

**Village of Tahsis**

**(in conjunction with the Strathcona Regional District)**

**Novel Coronavirus Disease (COVID–19)**

**Response Plan**

**Version 1.2 - March 17, 2020**

**RECORD OF AMENDMENTS**

|  |  |  |
| --- | --- | --- |
| **VERSION NO.** | **RELEASE DATE** | **NOTES** |
| 1.0 |  | Initial Plan |
| 1.1 | March 16, 2020 | Minor edits to tailor to Tahsis |
| 1.2 | March 17, 2020 | Communication to residents clarified |
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# BACKGROUND

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease

in Hubei Province, China to be a Public Health Emergency of International Concern. WHO stated there is

a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

## How COVID-19 spreads

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People can catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. If they are standing **within one meter** of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu.

## Purpose of this Plan

The Village of Tahsis has developed this response plan based on available documentations and best practices, to strengthen preparedness at the local level for COVID-19. This response plan is aligned with the Strathcona Regional District plan which serves as a potential guide for a regional response recognizing that each organization has the discretion to implement or adjust any proposed activities depending on emergent conditions and information.

The Village of Tahsis COVID-19 Response Plan supports the strategies of Island Health and the First Nations Health Authority while accommodating the specific circumstances of the municipality. Where possible, activities will align with regional, provincial, national and World Health Organization guidelines. This plan is aligned with the Province of British Columbia’s 2020 Pandemic Plan.

## Prevention

The most important thing people can do to prevent coronavirus and other illnesses is to **wash their hands regularly** and avoid touching their faces.

There are currently no vaccines available to protect against human coronavirus infection.

In general, the following may reduce the risk of infection or spreading infection to others:

* stay home if you are sick
* when coughing or sneezing:
  + cover your mouth and nose with your arm to reduce the spread of germs
  + dispose of any tissues you have used as soon as possible and wash your hands afterwards
* wash your hands often with soap and water for at least 20 seconds
* avoid touching your eyes, nose, or mouth with unwashed hands
* avoid visiting people in hospitals or long-term care centres if you are sick

# DEFINITIONS

* ***Community Transmission***: Means the occurrence of cases of an illness for which the source of infection is unknown.
* ***Essential Services:*** Key services that must be provided/maintained within 24 hours or less. These may include drinking water, wastewater, fire services, governance and communications.
* ***Pandemic:*** A communicable disease epidemic that rapidly spreads to affect susceptible populations over much of the world. A pandemic can be of variable mortality and can in some cases lead to endemicity.
* ***Self-Isolation:*** Where an individual will avoid situations where there is a risk of close contact with others (face to face contact closer than 1 metre for more than 15 minutes), such as social gatherings, work, school, child care/pre-school centres, university, and other education providers, faith-based gatherings, aged care and health care facilities, prisons, sports gatherings, restaurants and all public gatherings.
* ***Self-Monitor:*** Where an individual will monitor their own health and the health of their children or live-in family members for symptoms such as fever, cough and difficulty breathing. Individuals who are self-monitoring are allowed to attend work and participate in regular activities.
* ***Social Distancing:*** Refers to different approaches to minimize close contact with others in the community and include: quarantine and self-isolation at the individual level as well as other community-based approaches (e.g., avoiding crowding, school measures and closures, workplace measures and closures, public/mass gathering cancellations).

# GUIDELINES & PROCEDURES

The following guidelines and procedures are established for implementation before or during a COVID-19 pandemic:

* [*COVID-19 Response Guidelines (Section 4)*](#_COVID-19_RESPONSE_GUIDELINES)
* [*Office Sanitization Plan (Section 5)*](#_OFFICE_SANITIZATION_PLAN)
* [*Self-Monitoring and Isolation of Staff (Section 6)*](#_SELF-MONITORING_AND_ISOLATION)
* [*Restricting Staff Access to Worksites (Section 7)*](#_RESTRICTING_STAFF_ACCESS)
* [*Communications Plan (Appendix A)*](#_APPENDIX_A_–)
* [*Essential Services List (CONFIDENTIAL) (Appendix B)*](#_APPENDIX_B_–)

# COVID-19 RESPONSE GUIDELINES

To protect Village of Tahsis staff from exposure and to limit the spread of COVID-19 and impact to essential community services, the following stages and procedures are recommended as a guideline:

**NOTE**: *Procedures from higher stages may be implemented sooner at the discretion of the EOC, CAO, or designate.*

## Stage One

Definition:

The Provincial Medical Health Officer advises of an occurrence of COVID-19 in the Province of BC.

