

# IH Regional LTC, AL & Hospice Wildfire Preparation & Planning Meeting

July 8, 2021 10:00-11:00 am (pst)

**TELUS Teleconference: 1-877-385-4099 Participant access code: 8127892#**

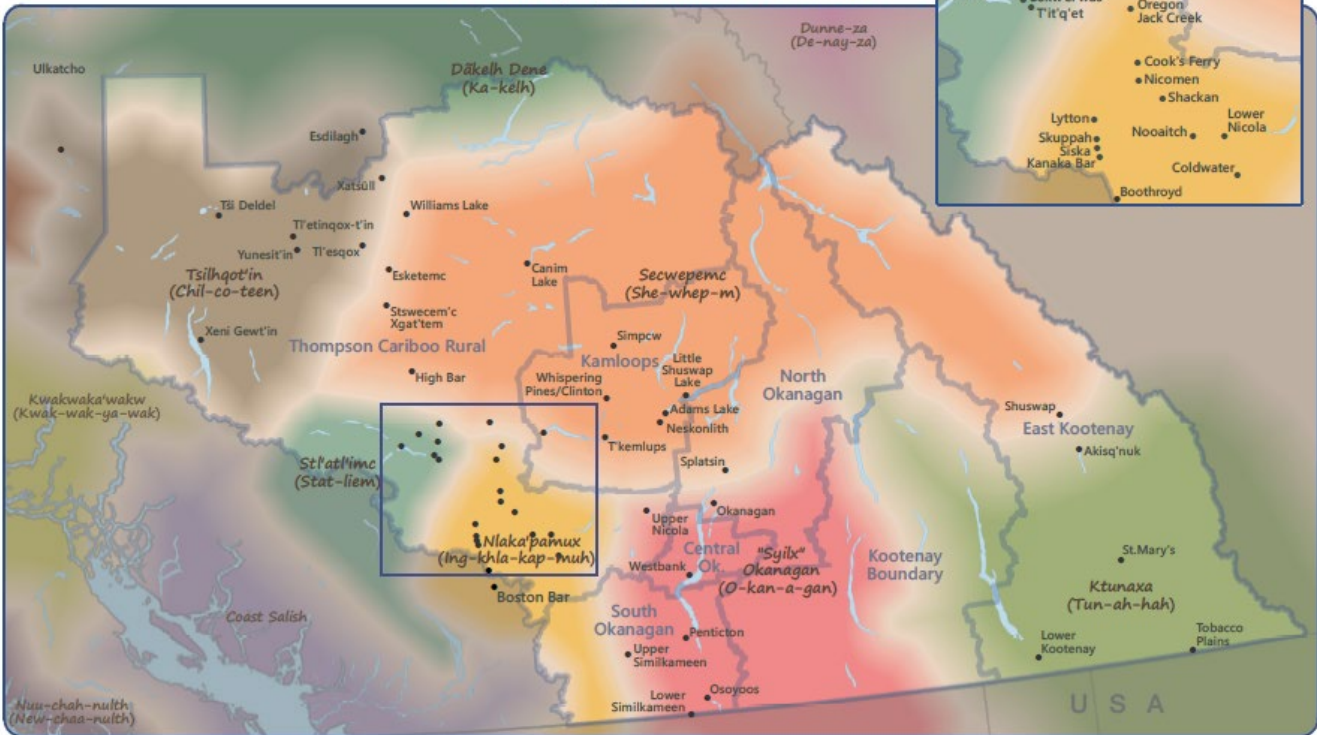


# Agenda



## First Nations

with Community Integrated Health Services Boundaries



- Ex. People (Pronunciation) / Have Been Called Language Family
- Däkelh Dene (Ka-kel'h) / Carrier Athapaskan
- Tsilhqot'in (Chil-co-teen) / Chilcotin Athapaskan
- St'at'imc (Stat-liem) / Lillooet Interior Salish
- Ktunaxa (Tun-ah-hah) / Kootenay Ktunaxa
- "Syilx" Okanagan (O-kan-a-gan) Interior Salish
- Secwepemc (She-whep-m) / Shuswap Interior Salish
- Nlaka'pamux (Ing-khla-kap-muh) / Thompson / Couteau Interior Salish
- First Nation Community
- CIHS Admin. Area

0 25 50 100 150 200 250 Km

Note: This map has been adapted from the First Nations Peoples of British Columbia available at: <https://www.bced.gov.bc.ca/abed/map.htm>. It is intended to be used as a general reference that reflects the regional diversity of First Nations People served by the Interior Health Authority. It is not intended to delineate territorial boundaries.

