Communicable Disease Emergency Response Plan

Companion Guide

This Planning Guide accompanies the Communicable Disease Emergency (CDE) Response Template, which you can use to create your community's CDE Response Plan.

Acknowledgement is given to all First Nations communities and Nations who have led the way during times of emergency response, that collectively honour and uphold the deep commitment to overall community well-being. These actions, strongly rooted in resilience, protect and keep our communities and Nations safe, including our precious Elders, Knowledge Keepers and language speakers, as they address the impacts of pandemics and other communicable disease outbreaks.

We extend sincere appreciation to the wisdom provided in other guides that extend invaluable First Nations knowledge, and we express gratitude and appreciation to the following people and organizations for guiding this work:

<div align="center">

Nuu-chah-nulth Tribal Council
Naut'sa mawt Tribal Council
Tŝilhqot'in National Government
Songhees Nation
Tŝideldel First Nation
Kwikwasut'inuxw Haxwa'mis First Nation
Hupačasath First Nation
and numerous FNHA team members from various departments

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Terminology and Abbreviations

CDE
Communicable disease emergency

CDE Response Plan
Communicable disease emergency response plan

CHN
Community Health Nurse

EM
Emergency management is a universal term for the systems and processes used to prevent or reduce the impacts of emergencies on communities. Emergency management is conceptualized in four phases: (1) mitigation; (2) preparedness; (3) response; and (4) recovery. This approach is an internationally recognized system for defining and understanding different aspects of emergency management and is integral to the systems and processes used in BC to minimize exposure and vulnerability to hazards, prepare for and manage emergencies, and rebuild afterwards.

EMBC
Emergency Management BC

EOC
Emergency Operations Centre

EPIDEMIC
An outbreak of an illness within a defined geographical location

FNHA
The First Nations Health Authority

OUTBREAK
An unusual occurrence of an illness, declared by the Medical Health Officer

PANDEMIC
An outbreak of the same illness in a number of countries at the same time and can only be declared by the World Health Organization (WHO)

PATHOGEN
A pathogen is usually defined as a microorganism that causes, or can cause, disease such as bacteria, viruses or toxins

PPE
Personal protective equipment

RHA
Regional health authority

TRANSMISSION
A passage or transfer, of a disease from one individual to another

WHO
World Health Organization

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Introduction

The Communicable Disease Emergency (CDE) Response Planning Guide supports communities as they develop their Communicable Disease Emergency Response Plan. This Planning Guide is accompanied by a fillable template that you can use to create your community's CDE Response Plan, formerly referred to as a pandemic plan.

The guide and template adhere to FNHA's 7 Directives and Shared Values of health and wellness and aim to collectively uphold and share key areas of success in addressing evidence-based standards in collaboration with communities impacted by disease outbreaks and pandemics.

What is a CDE?

A CDE is an event caused by pathogens (such as bacteria, viruses or toxins) that has the potential to cause significant illness or death in the population and that exceeds the current capacity of the primary response program or requires an increased level of co-ordination and communication response.

A CDE may be classified as an outbreak, epidemic or a pandemic:

- An **outbreak** is an unusual occurrence of an illness and is declared by the Medical Health Officer

- An **epidemic** is an outbreak of an illness within a defined geographical location

- A **pandemic** is an outbreak of the same illness in a number of countries at the same time and can only be declared by the **World Health Organization (WHO)**

For examples of different Communicable Diseases, see:

- Healthlink BC
  https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files/category/disease-prevention

- BCCDC
  http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases

- FNHA
  https://www.fnha.ca/what-we-do/communicable-disease-control

- Sneezes and Diseases
  https://sneezesdiseases.com/resource/sneezes-diseases

Ensuring community safety and well-being during a CDE requires understanding the situation, recognizing the risks and using the CDE response plan that was created with community strengths. It involves shining a light on what you do well and using collaboration and relationships to build an approach that protects your community.

Referring to your community's All Hazards Plan and Rural and Remote Framework Plan when completing your CDE Response Plan will allow for a more co-ordinated approach that makes the most of existing processes. It's also helpful to develop your plan in collaboration with surrounding local partners, provincial and regional health partners, Tribal Health Councils, the First Nations Health Authority (FNHA), Indigenous Services Canada and Emergency Management BC (EMBC).

If you would like support to develop or update your CDE Response plan please contact: cdmgmt@fnha.ca

PURPOSE

This Planning Guide supports First Nations communities as they develop a CDE Response Plan that reflects their community's specific strengths, resources and collaborative partnerships.

The purpose of a CDE Response Plan is to **protect the health and well-being of the community and staff, and to co-ordinate a First Nations-led response to minimize infection, maximize survivability and ensure continuity of operations.**

This planning guide reflects the four pillars of emergency management – mitigation, preparedness, response and recovery – an internationally recognized system for defining and understanding different aspects of emergency management. A response to a CDE and a natural disaster follows the same emergency management cycle as shown in Figure 1.
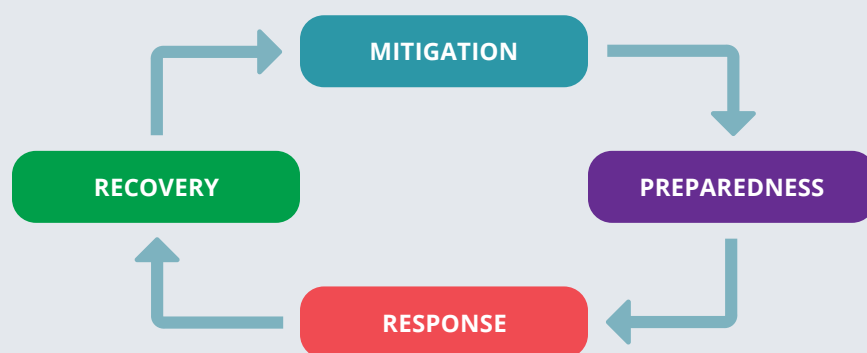
Figure 1: CDE response follows the emergency management cycle

GOALS OF A CDE RESPONSE PLAN

This Planning Guide will help develop a CDE Response Plan that:

- Is rooted in culture and takes into account community strengths and resilience while incorporating historical lessons in disaster response

- Supports robust community consultation in planning CDE response, increasing collective readiness and ownership of the plan

- Establishes clear communication pathways within the community and CDE response partners, including the FNHA, the regional health authority (RHA), medical health officers, EMBC and Indigenous Services Canada

- Integrates CDE planning with other community preparedness activities and services (i.e., all hazards planning, business continuity planning)

- Supports ongoing engagement between First Nations communities and rural and remote health service providers. (i.e., tribal councils, BC Ambulance);

- Promotes sustainability through the annual testing, reviewing and updating of the CDE Response Plan

- Protects community members, Elders and Knowledge Keepers

LEGISLATION AND REGULATIONS THAT APPLY TO A CDE

The following legislation is relevant and applicable to a CDE or pandemic:

Federal:

- Emergencies Act, 1985 and regulations
- Quarantine Act, 2005 and regulations
- Canada Human Rights Act, 1985 and regulations

Provincial:

- BC Emergency Program Act, 1996 and regulations
- Public Health Act, 2009 and regulations
- Health Authorities Act, 1996 and regulations
- Coroners Act, 2007 and regulations
- Workers Compensation Act, 2019 and regulations
- Worksafe BC Occupational Health and Safety Regulation (OHSR)
- Worksafe BC: G-P2-21

Before a CDE: Mitigation and Preparedness

Mitigation and preparedness refer to actions taken to identify and reduce impacts and risks before an event occurs. In this phase of preparing for a CDE, there are 2 main focuses:

1. Identifying the roles and responsibilities of community, regions and various stakeholders during a CDE.

2. Identifying the community's strengths and gaps and prioritizing the community's needs.

During times when there are no active or imminent CDEs, efforts should focus on building your community's overall capacity to effectively respond to a CDE. This includes developing a CDE Response Plan, which should be reviewed and updated each year and reflect changes to staffing and services.

ROLES AND RESPONSIBILITIES

Indigenous Nations and peoples have their own laws, governments, political structures, social orders, territories and rights inherited from their ancestors. Recognition of Indigenous peoples as emergency management decision-makers based on their inherent rights of self-governance and self-determination will advance government's reconciliation efforts, facilitate a co-ordinated response to emergencies and help create more predictability for other users of the land.

The FNHA will work in close co-ordination with community leadership and governance and other local emergency officials, agencies and health care providers to ensure a community-driven co-ordinated response to disasters. Communities should review relevant agreements, policies, guidelines, and legislation, including outbreak management plans and public health legislation, and discuss potential responsibilities with partners and reflect these responsibilities in your CDE Response Plan.

Community Roles and Responsibilities
Complete the section "Community Roles and Responsibilities" in the accompanying template.