Recommended Procedures:

* Initiating the Village COVID-19 Response Plan
* Providing Internal and External Communications (per Appendix 1)
* Self-Monitoring and, where appropriate, Isolation of Staff Members
* Opening of a Level One Virtual Emergency Operations Centre

## Stage Two

Definition:

The Provincial Medical Health Officer advises of Community Transmission of COVID-19 in the Province of BC.

Recommended Procedures:

* Procedures outlined in Stage One AND
* Implement Office and Public Gathering Area Sanitization Plan
* Restrict Staff Access to Worksites
* Implement working from home/telecommuting options
* Village of Tahsis to continue to operate EOC Level 1 providing regular coordination calls with interested community partners (Island Health, SD #84 and other key agencies as required).

## 

## Stage Three

Definition:

Stage Three activation will occur when Community Transmission of COVID-19 has escalated to a point where the delivery of essential services may be at risk if additional measures are not taken. Stage Three activation will be at the discretion of the Mayor and Council and will consider:

Whether or not a pandemic has been declared

Characteristics of community transmission (such as number of cases and location)

Occurrences, if any, of COVID-19 on Vancouver Island and/or in the Village of Tahsis area.

Recommended Procedures:

Procedures during Stage Three may include:

* Those procedures outlined in Stage One and Stage Two AND
* Restricting public access to the municipal workspaces (Village office, public works area, fire hall, etc.)
* Closure of public facilities (Recreation Centre)
* Restrict non-essential work related travel
* Reducing/restricting public services
* Additional measures necessary to protect key staff required to provide Essential Services
* Closure/temporary suspension of non-essential services

# OFFICE SANITIZATION PLAN

During Stages Two and Three, all office areas must be sanitized using cleaning supplies suitable to reduce the exposure and spread of COVID-19. This may also be done at Stage One.

## Disinfecting Agents

The following is a list of disinfecting agents and their working concentrations known to be effective against coronaviruses:

|  |  |
| --- | --- |
| **Agent and Concentration** | **Uses** |
| **Chlorine:** Household bleach – sodium hypochlorite (5.25%) 1:100 (500 ppm solution)10 ml bleach to 990 ml water | Used for disinfecting general surfaces, e.g., hand railings, grab handles, door knobs, cupboard handles. |
| **Chlorine:** Household bleach - sodium hypochlorite (5.25%) 1:50 (1,000ppm solution) 20 ml bleach to 980 ml water | Used for disinfecting surfaces contaminated with bodily fluids and waste like vomit, diarrhea, mucus, or feces (after cleaning with soap and water first). Allow surface to air dry naturally. |
| **Accelerated Hydrogen Peroxide 0.5%** | Used for disinfecting general surfaces (e.g. counters, hand rails, door knobs). |
| **Quaternary Ammonium Compounds (QUATs)** | Used for disinfecting of general surfaces (e.g., floors, walls, furnishings). |

## Required levels of sanitization

Stage One

* As required.

Stage Two:

* Workstations and areas with public access will be provided with sanitizing materials for use by staff.
* All staff will ensure that their own workstations, including equipment, vehicles, and surfaces are sanitized using an appropriate disinfecting agent on a daily basis.
* Janitorial staff will ensure that common high-touch areas such as door handles, washrooms, and light switches are sanitized using an appropriate disinfecting agent on a daily basis.

Stage Three

* Routine practices as per Stage Two continue.
* All surfaces must be sanitized after each use using an appropriate disinfecting agent.

# SELF-MONITORING AND ISOLATION OF STAFF MEMBERS

During the workday, staff will Self-Monitor to determine if they are experiencing any symptoms of COVID-19.

## Symptoms

Those who are infected with COVID-19 may have little to no symptoms. Symptoms may take up to 14 days to appear after exposure to COVID-19. This is the longest known infectious period for this disease.

