

#	Relates to	Action	Priority	Assigned to	Date assigned	Due date	Status	Comments
VA-009	Cooling Unit	Close Cooling Unit by 16:00	Medium	Lori Quinn	30-Jun-21		In Progress	2021-06-30 @ 1315: Planning to close at 15:00
VA-010	Communications	Inform staff of transition from Surge Level 3 to 2	Medium	Gillian	30-Jun-21		In Progress	
VA-001	Operations	BMT patients - need staffing in order to open 5 beds	High	Jessie Rodrigues	29-Jun-21		Closed	
VA-002	Operations	5 Neuro beds available - ensure staffed and that patients have gone up	High	Operations	29-Jun-21		Closed	ED patients have been targeted
VA-003	Operations	2nd surgical pod (4 beds) opened, is staffed --> take patients from ED	High	Surgical	29-Jun-21		Closed	
VA-004	Operations	Establish Cooling Unit of PCC	High	Surgical, Lori K, Lori Q	29-Jun-21		Closed	
VA-005	Operations	Connect with physicians to mitigate incoming and accelerate discharging	High	Operations, ALL	29-Jun-21		Closed	
VA-006	Staffing	Send out broadcast to all Med/Surg-trained nurses working in acute and community areas	High	Staffing, Susan Seeman	29-Jun-21		Closed	
VA-007	Communications	Send out communications to (1) physicians and (2) all staff re: current Surge Level 3	High	Gillian, Michelle	29-Jun-21		Closed	
VA-008	Cooling equipment	Fans and other available cooling equipment for ED waiting room	Medium	Gloria Hertz/HEMBC	29-Jun-21		Closed	06-29-1600 Have received fans

Use unique
identifiers to
avoid confusion
with other
action plans

Ensure each action is clear and specific, so that anyone can understand

Write out
full name(s)

This button sorts the sheet in order of Open, In Progress Closed --> make sure to only use "Open", "In Progress", "Ongoing" or "Closed"

#	Relates to	Action	Priorit	Assigned to	Date assig	Due date	Status	Comments
A-001	Public Health	Create a line list	High	Dr Andrew Hurlburt	16-Nov-20	18-Nov-20	Open	
A-002	Supply	Place order for masks according to new masking guidelines	Medium	Angie Martinez	27-Oct-20	31-Oct-20	In progress	2020-10-30 Backordered; still have enough stock on hand for 2 months supply
A-003	IPAC	Create a whiteboard with key messages for each day and place by front door	Low	Dr Titus Wong	3-Nov-20	15-Nov-20	Closed	2020-11-14 Whiteboard ready for display

List the stream
(s) the task
relates to; this
is very helpful
for after action
reviews

Assign priorities
High, Medium,
or Low

Input dates by "8 Nov 20" and it will auto format; old dates will automatically turn red

Add comments/updates with a time stamp; you can enter multiple lines by using "Alt-Enter"

Heat and smoke plan

Vancouver Acute

Purpose/Objective

The purpose of this heat and smoke plan is to outline the impacts, contingencies, and supplies/equipment required to support a department/site/program in responding to a heat or smoke event. This plan is complementary to and relies on the principles outlined in the VCH-PHC Heat Emergency Operations Plan and site/program Emergency Response and Code Manuals.

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Date of Plan: 10/5/2022

Document prepared by: Lori Korchinski, Tracey Taulu, & Gloria Hertz

Revision History

Date	Version	Description	Author
2021-11-04	1.2	Roles and responsibilities redefined	SB
2021-11-04	1.2	Plan maintenance revised	SB
2021-11-04	1.2	Levels of response separated into regional and site/program	SB
2022-05-17	1.3	Reviewed and updated by authors	GH
2022-06-30	1.4	HARS algorithm updated	GH
2022-08-31	2.0	Provincial HARS Revisions	J.Chan
2022-10-05	2.0	Lessons learned from 2022	GH

Overview

Department/Site/Program Information

Department/Site/Program Name:	VCH Vancouver Acute: VGH, UBCH, & GF Strong	
Type of Services:	ED, acute in-patient	
	<input checked="" type="checkbox"/> Patient/Resident Care Area	<input checked="" type="checkbox"/> In-Patient
	<input type="checkbox"/> Non-Patient/Resident Care Area	<input type="checkbox"/> Out-Patient
Number of clients/patients/residents served:	Approximately 737 beds at VGH; 141 beds at UBCH; 68 beds at GF Strong	
Key population(s) at risk:	Seniors, people with chronic disease, socially vulnerable populations	
Key contact(s):	lori.korchinski@vch.ca ; tracey.taulu@vch.ca ; gloria.hertz@phsa.ca ; va.eoc@phsa.ca	
Other information:		

Roles and responsibilities

Senior Management

- Establish specific responsibilities for the implementation and administration of this Heat and Smoke plan.
- Support and actively promote VCH's commitment to prevent occupational exposure to thermal exposure in the workplace.
- Support and actively promote the prevention of thermal exposure in VCH workplaces in accordance with the VCH Humidex Response Plan.
- Ensure that management/supervisory staff are familiar with hazards in their area of responsibility and potential heat/smoke impacts on health & health services.
- Ensure that all levels of management are made aware of their responsibilities with regard to the Heat and Smoke Plan and are held accountable for risk management and exposure to hazardous thermal conditions.
- Ensure that all levels of management monitor impacts to health and safety and service delivery and take appropriate action where necessary, as outlined by policies and procedures.
- Ensure that adequate resources (human and fiscal) are available to allow for the successful implementation of the Heat and Smoke Plan.
- Establish a site-based Emergency Operations Centre (EOC) for streamlined communication across the site and programs and delegate members/roles as required.

Site Managers/Supervisors

- Communicate to staff, verbally and through role modeling that staff and patient health and safety is of primary importance to the organization.
- Ensure preventative measures are developed and implemented to minimize the risk of exposure to thermal stress in the workplace and health service delivery impacts related to heat and smoke.
- Ensure that workers understand the hazards of extreme thermal conditions and receive training in safe work procedures as outlined in the Humidex Response Plan.
- Ensure that workers follow established safe work procedures, use appropriate personal protective equipment and demonstrate understanding of said procedures
- Ensure that all staff know what to do in emergencies and cases of an extreme thermal exposure including the importance of reporting significant issues in a timely manner
- Ensure that adequate controls are in place, readily available and used by staff who are at risk of occupational exposure.
- Ensure that all staff know what to do in emergencies and cases of an extreme thermal exposure.
- Monitor work practices and provide additional education and training as appropriate.
- Promptly investigate any exposure incidents to determine the cause(s) as well as identify and implement corrective actions. Involve key stakeholders (JOHSC member and/or OH&S Advisor) where available or assistance is required.

Employees

- Review the heat and smoke plan to understand the expected hazards and identified preparedness and response measures.
- Participate in the education and training programs available.

- Follow established safe work procedures, use controls available and use appropriate personal protective equipment.
- Know the plan and associated safe work procedures.
- Report heat and smoke related impacts and risks to supervisory personnel.
- Verbally report any observed unsafe conditions/practices to Manager/Supervisor and then document any incidents.
- Follow the site instructions for First Aid (if necessary) and document on the VCH Employee Incident Report. If the exposure is excessive (e.g. heat stress or frost bite), medical treatment may be necessary.

Risk Identification, Assessment and Control

Risk identification can be achieved by reviewing incident/accident data, hazard prevention alert notices, observational analysis of various tasks and procedures performed by healthcare workers, exposure monitoring, reports originating from Joint Health and Safety Committees, discussions arising from departmental meetings, as well as informal and formal discussions with frontline staff.

Hazard Stress Assessment

The following hazards and risk factors have been identified to outlined hazards and risk factors to consider the controls/interventions to operations and client/patient/resident safety.

- Use available tools to determine at-risk populations (i.e. heat mapping)
- Identify which patients/clients/residents will require support above and beyond regular service

	Level 1: Heat Warning <i>Recommended actions for a Heat Warning</i>	Level 2: Extreme Heat Emergency <i>All recommended actions for a Heat Warning, plus additional actions</i>
Notification & Activation	<input type="checkbox"/> HEMBC will notify emergency management leads and AOC of impending or active heat event <input type="checkbox"/> AOC or designate will ensure that all key program areas are aware of heat warning, including but not limited to: <ul style="list-style-type: none"> ○ Access & flow supervisors ○ Emergency ○ Critical care ○ Medicine ○ FMO ○ Communications <input type="checkbox"/> Complete a targeted check-in with FMO to ensure A/C is functioning in all areas and fans are ready to be deployed if needed	<input type="checkbox"/> AOC or designate to establish an EOC with broad program representation, including but not limited to: <ul style="list-style-type: none"> ○ Access & flow supervisors ○ Emergency ○ Critical care ○ Medicine ○ FMO ○ Communications ○ In-patient surgery ○ OR and PACU ○ Ambulatory ○ Morgue ○ HEMBC <input type="checkbox"/> Determine what will be the criteria for monitoring impacts (i.e. ED volume, wait

	<input type="checkbox"/> Consider the need for a program-wide coordination call to ensure all areas are adequately prepared <input type="checkbox"/> Consider the need for follow-up coordination calls throughout the heat event	times, etc.) and what will be the criteria for calling a Code Orange
High internal temperatures in health care facility	<input type="checkbox"/> Open windows and doors in morning or night when cooler if possible. <input type="checkbox"/> Close window coverings during hot periods. <input type="checkbox"/> FMO to ensure A/C functioning is maintained <input type="checkbox"/> FMO to distribute fans to clinical and administrative areas that are experiencing increased temperatures – See Appendix A for IPAC guidance on portable fan use <input type="checkbox"/> GF Strong's old building, which is primarily utilized for outpatient appointments, does not have AC/C, so these may need to be postponed if heat cannot be mitigated with fans	<input type="checkbox"/> Increase distribution of fans to clinical areas that are experiencing high temperatures and/or are external facing (such as the ED) <input type="checkbox"/> Deploy coolers filled with ice to areas that are treating patients with heat-related illness (VGH and UBCH EDs) <input type="checkbox"/> Sodexo to supply ice to stock coolers <input type="checkbox"/> Sodexo to supply bulk water <input type="checkbox"/> If needed, consider utilizing the Diamond Health Centre as a cooling adjunct for staff
Sun exposure in external patient waiting areas	<input type="checkbox"/> At UBCH: FMO to install tent structure outside entrance to aid in providing shade and cooling	<input type="checkbox"/> At both UBCH and VGH: FMO to install misters outside entrance to aid in cooling
Increased ED visits	<input type="checkbox"/> Minimize offload delays: <ul style="list-style-type: none"> ○ ED will work to minimize offload delay as much as possible; requires patient flow through ED to inpatient 	<input type="checkbox"/> Surge protocol: <ul style="list-style-type: none"> ○ Be prepared to open unfunded green spaces as per patient flow surge algorithm with target to maintain <8 admissions in ED (VGH) at one time. <input type="checkbox"/> Prepare additional green space: <ul style="list-style-type: none"> ○ Use funded beds ○ Use POD beds ○ Consider T4, PCC, PACU <input type="checkbox"/> Identify area for patients presenting with low acuity heat-related complaints or for patient overflow: <ul style="list-style-type: none"> ○ VGH: DTU or Supertrack ○ UBCH: Tent structure
Staffing	<input type="checkbox"/> Managers/Directors to monitor unit staffing levels to ensure beds are open <input type="checkbox"/> Ensure plan is in place to maintain staffing levels for duration of event	<input type="checkbox"/> Initiate staffing surge algorithm as needed <ul style="list-style-type: none"> ○ VGH: ED staffing up above baseline, consider utilizing on-call for duration

		<p>of event. Medicine staffing up above baseline</p> <ul style="list-style-type: none">○ UBCH: ED staffing up above baseline, consider utilizing on-call for duration of event○ Physicians: Increase ED, IMD, and ICU physician coverage as per surge process○ Volunteers: Increase volunteer coverage for duration of event○ St John Ambulance: Volunteers can be booked for VGH and UBC if other staffing resources have been exhausted <ul style="list-style-type: none">□ Ensure plan is in place to increase staffing levels for duration of event□ Consider providing overnight housing for staff between shifts (ex. sleeping over at the hospital or booking hotel rooms).
Discharge Hesitancy	<ul style="list-style-type: none">□ Review education on OneVCH and include copy of Extreme Heat poster in the patient's <i>My Discharge Plan</i>□ Provide key resources for city cooling centers and education about signs of heat illness upon discharge□ CML to ensure that patients & families are prepared for the heat if they are projected to be discharged during heatwave□ TST to ensure each senior has someone to check in on them daily□ Escalate any discharge challenges to CML manager.	<ul style="list-style-type: none">□ EDs start handing out the cooling centre and heat illness information 2-3 days prior to heat event to any vulnerable individuals they are discharging□ Escalate any discharge challenges to CML manager and program manager/director

Equipment & Supplies

Supplies and equipment required to implement the controls/interventions outlined above.

Item	Quantity	Item available	Describe location or how to obtain, if not readily available
Fans	100	<input checked="" type="checkbox"/>	Contact FMO to access
Misting stations supplies	2	<input checked="" type="checkbox"/>	Contact FMO to access
Tents	1	<input checked="" type="checkbox"/>	Contact FMO to access
Coolers	2	<input checked="" type="checkbox"/>	VGH ED to contact head nurse to access; UBCH ED to contact educator to access
Portable air conditions or cooling units		<input type="checkbox"/>	Contact FMO for sourcing
Ice		<input checked="" type="checkbox"/>	Sodexo to order & distribute to coolers
Additional Stretchers		<input checked="" type="checkbox"/>	Redeploy from areas within hospital (i.e. endoscopy, PCC)

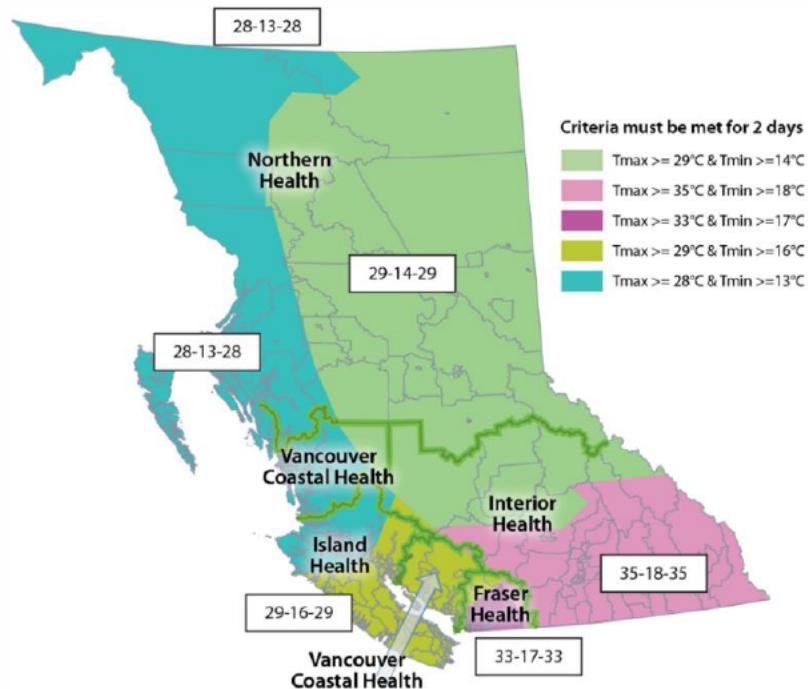
Criteria and Notifications

Outlined below are the BC Heat Alert Response System (HARS) criteria levels and notification process to smoke and heat events that may affect the ability to deliver service. The two-tiered alert system is used to provide a standardized assessment and initiation of a formal response; the two tiers are **heat warning** and **extreme heat emergency**.

Criteria

Heat warning

A **heat warning** is issued for a region when there are two or more consecutive days during which the daytime maximum temperatures are forecast to reach or exceed the trigger temperature criteria for that region, and the nighttime minimum temperatures are forecast to fall only to the region-specific temperature or warmer. These temperature thresholds indicate moderate public health risk. This criterion is the minimum basis for the extreme heat emergency.



ECCC heat warning criteria, with an overlay of health authority boundaries

Extreme heat emergency

An **extreme heat emergency** emphasizes the very high public health risk that exists when high temperatures increase day over day, based on temperatures and conditions that indicate a very high public health risk, including a larger increase in deaths in the community is expected. Criteria are met when the forecast or observed temperatures in each region *surpasses the heat warning criteria*, and there is high certainty that temperatures would substantively increase day over day for three or more consecutive days.

Lower Mainland

Below is a high-level overview of the HARS criteria, specific to the Lower Mainland regions.

