



INSERT COMMUNITY NAME

Communicable Disease Emergency Response Plan



First Nations Health Authority
Health through wellness

Contents

| | |
|---|-----------|
| WHEN & HOW TO USE COMMUNICABLE DISEASE EMERGENCY RESPONSE PLAN | 3 |
| CDE SITUATION AND RESPONSE..... | 4 |
| ROLES & RESPONSIBILITIES..... | 5 |
| EOC Roles, Responsibilities & Contact Information | 5 |
| Stakeholders Roles & Responsibilities | 9 |
| CONTINUITY OF ESSENTIAL SERVICES | 11 |
| COMMUNICATION PLAN | 12 |
| PUBLIC HEALTH MANAGEMENT | 13 |
| Testing Procedures:..... | 13 |
| Contact Tracing & Case Monitoring:..... | 13 |
| Transporting Clients | 14 |
| Vaccine Plan | 15 |
| COMMUNITY MEMBER SUPPORTS | 16 |
| Care & Protection of Elders & Vulnerable Community Members | 16 |
| Food Security | 16 |
| Self-Monitoring..... | 16 |
| Self-Isolation | 16 |
| Accommodation | 17 |
| Emergency Financial Support | 17 |
| Education Support | 17 |
| Child, Youth & Family Support..... | 17 |
| Traditional Healing/Cultural Wellness | 17 |
| Mental Health..... | 18 |
| Substance Support..... | 18 |
| For the Deceased; Grieving & Loss Considerations | 18 |
| RECOVERY | 19 |
| APPENDIX 1: PRIORITY COMMUNITY MEMBERS LIST..... | 21 |
| APPENDIX 2: EMERGENCY OPERATION CENTRE | 22 |

APPENDIX 3: LESSONS LEARNED23

APPENDIX 4: DOCUMENT WEB LINKS24

When & How to Use Communicable Disease Emergency Response Plan

Create a team to assist with this plan, inquire about funding options available to support the creation of your communicable disease emergency response plan. It is recommended that more than one person be a part of the document creation. Liaise with health as needed.

This plan should be used only when there is a CDE emergency. This means when there has been a pandemic or epidemic declared by the province or government and your community experiences their first case of the CD.

This plan is not used for local CD cases or outbreaks. (Remove after plan complete)

An Emergency Operations Centre/Committee (EOC) is a formal organization structure that is activated to support a response, adjusted to meet rapidly changing demands of that response and is disbanded at the end of the response. The EOC has the ability to support communities through communicable disease emergencies by implementing support measures, assisting with communication and ensuring public health guidelines are followed.

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.

CDE SITUATION AND RESPONSE

| Stage of CDE | Critical Functions | Key Players |
|---|---|--|
| ROUTINE (Before a CDE event occurs in your community) | <p>The community is operating under normal conditions.</p> <ul style="list-style-type: none"> ■ Normal business hours, processes and capacity/structure ■ Normal infection prevention and control measures for ongoing communicable disease ■ Check PPE stock and expiry dates, order if needed (not all diseases require N95) http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs_requiring_N95.pdf ■ Monitor BCCDC and Public Health updates to determine characteristics of disease, screening and assessment tools, testing (start communication early) ■ Create communication tools about public health measures if needed. | <ul style="list-style-type: none"> ■ Health Representative ■ Risk Management/Safety <ul style="list-style-type: none"> • RHA or FNHA to supply updates |
| ENHANCED (A CDE event is occurring or impending) | <p>The community is moving into response mode due to communicable disease cases in or near community.</p> <ul style="list-style-type: none"> ■ The incident will require enhanced planning and/or operations ■ Consider activation of the CDE response plan ■ Escalated and additional infection prevention and control measures ■ Organize supports as appropriate to disease specific requirements. ■ Education, planning and communication surrounding the communicable disease emergency and how to keep community members and staff safe. | <ul style="list-style-type: none"> ■ EOC Director/Incident Commander ■ Health Representative ■ Communication ■ RHA Contact ■ Leadership |
| INCIDENT/EMERGENCY (A CDE event is occurring on a larger scale) | <p>The community is moving into incident/emergency mode due to multiple cases in community.</p> <ul style="list-style-type: none"> ■ Within the community, a communicable disease emergency 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 public health guidelines ■ Community implements and/or connects members to enhanced supports ie) food security, mental health supports, additional support for priority/vulnerable community members ■ Refer to EOC roles and responsibilities | <ul style="list-style-type: none"> ■ EOC Director/Incident Commander ■ Health Representative ■ Communication ■ Leadership ■ Operations, planning, logistics, finance |
| RECOVERY (A CDE event is over or has stabilized) | <p>The community is moving into recovery as cases have declined to the point that services can resume.</p> <ul style="list-style-type: none"> ■ 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). ■ Use learnings to update CDE response plan. | <ul style="list-style-type: none"> ■ EOC Director/Incident Commander ■ Communication ■ Leadership |

