

## We must be prepared to collaborate and respond, cont'd.

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In the last edition of *Outlook*, I shared my experiences as an invitee at the January 2012 Emergency Preparedness and Response (EPR) Forum in Edmonton, Alberta. When emergency preparedness and planning has never been more crucial or timely, the theme of the forum, “Strengthening Collaboration Between Public Health, Health Care and Emergency Management” could not have been more appropriate.

Dr. Theresa Tam, Director General, Centre for Emergency Preparedness and Response, Public Health Agency of Canada, served as the forum’s master of ceremonies. At the end of day one, she left us with this thought: “Significant and ongoing financial and human support are both essential in order to achieve and maintain an appropriate standard of emergency preparedness, as would be required to mount an effective response to a future disaster.” Dr. Tam’s words, with our many thoughts about all that we had heard this day, accompanied by our feelings regarding all of the pictures we had seen, stayed with us throughout that cold (-32 degrees) Edmonton night, as we eagerly anticipated day two.

The first plenary session, “Building Awareness and Preparedness: The Benefit of Zombies” was presented by Dr. Ali Khan, U.S. Assistant Surgeon General and Director, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention. He talked about how the CDC’s novel idea to use social media (Twitter, Facebook, blogs) had played a critical role in informing the public during recent emergencies. Dr. Khan described the value of social media in

helping to manage rumours and negate false information, while it served as an excellent way to request help.

Dr. Khan concluded his presentation with, “Relating to the current popularity of Zombies in books and movies, if you are generally well equipped to deal with a Zombie apocalypse, you will be well prepared to deal with a tornado, hurricane, nuclear accident or pandemic.”

The second plenary session reviewed the German experience with the E-coli outbreak in Hamburg in May 2011. Dr. Christina Frank, Deputy Head, Unit for Gastroenteric Infections, other Zoonoses and Imported Infections, Robert Koch Institute, Germany, described the processes and lengthy investigation from outbreak declaration to the ultimate determination that the E-coli source was sprouts that had arrived in Germany as seeds for local planting from another country. It was surprising that the source for the E-coli was fresh vegetables, not undercooked meats or raw milk, as is more common. The victims were found in clusters, having eaten at the same restaurants and salad bars or at the same catered parties. The investigation revealed that many of them did not even remember there were sprouts in their salads! We learned that this outbreak ultimately resulted in 4,000 cases of E-coli in total, two-thirds of the victims were female, and there were 53 deaths. Following an eight- to nine-day incubation period, there was one case of E-coli seen in a Canadian who had recently travelled to northern Germany. It was concluded that all of the sprouts had come from the same German sprout farm, which had imported all of their sprout seeds from Egypt.

Appropriately, one of the following concurrent sessions considered the question, “Food Borne Illness in Canada: Are We Ready?” Mark Samadhin, Outbreak Management Division, Centre for Food-Borne, Environmental and Zoonotic Infectious Diseases, Public Health Agency of Canada, reminded us that people travel all over the world daily and, as a result of international travel, so does food. Busy as we all are, we tend to buy more ready-to-eat foods such as prepackaged salad or meats, and we don’t tend to wash these items. FYI, Canada’s 2008 Listeriosis outbreak was determined to have an extensive three to 70 days incubation period.

The next concurrent speaker was Dr. John Lynch, Executive Director, Food Safety and Consumer Protection Directorate, Canadian Food Inspection Agency (CFIA). Food safety in Canada is regulated by the Food and Drugs Act and its management is shared between the CFIA and Health Canada, who are responsible for organizing any Canadian food recalls. It is estimated that every year, 11 to 13 million Canadians suffer from illnesses caused by food-borne bacteria in various degrees of severity. These federal agencies must perform an intricate balancing act between facilitating international trade, while protecting Canadians and the Canadian agriculture industry.

During our next plenary session, we met Peter Workman, Environmental Health Consultant, Nunavut Department of Health and Social Services. As background information, we learned that the territory of Nunavut has a total population of 33,000 people, and 85% of them are Inuit. Health and Social Services for the territory includes 25 health centres, two regional health facilities, and one hospital, which is located in Iqaluit. There is a 40% vacancy

rate in permanent full-time health care positions, and there is no intensive care capability. In 2011, there were 100 reported cases of TB in Nunavut.