Tier	Region	Criteria	Alert
Heat warning	Southwest	2 or more consecutive days of daytime maximum temperatures are expected to reach 29°C or warmer and nighttime minimum temperatures are expected to be at 16°C or warmer	Once the criteria is met, Environment and Climate Change Canada issue alerts for the specific regions
	Southwest inland	2 or more consecutive days of daytime maximum temperatures are expected to reach 33°C or warmer and nighttime minimum temperatures are expected to be at 17°C or warmer	NB: If the criteria are met for <i>either</i> weather stations in the Southwest or Southwest inland regions (Abbotsford or Vancouver), an alert will be issued for the entire Lower Mainland
	Northwest	2 or more consecutive days of daytime maximum temperatures are expected to reach 28°C or warmer and nighttime minimum temperatures are expected to be at 13°C or warmer	NB: The Northwest region is not coupled with alerts for the Southwest or Southwest inland regions
Extreme heat emergency	Southwest	Heat warning criteria have been met AND forecast indicates that daily highs will substantively increase day over day for three or more consecutive days	Once the criteria is met, and based a decision from the BC HEAT Committee, Environment and Climate Change Canada issue alerts for the specific regions
	Southwest inland		
	Northwest		

Notifications

The diagram provides an overview how the health care system notifies its leadership, key program areas, communities, and partners regarding extreme heat events, as well as public messaging to strongly encourage individuals and communities to be aware of the risk and take action to stay cool.

While many of the actions are relevant to both Heat Warning and Extreme Heat Emergency events, *additional actions and considerations* are indicated for an Extreme Heat Emergency in the right column.

Alert	Heat warning	Extreme heat emergency
Notification	<p>Environment and Climate Change Canada issues notification</p> <ul style="list-style-type: none"> Email to health sector and emergency management partners as warranted Publicly on WeatherCAN app and the ECCC weather alerts webpage Special weather statements and weather notifications may be used 	<p>ECCC prompts PHDO to coordinate a call with BC HEAT Coordination Committee</p> <ul style="list-style-type: none"> Decision to escalate to extreme heat emergency
	<p>Provincial and regional authorities issue notification</p> <ul style="list-style-type: none"> Health authority issue press release(s), potentially in coordination with EMBC and OPHO EMBC's PREOC provides direct notification to local authorities 	<p>ECCC issues notification</p> <ul style="list-style-type: none"> Publicly on WeatherCAN app and the ECCC weather alerts webpage Further publicized through communications channels/media, and broadcast intrusive alerts
	<p>HEMBC forwards the notification to health authority leadership</p> <ul style="list-style-type: none"> AOC/LOC Executive on-call Seasonal readiness committees 	
	<p>Health authority on-call leadership advises</p> <ul style="list-style-type: none"> Site leaders, managers, and building contacts, who notify appropriate site staff 	
Response	<p>Structures activated</p> <ul style="list-style-type: none"> Regional EOC Sites / programs* Intersectoral (municipal) if required in discussion with partners (e.g. first event of season) 	<p>Structures activated</p> <ul style="list-style-type: none"> Regional EOC Sites / programs* Intersectoral (municipal, regional, jurisdictional) Regional coordination call for EMBC, health authorities and municipalities Provincial EMBC coordination call for ministries and agencies
Resolution	<p>When criteria levels are no longer met, ECCC will issue a notice through the WeatherCAN app and alerts webpage</p>	<p>BC HEAT Committee reviews status; confirms timing for ending</p>
		<p>ECCC issues public confirmation when heat emergency has ended</p>
Deactivation	<p>HEMBC advises</p> <ul style="list-style-type: none"> HA leadership as above <p>Communications</p> <ul style="list-style-type: none"> Updates websites, social media, and partners <p>Health authority on-call leadership advises</p> <ul style="list-style-type: none"> Site leaders, managers, and building contacts, who notify appropriate site staff 	

Levels of Response

There may be different levels of response to heat & smoke events dependent on the expected and actual risk and impacts.

Outlined below is an overview of the regional response coordination process.

LOCAL		
Level of Response	Description of impact	Activities
Level A – Monitoring Assessment of impacts	<ul style="list-style-type: none"> Environment Canada predicts extreme temperatures and/or issues a warning or alert 	<ul style="list-style-type: none"> Risk assessments AOC/EOC Director to initiate pre-event planning meeting/ coordination call
Level B – Activation of site/program response structures Site-based EOC(s)	<p>EOC will be activated on direction of AOC/EOC Director.</p> <p>Triggers for Local EOC activation:</p> <ul style="list-style-type: none"> Extraordinary surges in ED volume and/or capacity challenges exceeding demand Staffing challenges impacting capacity/surge Code Orange 	<ul style="list-style-type: none"> Activate Extreme Heat Readiness plans Unit-department status reporting Leadership notified (AOC, AIC) EOC participation Surge Level 3: <div style="text-align: center;">  Surge Plan </div>
Level C – Activation of regional structures Regional EOC(s) Executive EOC	<p>Regional EOC will be activated by Executives/VPs.</p> <p>Triggers for Regional EOC activation:</p> <ul style="list-style-type: none"> Extraordinary surges in regional ED volume and/or capacity challenges exceeding demand Staffing challenges across region impacting capacity/surge Regional Code Orange 	<ul style="list-style-type: none"> Regional coordination Site status reporting Executive leadership involvement Situation Report Inter-sectoral coordination

Regional		
Level of Response	Description of triggers/impact	Activities
Level A – Monitoring Regional coordination call occurs; level of response is determined	<ul style="list-style-type: none"> Environment Canada forecasts an extreme heat event and issues a Heat Warning (usually 1-3 days in advance) BCCDC identifies temperatures exceeding health's heat alert criteria (24hrs in advance). VCH & FH Public Health issue an Extreme Heat Alert 	<p>Pre-heat event</p> <ul style="list-style-type: none"> HEMBC notification of heat event to AOCs/designates & Executive On-Call Regional coordination call scheduled with AOC/designate & Executive On-Call, HEMBC and Seasonal Readiness Committee <ul style="list-style-type: none"> Risk Assessment conducted to consider: <ul style="list-style-type: none"> Forecast temperatures Duration Population adaptation to heat Review of site/program response plans and determination of appropriate proactive response activities based on risk Establish schedule for Regional coordination calls External health messaging through Public Health & Communications AOCs/Designates to notify Site/Program leaders of heat event and refer to heat response plans <p>During heat event</p> <ul style="list-style-type: none"> AOCs/Designates to develop daily status reports of site/program impacts Exec On-Call chairs daily Regional coordination calls with AOCs/Designates, HEMBC and Seasonal Readiness Committee. Participants provide updates on significant impacts. HEMBC to provide documentation support

Level B – Activation of site/program response structures Site-based EOC(s)	Triggers for Local EOC activation: <ul style="list-style-type: none">• Extraordinary surges in ED volume and/or capacity challenges exceeding demand• Staffing challenges impacting capacity/surge• Internal environments reaching unsafe temperatures	Local EOC will be activated on direction of site/program Lead/AOC. <ul style="list-style-type: none">• Exec On-Call/HEMBC notified of EOC activation and status updates as required• Implementation of enhanced heat and smoke response processes, and/or additional actions to manage impacts• Regular unit-department status reporting to site EOC
Level C – Activation of regional structures Regional EOC(s) Executive EOC	Triggers for the escalation of Regional EOC to operational support: <ul style="list-style-type: none">• Widespread service delivery impacts related to:<ul style="list-style-type: none">○ Surge in service requests○ Staffing reduction○ Facilities experiencing unsafe temperature levels• Significant site/program impacts requiring regional supports for:<ul style="list-style-type: none">○ Procurement and distribution of cooling equipment○ Regional staff redeployment• Coordination of changes to service delivery across sites/programs	<ul style="list-style-type: none">• Regional EOC meetings with key stakeholders scheduled on an as needed basis• Expansion of REOC membership to include additional representatives to support inter-sectoral coordination• Stand-up of Executive EOC as needed• Coordination with external partners to support response activities

Plan Maintenance

To ensure this plan stays relevant and appropriate, and to support readiness and continuous learning, please follow the below document life cycle. The working group lead is responsible for the activities below:

Spring – Preparedness

- Review the plan on an annual basis during the month of May, ahead of the heat and smoke season.
- Make any necessary revisions, and email the updated plan to HEMBC.
 - Provide updates to the Seasonal Readiness Steering Committee on any significant changes to the plan.

Fall – Recovery

- Review the plan on an annual basis during the month of October, following the heat and smoke season.
- Adopt any lessons learned or revisions required, and email the updated plan to HEMBC.
 - Provide updates to the Seasonal Readiness Steering Committee on any significant changes to the plan and accompanying documents.

If there are significant changes to the plan outside of the review cycle, update and email the revised plan to HEMBC.

Appendix A

IPAC Guidance on Portable Fan Use



IPAC-guidance-fans
-and-AC



Poster-portable-fan
-placement

After Action Report

June 25-30, 2021: Extreme Heat Alert

August 2021

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Section 1: Overview

Event Name	Extreme Heat	Site Facility(s)	Vancouver Acute (VA)
Region(s)	Lower Mainland	Health Authority(s)	Vancouver Coastal Health (VCH)
Event Date(s)	6/30/2021	Report prepared by	Gloria Hertz

Background

A dangerous long duration heatwave affected B.C. beginning Friday, June 25th, 2021 and lasting until Wednesday, June 30th, 2021. The extreme heat caused a significant increase in mortality in the greater Vancouver region due to both direct heat-related illness and indirect exacerbation of chronic conditions. On Tuesday, June 29th, 2021 at 09:30 hrs, the VA EOC was activated in response to the influx of patients from the heatwave, which created Surge Level 3 conditions.

The main area affected was the Emergency Department (ED) at Vancouver General Hospital (VGH), which saw a significant increase in high-acuity patients, patient wait times, and BCEHS offload delays for the duration of the heatwave. This resulted in increased hospital admissions, which further back-logged the ED. At the time of EOC activation, the ED had 117 patients (100 in acute care) and 29 admissions, which is double the expected volume for that time of day. In-patient Critical Care and Internal Medicine areas were also directly impacted by individuals presenting with heat-related illness. Perioperative and unfunded beds at UBC and VGH were utilized to increase hospital capacity.

The main response activities to increase hospital capacity were opening an additional unit at VGH by converting a portion of the Perioperative Care Centre (PCC) into a 6-bed “Cooling Unit” - which will be referred to as the Medical Short Stay Pod (MSSP) from here on - and postponing surgical slates. Patient Care Coordinators, Clinicians, and Educators were redeployed to ensure all patient care areas were open. A broadcast was sent out via the staffing system to all VCH staff nurses, including those working in Community, to further bolster staffing. In addition, volunteers from St. John Ambulance were utilized to support the MSSP and ED.

By the following day, volumes in the ED had improved. Volumes were consistent with Surge Level 2 criteria, which is not out of the ordinary for VGH. Planning began to demobilize the MSSP by 15:00 hrs. Staffing had stabilized and St. John Ambulance volunteers were released. On Wednesday, June 30th, 2021 at 14:00 hrs, the VA EOC in response to the extreme heat alert stood down.

Objectives

The intent of the lessons learned process is to foster continuous improvement in the way VCH-VA and HEMBC prepare for and respond to unforeseen events and incidents that impact the day-to-day delivery of health services. Through the review process, successes and areas for opportunity are identified.

On July 7th, HEMBC facilitated a debrief with VA leadership and affected department senior leadership. This information, in addition to interviews with leadership and HEMBC staff, was analyzed and used to construct this After Action Report.

Section 2: Summary of Successes

Despite the challenging and unprecedented nature of the heatwave's impact on VGH and UBCH, those leading the response remained calm and were effective at reacting to and resolving the situation. There was no standard response for this type of situation and leadership was able to utilize a variety of different tools to create hospital capacity.

Available space in the hospital (in PCC) was identified in the first meeting of the EOC, which prompted the idea to create the MSSP. The MSSP was set up very quickly, thanks to resources and expertise from ED leadership. This area and many of the green spaces in the hospital were initially staffed by Clinicians and Educators, which highlighted successful redeployment strategies and the strong adaptability of staff. Frequent meetings of the EOC (4 times/day) allowed for leadership to maintain good situational awareness and utilize all available resources. Surgical slates were postponed, which helped sustain hospital capacity for the days following the heatwave. The leadership team in the EOC communicated effectively amongst itself and everyone showed willingness to expand their usual operations to meet the needs of the situation.

In addition, the staffing department utilized the new *MySchedule* system to send out a broadcast to all nurses with acute medicine or critical care experience. This broadcast was successful at filling vacant positions and it was determined that these types of broadcasts should be utilized for future crises events. St. John Ambulance also provided helpful adjunct care in the MSSP and 2 LPNs from Vancouver Community sites were successfully deployed to T9A, which was short-staffed. Utilizing community staff and external partners should be considered for future crises as well.

These measures effectively created capacity and the EOC was able to stand down approximately 36 hours after activation.

Section 3: Key Learnings by Theme

Findings resulting from analysis has been broken down into themes. A list of actions for consideration, along with associated leads for issue resolution, is provided in Section 4.

1. Activation/ Notification

1.1 Issue/Challenge/Concern: Insufficient Pre-Warning

Site leadership did not feel they had received adequate warning about the heatwave and what its impacts would be on the hospital. Initially, they reported that no warning had been sent out. Upon review, the VGH Medical Health Officer had been briefed on the extreme heat by the BCCDC and had prepared a warning e-mail that was distributed by HEMBC to some VGH executive leadership on Friday, June 25th, 2021. This warning was largely focused on public health measures to prevent heat-related illness, which highlights that the extent of impact to hospital operations had not been accurately predicted.

Recommendation(s)

- s. 13

1.2 Issue/Challenge/Concern: Timing of EOC activation

It was identified that the EOC was not activated in a timely-enough manner. Ideally, an EOC should have been activated on Friday in anticipation of incoming patients. Additional cooling equipment (ice machines and fans) could have been supplied and hospital capacity could have been increased in advance. This would have taken a lot of pressure off of the ED. In the absence of a pre-activation, the EOC should have still been activated before Tuesday because ED volumes were exceeding normal operations throughout the weekend.

Recommendation(s)

- o s. 13

1.3 Issue/Challenge/Concern: Type of EOC activation

This EOC was activated for Surge Level 3 conditions related to standard work flow and capacity issues. In the debrief, much consideration was given to whether the situation called for a Code Orange activation instead. According to the Code itself, a Code Orange is activated when “an event stresses campus operation and impairs the organization’s ability to maintain normal service levels.” In hindsight, given the impact on the hospital and across the province in such a short amount of time, the heatwave met this definition. Further, a Code Orange activation may have better alerted staff that it was necessary to move away from a *business-as-usual* mentality.

Recommendation(s)

- o s. 13

2. Response Activities**2.1 Issue/Challenge/Concern: Decanting Emergency Department**

It was identified that the ED was not decanted quickly or aggressively enough. As a result, the ED experienced a disproportionate burden of the response. Rapid decanting of the ED must be a significant priority for planning and responding to future events.

Recommendation(s)

- o s. 13

2.2 Issue/Challenge/Concern: Medical Short Stay Pod

The MSSP was used to care for stable, short-stay ED patients who were expected to be eventually discharged. Unfortunately, it was difficult to find these types of patients because of the high acuity in the ED and the high number of admitted patients waiting for in-patient beds. In addition, ED physicians had to see patients in the MSSP because these patients were still under their care, but it was challenging to pull ED physicians to the MSSP due to demands of the regular ED.

Recommendation(s)

- o s. 13

2.3 Issue/Challenge/Concern: Staffing

Staffing nurses and physicians was a significant challenge. The typical amount of sick calls made staffing usual bed spaces a challenge and this shortage was exacerbated when green spaces were opened. As for physicians in the ED, many were on vacation or otherwise unable to pick up shifts. Likely for both disciplines, there was an element of fatigue coming out of the pandemic that contributed to low willingness to pick up additional shifts. Mandatory overtime had to be utilized on BTHA. Community LPNs were utilized on T9, which was short-staffed. St John Ambulance also provided support in the MSSP and the ED.

Recommendation(s)

- o s. 13

2.4 Issue/Challenge/Concern: External Partner Utilization

ED staff reported that St. John Ambulance added to their workload because the volunteers needed frequent direction. However, it was noted that other sites had a different experience and found St. John Ambulance immensely helpful. It was identified that the full scope of what St. John Ambulance can provide (i.e. patient transfers, vitals, offload BCEHS, etc.) was not known to relevant VGH staff so they were not utilized to their full potential. Other external partners, such as the Red Cross, could also be utilized in these types of situations.

Recommendation(s)

- o s. 13

2.5 Issue/Challenge/Concern: Lack of Cooling Equipment

It was identified that multiple units were extremely hot due to lack of cooling equipment, which presented a risk to the health and safety of staff and patients. In the ED, it was also a challenge to cool hyperthermic patients due to lack of fans and ice.

Recommendation(s)

- o s. 13

2.6 Issue/Challenge/Concern: Lack of Stretchers

There were not enough stretchers at VGH for all the patients in the hospital and ED.

Recommendation(s)

- o s. 13

2.7 Issue/Challenge/Concern: Community Response

A more proactive response from the community could have decreased the impact on the hospital. The hospital's response was not coordinated with the community, so they were working in silos.

