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**Communicable Disease**

**Emergency Response Plan**

INSERT COMMUNITY NAME



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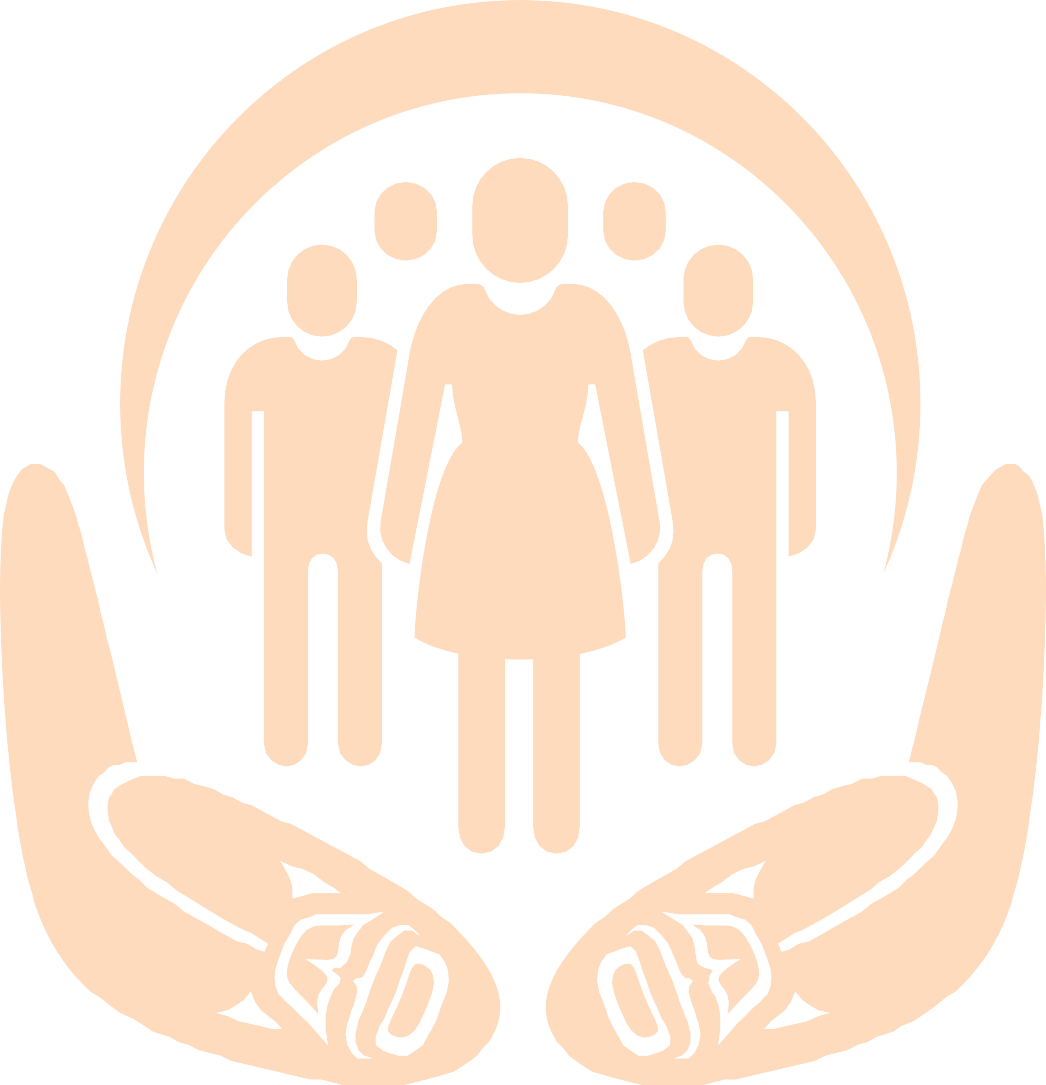
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# About this template

This template accompanies the companion guide for Communicable Disease Emergency Response Planning, where you will find background information and guidance that will help you develop each section. The template includes fillable and editable areas including tables and appendices, designed to support you as you create your Communicable Disease Emergency (CDE) Response Plan. **You can add, remove or change any information, suggestions, sections or appendices to reflect the evolving needs of your community.**To develop your plan, consider forming a CDE Planning Committee with members from various departments, such as the Health department, community leadership and Emergency Response persons within your community. Once completed this template will become your CDE Response plan.



Once you have completed your plan, refresh your table of contents by right clicking on the table of contents, then select Update field, then update entire table.

If you would like support in developing this plan please contact the FNHA Communicable Disease Management team at [cdmgmt@fnha.ca](mailto:cdmgmt@fnha.ca)

# Steps to completing your CDE Response Plan

The FNHA Communicable Disease Management team is available to support the development of your CDE Response Plan. Reach us at [cdmgmt@fnha.ca](mailto:cdmgmt@fnha.ca)

# Success factors

Your CDE Response Plan will be more effective and relevant if it reflects your community’s culture, social structures, infrastructure, relationships, partners, history, people and connection to the land. Follow your own protocols and keep in mind the following considerations:

* **Build on your strengths** – Recognize what your community already has in place and build on that.
* **Focus on reducing risks** – It’s easier to prevent or reduce the risk than to have to “fix” it after.
* **Build awareness and understanding** – Each community member should understand their role in making the community a safer and healthier place.
* **Ensure commitment at all levels (especially leadership) –** The buy-in and support from Chief and Council and all managers and staff is important.
* **Create effective partnerships** – A wide range of organizations needs to be involved to create a comprehensive plan.
* **Base your plan on evidence and evaluation** – This will provide a clear picture of the current situation and help identify the key risks. An evaluation of your plan is an opportunity to adjust and improve the plan based on what you’ve learned.
* **Honour culture and knowledge** – This ensures that community culture is protected and

considered when making plans that involve outside agencies.

* **Additional success factors –** Please list any additional factors to developing a successful as determined by your community

# Communicable Disease Emergency Response plan

**INSERT INFORMATION** is/are responsible for developing the community CDE Response Plan. The plan will be reviewed annually by **INSERT INFORMATION.**

Changes to the plan will be made as required, which will include updating staff changes, Internet links and resources, and contact information.

The revised plan will be submitted to **INSERT INFORMATION (Ie.Chief and council/CDE Planning Committee/Health Director)** for administrative approval.

After the plan is revised and approved it will be shared with all staff and community partners and FNHA Communicable Disease Management team.

