

“We must be prepared to collaborate and respond”

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In January, I had the honour of being one of 100 invitees to attend the 2012 Emergency Preparedness and Response (EPR) Forum in Edmonton, Alberta. The goal was for the EPR Forum to be “the main Pan-Canadian event to address key strategic policy issues in public health and emergency management in Canada.”

It was to also be “the primary interface for PHAC (Public Health Agency of Canada) between federal, provincial/territorial governments and non-government organizations involved in the delivery of public health, health care and emergency management services.” The 2012 Forum’s theme was “Strengthening Collaboration Between Public Health, Health Care and Emergency Management”.

My invitation to represent emergency nurses, as a member of NENA nationally and ENAO provincially, originated from Dr. Theresa Tam, Director General, Centre for Emergency Preparedness and Response, Public Health Agency of Canada. The expectations of me were clear. “As a participant of a non-government

organization, we hope that you will bring the expertise and insight of your organizations to the EPR Forum discussions. We also hope that communications at the Forum of best practices and gaps experienced by you and members of your organizations on the front line will allow PHAC’s Centre for Emergency Preparedness and Response to make informed policy and programming decisions.”

In this article, I will attempt to share my experiences and my learning from some quite amazing national and international speakers.

Dr. Tam served as the Master of Ceremonies throughout the entire Forum. During the opening ceremonies, Kathryn Howard, Assistant Deputy Minister, Emergency Management and Corporate Affairs Branch, PHAC, discussed the vital interdependence between members of the Public Health, Health Care and Emergency Management teams in Canada and beyond.

The first plenary session was a panel discussion including Dr. Andre Corriveau, Chief Medical Officer of Health for Alberta, Andre Picard, Public Health

Reporter for the *Globe and Mail* newspaper and Dr. Daniel Kollek, Executive Director for the Centre for Excellence in Emergency Preparedness (CEEP) and CAEP Disaster Committee. Dr. Corriveau reviewed the key activities and achievements in strengthening collaboration and coordinating the actions between emergency preparedness key stakeholders. Andre Picard stressed the importance of public health and health care officials presenting a united front and providing non-conflicting messages to the public in times of a disaster. Dr. Kollek called for better communication between Canada’s EDs and the various public health agencies, identifying the importance of front-line staff involvement in planning, preparation, goal setting and public messaging. After all, we are the professionals who must adapt to make the plans work, while dealing with the realities on the front line of any disaster.

The second plenary session explored how the emergency management, health care and public health sectors can better support each other during emergencies. Dr. Wadieh Yacoub, Medical Officer of Health, Director of Health Protection, Health Assessment and Surveillance, First Nations and Inuit Health Branch of Health Canada, talked about the “travel nursing teams” where nurses were shared between First Nations communities to ensure timely and equitable H1N1 vaccine distribution to all Canadians. Chris Smith, Executive Director, Emergency Management Unit, British Columbia Ministry of Health, shared information about the valuable and timely use of videoconferencing to facilitate information distribution during a pandemic or other disaster situation.

Dr. Kevin Yeskey, Deputy Assistant Secretary for Preparedness and Response, Department of Health and Human Services, United States, was the speaker of the third plenary session. He discussed



Dr. Theresa Tam, Janice Spivey, Dr. Bonnie Henry, Dr. Carl Jarvis, Dr. Brian Schwartz and Dr. Daniel Kollek.

recent U.S. disasters, such as the oil spill in the Gulf of Mexico. I was surprised to learn of the magnitude of the increasingly apparent long-term health issues in fish and shellfish, the physical health effects of the oil and the oil dispersants in many emergency responders, as well as the growing evidence of long-term stress, as seen through increasing rates of depression, domestic violence and substance abuse in the areas most affected by this disaster.