Recommendation(s)

- o s. 13

3. Planning & Preparedness

3.1 Issue/Challenge/Concern: External Cooling Areas

It was identified that external cooling shelters could have provided people with early treatment for their heat exhaustion and could have decreased the impact on the hospital. The Diamond Centre can turn their HVAC system on remotely within 30 minutes, so it was suggested as a possible site. However, there is concern that if an external cooling shelter was on-campus, VCH resources would be utilized to run it, which would further challenge hospital operations.

Recommendation(s)

- o s. 13

3.2 Issue/Challenge/Concern: Seasonal Readiness

It was identified that the current Code Orange planning has been largely focused on human-caused mass casualty events. There is a gap in understanding of and preparedness for seasonal hazards, such as heatwaves, wildfires, and air quality alerts, among others.

Recommendation(s)

- o s. 13

4. Training & Education

4.1 Issue/Challenge/Concern: Best Practice for Heat-Related Illness

Nurses and physicians in ED had questions about what was the best way to cool patients (i.e. blankets vs. fans, ice packs, etc.).

Recommendation(s)

- s. 13

4.2 Issue/Challenge/Concern: Public Health Education

It was identified that the general public was also underprepared and lacked understanding of how serious the impact of the extreme heat would be. As a result, cooling shelters were underutilized and vulnerable elderly adults sought help too late. This significantly increased the acuity of patients presenting to the ED.

Recommendation(s)

- s. 13

Section 4: Improvement Plan

The table below outlines the plan of action.

Issue/Challenge/Concern	Recommendation(s)	Lead (department/ individual)	Completion Status
Insufficient Pre-Warning	s. 13	HEMBC	Completed: 30/07/2021
Timing of EOC activation		Susan Seeman	In Progress
Type of EOC activation		EMC	Scheduled for: Fall, 2021
Decanting Emergency Department		EMC	In Progress
Medical Short Stay Pod		Lori Korchinski	In Progress
Staffing		EMC	Scheduled for: Fall, 2021
External Partner Utilization		HEMBC	Scheduled for: Fall, 2021
Lack of Cooling Equipment		FMO + Sodexo	Completed: 30/07/2021

	s. 13		
Lack of Stretchers		EMC HEMBC	Scheduled for: Fall, 2021
Community Response		HEMBC	Completed: 30/07/2021
External Cooling Shelters		EMC HEMBC	Completed: 30/07/2021
Seasonal Readiness		EMC	In Progress
Best Practice for Heat-Related Illness		ED & ICU Educators	Completed: 30/07/2021

Public Health Education	s. 13	VA Communications Community & Home Health	Completed: 30/07/2021
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Appendix A: Debrief Notes

Teams Meeting Information			
T-Con: 604-681-0455; Participant: 3904355#			
Date (mm/dd/yyyy)	Time (24 hr)	Facilitator	Recorder
07/07/2021	11:30-12:30	Gloria Hertz	Maddy Laberge
Item	Notes		
1. Welcome & Introductions <ul style="list-style-type: none"> • Land acknowledgement • Situation overview • Purpose and scope of debrief 	<p>Roughly 30% of the volume in the ED was heat related.</p>		
2. Warning and Preparation <ul style="list-style-type: none"> • Did you feel that you received notice of the event in a timely manner? • Were there any aspects of the warning or activation that you feel should have been done differently? • Comment on the activation process for your team. Were the right people called and were they contacted in a timely manner? Should anyone else have been called / informed? 	<p>Insufficient pre-warning; MHOs attended heat warning meeting on Friday, but VGH site leadership was not made aware of what to expect. ACTION: review notification process – was a notification sent after the extreme heat warning meeting occurred? s. 13</p> <p>s. 13</p> <p>ED had very long off-load delays for BCEHS. In future, St Johns ambulance staff are able to offload and care for patients so that BCEHS can return to streets. Red cross has done field hospital as well, so there are other resources available to assist with long off-load delays. St Johns ambulance was helpful in the Cooling Unit. ED released St Johns ambulance from working in ED because staff reported that having to orient them and show them what to do was actually increasing work for them. However, Other EDs had different experience s. 13 They can be best utilized doing focuses pieces of work that only require orientation once.</p> <p>s. 13</p>		

	<p>s. 13</p> <p>ACTION: How to reprioritize home health and transfers from long term care?</p> <p>ACTION: Is a community debrief occurring? Would want to hear what comes out of that</p> <p>ACTION: How many people were from long term care or home health to the ED?</p> <p>Could we have had St Johns supporting in the community?</p> <p>ED patients that came in were really sick. Were not expecting such high acuity from a heatwave. Their underlying medical conditions were exacerbated and they compensated at home and then dumped in the ED.</p> <p>s. 13</p> <p>[REDACTED]</p> <p>Surge 3 did not send the sense of urgency that was needed in the organization like the ED in the organization.</p> <p>It's difficult to get EPs to come in during the summer, a Code Orange may have helped.</p> <p>ED was still getting back-door admissions and consult services pushing back – consults were acting like it was business as usual. How can we move away from business as usual? A Code Orange could have helped with that mentality shift as well.</p> <p>Is there a way to divert more stable patients to other resources to decrease the volumes in the ED?</p> <ul style="list-style-type: none">- This was not an issue during the heatwave. The low-acuity area in the ED (treatment) was not busy. Perhaps this diversion was already happening? <p>ACTION: Follow up with BCEHS to see what the patient patterns were and if more stable patients went elsewhere.</p> <p>Code orange could have also helped with BCEHS drop off policy.</p> <p>A more proactive community response would have been helpful and would have decreased the impact to the hospital – consider risk stratification in long-term care and home health.</p>
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	<p>Cooling Unit should have been used as overflow for admitted patients and this could have been set up sooner/in advance.</p> <p>ACTION: take cooling unit off line for more conversations. PPO started for quick admission orders – going to professional practice for review.</p> <p>Staff in ED had questions about what the best way was to cool patients.</p> <p>ACTION: Education about best practice for heat related patients, especially in ED and ICU.</p> <p>Ice machine started to have issues. Would have benefitted with having more fans and cooling equipment going into weekend.</p> <p>It was lucky that we had an area available (PCC) to convert to Cooling Unit - if that had not been available where would it have gone?</p> <p>Diamond Centre can turn their HVAC system on remotely within 30 minutes.</p> <p>Would rather not have stable on-site Cooling Unit run by city, as they then become our responsibility.</p> <p>Ran out of stretchers. There's not enough space to keep many extras, so what is the alternative?</p> <p>Need to be proactive about educating the community. People didn't know what to do and what the heatwave meant, so they sought treatment too late. Ministry should send out emergency phone alert to all phones to increase awareness, including what signs to watch out for.</p> <p>Need better media coverage with key messaging.</p> <p>Would it be smart to stock some cooling blankets in all unit fridges? So that in the event of another heatwave, they can be sent to the area that needs them (likely the ED).</p> <p>ACTION: Research what other countries do to respond to heatwaves</p> <p>s. 13</p> <p>Need to review temperatures and impacts for each unit and building – ex. GFS has area without a/c, what was that impact?</p> <p>Consider potential power outages in the future. Some instruments stopped working due to the heat at other sites (i.e. CT and MRI).</p>
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	<p>Work place health and safety needs to be involved in future planning.</p> <p>s. 13</p> 
4. General Feedback/Roundtable	<p>It was a challenge to get staff initially.</p> <p>The broadcast was successful and started getting responses, but there was no central place for staff to go once they arrived here. Could benefit from a defined process of how to deal with people who can come in to help.</p> <p>ACTION: Identify area where staff should report.</p> <p>ACTION: Can the broadcast be used for call-out system? Revisit fan-out procedures.</p>
5. Closing & Next Steps	<p>ACTION: Create working group in EMC for seasonal readiness, including heatwaves.</p> <p>ACTION: Revise Cooling Unit plans to reflect these learnings.</p> <p>ACTION: Integrate heat response into Code Orange plans.</p>

Agenda: VCH-VA Heat Wave

Teams Meeting Information			
T-Con: S. 15 s. 17		Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
28/06/2020	13:15-14:15	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	
3. ED impacts/ priorities		Lori Korchinski Lori Quinn	
4. Updates <ul style="list-style-type: none"> • Staffing • Cooling Unit • UBC • GF Strong • Facilities 		Lori Korchinski Operations	
5. Review of Action Log		HEMBC	
6. Priorities for Operational Period		Lori Korchinski	
7. Closing/Next Meeting		Lori Korchinski	

Agenda: VCH-VA Heat Wave

Teams Meeting Information			
T-Con: S. 15 s. 17		Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
28/06/2020	16:00-16:30	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	
3. ED impacts/ priorities		Lori Korchinski Lori Quinn	
4. Updates <ul style="list-style-type: none"> • Operations <ul style="list-style-type: none"> ◦ ED ◦ Medicine ◦ BTHA & ICU ◦ Spine & Neuro ◦ Surgical areas ◦ Other • Staffing • Cooling Unit • UBC • GF Strong • Facilities • Communications 		Lori Korchinski Operations	
5. Review of Action Log		HEMBC	
6. Priorities for Operational Period		Lori Korchinski	
7. Closing/Next Meeting		Lori Korchinski	

Agenda: VCH-VA Heat Wave

Teams Meeting Information			
T-Con: S. 15 s. 17		Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
29/06/2020	21:00-21:30	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	
3. Updates <ul style="list-style-type: none"> • Operations <ul style="list-style-type: none"> ◦ ED & Cooling Unit ◦ Medicine ◦ BTHA & ICU ◦ Spine & Neuro ◦ Surgical areas ◦ Other • Staffing • UBC • GF Strong • Facilities • Communications 		Lori Korchinski Operations	
4. Review of Action Log		HEMBC	
5. Priorities for Operational Period		Lori Korchinski	
6. Closing/Next Meeting		Lori Korchinski	

Agenda: VCH-VA Heat Wave

Teams Meeting Information			
T-Con: S. 15 s. 17		Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
30/06/2020	09:30-10:30	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	
3. Updates <ul style="list-style-type: none"> • Operations <ul style="list-style-type: none"> ◦ ED & Cooling Unit ◦ Medicine ◦ BTHA & ICU ◦ Spine & Neuro ◦ Surgical areas ◦ UBC ◦ GF Strong • Staffing • Facilities • Communications 		Lori Korchinski Operations	
4. Review of Action Log		HEMBC	
5. Priorities for Operational Period		Lori Korchinski	
6. Closing/Next Meeting		Lori Korchinski	

Agenda: VCH-VA Heat Wave

Teams Meeting Information			
T-Con: S. 15 s. 17		Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
30/06/2020	13:15-14:15	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	
3. Updates <ul style="list-style-type: none"> • Operations <ul style="list-style-type: none"> ◦ ED & Cooling Unit ◦ Critical Care ◦ Medicine ◦ Surgical areas ◦ Spine & Neuro ◦ UBCH ◦ GF Strong • Staffing • Facilities • Communications 		Lori Korchinski Operations	
4. Review of Action Log		HEMBC	
5. Priorities for Operational Period		Lori Korchinski	
6. Closing/Next Meeting		Lori Korchinski	

OVERVIEW

A Code Orange is activated when an event stresses campus operations and impairs the organization's ability to maintain normal service levels.

Examples of potential events that could lead to Code Orange being activated:

- Natural disasters (earthquakes, snowstorms, floods)
- Mass casualty events (bus accident, plane crash)
- Internal events (localized flooding)

Notification of a potential Code Orange event must be escalated to the Administrator On-Call/Designate. **As in all emergencies, consider your safety first.**

DEFINITIONS

Code Orange can be activated at any stage.

Stage 1 - Alert

- Notification received of a disaster/mass casualty event with possible injuries and very limited information available
- Standby – Hospital wide
- Emergency Operations Centre (EOC) may be activated

Stage 2 - Partial

- Confirmed disaster/mass casualty incident that overwhelms resources and partially impacts the hospital
- Affected departments will be notified to activate functional area or department plans
- All other areas on standby
- EOC activated

Stage 3 - Full

- Confirmed disaster/mass casualty incident that impacts the entire site
- Normal operations will be curtailed
- All functional areas and department plans activated
- EOC activated

RESPONSE PROCEDURES

STAGE 1 - ALERT

Administrator On-Call/Designate

- Complete and send the Code Orange Email Notification Template located on the VCH Health Emergency Management Intranet Page
- s. 15 s. 17 [REDACTED]
- [REDACTED]
- Notify:
 - Chief Operating Officer
 - Health Emergency Management BC
 - Medical Director
 - Patient Flow & Access
- Notify the following as required:
 - BC Ambulance Service
 - Other Health Service Areas/Authorities
 - Police
 - Fire Department
- Determine if a Stage 2 – Partial or Stage 3 - Full Code Orange activation is required
- Consider activating the Emergency Operations Centre
- When appropriate, complete and send the Code Orange Email Notification – All Clear
 - s. 15 s. 17 [REDACTED]
 - [REDACTED]
 - Request the Code Orange –All Clear email be forwarded to the site distribution list

All Staff

- Return to home unit and await further instructions
- Remain on unit until otherwise directed

Managers/Designate

- Retrieve Code Orange Supplies and review plan
- Assess the number of patients suitable for discharge or transfer, if required
- Assess the number of staff available to release to Labour Pool, if required
- Assess supplies and equipment
- Assign a staff member to maintain communications with the EOC, if activated
- Prepare for the possibility of escalation

Switchboard

- s. 15 s. 17
- Forward the completed Code Orange email to site distribution list
- Notify:
 - s. 15 s. 17
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- s. 15 s. 17
 - Forward the Code Orange – All Clear email to site distribution list

STAGE 2 - PARTIAL

Administrator On-Call/Designate

- Complete and send the Code Orange Email Notification Template located on the VCH Health Emergency Management Intranet Page
- s. 15 s. 17
 - Request the Code Orange email be forwarded to the site distribution list
- Notify:
 - Chief Operating Officer
 - Health Emergency Management BC
 - Medical Director
 - Patient Flow & Access
- Notify the following as required:
 - BC Ambulance Service

- Other Health Service Areas/Authorities
 - Police
 - Fire Department
- Assume primary responsibility of directing/coordinating activities of Code Orange
- Establish an EOC
 - Assign EOC personnel and functions as necessary
- Direct affected departments to initiate employee call-back, as required
- Request Medical Director initiate Physician call-back, when necessary
- When appropriate, complete and send the Code Orange Email Notification – All Clear
 - s. 15 s. 17
 - Request the Code Orange –All Clear email be forwarded to the site distribution list

All Staff

- Return to home unit, review Code Orange procedures and await further instructions
- Remain on the unit until otherwise directed

Manager/Designate - Affected Department(s)

- Retrieve Code Orange Supplies and activate plan
- Cease all non-urgent work
- Modify and expand work activities as necessary
- Advise patients/visitors of the situation and direct visitors to remain in rooms with patients
- Non-Nursing departments return inpatients to Nursing Units and discharge outpatients as required
- Implement patient discharge and transfers, as necessary
- Designate staff member to maintain communications with the EOC
- Assess staffing requirements. As necessary:
 - Request additional staff from Labour Pool, if activated
 - Activate departmental call-back if appropriate
 - Identify number of staff available to release to Labour Pool
- Assess supplies and order, as necessary
- Assess and prepare equipment, as necessary

Manager/Designate - Non-Affected Department(s)

- Prepare to support Affected Departments
- Retrieve Code Orange Supplies and review plan
- Assess the number of patients suitable for discharge or transfer if required
- Assess the number of staff available to release to Labour Pool to support other areas, if appropriate
- Assess supplies and equipment
- Assign a staff member to maintain communications with the EOC, if activated
- Prepare for the possibility of escalation

Switchboard

- Announce three times overhead “Code Orange Stage 2 Partial” as directed
- Forward the completed Code Orange email to site distribution list
- Notify:
 - s. 15 s. 17 [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- s. 15 s. 17
 - Forward the Code Orange – All Clear email to site distribution list

STAGE 3 - FULL

Administrator On-Call/Designate

- Complete and send the Code Orange Email Notification Template located on the VCH Health Emergency Management Intranet Page
- s. 15 s. 17
 - Request the Code Orange email be forwarded to the site distribution list
- Notify:
 - s. 15 s. 17
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- Notify the following as required:
 - BC Ambulance Service
 - Other Health Service Areas/Authorities
 - Police
 - Fire Department
- Assume primary responsibility of directing/coordinating activities of Code Orange
- Establish an EOC
 - Assign EOC personnel and functions as necessary
- Direct affected departments to initiate employee call-back lists as required
- Request Medical Director initiate Physician call-back when necessary
- When appropriate, complete and send the Code Orange Email Notification – All Clear
 - s. 15 s. 17
 - [REDACTED]
 - Request the Code Orange –All Clear email be forwarded to the site distribution list

All Staff

- Return to home unit and follow direction provided by Manager/Designate
- Remain on the unit until otherwise directed

Manager/Designate - All Departments

- Activate Code Orange Procedures and refer to Code Orange Functional Area or Departmental Plan
- Retrieve Code Orange Supplies and review plan
- Cease all non-urgent work
- Modify and expand work activities as necessary
- Advise patients/visitors of the situation and direct visitors to remain in rooms with patients
- Non-Nursing departments return inpatients to Nursing Units and discharge outpatients as required
- Implement patient discharge and transfers, as necessary
- Designate a staff member to maintain communications with the EOC
- Assess staffing requirements and as necessary:
 - Request additional staff from Labour Pool
 - Activate departmental call back if appropriate
 - Identify number of staff available to release to Labour Pool
- Assess supplies and order, as necessary
- Assess and prepare equipment, as necessary
- Prepare to receive patients

Switchboard

- Announce three times overhead “Code Orange Stage 3 - Full” as directed
- Forward the completed Code Orange email to site distribution list
- Notify:
 - s. 15 s. 17 [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- s. 15 s. 17
 - Forward the Code Orange – All Clear email to site distribution list

OFF DUTY STAFF

If you become aware of a Code Orange Activation while you are off duty, remember the following:

- Avoid calling your workplace
- Remain available and accessible via phone
- Monitor local radio, television and social media
- Report to work as per normal schedule or as advised by radio or telephone call
- If you are requested to return to work report to the Labour Pool or as directed
- Watch for changes to site access and parking
- Wear your employee photo identification as Controlled Access Procedures may be implemented

DOCUMENTATION

- Ensure proper documentation is completed, as applicable:
 - Safety Learning System (SLS) Report
 - Incident reports

Heat and smoke plan

Vancouver Coastal Health - LGH

Purpose/Objective

The purpose of this heat and smoke plan is to outline the impacts, contingencies, and supplies/equipment required to support a department/site/program in responding to a heat or smoke event. This plan is complementary to and relies on the principles outlined in the VCH-PHC Heat Emergency Operations Plan and site/program Emergency Response and Code Manuals.