# ROLES AND RESPONSIBILITIES

**CDE response partners**

*To complete this section refer to CDE Response Partners on page 9 in the companion guide*

*Please customize content below to reflect the process in your community by removing items that do not fit and adding missing information*

|  |  |
| --- | --- |
| **CDE RESPONSE PARTNERS** | |
| **LEVEL:** | **PARTNERS(S): Please edit this list to reflect your community** |
| **Local** | * Community Emergency Operations Centre (EOC) * Hospitals, medical clinics, and municipalities * First Nations health organizations (i.e., Tribal Council, First Nations Health Standards Organization (HSO)) |
| **Regional** | * Regional districts * First Nations Health Authority (FNHA) * Regional heath authority (RHA) * Provincial Regional Emergency Operations Centre (PREOC) |
| **Provincial** | * Emergency Management BC (EMBC) * Ministry of Health |
| **Federal** | * Health Canada * Public Health Agency of Canada * Indigenous Services Canada |

# COMMUNITY ROLES AND RESPONSIBILITIES

*To complete this section refer to Community Roles and Responsibilities on page 9 in the companion guide*

*Please customize content below to reflect the process in your community*

|  |  |  |
| --- | --- | --- |
| **COMMUNITY ROLES AND RESPONSIBILITIES Please edit this list to reflect your community** | | |
| **COMMUNITY ROLE(S):** | **NAME/TITLE/CONTACT:** | **BACKUP CONTACT:** |
| **Community planning committee members** | 1.  2.  3.  4.  5. |  |
| **Activate/Deactivate CDE Response Plan** |  |  |
| **Activate/Deactivate the EOC** |  |  |
| **Senior leadership** |  |  |
| **Chief and Council** |  |  |
| **Community spokesperson/ Communications officer** |  |  |
| **Community health care team main contact** |  |  |

|  |  |  |
| --- | --- | --- |
| **COMMUNITY ROLES AND RESPONSIBILITIES Please edit this list to reflect your community** | | |
| **RHA contact**  [**RHA CD Team contact**](https://www.fnha.ca/Documents/FNHA-Communicable-Disease-Management-Resources-Regions.pdf) |  |  |
| **FNHA contact**  **(e.g., Regional Deputy Director, Health Emergency Manager, CD Management Team)** |  |  |
| **First responders**  **(e.g., fire, BC ambulance, coastguard)** |  |  |
| **Volunteer co-ordinator Cultural support** |  |  |

# COMMUNITY NEEDS ASSESSMENTS

*To complete the next 2 sections refer to Understanding the Needs of your Community on page 14 in the companion guide*

**Demographics of your Community and Priority Community Members list**

To best assist the community in the event of a CDE it is recommended to use the demographics of the community (population by age group and by high risk groups) and the [priority community members list](#_APPENDIX_1:_) (see appendix 1). This will allow for faster identification when prioritizing and planning for care (such as those that will receive the first doses of the vaccine and households that would require supports to self-isolate).

|  |  |  |  |
| --- | --- | --- | --- |
| ***Demographics of Community***  ***Population of \_\_\_\_\_by Age and Residence (YEAR:202\_)\**** | | | |
| **Age** | **TOTAL** | **Members living in community** | **Members living away from community** |
| All Ages |  |  |  |
| 0 to 1 Year |  |  |  |
| 2 to 4 Years |  |  |  |
| 5 to 19 Years |  |  |  |
| 20 to 64 Years |  |  |  |
| 65 Years or Older |  |  |  |

\*Updated Date-    Updated by-

**Community Health Needs Assessment and Hazard, Risk and Vulnerabilities Assessments**

The completion of these assessments are not mandatory for the completion of your CDE plan. If your community has a completed **Community Health Needs Assessment and Hazard, Risk and Vulnerabilities Assessment,** apply the findings as you create this CDE Response Plan.

*For more information on these assessments, please see page 15 in the companion guide*

# CDE PREVENTION STRATEGIES FOR COMMUNITIES

Communities should develop strategies that are flexible and responsive to protect community members, using best available information about the transmission of the communicable disease. For current recommendations, refer to the provincial government for public health orders, as well as recommendations from your RHA, the FNHA, the BC Centre of Disease Control and your community leaders.

It is recommended to complete the “**Risk Assessment Tool**” table below once the CDE is known.

*Note: when determining likelihood consider has the risk/hazard occurred in the past and how likely will it be to occur again.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK ASSESSMENT TOOL** | | | | |
| **RISK/HAZARD IDENTIFICATION** | **LIKELIHOOD OF IMPACT**  **(Rate 0-3)**   1. Not likely 2. Low likelihood 3. Medium likelihood 4. High likelihood | **MITIGATION STRATEGY:** | **REFER TO FOR SUPPORT:** | **STEPS FOR IMPLEMENTATION:** |
| *Using COVID-19 as an example:*  *Ability for communicable disease to transmit from person to person* | *3* | *Physical distancing* | *Provincial health orders, BCCDC, FNHA, RHA* | *Put up signs in all public spaces*  *Inform Community using social media or radio* |
| *Potential for lack of dedicated human and financial resources at the community level* | *3* | *Backfill positions, cross train employees, recruit and train volunteers, dedicate employees to source financial supports* | *Community leadership, FNHA, Indigenous Services Canada, Emergency Management BC, Indigenous Health Service Organizations, neighboring First Nations Communities* | *Anticipate program/services support*  *Explore employee and community member strengths and skills* |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK ASSESSMENT TOOL CONT’D** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Communicable Disease Emergency Response Template**

# CONTINUITY OF ESSENTIAL SERVICES

**First Nations Health Authority |** 11

*To complete this section refer to Ensuring Continuity of Essential Services on page 18 in the companion guide*

Your community’s Business Continuity Plan can help your community identify and maintain critical services during an incident when people and resources may be diverted. This plan also helps your community re-establish full functions as quickly as possible following an incident.

In the event of a CDE, your 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.

If this information has not already been captured in your community’s Business Continuity Plan, consider using the table below to identify the critical functions and services are for each division/ department.

*Please customize the following table to reflect your community*

|  |  |  |
| --- | --- | --- |
| **Continuity of Essential Services**  **Critical Functions of Each Department** | | |
| **DIVISION** | **DEPARTMENT** | **CRITICAL FUNCTIONS/SERVICES** |
| **Community services** | Health |  |
| Education |  |
| Social development |  |
| Wellness & recreation |  |
| **Professional services** | Human resources |  |
| Finance |  |
| Governance |  |
| IT |  |
| Communications |  |
| **Infrastructure & government services** | Lands |  |
| Housing |  |
| Government/district services |  |
| Operations |  |

|  |  |  |
| --- | --- | --- |
| **Continuity of Essential Services**  **Critical Functions of Each Department** | | |
| **Stewardship & territorial land management** | Rights & title |  |
| **Stewardship & territorial land management** | Resource management |  |
| Protector of culture |  |
|  |  |
| **Other** |  |  |

**Each department is responsible for deciding if and how their services can be continued.**

|  |  |
| --- | --- |
| **Continuity of Essential Services**  **Checklist for Each Department** | |
| **Item to consider for each department when developing continuity of essential services plan.** | √ |
| What essential service(s) do you provide? |  |
| What is the minimum personnel required to maintain these services? |  |
| What technology is required to support these services? |  |
| How long can your community go without receiving this essential service? |  |
| What training and experience is necessary to perform the essential service? |  |
| Can the service be performed remotely? |  |
| What is the location of vital documents/information needed to perform the essential service? |  |
| What supplies are needed to perform the essential service? |  |
| What internal departments are you dependent on to perform the essential service? |  |
| What’s the priority of the essential service (i.e., can some services be suspended to provide support to a more critical service)? |  |