The following concurrent sessions presented difficulty for me in choosing which one to attend. Journalist Andre Picard examined the challenges faced by public health officials and the media in trying to keep the public informed throughout an evolving emergency situation. Dr. Barbara Raymond, Director, Pandemic Preparedness Division, Centre for Immunization and Respiratory Infectious Diseases of PHAC, discussed the collaborative research initiated following SARS in 2003 and H1N1 in 2009, jointly involving the disciplines of public health, infectious disease and critical care. Dr. John Marshall, Professor of Surgery, University of Toronto, Attending Surgeon and Intensivist, St. Michael's Hospital, Chair of Canadian Critical Care Trials Group, talked about ongoing development of new models of response for future disease outbreaks, earthquakes, floods, terrorism and nuclear disasters. Dr. Robin Cox, Associate Professor and Program Head, Master's Program in Disaster and Emergency Management, Royal Roads University, helped us to better understand the complex and unique challenges in responding to emergencies in rural, remote and isolated Canadian communities.

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

Gerilynn Carroll, Director, Emergency Management Branch, Ontario Ministry of Health and Long-Term Care, and Allison Stuart, Assistant Deputy Minister and Chief, Emergency Management Ontario, shared the podium for next plenary session. They spoke about the emergency situation in 18 communities of Northern Ontario during last summer's forest fires. Fire and smoke resulted in the required evacuation and subsequent repatriation of

10,000 people. We learned how Ontario's Emergency Medical Assistance Team (EMAT) deployed with a 56-bed hospital, which was used for 10 days, assisting with the surges of evacuated people into receiving communities.

The international guest speaker for the next plenary session was Dr. Tomoya Saito, International Health Crisis Management Coordinator, Office of Public Health Emergency Preparedness and Response, Health Science Division, Ministry of Health Labour and Welfare, Japan. Dr. Saito took us on an amazing journey through the events of the March 11, 2011, major earthquake (fourth largest in world history) off the northeast coast of Japan, the many aftershocks, followed by the powerful tsunami (the largest in 450 years with waves 30 to 40 metres), resulting in the loss of electricity to operate the nuclear reactor cooling systems, ultimately leading to the subsequent nuclear accident. We learned that 380 Japanese hospitals were affected by this incomprehensible disaster, 10 were completely destroyed, 290 were partially destroyed, and the remainder suffered significant damage. Dr. Saito's final words remain with me, as he quietly said, "Reality far exceeded any expected scenario."

The final plenary session of the day included a panel of experts who reviewed the state of Canada's nuclear preparedness and our ability to respond to health issues that could arise following a nuclear disaster. Dr. Bonnie Henry, Director, Public Health Emergency Services, British Columbia Centre for Disease Control, discussed the many concerns on Canada's west coast about potential consequences here following Japan's recent serial disasters (i.e., radioactive debris washing ashore in B.C., contamination of

fish and seafood, much misunderstanding about possible radiation risk across the Pacific Ocean). Dr. Carl Jarvis, Medical Director of the Emergency Department Disaster Planning, and Assistant Professor, Department of Emergency Medicine at Dalhousie University, questioned whether our EDs are ready to effectively respond to a nuclear "event"? He recommended the Medical Emergency Treatment for Exposures to Radiation (METER) course for front-line emergency personnel in areas of Canada having the highest risk of a nuclear accident. David Duschene, Chief, Nuclear Emergency Preparedness and Response Division, Health Canada, talked about Canada's response to the earthquake and its sequellae in Japan. Efforts were made to assist Japan, while also protecting Canadians in Japan. Canada quickly deployed radiation detectors to the Canadian embassy in Japan, while simultaneously adding additional radiation detectors along the western coast of B.C. Following concerns for potential radiation in the air or rain water, this Canadian environmental monitoring remains ongoing.

Dr. Tam closed day one of the EPR Forum with the thought that 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. While we were all overloaded with information from all that we had heard and with feelings from the incredible pictures that we had seen, we could hardly wait to see what day two of the EPR Forum would bring. Unfortunately, NENA members will have to wait for the next edition of *OUTLOOK* to find out. ☛

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