In his presentation, “Hazard Specific Planning: North of 60 Degrees”, Peter Workman described the circumstances in October 2011 that followed, when “the ANIK F2 satellite experienced a technical anomaly.” This loss of all satellite service resulted in no cell phone, regular telephone or internet service in 56 communities across the Arctic. There could be no flights between communities, or in and out of the territory, except MEDEVAC flights by special permission, using an RCMP alternate communication system. During the 17 hours that it took to “reboot” the satellite and restore vital services, the biggest health care challenges were blood supply for transfusion, drug supply, laboratory specimens requiring shipping and valuable links to a variety of specialists.

Thus, ended the very intense morning of day two of the EPR Forum.

Wayne Dauphinee, Executive Director, Pacific Northwest Border Health Alliance, opened the next plenary session titled, “Surge Capacity: Meeting the Emergency Health Needs of Canadians”. We learned that there are three requirements during any surge situation—stuff, staff and structures. The “stuff” includes all of the supplies and equipment. The “staff” must be both appropriate to the situation and sufficient in number. The structures are all of the beds and stretchers required to meet the needs of a surge event.

Chris Smith, A/Executive Director Emergency Management Unit, British Columbia Ministry of Health, shared pictures of B.C.’s Mobile Medical Unit (MMU) from the 2010 Vancouver Olympics, which has since become a valuable addition to B.C.’s emergency preparedness plan. He spoke about the need to develop a practical approach to emergency situation licensure, in order to facilitate cross-province use of health care professionals. Current discussion is happening with the provincial Colleges of Physicians & Surgeons, as well as the Colleges of Nurses. Stay tuned!

Jean-Francois Duperre, Director, Office of Emergency Response Services, Centre for Emergency Preparedness and Response, Public Health Agency of Canada, was our next speaker. We were reminded that Canada’s National Emergency Stockpile System (NESS) was established in 1952 for the purpose of stockpiling beds and supplies, including entire field hospitals. There are 11 NESS warehouses throughout Canada and the current stockpile “has a book value of \$300 million”. NESS is currently being reviewed, as it must be updated to align with the current risk environment and associated requirements. Some outdated equipment will not meet today’s standard of care, a shelf life review of many items (i.e., gloves, masks, pharmaceuticals) is necessary, there must be maintenance and upgrading of high-tech medical equipment (i.e., ventilators, x-ray machines), and all of these are accompanied by high costs.


The final plenary session was “The Crystal Ball: For What Challenges Should Canada be Preparing?” Peter Brander, Executive Director, Office of Emergency Preparedness, Health Canada, stressed the importance of ongoing collaboration between all levels of government, including federal, provincial, regional and municipal, in order to maximize preparedness.

Dr. Brian Schwartz, Director of Emergency Management Support, Ontario Agency for Health Protection and Promotion, stressed that many emergency preparations are fine-tuned

based on past situations and all of the lessons learned. He urged that Canada conduct more proactive planning for various possible future scenarios.

Jeff Maihliot, Senior Policy Analyst, Critical Infrastructure and Strategic Coordination, Public Safety Canada, encouraged group discussion from forum attendees about ways to most effectively coordinate joint planning and preparation for the future challenges, which will most certainly be faced by Canada and our Canadian health care system.

In Dr. Theresa Tam’s closing remarks, she strongly encouraged the creation of future and regular forums such as the one in which we had all just participated. She emphasized the value of the sharing of best practices between organizations, while recognizing the importance of including any and all anticipated participants throughout the entire planning, preparation and execution phases.

It was an incredible experience for me to represent emergency nurses at this EPR Forum. I am excited that Canada’s emergency nurses have been recognized at very high levels to, indeed, be key stakeholders in the emergency planning and preparation for Canadians. From our frontline position in emergency health care, we have so much valuable knowledge and countless suggestions to contribute to this critical and ongoing planning. I am confident that emergency nurses will be on the invitation list for future forums! 

## Calling all instructors

If your students have put the work into a presentation, a case study, a disease process, research, etc., encourage them to write it up into a brief article to be published in Outlook. Our section editors will work closely with them to help in the process, and they can see their hard work in print, help to educate emergency nurses across the country and add a publication to their resume—a win/win situation!

Articles can be submitted to the Communication Officer, Stephanie Carlson, [communicationofficer@nena.ca](mailto:communicationofficer@nena.ca)