# CDE SITUATION AND RESPONSE

*To complete this section refer to CDE Situation and Response on page 20 in the companion guide*

|  |  |  |
| --- | --- | --- |
| **CDE SITUATION AND RESPONSE Please edit this list to reflect your community** | | |
| **ROUTINE**  **(Before a CDE event occurs)** | The community is operating under normal conditions.   * Normal business hours * Normal business processes * Normal capacity/structure * Normal infection prevention and control measures for ongoing communicable disease | CDE Response Plan Stage/Activities: Mitigation and Preparedness |
| **ENHANCED**  **(A CDE event is occurring or impending)** | The community is moving into response mode   * The incident will require enhanced planning and/or operations * Consider activation of the CDE response plan * More than one program within the community is involved * Escalated and additional infection prevention and control measures | CDE Response Plan Stage/Activities: Mitigation and Preparedness/ Response |
| **INCIDENT/ EMERGENCY**  **(A CDE event is occurring on a larger scale)** | * Within the community, an incident or emergency event is occurring that requires a larger, coordinated organizational response effort * Community may declare a local state of emergency * Follow infection prevention and control measures and FNHA/provincial directives * Additional resources and EOC activation may be necessary * Community implements and/or connects members to enhanced supports ie) food security, mental health supports, additional support for priority/vulnerable community members | CDE Response Plan Stage/Activities: Response |
| **RECOVERY**  **(A CDE event is over or has stabilized)** | * Local impact of the CDE has diminished to a level where normal services may be resumed and the community, along with its partners/stakeholders, is working to ensure a smooth transition back to routine conditions * Hold a review and debriefing (lessons learned). | CDE Response Plan Stage/Activities: Recovery |

# ACTIVATION OF THE CDE RESPONSE PLAN

*To complete this section refer to Activating the CDE Response plan on page 20 in the companion guide*

The CDE Response Plan will be activated under the following circumstances:

*Please edit list to reflect your community*

* Confirmed case or cases of [reportable communicable disease](http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases) in neighbouring communities
* Confirmed case or cases of the CD is identified in community
* Community health care providers are becoming overwhelmed (e.g. working beyond capacity)
* Due to the CDE, the ability to maintain critical community services is at risk due to widespread absenteeism in the workplace
* The community declares a local state of emergency
* A pandemic is declared

The activation of the whole or part of the CDE Response Plan will be done by:

|  |  |
| --- | --- |
| **NAME/POSITION** | **CONTACT** |
|  |  |
|  |  |
|  |  |
|  |  |

# DECLARING, EXTENDING OR CANCELLING A STATE OF EMERGENCY

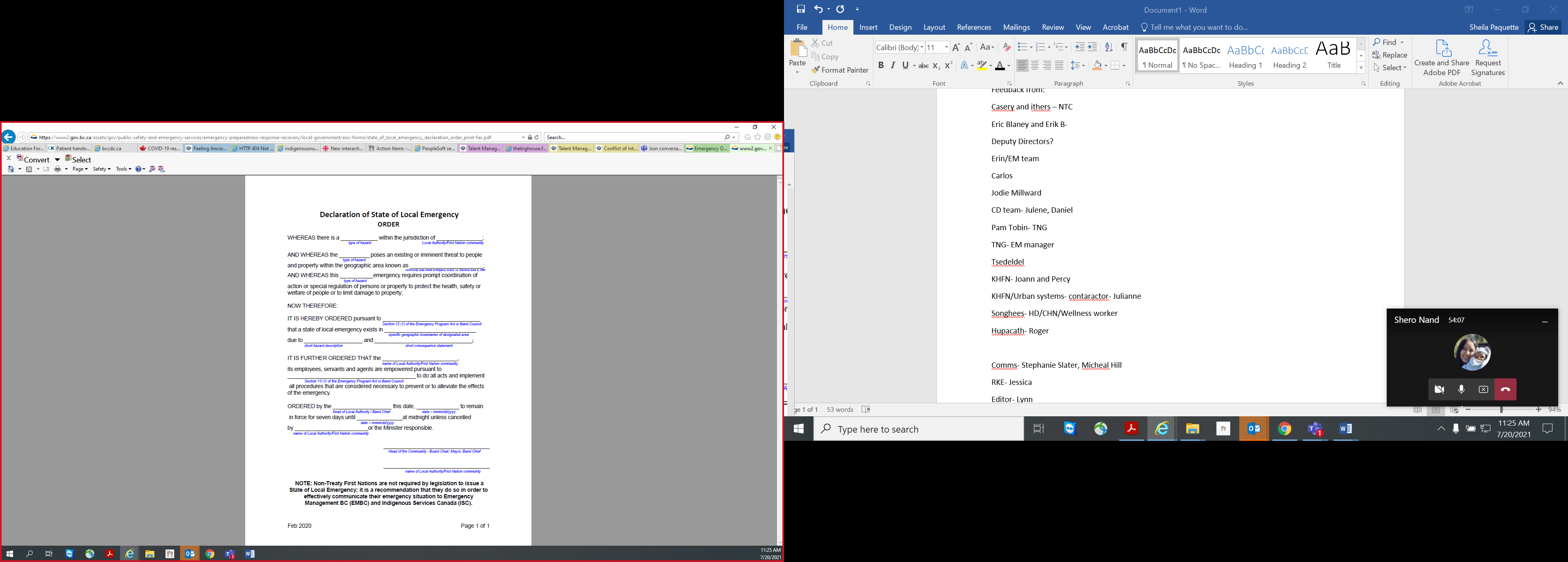
A community may decide upon one of the following actions depending on the state of the CDE:

* Declaring a state of local emergency
* Extending the state of local emergency
* Cancelling the state of local emergency



See the link below for up-to-date forms, templates and guidance on how to action one of the above activities and who should action the activity:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/local-emergency-programs/eoc-forms>



# EMERGENCY OPERATION CENTRE

*To complete this section refer to Emergency Operation Centre on page 21 in the companion guide*

During complex communicable disease incidents or emergencies where there are significant community or health system implications, it may be beneficial to activate an EOC. For a coordinated response it is recommended to include the Health Director and/or Health Representative into the EOC or clearly define how the collaboration will occur.

The following diagram shows one of the possible ways to organize an EOC to support collaboration for an optimal community response to a CDE. Please add/edit this organizational chart to best reflect your community. The EOC can expand or contract depending on the size of the CDE, the required response and the community need.

RHA contact:

**Elders, Chief and Council contact:**

**FNHA contact:**

**PREOC**

**Contact:**

**Source:**

**Finance/Admin “the payers”**

**Logistics Section “the getters”**

**Planning Section “the thinkers”**

**Operations “the doers”**

**Information**

**Communication**

**Risk Assessment**

**Community Liaison**

**Health Representative**

**Incident Commander/ EOC Director**

For the specific duties of each role, please refer to Appendix 3.