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Date of Plan: 8/30/2022

Document prepared by: Lona Cunningham, Corrie Irwin, Andrew Tung, Kim Breithaupt,
Christine Turenko, Kyle White, Yasaman August

Revision History

Date	Version	Description	Author
2021-11-04	0.2	Roles and responsibilities redefined	SB
2021-11-04	0.2	Plan maintenance revised	SB
2021-11-04	0.2	Levels of response separated into regional and site/program	SB
2022-05-03	2.3	Equipment update Key contacts	CT
2022-06-28	1.0	ProvincialHARS Updates	J.Chan
2022-08-30	2.0	ProvincialHARS Revisions	J.Chan

Overview**Department/Site/Program Information**

Department/Site/Program Name:	Lions Gate Hospital		
Type of Services:	Acute, surgery, ambulatory, outpatient, mental health services		
	<input checked="" type="checkbox"/> Patient/Resident Care Area	<input checked="" type="checkbox"/> In-Patient	<input checked="" type="checkbox"/> Out-Patient
Number of clients/patients/residents served:	288 beds		
Key population(s) at risk:	Seniors, vulnerable populations, people with chronic disease		
Key contact(s):	<u>Lona.Cunningham@vch.ca;</u> <u>Corrie.Irwin@vch.ca;</u> <u>darlene.mackinnon@vch.ca;</u> <u>kyle.white@vch.ca;</u> <u>Yasaman.August@vch.ca</u>		
Other information:			

Roles and responsibilities

Senior Management

- Establish specific responsibilities for the implementation and administration of this Heat and Smoke plan.
- Ensure that management/supervisory staff are familiar with hazards in their area of responsibility and potential heat/smoke impacts on health & health services.
- Support and actively promote VCH's commitment to prevent occupational exposure to thermal exposure in the workplace.
- Ensure that all levels of management are made aware of their responsibilities with regard to the Heat and Smoke Plan and are held accountable for risk management and exposure to hazardous thermal conditions.
- Support and actively promote the prevention of thermal exposure in VCH workplaces in accordance with the VCH Humidex Response Plan.
- Ensure that all levels of management monitor impacts to health and safety and service delivery and take appropriate action where necessary, as outlined by policies and procedures.
- Ensure that management/supervisory staff are familiar with hazards in their area of responsibility.
- Ensure that all levels of management monitor impacts to health and safety and service delivery and take appropriate action where necessary, as outlined by policies and procedures.
- Ensure that adequate resources (human and fiscal) are available to allow for the successful implementation of the Heat and Smoke Plan.
- Establish a site-based Emergency Operations Centre (EOC) for streamlined communication across the site and programs and delegate members/roles as required.

Site Managers/Supervisors

- Communicate to staff, verbally and through role modeling that staff health and safety is of primary importance to the organization.
- Ensure preventative measures are developed and implemented to minimize the risk of exposure to thermal stress in the workplace and health service delivery impacts related to heat and smoke.
- Ensure that workers follow established safe work procedures, use appropriate personal protective equipment and demonstrate understanding of said procedures.
- Ensure that workers understand the hazards of extreme thermal conditions and receive training in safe work procedures as outlined in the Humidex Response Plan.
- Ensure that workers follow established safe work procedures, use appropriate personal protective equipment and demonstrate understanding.
- Ensure that all staff know what to do in emergencies and cases of an extreme thermal exposure including the importance of reporting significant issues in a timely manner.
- Ensure that all staff know what to do in emergencies and cases of an extreme thermal exposure.
- Ensure that adequate controls are in place, readily available and used by staff who are at risk of occupational exposure.
- Monitor work practices and provide additional education and training as appropriate.

- Promptly investigate any exposure incidents to determine the cause(s) as well as identify and implement corrective actions. Involve key stakeholders (JOHSC member and/or OH&S Advisor) where available or assistance is required.

Employees

- Review the heat and smoke plan to understand the expected hazards and identified preparedness and response measures.
- Participate in the education and training programs available.
- Follow established safe work procedures for thermal exposures in the Humidex Response Plan and use available controls and appropriate personal protective equipment.
- Report extreme thermal conditions, symptoms or task that increase exposure risk to supervisory personnel.
- Know the plan and associated safe work procedures.
- Report heat and smoke related impacts and risks to supervisory personnel.
- Verbally report any observed unsafe conditions/practices to Manager/Supervisor and then document any incidents.
- Follow the site instructions for First Aid (if necessary) and document on the VCH Employee Incident Report. If the exposure is excessive (e.g. heat stress or frost bite), medical treatment may be necessary.

Risk Identification, Assessment and Control

Risk identification can be achieved by reviewing incident/accident data, hazard prevention alert notices, observational analysis of various tasks and procedures performed by healthcare workers, exposure monitoring, reports originating from Joint Health and Safety Committees, discussions arising from departmental meetings, as well as informal and formal discussions with frontline staff.

Heat stress assessment

The following hazards and risk factors have been identified to outline hazards and risk factors to consider the controls/interventions to operations and client/patient/resident safety.

- Use available tools to determine at-risk populations (i.e. heat mapping)
- Identify which patients/clients/residents will require support above and beyond regular service

Potential Hazards/Impacts	Risk factors	At risk population	Controls/Interventions
High internal temperature in health care facility	<ul style="list-style-type: none">Decreased fluid intake or thirstInability to adapt behaviour to keep cool (e.g. those with cognitive losses such as dementia, depression or other	<ul style="list-style-type: none">StaffContractorsPatientsVisitors	<ul style="list-style-type: none">Crothall to provide fansFMO to proactively install portable air conditioning units in the acute tower once temperatures increaseFMO to rent industrial cooling units for hallways, common spacesGym becomes a cooling centre for staff

	<ul style="list-style-type: none"> mental health illnesses) Inability to mobilize and get to cooler location 		<ul style="list-style-type: none"> Determine whether HOpe Centre has capacity to accommodate cooling stations for staff Shower made available for staff on 2E, 5W, and Hope (3rd Floor) Ice packs for staff and patients Additional cooling for critical equipment (CT scanner, MRI, lab analyzers)
External patient waiting areas	<ul style="list-style-type: none"> Overflow outside site due to space constraints 	<ul style="list-style-type: none"> Patients Visitors 	<ul style="list-style-type: none"> FMO to set up a tent outside the main ED entrance to provide additional shade Consider renting a misting station to be setup on terrace for staff & public Misting station in EGH Courtyard
Increased ED visits	<ul style="list-style-type: none"> Pre-existing high occupancy Heat/smoke-related surge of patients 	<ul style="list-style-type: none"> Seniors People with chronic disease MHSU clients 	<ul style="list-style-type: none"> ED Surge and OCP protocol Consider alternate care spaces to decant department: <ul style="list-style-type: none"> Cast Clinic Endo Atrium Gym Surgical Daycare
In adequate Staffing	<ul style="list-style-type: none"> Staff burnout or injuries Pre-existing staffing shortages Peak vacation seasons 	<ul style="list-style-type: none"> Staff Specialty units Patients 	<ul style="list-style-type: none"> St. John's Ambulance to assist with ambulation, vitals and hydration in the ED waiting room Consider Volunteer services Consider Agency staff Redeploy and reassign staff as required Staffing call outs
Discharge Planning	<ul style="list-style-type: none"> Continued high site occupancy Lack of cooling capacity at home Lack of available supports n the community 	<ul style="list-style-type: none"> Site leadership (managers, directors, VP) Units within acute tower ED 	<ul style="list-style-type: none"> Managers and directors work to support discharges. Consider additional discharge supports (DCC, PT, OT, SW etc). Ensure safety plan in place for all discharged patients. ED to provide cooling centre information to discharged patients Discharged patient to receive public health guidance re: keeping cool

Morgue capacity	<ul style="list-style-type: none"> Limited ability to manage community decedents 	<ul style="list-style-type: none"> Funeral homes Families 	<ul style="list-style-type: none"> Early engagement with PG&T and Regional Mortuary Group
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Equipment & Supplies

Supplies and equipment required to implement the controls/interventions outlined above.

Item	Quantity	Item available	Describe location or how to obtain, if not readily available
Portable air conditioners	89	<input checked="" type="checkbox"/>	Hope Mechanical Room
5 tonne water cooled units	2	<input checked="" type="checkbox"/>	1 is in HOpe 1 in NEX
1.5 tonne air cooled unit	10	<input type="checkbox"/>	FMO to rent from Sunbelt Equipment Rentals and CoolAir Equipment rentals
Fans	24	<input checked="" type="checkbox"/>	Equipment depot
Misting station supplies		<input type="checkbox"/>	Rental required
Refrigerator for cooling area	1	<input checked="" type="checkbox"/>	Hub
Additional Ice (if required)	1	<input checked="" type="checkbox"/>	Salvation Army (via HEMBC)
Stretchers		<input checked="" type="checkbox"/>	Endoscopy
Popsicles for patients		<input checked="" type="checkbox"/>	Sodexo to order and distribute with meals
Popsicles for staff		<input checked="" type="checkbox"/>	Foundation to arrange
Water		<input checked="" type="checkbox"/>	EOC to reach out to In-Hospital Replenishment
Tent (10 x 10)	2	<input checked="" type="checkbox"/>	Disaster container
Chiller	4	<input checked="" type="checkbox"/>	

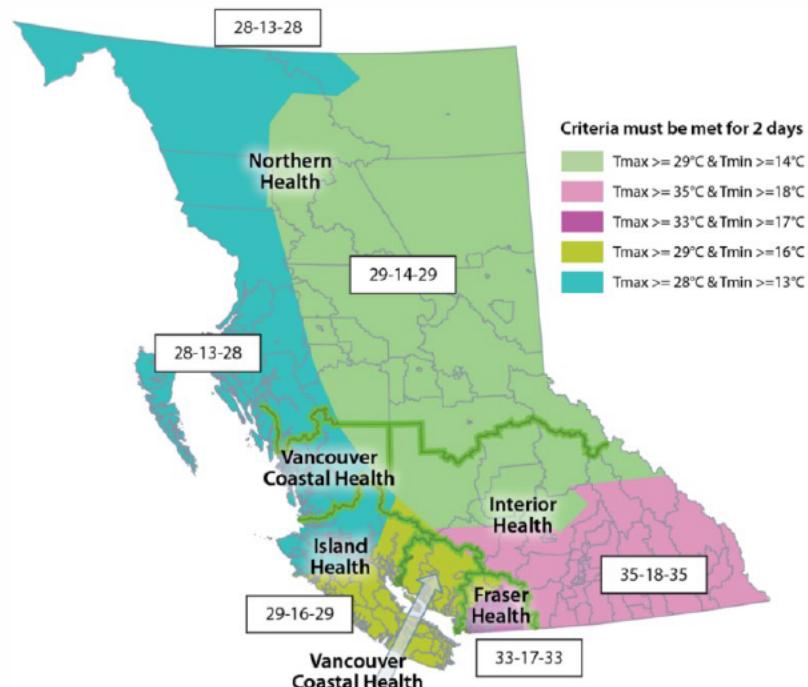
Criteria and Notifications

Outlined below are the BC Heat Alert Response System (HARS) criteria levels and notification process to smoke and heat events that may affect the ability to deliver service. The two-tiered alert system is used to provide a standardized assessment and initiation of a formal response; the two tiers are **heat warning** and **extreme heat emergency**.

Criteria

Heat warning

A **heat warning** is issued for a region when there are two or more consecutive days during which the daytime maximum temperatures are forecast to reach or exceed the trigger temperature criteria for that region, and the nighttime minimum temperatures are forecast to fall only to the region-specific temperature or warmer. These temperature thresholds indicate moderate public health risk. This criterion is the minimum basis for the extreme heat emergency.



ECCC heat warning criteria, with an overlay of health authority boundaries

Extreme heat emergency

An **extreme heat emergency** emphasizes the very high public health risk that exists when high temperatures increase day over day, based on temperatures and conditions that indicate a very high public health risk, including a larger increase in deaths in the community is expected. Criteria are met when the forecast or observed temperatures in each region *surpasses the heat warning criteria*, and there is high certainty that temperatures would substantively increase day over day for three or more consecutive days.

Lower Mainland

Below is a high-level overview of the HARS criteria, specific to the Lower Mainland regions.

Tier	Region	Criteria	Alert
Heat warning	Southwest	2 or more consecutive days of daytime maximum temperatures are expected to reach 29°C or warmer and nighttime minimum temperatures are expected to be at 16°C or warmer	Once the criteria is met, Environment and Climate Change Canada issue alerts for the specific regions
	Southwest inland	2 or more consecutive days of daytime maximum temperatures are expected to reach 33°C or warmer and nighttime minimum temperatures are expected to be at 17°C or warmer	NB: If the criteria are met for either weather stations in the Southwest or Southwest inland regions (Abbotsford or Vancouver), an alert will be issued for the entire Lower Mainland
	Northwest	2 or more consecutive days of daytime maximum temperatures are expected to reach 28°C or warmer and nighttime minimum temperatures are expected to be at 13°C or warmer	NB: The Northwest region is not coupled with alerts for the Southwest or Southwest inland regions
Extreme heat emergency	Southwest	Heat warning criteria have been met AND forecast indicates that daily highs will substantively increase day over day for three or more consecutive days	Once the criteria is met, and based a decision from the BC HEAT Committee, Environment and Climate Change Canada issue alerts for the specific regions
	Southwest inland		
	Northwest		

Notifications

The diagram provides an overview how the health care system notifies its leadership, key program areas, communities, and partners regarding extreme heat events, as well as public messaging to strongly encourage individuals and communities to be aware of the risk and take action to stay cool.

While many of the actions are relevant to both Heat Warning and Extreme Heat Emergency events, *additional actions and considerations* are indicated for an Extreme Heat Emergency in the right column.