CDE Planning Committee:

- Working under the direction and in collaboration with Chief and Council and Health Director/ Senior Management, develop and implement CDE Response planning

- Ensuring CDE planning aligns with other community emergency response plans, such as the All Hazards Plan

- Ensuring CDE Planning Committee has access to the most up to date membership list, including members living on the community's land

- Identifying key leadership members who can make decisions and enact emergency response plans

- Identifying staff positions to maintain services deemed essential during a large-scale CDE

- Ensuring planning aligns with current community capacity and availability of resources (staff, facilities, equipment, etc.) to support implementation

Community Roles and Responsibilities Continued

- Establishing the decision-making process to activate and deactivate the CDE Response Plan
- Developing a process for ethical decision-making during an emergency, determined by each community
- Ensuring the healthcare team has an up to date priority community members list
- Ensuring contact lists for staff, clients, funders, partners and other stakeholders are up to date
- Assessing the community's financial preparedness to respond to an emergency, including development of budget priorities, allocation of funds and following community policies as required
- Assessing and planning for supply considerations (food, medicine, PPE, etc.)
- Planning to re-establish resumption of services

Chief and Council:

- Ensuring that a CDE Response Plan is developed and implemented in the best interest of community health and safety
- Supporting the work required to review, revise and exercise this plan annually, or as needed
- Communicating information to the membership
- Declaring, extending and cancelling local emergency orders as per the *BC Emergency Program Act*
- Assembling Elders, traditional healers and Knowledge Keepers to commit to the spiritual needs of the community
- Supporting community participation in traditional activities such as harvesting of plant medicines or safe ways to take part in ceremony

Health Director/Senior Management:

- Ensuring development and implementation of the CDE Response Plan
- Keeping the plan up to date and including clearly defined procedures to follow in the event of a CDE
- Ensuring all staff, partner agencies and community members are made aware of this CDE Response Plan and any changes to it
- Enabling components of the plan that pertain to individual departments or buildings are enacted by the direct manager of that department/facility
- Ensuring staff, clients and community members are responsible for complying with all parts of the plan that relate to them
- Identifying and soliciting community volunteers in advance of a CDE event
- Planning for local security and enforcement measures and setting priorities for maintaining public safety

Health director/Sr management roles and responsibilities continued:

- Ensuring provision of the community's essential health needs

- Assisting with maintaining essential services for the community

- Liaising with support agencies for situational awareness such as the EMBC regional office, Provincial Regional Emergency Operation Centre, tribal councils, the RHA, the FNHA and the BC Centre for Disease Control

- Providing leadership and guidance to community members through all stages of the emergency response

- Initiating additional public health measures as determined by community leadership/EOC, including public health checkpoints, patrols and restricting visitors to the community

- Working collaboratively with the RHA, the FNHA and the Public Health Agency of Canada regarding public health campaigns and raising awareness about risks and potential consequences of the communicable disease

- Hosting (virtually, if reasonable) public education and planning sessions with key stakeholders in the community including business owners in conjunction with the applicable health authority

Health Care Team:

- Supporting surveillance activities and reporting, as per B.C. Centre for Disease Control recommendations and RHA guidance.

- Maintaining public health programming

- Maintaining up-to-date immunization competency and infection prevention and control training

- Develop and maintain an up-to-date priority community members list

- Connecting with community members who receive healthcare services to adapt existing care plans

Community Members:

- Ensuring they have essential supplies on hand, such as food, medicines, cleaning supplies, etc.

- Caring for the physical, mental, social and cultural health and well-being of themselves and their families

- Continuing to build a culture of mutual support in the community

- Developing awareness about the disease of concern and necessary precautionary measures

- Adopting individual and household measures (e.g., hand hygiene, respiratory etiquette, disinfecting frequently touched surfaces) to prevent transmission of the disease

- Identifying community resources to support themselves and family members through a potential crisis

- Developing a family/household plan for ensuring care and protection of Elders and others who may need additional support through an emergency

CDE RESPONSE PARTNERS

Complete the section "CDE Response Partners" section in the accompanying template.

The health response for a CDE will be managed by those agencies responsible for disease control and public health, applying provisions of the [BC Public Health Act](#) as applicable. The community will support the health authorities as requested during a CDE in accordance with the BC Public Health Act.

Figure 3 shows the roles and responsibilities of governments and organizations to BC First Nations communities and leaders during a CDE, including the Provincial Health Services Authority, the BC Centre for Disease Control, EMBC, the Ministry of Health and the Provincial Health Officer. Click on [this link for an interactive version of the figure](#) (using chrome or firefox internet browsers); when you click on a circle, you can see a list of responsibilities for each stakeholder group.

See Appendix 1 for a PDF summary of roles and responsibilities

3 Roles and responsibilities

Responsibilities of the FNHA during a CDE include:

- Supporting communities to prepare for a CDE by supporting the development and reviewing community-level plans

- Facilitating a community's response to a CDE (e.g., mass immunization clinics, training, etc.)

- Ensuring health facilities have access to personal protective equipment (e.g., masks, gloves and gowns)

- Ensuring that First Nations circumstances and priorities are reflected in overall CDE response planning at all levels of government

Responsibilities of other provincial ministries and agencies

The **Ministry of Indigenous Relations and Reconciliation** is the BC government's lead for pursuing reconciliation with the Indigenous peoples of BC. In the event of a pandemic, the Ministry of Indigenous Relations and Reconciliation will provide advice regarding Indigenous Peoples engagement to all other provincial ministries and agencies. In addition, they may:

- Work with the BC Ministry of Health and EMBC to develop protocols with key First Nations partners about information transmission to Indigenous Peoples

- With the BC Ministry of Health and EMBC, work with Canadian/Indigenous organizations to address any service or funding gaps that fall outside existing agreements

- Engage with First Nations communities as a liaison when there is a gap in relationship with any response agencies (provincial or federal) or a lack of regional representation

The **Ministry of Children and Family Development** may be called upon to provide support with child protection, children and youth with special needs, and child and youth mental health.

BC Coroners Service is responsible for investigating all unnatural, sudden and unexpected, unexplained or unattended deaths and will transport the dead under those circumstances. A coroner, physician or nurse practitioner has the authority to issue a "Medical Certificate of Death." During a CDE, it is expected that the Chief Coroner, in collaboration with the Provincial Health Officer, would act to waive current processing requirements to allow rapid processing and burial.

BC Housing may provide pandemic planning information to service providers of emergency shelters, supportive housing, homeless outreach and other BC Housing-funded programs, if required. BC Housing will co-ordinate communications and actions via the Deputy Attorney General's Office Housing Policy Branch.

WorkSafeBC will continue its work to promote workplace health and safety for BC workers and employers, develop and enforce the Occupational Health & Safety Regulation, and administer the workers' compensation system.

The Ministry of Transportation and Infrastructure is ready to provide analyses for the movement of people and goods via highways, ports, airports, railroads, public transit and ferries, as well as prepare operational plans for the implementation of transportation strategies within BC.
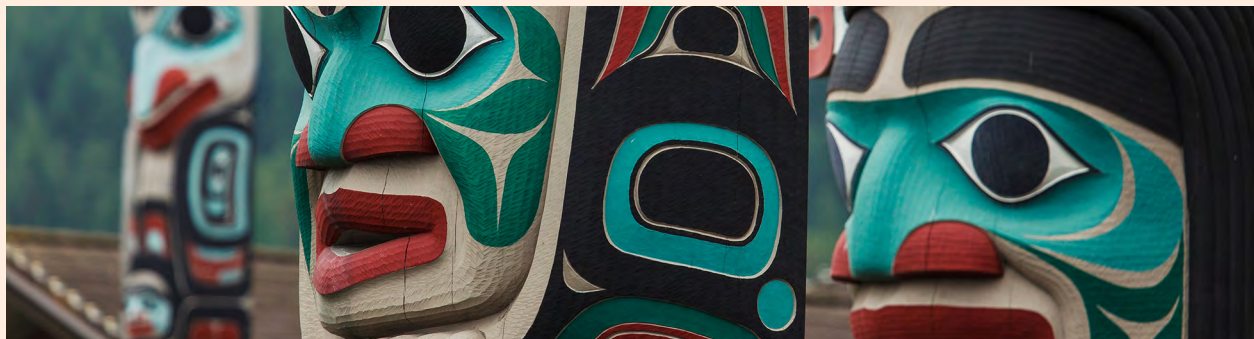
UNDERSTANDING THE NEEDS OF YOUR COMMUNITY
Caring for and protecting priority community members

Community assessments are an important tool for identifying your community's strengths and needs. This information is very useful for developing any type of community plan. Community assessments can give you a deeper understanding of your community's culture, social structures, infrastructure, relationships, partners, history, people and connection to the land.

Completing a current assessment of the **priority community members list** and the **demographics of your community** will aid in prioritizing and planning for care.

To complete the community demographics chart, see "Community Needs Assessment" section in the accompanying template

Most CDEs caused by pathogens pose a serious threat to the health of Elders. Elders are your Knowledge Keepers, holding knowledge of our language, ceremonies, protocols, songs, stories, culture and traditions. The cultural implications of the loss of an Elder are vast and impact current and future generations. Building community resiliency means caring for Elders and ensuring supports are in place to protect them during a CDE.

During non-emergency times, community members are encouraged to nurture, support and remain connected to Elders by preparing and delivering meals, doing yard work, chopping wood, doing social check-ins, etc. Caring for and protecting Elders before, during and following a CDE is a collective responsibility.

While diseases can make anyone sick, some community members will be more at risk of getting an infection and developing severe complications due to their health, age, social and economic circumstances. This could include individuals such as infants, individuals living with chronic diseases and/or individuals who are immunocompromised. Individuals who are vulnerable or susceptible to a communicable disease in your community should be identified ahead of time so they can be prioritized for closer monitoring and treatment during a CDE. It is also recommended to update this list quarterly. This list must remain confidential. The creation of a priority community members list will help identify vulnerable members to provide care and treatment during a CDE.

Complete appendix 1 "Priority Community members list" in the accompanying template.

Two examples of community assessments are the **Community Health Needs Assessment** and the **Hazard, Risk and Vulnerability Assessment**. The assessment process is most beneficial when there is full participation from community members and stakeholders. Some people to include in your engagement processes for these two assessments are:

- Those directly affected by the services – Patients, clients, their families, etc.
- Health providers – Staff, outreach workers, home care workers, community health representatives, community health nurses, etc.
- Elders, Knowledge Keepers and community influencers
- Community leadership – Chief, Health/Social/Education/Youth Councilors, etc.
- Indigenous organizations – Tribal Councils, treaty organizations, etc.
- Board of Directors – Directors of the health centre or your health committee
- Government partners – The regional health authority, provincial or federal agencies, etc.

"CDE response planning starts with writing down what you are currently doing and filling in any gaps." - CDE team

Community health needs assessments

A Community Health Needs Assessment can be an informal or formal process that identifies the strengths and resources available to a community to meet the needs of its members by identifying any social or health vulnerabilities in the community. It is also a useful tool for knowing "what to plan around" or consider during a CDE response (such as access to primary care, homelessness and shortages, substance use disorders, etc.). Having a Community Health Needs Assessment makes it easier to develop a community CDE Response Plan.