Roles & Responsibilities

Each member is responsible for delegating a backup contact in the event of absence.

Complete this table below, review and adjust the roles and responsibilities to fit your community

| EOC Roles, Responsibilities & Contact Information | |
|---|---|
| TEAM MEMBER | PRIMARY CONTACT |
| <p>EOC Director</p> <ul style="list-style-type: none"> ■ Overall responsibility for activation, co-ordination and demobilization of EOC <ul style="list-style-type: none"> • Activate: due to confirmed cases in community during a pandemic or epidemic • When the community feels they can no longer manage cases or there is concern of rapid spread, clusters or outbreaks. • Inform necessary stakeholders of plan activation. • Deactivate during recovery phase. ■ 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 | <p><i>Name:</i></p> <p><i>Phone:</i></p> <p><i>Email:</i></p> |
| <p>Incident commander</p> <ul style="list-style-type: none"> ■ Assume role of EOC director in their absence ■ Undertake special assignments at the request of the EOC director and/or incident commander | <p><i>Name:</i></p> <p><i>Phone:</i></p> <p><i>Email:</i></p> |

| | |
|---|---|
| <ul style="list-style-type: none"> ■ In charge of tactical, on scene operations ■ Ensure efficient and effective flow of information within the EOC <ul style="list-style-type: none"> • Set up communication pathway/channels, train team members how to communicate (weekly meetings, minutes, send out updates) ■ Ensure resource requests are prioritized and tracked | |
| <p>Elders, Chief and Council</p> <ul style="list-style-type: none"> ■ Review CDE plan ■ Review final communication | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>Health representative</p> <ul style="list-style-type: none"> ■ 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 for isolation guidelines, infection and prevent, transportation, vaccines/antiviral etc. ■ Liaise with other departments to develop testing guidelines, vaccine plan ■ Delegate tasks such as counting PPE, checking expiry dates, ordering supplies ■ Provide authoritative instruction on health and safety matters to the community through the information officer | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>Risk Management/Safety</p> <ul style="list-style-type: none"> ■ In consultation with the health representative, ensure appropriate risk management measures 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 <ul style="list-style-type: none"> • Liaise with FNHA Infection Prevention & Control for support (ipc@fnha.ca) ■ Liaise with health and others to determine safe procedures and areas for testing, vaccination etc. | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |

| | |
|---|---|
| <p>Community Liaison</p> <ul style="list-style-type: none"> ■ Along with the health representative, act as point of contact for, and interaction with, representative from other agencies (e.g., local EOCs) ■ Work with the incident commander and EOC director to prepare reports as needed | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>Communication Officer</p> <ul style="list-style-type: none"> ■ Represent the community at EOC meetings and in EOC decision-making process ■ Engage in direct communications to community members <ul style="list-style-type: none"> • Collaborate with department leads to create a concise and uniform message ■ Conduct media interviews | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>Information Officer</p> <ul style="list-style-type: none"> ■ 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/take minutes at meetings & send out updates | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>PREOC Contact/Source</p> <ul style="list-style-type: none"> • Liaise with EOC Director and Incident Commander to offer support | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>Operations "the doers"</p> <ul style="list-style-type: none"> ■ 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 | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |

| | |
|--|---|
| <ul style="list-style-type: none"> ■ Liaise with health and others to determine safe procedures and areas for testing, vaccination etc ■ Organize volunteers for transporting clients <ul style="list-style-type: none"> • Liaise with health to ensure PPE and infection control guidelines are in place ■ Functional branches include <ul style="list-style-type: none"> • Health • Emergency social services • Community support | |
| <p>Planning Section - "the thinkers"</p> <ul style="list-style-type: none"> ■ Responsibility is to 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 | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| <p>Logistics Section - "the getters"</p> <ul style="list-style-type: none"> ■ Ensure resource support for the implementation of the initial and ongoing response (personnel, supplies, equipment, transportation, isolation supports) ■ Direct operations and ensure safety of staff ■ Section functions include: <ul style="list-style-type: none"> • Stockpile/inventory control and distribution • EOC support (facility, security) • Information technology • Public works | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |

| | | |
|--|---|---|
| <p>Finance/Admin - “the payers”</p> <ul style="list-style-type: none"> ■ Track all costs pertaining to the CDE response, apply for relevant funding ■ Section functions include: <ul style="list-style-type: none"> • Time recording • Procurement • Compensation and claims • Cost accounting | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> | |
| <p>Stakeholders Roles & Responsibilities</p> | | |
| <p>Regional Health Authority</p> <ul style="list-style-type: none"> ■ Establish methods for accessing/collecting, reporting, analyzing and sharing data related to CD; ■ Deliver services including immunization programs, harm reduction, and screening; ■ Manage and control CD outbreaks including individual case management and partner/contact notification; and emergency management of large-scale communicable disease outbreaks; ■ Develop strategies for public education and awareness, advocacy for healthy public policies and community development. | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> | |
| <p>Provincial Contacts</p> <ul style="list-style-type: none"> ■ Ministry of Health and Provincial Health Officer supports First Nations communities and Indigenous peoples by providing updates, documents and expertise to the public 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 | <p>Ministry of Health & Provincial Health Officer</p> | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| | <p>EMBC</p> | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |
| | <p>PHSA</p> | <p><i>Name:</i> <i>Phone:</i> <i>Email:</i></p> |

| | | |
|---|--|--|
| <p>for coordinating partners responding to CDEs;</p> <ul style="list-style-type: none"> ■ PHSA provides and shares information about vaccines and assists regional health authorities with procuring personal protective equipment and medical supplies. ■ 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. | HEMBC | <i>Name:</i> <i>Phone:</i> <i>Email:</i> |
| | FNHA | <i>Name:</i> <i>Phone:</i> <i>Email:</i> |
| <p>First responders (e.g., fire, BC ambulance, coastguard)</p> <ul style="list-style-type: none"> ■ Liaise with EOC and offer support | Police | <i>Name:</i> <i>Phone:</i> <i>Email:</i> |
| | Fire | <i>Name:</i> <i>Phone:</i> <i>Email:</i> |
| | Ambulance | <i>Name:</i> <i>Phone:</i> <i>Email:</i> |
| <p>Volunteer Coordinator Cultural Support</p> <ul style="list-style-type: none"> ■ Support community members directly impacted by the communicable disease emergency. | <i>Name:</i> <i>Phone:</i> <i>Email:</i> | |

CONTINUITY OF ESSENTIAL SERVICES

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.

What is essential in your community? What can be moved online or virtual? What is the minimum personnel required? Are staff members crossed trained? How long can your community go without this service? Is there a backup?

Please customize the following table to reflect your community

| Critical Functions of Each Department | | |
|---------------------------------------|----------------------------------|-----------------------------|
| DEPARTMENT | Department Manager/Lead | CRITICAL FUNCTIONS/SERVICES |
| Health | Name: Phone Number: Email: | |
| Education | Name: Phone Number: Email: | |
| Social Development | Name: Phone Number: Email: | |
| Wellness & Recreation | Name: Phone Number: Email: | |
| Natural Resources | Name: Phone Number: Email: | |
| Grocery Store | Name: Phone Number: Email: | |
| Gas Station | Name: Phone Number: Email: | |
| Band Office/Admin | Name: Phone Number: Email: | |

Communication Plan



- Consider storing all communications from a communicable disease emergency in one place to use during debriefing sessions to reflect on.

