



First Nations Health Authority  
Health through wellness

# Communicable Disease Emergency Response Planning

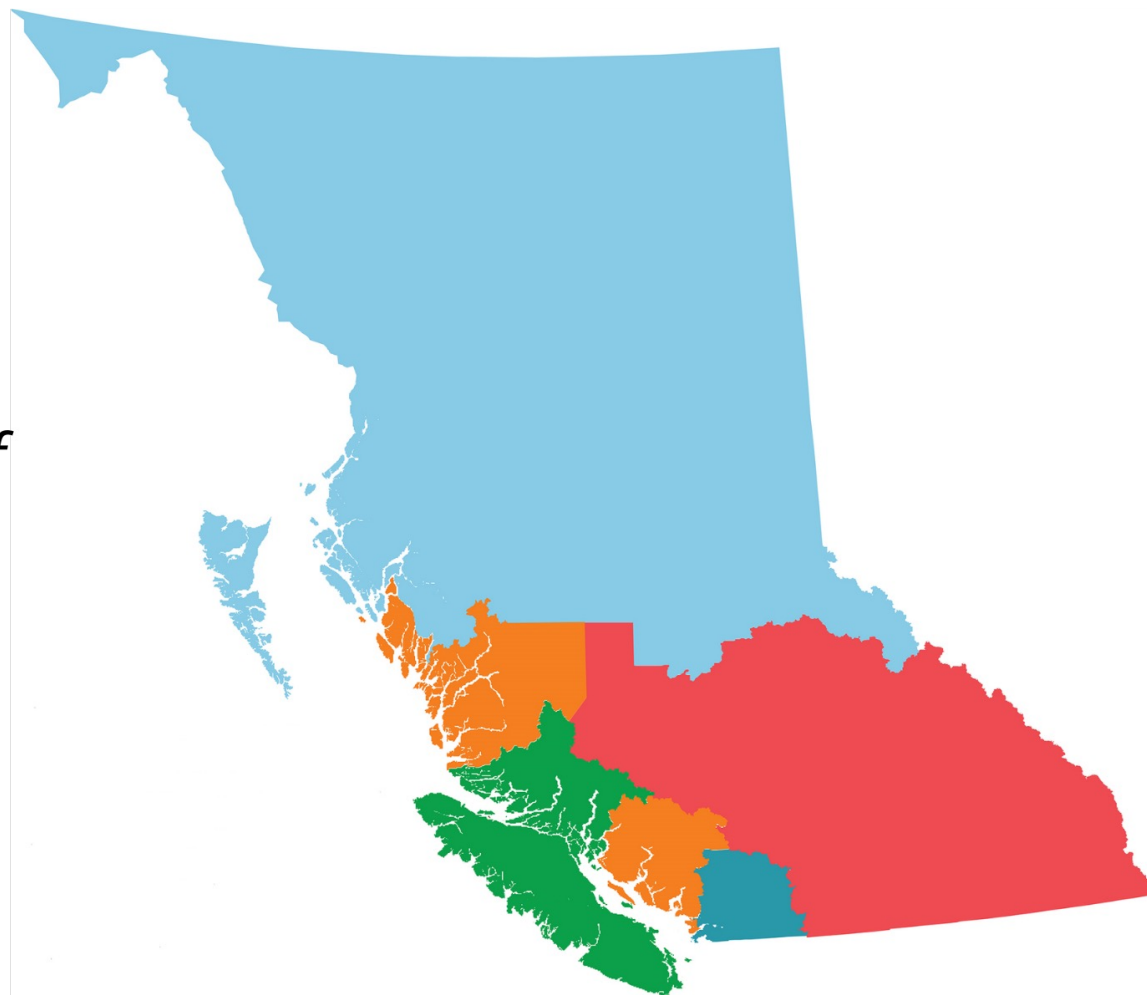
July 5, 2022

First Nations Health Director's Association



# Land Acknowledgement

*We would like to humbly acknowledge the unceded and traditional territories of the Indigenous people of the past and present of which we are all meeting from today.*





# Agenda

- 1 What is a communicable disease outbreak versus a pandemic/epidemic?
- 2 CDE Situation & Response
- 3 EOC Roles & Responsibilities
- 4 Essential Services & Surge Capacity
- 5 Communication & Documentation
- 6 Public Health Management
- 7 IPC Intro
- 8 Vaccine Plan
- 9 Community Member Support
- 10 Recovery & Lessons Learned



## Outbreak



Small, but unusual

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Limited geographical location

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Some expected each year

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## Epidemic



Bigger & spreading

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Larger geographical area

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Spreads rapidly to many people

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## Pandemic



International

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Out of control

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Spread to multiple countries or regions of the world

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Often caused by a new virus

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# CDE Situation & Response

## ROUTINE (Before a CDE event occurs)

The community is operating under normal conditions.