The FNHA community development team can help you develop your Community Health Needs Assessment. They can be reached at community.development@fnha.ca

Many templates and toolkits are also available to guide you through the process:

- A Toolkit for BC for First Nations is a planning resource from the FNHA that may support the development of a Community Health Needs Assessment:
  - Sample Health & Wellness Profile (p. 112) – A template to assess baseline health & wellness information on your community or Nation
  - Sample Strengths, Weaknesses, Opportunities Challenges (SWOC) Analysis Template (p. 116) – Assess the strengths, weaknesses, opportunities and challenges of service delivery
  - Integrating Appreciative Inquiry (p. 120) – A tool to use appreciative inquiry approaches to identify your community's strengths and build a collective commitment to realize goals and vision

- Community Health Needs Assessment: A Guide for First Nations and Inuit Health Authorities (Health Canada)

Hazard, risk and vulnerability assessment

A Hazard, Risk and Vulnerability Assessment can be an informal or formal process that:

- Identifies and assesses potential hazards that may negatively impact individuals, assets and/or the environment and

- assesses the risk these potential hazards pose to the community, taking into account the community's vulnerabilities and resiliencies.

Although a Hazard, Risk and Vulnerability Assessment is an involved process, it is a valuable under-taking because it can inform the development of a variety of community plans (as shown in Figure 2), including a CDE Response Plan.

This is because a Hazard, Risk and Vulnerability Assessment will identify the important communicable disease hazards in your community and therefore indicate "what to plan for" (e.g., water contamination, food-borne illnesses, respiratory infections, etc.).

For a formal and involved templates and toolkits to guide the Hazard, Risk and Vulnerability Assessment refer to the following links:

- Online Hazard Risk Vulnerability Assessment Tool (EMBC)
- Aboriginal Disaster Resilience Planning Tool (Justice Institute of BC)

A simplified Risk Assessment tool is provided to assess and plan for potential risks/hazards. This tool includes:

- Risk/Hazard Identification and prioritization
- Likelihood and impact
- Strategy to mitigate
- Steps for implementation
- Refer to support

To complete this tool, see the "risk assessment tool" in the "CDE prevention strategies for Communities" section in the accompanying template.

Figure 2: Community assessments are the foundation of community plans

EDUCATION AND TRAINING

Community leadership should support staff who will assume an emergency response role, with relevant emergency management training for their role. Training can include, but is not limited to, courses on the following topics:

- Basic emergency management
- Incident command system
- Emergency Operations Centre

Emergency Management BC offers courses on Emergency Management and will open classes up on a quarterly basis for Community Emergency Program Coordinators and other relevant community staff to sign up for through an application process found in the link below.

Emergency management course descriptions and calendar: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-management-bc/emergency-management-training-and-exercises/em-training-program/course-calendar

Community may decide to provide education and resources on the following topics:

- Crisis communications
- Mental health and wellness
- Stress management
- Teaching from Knowledge Keepers
- Promoting community resiliency

GUIDANCE AND SUPPORT

In the event of a CDE of any scale, it is important to seek guidance from local leaders, including Elders, knowledge keepers and Chief and Council, tribal councils as well as the health care staff, RHA, FNHA, BC Centre for Disease Control and Ministry of Health to keep community members safe.

There may also be updates from organizations like the BC Centre for Disease Control and the provincial government as more information emerges about the disease. Refer to the following links for the most up-to-date information:

- Province-wide orders and restrictions as they become known:
  https://www2.gov.bc.ca/gov/content/home
- BC Centre for Disease Control: http://www.bccdc.ca/

To safely serve community members during a CDE, businesses can seek guidance on how to safely continue services by referring to the Business Continuity Plan section on page 18 of this guide and refer to organizations such as WorkSafe BC (www.worksafebc.com).

ENSURING CONTINUITY OF ESSENTIAL SERVICES

In the event of a CDE, the community may need to limit the programs and services it provides. This decision may need to be re-evaluated on an ongoing basis as the CDE progresses. Non-critical health, social support and wellness programs may be significantly altered, reduced, consolidated or suspended completely. Staff members who are able to report to work may be assigned other duties to assist with essential service delivery as required.

Each community service and department will be responsible for prioritizing and developing strategies that maintain essential services and for ensuring that support services can be provided to community members during an emergency. A Business Continuity Plan may exist for some businesses and services in the community. Using this plan – or developing one if you don't have one – can help your community prepare for altered service delivery if needed.

Your community can be proactive in implementing and maintaining reasonable precautions based on public health guidelines and organizational hazard risk mitigation policies and procedures. Ensuring these supports are in place will enhance the safety and resiliency of essential services staff.

The ability to continue providing essential services may be influenced by factors including, but not limited to:

- Internal funding options within your community
- External funding guidelines and requirements
- Limitation or restriction of entry into your community; consider service and supply deliveries from outside of the community
- The scale and potential impact of the CDE on your community
- Identified community needs and emerging priorities
- Availability of community resources, including staff, volunteers, personal protective equipment (PPE) and other essential supplies, etc.

Business continuity plans

A **Business Continuity Plan** helps you identify and maintain critical services during an incident where people and resources may be diverted from their usual work. These plans also help your community re-establish full functions as quickly as possible following an incident, disaster or emergency.

Many communities have developed a business continuity plan. It would be good to reference it or include it in your plan as an appendix. For assistance in developing a business continuity plan connect with FNHA, Indigenous Health Service organization, Tribal council, Emergency Management B.C. or an organization that supports your community.

Complete the table "Continuity of essential services: Critical functions of each department" in the accompanying template.

For more information on Business continuity plan development:

FNHA support: email SecurityBCP@fnha.ca
Government of B.C. Business Continuity Management resources.
Justice Institute of British Columbia: Intro to Business Continuity Planning webinar.

In the pre-CDE phase and between waves of a CDE, all departments are responsible for developing strategies to maintain essential services (to the best of their ability) and to ensure support services can be provided to community members during the emergency.

A Business Continuity Plan should clearly outline operational priorities and differentiate between essential and non-essential employees, services and programs.

Department plans should:

√ Ensure that core functions can be maintained for several weeks or months with limited staff

√ Account for both smaller and larger absenteeism rates over the course of the CDE event

√ Review information technology resources and capabilities to support all essential operations, including the capacity for staff to work from home

√ Develop and integrate psychosocial support for staff

Department managers are responsible for:

√ Ensuring that there is a plan for the delivery of goods and supplies

√ Identifying and training back-ups for all essential (or all) functions and planning for possible redeployment of non-essential staff

√ Ensuring all team members know who is next in line for management/decision-making should someone not be available

See the Continuity of Essential Services: Checklist for each department in the accompanying template

During a CDE: Response Phase

Response refers to actions taken during or immediately after a CDE to manage the impacts. The efficient and equitable co-ordination of resources and services, as well as effective communication with local, regional, provincial and federal partners, are vital to the response phase.

CDE SITUATION AND RESPONSE
Complete/edit the section "CDE Situation and Response" in the accompanying template.

Many communities assign phases or levels to the different degrees of incident within their CDE Response Plan. This is the decision of the community and may be done in conjunction with regional or provincial phases and levels of response.

- Smaller-scale "Routine" situations such as, localized communicable disease incidents, community health department or outbreaks may be managed within the capacity of the health department and RHA Communicable Disease Unit without requiring full activation of your CDE Response Plan. However, in "Enhanced" situations when current capacity and resource needs have been exceeded, the situation impacts multiple areas within the community's jurisdiction, or the situation requires provincial co-ordination, the CDE Response Plan may be activated in whole or in part.

- Larger-scale "Incident/Emergency" situations that require support from other departments within the community or a full organizational response would likely exceed normal business hours, processes, capacity and resources and therefore require activation of the full CDE Response Plan.

- Depending on the state of the CDE a community may decide to declare a state of local emergency. Once a state of a local emergency is declared the community should activate the CDE Response Plan.

ACTIVATING THE CDE RESPONSE PLAN
Complete the section "Activation of the CDE Response Plan" in the accompanying template.

The community decides when to activate one or more parts of the CDE Response Plan based on situational requirements. When the plan or any of its components are activated, the community will follow their pathway of communication. The community can activate the CDE Response Plan in conjunction with or separate from activating the EOC.
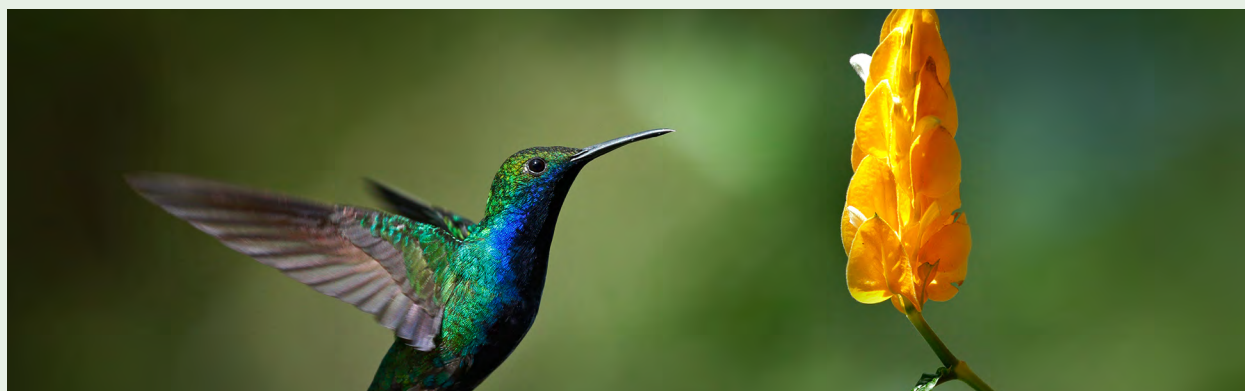
EMERGENCY OPERATIONS CENTRE

A CDE Response Plan can be activated before activating the EOC based on the community's assessment of response needed.

The EOC is a standard system of emergency response. There are multiple levels of EOCs at the community, district, regional, provincial and national levels. The structure is based on an incident command system organizational structure, which is flexible and modular and can expand and contract based on need. As incident complexity increases, the organization expands.

An integral aspect of the EOC during a CDE is the inclusion of a Health Representative with direct communication to the Incident commander. In the case of CDEs, decisional input from health representation is vital as CDEs are unique and have significant differences from environmental hazards.