Public Health Management

Testing Procedures:

Refer to the BCCDC website for disease specific testing procedures. If your community can support in-community testing, collaborate with the RHA to create a testing community specific pathway. Communicate to community members when and how to access testing.

- 1 **Supplies**
 - PPE
 - Test specific supplies
- 2 **Testers**
 - Community Health Nurse
 - Surge capacity (neighboring community or RHA)
- 3 **Location**
 - Health Centre/Station, drive through, home visits
 - Out of community location

Test Results

- How long will results take to come back
- How will CHN receive results?

Contact Tracing & Case Monitoring:

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/ case management recommendations from RHA
- 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 and when to see medical attention

Transporting Clients

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 a communicable disease to minimize exposure.

Ensure individuals providing transportation have received appropriate training in how to use PPE relevant to communicable disease emergency prior to any transportation services being offered.

| |
|---|
| Driver(s) contact: |
| Back-up driver(s) contact: |
| TRANSPORT REQUIREMENTS |
| Recommendation(s): Disease specific guidelines to be found on BCCDC website. Create communication to community about this service and the restrictions. |
| Obtain appropriate PPE supplies relevant to current CDE, ensure proper use |
| Obtain other supplies (i.e., sanitizer, garbage receptacle, cleaning supplies) |

Refer to the FNHA's [Infection Prevention and Control Measures for Client Transportation](#). Although originally developed for COVID-19, the guide contains useful information for transporting clients during a communicable disease emergency.

Vaccine Plan

| 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 <ul style="list-style-type: none"> ■ Calculate the number of doses needed in your community. Utilize your demographic list and consider age group the vaccine is approved for. ■ Consult your priority community list ■ 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 ■ Educate your immunizers | <ul style="list-style-type: none"> ■ 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: <ul style="list-style-type: none"> ■ storage and handling ■ administration ■ adverse event reporting ■ unused vaccine | <ul style="list-style-type: none"> ■ RHA ■ FNHA ■ BC Center for Disease Control ■ BC Ministry of Health |
| | Ensure clear communication with community members regarding <ul style="list-style-type: none"> ■ vaccine priority requirements ■ clinic locations ■ safety | <ul style="list-style-type: none"> ■ Senior leadership ■ Chief and Council ■ EOC communications |
| MITIGATION STRATEGY: | STEPS FOR IMPLEMENTATION: | REFER TO FOR SUPPORT: |
| Vaccine is available | Monitor for safety and effectiveness <ul style="list-style-type: none"> ■ adverse event reporting ■ Identify Vaccine Champions within community. | <ul style="list-style-type: none"> ■ Health care team ■ FNHA ■ RHA ■ BC Centre for Disease Control ■ Public Health Agency of Canada ■ World Health Organization |

Community Member Supports

The following supports may be able to assist community members during a communicable disease emergency.

| | | |
|---|--|---|
| <p>Care & Protection of Elders & Vulnerable Community Members</p> | <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Elders and Knowledge Keepers ▪ Chief and Council ▪ Senior leadership ▪ Health care team |
| <p>Food Security</p> | <p>Consider implementing:</p> <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Chief and council ▪ Elders and Knowledge Keepers ▪ Senior leadership ▪ FNHA Regional Deputy Director |
| <p>Self-Monitoring</p> | <ul style="list-style-type: none"> ▪ 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 | <p>BC Centre for Disease Control http://www.bccdc.ca/ <i>Self Isolation and self monitoring will be disease specific, find guidelines on the BCCDC website</i></p> |
| <p>Self-Isolation</p> | <p>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:</p> <ul style="list-style-type: none"> ▪ Stay at home ▪ Avoid leaving home unless it is to seek medical attention <p>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</p> | <p>BC Centre for Disease Control http://www.bccdc.ca/ <i>Self Isolation and self monitoring will be disease specific, find guidelines on the BCCDC website</i></p> |

