Wildfire Major Events

Summer of 2017
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 1-866-877-7707 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
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Evacuation alert rescinded for Cache Creek.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,

[Signature]

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

cc: Rhonda Tank, Manager, Staffing Services
Ashcroft
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
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, ambulatory situations, 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.
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.

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.

<table>
<thead>
<tr>
<th>INFECTION PREVENTION AND CONTROL CHECKLIST BY AREA</th>
<th>POST DISASTER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0 Laboratory Services</strong></td>
<td></td>
</tr>
<tr>
<td>1.1 Have damaged or contaminated reagents and supplies been replaced?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>1.2 Have biologic safety cabinets been cleaned, disinfected and recertified?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td><strong>2.0 Medical Device Reprocessing Area</strong></td>
<td></td>
</tr>
<tr>
<td>2.1 Have all autoclaves been inspected for damage and manufacturers contacted for guidance on repair, cleaning, and disinfection?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>2.2 Have mechanical and biological indicator tests been performed on sterilization equipment?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>2.3 Were stored sterile supplies compromised? Have they been reprocessed or replaced?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>2.4 Have the washers, instrument disinfection, and ultrasonic equipment been tested for performance?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td><strong>3.0 Operating Suite</strong></td>
<td></td>
</tr>
<tr>
<td>3.1 Has there been any damage to the sealed flooring and ceilings?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>3.2 Do sterile supplies need reprocessing?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>3.3 Have the autoclaves (if any) been inspected and undergone CSA mechanical and biological indicator testing?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>3.4 Are the scrub sinks functioning properly?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>3.5 Are there enough air exchanges per hour?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>3.6 Have all air filters been changed?</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>HEPA filter validated with accompanying report?</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>
### Pharmacy
- 4.1 Have damaged or contaminated medications and solutions been replaced?
- 4.2 Are refrigerators for medication storage clean, disinfected and at the proper temperature?
- 4.3 Has the medication compounding area been thoroughly disinfected?
- 4.4 Has the admixture hood been recertified and filters changed?

### Respiratory Therapy, Bronchoscopy, Pulmonary Function
- 5.1 Has the equipment processing equipment been inspected?
- 5.2 Have damaged or contaminated medications and solutions been replaced?

### Radiology, Radiation Oncology
- 6.1 Has all equipment been Biomed inspected and disinfected?
- 6.2 Have all damaged or contaminated medications and supplies been replaced?

### 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.
- 7.2 Change all intake air filters. If there is a smoky odor consider installing charcoal filters.
- 7.3 Have all resident/patient care areas of facility been terminally cleaned?
- 7.4 Have all linens been laundered including curtains and disperses?
- 7.5 Has all furniture and equipment been inspected, repaired, and disinfected?
- 7.6 Are medical gas and suction systems including air lines operable and cleaned?
- 7.7 Has porous furniture that was wet been discarded?
- 7.8 Were mattress discarded if they have been under water or wet?

### Emergency Department
- 8.1 Have stretchers and exam tables been inspected, repaired, and disinfected?
- 8.2 Has the trauma room flooring been damaged? Has it been repaired or replaced?
- 8.3 Have support service areas in the ED (radiology, lab) been inspected in the same manner as the larger department?

### Intensive Care Units/Burn Units
- 9.1 Have whirlpool and physiotherapy area been repaired and disinfected?
- 9.2 All equipment, Biomed inspected. Were fans and filters cleaned and changed?

### Laundry Processing Area
- 10.1 Has all laundry equipment been inspected for damage and manufacturers contacted for guidance on repair, cleaning, and

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

Submitted by: Jason Giesbrecht

Every person matters
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

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

- 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

- 11,700+ comfort kits for evacuated people

- 145+ Red Cross volunteers and staff helping across British Columbia
CMH cafeteria with damaged beds that were returned during repatriation still waiting for parts
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