*Please customize content below to reflect the process in your community*

|  |  |
| --- | --- |
| **WHO CAN ACTIVATE THE EOC?** | **(NAME/TITLE/CONTACT):** |
| **Once the EOC is activated** | 1. Notify all members of the EOC 2. Set up an EOC team meeting using an appropriate platform (i.e., video conferencing, in person) to discuss the following:    * Status of CDE in community    * Local control measures   (i.e., program/event closures, road closures, essential services)   * + public health order(s)   + Co-ordinating response with First Nations health services organizations, the RHA, the FNHA, and provincial and federal partners |
| **Role of EOC once pandemic is declared** | Liaise with PREOC  Emergency Management BC:  <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/contact-us> |

**Note:** *The EOC may be activated without the declaration of a local or provincial emergency; however, it must be activated once a local declaration of state of emergency has been made.*

# EOC CONTACT INFORMATION

*Please add or remove items as it applies to your community, including additional positions to support the EOC, such as the EOC deputy director, admin support, Human Resources support, etc.*

|  |  |  |
| --- | --- | --- |
| **EOC CONTACT INFORMATION** | | |
| **TEAM MEMBER** | **PRIMARY CONTACT** | **BACKUP CONTACT** |
| **EOC director** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Incident commander** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Elders, Chief and Council involved in CDE planning  and response** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **EOC, deputy director *(optional)*** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **EOC administrative support *(optional)*** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Council representative/Nation spokesperson *(optional)*** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **EOC CONTACT INFORMATION** | | |
| **Health representative** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Regional health authority contact** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **First Nations Health Authority** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Risk management/safety** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Community liaison** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Communication** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Information** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **EOC CONTACT INFORMATION** | | |
| **PREOC contact/Source** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Operations  “the doers”** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Planning Section  “the thinkers”** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Logistics Section “the getters”** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
| **Finance/Admin “the payers”** | Name  Work #  Home #  Cell  Pref’d Communication  Position | Name  Work #  Home #  Cell  Pref’d Communication  Position |
|  |  |  |
|  |  |  |

# COMMUNICATIONS PLAN

*To complete this section refer to Communications on page 23 in the companion guide*

A communications plan is one of the most important elements of a strong CDE Response Plan.

It should include a communication pathway (as shown below) and a communication distribution list, which will include the people who will receive updates and changes.

The following guidelines might be helpful when developing community messaging:

* Provide information that is relevant and easily understood
* Acknowledge uncertainty and the change of circumstances
* Acknowledge people’s fears and pain
* Provide information in accordance with public health orders and local community decisions
* Promote awareness of the changed environment

For sample messaging please refer to Appendix 4.

It is important to decide when updates will be provided, for example it is important to communicate every step of the way including decisions, strategies and major changes.

# COMMUNICATION PATHWAY AND DISTRIBUTION LIST

*Please customize content below to reflect the process in your community*

|  |  |
| --- | --- |
| **DISTRIBUTION LIST *Please customize list for your community*** | |
| **GROUP:** | **METHOD OF DELIVERY/CONTACT** (i.e. email, facebook, etc.) |
| Community members |  |
| Chief and Council |  |
| RHA |  |
| FNHA |  |
|  |  |
|  |  |
|  |  |
|  |  |

# PUBLIC HEALTH ORDERS AND COMMUNITY BASED MEASURES

*Refer to Public Health Orders and Community Based Measures section on page 24 in the companion guide*

Public health orders and measures are interventions used to reduce the spread of disease. The BC Provincial Health Officer or Chief Public Health Officer of Canada may enforce some

public health measures during a CDE.

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.

Public Health measures may need to be adjusted over time as CDE activity increases or decreases. The community is encouraged to follow Regional, Provincial and Federal public health guidance when making decisions about applying or lifting restrictive public health measures in the community.

# INFECTION PREVENTION AND CONTROL STRATEGIES

*Refer to Infection Prevention and Control Strategies on page 25 in the companion guide*  
Infection prevention and control measures help create a safe environment for health care providers and community members. The goal of infection prevention and control is to prevent and/or reduce the risk of transmitting infection and should be a part of routine practice in healthcare settings.

During a CDE, specific recommendations may become available. Up-to-date information is available on the BC Centre for Disease Control’s website: [www.bccdc.ca/health-professionals/clinical-resourc-](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/infection-control) [es/communicable-disease-control-manual/infection-control](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/infection-control)

Once the Communicable Disease has been identified, follow Infection prevention and control guidance to mitigate the spread. For additional support, connect with FNHA Infection and prevention control team at [ipc@fnha.ca](mailto:ipc@fnha.ca)

# PERSONAL PROTECTIVE EQUIPMENT

*Refer to Personal Protective Equipment on page 26 in the companion guide*

The health care team should follow their regular process of ordering and maintaining supplies of personal protective equipment (PPE). In the event of a pandemic declaration, supplies will be made available by provincial and federal partners, co-ordinated by the FNHA.

|  |  |
| --- | --- |
| **RECOMMENDATION(S):** | **SOURCES OF SUPPORT** |
| Follow regular process for ordering PPE supplies | Your health care team’s regular processes |
| Routinely check supplies for expiration dates  and store PPE in a clean and dry environment | Your health care team’s regular processes |
| Refer to the recommendations for information on precautions and PPE specifically for the CDE | Your RHA, the FNHA and the BC Centre for  Disease Control |
| Conduct a Point of Care Risk Assessment | See [www.bccdc.ca/Health-Profession-](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf) [als-Site/Documents/COVID19\_PointOf-](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf) [CareRiskAssessTool.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf) |
| During a large-scale CDE or pandemic,  obtain additional PPE supplies and funding | Your community’s senior management and the FNHA regional deputy director |
| Follow recommendations for N95 respirators in specific situations *Annual N95 mask fit testing is an occupational health employer requirement for health care staff.* | See <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment> for the most up-to-date list of  aerosol-generating procedures |

# SURVEILLANCE AND CASE MONITORING

Surveillance activities, or case monitoring, occur at the 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.

*Please customize content below to reflect the process in your community*

|  |  |
| --- | --- |
| **RECOMMENDATION(S):** | **SOURCES OF SUPPORT:** |
| Health care team to continue routine surveillance practices, such as reporting communicable diseases | * First Nation health organizations   (i.e., Tribal Council, First Nations HSO)   * RHA Communicable Disease team * FNHA |
| In the event of a large CDE, such as an epidemic or pandemic, complete case monitoring activities as directed | * RHA * FNHA * BC Centre for Disease Control * Public Health Agency of Canada |

# CASE AND CONTACT MANAGEMENT

*Refer to Case and Contact Management on page 27 in the companion guide*

**Active case in community: flowchart**

**Tested in community and results came back positive**

**Tested outside of community and results came back positive**

**Active case in**

**community**

**RHA will notify the individual and provide direction**

**Community can connect with the RHA CD team for guidance on:**

* **Case management**
* **Contact tracing**
* **Outbreak mitigation**

**The FNHA may notify your community that there is a case in or near your community and provide resources and supports**

RHA may connect with the community health care team for support

(part of circle of care)

# TESTING FLOWCHART

*For the next 2 sections refer to Testing and Triage on page 27 in the companion guide*

**Community Member/ Caregiver reports symptoms of**

**current illness**

**NEGATIVE**

**TEST RESULT**

**Community Member will be informed using agreed-upon method**

1. **Notify Primary Health Care Provider or**

**call 811**

1. **Follow assessment guidelines**

**(i.e., testing and triage recommendations**

**POSITIVE TEST**

**RESULT**

**Community health nurse or RHA will connect with community**

**member(s) and provide case management & instructions**

# 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 classified and supported in one of the following ways:

*Please customize content below to reflect the process in your community*

|  |  |
| --- | --- |
| Have symptoms and can care for themselves | * Individuals 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 |
| Have symptoms and have family or others who can care for them | * Individuals 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 | * The RHA will arrange for a health team member to care for the individual or work with them to determine an alternative care site as needed * If the client has provided permission for their details to be shared, community supports may also be mobilized * If the individual is having severe symptoms and needs advanced medical care, a first responder will transfer the individual to hospital |