Alert	Heat warning	Extreme heat emergency
Notification	<p>Environment and Climate Change Canada issues notification</p> <ul style="list-style-type: none"> Email to health sector and emergency management partners as warranted Publicly on WeatherCAN app and the ECCC weather alerts webpage Special weather statements and weather notifications may be used 	<p>ECCC prompts PHDO to coordinate a call with BC HEAT Coordination Committee</p> <ul style="list-style-type: none"> Decision to escalate to extreme heat emergency
	<p>Provincial and regional authorities issue notification</p> <ul style="list-style-type: none"> Health authority issue press release(s), potentially in coordination with EMBC and OPHO EMBC's PREOC provides direct notification to local authorities 	<p>ECCC issues notification</p> <ul style="list-style-type: none"> Publicly on WeatherCAN app and the ECCC weather alerts webpage Further publicized through communications channels/media, and broadcast intrusive alerts
	<p>HEMBC forwards the notification to health authority leadership</p> <ul style="list-style-type: none"> AOC/LOC Executive on-call Seasonal readiness committees 	
	<p>Health authority on-call leadership advises</p> <ul style="list-style-type: none"> Site leaders, managers, and building contacts, who notify appropriate site staff 	
Response	<p>Structures activated</p> <ul style="list-style-type: none"> Regional EOC Sites / programs* Intersectoral (municipal) if required in discussion with partners (e.g. first event of season) 	<p>Structures activated</p> <ul style="list-style-type: none"> Regional EOC Sites / programs* Intersectoral (municipal, regional, jurisdictional) Regional coordination call for EMBC, health authorities and municipalities Provincial EMBC coordination call for ministries and agencies
Resolution	<p>When criteria levels are no longer met, ECCC will issue a notice through the WeatherCAN app and alerts webpage</p>	<p>BC HEAT Committee reviews status; confirms timing for ending</p>
		<p>ECCC issues public confirmation when heat emergency has ended</p>
Deactivation	<p>HEMBC advises</p> <ul style="list-style-type: none"> HA leadership as above <p>Communications</p> <ul style="list-style-type: none"> Updates websites, social media, and partners <p>Health authority on-call leadership advises</p> <ul style="list-style-type: none"> Site leaders, managers, and building contacts, who notify appropriate site staff 	

Air Quality Response Triggers

Level	Criteria	Notification	
Level 1: Metro Vancouver Advisory	Air quality exceeds or is expected to exceed 25µg/m ³ for the 24-hour rolling average at 2 or more stations	Air quality is expected to deteriorate into the “high health risk” category (7 or greater) of the AQHI (Air Quality Health Index) for at least two consecutive hours	<ul style="list-style-type: none">• BC Ministry of Environment – Air Quality Advisories• Metro Vancouver - AirMap
Outside of Metro Vancouver	The Smoky Skies Bulletin is a special type of public advisory to communicate the rapidly changing nature of wildfire smoke. It is issued when areas of the province are being impacted or have reasonable potential to be impacted by wildfire smoke within 24 to 48 hours. These bulletins are based on available pollutant concentrations information, satellite information, smoke forecast models and visual observations, and are not intended to manage local emission sources.	<ul style="list-style-type: none">• BC Ministry of Environment – Smoky Sky Bulletin	

Levels of Response

There may be different levels of response to heat & smoke events dependent on the expected and actual risk and impacts.

Outlined below is an overview of the regional response coordination process.

Regional		
Level of Response	Description of triggers/impact	Activities
Level A – Monitoring Regional coordination call occurs; level of response is determined	<ul style="list-style-type: none"> Environment Canada forecasts an extreme heat event and issues a Heat Warning (usually 1-3 days in advance) BCCDC identifies temperatures exceeding health's heat alert criteria (24hrs in advance). VCH & FH Public Health issue an Extreme Heat Emergency 	<p>Pre-heat event</p> <ul style="list-style-type: none"> HEMBC notification of heat event to AOCs/designates & Executive On-Call Regional coordination call scheduled with AOC/designate & Executive On-Call, HEMBC and Seasonal Readiness Committee <ul style="list-style-type: none"> Risk Assessment conducted to consider: <ul style="list-style-type: none"> Forecast temperatures Duration Population adaptation to heat Review of site/program response plans and determination of appropriate proactive response activities based on risk Establish schedule for Regional coordination calls External health messaging through Public Health & Communications AOCs/Designates to notify Site/Program leaders of heat event and refer to heat response plans <p>During heat event</p> <ul style="list-style-type: none"> AOCs/Designates to develop daily status reports of site/program impacts

		<ul style="list-style-type: none"> Exec On-Call chairs daily Regional coordination calls with AOCs/Designates, HEMBC and Seasonal Readiness Committee. Participants provide updates on significant impacts. HEMBC to provide documentation support
Level B – Activation of site/program response structures Site-based EOC(s)	<p>Triggers for Local EOC activation:</p> <ul style="list-style-type: none"> Extraordinary surges in ED volume and/or capacity challenges exceeding demand Staffing challenges impacting capacity/surge Internal environments reaching unsafe temperatures 	<p>Local EOC will be activated on direction of site/program Lead/AOC.</p> <ul style="list-style-type: none"> Exec On-Call/HEMBC notified of EOC activation and status updates as required Implementation of enhanced heat and smoke response processes, and/or additional actions to manage impacts Regular unit-department status reporting to site EOC
Level C – Activation of regional structures Regional EOC(s) Executive EOC	<p>Triggers for the escalation of Regional EOC to operational support:</p> <ul style="list-style-type: none"> Widespread service delivery impacts related to: <ul style="list-style-type: none"> Surge in service requests Staffing reduction Facilities experiencing unsafe temperature levels Significant site/program impacts requiring regional supports for: <ul style="list-style-type: none"> Procurement and distribution of cooling equipment Regional staff redeployment Coordination of changes to service delivery across sites/programs 	<ul style="list-style-type: none"> Regional EOC meetings with key stakeholders scheduled on an as needed basis Expansion of REOC membership to include additional representatives to support inter-sectoral coordination Stand-up of Executive EOC as needed Coordination with external partners to support response activities

Department/Site/Program		
Level of Response	Description of impact	Activities
Level A – Local monitoring at unit level Assessment of impacts	<ul style="list-style-type: none">Heat warning or alert is issued by Environment Canada	<ul style="list-style-type: none">PCC/Manager/PCS to identify risksLeadership to initiate planning meeting for site responseDetermine need to initiate a formalized response and/or stand up an EOC in preparation for a potential response
Level B – Activation of site/program response structures Site-based EOC(s)	<ul style="list-style-type: none">EOC activated based on the following triggers:<ul style="list-style-type: none">Increased volume in EDStaffing shortagesDecreased service capacity	<ul style="list-style-type: none">Activate plans for extreme heat eventUnit-department status reportingLeadership notified (AOC, AIC)Coordination callEOC participation
Level C – Activation of regional structures Regional EOC(s) Executive EOC	<ul style="list-style-type: none">Cancelled services	<ul style="list-style-type: none">Unit-department status reportingEOC participationSituation ReportRegional coordinationProvincial coordinationIntersectoral coordination

Plan Maintenance

To ensure this plan stays relevant and appropriate, and to support readiness and continuous learning, please follow the below document life cycle. The working group lead is responsible for the activities below:

Spring – Preparedness

- Review the plan on an annual basis during the month of May, ahead of the heat and smoke season.
- Make any necessary revisions, and email the updated plan to HEMBC.
 - Provide updates to the Seasonal Readiness Steering Committee on any significant changes to the plan.

Fall – Recovery

- Review the plan on an annual basis during the month of October, following the heat and smoke season.
- Adopt any lessons learned or revisions required, and email the updated plan to HEMBC.
 - Provide updates to the Seasonal Readiness Steering Committee on any significant changes to the plan and accompanying documents.

If there are significant changes to the plan outside of the review cycle, update and email the revised plan to HEMBC.

Minutes: VCH-VA Extreme Heat Wave

Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
29/06/2021	09:30 – 10:30	Lori Korchinski	HEMBC
Item	Lead	Notes	
1. Welcome & Introductions	Lori Korchinski		
2. Situation Overview	Lori Korchinski Michele De Moor	<ul style="list-style-type: none"> • This is <u>not</u> a usual surge situation <ul style="list-style-type: none"> ○ Exceptional circumstances 	
3. ED impacts/Priorities	Lori Korchinski Lori Quinn	<ul style="list-style-type: none"> • ED is at capacity • Presently, 116 pts in ED <ul style="list-style-type: none"> ○ only 17 in treatment ○ 100 in acute ○ 29 admits 	
4. Updates	Lori Korchinski Operations	<ul style="list-style-type: none"> • Staffing tight throughout hospital <ul style="list-style-type: none"> ○ Educators and Clinicians being redeployed to open pods ○ Vaccine clinics are all open, will not be a source of additional staff ○ All shifts have been called out, so permission given to staffing to book staff without delay for bidding • 14 green beds identified <ul style="list-style-type: none"> ○ will continue to f/u on staffing these beds • Surgical and Ortho cases being postponed where possible • UBCH is over capacity, but taking 3 patients from VGH today, educators have also been redeployed into assignments <ul style="list-style-type: none"> ○ Has 4 physical beds available, but no staffing → night shift will be challenging 	

		<ul style="list-style-type: none">○ UBCH-appropriate patients to be identified in case those beds can be staffed● GF Strong is over capacity as well, but pulling 5 patients from VGH today (from spine and neuro)● FAM assessing A/C issues on T14 – some rooms are hot; AC being diverted to clinical areas● “Cooling area” for low acuity heat-related patients → create capacity for ED by moving treating these patients elsewhere<ul style="list-style-type: none">○ PCC has 12 beds available for use○ Will require EP or NP and nurses to staff
5. Review of Action Log	Lori Korchinski	[see attached Action Log]
6. Priorities for Operational Period	Lori Korchinski	<ul style="list-style-type: none">● Create capacity in ED by pulling admitted patients into in-patient areas● Cooling unit
7. Closing/Next Meeting	Lori Korchinski	<ul style="list-style-type: none">● Next meeting is at 13:15

Minutes: VCH-VA Extreme Heat Wave

Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
29/06/2021	09:30 – 10:30	Lori Korchinski	HEMBC
Item	Lead	Notes	
1. Welcome & Introductions	Lori Korchinski		
2. Situation Overview	Lori Korchinski Cindy Loo		
3. ED impacts/Priorities	Lori Korchinski Lori Quinn	<ul style="list-style-type: none"> • Presently, 124 pts in ED <ul style="list-style-type: none"> ○ Majority in acute areas ○ 29 admits 	
4. Updates	Lori Korchinski Operations	<ul style="list-style-type: none"> • ED, medicine, and ICU are staffed for tonight and tomorrow • Most other areas continue to have some vacancies but are making progress • Surgical cases at VGH being cancelled for tomorrow • Susan Seeman will be point-of-contact for community programs who are looking to redeploy some trained nurses • Cooling unit in PCC is open <ul style="list-style-type: none"> ○ Sending stable patients with expected short stay • Staffing planning a broadcast to all Med/Surg nurses for any vacant shifts • UBCH staffing secured for 47 beds tonight; looking for staffing to go up to 51 tomorrow • Regionally, some issues with equipment (MRI), but none at VA so far • Communications being prepared to physicians and to all staff re: current Surge Level 3 situation 	

5. Review of Action Log	Lori Korchinski	[see attached Action Log]
6. Priorities for Operational Period	Lori Korchinski	<ul style="list-style-type: none">● Continue push to staff all physical beds through the night and tomorrow
7. Closing/Next Meeting	Lori Korchinski	<ul style="list-style-type: none">● Next meeting is at 16:00

Minutes: VCH-VA Heat Wave

Teams Meeting Information			
T-Con:	S. 15 s. 17	Participant:	S. 15 s. 17
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
29/06/2020	16:00-16:30	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	<ul style="list-style-type: none"> • 130 patients in the ED • All green space is open
3. Updates <ul style="list-style-type: none"> • Operations <ul style="list-style-type: none"> ◦ ED & Cooling Unit ◦ Medicine ◦ BTHA & ICU ◦ Spine & Neuro ◦ Surgical areas ◦ Other • Staffing • UBC • GF Strong • Facilities • Communications 		Lori Korchinski Operations	<ul style="list-style-type: none"> • ED needs guidance from IPAC if fans can be running in WR with patients in close proximity • Most areas have secured staffing • PACU remains short of staff • Cooling unit has secured staffing (1 PCC, 1 ED RN, 2 from St. John's Ambulance, & 1 porter) for tomorrow • UBC has secured staffing to go up to 51 patients • 4 patients from VGH will be lined up to go to CAMU in the morning
4. Review of Action Log		HEMBC	[see attached Action Log]
5. Priorities for Operational Period		Lori Korchinski	<ul style="list-style-type: none"> • Maintain all available spaces open and staffed
6. Closing/Next Meeting		Lori Korchinski	<ul style="list-style-type: none"> • Call tonight at 21:00 • Same frequency of EOC meetings tomorrow

Minutes: VCH-VA Heat Wave

Teams Meeting Information			
T-Con:		S. 15 s. 17 ; Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
30/06/2020	09:30-10:30	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	<ul style="list-style-type: none"> • 89 patients in ED • 19 admits (mostly for IMD) • Cooling unit still open → 6 patients (2 to be admitted & 4 to be D/C'd)
3. Updates		Lori Korchinski Operations	<ul style="list-style-type: none"> • <u>ED</u>: Volume management is improving • Cooling unit: to be closed today by 1600 <ul style="list-style-type: none"> ○ Nurses to be utilized elsewhere ○ St John's staff to be utilized in ED WR to assist with cooling and giving water to patients • <u>Critical Care</u>: stable • <u>Medicine</u>: stable; has several potential D/Cs for today • <u>OR/PACU</u>: staffing okay with reduced slate, waiting for direction on how many cases to book for Friday • <u>UBCH</u>: urgent care volumes improving; CAMU has surged up to 51 patients today → CNEs and PCCs redeployed into assignments • <u>GFS</u>: over census but stable; No A/C but are managing • <u>Staffing</u>: looking at sending 2 LPNs to assist on T9 and other areas that are short staffed • <u>Facilities</u>: no issues • <u>Comms</u>: will be sending updates to

		physicians and staff
4. Review of Action Log	HEMBC	[see attached Action Log]
5. Priorities for Operational Period	Lori Korchinski	
6. Closing/Next Meeting	Lori Korchinski	Next meeting will be at 13:15.

Minutes: VCH-VA Heat Wave

Teams Meeting Information			
T-Con: S. 15 s. 17		Participant: S. 15 s. 17	
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
30/06/2020	13:15-14:15	Lori Korchinski	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Lori Korchinski	
2. Situation Overview		Lori Korchinski Cindy Loo	<ul style="list-style-type: none"> • 109 patients in ED • 17 admits in ED, 14 with bed assigned
3. Updates <ul style="list-style-type: none"> • Operations <ul style="list-style-type: none"> ◦ ED & Cooling Unit ◦ Critical Care ◦ Medicine ◦ Surgical areas ◦ Spine & Neuro ◦ UBCH ◦ GF Strong • Staffing • Facilities • Communications 		Lori Korchinski Operations	<ul style="list-style-type: none"> • <u>ED</u>: Stable; planning on keeping DTU open overnight and tomorrow • <u>Cooling unit</u>: Closing at 15:00 • <u>CC</u>: Stable • <u>Medicine</u>: Stable; planning for staffing for rest of week; increasing COVID capacity from 4 to 8 • <u>Sx</u>: Stable; 1 LPN from community went to T9 to assist • <u>UBCH</u>: Stable; CAMU still has 2 available beds • <u>GFS</u>: Stable • <u>Staffing</u>: Only 7 shifts remain to be filled for both tonight and tomorrow • <u>Facilities</u>: No issues • <u>Communications</u>: Will update staff on change from Surge Level 3 to 2
4. Review of Action Log		HEMBC	[see attached Action Log]
5. Priorities for Operational Period		Lori Korchinski	EOC IS STANDING DOWN @ 13:35
6. Closing/Next Meeting		Lori Korchinski	n/a

Minutes: LGH EOC Meeting

Teleconference Information				
https://vancouvercoastalhealth.zoom.us s. 15 s. 17 Telephone: s. 15 s. 17 , Meeting ID: s. 15 s. 17 , Passcode: s. 15 s. 17				
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC
June 28, 2021	1030	Sean Parr	Christine Turenko	
Item		Notes		
1. Role Assignment		<ul style="list-style-type: none"> • EOC Director - Sean • Planning – Kim • Logistics – Corrie • Comms - Melissa • Operations - Lona • Emily Dickens - NESM 		
2. Regional Update		<ul style="list-style-type: none"> • Friday – extreme heat alert was issued by BCCDC and MHOs – first time this has ever been issued • Record breaking temperatures • Today is supposed to be the hottest day and should cool by Wednesday • Pemberton has increased snow melt and there is an evacuation order. 50/600 residents have gone to group lodging – situation is stabilizing • North Shore EM <ul style="list-style-type: none"> ○ Manages the extreme heat plan for 3 municipalities ○ Plan operationalized it Friday ○ Municipal libraries are being used as cooling centres equipped with water and cookies ○ NS Neighbourhood House cooling centre has now been moved to Pipe Shop at the Quay and will be open 11am-7pm (first responders and EM folks on site) ○ Information has gone out via CBC, signage setup in lower Lonsdale, comms in VCH through social media to let people know about the cooling centres • Tier 1 and 2 – libraries are a simple solution and rely on municipal infrastructure and setting up a cooling centre requires a staffing model and to redeploy resources, access to fire department to do some medical triage as ESS volunteers and NESM volunteers are not trained to do first aid • Don't have the staff or capacity to keep open over night. Not seeing the need for it. 		
3. Operations		<ul style="list-style-type: none"> • Number of patients in ED that have presented with heat related illnesses. Some could be discharged but it's difficult if they do not have access to a cool location at home/LTC homes. • ED staff – doing ok • 4th floor – nurse collapsed • AC units on 7th, 4th /2nd portable units 		