* Clinical symptoms of COVID-19 may be mild or severe, and are similar to other respiratory illnesses, including the flu and common cold.
* Mild symptoms may include some or all of the following: Low-grade fever, cough, malaise, rhinorrhea, fatigue, sore throat, gastro-intestinal symptoms such as nausea, vomiting, and/or diarrhea.
* More severe symptoms may include any of the above as well as fever, shortness of breath, difficulty breathing and/or chest pain.

## Procedures:

If a staff member or community service provider becomes symptomatic (or has symptomatic members of their household):

* Staff member should isolate from others as quickly as possible.
* Staff member must immediately call your health care professional, a local public or first nation health authority, or [8-1-1](tel:8-1-1).
* Describe your (or your live-in family member’s) symptoms and travel history. They will provide advice on what you should do.
* Notify supervisor electronically or by phone, and avoid contact with co-workers until they are advised it is safe to return to work.
* Supervisor should ensure community, municipal or regional district Human Resources department or group has been advised.

A health care professional may ask individuals to Self-Isolate. People asked to Self-Isolate should stay home and limit contact with others for 14 days. Human resource policies will be reviewed and updated to accommodate instances of staff who are required to self-isolate.

# RESTRICTING STAFF ACCESS TO WORKSITES

**Unless otherwise directed by the Chief Administrative Officer, healthy employees are expected to report for work.**

If an employee or their live-in family member has a heightened risk of infection due to travel or discloses that they are suffering symptoms consistent with COVID-19, they may be asked to remain away from the workplace until medical clearance is obtained.

At the discretion of a CAO or designate, non-essential work related travel may be restricted for staff.

Where applicable, staff will be given the opportunity to work from home at the discretion of the CAO or designate. Any staff who are unable to work from home or in their workplace due to illness or self-isolation, will be paid in accordance with human resource policies.

# APPENDIX A – Village of Tahsis COVID-19 COMMUNICATIONS PLAN

# A1. COMMUNICATIONS OBJECTIVES

Communication about prevention of COVID-19 is the responsibility of Island Health and the First Nations Health Authority supported by community leaders (Local Authorities and First Nations).

Open communication is essential to the support and cooperation of the community and in building confidence and eliminating and avoiding misinformation. The release of public information relating to local impacts of the disease should be centralized to lessen confusion for the public.

The Village of Tahsis’ communications objectives are to:

* Advise what the municipality is doing about COVID-19 planning, including how it coordinates with partner organizations.
* Share information with stakeholders involved in the preparation for and response to a COVID-19 pandemic.
* Increase public awareness of the importance of planning, hygiene and awareness so that residents are able to make the necessary decisions to protect themselves.
* Advise any changes to service delivery from the region.
* Develop and communicate consistent, appropriate and accurate messages regarding COVID-19 for external and internal audiences **in coordination with** partnering organizations.
* Ensure that the public messages in a timely manner.
* Establish the Village of Tahsis as an accurate, reliable and trusted source of information.
* Address misunderstandings, correct misinformation, and deal with rumors and stigma.

# A2. KEY MESSAGES

* The Village of Tahsis (through the EOC) will follow the advice and guidance of Island Health and the BC Centre for Disease Control which have the expertise to assess the level of risk posed by COVID-19.
* The Village of Tahsis is preparing for a COVID-19 pandemic.
* The Village’s priority during a COVID-19 pandemic is to maintain Essential Services. There may be changes to the delivery of some services to protect the health and safety of workers, and to focus on providing the most necessary services to the community.

# A3. RESPONSIBILITIES

The Village of Tahsis will be responsible for communication regarding services and functions specific to the Village of Tahsis.

# A4. TARGET AUDIENCES

Communications planning for COVID-19 response comprises two audience areas – internal and external. For the Village of Tahsis:

* Internal – Mayor and Council, Village staff, EOC personnel
* External –­­­Public (residents, tourists), partner organizations, businesses, media, social media.

# A5. COMMUNICATION STRATEGIES - GENERAL

Communications by the Village of Tahsis will be directed to the general public and to staff. A spokesperson and a back-up spokesperson for each stage will be identified. All COVID-19 health related information being sent to internal and external audiences will be approved by the CAO or Emergency Operations Centre Director, or designate. However, given the nature of COVID-19, more people may be required to act as spokespeople in the event of time off or illness.

