely with other stakeholders in their community including their regional health authority.

For local authorities such as regional districts and municipalities, the greatest challenge during the current H1N1 influenza outbreak is the ability to maintain appropriate levels of services while experiencing staff shortages.

It is recommended that those local authorities directly impacted by the 2010 Olympic and Paralympic Winter Games include pandemic consequences in their emergency plans for that time period.

6. What are the roles of Emergency Management BC and the *Emergency Program Act* in supporting local governments dealing with H1N1?

The World Health Organization classifies the current H1N1 pandemic as moderate, indicating that most people recover from infection without the need for hospitalization or medical care and that overall, national levels of severe illness from H1N1 appear similar to levels seen during local seasonal influenza periods. The current outbreak is unusual in that serious cases are occurring in primarily young persons, including the previously healthy and those with pre-existing medical conditions.

While it is anticipated that there may be slightly higher than normal impacts on the health system as well as elevated absenteeism rates in the workplace, it is not anticipated that the secondary consequences of the H1N1 pandemic will be of such severity to activate the provincial emergency management structure. In the event that the province experiences a more serious pandemic outbreak with wide spread infection and increased severity, both the health and emergency management systems would be activated and all necessary efforts would be undertaken to protect the health and safety of British Columbians.

Under the scenario of a severe pandemic, the ministries of Health Services and Healthy Living and Sport would manage public health and health system supports while the emergency management system would assist local governments in addressing serious secondary public safety impacts.

7. Will there be a declaration of a provincial state of emergency for H1N1?

No. Pandemic does not fall under the *Emergency Program Act* and, therefore, no declaration of a state of emergency can be authorized locally or provincially.

According to the H1N1 planning assumptions, emergency powers will not be required to respond to the current H1N1 outbreak. The challenges of the current H1N1 influenza outbreak are similar to those faced during influenza season in the past and the secondary

consequences of H1N1 are not expected to put public safety at risk.

8. Can a regional health authority require assistance from a local authority during a Business Continuity related incident?

A regional health authority does not have the ability to demand local government assistance solely to address business continuity challenges. The Public Health Act (PHA) does allow the Minister to issue an order that would require public bodies to develop public health plans. The PHA also requires local governments to take any action the local government has authority to take in order to respond to a health hazard or impediment. Section 81 of the Act states that the medical health officer is responsible for directing the local response, in respect of public health, to the threat and that the health authority that employs the medical health officer must provide the staff and resources deemed necessary for the response.

As with planning for all hazards, regional health authorities, local authorities and other stakeholders should engage in dialogue early in the process to identify ways in which they can collaborate on effective mitigation, response and recovery measures.

9. If the planning assumptions indicate that the severity of this pandemic H1N1 influenza looks more and more like that of seasonal flu, why are local governments being asked to assist health authorities this year?

While the anticipated severity of the H1N1 influenza is similar to that of seasonal flu, the fact that this is a novel virus requires the production and dissemination of a new vaccine. Health authorities do not deliver a full scale provincial influenza vaccine to all citizens of the province on an annual basis. It is estimated that this year's vaccination program may be eight times greater than routine, seasonal flu programs in some health authorities.

Local governments may be requested to assist health authorities with implementing their mitigation and response measures for H1N1 this fall. These requests may include assisting the health authority in identifying immunization clinics within a municipality and assistance in booking local facilities. As with planning, mitigation, response and recovery for all hazards, it is expected that local governments and health authorities collaborate to find solutions that work to meet the needs of citizens.

10. What is the responsibility of a local authority to assist with a primarily Business Continuity problem of workplace absenteeism?

A local authority must look after its own business continuity in terms of an H1N1 outbreak. There is no expectation that a local government provide assistance to others with regards to business continuity.

11. Will municipalities be expected to provide security for vaccination clinics, vaccine and antiviral storage facilities?

No. These facilities are the responsibility of the local health authorities.

