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HEALTH AUTHORITY (WAHA)

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News Release

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FOR IMMEDIATE RELEASE
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Attawapiskat Hospital Fuel Spill Update – December 19, 2014

To further update staff and others on fuel spill at the Attawapiskat Hospital site:

Wagg's Petroleum left the site on December 12th, after collecting some 400 litres of free product from an estimated spill in the order of 1,000 litres. While they were there, they re-routed the fuel supply line to maintain heat in the building, assessed the outlets from crawl space with LVM and AKDG and under took to prevent any further movement of oil along these pathways.

The "care and maintenance" operations are to be taken over by Paul Davis Systems who arrived this week and plans to be on site until December 23rd.

WAHA requested Attawapiskat First Nation's permission to dispose of hydrocarbon impacted soil at their disposal facility. The Attawapiskat First Nation declined their permission formally in a letter received Wednesday, December 17th.

LVM-Merlex was on site this week gathering information in their development of a remediation plan. Considering the time of year and the limited available equipment, they are exploring alternatives such as a dig and haul versus an in-situ or a combination. Some air quality testing was conducted by an environment firm that was brought in by the insurance company. We are hoping for a remediation plan shortly.

With the removal of the Attawapiskat beds, WAHA's overall bed capacity is reduced by 20%. The Attawapiskat patients are being accommodated at Fort Albany Hospital and Weeneebayko General Hospital in Moose Factory. This has placed additional stress on WAHA's remaining bed capacity. As a result, WAHA has 50% less acute beds affecting its ability to handle some inpatient situations such as repatriation of patients from other hospital and long term care patients. As such, the Northeast Local Health Integration Network (NE LHIN) has categorized WAHA a Crisis Category 1A allowing for alternative level of care patients who have applied for admission to and are eligible for care in a long term care home, a higher priority in being placed. This should help WAHA in meeting its acute care needs.

With the help of the staff in Attawapiskat, the temporary health centre continues to function. Progress has been made by re-introducing limited laboratory services. Telephone issues have been resolved and work is being done on getting a stronger internet connection. A physician was in Attawapiskat for part of the week.

Thank you to the staff, the NE LHIN and the Attawapiskat community during this difficult time.

Robert Adolph,
Acting WAHA President and CEO