# CONTACT TRACING

*Refer to Contact Tracing on page 29 in the companion guide*

Contact tracing is the responsibility of the RHA, who may ask a nurse in the community to support this task. The RHA communicable disease team/contact tracers will provide guidance on:

* Who requires contact tracing follow-up
* Who should be tested (i.e. contacts with symptoms will be referred for testing)
* How often follow-up should occur
* Instructions on how to reduce transmission and care for self (i.e. self-isolation, hand washing)
* What symptoms should be monitored
* When to seek medical attention

*Please customize content below to reflect the process in your community*

**Community member tests positive**

**Confidentiality**

**Identified Contacts**

Contacts will be contacted by the RHA communicable disease nurse/contact tracer

Contacts with symptoms may be referred for testing. Contacts with no symptoms will be informed on the next steps.

RHA communicable disease nurse/contact tracer will maintain the community member’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.

The RHA communicable disease nurse/contact tracer will interview the individual to ask them to identify people they have been in contact with and assess the risk to those contacts.

In the case of a smaller localized outbreak, the community’s nursing staff may support the RHA communicable disease team with contact tracing for community members.

# SURGE CAPACITY

*Refer to Surge Capacity on page 30 in the companion guide*

Depending on the essential services identified by your community’s divisions and departments, staff may be redeployed outside of their primary department and demand for services provided by certain departments may increase. Department managers are encouraged to ensure any critical job functions are still completed by assigning applicable staff. A plan for this should be established before a CDE.

*Please customize content below to reflect the process in your community.*

|  |  |  |
| --- | --- | --- |
| **OPTIONS FOR SURGE CAPACITY** | | |
| **DEPARTMENT:** | **RECOMMENDATION(S):** | **SOURCES OF SUPPORT:** |
| **Health care** | Seek staffing support | First Nation health organizations  (i.e., Tribal Council, First Nations HSO)  RHA FNHA |
| Use existing RHA services |  |
| Temporarily employ retired  professionals | Community HR  FNHA nursing services  Chief and Council |
| Hire agency nurses | See [www.fnha.ca/Documents/](https://www.fnha.ca/Documents/FNHA-Nursing-Surge-Support-Information-Fact-Sheet.pdf) [FNHA-Nursing-Surge-Support-](https://www.fnha.ca/Documents/FNHA-Nursing-Surge-Support-Information-Fact-Sheet.pdf) [Information-Fact-Sheet.pdf](https://www.fnha.ca/Documents/FNHA-Nursing-Surge-Support-Information-Fact-Sheet.pdf) |
| **General** | Hire within the community | Community’s senior management  Community HR  Chief and Council |
| Use or recruit volunteers with relevant skills | Community volunteer organization/committee |
| Temporarily employ retired Professionals | Community HR  Chief and council |

# TRANSPORTING CLIENTS

*To complete this section refer to Transporting Clients on page 31 in the companion guide*

During a CDE there may be a need to transport symptomatic clients who need non-urgent care for routine procedures or doctor’s appointments. If possible, dedicate a medical transport vehicle and driver when transporting individuals with respiratory illness to minimize exposure.

|  |  |
| --- | --- |
| Driver(s) contact: |  |
| Back-up driver(s) contact: |  |
| **TRANSPORT REQUIREMENTS** | |
| Recommendation(s): | Sources of support: |
| Follow recommended safe transportation requirements (i.e., recommended distance, number of passengers, cleaning guidelines) | BC Centre for Disease Control  FNHA |
| Obtain appropriate PPE | Community’s senior management and the FNHA regional deputy director |
| Obtain other supplies (i.e., sanitizer,  garbage receptacle, cleaning supplies) | Community’s senior management and the FNHA regional deputy director |

*Refer to the FNHA’s* [*Infection Prevention and Control Measures for Client Transportation*](https://www.fnha.ca/Documents/FNHA-Infection-Prevention-and-Control-Measures-for-Client-Transportation.pdf)*. Although originally developed for COVID-19, the guide contains useful information for transporting clients during other CDEs.*

# MASS TRIAGE CENTRE

*Refer to Mass Triage on page 30 in the companion guide*

If the number of community members needing hospitalization during a CDE is beyond the capacity of existing health care facilities, your community may designate a site/facility to establish a mass triage/treatment centre or transfer the community member to a nearby hospital. This may be within your community or part of a larger municipal/regional mass triage centre.

|  |  |
| --- | --- |
| **RECOMMENDATION(S):** | **SOURCES OF SUPPORT:** |
| When appropriate, your community can  designate a facility/site  Refer to public health recommendations  when considering a site | Community-specific plans  Consider:   * Infection prevention and control measures * Sufficient supplies * Staffing Equipment * Equipment |
| Support transfer to nearby hospital | Community-specific plans |
| Refer to the Priority Community Members List to connect with these community members | [Appendix 1](#_APPENDIX_1:_) |

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

# VACCINE PLAN

*Refer to Vaccinations on page 33 in the companion guide*

Vaccines may become available during a CDE. This may require creating a vaccine plan to obtain and safely administer the vaccine to community members. It can be useful to use existing vaccine plans and adapt them to the current situation.

*Please customize content below to reflect the process in your community*

|  |  |  |
| --- | --- | --- |
| **MITIGATION**  **STRATEGY:** | **STEPS FOR IMPLEMENTATION:** | **REFER TO FOR**  **SUPPORT:** |
| **Vaccine is under development and in the delivery phase** | Hold planning sessions and collaborate to adapt existing vaccine plan to current situation   * Calculate the number of doses needed in your community. Utilize your demographic list and consider age group the vaccine is approved for. * Create a tiered list for order of delivery and administration as per guidelines * Discuss with vaccine partners the allocation of vaccine to community * Plan for the logistics of vaccine delivery and administration: date, time, location, supplies, support, etc., as needed * Create community messaging | * Community health care team * First Nation health organizations  (i.e., Tribal Council, First Nations HSO) * Senior leadership within community * RHA * FNHA * BC Center for Disease Control * BC Ministry of Health |
| **Vaccine**  **is available** | Follow standardized guidelines and reporting for:   * storage and handling * administration * adverse event reporting * unused vaccine | * RHA * FNHA * BC Center for Disease Control * BC Ministry of Health |
| Ensure clear communication with community members regarding   * vaccine priority requirements * clinic locations * safety | * Senior leadership * Chief and Council * EOC communications |
| **MITIGATION**  **STRATEGY:** | **STEPS FOR IMPLEMENTATION:** | **REFER TO FOR**  **SUPPORT:** |
| **Vaccine**  **is available** | Monitor for safety and effectiveness   * adverse event reporting | * Health care team * FNHA (appropriate form and panorama system) * RHA * Ministry of Health * BC Centre for Disease Control * Public Health Agency of Canada * World Health Organization |

# ISOLATION SUPPORTS

*Refer to Self-monitoring and Self-isolation section on page 35 in the companion guide*The following supports may be able to assist community member who are self-isolating.

