

Wildfire Major Events



Summer of 2017



Interior Health
Every person matters

About IH

- ▶ Our Vision, Mission & Values
- ▶ Who We Are
- ▶ What We Do
- ▶ Where to Find Us
- ▶ News
- ▶ Emergency Response & Planning
 - Site Emergency Response Plans
 - Preparedness & Response Plans
 - **Wildfire Response**
- ▶ IH Corporate Departments
- ▶ Programs & Services

Wildfire Response

As the wildfire situation continues to unfold in our health region, Interior Health is committed to sharing information and support with our employees.

Please read the latest [Wildfire Information Bulletin for Staff](#) to learn more.

Connecting with Staffing Services

Impacted employees are strongly advised to stay in contact with IH Staffing Services at **1-888-877-7707** to advise of status, updated contact information, and work availability.

If you have been displaced from your normal worksite due to wildfires and are able to work in another community, please let us know. Any employee wanting additional shifts are also invited to call that line to advise of your status and availability.

Questions & Answers for Impacted Staff

The [Wildfire Frequently Asked Questions](#) document for staff provides answers to many questions and concerns you may have, such as whether you are being paid if you are not working due to wildfire disruptions.

We are also in the re-entry phase for our services in 100 Mile House and Williams Lake; please read the [Evacuated Sites Re-Entry Questions and Answers document](#) for more information.

Any additional questions can be directed to the Human Resources Hotline. This toll-free number is available for all IH employees who have questions relating to employment processes and the current wildfire events. Call **1-855-802-9944** to speak with an HR representative.

Other locations for up-to-date information

- [Interior Health Wildfire Major Events page](#)
- [Interior Health Wildfire Information for Staff](#)
- [IH Facebook page](#)
- [IH Twitter feed](#)

What's New

- Memo: Sept. 1 Learning Lessons from Wildfire Response
- Wildfire Staff Bulletin - Aug. 30
- Memo: Aug. 9 - Addressing Air Quality Concerns in IH Work Sites
- Memo: Aug. 4 - Process Change for Tracking Non-Wage Wildfire Expenses (MGR MEMO)

Staff Bulletins & Memos

- Memo: Aug. 25 - Wildfire Response Shifts to Recovery
- Memo: Aug. 18 - Finding a New Normal in Wildfire Response
- Memo: Aug. 10 - Please Take Care of Yourself During Wildfire Response
- Memo: Aug 4 - Process Change for Tracking Non-Wage Wildfire Expenses (MGR MEMO)
- Memo: Aug. 3 - Care & Caution at Forefront of Wildfire Response
- Memo: July 27 - Impressive Wildfire Response Continues
- Memo: July 22 - Wildfire Response Turns to Re-entry
- Memo: July 14 - Compassionate Quality Care Happening Across IH
- Memo: July 13 - Tracking Wildfire Expenses (MGR MEMO)
- Memo: July 12 - Wildfire Update and Supports for Impacted Staff
- Memo: July 8 - Outstanding Response to Wildfire Emergency
- Wildfire Staff Bulletin - August 30
- Wildfire Staff Bulletin - August 23
- Wildfire Staff Bulletin - August 16
- Wildfire Staff Bulletin - August 9
- Wildfire Staff Bulletin - August 2
- Wildfire Staff Bulletin - July 28
- Wildfire Staff Bulletin - July 26
- Wildfire Staff Bulletin - July 19
- Wildfire Staff Bulletin - July 14

(More Links...)

I Need To

- Access IH Employee Health & Wellness Services
- Find Site Emergency Response Plans
- Find Traumatic Event Supports

How It All Unfolded

Ashcroft/ Cache Creek

July 7

Evacuation order issued for Cache Creek. Ashcroft hospital closes due to power outage. Transfer begins for hospital patients, Jackson House, and Thompson View Lodge residents. 46 patients and clients relocated.

July 18

Evacuation order downgraded to an alert. Ashcroft hospital re-opens. Patients and Jackson House and Thompson View Lodge residents return home.