Communication to the public will be through social media, web, mail outs and public notices.

The Village of Tahsis will communicate clearly with the public, provide consistent messaging and explain what is being done and what the public can do. At the request of Island Health, the Village of Tahsis may assume additional responsibilities.

Media attention may be intense and information demands may continue for some time. Sustaining public confidence during this time may be a challenge. Public reaction may be divided between those who will think the Village of Tahsis is not doing enough to protect the safety of residents and Village of Tahsis staff and some who will think the Village of Tahsis is over-reacting. Despite public opinion, the goal is to make sure that the community is informed about the Village of Tahsis’ plan and actions.

Content of the messages from the Village of Tahsis will focus on changes in service delivery within the region. Questions beyond the scope of Village of Tahsis’ responsibility will be referred to Island Health. Information about COVID-19 will be coordinated with Island Health and may be communicated by the Village of Tahsis on their behalf, if requested. The Village of Tahsis will request regular updates from Island Health during a COVID-19 pandemic.

## Communication with Employees

The Village of Tahsis will take the lead role in communicating details with Village of Tahsis employees. The employer has the responsibility to educate employees concerning preventive measures. Confronted with a COVID-19 pandemic, the employer must inform its employees of preventive measures and implement plans to help protect employees against the spread of this disease. When activated, the EOC Information Officer or designate will coordinate all internal messaging as required with other key staff (HR, payroll, OHS and Public Safety).

The Village of Tahsis will work with the safety committee to communicate the health and safety precautions to be followed to reduce the spread of COVID-19 and to educate employees about their responsibility to help protect themselves, their families, and those who become ill.

Employee communications should be by different methods, must reach all employees, and may need to acknowledge that an employee cannot meet face to face (self-isolated) e.g. email, bulletin boards, notification system etc.).

# A6. COMMUNICATION BY STAGES

Over the course of a COVID-19 outbreak, the demand and need for information will vary with the significance of the threat. The content of messages will also change as phases move from one to the next.

The role of communications will evolve throughout all phases from actively trying to raise awareness to responding to requests for information from residents.

Messages will correspond to the phases of the outbreak (which are separate from the Stages identified in the COVID-19 RESPONSE GUIDELINES (Section 4). Phases for communications purposes have been identified as:

* Awareness Period (Stage 1)
* Community Transmission Period (Stage 2 and 3)
* Recovery Period

## 

## Awareness Period

This phase may be initiated before a pandemic has been officially declared, and includes the period of time immediately after.

The communications objectives in the awareness phase will be to deliver COVID-19 information to the public and employees intended to raise awareness of the risks of COVID-19 and the steps residents and communities can take to minimize the spread of COVID-19. Such information may include:

* Hand hygiene – frequent hand washing
* Avoid touching eyes, nose or mouth with unwashed hands
* Respiratory hygiene - cover your cough/sneeze
* When to stay home
* How businesses can prepare
* How the community/municipality is preparing for COVID-19
* Cleaning and disinfection of work surfaces
* Information related to reducing stigma and where to find official sources of information

Communication channels to be considered will include newspaper and radio advertising, website updates, social media, presentations to the public (residents, business sector) and internal audiences, news conferences/media briefings, news releases and the handling of media inquiries.

The Village of Tahsis *COVID-19 Response Guidelines* outlines Stage One as an occurrence of COVID-19 within the Province of BC. At this time, the Village of Tahsis will implement the information strategy that will communicate the following procedures:

* Self- Monitoring and Social Distancing of Staff Members
* EOC engaged in advanced planning

## 

## Community Transmission Period

Once a pandemic has been declared, the communication objectives will be to support Island Health/First Nations Health Authority by:

* Continue to communicate the symptoms of COVID-19 to the media and the public.
* Communicate what residents can expect during this phase.
* Communicate the importance of continuing with personal hygiene.