| | | |
|---|---|---|
| <p>Accommodation</p> | <ul style="list-style-type: none"> ▪ If unable to isolate at home, use alternate accommodation, such as existing community self-isolation units ▪ Activate existing community self-isolation plans | <p>Connect with community leadership and your FNHA regional deputy director regarding existing supports</p> <p>Community leadership, the FNHA regional deputy director and/or EMBC may be involved when planning self-isolation accommodation(s). Consider:</p> <ul style="list-style-type: none"> ▪ Number of units required ▪ Appropriate cleaning between occupant(s) ▪ Appropriate supports (i.e., food, meds) ▪ Ensure confidentiality and privacy |
| <p>Emergency Financial Support</p> | <p>Look into options such as:</p> <ul style="list-style-type: none"> ▪ Emergency grants through provincial and federal partners ▪ Income assistance top-up payments for eligible clients ▪ Funds that become available during the CDE <p>Support community members to apply for/access external benefits that they maybe eligible for</p> | <ul style="list-style-type: none"> ▪ Chief and Council ▪ Senior leadership ▪ Indigenous Services Canada ▪ EMBC ▪ FNHA ▪ Ministry of Social Development and Poverty Reduction |
| <p>Education Support</p> | <ul style="list-style-type: none"> ▪ 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. | <ul style="list-style-type: none"> ▪ Community education program ▪ School district ▪ Community technology grants |
| <p>Child, Youth & Family Support</p> | <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Community child, youth and family programs ▪ Chief and Council ▪ Senior leadership ▪ Health care team ▪ Ministry of Children and Family Development |
| <p>Traditional Healing/Cultural Wellness</p> | <ul style="list-style-type: none"> ▪ Virtual language learning ▪ Outdoor singing and dancing ▪ Online or outdoor cultural workshops such as harvesting medicine | <ul style="list-style-type: none"> ▪ Elders and Knowledge Keepers ▪ Community cultural programs |

| | | |
|--|---|--|
| <p>Mental Health</p> | <ul style="list-style-type: none"> ▪ Promote resources that are available online/virtually ▪ Offer virtual or phone outreach support to youth, families, Elders and those self-isolating ▪ Keep community members informed about the current situation and recommended control measures ▪ Offer Cultural traditions or ceremony ▪ Start a check in program | <ul style="list-style-type: none"> ▪ Community mental health programs ▪ Cultural supports, including Chief & Council and Knowledge Keepers ▪ Senior Leadership ▪ Community Programming ▪ Volunteers |
| <p>Substance Support</p> | <ul style="list-style-type: none"> ▪ Provide and deliver harm-reduction supplies ▪ Distribute cell phones to people who use substances 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 (drugs/alcohol) or opioid agonist treatment | <ul style="list-style-type: none"> ▪ Community substance support program ▪ Cultural supports, including Chief & Council and Knowledge Keepers ▪ Health care team ▪ Regional Deputy Director |
| <p>For the Deceased; Grieving & Loss Considerations</p> | <p>Develop culturally safe and responsive information regarding:</p> <ul style="list-style-type: none"> ▪ Transmission ▪ PPE and Infection Prevention & Control measures ▪ Restrictions <p>Create ways to engage in ceremony/traditions such as virtual services.</p> | <ul style="list-style-type: none"> ▪ Elders and Knowledge Keepers ▪ Chief & Council ▪ Senior Leadership ▪ Healthcare team |

RECOVERY

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 adaptations 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 | |

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:

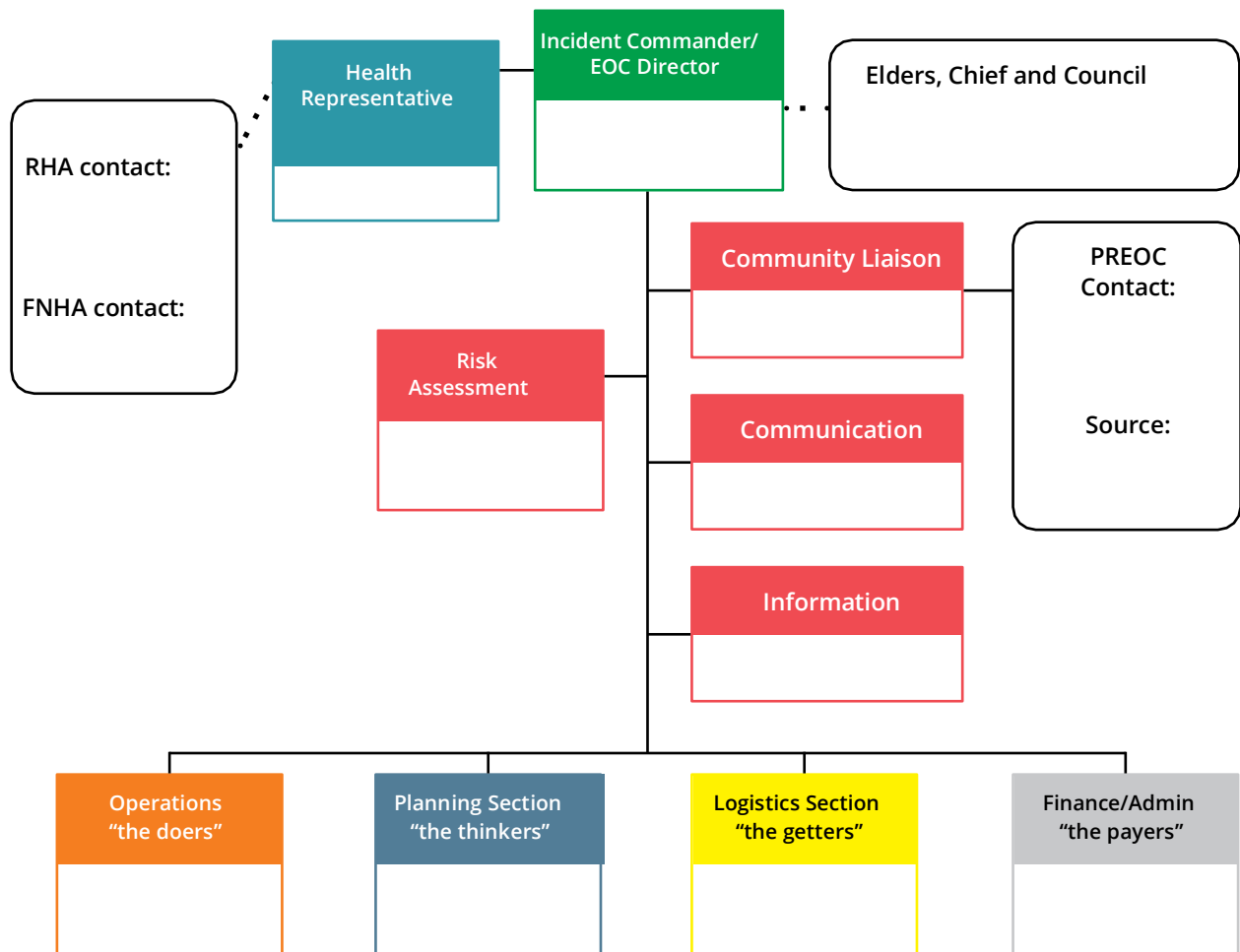
- Seniors (>65 years of age)
- Individuals with pre-existing chronic conditions (i.e., cancer, HIV/AIDS, diabetes, asthma, renal disease, heart disease, etc.)
- Individuals who are immunocompromised (due to disease and/or treatment)
- Young children (< five years of age) and infants
- Individuals who 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

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 |
| | | | | | |

APPENDIX 2: EMERGENCY OPERATION CENTRE

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. **Update this table to reflect your EOC and community.**



APPENDIX 3: LESSONS LEARNED

| 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? | |

APPENDIX 4:

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>

EOC Activation

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