August 25

Evacuation alert rescinded for Cache Creek.



July 15, 2017

To Whom It May Concern:

Re: (Coleen Reiswig), Interior Health Employee

Please grant Coleen Reiswig, access to all Highways in order for the employee to reach the worksite **she** has been deployed to.

Coleen is driving to attend work in Ashcroft. **Her** services are required to ensure safety of patients/clients by Infection Prevention and Control for re-commissioning the Ashcroft District Hospital. Please allow **her** to travel through the road closures as safely appropriate for the period **July 15 to July 31, 2017**.

Should you have any questions, please don't hesitate to contact the Interior Health Staffing Services Department at 1-888-877-7707, press 1-6-1.

Kind regards,

A handwritten signature in blue ink that reads "Caren Inkpen".

Caren Inkpen
HR Lead – IH West
cell phone: 250 490 5694
email: caren.inkpen@interiorhealth.ca

cc: Rhonda Tank, Manager, Staffing Services

Ashcroft



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How It All Unfolded

July 7

Evacuation alert issued. Transfer begins for hospital patients; Mill Site Lodge, Fischer Place and Carefree Manor residents; and home support clients. ED remains open. 310 patients and clients relocated.

July 9

Evacuation order issued. Hospital closes.

July 22

Evacuation order downgraded to an alert. Hospital ED re-opens.

July 25

Lab and DI services re-open. South Cariboo Health Centre re-opens, including home support, home health, mental health, and public health nursing.

July 29

Evacuation alert rescinded.

July 31

Ambulatory care, telehealth, and urology re-open.

August 5

Carefree Manor assisted living patients move back home.

August 9

Residents move back to Mill Site Lodge and Fischer Place. Phased re-opening of hospital begins.

August 14

All health services resume at hospital.



100 Mile House

Check Stop 100 Mile



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Going to Williams Lake



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How It All Unfolded

Williams Lake

July 8

Due to impacts of wildfires in the area, transfer begins for hospital patients, Williams Lake Seniors Village and Deni House residents, outpatient clinics, community care patients, and mental health centre. 498 patients and clients relocated.

July 10

Evacuation alert issued. Lab and DI services suspended, ED and maternity remain open.

July 15

Evacuation order issued. Hospital closes.

July 24

Hospital ED and primary care clinics re-open.

July 27

Evacuation order downgraded to an alert.

July 28

Outpatient lab, DI, and community services re-open.

August 2

Specialist clinics, mental health services, and ambulatory care re-open.

August 15

Evacuation alert rescinded.

August 16

Planning begins to phase in remaining health services.

August 18-19

Williams Lake Seniors Village and Deni House residents move back home.

August 28

All health services resume at hospital.



Williams Lake



“The Canadian Forces helicopter lifted off with the last three patients. As he was taking off, the pilot turns, waves to me, and says 'we'll be back for you.'”

- Dr. Nicole Robbins, Chief of Staff, CMH
Williams Lake

How It All Unfolded

July 9

Evacuation order issued. Alexis Creek Health Centre closes.

July 11

Due to wildfire activity in the area, West Chilcotin Health Centre (Tatla Lake) closes.

July 27

Alexis Creek evacuation order downgraded to an alert.

July 29-30

Evacuation order issued for Clinton. Health centre closes.

July 31

Alexis Creek and Tatla Lake health centres re-open.

August 12-13

Evacuation order issued for Alexis Creek, health centre closes. Evacuation alert issued for Tatla Lake.

August 15

Evacuation orders downgraded to alerts for Clinton and Alexis Creek.

August 17

Health centre re-open in Alexis Creek.

August 18-19

Evacuation order issued for Tatla Lake. Health centre closes.

August 21

Health centre re-opens in Clinton.

August 24

Evacuation order downgraded to alert for Tatla Lake.

August 26-27

Health centre re-opens in Tatla Lake. Evacuation alert rescinded for Clinton.