Complete/edit the section "Emergency Operations Centre" in the accompanying template
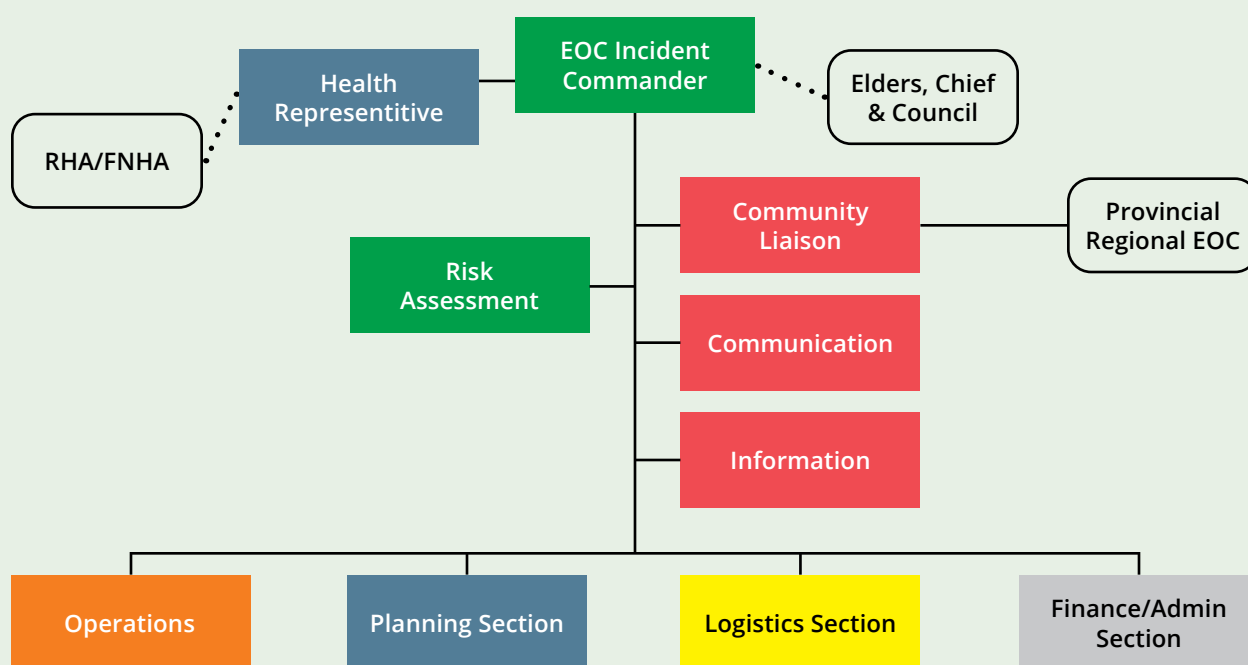
Figure 4 Sample organizational structure of an EOC

EOC structure

EOCs support site-level response by providing strategic, operational, logistic and financial assistance. The optimal EOC structure for a CDE will vary based on the community's governance structure relationship with the response partners involved, and the size and severity of the CDE. Figure 4 shows a sample EOC structure that can be expanded or reduced as needed. Communities may choose to use an existing EOC established for other emergencies or establish a new one. The key element during a CDE is to include a health representative within the EOC.

EOC activation

- The level of EOC activation depends on the magnitude, scope and stage of the CDE event. This will look different for each community depending on the community's EOC structure.
- Only those EOC functions and positions that are required to meet current response objectives need to be activated.
- Non-activated functions and positions will be the responsibility of the next highest level in the EOC.

EOC communication and information management

- During the course of a CDE event, members of the EOC management team may set up a regular meeting or conference call schedule, with meetings held in person or virtually in alignment with recommendations for physical distancing and public health guidance and orders.

- The EOC director and/or incident commander will establish the frequency of meetings and add agenda items.

- All EOC meetings are duly convened, with set agendas, recorded minutes and appropriate documentation of all decisions. Action items are documented and followed up on between meetings.

- Meetings will be kept as brief as possible, allowing members to carry out their individual responsibilities.

EOC staffing

- EOC staff may be required to take on more than one position (role), as determined by the nature of the event, availability of resources and/or as assigned by a supervisor. For example, an EOC could be staffed by a sole person when a CDE event is very small and can expand as needed if the event grows.

- The incident commander or delegate will work with the EOC director and operations section chief to determine appropriate staffing for each activation level based upon an assessment of the current and projected situation. EOC management team positions should be filled as a priority from senior staff within the organization and/or volunteer Nation members.

- There should be clearly defined roles and responsibilities, balanced by cross-training of staff/volunteers and planning for backfilling positions should a team member be unable to work.

- When requesting additional staffing resources for the EOC, required skill sets will need to be discussed to determine the solution (re-assignment or recruitment). "Just-in-time" training can be provided for those able to perform required duties.

- If someone is appointed to a role in the EOC due to a CDE event and cannot complete their normal job functions, a conversation should occur with the individual's reporting manager. The manager will assess the duties and how to maintain essential roles.

- If needed, the community can implement an expedited hiring process to backfill essential positions where individuals are vital to fulfilling an EOC role. The incident commander, EOC director and EOC HR coordinator will be responsible for:

  √ Identifying and selecting qualified persons for necessary roles

  √ Engaging in discussions to inform selected individuals of the need for them to serve as part of the EOC structure

  √ Completing necessary documentation for hiring and/or volunteer recruitment

  √ Conducting "just-in-time" training as needed

  √ Determining if community members who volunteer to serve a role within the EOC should receive an honorarium

COMMUNICATION

During a CDE event, the provincial health authorities and regional health authorities will provide core public health messaging. The FNHA will provide additional messaging as appropriate. Your community may choose to share education and public awareness resources to clients, community members and staff as appropriate and applicable to your community by developing a communications plan, which is an integral step to being prepared for a CDE.

The goal of a communications plan is to build trust through the delivery of accurate, timely, clear, transparent and consistent messaging to all community members and stakeholders before, during and after a CDE.

Best practices to incorporate into your communications plan include:

- Choosing ways to communicate that are already in use in your community, such as social media, newsletters, your community's website, signage/posters, etc.
- Sharing timely updates on the current status of the CDE and public health recommendations
- Frequently updating your community on reduced programs and services, adapted service delivery models, facility closures, travel restrictions, etc.
- Providing information to all staff, clients and community members to help them make the best possible decisions about their well-being during all phases of the emergency

The communication manager and/or the EOC information officer will activate the communication plan and work with senior management and leadership to disseminate information to staff, community members and other stakeholders.

Complete/edit the section "Communications Plan" in the accompanying template.

This information will be from credible public health agencies and government resources, including the WHO, the Public Health Agency of Canada, Health Canada, the Chief Medical Health Officer, the BC Centre for Disease Control, the BC Ministry of Health, the Provincial Health Officer, the FNHA, the RHA and/or the regional Medical Health Officer.

All communication strategies and media should be vetted and delivered via the community's communication manager and/or the EOC information officer.

Community members should be encouraged to share information with those without access to social media and other information technologies. When sharing information, community members are expected to be mindful of the source, avoid spreading rumors or misinformation, and respect the privacy of other community members.

We can find new ways to connect. We can use technology, where it is accessible to us. We can seek teachings from our Elders on the appropriateness of moving our stories, songs, and ceremonies to virtual spaces. We can embrace truth and send those stories from social media that emerge to disrupt and disorient back out of our communities. - Christopher Mushquash

PUBLIC HEALTH ORDERS AND COMMUNITY-BASED MEASURES

Public health orders

Public health orders and measures are interventions used to reduce the spread of disease. They can include providing public education; conducting case and contact management; closing schools; implementing vaccination, infection prevention and control measures; limiting public gatherings; issuing travel restrictions; and screening travelers.

Public health measures are usually implemented in combination, in a strategy known as "layered use." This approach is based on the expectation that combinations of public health measures are likely to be more effective than single measures. In the event of an active CDE in the community, provincial and federal public health authorities will provide advice on public health measures as the emergency develops.

- The BC Provincial Health Officer or Chief Public Health Officer of Canada may enforce some public health measures as per their authority under the *BC Public Health Act and the federal Quarantine Act*.

- Under the *BC Public Health Act*, the RHA Medical Health Officer is responsible for case and contact follow up and implementing public health orders in their region.

- The RHA and the community will work in collaboration to ensure that community-based public health measures align with advice given by regional, provincial and federal public health authorities. Direction and support may be provided by the FNHA as required.

- Public health measures may need to be adjusted over time as CDE activity increases or decreases. The community will follow regional, provincial and federal public health guidance when making decision about applying/lifting restrictive public health measures in the community.

Community-based measures

Community-based measures are strategies that communities choose to implement in addition to the public health orders and measures given by regional, provincial and federal public health authorities. The FNHA acknowledges the importance of each community's autonomy in determining which strategies work best for their needs.

Since the onset of the COVID-19 pandemic in BC, First Nations communities have implemented communicable disease mitigation strategies that include public health checkpoints, limiting or restricting visitors to the community, patrols, curfews and shelter-in-place orders. The FNHA acknowledges the importance of community autonomy in choosing strategies that work best for the community.

Measures put into place by the community should be proportionate with the risk in the community and balanced against the need for community and cultural connection to strengthen resilience. Implementing community-level outbreak mitigation strategies should involve consultation with community leadership, health leadership, the community EOC and the RHA Medical Health Officer.

Infection prevention and control strategies

Implementing infection prevention and control measures can help create a safe environment for health care providers and community members. These measures aim to prevent and/or reduce the risk of transmitting infection.

A hierarchy of infection prevention and control measures for communicable disease describes the measures that can be taken to reduce transmission. As shown in Figure 9, control measures at the top of the graphic are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of transmission is substantially reduced. Wherever possible, implement protocols that offer the highest level of protection and add additional protocols as required.

First Level of Protection
- Minimize in-person contact
- Restrict number of people at worksite
- Active screening of clients/staff

Second Level of Protection
- Install physical barriers
- Hand washing stations
- Increased air filtration
- Redesigned work areas

Third Level of Protection
- Development of policy and procedures
- Staff training
- Community education and awareness
- Signage

Fourth Level of Protection
- Protect with Personal Protective Equipment. To be used alongside first, second and third levels of protection.