	<ul style="list-style-type: none"> • Staff will need a place to cool down • ACTION – move patients as needed to cooler locations • ACTION – FMO to work on getting more fans and AC units installed
4. Logistics	<ul style="list-style-type: none"> • Portable AC units that we have been placed • Rental companies – Kyle to reach out to see if there are any units available • Fans – don't have a lot on hand • Request out to get more refillable cold packs and additional ice to hand out to patients and staff • Request for popsicles to cool patients and staff • 5 air conditioned hotel rooms have been secured and won't have access until tomorrow. Can be used for discharged patients • Looking to secure more accommodations • Gym and atrium at LGH are the coolest areas in the hospital that can be used as cooling station for staff or patients if needed <ul style="list-style-type: none"> ○ ACTION – Melissa to draft and send out communications to staff • Families – to help identify cool spaces for their loved ones • ACTION – roving ice cart
5. Communications	<ul style="list-style-type: none"> • ACTION – prepare messaging to be sent to staff
6. Medical	<ul style="list-style-type: none"> • ACTION – Sean Staniforth to communicate to the doctors in the ED that the acute tower is very hot
7. Staffing	<ul style="list-style-type: none"> • Lots of staffing gaps due to daycare and school closures causing some staffing gaps
8. Other	<ul style="list-style-type: none"> • Considerations around LTC and Home Health and Home Support • ACTION – Invite Keith to followup EOC call • ACTION – Sean to check in with Powell River and Sechelt – do they need logistics support?
9. Next Meeting	<ul style="list-style-type: none"> • June 28 @ 13:00

Minutes: LGH EOC Meeting

Teleconference Information				
https://vancouvercoastalhealth.zoom.us s. 15 s. 17				
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	
June 28, 2021	1300	Sean Parr	Christine Turenko	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC
Item		Notes		
1. Role Assignment		<ul style="list-style-type: none"> • EOC Director - Sean • Planning – Kim • Logistics – Corrie • Communications - Melissa • Operations - Lona 		
2. Regional Update		<ul style="list-style-type: none"> • No regional changes from this morning • ICBC test/vaccine site sent out mass text to notify people to go to West Van site • Powell River and Sechelt are doing fine and Sean has offered logistics support if needed 		
3. Operations		<ul style="list-style-type: none"> • In progress of moving patients as needed • ACTION - More popsicles coming, may need someone to help with this in the afternoon • We have bed frames for extra beds but still need mattresses. Can take 4 patients starting tomorrow morning 		
4. Logistics		<ul style="list-style-type: none"> • 6 units for AC, prioritize as follows as units arrive <ul style="list-style-type: none"> ○ 6th floor ○ 4th floor ○ 2nd floor ○ 5th floor ○ Any remaining units to gym • Roving cart has done a first pass of the acute tower with ice cream sandwiches • ACTION - Build ice packs for patients and staff • 2 hotel room (not accessible) have been secured for tonight and 5 for tomorrow night – Julia is assisting with the coordination to find patients that can be discharged 		
5. Communications		<ul style="list-style-type: none"> • ACTION- Send out memo to staff regarding cooling areas 		
6. Other		<ul style="list-style-type: none"> • No update 		
7. Next Meeting		<ul style="list-style-type: none"> • June 29 @ 10:30 		

Minutes: LGH EOC Meeting

Teleconference Information				
https://vancouvercoastalhealth.zoom.us s. 15 s. 17				
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC
June 29, 2021	830	Sean Parr	Christine Turenko	
Item	Notes			
1. Role Assignment	<ul style="list-style-type: none"> EOC Director - Kim Planning – Logistics – Corrie Communications - Melissa Operations – Lona Medical - Peter 			
2. Regional Update	<ul style="list-style-type: none"> Richmond and LGH 118 VGH in ED – ICU demand and heat illness 			
3. Operations	<p>Status</p> <ul style="list-style-type: none"> OCP red at LGH 33 admits 61 patients in ED 22 in wait room 9 patients with heat exhaustion Heat exhaustion patients <ul style="list-style-type: none"> Some need to stay due to medical reasons and some can go but the staff need time to go through patients ACTION: Sean will connect with ED doctors to figure out if additional physicians are required ACTION: Additional ice needed in ED COVID positive in ED – looking to pull to ICU – arrangement will be made to move patient No potential discharges in ED Hotel rooms <ul style="list-style-type: none"> ACTION: Home support is available to settle patients in OT and PT can be on call ACTION: Julia to work with ED to discharge to hotel PT/OT supports in ED <ul style="list-style-type: none"> PT is short 2 but have asked to focus on ED to help with discharges OT is fully staffed Redeploying PTs will Potential discharges on various floors ACTION: Doran to connect with Ira re moving patients into Hope 			

	<ul style="list-style-type: none"> • ACTION: Cast clinic to be used? Connect with Joanna re staffing. Set aside space in ED to do outpatient stuff. Ensure staffing is ok. • 22 independent housing or LTC – work on discharging • ACTION: Kyle working with contractor – sourcing more portable ACs for 7th floor • Hypothermic patients in ED – Code Orange – ACTION: has ice been re • Lost cooling 7th floor last night is the priority • Ordered 3 more air units and 2 more water units – this afternoon • CT – getting hot and can't scan • Surgery – considering stopping slate, reducing slate from a region, will need to utilize redeploy staff and use the space • Endo – might use resus, IV fluids • Medical Daycare • ACTION: [REDACTED] • [REDACTED] 1 3 • Outpatient ambulatory areas – nurses in those area have skills with IVs • Priorities: Care space and how are we going to staff these areas (deploying a different type of workforce) • ACTION: Peter to make space in the tower
4. Staffing	<ul style="list-style-type: none"> • Extra LPN and put on 6th and out on 7th • ED ok • ICU need staff for tonight
5. Logistics	<ul style="list-style-type: none"> • •
6. Communications	<ul style="list-style-type: none"> •
7. Other	<ul style="list-style-type: none"> •
8. Next Meeting	<ul style="list-style-type: none"> • 12:00

Minutes: LGH EOC Meeting

Teleconference Information				
https://vancouvercoastalhealth.zoom.us s. 15 s. 17				
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC
June 29, 2021	1200	Kim B.	Christine Turenko	
Item		Notes		
1. Role Assignment		<ul style="list-style-type: none"> EOC Director - Kim Planning – Andrew Logistics – Corrie Communications - Melissa Operations – Lona Medical - Peter 		
2. Regional Update		<ul style="list-style-type: none"> Demands through the system across the region 		
3. Operations		Status <ul style="list-style-type: none"> OCP Amber – 29 admits in ED (4 waiting for bed) ICU – 12 patients 1 COVID positive in ICU (will not be there for much longer) 		
4. Staffing		<ul style="list-style-type: none"> Working on staffing to help with workload 		
5. LTC		<ul style="list-style-type: none"> Identified 7 discharges 3 going back and 1 more potential Julia emailed Peter regarding various escalations Hotel placements – 2 (based on PT/OT assessments) 		
6. Out patient		<ul style="list-style-type: none"> Cast clinics – Thursday on stat closed Chemo – 1 patients Endo – 2 Code blue., Lab and paharmcy is aware of these patients ACTION: Food services to be made aware of the patients that have been moved ACTION: Ensure that Cerner is updated relating to moving patients 		
7. Action Items from morning meeting		<ul style="list-style-type: none"> PT/OT deployment – Dacia <ul style="list-style-type: none"> Bringing in extra staff on Fri-Sun Extra physician support in ED – Sean Staniforth <ul style="list-style-type: none"> No additional support required at this time Extra staff call outs – ICU/ED/PACU <ul style="list-style-type: none"> Bringing in workload on 7E to work at opening pod 7 W down to LPNs ED – staffing working on additional support for ED so we can staff cast clinic if needed ICU – at 9 nurses Determine hospice bed placements- Kim/Denise <ul style="list-style-type: none"> patient discharged – no longer required 		

	<ul style="list-style-type: none"> • LTC in Acute – MRP names to Peter – Julia • Ice requirements - let Corrie know what's needed <ul style="list-style-type: none"> ◦ Working on it • Hotel for heat exhaustion 0 Surjeet/Corrie/Julia/Kim/PSS <ul style="list-style-type: none"> ◦ 2 patients identified • MHIU extra beds to support heat exhaustion – Doran <ul style="list-style-type: none"> ◦ Low medical needs – will look at patients • Opening out patient areas to support ED – Corrie/Lona • Staffing Support from testing centre – Sujata/Corrie/Lona
8. Logistics	<ul style="list-style-type: none"> • Ice • Popsicle drinks coming – roaming delivery to wards • AC units will be deployed and installed • Sourcing additional fans • Cots are available if needed • Spray bottles have been purchased and are being distributed • Mobile medical unit – unsure if this would be helpful at LGH at this time • Slate reductions – regional strategy <ul style="list-style-type: none"> ◦ Thursday no elective slates ◦ More information to come
9. Other	<ul style="list-style-type: none"> • FMO <ul style="list-style-type: none"> ◦ CT water cooled unit just failed and replacement is on the way ◦ 1 more water cooled units is on its way ◦ 3 air units are on their way • Stretchers <ul style="list-style-type: none"> ◦ No update
10. Next Meeting	<ul style="list-style-type: none"> • Tuesday, June 29 @ 15:30

Minutes: LGH EOC Meeting

Teleconference Information				
https://vancouvercoastalhealth.zoom.us . 15 s. 17				
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC
June 29, 2021	1530	Kim B.	Christine Turenko	
Item	Notes			
1. Role Assignment	<ul style="list-style-type: none"> EOC Director - Kim Planning – Andrew Logistics – Corrie Communications - Melissa Operations – Lona Medical - Peter 			
2. Regional Update	<ul style="list-style-type: none"> Demands through the system across the region 			
3. Current State	<p>Status</p> <ul style="list-style-type: none"> Code Amber – 28 admits in ED 1 COVID + patient 1 COVID suspect in ED Reduced slate – less demand for surgery and more space for tomorrow 			
4. Staffing	<ul style="list-style-type: none"> St. John's ambulance has confirmed that we can have them in 24-7 capacity – manage IVs (can't start IVs), can't give meds – can get 2 people as early as tonight 			
5. Out patient	<ul style="list-style-type: none"> Mangers coordinating movements and staffing 			
6. Action Items from morning meeting	<ul style="list-style-type: none"> Hotel for heat exhaustion - Surjeet/Corrie/Julia/Kim/PSS <ul style="list-style-type: none"> All patients have fallen through, not medically stable ACTION: Corrie to share with other sites in case they can use the space 			
7. Logistics/Operations	<ul style="list-style-type: none"> FMO <ul style="list-style-type: none"> Installed air unit in maternity in corridor 7E in corridor air CT scan unit is up and running 7 air handling unit that went down yesterday – person onsite 2E operational but some patient room units went down Room 629 is operational Ice – in ED and 6th floor Spray bottle in the tower S2S EOC was stood up <ul style="list-style-type: none"> Whistler AC is unstable and lab and medical imaging is impacted Squamish – not seeing a lot heat related illness, ER and OR are cool but the rest of the facility is quite warm Sechelt, Bellas and Powell River - stable 			

8. Other	<ul style="list-style-type: none">• Stretchers<ul style="list-style-type: none">○ Beds will arrive – 6-8 weeks out○ Stretchers will be here by July 1
9. Next Meeting	<ul style="list-style-type: none">• Wednesday, June 30 @ 08:30

Minutes: LGH EOC Meeting

Teleconference Information					
https://vancouvercoastalhealth.zoom.us/s . 15 s. 17					
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC	
June 30, 2021	0830	Kim B.	Christine Turenko		
Item	Notes				
1. Role Assignment	<ul style="list-style-type: none"> EOC Director - Kim Planning –Andrew Logistics – Corrie Communications - Melissa Operations – Lona Medical - Peter 				
2. Regional Update	<ul style="list-style-type: none"> No update 				
3. Current State	Status <ul style="list-style-type: none"> OCP Amber 28 admits in ED ICU – 9 patients (COVID+ and 1 transfer out) 2E was used for heat wave to create extra space Surgical slate modifications are helping with flow 				
4. Staffing	<ul style="list-style-type: none"> 6th floor has a few beds 7th down RN 				
5. Logistics/Operations	<ul style="list-style-type: none"> Everything we have AC/Fan wise has been installed 7th floor is up and running with AC CT back and operational Didn't end up using any of the hotels – rooms secured until Saturday – do we still need them? <ul style="list-style-type: none"> Trouble identifying appropriate patients If no home support is available immediately, it doesn't work. Challenging from logistics stand point (Sean Staniforth) ACTION: Today - review patients and by mid after noon make a decision on whether they should be released Popsicle/drink cart was really well received <ul style="list-style-type: none"> ACTION: Determine who will be taking the cart around today Keep gym as a staff cooling area Ambulatory spaces were used yesterday <ul style="list-style-type: none"> ACTION: Managers to discuss usage plan offline for today and tomorrow – Surjeet/Joanna St. John's Ambulance supported ED wait room overnight FMO <ul style="list-style-type: none"> AC and fans – people will get used to it. Will they be removed at the end of the heat wave? ACTION: Further discussion next week 				

6. Other	<ul style="list-style-type: none"> • Plan for EOCs in the next couple of days <ul style="list-style-type: none"> ○ Ad hoc with AOC making the call? ○ Scheduled calls? ○ ACTION: Determine EOC cadence if applicable for Thursday and Friday • Change of mask regulations <ul style="list-style-type: none"> ○ ACTION: Melissa to confirm communications strategy ○ This will be discussed at REOC and guidance will be provided by REOC and PH guidance
7. Next Meeting	<ul style="list-style-type: none"> • Wednesday, June 30 @ 1200

Minutes: LGH EOC Meeting

Teleconference Information				
https://vancouvercoastalhealth.zoom.us . 15 s. 17				
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder	<input checked="" type="checkbox"/> Physical EOC <input checked="" type="checkbox"/> Virtual EOC
June 30, 2021	1500	Kim B.	Christine Turenko	
Item	Notes			
1. Role Assignment	<ul style="list-style-type: none"> • EOC Director - Kim • Planning –Andrew • Logistics – Corrie • Communications - Melissa • Operations – Lona • Medical - Peter 			
2. Regional Update	<ul style="list-style-type: none"> • No update 			
3. Current State	Status <ul style="list-style-type: none"> • OCP Red – 33 admits in ED • ICU – 8 patients (1 COVID+) • St. John's Ambulance volunteers in ED waiting room 			
4. Staffing	<ul style="list-style-type: none"> • • 			
5. Logistics/Operations	<ul style="list-style-type: none"> • Sent 1 patient to a hotel and no others identified • ACTION: release remaining rooms for today, release hotels rooms for tomorrow and Friday • No plans for popsicle and water carts for tomorrow • Cast clinic is available as additional space, no staffing. Can be used as a staging area for patients that have been admitted awaiting beds • Masks – communication coming out tonight <ul style="list-style-type: none"> ○ No change to clinical setting for staff and patients ○ Masks optional in corporate offices where there are no patients, residents, clients 			
6. Other	<ul style="list-style-type: none"> • 			
7. Next Meeting	<ul style="list-style-type: none"> • Wednesday, June 30 @ 1200 			

Overview

Event name	Extreme Heat Response	Site(s)	Lions Gate Hospital
Health authority	Vancouver Coastal Health	Response structure	Emergency Operations Centre
Report prepared by	Christine Turenko	Event date	June 25-30, 2021

Purpose

On July 29, 2021, a debrief for the Extreme Heat Response at Lions Gate Hospital (LGH) was held and attended by LGH staff with the intent of identifying areas of successes and learnings, to better position the site to respond to future events. The debrief was facilitated by Christine Turenko, LGH Coordinator, HEMBC.

The debrief focussed on what went well and opportunities for improvement in the following areas: notification, activation, response, training and education, and planning and preparedness.

Debrief Attendees

Kim Breithaupt	Kelly-Anne Karse	Christine Turenko
Lynn Crockatt	Surjeet Meelu	Doran Walker
Lona Cunningham	Shaunene Neilson	Kyle White
Liz Ford	Ira Roness	
Corrie Irwin	Andrew Tung	

Event Summary

- Heat Warning issued by Environment Canada was escalated to an Extreme Heat Alert on Friday, June 25
- High temperatures are historically associated with an increase in deaths among Lower Mainland residents, which raised large concern for the livelihood of patients and residents across various communities
- LGH stood up an Emergency Operations Centre (EOC) on June 28 at 1030 hours in an effort to reduce community/facility impacts
- Code Orange – Stage 1 Alert was called June 28 at 2340 hours and cleared at approx. 0100 hours on June 29
- According to BC Coroner Services, on June 25-July 1, 2021 there were 815 deaths across British Columbia with 208 reported in Vancouver Coastal Health Authority. There were 232 deaths reported in BC for the same dates in 2020. Please note that these deaths are all under investigation to establish cause of death.
- The chart below summarizes the LGH ED visits during the heat wave - June 25, 2021-July 1, 2021. The distinct number of clients column indicates that some clients might have visited the ED two or more times during the specified period. For example, where we have 30 visits and 28 distinct clients, two of those clients had two ED visits on different days. All the other clients had one ED visit.