Cariboo/Chilcotin

Clearwater

July 15

Evacuation alert issued. Transfer begins for hospital patients, Forest View Place residents, and community clients. ED remains open. 26 patients and clients relocated.

July 24

Evacuation alert rescinded.

July 25

Community health and home support services resume.

July 26

Forest View Place residents return home.



“The real heroes during the evacuation were the care aides working at the time of the evacuation, hopping on the buses with the residents from Forest View Place, leaving without their personal belongings, not knowing when they would return or where they would sleep that night. They left their houses, families, and animals to care for those that could not care for themselves.”

- Wilna Ruttan, Licensed Practical Nurse
Clearwater

Infection Prevention and Control

General Information Hospital / Care Facility Re-commissioning Checklist

IPC Role: IPC is an integrated part of each hospital department and community health commissioning/re-commissioning including the temporary health service delivery areas (i.e.) Urgent Care Centres and physician clinics.

Expert in risk assessment IPC assists with: determining the planned priority for reopening departments in phases; decisions about what (if any) sterile supplies, pharmaceuticals and food to save; all remediation/renovation activities including inspections and sign off of all areas. IPC assists in decision making and planning for adequate waste and medical waste management and planning/consulting with departments that need to reactivate in a different physical space of the facility, until the regular space is restored.

It is mandatory that site visits be done by the ICP prior to repatriation of patients/residents/staff.

Below is a checklist for assessments and actions that must be done **PRIOR** to opening the facility.

INFECTION PREVENTION AND CONTROL CHECKLIST BY AREA

POST DISASTER

AREA / QUESTION	Yes	No	COMMENTS
1.0 Laboratory Services			
1.1 Have damaged or contaminated reagents and supplies been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Have biologic safety cabinets been cleaned, disinfected and recertified?	<input type="checkbox"/>	<input type="checkbox"/>	
2.0 Medical Device Reprocessing Area			
2.1 Have all autoclaves been inspected for damage and manufacturers contacted for guidance on repair, cleaning, and disinfection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.2 Have mechanical and biological indicator tests been performed on sterilization equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Were stored sterile supplies compromised? Have they been reprocessed or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Have the washers, instrument disinfection, and ultrasonic equipment been tested for performance?	<input type="checkbox"/>	<input type="checkbox"/>	
3.0 Operating Suite			
3.1 Has there been any damage to the sealed flooring and ceilings?	<input type="checkbox"/>	<input type="checkbox"/>	
3.2 Do sterile supplies need reprocessing?	<input type="checkbox"/>	<input type="checkbox"/>	
3.3 Have the autoclaves (if any) been inspected and undergone CSA mechanical and biological indicator testing?	<input type="checkbox"/>	<input type="checkbox"/>	
3.4 Are the scrub sinks functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	
3.5 Are there enough air exchanges per hour?	<input type="checkbox"/>	<input type="checkbox"/>	
3.6 Have all air filters been changed? HEPA filter validated with accompanying report?	<input type="checkbox"/>	<input type="checkbox"/>	