Most Effective

First Level of Protection
ELIMINATION / SUBSTITUTION

Second Level of Protection
EMERGENCY CONTROLS

Third Level of Protection
ADMINISTRATIVE CONTROLS

Fourth Level of Protection
PPE

Least Effective

Figure 9. Hierarchy of controls

Cleaning and disinfecting is a part of routine practice in all healthcare settings, and is a crucial component of infection prevention and control. This applies to all settings, including when isolating at home, in health care settings and when transporting clients. Refer to the Health Canada, BC Centre for Disease Control and the FNHA for up-to-date recommendations on approved cleaning solutions and processes.

Personal protective equipment

As part of their regular operations, health centres and nursing stations maintain adequate supplies of PPE. Please refer to your regular process for ordering PPE supplies. In the event of a pandemic declaration, supplies will be made available by provincial and federal partners, co-ordinated by the FNHA.

Routinely check supplies for expiration dates and store PPE in a clean and dry environment for access by health care staff. Refer to the recommendations from the BC Centre for Disease Control and the FNHA for up-to-date information on precautions and the PPE required for each CDE. In some situations, N95 respirators may be recommended. Please see http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs_requiring_N95.pdf for an updated list of aerosol-generating procedures. Employers are required to provide PPE and annual N95 mask fit-testing for health care staff.

Healthcare staff are required to conduct a Point of Care Risk Assessment to determine whether the proposed PPE is appropriate to protect from any potential blood or body fluid exposure related to the task they will be performing.

Surveillance and case monitoring

Surveillance activities occur at the federal, provincial, regional and community levels to monitor for emerging patterns and ongoing cases of reportable communicable diseases with the goal of predicting, observing and minimizing the harm caused by an outbreak, epidemic or pandemic. At the provincial level, the Ministry of Health, the Provincial Health Officer and the BC Centre for Disease Control monitor the emergence of infections around the world on an ongoing basis to:

- Assess the level of risk to people living in the province
- Determine the characteristics of the illness (e.g., symptoms, incubation period, mode of transmission)
- Develop a case definition for the illness
- Develop surveillance screening and assessment tools (e.g., key screening questions based on characteristics of the disease)
- Develop laboratory handling protocols and specimen-testing algorithms
- Work with regional health authorities to assess the level of risk at the local level

Surveillance is also an important tool for supporting informed and strategic decision-making with regard to the delivery and transformation of health and wellness programs and services for First Nations communities in British Columbia before, during and after a CDE.

In the event of large-scale CDE, case monitoring activities will be directed by the Public Health Agency of Canada and directed provincially by the BC Centre for Disease Control. The RHA will participate in these activities and will enhance regional data surveillance activities to monitor for the local introduction and spread of the pathogen. The community health care team will work in collaboration with the RHA to provide local surveillance data.

Refer to section "Public Health Orders and Community-Based Measures" in the accompanying template.

CASE AND CONTACT MANAGEMENT

In the event of a large scale CDE as well as with all reportable diseases, the RHA maintains responsibility for supporting case management and contact tracing, including for First Nations communities.

In the event of smaller-scale localized outbreaks, your community's nurses may support the RHA communicable disease unit/contact tracers with case and contact management as appropriate. The community health team will remain focused on ensuring continued delivery of essential health service.

Testing and triage

During a CDE, testing may be available to determine if an individual has or does not have the disease. Testing may be offered in the community or by the RHA. For more information on testing, please refer to the BC Centre for Disease Control website.

- When a community member (or caregiver) feels they may have symptoms of the current illness of concern they should notify their primary care provider or 8-1-1, who will make an assessment and refer them to testing through established channels. Individuals will then be triaged accordingly (see triage section below). Depending on the nature of the outbreak/emergency, and if capacity (human resources, space, supplies) allows, assessment and testing may be provided by your community's nursing staff, in home or at the health centre.

- If a community member reports symptoms of the disease of concern and testing/assessment is not being done in the community, the individual(s) should be referred to their primary care provider or 8-1-1 for assessment. Staff should remind the community member to self-isolate while waiting for their test results and/or to be cleared by their health care provider.

- The responsibility of notifying the community member of their test results lies with the RHA and is sometimes done in collaboration with the CHN in community. The RHA and/or the CHN will connect with community member and provide case management and instructions as needed.
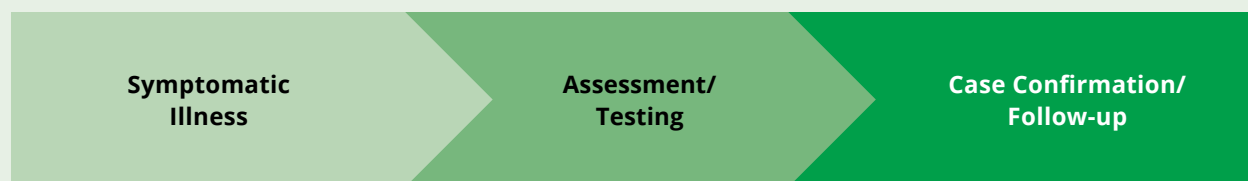
Symptomatic Illness → Assessment/ Testing → Case Confirmation/ Follow-up

Figure 6 Case management flow

For more information, refer to the BC Centre for Disease Control website at:
www.bccdc.ca/health-info

Triage

Once a community member has reported their symptoms to their primary care provider and received testing guidelines, they will be triaged and may be supported in one of the three ways as shown in Figure 7:

Have symptoms and can care for themselves

- Individual will be provided with guidance on how to care for themselves, how to reduce transmission, when and how to seek medical attention

- The RHA CD team or primary care provider will monitor and re-triage as appropriate

If the client has provided permission for their details to be shared, community supports may also be mobilized if required

- Individual will be provided with guidance on how to care for themselves, how to reduce transmission, when and how to seek medical attention

- The RHA CD team or primary care provider will monitor and re-triage as appropriate

- Caregivers should follow current public health recommendations for infection prevention and control

Have symptoms and cannot care for themselves and have no family or others who can care for them or lives in multi-family/multi generational home and needs to self-isolate

- The RHA CD team will arrange for a health team member to care for the individual or work with them to determine an alternate care site as needed

- If the client has provided permission for their details to be shared, community supports may also be mobilized if required

- If the individual is having severe symptoms and needs advanced medical care, a first responder will transfer the individual to hospital
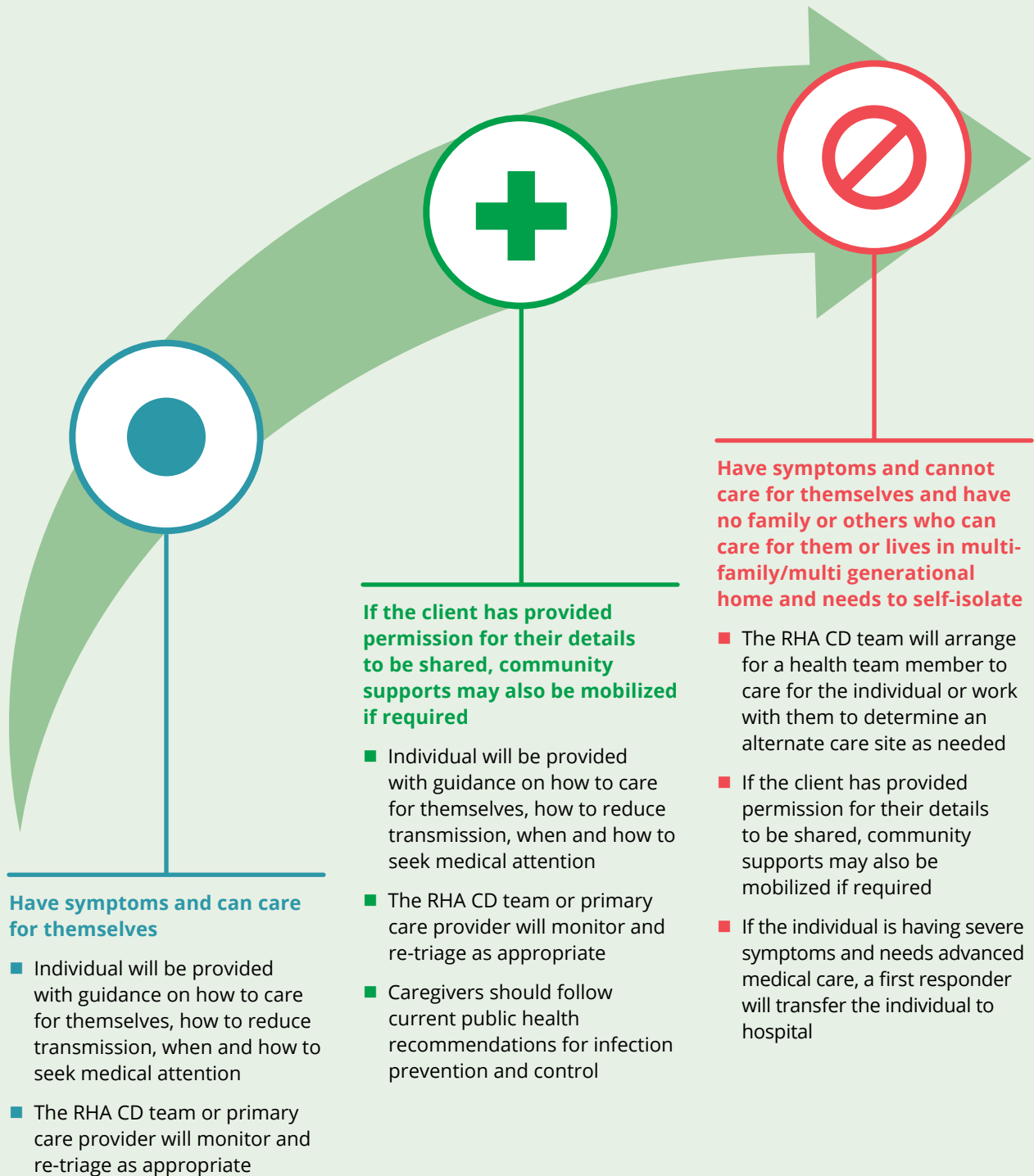
Figure 7 Triage

Contact tracing

If a community member tests positive for the communicable disease, a member of the RHA Communicable Disease team (ie contact tracer, public health nurse, environmental health officer) will interview them to identify people they have been in contact with and assess the risk to those contacts. Depending on the nature and transmission method of the disease and risk to contacts, not every contact will need to be identified.