12. Are local governments able to recover pandemic-related costs from the federal or provincial governments as is the case with wildland fire or flooding?

The planning assumptions for H1N1 do not indicate that a specific response outside the health system will be required. All stakeholders encounter challenges during the influenza season and the activities that such stakeholders undertake to counteract these impacts are not considered emergency response activities.

Planning is currently underway to address the issue of a pandemic that presents with severe secondary consequences that will threaten public safety. Fortunately, the impacts of the H1N1 pandemic have been health-related and are within the current capacity of the health system. This has given us the opportunity to further our understanding of the issues we must address in order to effectively manage a pandemic outbreak with severe secondary consequences.

13. The *Compensation and Disaster Financial Assistance Regulations* state that a local authority may coordinate the provision of medical services to victims of emergencies and disasters. Why would the local authority costs of establishing medical clinics on behalf of regional health authorities be ineligible?

The planning assumptions for H1N1 indicate that the current outbreak is not expected to result in serious secondary consequences that qualify as emergencies or disasters under the *Emergency Program Act*. While the regulation makes specific reference to emergency medical care, this is limited to the care of the casualties of a qualifying disaster under the Act. Local governments are not expected to coordinate the provision of sustained medical services in support of the health system. Mitigation activities such as the establishment of immunization clinics are also not covered under the regulation. A task number will not be issued.

Work is underway to address the extraordinary challenges that a pandemic with severe secondary consequences would present.

14. Some regional health authorities have requested local governments to plan for the use of public facilities and the use of Emergency Social Services (ESS) volunteers to complement health authority staff as their own resources become overwhelmed. The use of public facilities could result in response-related costs for local governments such as: loss of revenue, reduction in services, broken commitments to clients and contractors, and staffing expenses. Will the province reimburse local governments for these costs during an H1N1 outbreak?

No, the province will not reimburse local governments for these costs. Local governments may be asked to assist regional health authorities with identifying facilities within a community that can be used as temporary vaccination clinics as part of a collaborative approach to mitigating the effects of H1N1. Local governments and regional health authorities should work together to find solutions regarding costs

associated with such activities.

We are currently working on clarifying the local government role in a pandemic with severe secondary consequences.

15. What community recovery costs are eligible due to business interruption – hiring extra staff, backfilling positions due to illness, etc?

As the challenges local authorities can expect to face during an H1N1 outbreak are similar to those encountered during some past influenza seasons with no serious secondary consequences, there will be no eligible recovery costs. Business interruptions and the costs incurred for business recovery are not eligible for reimbursement.

16. How will special needs and at-risk populations be monitored and assisted?

Based on the H1N1 planning assumptions, agencies responsible for monitoring and assisting special needs and at risk populations during previous influenza outbreaks will continue to do so. There is no expectation that the H1N1 outbreak will tax these systems beyond their capacity. The responsible agencies have been actively participating in discussions regarding pandemic preparedness and response.

17. Is government prepared to support rural and remote communities in the event that H1N1 impacts them more severely than the expected average under the planning assumptions?

The provincial government recognizes that rural and remote communities may be more significantly impacted by H1N1 than larger communities. The Province is committed to working with all levels of government and local partners to support smaller communities in the management of any health or severe secondary public safety impacts as a result the current H1N1 influenza outbreak. Among the range of provincial strategies focused upon supporting smaller communities is the initiative to pre-position critical health supplies throughout B.C. to allow a more rapid response in the event of a rural outbreak.

18. Will there be a need for non-medical home care, such as providing food, medications, and education material? Should someone telephone victims to check status and immediate needs?

According to the H1N1 planning assumptions, there is no expectation that activities extraordinary to the response to past influenza outbreaks will be required of local authorities or their volunteers.

19. What is the operational communications plan to keep stakeholders in government (federal, provincial, local, regional health, etc) and key non-governmental organizations (NGOs) informed?