4.0 Pharmacy			
4.1 Have damaged or contaminated medications and solutions been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
4.2 Are refrigerators for medication storage clean, disinfected and at the proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
4.3 Has the medication compounding area been thoroughly disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
4.4 Has the admixture hood been recertified and filters changed?	<input type="checkbox"/>	<input type="checkbox"/>	
5.0 Respiratory Therapy, Bronchoscopy, Pulmonary Function			
5.1 Has the equipment processing equipment been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	
5.2 Have damaged or contaminated medications and solutions been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
6.0 Radiology, Radiation Oncology			
6.1 Has all equipment been Biomed inspected and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
6.2 Have all damaged or contaminated medications and supplies been replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
7.0 All Patient Care Areas			
7.1 If water lines are shut down or accessed, they are flushed before reusing (minimum 10 minutes) a) Flush the sink/drain that is furthest from the supply into the area and open that faucet wide open for 10 minutes. Flush each sink for 2 – 3 minutes to drain the down riser from the supply line to the sink. b) If the hot water tanks were shut down, ensure they were brought up to 70 – 80 C and held there for 2-3 hours to ensure any legionella that might be present in water is killed.	<input type="checkbox"/>	<input type="checkbox"/>	
7.2 Change all intake air filters. If there is a smoky odor consider installing charcoal filters.	<input type="checkbox"/>	<input type="checkbox"/>	
7.3 Have all resident/patient care areas of facility been terminally cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	
7.4 Have all linens been laundered including curtains and draperies?	<input type="checkbox"/>	<input type="checkbox"/>	
7.5 Has all furniture and equipment been inspected, repaired, and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
7.6 Are medical gas and suction systems including air lines operable and cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	
7.7 Has porous furniture that was wet been discarded?	<input type="checkbox"/>	<input type="checkbox"/>	
7.8 Were mattresses discarded if they have been under water or wet?	<input type="checkbox"/>	<input type="checkbox"/>	
8.0 Emergency Department			
8.1 Have stretchers and exam tables been inspected, repaired, and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
8.2 Has the trauma room flooring been damaged? Has it been repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	
8.3 Have support service areas in the ED (radiology, lab) been inspected in the same manner as the larger department?	<input type="checkbox"/>	<input type="checkbox"/>	
9.0 Intensive Care Units/Burn Units			
9.1 Have whirlpool and physiotherapy area been repaired and disinfected?	<input type="checkbox"/>	<input type="checkbox"/>	
9.2 All equipment, Biomed inspected. Were fans and filters cleaned and changed?			
10.0 Laundry Processing Area			
10.1 Has all laundry equipment been inspected for damage and manufacturers contacted for guidance on repair, cleaning, and	<input type="checkbox"/>	<input type="checkbox"/>	

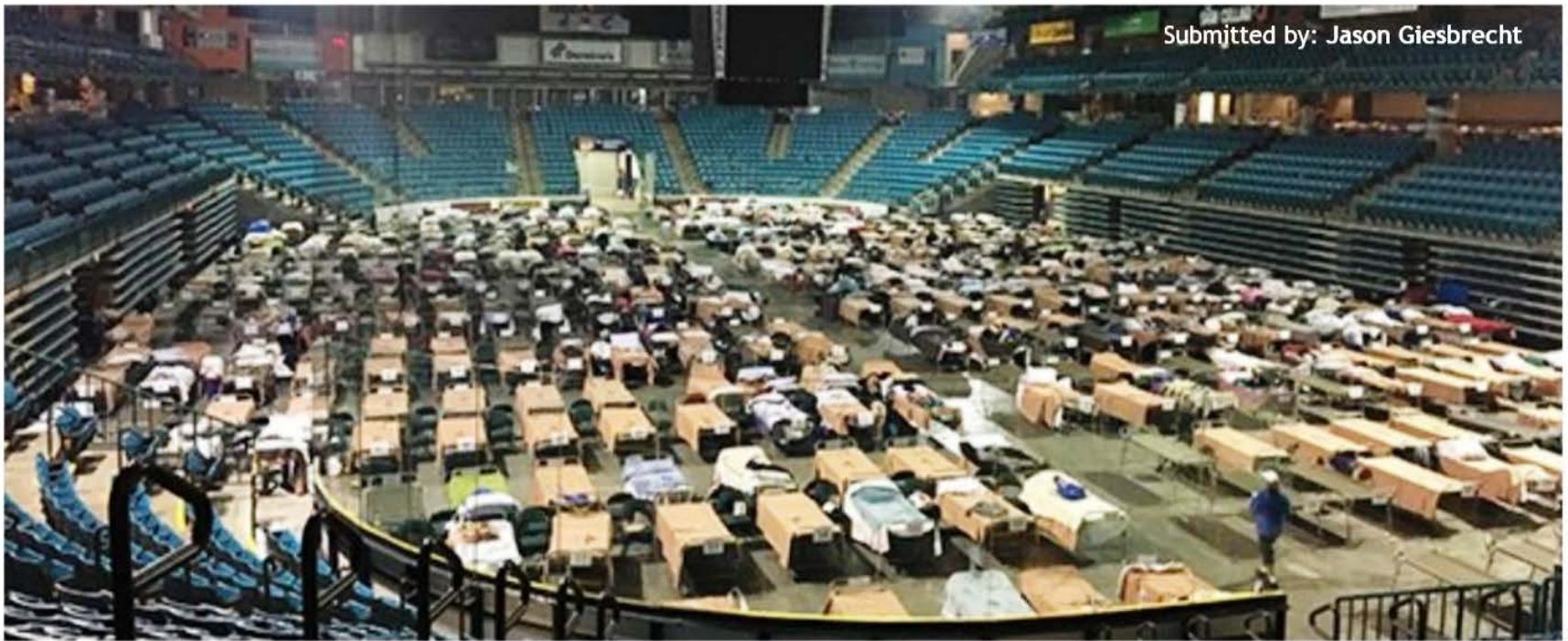
disinfection?			
11.0 Food Service (Environmental Health)			
11.1 Has stored food (dry and canned goods) been inspected for damage or contamination and discarded if it is unsafe to eat?	<input type="checkbox"/>	<input type="checkbox"/>	
11.2 Have ice-machines and refrigerators been cleaned and sanitized?	<input type="checkbox"/>	<input type="checkbox"/>	
11.3 Has all perishable food been discarded?	<input type="checkbox"/>	<input type="checkbox"/>	
11.4 Have all food-contact surfaces been cleaned and sanitized?	<input type="checkbox"/>	<input type="checkbox"/>	
11.5 Have pest control systems been restored?	<input type="checkbox"/>	<input type="checkbox"/>	