Produced by Strategic Information: November 29, 2018

- Welcome and Background
- FAQ
- Community Evacuations
- Key Considerations from Previous Evacuations
- Pandemic Plans
- Contracted Services
- Pandemic Considerations
- Meditech Evacuation Procedures
- Pandemic Considerations – Single Site Order
- LTC/AL/Hospice COVID-10 Resource Toolkit Update
- Contacts

# Background and Context



- **Some recent evacuations:**

- Vernon
- Keremeos
- Kimberley
- Williams Lake
- 100 Mile House
- Lytton
- Castlegar

- **The affected group is broad during a community evacuation:**

- Most of the recent evacuations have been in smaller centers
- Many of the larger centers are receiving clients
- In the past and a potential consideration right now, moving clients between health authorities

# Frequently Asked Questions (FAQ)

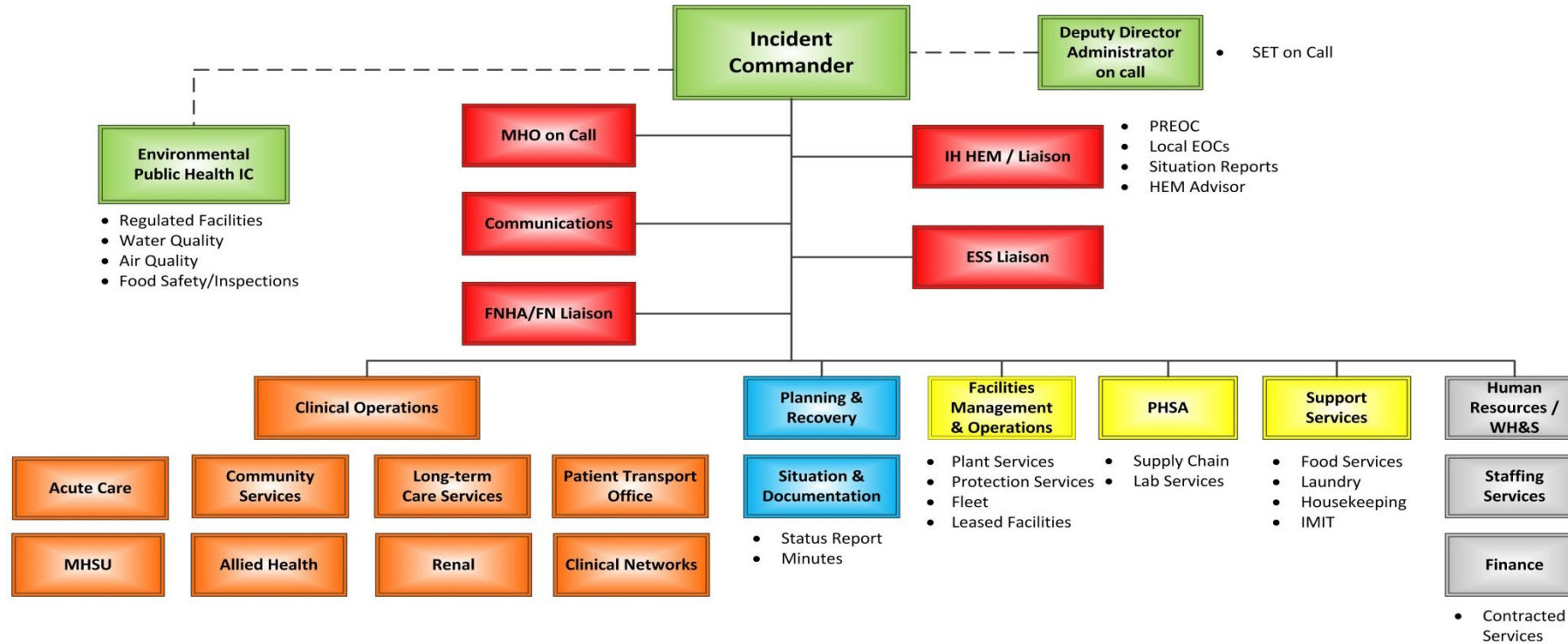
## **Key principles:**

- Minimal disruption to the client
- Mutual aid
- Regulatory compliance

## **Focus areas of the FAQ:**

- Evacuation decisions
- Contractual issues during evacuation
- Regulatory requirements