|  |  |  |
| --- | --- | --- |
| **TOPIC** | **RECOMMENDATION** | **SOURCES OF SUPPORT** |
| **Self-monitoring** | * Monitor yourself 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 | BC Centre for Disease Control <http://www.bccdc.ca/>  Self Isolation and self monitoring, COVID-19:  <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation> |
| **Self-isolation** | If one or more of the following applies: you have symptoms, are awaiting test results, identified as a contact, or have tested positive for the CD, follow recommendations from the BC Centre for Disease Control to:   * Stay at home * Avoid leaving home unless it is to seek medical attention * If other people are present in the household, stay in one room of the home, use separate bathrooms if possible and follow infection prevention and control guidelines | BC Centre for Disease Control <http://www.bccdc.ca/>  Self Isolation and self monitoring, COVID-19:  <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation> |

|  |  |  |
| --- | --- | --- |
| **TOPIC** | **RECOMMENDATION** | **SOURCES OF SUPPORT** |
| **Other accommodation** | * If unable to isolate at home, use alternate accommodation, such as existing community self-isolation units * Activate existing community self-isolation plans | Connect with community leadership and your FNHA regional deputy director regarding existing supports  Community leadership, the FNHA regional deputy director and/or EMBC may be involved when planning self- isolation accommodation(s). Consider:   * Number of units required * Appropriate cleaning between * occupant(s) * Appropriate supports  (i.e., food, meds)   Ensuring confidentiality and privacy |
| **Other isolation supports** | Such supports may include   * food, funding, etc. | * Connect with community leadership and your regional deputy director |

The COVID-19 community support guide lists the types of supports that may be available during a CDE. For more information, please refer to the Support and Funding section in the following link: [www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/community-leaders](http://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/community-leaders). You can also contact the Health Emergency Management team at FNHA [HEM@fnha.ca](mailto:HEM@fnha.ca) or your Regional Deputy Director.

# OTHER SUPPORTS

*Refer to Self-isolation Supports on page 36 in the companion guide*

During a CDE, access to services, programs and supports may be disrupted and this may lead to challenges for community members. Communities may plan to offer alternative, additional and or enhanced supports during a CDE; reach out to the FNHA, Emergency Management BC and or Indigenous Services Canada for information on available supports and funding. Your FNHA regional deputy director may also be able to help you with this.

*Please customize content below to reflect the process in your community*

|  |  |  |
| --- | --- | --- |
| **SUPPORT(S) TYPE:** | **RECOMMENDATION(S):** | **SOURCES OF SUPPORT:** |
| **Food security** | Consider implementing:   * Delivery of groceries and/or prepared meals to individuals and families who are otherwise unable to access them * Bulk purchasing and distribution of dry good and traditional foods for community members * Community harvesting and sharing of traditional foods and plant medicines * Virtual cooking and food skills training in dehydrating, smoking, animal skinning/ butchering, fish cleaning, canning, stews, growing fruits and vegetables, pickling, etc. * Creation of paid community food positions to fish, hunt, dig or harvest food for the broader community | * Chief and council * Elders and Knowledge Keepers * Senior leadership * FNHA regional deputy director |
| **Emergency financial support** | Look into options such as:   * Emergency grants through provincial and federal partners * Income assistance top-up payments for   eligible clients   * Funds that become available during   the CDE  Support community members to apply for/access external benefits that they may be eligible for | * Chief and Council * Senior leadership * Indigenous Services   Canada   * EMBC * FNHA   Ministry of Social Development and Poverty Reduction |

|  |  |  |
| --- | --- | --- |
| **SUPPORT(S) TYPE:** | **RECOMMENDATION(S):** | **SOURCES OF SUPPORT:** |
| **Education support** | Support set-up of technology and resources for continuing education from home  If funding is available, hire an education case manager or volunteer to support students at all levels with learning  Provide activity packs for families with  younger children  Offer virtual and/or outdoor land-based early years programming such as circle time, Aboriginal Head Start, parenting circles, etc. | * Community education program * School district * Community technology grants |
| **Child, youth and family support** | Offer virtual or phone-based one-to-one family and parenting support  Increase or enhance virtual youth outreach  Consider virtual and/or outdoor land-based programming for children, youth and families  Offer referrals and support for accessing additional supports  Ensure access to emergency child welfare  and protection supports | * Community child, youth and family programs * Chief and Council * Senior leadership * Health care team * Ministry of Children and Family Development |
| **Traditional healing/cultural wellness** | Virtual language learning   Outdoor singing and dancing  Online or outdoor cultural workshops such as harvesting medicine | * Elders and Knowledge Keepers * Community cultural programs |

|  |  |  |
| --- | --- | --- |
| **SUPPORT(S) TYPE:** | **RECOMMENDATION(S):** | **SOURCES OF SUPPORT:** |
| **Mental health** | Promote resources that are available online/virtually  Offer virtual or phone outreach support to youth, families, Elders and those self-isolating  Use community volunteers | * Community mental health programs * Cultural supports, including Chief and Council and Knowledge Keepers * Senior leadership * Regional deputy director |
| **Substance**  **support(s)** | Provide and deliver harm-reduction supplies  Distribute cell phones to people who use alone  Offer a local peer support hotline  Offer virtual or phone one-to-one support/ services  Connect with health care team/harm reduction team for safe supply or opioid agonist treatment | * Community substance support program * Cultural supports, including Chief and Council and Knowledge Keepers * Health care team * Regional deputy director |
| **Care and protection of Elders and vulnerable community members** | Develop a plan for reaching out to clients to determine needs and create client- directed support plans  Encourage community members to reach  out if they need help during the emergency  Use volunteers for support | * Elders and Knowledge Keepers * Chief and Council * Senior leadership * Health care team |
| **Other** |  |  |

# FOR THE DECEASED; GRIEVING AND LOSS CONSIDERATIONS

*Refer to Care for the Deceased; Grieving and Loss Considerations on page 38 in the companion guide*

Large gatherings and rituals for the preparation of the community member who has passed can be high-risk events for disease transmission. For this reason, certain considerations need to be made for ceremony and funeral arrangements depending on the disease and its transmission.

*Please customize content below to reflect the process in your community*

|  |  |
| --- | --- |
| **RECOMMENDATIONS(S)** | **SOURCES OF SUPPORT:** |
| Develop culturally safe and responsive information regarding:   * + Transmission   + PPE and infection prevention and control guidelines   + Restrictions | * + Elders and Knowledge Keepers   + Chief and Council   + First Nation health organizations (i.e., Tribal Council, First Nations HSO)   + RHA   + FNHA |
| Develop creative ways to engage in ceremony and community traditions | * + Elders and Knowledge Keepers   + Chief and Council   + Community’s senior   management |
| Collaborate with the family to determine the best method of funeral arrangements, based on current community processes and recommended infection prevention and control guidelines for the CDE | * + Elders and Knowledge Keepers   + Chief and Council   + Health care team |

***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 will need to complete a ‘Registration of Death’ (form number HLTH 406 REV 92/12) Province of British Columbia – Ministry of Health, et al.*

# MENTAL HEALTH

*Refer to Mental Health on page 33 in the companion guide*

Mental health can be greatly affected by the uncertainty during a CDE. Encourage community members to focus on their strengths and resilience, keep themselves informed, and seek supports to take control of the measures to protect themselves and their families.