Data Field	# Visits	# Distinct Clients
All ED Visits at LGH	1442	1330
Chief Complaint = Heat Related Illness	30	28
Client is known to Community*	293	266
Client is known to Community and Chief Complaint = Heat Related Illness*	7	6
Client is from LTC or AL	20	18
Client is from LTC or AL and Chief Complaint = Heat Related Illness	0	0

* Clients known to Community includes clients who had an open referral for Home Health, Mental Health or Primary Care at the time of the ED Visit

Key Findings

Based on the debrief that took place July 29, 2021, a number of recommendations have been identified. These conclusions are intended to support the leadership and staff as they continue to establish their roles, responsibilities, and workflows when similar extreme heat events take place in the future.

Proposed timelines for the recommendations and timelines are included in the [Improvement Plan](#) below.

Summary of Successes

Notification & Activation of Event

- EOC was stood up on Monday morning in response to the extreme heat to assist the with the facility response

Response Activities

- Leveraged external partner relationships like St. John's Ambulance, North Shore Emergency Management (NSEM) and Salvation Army to assist in the response activities:
 - St. John's Ambulance – volunteers were onsite assisting with cooling patients, basic ambulation and vital signs in the Emergency Department waiting room
 - NSEM – provided cots and assisted with the transportation of additional ice
 - Salvation Army – provided additional ice
- Daily regional operations calls provided good context regarding the status of the other sites and provided a platform to exchange ideas and opportunities to support
- Site leadership, managers and other staff all leaned in to assist with whatever tasks needed completing. For example, a roving cart circulated around the facility to provide staff and patients with popsicles/ice cream, cold drinks and ice

Opportunities for Improvement

Notification & Activation of Event

1. Insufficient warning and planning

- a) Email notification was distributed on the afternoon of Friday, June 25 that the heat warning was escalated to a heat alert. The information that was provided in the communications was predominately focused on public health recommendations and did not focus on the potential impacts to acute health care facilities

Recommendation(s):

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- b) On Monday, June 28, due to high volumes in the ED and high indoor and outdoor temperatures, an LGH EOC was stood up. Actions that were established on Monday were not in place until Tuesday or Wednesday.

Recommendation(s):

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- c) The morgue was omitted in the planning process and thus was challenged with the number of decedents

Recommendation(s):

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- d) Long Term Care (LTC), Assisted Living (AL) and Community were not consulted in a timely manner to review heat response plans

Recommendation(s):

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Response Activities

2. EOC structure

- a) The roles were unclear within the EOC. The leadership had been functioning in an EOC structure responding to COVID for well over a year and since the responses were quite different, the EOC structure was different and took some time to establish. The Incident Command System (ICS) is meant to be flexible with the ability to contract and expand easily depending on the situation at hand.

Recommendation(s):

- s. 13
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3. Extremely high indoor temperatures

- a) With the EOC standing up on Monday, there was little time to put plans into action regarding the installation of any cooling measures which not only put stress on the electrical load of the facility but also all the additional staff that were required to source, install and maintain the equipment

Recommendation(s):

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- b) Equipment failure due to increased temperatures. The rooms where this equipment is housed must stay at a certain temperature in order to be operational.

Recommendation(s):

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- c) Staff and patients were struggling to stay cool during this heat event as temperatures in doors in cases reached 38 degrees Celsius in the acute tower

Recommendation(s):

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4. BCEHS

- a) Due to increased number of 911 calls, increased transfers from LTC/AL and high patient volumes in the ED, there were a lack of stretchers and beds available therefore creating a delay in ambulance offloads across the region

Recommendation(s):

- s. 13

5. Municipal cooling centres

- a) Lack of communication regarding existing municipal cooling centres on the North Shore
- b) Significant barriers of transportation and hours of operation at the municipal cooling centres. Individuals with no air conditioning at home required cooling after work hours and those that were discharged from the hospital didn't have anywhere cooler to go therefore potentially increasing discharge hesitancy

Recommendation(s):

- s. 13

6. Code Orange

- a) A code orange – stage 1 alert was activated on the evening of June 28 due to high volumes in the ED and staff shortages. An EOC was already activated in response to the extreme heat and any repercussions of the heat event. The ED staff call out process via Slack was used and additional staff came in to assist.

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Recommendation(s):

- s. 13

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- If staff are unsure whether to activate a code orange, contact the site HEMBC coordinator or the HEMBC On-call duty officer for assistance. Call HEMBC! We can help, we're 24/7

Improvement Plan

The table below outlines the plan of action.

Item	Recommendation		Lead (dept/individual)	Target Completion Date
Notification and Activation	1a.	s. 13	Ministry of Health Health Authority Public Health MHO HEMBC	Future extreme weather related event
	1b. 3a-c.		LGH EMC	Completed
	1b.		LGH Leadership	
	1c.		LGH Leadership	
	1d.		Director of LTC Managers	
	1d.		Director of Community Managers	
Response Activities	2a.		HEMBC	

s. 13

	3c.	LGH Leadership	
	3c.	LGH Leadership Physicians	
	4a.	LGH EMC	
	4a.	LGH Leadership HEMBC	
	5a.	Municipalities LGH Leadership HEMBC	
	5a.	Municipalities LGH Leadership	
	6a.	LGH EMC HEMBC	
	6a.	HEMBC	
	6a.	If staff are unsure whether to activate a code orange, contact the site HEMBC coordinator or the HEMBC On-call duty officer for assistance. Call HEMBC! We can help, we're 24/7	HEMBC

Situation Report 001

Structure EOC Extreme Heat

Purpose This Emergency Operations Centre is intended to support a coordinated response to the extreme heat experienced regionally and the associated health impacts in VCH settings.

Background Starting June 25, the criteria for calling an extreme heat alert had been met. These high temperatures over the coming days require close monitoring of clients, residents, patients, and staff.

Locations: Metro Vancouver - Central, Metro Vancouver SW, Metro Vancouver - North Shore, Greater Victoria, Howe Sound, Whistler, Sunshine Coast, Southern Gulf Islands, East Vancouver Island, Inland Vancouver Island.

- Report sections**
1. [Situation overview](#)
 2. [Area status updates](#)
 3. [Memorandums](#)

Operational period 2021-06-29

Prepared by HEMBC – Breanna Gregory

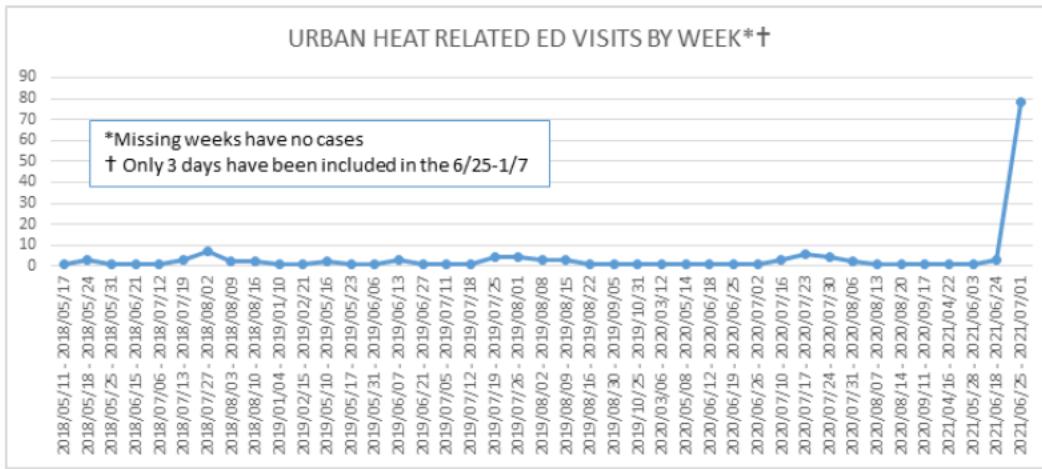
Next report 2021-06-30

Contact

VCHPHC.EOC@phsa.ca

Situation overview

There was a significant spike in ED visits on (date), including 49 urban heat-related ED visits on (date), and a total of 78 patients for the week (only counting 4 days).



Air Quality Update for June 29, 2021

	Yesterday	Today	Tomorrow
Level of concern	High	High	Medium

Summary

An air quality advisory for eastern Metro Vancouver and central Fraser Valley Regional District for ground-level ozone has been in place since June 26, 2021. Today is forecasted to have slightly lower temperatures, but they will still be well above normal. It is expected the advisory will be continued today, but no decision has been made.

POLLUTANTS OF CONCERN	Yes or No	Reason
Fine particulate matter (PM2.5)	Yes	Secondary PM.
Ground-level ozone (O ₃)	Yes	Hot and sunny conditions.

Details

An air quality advisory for ground-level ozone covering eastern Metro Vancouver and central Fraser Valley Regional District has been in place since Saturday, June 26. Yesterday, nine stations exceeded the 1-hr and 8-hr ambient air quality objectives for ground level ozone. Record breaking concentrations were measured, including a 1-hr average of 151.1 ppb at the Maple Ridge station. For context, the last time ground-level ozone concentrations were measured this high in the network was in 1988. Air quality has considerably improved since the 1980s but climate change now threatens the air we breathe and has the potential of erasing decades of progress made on reducing the severity of ground-level ozone episodes like this one.

For today, ECCC still has high temperatures forecast to reach the mid and upper 30s for much of the region and while these are lower temperatures than the last couple of days, it is still well above normal. Given the stagnant conditions, the buildup of emissions and hot temperatures, today is a high risk day for elevated ground-level ozone concentrations.

Overnight, there were four stations which exceeded the fine particulate matter ambient air quality objective. Yesterday saw a very slow increase in fine particulate, likely a result of secondary pm formation, but it was unclear at the time if the objectives would be exceeded. This morning, it appears that fine particulate matter concentrations are now declining at some monitoring locations. Nonetheless, we will watch the data this morning and if there is not an improvement in fine particulate matter, we may consider adding it to the advisory for today.

Looking ahead to tomorrow, high temperatures are forecasted to be in the upper 20s as marine air is able to flow into the region. In addition to bringing cooler temperatures, it should bring somewhat cleaner air. Tomorrow is put at medium risk because it may take time for the marine air to disperse the contaminants already in the airshed.

There have been new fire starts in BC, including a new Fire of Note west of Kamloops which staff will monitor. To our south, there is a fire in northern California near Mount Shasta which is producing considerable smoke and will be monitored. Smoke models do not indicate a significant impact on our airshed at this time.

Data Summary

MAXIMUM Concentrations in the last 24-hours					
(Hour ending 8:00 PST at June 29, 2021)					

Station ID	Station Name	1-hour PM25 Conc. (ug/m3)	24-hour PM25 Conc. (ug/m3)	1-hour O3 Conc. (ppb)	8-hour O3 Conc. (ppb)

Objective Comparison:	none	25	82	62

T030	Maple Ridge	-	-	151.1	102.7
T043	Mission	39.9	26.6	148.7	95.9
T020	Pitt Meadows	32.7	21.1	132.5	88.3
T033	Abbotsford - Mill Lake	34	28.2	130	97
T027	Langley	31.4	23.5	114.9	85.5
T045	Abbotsford Airport	33.6	23.4	112.7	81.2
T032	Coquitlam	-	-	111.8	80.8
T012	Chilliwack	31	18.5	104.2	68.7
T015	Surrey East	27.9	19.7	100.1	80.8
T009	Port Moody	30.4	21.4	81.9	60.3
T046	New Westminster	40	31.1	62.7	43.1
T029	Hope	23.3	17.3	58.4	42.7
T044	Agassiz	27.8	19.4	56.7	44.4
T004	Burnaby - Kensington Park	42	22.1	53.2	47
T013	North Delta	27	22.5	53	41.5
T018	Burnaby South	31	22.5	52.8	46.6
T026	N. Vancouver - Mahon Park	38.4	20.7	52.8	43.4
T050	Vancouver Clark Drive	25	20.5	37.6	31.5
T017	Richmond South	24.9	20.9	35.6	29.2
T039	Tsawwassen	22.5	15.5	31.2	26.8
T001	Vancouver - Downtown	-	-	29.5	25.1
T031	Richmond - Airport	23.9	19.3	28.9	25.8
T006	N. Vancouver - 2nd Narrows	36.1	28.3	15.3	11.6
T035	Horseshoe Bay	23.8	-	-	-

SUMMARY OF PAST ADVISORIES

June 26, 2021: Ground-level ozone advisory
June 27, 2021: Ground-level ozone advisory
June 28, 2021: Ground-level ozone advisory

CONTACT

Air Quality Advisory Staff can be reached by phone or email if you have any questions or concerns about air quality.	Phone:	604-306-6391
	Email:	AQAdvisory@metrovancouver.org

BACKGROUND

Ground-level ozone (O₃) is not emitted directly into the air. It is formed when nitrogen oxides (pollutants emitted when fuels are burned) and volatile organic compounds (emitted from solvents and other sources) react in the air in the presence of sunlight. The highest levels of ground-level ozone are generally observed between mid-afternoon and early evening on summer days. Elevated levels of ground-level ozone are typically experienced in eastern parts of Metro Vancouver and the Fraser Valley Regional District.

Fine particulate matter (PM2.5) refers to airborne solid or liquid droplets with a diameter of 2.5 micrometres (μm) or less. PM2.5 can easily penetrate indoors because of its small size. PM2.5 concentrations tend to be highest around busy roads, industrial operations, major ports as well as areas where residential wood burning activity occurs.

Air Quality Objectives

Metro Vancouver has a 1-hour O₃ objective of 82 ppb and a 8-hour O₃ objective of 62 ppb. The 8-hour O₃ objective is intended to be compared to the 4th highest daily maximum 8-hour average concentration, averages over three consecutive years.

Metro Vancouver has a 24-hour PM2.5 objectives of 25 ug/m³ which is intended to be compared to the 24-hour rolling average concentration. There is no 1-hour PM2.5 objectives.

For more information on objectives: <http://www.metrovancouver.org/services/air-quality/AirQualityPublications/CurrentAmbientAirQualityObjectives.pdf>

Area status updates

The area status updates are high level qualitative updates, which primarily feed from status reports from the various leads that are supporting the operations centre.

Public Health	<ul style="list-style-type: none"> • The Lower Mainland EXTREME HEAT ALERT remains in place today. It is updated daily at 2:00 pm based on forecast temperatures from Environment Canada. • Metro Vancouver has also issued an Air Quality Advisory for eastern Metro Vancouver and the central Fraser Valley due to high levels of ozone and particulate matter (see below) which poses a health risk for those with chronic health conditions • There has been a sharp spike in Emergency Department visits for specific heat-related conditions (excluding exacerbations for other chronic conditions). • There was a huge spike yesterday in ED visits, including 49 yesterday in our EDs. The 27th numbers were revised up 6. This gives a total of 78 patients for the week (only counting 4 days). So very significant.
Regional Strategies	<ul style="list-style-type: none"> • ALL ED's busy/congested and have high admission numbers • All Acute sites have Hot weather EOC's open • OP's group met at 8:30 and reconvening at 1330 • All Emergency Departments utilizing strategies to reduce congestion, improve flow of admitted patients to the wards & prioritizing ambulance turn around times: • Increasing staff (redeploying professional practice staff, staff from the COVID testing sites and vaccination sites, VGH planning on mandatory overtime to meet staffing needs-considering at all sites • UPPC's (air conditioned) increasing scope of practice, hours of operations and will advertise in the media • Adding capacity –setting up emergency overflow units in endoscopy, medical daycare etc. • All sites looking for early discharges/Physician leads engaged to improve flow from the ED to the wards-discharged patients may be housed in hotels for air conditioning • Looking at cancelling some of the surgical slate starting tomorrow to free up space and staff • Team nursing models to be utilized for staffing deficits to increase bed capacity on the units • Engaged PHSA Medical Mobile Unit to either deploy to one of our Emergency Departments or redeploy their staff to one of our ED's • I have contact St John's Ambulance to see if they can deploy staff they are ready to go • Staff are receiving water, popsicles etc., especially in sites without air-conditioning
VGH	<ul style="list-style-type: none"> • Still seeing high volumes, 130 in ED, 26 admits with plans for 19 of them. Acuity is very high as well. • Established a secondary 12 bed area in our perioperative care center for lower acuity heat related ED presentations. Staffed by IMD Physician / ED RN / Other RN / St John Volunteers. • Established an EOC • Opened all unfunded beds at VGH, opening additional 4 beds at UBC tomorrow • Opened an extension of the ED on the 2nd floor in half of our Perioperative Care Center (12 stretcher bays). Will be open at 1300. Staffed by IMD and redeployed staff. Will see low acuity heat related illness. • Decreasing AC to non patient care areas in order to support patient care areas