- In the case of a large-scale CDE, the RHA will attempt to carry out contact tracing for all positive cases. The community health team will support contact tracing in the community through education and sharing information with community members.

- In the case of a smaller localized outbreak, the community's nursing staff may support the RHA CD team with contact tracing for community members.

- Healthcare professionals will maintain an individual's privacy when carrying out contact tracing. Individuals may choose to tell others about their diagnosis but should not do their own contact tracing unless told otherwise.

- Contacts with symptoms will be referred for testing as it is available. Contacts with no symptoms may be asked to self-isolate and monitor for symptoms a set period of time.

- Personal information will only be shared with those in the individual's circle of support, as shown in Figure 8 below.
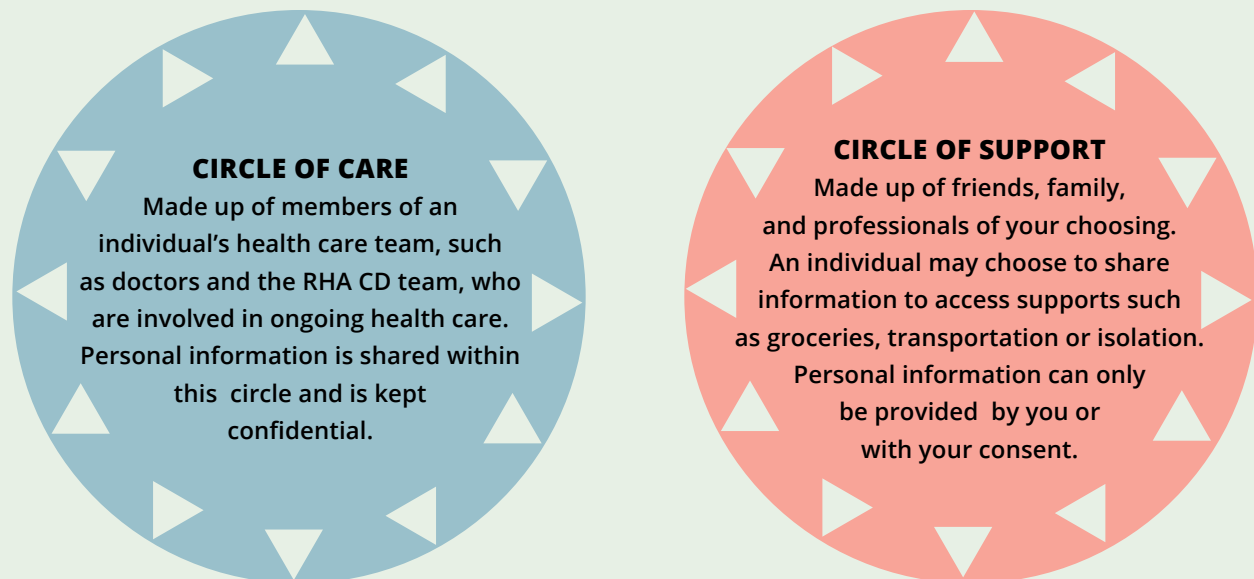
CIRCLE OF CARE
Made up of members of an individual's health care team, such as doctors and the RHA CD team, who are involved in ongoing health care. Personal information is shared within this circle and is kept confidential.

CIRCLE OF SUPPORT
Made up of friends, family, and professionals of your choosing. An individual may choose to share information to access supports such as groceries, transportation or isolation. Personal information can only be provided by you or with your consent.

Figure 8. Circle of care/Circle of support

Refer to section "Case and Contact Management" in the accompanying template.

ELEVATED RESPONSE
Surge capacity

During a CDE, staff from various areas, including nursing, may be redeployed or unavailable to continue work temporarily or during the duration of the emergency due to illness, increased vulnerability or other priorities.

The community, the RHA and the province have both a legal and moral obligation to continue providing essential services. To ensure operations can be continued safely and effectively, this may require:

For health care:

✓ Seeking staffing support from the RHA and or the FNHA

✓ Using existing RHA services

For general staffing:

✓ Hiring within the community

✓ Using volunteers who may have relevant skills

✓ Temporarily employing retired professionals

> *Surge capacity is a collection of adaptive systems, such as an alternate service delivery model, that communities can draw on for short-term solutions in acutely stressful situations, such as a large-scale communicable disease emergency.*   *- CDE team*

Mass triage centre

If the number of individuals with a suspected or confirmed case requiring treatment or prophylaxis is beyond the capacity of existing health care facilities, the community may designate a site or facility to establish a mass triage and treatment centre or transfer the community member to a nearby hospital.

- The community can ensure there is a designated facility and it is open with sufficient supplies and equipment to support the health team.

- The community may work in partnership with the RHA to use existing supports, such as hospitals.

- The health team will have an updated list of population groups within the community that may be especially vulnerable to the communicable disease and/or may need to be prioritized for medical treatment or prophylaxis (e.g., Elders, prenatal/postnatal clients, children under one year, community members with a chronic disease).

Note: *Consider if community members are willing to go to mass triage centres and hospitals as needed and make arrangements as appropriate.*

Transporting clients

During a CDE, health officials may recommend changes to health-related transportation. There is an expectation that medical transportation will continue to be provided for urgent trips, such as clients travelling for dialysis, opioid agonist therapy, cancer treatment, or other urgent and emergent purposes. Existing BC Ambulance services to rural and remote communities will be maintained. Before transporting a client with symptoms of a respiratory illness, ensure appropriate precautions are in place. If possible, dedicate a medical transport vehicle and driver for the transportation of individuals with respiratory illness to minimize exposure.

When transporting a client during a CDE, consider the following key safety measures to ensure safety for the driver and passenger(s):

✓ Transport requirements (i.e., required PPE, recommended distancing and number of passengers)

✓ Supplies (i.e., stocking medical transport vehicle with sanitizer, garbage receptacle, cleaning supplies)

✓ Cleaning and disinfection of frequently touched surfaces with approved cleaning and disinfecting agents

Refer to the BC Centre for Disease Control for the most up-to-date guidelines.

Figure 5 First Nations perspective on health and wellness
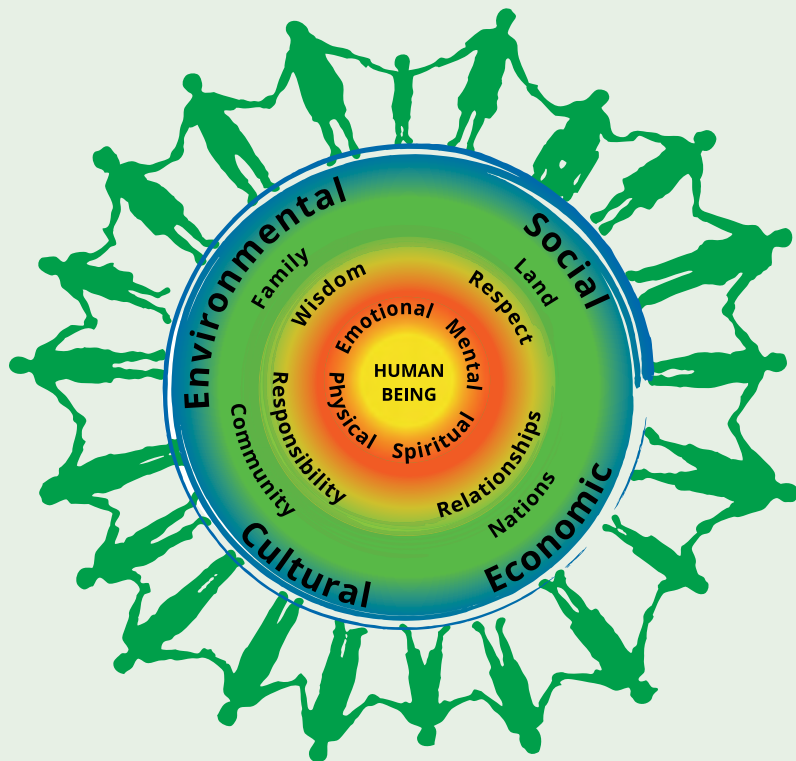
Ceremony doesn't need to be elaborate. Ceremony can be simply walking in your spirit and connecting to the grandmother and grandfather that walk with you, or sitting by the water to connect with her spirit.

- Vanessa Ambtman-Smith

In response to a CDE, vaccines, antivirals or other treatments may exist or become available to protect individuals and reduce disease spread which, in addition to the foundation of a healthy mind, body and soul, form the best defense against illness. An integral focus of First Nations healing and wellness is recognizing the balance and interrelationships of the physical, mental, emotional and spiritual aspects of a being, as is shown in the First Nations Perspective on Health and Wellness graphic: https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness.

Although traditional practices and protocols (such as for community feasting, mourning practices, etc.) may be disrupted in various ways during a CDE that are uniquely challenging, BC First Nations access to traditional wellness is widely recognized by communities as critically important.

During such times, harvesting traditional foods and medicines, or being upon the land, may be especially beneficial. Land-based activities and harvesting traditional foods are only a few examples of upholding traditional wellness that often reflect the importance of family and community connection as a foundational pathway to health and family and community wellness. First Nations and Indigenous groups have a long history of self-determined perspectives of health and well-being. Leaning into the wisdom of Elders and Knowledge Keepers to guide the traditional ways can help keep communities on the path to wellness during a CDE. The FNHA website includes information on traditional healing: https://www.fnha.ca/what-we-do/traditional-healing as well as available mental health and cultural supports: https://www.fnha.ca/what-we-do/health-and-wellness-planning.

Mental health

First Nations people have a history of suffering adverse health impacts due to infectious disease. Along with the historical, intergenerational and contemporary trauma that many First Nations individuals live with, a CDE can also be a trigger for symptoms related to trauma including increased distress, irritability, avoidance and feeling overly emotional. Mental health can be greatly affected by the uncertainty inherent in a CDE event.

Being aware of the negative impacts on wellness is a first step. Community members should be encouraged to focus on their strengths and resilience, keep themselves informed, and supported to take actions to protect themselves and their families.