When requested, EMBC will facilitate teleconference calls led by regional health authorities to inform local governments and other emergency management stakeholders during the H1N1 outbreak.

20. Will the local government need to activate an Emergency Operations Centre (EOC) for H1N1?

A local government may choose to activate an EOC, however, the costs of the activation of an EOC in response to H1N1 will not be covered by the province.

21. Will Provincial Emergency Program (PEP) task numbers for response to H1N1 be issued?

No. The planning assumptions for H1N1 do not indicate that serious secondary consequences are to be expected and no task numbers will be issued.

22. Who will manage the volunteers that are likely to come forward, and how would they contribute?

According to the H1N1 planning assumptions, local governments will not be expected to manage any volunteer activity in response to the H1N1 outbreak. Health authorities may choose to recruit and use volunteers for H1N1-specific response activities and would manage these volunteers and determine what volunteer activities would be appropriate.

23. Will ESS volunteers (or Search and Rescue volunteers) be used in the H1N1 response? How?

Local government volunteers are NOT expected to be used in the H1N1 response. No task number will be issued and, therefore, volunteers will not be covered for WorkSafe/Workers' Compensation Board (WCB) or third party liability through EMBC/PEP.

24. Local government ESS volunteers may be asked to provide support to health authorities in immunization clinics. Will these volunteers be covered for WCB and third party liability through EMBC/PEP?

Immunization is not a response activity but rather a method of mitigating a disease outbreak. Those who volunteer at immunization clinics will not be covered through EMBC/PEP.

25. Will there be specific training on how to respond to H1N1?

Health authorities may choose to provide specific training for their volunteers on response activities to H1N1. Public Safety Lifeline Volunteers are not expected to participate in H1N1 response unless they are being managed and are volunteering within the health system. No EMBC/PEP task number will be provided.

26. Will we have access to National Emergency Stockpile System (NESS) supplies?

According to the planning assumptions, access to pre-positioned NESS supplies by local governments in response to H1N1 should not be necessary.

27. What infrastructure is available to support "virtual EOCs" (e.g., LiveMeeting or other teleconferencing software)?

Local governments are encouraged to explore various means of making EOC activations more effective in response to a variety of emergencies and disasters. The provincial

government is currently not providing any software specific to virtual EOCs.

28. The document “Managing Pandemic Influenza: A Guide for BC Local Governments” seems inconsistent with the information received this fall. Will it be updated?

The Guide for BC Local Governments was developed in 2005 and was based on planning assumptions for a severe pandemic. The actions and recommendations for the H1N1 outbreak this fall and winter are more moderate as there is no expectation of significant secondary consequences that may put public safety at risk.

Also, since 2005, a number of discussions and workshops have occurred with respect to roles and responsibilities during a pandemic. The current H1N1 outbreak has further enhanced our awareness of issues that need to be addressed. The Guide for Local Governments will be updated to reflect the lessons learned to date.

29. Somebody has been in a location where there is H1N1, should they come to work?

It is strongly recommended that all persons whether they are within the province or travelling outside the province use the personal hygiene guidelines available at <http://www.gov.bc.ca/h1n1/> to minimize the risk of contracting H1N1. Anyone who feels ill should stay home from work. Employees who do not feel ill should go to work.

30. How are small business and corporate entities provided assistance during an H1N1 influenza outbreak?

According to the planning assumptions, the impact of an H1N1 outbreak should be similar to impacts from other influenza seasons in the past with the exception of elevated absenteeism rates (see [H1N1 Pandemic Planning Assumptions for Fall 2009](#) for more information). Businesses and corporate entities should address potential staff shortages within their business continuity plans, including shortages due to influenza.

You can call [HealthLink BC](#) at 8-1-1, 24 hours a day/seven days a week to speak to a nurse if you have more questions or are concerned about any illness/symptoms experienced by you or your children.

For the latest facts on the H1N1 flu virus, visit www.gov.bc.ca/h1n1.

