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Are you interested in becoming and Sponsor or Exhibitor for our upcoming 2015 Emergency Preparedness and Business Continuity Conference?

Contact Lesley at info@epbcconference.ca for information on how your organization can get involved in this large event.

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This conference has been very successful and well received for the past 2 years and we strongly encourage you to attend.

Interesting Article

Business continuity management implementation for small and medium sized enterprises

Published: Friday, 03 July 2015 12:12

In this article Dr. Goh Moh Heng and Jeremy Wong look at some of the difficulties that SMEs face when it comes to making business continuity plans and how a simplified methodology could make things easier.

Full Article can be viewed on Continuity Central

Here we take a look at the Obstacles to implementation by SMEs

Lack of understanding of business continuity management One of the main obstacles to successful business continuity plan implementation in SMEs is a lack of understanding of the importance of business continuity, the development processes involved and the maintenance activities that are needed to sustain the programme. Many owners and managers vaguely acknowledge business continuity management's place in large corporate organizations but see little relevance in their small businesses.
This lack of understanding inevitably leads to misconceptions about the importance of BCM:

- **Underestimating the impact.** SME owners tend to make the assumption that the business can survive financially and that customers will accept lack of service during a period of disruption.

- **Scenario assumptions.** There is an assumption that the many potential scenarios are either too small to require action, or are too large, and therefore are beyond their planning capability.

- **Time and manpower resource affordability.** There is a constant assumption that SMEs cannot afford the cost or management time to make business continuity plans.

- **Living within the comfort zone.** Many SMEs assume that the majority of disruptions can be managed when they happen, with no need for pre-planning.

- **No sense of urgency.** There is a lack of prioritization of business continuity because the SME has never experienced a crisis and therefore does not understand the priority that should be given to BCM.

**BCM professionals do not share the message outside large corporations**

Full-time BCM professionals focus exclusively on developing plans for their organizations and do little advocacy work with SMEs.

**Making the process too complicated** Proponents of BCM often over-compensate for the lack of advocacy by overwhelming listeners with shovel loads of information, without regard to how much of the information can be understood. There are very few presenters who can present business continuity content in a very simple and concise way.

**Providing a step-by-step process** The key for SMEs is to provide them with a simple and easy to implement approach. This is often overshadowed by a complicated methodology that requires a team of specialists to implement. The unnecessary expectation that a perfect business continuity is required is a daunting starting position for SMEs.

**Too expensive to implement** For many SMEs, having a business continuity plan is often seen as an expensive luxury.

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**B.C. earthquake simulation reveals need for support workers**

**CONGRATS TO A FRIEND OF EPICC, LAURIE PEARCE AND HER TEAM.**

Published Sunday in the Globe & Mail by IAN BAILEY


The simulation of a catastrophic B.C. earthquake has researchers suggesting that special workers are needed to help emergency-services leaders manage stress during real crises.

“It results in better decision making,” said Laurie Pearce, research chair of the Justice Institute of British Columbia in New Westminster, where the simulation – Exercise Black Fault – was conducted in February. “It avoids some pitfalls of responding to high-stress situations.”

The findings are especially germane given the expectation that British Columbia is overdue for a massive earthquake that would cause widespread devastation.
Months after Exercise Black Fault, researchers are now talking about conclusions from the simulation, including using so-called team support workers – volunteers trained in the management of emergency operations centres who encourage staff to take needed breaks, give feedback on how workers make decisions and also manage emerging stress issues.

Research also showed team support workers can influence leaders in the centre to implement decisions that are more sensitive to field staff, encouraging better support for stressed-out first responders as well as the community at large.

In Exercise Black Fault, emergency services leaders from the Vancouver area were sent into fake emergency operations centres at the Justice Institute in New Westminster to manage the response to a massive earthquake. The simulations were conducted in rooms dressed up with food wrappers, empty beverage containers and Post-It notes to resemble centres 18 hours after a major earthquake.

There were four pods, containing a total of about 40 participants, each going through the same simulation over about three and a half hours.

In three of the four scenarios, there was a designated team support worker. In the fourth, the participants unexpectedly assigned the role to a member of the team.

“Maybe you’re the director of the operations centre and overwhelmed by everything happening, so you start focusing on minute detail stuff,” Ms. Pearce said. “A team support worker would observe that and say, ‘Okay, time for us to go for a break,’ and take you out and reflect back where you’re at so when you come back you better delegate what needs to be delegated.”

The participants were responding to an 8.5 magnitude earthquake after it caused massive damage throughout Metro Vancouver, Southern Vancouver Island and the Fraser Valley. There were also aftershocks of up to 6.0 magnitude.

Participants were discouraged from using their own smartphones and encouraged to use a single phone that dialled into one controlled number through which study managers fed them information to bolster the scenario.

Asked how the research subjects responded, Ms. Pearce said people were visibly stressed.

“We saw some confusion in decisions, difficulty making decisions and developing tunnel vision – watching the tree when the forest is burning around you,” she recalled. “They had to make difficult decisions.”
While there has been discussion in literature on the possible role of team support workers, Ms. Pearce said this research was aimed at fully testing the concept, and involved various agencies and partners including Defence Research and Development Canada, an agency of the Department of National Defence.

Exercise Black Fault was one of five emergency operations scenarios done over the past four years, but the one that most fully tested the role of team support workers.