References

Health Canada. 2001. *Construction-Related Nosocomial Infection in Patients in Health Care Facilities: Decreasing the Risk of Aspergillus, Legionella, and Other Infections*. Ottawa, ON. [Electronic version]

CSA Group. 2317.13-17. *Infection control during construction, renovation, and maintenance of health care facilities*.

Evacuation Centre Kamloops



Submitted by: Jason Giesbrecht

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**Investigation of Gastrointestinal Illness
Williams Lake Fire Camp Survey**

Today's date: ___/___/___ (mm/dd/yy)

CASE INFORMATION:

Name: _____ Age _____ Gender _____

Personal Health Number (BC residents only): _____

City/Province/Country of residence _____

Date of arrival to Williams Lake Fire Camp: ___/___/___ (mm/dd/yy)

Contact (telephone/email) _____

HISTORY OF ILLNESS:

1. Which of the following symptoms did you experience? (circle all that apply)
 - a. Vomiting → maximum number of vomiting episodes in 24 hour period: _____
 - b. Diarrhea → maximum number of diarrheal episodes in 24 hour period: _____
 - c. Bloody diarrhea (blood in stool)
 - d. Nausea
 - e. Abdominal pain
 - f. Body aches
 - g. Fever
 - h. Headache
 - i. Other: _____
2. What date did your symptoms begin? ___/___/___ (mm/dd/yy)
3. What was the date of your last symptom? ___/___/___ (mm/dd/yy)
4. Are you still experiencing symptoms?
 - a. Yes → please also describe your symptoms: _____
 - b. No
5. Did you seek medical attention for your illness?
 - a. Yes – Fire Camp First Aid
 - b. Yes – Hospital → please specify: _____
 - c. Yes – Other Health Care Provider → please specify: _____
 - d. No
6. Did you stay overnight in a hospital due to your illness?
 - a. Yes → please specify hospital name: _____
 - b. No

- 7. Did you submit a stool or vomitus sample for laboratory testing?
 - a. Yes → please specify if it was a stool or vomitus sample and where it was submitted:

 - b. No

PREEXISTING CONDITIONS AND EXPOSURE HISTORY:

- 8. Why do you think you became ill? (If you don't know, please indicate so) _____