	<ul style="list-style-type: none"> Anticipating ED holds of admitted patients overnight, have called out additional emergency physicians as well as hospitalists EOC remains active, met 3 times today and will have a call tonight 9:00pm Staffing is cobbled together with redeployed staff, use of our educators and PCC's and a broadcast call out. We did not have to go to mandatory OT yet
LGH	<ul style="list-style-type: none"> LGH set up an EOC since yesterday, mitigation planning underway OR slate reductions proposed to begin tomorrow Decanting ED patients into areas which can support them for IV, cooling: Endo has taken 2, Medical Daycare and chemo are identifying appropriate patients AC units deployed to all available care spaces / fans still being sourced Supporting a mobile ice / drinks / popsicle delivery to the wards and the staff Incremental deployment of RN to critical care from vaccine center Staff cooling zone set up in the gym for heat respite Hotel acquisition for patients who need a safe and cool discharge disposition Alternate care spaces being utilized (Endo, Chemo, Medical Day Care) Some targeted service reduction in outpatient areas to allow increased allied support into Emergency and the acute tower to support discharges CT scanner currently down due to issues with chilling unit Acute care tower has limited air conditioning so portable fans and AC units have been deployed Increased volumes to Emergency with a number presenting with heat related illnesses
RH	<ul style="list-style-type: none"> Activated an EOC Redeploying some of the ED staff from vaccine clinics Richmond- ED doctor coming in to open a cooling and IV resuscitation area in Am care Opening up UPCC earlier and extending IV hydration capacity for the next couple of days <ul style="list-style-type: none"> June 30 - 12:00pm to 2200 July 1 - 09:00 to 20:00 July 2 - 14:00 to 2200 July 3 - unchanged full day as per usual schedule July 4 - 09:00 to 22:00
Rural and Remote	<ul style="list-style-type: none"> Sea-to-Sky: EOC has been stood up. Pemberton: site stable Whistler: AC is down and tech on site but due to increased power draw the AC is unstable. Lab and Medical Imaging being affected as the heat makes the equipment inoperable. Squamish: AC is stable in ED and the OR but other areas very warm. ED busy but not with heat related illness presentations. No hospital capacity with a number of patients waiting for repatriation back to the site. Working on creating a staff cooling area. Waiting room will have increased capacity to decrease the number of people waiting outside the centre in the sun. Sechelt, Powell River, Bella Bella and Bella Coola - stable
Home Support	<ul style="list-style-type: none"> Investigation of the deaths Vancouver, Richmond and Coastal are underway and a BN is in development Home support workers are going in to do regular visits and finding clients in distress or have passed. These are clients who are not "high risk" in that they generally receive services once a week, they are not home bound and have social supports. As such, we are now calling and checking on all clients, not just those that are home bound. Communications is also sending out messages. The challenge here is also that folks

	<p>have been so conditioned to not go to malls, libraries or community centers due to covid, that they are not leaving their homes</p> <ul style="list-style-type: none"> • Experiencing higher than usual CHW sick calls; • Since last night phone calls from Vancouver, Rmd and Coastal staff are calling home support teams to clients to conduct wellness checks and will continue today since most of the incidents were among clients with these lower risk codes with infrequent home support visit needs • Support is being provided to staff affected by these incidents • Regional daily HH/HS huddles underway • A data pull and phone strategy was agreed upon regionally that will cross-reference urgent response codes and end of life codes, as well as several of other relevant factors (less than QID service, isolated homebound individuals etc.) • The data pull will focus on urban areas as rural areas have a plan based on caseload size/knowledge that they can immediately enact • Wellness/safety calls to clients and families will begin tomorrow using this data (and clinical judgement to include anyone not on the list that HH or HS feels is at risk), a call script is in development • Communications is working on enhanced public messaging about the risks of heat for elders and liaising with public health and MoH Communications on the plan • OAMHSU are continuing health checks initiated yesterday and are coordinating with HH leadership to avoid duplication.
Long-term Care	<ul style="list-style-type: none"> • A number of our long-term care sites in VCH are equipped with air conditioning, but some of our older sites do not have AC, and we have a number of heat stress protocols in place at long-term care facilities in our region that do not have air conditioning. • LTC Practice Team is contacting all VCH-funded care homes to see if they require additional fans or air cooling devices • Staff are trained to identify residents at highest risk of heat related illnesses and monitor them during each shift which include watching for signs of dehydration and behavior change, decreased fluid intake and the inability to mobilize and get to a cooler location. • Long-term care facilities in VCH also have a number of protocols in place during periods of prolonged heat that could include: <ul style="list-style-type: none"> ◦ Monitoring temperatures in common areas and rooms where the most vulnerable live ◦ The availability of staff to distribute cool fluids (sites have been ramping up staffing) • Staff using bath/showers to cool the most vulnerable residents • Placing fans in front of basin of ice to cool air temperature • Residents can be moved to wide open areas to ensure adequate spacing to maximize airflow; this could include using dining rooms and common areas • Hydration rounds occur with nutrition delivery and between meals • Ice cream and popsicles are provided in addition to hydration/nutrition rounds • Spritzing and cool, wet face clothes are used on faces/hands/back of necks <p>Long-term care homes also have access to additional education and support from trained nurse educators to develop care-home specific heat-stress plans.</p>

Surgery	<ul style="list-style-type: none"> • VGH: 11 surgeries cancelled today • LGH: postponed 2 surgical daycare today • RGH has not yet cancelled cases but may still cancel • PHC has not cancelled any today
Vaccine Clinics	<p>Key Message All clinics open and functioning after implementing successful heat mitigation plans throughout the weekend and Monday:</p> <p>Vancouver <i>Vancouver Community College</i></p> <ul style="list-style-type: none"> • Site was moved indoors with AC over the weekend (June 26/27) and opened outdoors June 28; by mid-day Work Safe determined site temperatures were too hot and closed at 1300 hours. Clients were sent notification about their appointments being cancelled and rebooked; plenty of capacity in the system to get them another appointment quickly • June 29, clinic running well, additional AC installed June 28 afternoon, which is helping <i>West End Community Centre</i> • June 28 0830 hours' appointments were cancelled due to heat at location; plenty of availability (~1,700) at location later in the week and option to divert clients to other clinics. Staff will remain onsite for any people that may not have received the notification and show up • June 29 new configuration of space and additional fans have allowed clinic to stay open at full capacity <p>All other sites operating at normal capacity with heat mitigation support (keeping vaccine cool, umbrellas, water etc.) for public</p> <p>Richmond <i>Cambie High School</i></p> <ul style="list-style-type: none"> • June 28, due to heat, have moved parts of vaccine flow (immunizers, recon etc.) into adjoining space in community centre. After care is in fanned community centres space • June 29, plan working well, no issues <p>All other sites operating at normal capacity with heat mitigation support (keeping vaccine cool, umbrellas, water etc.) for public</p> <p>Coastal Urban/North Shore <i>West Vancouver Community Centre</i></p> <ul style="list-style-type: none"> • June 28, operating normally and accepting diverted clients from ICBC to West Van clinic; well staffed, 8 immunizers in total will be sent from ICBC throughout the day • June 29, operating normally, accepting diverted clients from ICBC <p><i>ICBC</i></p> <ul style="list-style-type: none"> • June 27, install of AC unit was delayed and clients were offered the option to attend West Van clinic if desired, all appointments were honoured • June 28, people with appointments received texts to please attend the West Van Clinic instead from 1200-1900, no cancellations or line-ups; 8 immunizers sent to West Van throughout the day • June 29, 60% of clients with appts between 1300-1600 hours will be offered appointments at West Van at any time – plan to receive the Other 40% plus walk-ins <p><i>Tsleil-Waututh Cultural and Recreation Centre</i></p>

	<ul style="list-style-type: none"> Loss of power indicated need to close clinic, however after continuing with vaccinating, power came back on and clinic was able to complete as scheduled <p>Coastal Rural</p> <p><i>Sea-to-Sky</i></p> <ul style="list-style-type: none"> AC in place at all sites and no mitigation plan required <p><i>Powell River</i></p> <ul style="list-style-type: none"> AC in place at all sites and no mitigation plan required <p><i>Sunshine Coast</i></p> <ul style="list-style-type: none"> AC in place at all sites and no mitigation plan required
Communications	<ul style="list-style-type: none"> Information bulletin (IB) for media - Connecting with municipalities to coordinate getting the message out about options to cope with extreme heat (cooling centres, community centres, etc.) and to highlight UPCCs as an alternative to emergency departments Issues note (IN) – High-level overview of extreme heat issues for GCPE Social media – Tips & resources for dealing with the heat (continue using existing extreme-heat alert messaging, pointing to cooling centres, etc.); checking on/caring for the vulnerable; using UPCCs versus EDs Internal memos to staff and medical staff re: extreme heat, including PH message re: masks Intranet story about coping with the extreme heat

Memorandums**Memorandum**

Date: June 29, 2021
To: All Vancouver Acute Staff
From: Michelle de Moor, Interim Vice President, Vancouver Acute Services
Dr. Vinay Dhingra, Senior Medical Director, Vancouver Acute Services
Dr. Ladan Sadrehashemi, Senior Medical Director, Vancouver Acute Services
Re: VA initiates Surge Level 3 due to extreme heat

As Vancouver continues to experience a period of extreme heat, there has been a significant increase in the number of patients with heat-related conditions seeking care at the Vancouver General Hospital (VGH) Emergency Department (ED) and UBC Hospital (UBCH) Urgent Care Centre (UCC), and requiring admission.

To ensure that we have the available capacity to care for all patients who require our specialized services, we are implementing our Level 3 Surge response, which includes activating an Emergency Operations Centre (EOC), opening all unfunded beds, adding additional capacity to support low acuity heat-related presentations to the ED and UCC, and temporarily reducing our surgical slates.

Mask use during the extreme heat

With respect to the removal of masks within health-care settings, for the duration of the Extreme Heat Alert, we temporarily recommend allowing patients, clients or visitors to remove masks if they feel it is causing difficulty breathing due to the heat.

If staff or medical staff feel as though they cannot breathe due to the heat, they should perform a PCRA (point-of care risk assessment) to determine the safest course of action for themselves as well as their patients or clients. This may include removing their medical mask if it is safe to do so, stepping away from the point of care (if safe to do so) and then removing their medical mask, cooling down, rehydrating or other strategies as supported by their supervisor or manager.

Thank you!

We know that the addition of this extreme heat on top of the last 15 months of the pandemic has had a cumulative impact. Despite both of these challenges, you continue to go above and beyond for our patients and we are immensely grateful. Please also remember to take care of yourselves: monitor your own health closely, drink fluids, and reach out to each other and your local leadership when needed.

The EOC will continue to closely monitor the situation and make further adjustments as necessary. We will keep you up to date as the situation progresses.

If you have any questions, please speak with your manager or supervisor.

Situation Report 002**Structure** VCH-PHC EOC Extreme Heat**Purpose** This Emergency Operations Centre is intended to support a coordinated response to the extreme heat experienced regionally and the associated health impacts in VCH settings.**Background** Starting June 25, the criteria for calling an extreme heat alert had been met. These high temperatures over the coming days require close monitoring of clients, residents, patients, and staff.

Locations: Metro Vancouver - Central, Metro Vancouver SW, Metro Vancouver - North Shore, Greater Victoria, Howe Sound, Whistler, Sunshine Coast, Southern Gulf Islands, East Vancouver Island, Inland Vancouver Island.

- Report sections**
1. [Situation overview](#)
 2. [Area status updates](#)

Operational period 2021-06-30**Prepared by** HEMBC – Breanna Gregory
Contact VCHPHC.EOC@phsa.ca**Situation overview**

The EXTREME HEAT ALERT in the Lower Mainland has been lifted and Metro Vancouver has also lifted their Air Quality Advisory. The provincial Environment Canada HEAT ALERT remains in place as they hold different thresholds than the EXTREME HEAT ALERT. Please see below the Metro Vancouver Air Quality Advisory. With that being said, internal environments are still creating health impacts and requires continuous response and monitoring.

June 30, 2021

CANCELLATION OF AIR QUALITY ADVISORY

Metro Vancouver has ended the ground-level ozone and fine particulate matter Air Quality Advisory for Metro Vancouver and the Fraser Valley Regional District that has been in effect since June 26, 2021. Air quality has improved due to cleaner marine air flowing into the region.

Metro Vancouver works in cooperation with Environment and Climate Change Canada, Fraser Valley Regional District and B.C. Ministry of Environment and Climate Change Strategy to look after air quality.

Information about real-time air quality readings for Metro Vancouver and Fraser Valley communities and potential health impacts can be found at www.airmap.ca and www.env.gov.bc.ca/epd/bcairquality/readings/find-stations-map.html.

Area status updates

The area status updates are high level qualitative updates, which primarily feed from status reports from the various leads that are supporting the operations centre.

PHC Acute	<ul style="list-style-type: none"> Fair amount of chatter regarding restrictions lifting tomorrow and specifically mask use, region wide communications will be very helpful <p>MSJ</p> <ul style="list-style-type: none"> Very busy ED again today Attention to managing people who are waiting outside – ice water, creating shade where possible, working with volunteer services and potentially SJA staff to help with keep crowd cool and observed Started day with one code bed available, 18 admissions yesterday Focus on discharges Focus on keeping patients and staff cool as site has minimal AC <p>SPH</p> <ul style="list-style-type: none"> Busy but manageable ED; holding ~15 admissions including 2 for ICU ICU has ward ready patients, working on discharges across the site so we can get patient movement out of Critical Care and ED Staffing tight in critical care and inpatient areas, ED staffing OK Small slate today, went through, will be able to place Utilizing beds across all programs, OCP and off service as needed
VGH	<ul style="list-style-type: none"> Volumes a bit better, 87 patients in VGH ED, 18 admits with a plan for 13 of those. Fewer heat related presentations noted. UCC at UBCH was busy last evening, stayed open until 4am (normal closure at 2200) to support volumes All unfunded beds remain open to support surge. Staffing tenuous, still using redeployment, OT, ISN. Only 1 program noted to use mandatory OT. Will target closing our perioperative care center beds by 4pm that were opened to support heat related ED presentations. ED making use of St John Ambulance volunteers for comfort in the ED waiting room. EOC will remain active today and reassess need to continue Postponed 11 surgeries for today
Vancouver Home Support and Home Heath	<ul style="list-style-type: none"> HS & HH teams are continuing health check calls with client lists distributed yesterday (home visits for most vulnerable) HH MRCs are initiating bereavement or post hospitalization phone calls to clients & family members HS has booked additional nursing staff for July 1 and the weekend ahead Exploring opportunities to utilize Seniors Community Connectors through the United Way to assist with access to supplies 13 HS client deaths since the weekend – not confirmed but may be heat related 11 HS clients sent to hospital (1 discharged & 1 deceased = 9 currently in acute)
Long-term Care	<ul style="list-style-type: none"> Sites have mobilized people as able (volunteers, HCAP students, any extra staff, and family to help as much as possible during the time they are onsite) Each CoC Director (Keith, Sarah, Mark – PHC) checked in with their owned and

	<ul style="list-style-type: none"> operated sites (Keith checked in with all of the Coastal sites as well) <ul style="list-style-type: none"> o There are heat plans in place; Many of our owned and operated do not have air conditioning – utilizing portable fans, increased hydration rounds, cooling measures utilizing showers + baths, cold cloths, light loose clothing, cool zones created • For our owned and operated: <ul style="list-style-type: none"> o Purdy: 1 resident transfer related to heat o GPC: 1 resident transfer → confirmation of heat-related illness pending o Cedarview Lodge (Coastal): 1 resident death - deemed not related to heat (was under review this am) • Our LTC Prof Practice Team have connected with the contracted sites: <ul style="list-style-type: none"> o 27 LTC homes contacted to review hydration and cooling plan. All have plan implemented o 6 LTC homes report transfers to acute over the weekend of which 4 resident transfers are related to heat stress (German Canadian Care Home, Central City Lodge and Windermere) o 1 resident transfer from German Canadian care has unfortunately passed away at VGH – unclear at this point in time what will be the cause of death on the death certificate o 3 LTC homes (Lakeview Care Centre, Windermere and German Canadian) prioritized as needing urgent cooling support. HEMBC will mobilize support o Additional onsite support from IPAC and LTC Practice team deployed and in person support to continue tomorrow for homes identified o Virtual phone support continues with CLEAR and LTC Practice team members for problem solving • We will continue to check in with the homes and offer support, resources, and tools
Vancouver Mental Health and Substance Use Housing	<ul style="list-style-type: none"> • Approval granted for the purchase of 75 fans for Coast for distribution across 50 buildings • 480 bottles of water distributed to PHS and Atira in the DTES yesterday, and will do so again today • 8 clients have passed, not confirmed to be due to heat, but suspected has been an impact • 5 went to ED yesterday, 4 were discharged, 1 has been admitted to ICU • Handful of clients, mostly older folks struggling <ul style="list-style-type: none"> o Looking for vacancies in MHSU buildings with air con o Sending nursing to support the clients and housing o UPCC reviewed one client, required more support, transferred to MSJ for assessment
Vaccine Clinics	<ul style="list-style-type: none"> • All vaccine clinics are stable