It is important to focus on mental health and wellness during these times.

*Please customize content below to reflect the process in your community*

|  |  |
| --- | --- |
| **RECOMMENDATIONS(S):** | **SOURCES OF SUPPORT:** |
| Keep community members informed about the current situation as it evolves and recommended control measures | * Health care team * Senior leadership |
| Offer cultural traditions and ceremony | * Elders and Knowledge Keepers * Chief and Council * Volunteers |
| Mental health supports  (i.e., counselling, group meetings) | * Community mental health programming * Volunteers * Elders and Knowledge Keepers * Chief and Council |
| Start a check-in program (i.e., daily or weekly  check-ins via safe methods, especially for vulnerable community members and Elders) | * Elders and Knowledge Keepers * Chief and Council * Health care team * Volunteers |

# RECOVERY

*Refer to Recovery on page 39 in the companion guide*

Your community’s 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) when:

* The public health emergency is declared over by the Provincial Health Officer, and/or
* The local impact has diminished to a level where normal services may be resumed.

**(Individual or committee)** will deactivate the CDE Response Plan in the community.

*Please customize this table to reflect your community’s situation.*

|  |  |  |
| --- | --- | --- |
| **RECOVERY** | | |
| **ACTIVITY:** | **ACTIONS:** | **√** |
| **Deactivate the CDE Response Plan** | Stand down the EOC |  |
| Prepare a statement for release to community members, staff and stakeholders |  |
| Department managers evaluate staffing levels and determine areas of shortage |  |
| Departments assess remaining PPE and restock essential supply inventories to normal levels |  |
| Department managers evaluate the effectiveness of  departmental response |  |
| **Resumption**  **of services** | May begin with adaptions to health and safety protocols before the emergency is declared over |  |
| Resume community programs and services to usual levels in accordance with each department’s and/or the community’s Business Continuity Plan and public health |  |
| **Debriefing** | Provide an opportunity for debriefing for staff and community members  Provide resources for support, including mental health and wellness |  |
| **Staff and community champions’ wellness** | Take care of the people who worked/responded and supported the community for long hours for an extended period of time.  Watching for signs of burn out, supporting clear work priorities and slowing work down for a period of time.  Support staff/community responders and volunteers to schedule time off. |  |

|  |  |  |
| --- | --- | --- |
| **RECOVERY CONT’d** | | |
| **Ceremony** | Chief and Council, Elders, Knowledge Keepers and the community may collaborate to determine ways to collectively mourn and perform community ceremonies for any losses |  |
| Consult and involve your community to plan gatherings to celebrate community resilience |  |
| **Evaluation and lessons learned** | Evaluate/update the CDE Response Plan |  |
| **Evaluation and lessons learned**  **Cost recovery** | Bring community members together to assess the capacity of the community to respond to crisis (see table below) |  |
| Encourage department managers to bring staff teams (and clients/participants as applicable) together to evaluate departmental responses and document lessons learned |  |
| The finance department should work with senior managers and department managers to tabulate costs and seek reimbursement for eligible costs from funders, provincial and federal partners, etc. |  |
|  | The finance department should work with senior managers to present a consolidated report on the total cost of the emergency to the community |  |

Following a CDE, it will be important to evaluate the CDE Response Plan, document collective learnings and share these learnings with the community, community leaders and stakeholders. The following questions can help guide the development of the Lessons Learned Report.

*Please customize this list of questions to capture information important to your community*

|  |  |
| --- | --- |
| **QUESTIONS TO REFLECT ON LESSONS LEARNED** | |
| **What are the lessons learned?** | **√** |
| What dependencies have been created from the pandemic (i.e., technology)? |  |
| What are our strengths/weaknesses? |  |
| How do we build on the former and eliminate or reduce the latter? |  |
| What capacities have been built? |  |
| Which unknown assets have come to light? |  |
| What has changed that we do not want to lose? |  |
| What are our demonstrated “needs-based” long-term objectives? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SHARING DOCUMENT AND REPORT** | | | |
| **Name/Position/ Organization** | **Contact information** | **Lessons learned document/ report √** | **Economic cost report √** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# FNHA CONTACTS

**QUESTIONS?**

**General communicable disease and communicable disease emergency response planning**

[cdmgmt@fnha.ca](mailto:cdmgmt@fnha.ca)

**Communicable disease supports for community**

Regional Deputy Director

**PPE supplies and funding**

Regional Deputy Director

**Infection prevention and control related inquiries**

[IPC@fnha.ca](mailto:IPC@fnha.ca)

**Work-related safety**

[OHN.clinic@fnha.ca](mailto:OHN.clinic@fnha.ca)

**Emergency management activities**

Chief Medical Officer

**Health and Emergency Manager**

[cmo.office@fnha.ca](mailto:cmo.office@fnha.ca) 1-877-376-0691

**COVID-19 QUESTIONS** (TEMPORARY)

**General questions about COVID-19**

[covid19@fnha.ca](mailto:covid19@fnha.ca)

**PPE supply and funding during COVID-19**

[covid19needs@fnha.ca](mailto:covid19needs@fnha.ca)

# APPENDIX 1: PRIORITY COMMUNITY MEMBERS LIST

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.

Vulnerable population groups may include:

* Seniors (>65 years of age)
* Individuals with pre-existing chronic conditions (i.e., cancer, HIV/AIDS, diabetes, asthma, renal disease, heart disease, etc.)
* Individuals who are immunocompromised (due to disease and/or treatment)
* Young children (< five years of age) and infants
* Individuals who are unable to access medical care or health advice
* Individuals who have difficulty engaging in preventive activities
* Individuals who require ongoing specialized medical care or need specific medical supplies
* Individuals who have ongoing supervision needs or support for maintaining independence
* Individuals who have insecure, inadequate or nonexistent housing conditions

The Priority Community Members List should only be maintained and held by the community health nurse. A template for creating this list is included on the next page.

**Note:** *This list is confidential and should not be saved into your CDE Response Plan. To maintain client confidentiality when sharing information with response or support staff, information in the Priority Community Members List should be adapted to contain only pertinent information needed for supporting community members. Follow current privacy standards.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRIORITY COMMUNITY MEMBERS LIST** | | | | | |
| **Name/Age** | **Address**  **Contact Number/ Radio** | **Condition/Health Concern/Health Vulnerability** | **Dependents** | **Age (Youth/adult etc.)** | **Other Information** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Note:** *This list is confidential and should not be saved into your CDE Response Plan.*

**Communicable Disease Emergency Response Template**

# APPENDIX 2: SUPPORTING DOCUMENTS

The following list shows the documents your community may have used as a resource to develop your CDE Response Plan.