- 9. Do you have any underlying medical conditions that make you sick with gastrointestinal symptoms? (e.g. irritable bowel syndrome, coeliac disease)
 - a. Yes → Please list the conditions _____
 - b. No
- 10. Did you consume any prescription or over-the-counter medicine or alcohol within 24 hours before your symptoms began?
 - a. Yes → Please specify what you consumed and when _____
 - b. No
- 11. Are you pregnant?
 - a. Yes → Please indicate your expected delivery date _____
 - b. No
 - c. Not applicable
- 12. Did you have contact with any person with gastrointestinal illness before your symptoms began?
 - a. Yes → please specify type and location of contact, and the most recent date of contact

 - b. No

ADDITIONAL INFORMATION:

- 13. Is there any additional information that may help our investigation? _____

- 14. Are you aware of any other fire camp resident who has recently been ill with gastrointestinal symptoms?
 - a. Yes
 - b. No
 - c. Not sure

If yes, please describe the number and date range (approx.) of ill people: _____

192 

Patient Care Quality
Office calls received

2,000⁺

Air filters changed
every 2-3 weeks

3,820 

Firefighters, personnel fighting fires

700⁺

Staff displaced

182

Helicopters and
planes deployed

19 

IH sites/facilities closed

15 First Nations
communities
were under alert or order

 35 IH info
bulletins
issued

80⁺ Alerts or
orders
issued

**WILDFIRE
EMERGENCY
RESPONSE**
what it takes

52.37 Highest air
quality health
index reached

4
Incident
command
centres

32,013

Staff hours reported on wildfire

\$93⁺ million
Donations to Red Cross

 1.15 million
Hectares burned

48,000⁺

Registered wildfire evacuees in B.C. Interior

880 

Patients/clients evacuated

\$2.7 million
Cost to IH for
wildfire response

111
People involved
in IH EOC response

250⁺ 
Calls received to HR
wildfire employee hotline

The following numbers reflect some of the statistics related to the wildfire emergency in our province and may be approximate. Data gathered from July 7, 2017 to August 31, 2017.



2017 British Columbia Fires

RED CROSS RESPONSE



39 relief centres supported by the Red Cross to provide shelter, registration, family reunification and financial assistance, including temporary lodging sites in Kamloops and Prince George and reception centres in Ashcroft, Barriere, Chilliwack, Clearwater, Kamloops, Prince George, Surrey, Tk'emlúps and Vernon.



25,500+ households registered with the Red Cross to receive help



11,700+ comfort kits for evacuated people



1,530+ cots and **3,225+** blankets supplied to lodging sites



3,015+ impacted people received one-on-one emotional support



22,806+ home clean-up kits to help families return



145+ Red Cross volunteers and staff helping across British Columbia

spotlight.

Photo credit: BC Wildfire Service

Photo credit: CBC

Submitted by: Tina Marsh

Submitted by: Jane Barnett

Photo credit: Darwin Nicholas/Castanet

Submitted by: Amanda McDougall

Photo credit: Canadian Forces

Submitted by: Don Fletcher

Submitted by: Wilna Rutten

Photo credit: Stephen Casson/Castanet

Submitted by: Debra Donald



Submitted by: Keola Turunen



Submitted by: Dr. Nicole Robbins



Submitted by: Tina Marsh



Photo credit: Allie Keeley/Castanet



Photo credit: Carole Rooney/100 Mile Free Press



Submitted by: Jason Giesbrecht



Submitted by: Trisha Shettler



Photo credit: David Jurek/Castanet



Submitted by: Darce Barbeau



CMH cafeteria with damaged beds that were returned during repatriation still waiting for parts

What Next?

Create a comprehensive Toolkit that includes:

- * IPAC's role in evacuation from and repatriation back to healthcare facilities during an emergency response
- * IPAC's input in the set up of evacuation sites and temporary clinic areas
- * Emergency Room impact when there is communicable infections such as GI illness at evacuation centres and/or worker camps
- * IPAC being at the 'table' at the initiation of Emergency Response events