The B.C. Ministry of Justice, speaking for Emergency Management BC – which coordinates provincial emergency responses – said in a statement the agency had recently received the summary findings of Exercise Black Fault and would implement lessons where appropriate.

“We do agree that psycho-social support for emergency managers and first responders is a critical service to ensure the health and well-being of our teams,” the statement read.

But Ms. Pearce said team support workers are not really part of the planning for emergency operations in British Columbia at this time.

“I can tell you that in the Lower Mainland, having a team support worker in place in a disaster is not the norm,” she said.

A B.C. Ministry of Health official, speaking on background, said current plans call for deploying a mix of trained professionals and volunteers to help first responders in the field, but team support workers are not being marshalled for emergency operations centres.

Interviewed Friday, the official said there was no available information on the number of such workers.

Mark your calendars

Friday September 25th, 2015

EPICC will be hosting its 11th annual EPICC Seminar in Victoria.

The theme this year is:
"How do we prepare for catastrophic events?"

We are planning a panel discussion with local and provincial government emergency management representatives to discuss this topic. We also have a speaker from Natural Resources Canada discussing the recent research on seismic risk to Southern Vancouver Island and surrounding areas. We will have a recent graduate from Royal Roads University Disaster Management Program speaking about their final paper on business continuity planning at the local level. We will have a presentation on Post-Earthquake Building Rapid Damage Assessment for Safety of Occupancy. Plus more. Final agenda to follow shortly. Registration to open in August on the EPICC website. www.epicc.org
App Offers Amber Alert-Style Notifications to Enlisted Volunteers

Bystander CPR through these alerts can save sudden cardiac arrest victims.

By David Burnett

Sixty-three-year-old Farid Rashti was playing soccer with friends in Sunnyvale, Calif., when he experienced cardiac arrest and collapsed.

According to the American Heart Association, more than 400,000 people fall victim to sudden cardiac arrest every year. The survival rates are grim — only about 10 percent live to be discharged.

However, those odds triple with bystander CPR. Enter Walter Huber. The 21-year-old college student was sitting down to supper when his phone warned him of a CPR-required emergency near his house. Guided by the alert’s accompanying map, Huber dashed to the scene, found Rashti lying unconscious and began CPR. Eventually EMS arrived with a defibrillator.

Thanks to Huber’s training and early notification, Rashti survived. The phone alert came courtesy of a new app called PulsePoint, one of the latest ways technology is integrating with healthcare. PulsePoint aims to increase bystander CPR response by issuing Amber Alert-style notifications to enlisted volunteers who may be closer to CPR-required emergencies than first responders are.

The app integrates with 911 centers and independently uses GPS to pair emergency locations with trained bystanders and guide them to the scene — in effect crowdsourcing CPR.

Richard Price, the company’s founder and a former fire chief, says the idea came to him after he was sitting in a café ordering lunch when medics rolled up next to him to treat a cardiac arrest. Price then envisioned a phone app that could function like a firefighter’s radio and alert CPR-certified citizens or off-duty rescue workers to the need for CPR.

The company says the app is now installed in over 1,300 communities across 22 states, with 300,000 subscribers already. The results are literally newsworthy: A Clackamas County, Ore., man went into arrest in a parking lot and was saved by an off-duty firefighter who happened to be working out in a nearby fitness center. In Spokane, Wash., a mechanic and volunteer EMT was alerted to a nonresponsive infant two blocks away and administered CPR until medics arrived.
“Seeing the lives saved because of the app is amazing,” Price told reporters. “It’s very, very satisfying for our team.” Thomas Beers, the manager of Emergency Medical Services at the Cleveland Clinic, says he jumped at the chance to install the app within his community.

“With response times of around seven to nine minutes, our patients had a one-in-10 chance of surviving,” Beers said. “With this app, we’re recruiting an army of civilians to combat the No. 1 killer of Americans.”

Similar programs have been piloted successfully overseas. A study published in the New England Journal of Medicine found that mobile alerts issued to CPR-trained individuals in Stockholm County, Sweden, significantly increased the incidence of bystander CPR and doubled the survival rates for cardiac arrest.

The annual price tag runs from $8,000 to $28,000 depending on the population served, plus a one-time $10,000 startup fee. Beers says that cost is more than worth it: “If hospitals can get a patient out of the ICU one or two days sooner, we’ve already recouped that cost.” Beers says hospitals have a strong incentive to fund the program, and the Cleveland Clinic jointly partnered with their competitor to fund it in their community. Price says other common concerns include privacy and the Health Insurance Portability and Accountability Act (HIPAA), compatibility, liability, and overly enthusiastic bystanders impeding responders once they arrive.

“We understand those concerns and have worked to make sure they aren’t a problem,” Price told us. “The data made available by and to the app is nothing greater than 911 data available through an open-records request, which doesn’t violate patient confidentiality.”

Intrusive bystanders — Price calls them “caped crusaders” — haven’t been a problem, and responders are generally covered by good Samaritan laws.

The alerts are automatic and don’t add any burdens to dispatch operations, and the app even cross-references a U.S. Postal Service database to ensure civilians aren’t called to private locations. Price acknowledges implementing the device within various different platforms of EMS agencies has been difficult, but enough communities have begun adopting the application that compatibility problems are becoming less frequent. The app also increases bystander access to defibrillation by having participants map nearby automated defibrillator (AED) units.

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