Focusing on mental health and wellness during these times may include:

✓ Connecting with Elders and Knowledge Keepers

✓ Engaging in culture and ceremony

✓ Seeking safe and creative ways to stay connected (i.e., using online platforms or by phone)

✓ Taking breaks from social media

✓ Learning a new skill or hobby

✓ Seeing a counselor virtually

✓ Continuing community mental health programming in a safe way, such as facilitating programs and services outdoors

✓ Referring to the RHA and the FNHA for additional supports, such as First Nations Virtual Substance Use and Psychiatry service of First Nations Virtual Doctor of the day

Vaccinations

Immunization programs in Canada have successfully decreased the incidence of serious illness and death caused by vaccine-preventable diseases, such as measles, influenza, diphtheria, pertussis and chicken pox.

Vaccines are products that produce immunity to specific communicable diseases, and they protect those who receive them and those who are around them. They are particularly important for protecting our most vulnerable, such as our Elders, children, pregnant people and those who are immunocompromised. When you are immune to a communicable disease, such as measles or COVID-19, you can be exposed to the disease without becoming sick, or, if you do become infected, the vaccine prevents more severe illness. The more people in a community who are vaccinated, the harder it is for the disease to spread and infect others.

When delivering vaccine in your community, consider:

✓ Vaccine development and availability: For more information on how vaccines are developed and approved in Canada, see Immunize BC: https://immunizebc.ca/testing-approval-and-monitoring

✓ Staffing requirements: You will need community health nurses who are trained to deliver vaccines, administration staff and cleaning staff

✓ Supplies: These can include a vaccine fridge, a temperature monitoring system, needles and syringes

✓ A list of priority community members (your local health care team maintains this list)

✓ Development of a community vaccine delivery plan

✓ This will depend on the population/ age group the vaccine becomes approved for

There are national, provincial and regional partners involved in vaccine development, approval, distribution and guidelines for use. These include:

✓ the vaccine manufacturer,

✓ Health Canada for approval,

✓ the federal government for procurement,

✓ National Advisory Commitee on Immunization for recommendations on use,

✓ BC Centre for Disease Control for guidelines on administration,

✓ Provincial, RHA and FNHA for distribution,

✓ Community for administration

The FNHA's Toolkit for Communities Receiving COVID-19 Vaccine can help your community develop a vaccine delivery plan. This guide is COVID-19 specific and is intended to support health directors to ensure communities are prepared to offer and provide COVID-19 vaccines to their members when they become available. However, the information in this guide may be of use when preparing vaccine rollouts for other CDEs: https://www.fnha.ca/Documents/FNHA-Toolkit-for-Communities-Receiving-COVID-19-Vaccine.pdf

The community health nurse and senior and community leadership will work with the RHA/FNHA to:

✓ Provide safe and effective vaccines to community members as soon as possible

✓ Ensure an adequate supply of the vaccine for the community

✓ Allocate, distribute and administer vaccines as efficiently and fairly as possible

✓ Monitor the safety and effectiveness of the vaccine

Once informed that a vaccine is available and will be coming to the community, planning sessions should take place to confirm dates, times, location and the best way to advise community members.

■ Provincial vaccination procedures will be followed during all immunization clinics/visits, including reporting administration, side effects, adverse effects and unused vaccine.

■ Ensure clear communication with community members regarding vaccine safety, vaccine priority, clinic locations and times.

■ Mass immunization planning may be similar to community flu campaigns and/or COVID-19 vaccine priority requirements. See the FNHA, the RHA and the BC Centre for Disease Control for more information: https://www.fnha.ca/Documents/FNHA-COVID-19-Vaccine-Clinic-Planning-Checklist.pdf

Antiviral medication

Antiviral medication can be used to treat some viruses or to prevent viruses in exposed persons (prophylaxis). Antiviral medications are the only specific anti-influenza intervention available that can be used from the start of an influenza pandemic when a vaccine is not yet available. Some antivirals exist for specific strains of influenza, but their effectiveness on new and emerging influenza-like disease is unclear.

The health care team and senior leadership will communicate with community members regarding antiviral medication prioritization and availability.

SELF-MONITORING AND SELF-ISOLATION
Refer to section "Isolation Supports" in the accompanying template.

To prevent the spread of communicable disease within the community, individuals may be advised or required to self-monitor and or self-isolate if they have been exposed to the communicable disease and/or are at risk of developing severe illness.

It is acknowledged that in many First Nations Communities the ability to self-isolate as per Public health guidance is challenging and may carry cultural impacts. Challenges to self-isolate can be due to multi-family dwellings, multiple people living in one household, lack of multiple bathrooms and living spaces for the member who is self-isolating.

If a member faces challenges with self-isolation, direct them to connect with community health staff such as a Community Health Nurse or other Community representative. Emergency Management B.C., Indigenous Services Canada or FNHA Regional team contact can support with self-isolation.

Self-monitoring may be recommended when an individual may have been exposed to the communicable disease but is not showing symptoms. The individual should:

✓ Monitor for symptoms as advised by the BC Centre for Disease Control, the RHA and the FNHA

✓ Avoid crowded places and increase personal space from others when possible

Self-isolation is a public health measure that may be recommended when someone is awaiting test results, is identified as a contact, experiencing symptoms of the CDE or been given a positive diagnosis for the CDE. The individual should:

✓ Stay at home and avoid situations where they could come into contact with others

✓ Avoid leaving the home unless it is to seek medical care

✓ If isolating at homes where others are present, stay in one room of the home, use a separate bathroom if possible and follow infection prevention and control guidelines

When an individual provides consent for sharing their information or self-identifies as needing support, the community health team will work with the RHA and the FNHA to ensure the individual is getting the care they need and that they have access to supplies such as food, water or medication.

In order to reduce the spread of the disease, measures such as alternate accommodations for the person who is ill may be needed. The RHA, the FNHA and the community share responsibility in ensuring that community members at risk and/or those who are ill have access to appropriate self-isolation accommodation and support.

In a larger CDE event, there may be additional public health measures, such as travel restrictions and quarantine measures to be followed.

During a large scale CDE event, such as a pandemic, supplies and equipment may be in short supply. Therefore, planning should be done across the organization to ensure there are sufficient quantities of essential supplies on hand, such as proper PPE and approved cleaning and disinfecting materials for each community program, service, and or facility.

- Prearranged agreements for the purchasing, stockpiling and rotating of supplies are necessary to ensure PPE and cleaning and disinfecting materials are readily available. During a CDE, additional supplies may be available through the province and the FNHA.

- Each community program, service and or facility will generate a list of essential supplies needed during a CDE, which may include the following:

  √ Gloves

  √ Gowns

  √ Eye protection

  √ Appropriate respiratory protection (masks)

  √ Cleaning and disinfecting supplies (as recommended by Health Canada)

  √ Hand sanitizer

Self-isolation supports

If a community member is self-isolating and does not have access to family or community support, community staff and volunteers may provide services to address non-medical support needs such as:

√ Phone or virtual visits/check-ins

√ Meal preparation and delivery

√ Grocery shopping and delivery

√ Prescription pickup and drop off

√ Delivery of harm reduction supplies

Due to privacy laws, health care providers and other support agencies will **not notify the community regarding members who have tested positive** for a communicable disease, are in self-isolation and/or who may be in need of additional supports. Therefore, if a community member would like to access additional supports, that individual is responsible for requesting services from the community and/or providing written consent to other health and social service providers to share their information with the community senior leadership and health team.

Note: *Home health, home care and homemaking services may continue to be provided for eligible community members when it is deemed safe to do so for both clients and staff. These services may be stopped based on advice or recommendations from the Provincial Health Officer.*

Food Security

During a CDE, food systems can be disrupted, and this may lead to food security challenges for local communities. The community can come together to develop programs and services to support food availability and food access for community members. The FNHA's [Planning for Food Security Toolkit during COVID-19](#) can may be used as a guideline for planning.

Emergency Financial Support

The economic impact of a CDE may be widespread and is likely to directly affect community members who may be facing temporary loss of jobs and income as well as an increased cost of living. The community may consider emergency financial support measures for eligible community members to ensure they do not encounter additional barriers.

Education Support

Childcare programs, schools and post-secondary institutions may close temporarily or shift to alternate modes of instruction (e.g., online or hybrid learning). Support may be provided to students and their families to continue to meet their educational goals during the CDE.

Child, Youth and Family Support

The community should work with families and caregivers to ensure supports are in place to help them and their children navigate the various phases of the CDE and to ensure children and youth remain safe and cared for.

Parents, caregivers and children are likely to face increased or new challenges during this time. Cancellation of community events and gatherings, cancellation of in-person programs and services, physical distancing measures and closure of schools, child care programs and workplaces will impact community and family life and may affect the ability of children, youth and families to access the supports they need.

Traditional Healing/Cultural Wellness

Existing programs and supports may be modified or adapted to be delivered virtually and may include additional supports to those self-isolating and the community as a whole.

Mental Health and Substance Use

The community may devote additional resources to support mental health and well-being.

CDE public health measures such as physical distancing and staying home may have unintended consequences for people who use substances. People may be less likely to access harm reduction services and supports and may be using alone when they otherwise might not. To promote the safer use of substances during a CDE, the community may provide enhanced supports.

CARE FOR THE DECEASED: GRIEVING AND LOSS CONSIDERATIONS

If a community member passes away as a result of a communicable disease, it is important to honor their cultures and traditions.

The community may work with Elders, Chief and Council, the RHA and the FNHA to ensure culturally responsive information for health care providers and family members is developed and shared. Elders and other community members should be encouraged to develop creative ways to celebrate the lives of those who have passed while honoring, respecting and valuing community traditions.

In extreme cases, the number of community members who pass away may become overwhelming for hospitals, coroner's office or funeral homes to receive them. In these cases, it may be required by community to keep these members and arrange funeral arrangements from within community.