The Village of Tahsis’ *COVID-19 Response Guidelines* outlines Stage Two as being when the Provincial Chief Medical Health Officer advises of Community Transmission of COVID-19 in the Province of BC. At this time, the Village of Tahsis may implement and communicate the following plans (in addition to plans identified in Stage One):

* Office Sanitation
* Restricting Staff Access to Worksites
* Working from home where applicable
* Operating a Level One Emergency Operations Centre

The Village of Tahsis*’ Pandemic COVID-19 Response Guidelines* outlines Stage Three to be implemented at the discretion of Mayor and Council and will take into consideration:

Whether or not a pandemic has been declared

Characteristics of community transmission (such as number of cases and location)

Occurrences, if any, of COVID-19 on the Island or in the region

During Stage Three, the Village of Tahsis will communicate implemented procedures (in addition to procedures identified in Stage One and Stage Two). This **may** include:

* Restricting public access to the workspaces, public facilities and public services.
* Closure/temporary suspension of non-essential services
* Restrict non-essential work-related travel for Village of Tahsis employees/volunteers
* Reducing/restricting public services (drinking fountains, public transit)
* Additional measures necessary to protect key staff required to provide Essential Services

## Recovery Period

During this period, the Village of Tahsis will communicate with Island Health to confirm the end of the Community Transmission period, acknowledge the contribution of both internal and external involvement in the process, provide any necessary information to the public on return to normal service levels and when available, information about a possible relapse of the COVID-19. It may also be appropriate to hold a public information meeting for the purposes of providing a situation report to the community and receiving feedback from the public. Psychosocial issues should be addressed to ease the strain on community members who have been adversely impacted by COVID-19.

As well, the recovery period will allow, when appropriate, for a formal evaluation of the communications strategy. Evaluation may include the monitoring of requests for information, website stats, requests from stakeholder groups, and media relations.

# 

# A7. MEDIA COMMUNICATIONS

The Village of Tahsis’ Communications Coordinator, EOC Information Officer or designate will coordinate media relations activities. In the event of a COVID-19 pandemic, the media will be updated on a regular basis through such avenues as in-person news briefings, email, website updates and/or social media feeds.

The Village of Tahsis’ EOC Information Officer will monitor the local news media and social media to determine and ensure the Village of Tahsis’ messaging is being heard, that the information is accurate and timely, ensure there is no missing information, and evaluate communications to assist in the planning for further communications.

**More Information about coronavirus and prevention:**

* [**Public Health Coronavirus (COVID-19): Outbreak update**](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html)
* [**Public Health Coronavirus infection: Prevention and risks**](https://www.canada.ca/en/public-health/services/diseases/coronavirus/prevention-risks.html)
* [**The World Health Organization (WHO) information and preventative measures**](https://www.who.int/emergencies/diseases/novel-coronavirus-2019)
* [**Centers for Disease Control and Prevention**](https://www.cdc.gov/coronavirus/about/prevention.html)

# APPENDIX B – Village of Tahsis ESSENTIAL SERVICES LIST – CONFIDENTIAL

# APPENDIX C – Mid Island Emergency Coordinators and Managers Pandemic Plan

## PANDEMIC/DISEASE OUTBREAK EVENT

**Possible Major Effects:**

**Key Agency: VIHA (MHO) / [*Powell River–VCH (MHO)*]**

|  |  |
| --- | --- |
|  | Deaths |
|  |  |
|  | Infected and/or seriously ill populations |
|  |  |
|  | Mass outpatient care |
|  |  |
|  | Mass hospitalization |
|  |  |
|  | Overburdening of health care facilities and workers |
|  |  |
|  | Public health issues and concerns |
|  |  |
|  | Shelter-In-Place of people and animals |
|  |  |
|  | Disruption of Travel (road, air and/or water) |
|  |  |
|  | Disruption of Essential Services (Police, Fire, Health) |
|  |  |
|  | Disruption of Communications |
|  |  |
|  | Jurisdictional issues |
|  |  |
|  | Disruption and economic effect on government, business and/or public |