*Please add or remove items as applicable to your community.*

|  |  |
| --- | --- |
| **Community** | * All Hazards Plan * Business Continuity Plan * Neighbouring community agreements * Other (specify) |
| **Local/Regional** | * Regional Pandemic Outbreak Response Plan * FNHA Services Resumption Planning Guide |
| **Provincial** | * BC Pandemic Provincial Coordination Plan * BC Rural, Remote, First Nations and Indigenous COVID-19 Response Framework * All Hazards Plan * Public Health Act Emergency Management Plan * Provincial emergency management legislation * Other (specify) |
| **Federal** | * Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector * Public Health Agency of Canada Guidelines and Guidance * Truth and Reconciliation Commission Calls to Action * Federal emergency management legislation * Other (specify) |

**APPENDIX 3:   
EOC DUTIES AND RESPONSIBILITIES**

Each individual appointed to a role in the EOC structure will ensure essential job functions can be completed by themselves or a designate as defined below.

*Please add or remove items as it applies to your community, including additional positions to support the EOC, such as the EOC deputy director, admin support, Human Resources support, etc.*

|  |  |
| --- | --- |
| **POSITION** | **RESPONSIBILITIES** |
| **EOC director** | * Overall responsibility for activation, co-ordination and demobilization of EOC * Overall responsibility to ensure effective implementation of CDE   Response Plan   * Provide leadership to management and staff teams * Approve response objectives and priorities * Ensure sufficient support, policy advice and resources are made available to accomplish priorities * Work with the incident commander to assess immediate and long-term impacts and consequences |
| **Incident commander** | * Assume role of EOC director in their absence * Undertake special assignments at the request of the EOC director   and/or incident commander   * Ensure efficient and effective flow of information within the EOC * Ensure resource requests are prioritized and tracked |
| **Health**  **representative** | * Provide direct input to the incident commander on unique aspects of communicable disease emergencies * Establish communication links with the RHA, the FNHA and Health   Canada as required   * Provide advice on public health matters * Provide authoritative instruction on health and safety matters to the community through the information officer |
| **Risk management/ safety officer** | * In consultation with the health representative, ensure appropriate risk management measures, including worker care strategies, are instituted * Oversee and make safety recommendations for all employees * Oversee and make infection prevention and control recommendations to prevent the spread of infections during service delivery to both staff and clients |
| **POSITION** | **RESPONSIBILITIES** |
| **Community**  **liaison officer** | * Along with the health representative, act as point of contact for, and interaction with, representative from other agencies   (e.g., local EOCs)   * Co-ordinate personnel for the EOC as required to ensure adequate EOC structure, and fill all necessary roles and responsibilities enabling the EOC to function effectively and efficiently * Assist and serve as an advisory to the EOC director and incident commander as needed, providing information and guidance related to the external function of the EOC * Work with the incident commander and EOC director to prepare reports as needed |
| **Communication officer/ community spokesperson** | * Represent the community at EOC meetings and in EOC decision-   making process   * Engage in direct communications to community members * Conduct media interviews |
| **Information**  **officer** | * Serve as the coordination point for all community/stakeholder information, media relations and internal information sources * Collect and validate information * Ensure community/staff receive complete, accurate and consistent information about public health advisories, relief and assistance programs and other vital information * Ensure organization has the capacity to receive and address community/staff/stakeholder inquiries |
| **Operations section chief (“the doers”)** | * Ensure daily essential services are provided and that operational objectives and assignments identified in the EOC Action Plan are carried out effectively * Direct operations and ensure safety of staff * Designate branch coordinators as necessary * Functional branches include   + Health   + Emergency social services   + Community support |

|  |  |
| --- | --- |
| **POSITION** | **RESPONSIBILITIES** |
| **Planning (“the thinkers”)** | * Responsible for collect, evaluate and disseminate information; develop the jurisdiction’s Action Plan in coordination with other functions; maintains documentation. * Assess impacts * Create priority lists * Prepare to support long-term recovery * Collect and evaluate information * Develop incident action plans * Maintain resource status (personnel, equipment) * Maintain incident documentation |
| **Logistics section chief (“the getters)** | * Ensure resource support for the implementation of the initial and   ongoing response (personnel, supplies, equipment, transportation)   * Direct operations and ensure safety of staff * Section functions include:   + Stockpile/inventory control and distribution   + EOC support (facility, security)   + Information technology   + Public works |
| **Finance/ Admin section chief**  **(“the payers”)** | * Track all costs pertaining to the CDE response * Section functions include:   + Time recording   + Procurement   + Compensation and claims   + Cost accounting |

# APPENDIX 4: COMMUNITY MESSAGING

Clear, concise communication with community members is important during a CDE. We’ve included a list below of guidelines and messaging you may choose to share with your community.

*Please edit this list to apply to your community.*

**Symptom Reporting**

You are strongly encouraged to contact your primary care provider if you are showing symptoms of the current illness of concern. If you do not have a primary care provider, please call 8-1-1 for support and guidance.

**Confirmed Cases in the Community**

*Include the following:*

* + You may also choose to self-report to the community’s health team for additional support if you have tested positive for the disease of concern
  + A reminder to community members who have tested positive or been identified as a close contact of someone who has tested positive to follow public health measures, stay safe and to self-isolate
  + If you have tested positive and/or been asked to self-isolate by a public health nurse, you may wish to reach out to the community for support
  + All community members are reminded to show support for one another and refrain from sharing personal information about community members, engaging in gossip or speculation and/or spreading misinformation and rumours.

**General Messaging about Support**

Protecting the health and well-being of the community is a collective responsibility. Community members are encouraged to remain aware of others in the community who may need support during a communicable disease emergency (such as Elders, individuals/families with transportation needs, those with chronic health concerns, those who may be self-isolating) and work together to ensure they are cared and provided for.

### **General Messaging**

*Include the following:*

* + What the community and public health partners are doing to minimize suffering, serious illness and overall deaths and preserve the health and well-being of community members and staff
  + What staff and community members can do to minimize suffering, serious illness and overall deaths and preserve their and their loved one’s health and well-being
  + What the community is doing to ensure the maintenance of essential services, resources, and support services to the community during times of potential high staff absenteeism and restrictions on in-person service delivery

### **Recovery Phase/Once the CDE is over**

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

# APPENDIX 5: DOCUMENT WEB LINKS

**BCCDC Communicable Diseases:**   
<http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases>  
  
**Government of BC Emergency Operation Centre forms and templates:**  
<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/local-emergency-programs/eoc-forms>  
  
**Emergency Management BC:**   
https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/local-emergency-programs/eoc-forms  
**BCCDC Infection Control:**   
<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/infection-control>  
**BCCDC Point-of-Care-Risk-Assessment:**   
<http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf>

**BCCDC Personal Protective Equipment:**   
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>  
 **FNHA Nursing Surge Support Information**:  
<https://www.fnha.ca/Documents/FNHA-Nursing-Surge-Support-Information-Fact-Sheet.pdf>  
  
**FNHA Infection Prevention Control Measures for Client Transportation**:  
https://www.fnha.ca/Documents/FNHA-Infection-Prevention-and-Control-Measures-for-Client-Transportation.pdf

**Centre for Disease Control**:  
<http://www.bccdc.ca/>

**Self Isolation and self monitoring, COVID-19:**<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>

**FNHA Information for Community Leaders:**  
https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/community-leaders

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501-100 Park Royal South   
Coast Salish Territory   
West Vancouver, BC   
Canada V7T 1A2

TOLL-FREE

1.866.913.0033

TELEPHONE

604.693.6500

WEBSITE

www.fnha.ca

FAX

604.913.2081