Protocols and practices for safely holding wakes, ceremonies and funerals, and handling of the body may vary depending on:

- The current state of the emergency

- Transmission method of the disease (i.e. appropriate personal protective equipment)

- Public health guidelines (i.e., restrictions on the number of individuals gathering)

The BC Centre for Disease Control website will provide the most up to date guidance on how to safely care for the body after passing. For support and infection prevention and control information please email ipc@fnha.ca

Clinical Note: *If the death was a direct result of the CDE, the Coroner's Office will determine if the deceased person needs to be examined by the Coroner's Office or family physician. If the deceased person is remaining in the community, the nurse practitioner or medical practitioner needs to complete a 'Registration of Death' (form number HLTH 406 REV 92/12) Province of British Columbia – Ministry of Health, et al.*

Section 4:
Following a CDE: Recovery

The post-CDE phase occurs when there is a normal rate and severity of the communicable disease in Canada (or the affected region in the case of an epidemic or localized outbreak). After the emergency is over, the community can work together to recognize the losses, celebrate their resilience and begin the healing process.

Recovery is the phase in which action is taken to re-establish social, cultural, physical, economic, personal and community well-being through inclusive measures that reduce vulnerability to emergencies, while enhancing sustainability and resilience. It includes taking steps to repair the impacted community and restore conditions to a level that could withstand a potential future event or, when feasible, improve them to increase resilience in individuals, families, organizations and communities. An important component of recovery is to focus on the wellness of staff and community champions by supporting recuperation.

The Government of BC has a number of recovery supports and programs available to citizens, businesses, First Nations and communities impacted by an emergency, depending on their individual circumstances. See their list of emergency recovery resources and programs: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-response-and-recovery/recovery-programs. FNHA specific recovery supports. IE) Regional teams can help with recovery plans and supports.

PRIORITIES DURING THE RECOVERY STAGE
Deactivation of the CDE Response Plan
Senior management can deactivate the CDE Response Plan or components of the plan in collaboration with key community leaders (Elders and/or Chief and Council and/or the EOC) in the following circumstances:

- √ The public health emergency is declared over by the Provincial Health Officer
- √ The local impact of the CDE has diminished to a level where normal services may be resumed
- √ During the post-CDE phase

In this stage, the primary focus of community leadership and staff is to:

- √ Deactivate response activities
- √ Review the impact of response activities, including after-action reports
- √ Recover costs
- √ Resume ceremonies, programs and services that were impacted by the CDE response
- √ Debrief with staff and community members
- √ Taking care of the people who worked extra long hours for a very long time.
- √ Looking for signs of burn out, making clear work priorities and slowing work down for a period of time
- √ Supporting staff to schedule time off
- √ Address long-term health and wellness needs of the community
- √ Use lessons learned to guide future planning activities

Priorities for individuals and families may include:

- √ Creating opportunities for their family/households to debrief and mourn losses
- √ Engaging in community dialogue to support evaluation of the response and future planning
- √ Engaging in cultural practices and ceremony to support healing

Appendix 1: CDE Roles and Responsibilities at a Glance

Local leaders responsibilities during a CDE:

- Activate emergency operations centre (EOC) and CDE plans in accordance with provincial and national guidelines
- Collaborate with EMBC regional offices and regional health authorities for educational campaigns;
- Coordinate with health officials at regional health authorities and different levels of government according to existing arrangements and/or discussions;
- Hold public education and planning sessions with key community members such as business owners and school districs.

Local and Community Leaders

Regional health authorities responsibilities during a CDE:

- Establish methods for accessing/collecting, reporting, analyzing and sharing data related to CD;
- Deliver services for including immunization programs, harm reduction, and screening;
- Manage and control CD outbreaks including individual case management and partner/contact notification; management and control of outbreaks; and emergency management of large-scale communicable disease outbreaks;
- Develop strategies for public education and awareness, advocacy for healthy public policies and community development.

Vancouver Coastal Health	Interior Health	Island Health
Northern Health	Fraser Health	

Provincial authorities and government responsibilities during a CDE:

- Ministry of Health and Provincial Health Officer supports First Nations communities and Indigenous peoples by providing updates, documents and expertise to the pubilc and communities;
- BCCDC works with provincial and federal partners on surveillance, diagnostic testing and infection control measures during a CDE;
- EMBC is the lead coordinating agency for non-medical emergency response hosting regular coordination calls and acting as a universal entry to First Nations communities seeking support;
- PHSA coordinates with HEMBC to activate a Health Emergency Coordination Centre for coordinating partners responding to CDEs;
- PHSA provies and shares information about vaccines and assists regional health authorities with procuring personal protective equipment and medical supplies.

Health Emergency Management BC	BC Centre for Disease Control	Ministry of Health
Emergency Management BC	Provincial Health Services Authority	Provincial Health Officer

First Nations Health Authority's responsibilities during CDE:

- FNHA facilitates communities' response to CDE, access to personal protective equipment during a CDE; and ensuring that First Nations priorities are reflected in overall CDE planning at all levels of government.

First Nations Health Authority

Federal authorities and goverment responsibilities during a CDE:

- The GOC and PHAC support communities by ensuring a consistent response across federal, provincial and territorial levels.
- ISC empowers First Nations communities to independently deliver response and supports emergency management through the Emergency Management Assistance Program.

Public Health Agency of Canada	Indigenous Services Canada	Health Canada

Appendix 2: Document Web Links

INTRODUCTION

FNHA'S 7 Directives: https://www.fnha.ca/about/fnha-overview/directives
Shared Values: https://www.fnha.ca/about/fnha-overview/vision-mission-and-values
Healthlink BC: https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files/category/disease-prevention
BCCDC: http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases
FNHA: https://www.fnha.ca/what-we-do/communicable-disease-control
Sneezes and Diseases: https://sneezesdiseases.com/resource/sneezes-diseases
Emergencies Act, 1985 and regulations: https://laws-lois.justice.gc.ca/eng/acts/e-4.5/page-1.html
Quarantine Act, 2005 and regulations: https://laws-lois.justice.gc.ca/eng/acts/q-1.1/index.html
Canada Human Rights Act, 1985 and regulations: https://laws-lois.justice.gc.ca/eng/acts/h-6/
BC Emergency Program Act, 1996 and regulations: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_96111_01
Public Health Act, 2009 and regulations: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/legislation/public-health-act
Health Authorities Act, 1996 and regulations: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96180_01
Coroners Act, 2007 and regulations: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/07015_01
Workers Compensation Act, 2019 and regulations: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19001_00
Worksafe BC Occupational Health and Safety Regulation (OHSR): https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation
Worksafe BC: G-P2-21: https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-for-workers-compensation-act#SectionNumber:G-P2-21

BEFORE A CDE: MITIGATION AND PREPAREDNESS

BC Public Health Act: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_08028_01
Communicable Disease Emergencies in BC (Roles and Responsibilities: https://view.genial.ly/5ef52784eeff490d6cb414f1/interactive-content-communicable-disease-emergencies-in-bc-roles-and-responsibilities
A Toolkit for BC for First Nations: https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Health-and-Wellness-Planning-A-Toolkit-for-BC-First-Nations.pdf#page=115
Simple Health and Wellness Profile: https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Health-and-Wellness-Planning-A-Toolkit-for-BC-First-Nations.pdf#page=115
Sample Strengths, Weaknesses, Opportunities Challenges (SWOC) Analysis Template (p. 116): https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Health-and-Wellness-Planning-A-Toolkit-for-BC-First-Nations.pdf#page=118
Integrating Appreciative Inquiry (p. 120): https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Health-and-Wellness-Planning-A-Toolkit-for-BC-First-Nations.pdf#page=122
Community Health Needs Assessment: A Guide for First Nations and Inuit Health Authorities (Health Canada): https://publications.gc.ca/site/archivee-archived.html?url=https://publications.gc.ca/collections/Collection/H35-4-4-2000E.pdf

Appendix 2: Web links Cont'd

Online Hazard Risk Vulnerability Assessment Tool (EMBC): https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/local-emergency-programs/hazard-risk-and-vulnerability-analysis

Aboriginal Disaster Resilience Planning Tool (Justice Institute of BC): https://cdrp.jibc.ca

Emergency Management Training: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-management-bc/emergency-management-training-and-exercises/em-training-program/course-calendar

Basic emergency management: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-management-bc/emergency-management-training-and-exercises/em-training-program/course-calendar

Incident command system: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-management-bc/emergency-management-training-and-exercises/em-training-program/course-calendar

Emergency Operations Centre: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-management-bc/emergency-management-training-and-exercises/em-training-program/course-calendar

Province-wide orders and restrictions: https://www2.gov.bc.ca/gov/content/covid-19/info/restrictions

BC Centre for Disease Control: http://www.bccdc.ca

WorkSafe BC: https://www.worksafebc.com/en

Government of B.C. Business Continuity Management resources: https://www2.gov.bc.ca/gov/content/governments/policies-for-government/core-policy/policies/business-continuity-management

Justice Institute of British Columbia: Intro to Business Continuity Planning webinar: https://www.jibc.ca/event/emergency-management-webinar-38-intro-business-continuity-planning

DURING A CDE: RESPONSE PHASE

Aerosol-generating medical procedures: http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs_requiring_N95.pdf

BC Centre for Disease Control website: www.bccdc.ca/health-info

First Nations Perspective on Health and Wellness graphic: https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness

FNHA Traditional Healing: https://www.fnha.ca/what-we-do/traditional-healing

FNHA mental health and cultural supports: https://www.fnha.ca/what-we-do/health-and-wellness-planning

Immunize BC: https://immunizebc.ca/testing-approval-and-monitoring

FNHA's Toolkit for Communities Receiving COVID-19 Vaccine: https://www.fnha.ca/Documents/FNHA-Toolkit-for-Communities-Receiving-COVID-19-Vaccine.pdf

FNHA's COVID-19 vaccine priority requirements: https://www.fnha.ca/Documents/FNHA-COVID-19-Vaccine-Clinic-Planning-Checklist.pdf

FNHA's Planning for Food Security Toolkit during COVID-19: https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Planning-for-Food-Security-A-Toolkit-for-the-COVID-19-Pandemic.pdf#search=Planning%20for%20Food%20Security%20Toolkit%20during%20COVID%2D19

FOLLOWING A CDE: RECOVERY

Government of BC Emergency Recovery Resources and Programs: https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/emergency-response-and-recovery/recovery-programs

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