|  |  |  |
| --- | --- | --- |
| **Potential Incident Site Actions** | | **Agencies/Persons Responsible** |
|  | Assess situation | * All responding agencies/personnel |
|  | Establish emergency communications | * All responding agencies/personnel |
|  | Assess health concerns & issues | * Medical Health Officer |
|  | Identification of potential outbreak | * Health Authorities * Centre for Disease Control |
|  | Identification of disease or specific strain | * Health Authorities * Centre for Disease Control |
|  | Declaration of disease outbreak | * Health Authorities |
|  | Implement response systems | * Health Authorities |
|  | Inventory available medical stocks | * Health Authorities |
|  | Conduct mass immunization clinics | * Health Authorities * Local Clinics |
|  | Provide health care | * Health Authorities * Local Clinics * Local Hospitals |
|  | Monitor worker health and medical problems | * Medical Health Officer * Health Authorities |
| **Potential Incident Site Actions** | | **Agencies/Persons Responsible** |
|  | Escalation of event | * Medical Health Officer * Health Authorities * PREOC/PECC/CCG |
|  | Monitor water, radiological, toxicological and sewage disposal services | * Medical Health Officer * Health Authorities |
|  | Monitor and provide expertise in handling, evacuation, care and disposal of animals | * Ministry of Agriculture & Lands * SPCA |
|  | Provide disease forecasts and bulletins | * Medical Health Officer * Centre for Disease Control |
|  | Arrange temporary morgue and removal of deceased | * Police * Coroner |
|  | Enforce quarantine and/or evacuation orders | * Police |
|  | Activate Emergency Social Services | * Emergency Support Services Director |
|  | Arrange for collection and distribution of water and food | * Public Works * Emergency Support Services (ESS) |
|  | Provide special assistance to elderly, infirm and home patients | * Emergency Support Services (ESS) * Ambulance |
|  | Determine resources required and request assistance via Emergency Operations Centre | * Coast Guard * Fire * Ministry of Environment |
|  | Eliminate or isolate contaminated water source | * Public Works * Police |
|  | Assess alternate sewer services | * Public Works |

|  |  |  |
| --- | --- | --- |
|  | **Potential EOC Actions** | **Agencies/Persons Responsible** |
|  | Activate EOC | * EOC Director * Emergency Program Coordinator |
|  | Assess situation | * EOC Operations Section |
|  | Establish emergency communications | * EOC Logistics Section |
|  | Establish Public Information System in coordination with Lead Agency | * EOC Information Officer |
|  | Determine Federal, Provincial or Municipal Jurisdiction | * EOC |
|  | Notify adjacent jurisdictions as required | * EOC |
|  | Determine resources required and request assistance via Emergency Management BC | * EOC |
|  | Control allocation of critical resources | * EOC |
|  | **Potential EOC Actions** | **Agencies/Persons Responsible** |
|  | Coordinate restoration of utilities | * EOC/PREOC |
|  | Coordinate restoration of essential services | * EOC/PREOC |
|  | Coordinate recovery process | * EOC |
|  | Request Provincial Disaster Financial Assistance (DFA) | * EOC * Local Authority |
|  | Update Emergency Management BC | * All agencies/personnel through EOC |

|  |  |  |
| --- | --- | --- |
| **Equipment** | | **Potential Source** |
|  | Emergency Facilities | * Medical Health Officer * Emergency Support Services (ESS) |
|  | Ambulances & medical supplies | * Ambulance |
|  | Mobile Public Address System | * Police * Fire * Public Works |
|  | Barricades | * Public Works * Highways Contractor |
|  | Communications | * EOC |
|  | Disposable gowns (non-sterile, impermeable, disposable)  Primary Sites – 100  Secondary Sites – 10 | * Health Authority * Local Authority |
|  | Face shields  Primary Sites – 100  Secondary Sites – 10 | * Health Authority * Local Authority |
|  | N 95 Face Masks  Primary Sites – 100  Secondary Sites – 10 | * Health Authority * Local Authority |
|  | Surgical masks with ties  Primary Sites – 100  Secondary Sites – 10 | * Health Authority * Local Authority |
|  | Gloves, disposable, slightly powdered or non-powdered, non-sterile, non-latex, LARGE  Primary Sites – 100  Secondary Sites – 5 pairs | * Health Authority * Local Authority |
|  | Gloves, disposable, slightly powdered or non-powdered, non-sterile, non-latex, MEDIUM  Primary Sites – 100  Secondary Sites – 5 pairs | * Health Authority * Local Authority |