# Community Evacuations



# Evacuation Plans

1. How do you know your site has a robust plan in place?
2. How do you know staff are trained in carrying out that plan?

## Evacuation Plans

1. Scope
2. Definitions
3. Notification process
4. Linkage to other plans
5. Roles and responsibilities
6. Activities in patient care areas
7. Activities in non patient care areas
8. Patient evacuation methods
9. Relocation options
10. Transportation options

# Key Considerations

- Determine needs of clients with managers and possible locations for relocation
- Once location is identified, determine staffing needs and issues to manage
- Transportation
- Contract issues
- Client considerations:
  - Notification of family
  - Records, medications, personal information
  - Packing, inventory and labelling
  - Notify new location with special needs/meal restrictions
  - Access requirements at the new facility
  - Orientation at new facility



## Key Considerations

- Pharmacy considerations
- Maintaining physician support
- Technology needs
- Security at evacuated site
- Facilities issues at the evacuated site
- Process to track and code any incurred expenses
- Licensing issues for receiving site and for repatriation
- Internal and external communication
- Master record of client new location
- Repatriation logistics
- Staff self-care
- Leadership during an emergency

# Repatriation

## Process

- Planning for repatriation starts during the evacuation.
- The IH Incident Command will get notification of an Evacuation Order being lifted and plans are put in place to re-open acute sites.
- For planning purposes, Contracted Partners should expect that repatriation of clients will not occur until the Evacuation Alert is lifted and there is a minimal chance of the Evacuation Alert being re-issued.

## Considerations

1. Confirming the building is safe for occupancy
2. Identifying and completing any necessary inspections
3. Confirming food and water safety
4. Confirming there is adequate staffing available to provide client care
5. Confirming support services including contracted services are available
6. Confirming client medication is available
7. Assess possible maintenance or improvements while vacant
8. Equipment tracking and return

## Contracted Services

### **Partners are expected to have a plan for:**

- Safely evacuating clients
- Service continuity during the event
- Recovery and repatriation
- Goal is to minimize disruption to clients and ensure safety

# Meditech Evacuation Procedures



# MEMO

**To:** Seniors Care Directors Clinical Operations, Home Health managers and Clerical staff

**From:** Joanna Harrison Executive Director, Seniors Specialized Care Transformation

**Date:** July 7, 2021

**RE: Reminder: MEDITECH Evacuation Procedures for Long-Term Care due to Wildfires**

In response to recent evacuations that have occurred at our IH owned and operated Long-term Care homes, I would like to remind you that evacuation processes exist within MEDITECH to support the transfer of patients in this system. These processes prevent disruptions in information flow and prevent errors from occurring (e.g. in client billing).

Clinical Operations need to ensure that the **individual in care is to remain registered at the site they are being evacuated from.**

Behind the scenes there is a centralized process to transfer the individual in care to a 'virtual evacuation bed' and no action is required at the site to transfer/discharge these individuals in care.

For further enquiries on these changes please contact: [Heather.Reid@interiorhealth.ca](mailto:Heather.Reid@interiorhealth.ca)

# Pandemic Considerations

## Single Site Order

### **EMERGENCY EXEMPTIONS for WILDFIRE EVACUATIONS**

**Staff from an evacuated facility may work in the facility where PIC are transferred without an individual Single Site Order Exemption**

# LTC/AL/Hospice COVID-10 Resource Toolkit Update

- Anticipating Further Easing of Visitation Guidelines to take effect July 15<sup>th</sup>
- The new guidelines and toolkit will be realised as soon as the MOH provides official notification

# Questions?

If you require more information.....

Internal/Operations contact: Becky Marlatt ([becky.marlatt@interiorhealth.ca](mailto:becky.marlatt@interiorhealth.ca))

Contracted/External Partners contact: Paul Champness ([paul.champness@interiorhealth.ca](mailto:paul.champness@interiorhealth.ca))