- Normal business hours, processes and capacity/structure
- Normal infection prevention and control measures for ongoing communicable disease
- Check PPE stock and expire dates, order if needed (not all disease require N95)
- 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.

## Key Players

- Health Representative
- Risk Management/Safety
  - RHA or FNHA to supply updates



# CDE Situation & Response

## **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
- 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

## **Key Players**

- EOC Director/Incident Commander
- Health Representative
- Communication
- RHA Contact
- Leadership



# CDE Situation & Response

**INCIDENT/  
EMERGENCY  
(A CDE  
event is  
occurring  
on a larger  
scale)**

The community is moving into incident/emergency mode due to multiple cases in community.

- 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

## **Key Players**

- EOC Director/Incident Commander
- Health Representative
- Communication
- RHA Contact
- Leadership
- Operations, planning, logistics, finance



# CDE Situation & Response

## **RECOVERY (A CDE event is over or has stabilized)**

The community is moving into recovery as cases have declined to a point that services can resume.

- 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

## **Key Players**

- EOC Director/Incident Commander
- Communication
- Leadership





# ROLES AND RESPONSIBILITIES

## EOC DIRECTOR

Overall responsibility for activation, co-ordination & demobilization of EOC.



## INCIDENT COMMANDER

In charge of tactical, on scene operations. Ensures efficient and effective flow of information within the EOC



## RISK MANAGEMENT

In consultation with health representative, ensure appropriate risk management strategies are instituted.



## COMMUNITY LIAISON

Along with the health representative, act as point of contact for, and interaction with, representatives from other agencies.



## ELDERS, CHIEF & COUNCIL

Review CDE plan.  
Review final communication



## HEALTH REPRESENTATIVE

Provide direct input to the incident commander on unique aspects of communicable disease emergencies



## COMMUNICATION OFFICER

Represent the community at EOC meetings and in EOC decision-making process.



## INFORMATION OFFICER

Serve as the coordination point for all community/stakeholder information, media relations and internal information sources.

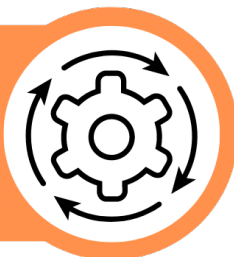




# ROLES AND RESPONSIBILITIES

## OPERATIONS

Ensure daily essential services are provided and that operational objectives and assignments are carried out effectively



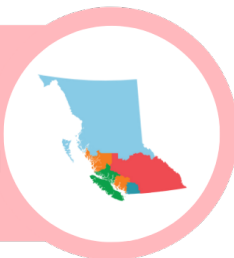
## LOGISTICS

Ensure resource support for the implementation of the initial and ongoing response.



## REGIONAL HEALTH AUTH.

Establish methods for accessing/collecting, reporting, analyzing and sharing data related to communicable disease.



## CULTURAL SUPPORT

Support community members directly impacted by the communicable disease emergency.



## PLANNING

Collect, evaluate and disseminate information



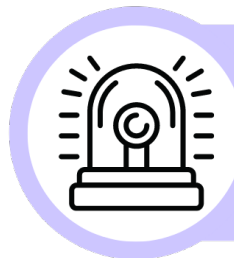
## FINANCE

Track all costs pertaining to the CDE response, apply for relevant funding



## FIRST RESPONDERS

Liaise with EOC and offer support





Your community can create a stand alone  
Communicable Disease Emergency Response Plan,  
or your community can include the CDE Response  
Plan in your All-Hazards Plan.

**STAND ALONE**

**ALL-HAZARDS**



# Essential Services



What is essential to your community?

What can be moved online or virtual?

What is the minimum personnel required?

Are staff members cross trained?

How long can your community go without this service?



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# Communication

Consider storing all communications from a communicable disease emergency together to use during debriefing sessions.



# Public Health Management



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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?



# Intro to: Infection Prevention & Control

Goal is to stop the chain of infection

Includes: work flow, patient flow,  
cleaning & disinfection

Consult with IPC for renovations &  
new builds

**IPC Presentation: July 19, 2022**



# Transportation

Ensure transportation policy reflects current CDE public health guidelines.



**Transportation Requirements**

**Supplies**



Each transport vehicle needs to be stocked with appropriate PPE & cleaning supplies

Clean & disinfect vehicle after each client transportation.



**Cleaning & Disinfection**







“

**Vaccine education is key  
to a successful community  
vaccination role out.**





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Care & Protection of Elders &  
Vulnerable Community Members

Food Security

Self-Monitoring

Self-Isolation

Accommodations

Financial Support

Education Support

Child, Youth & Family Support

Traditional Healing/Cultural Wellness

Mental Health

Substance Support

Grief & Loss

# Community Member Supports

Each community is unique  
and will have different  
needs during a  
communicable disease  
emergency.

# Debriefing



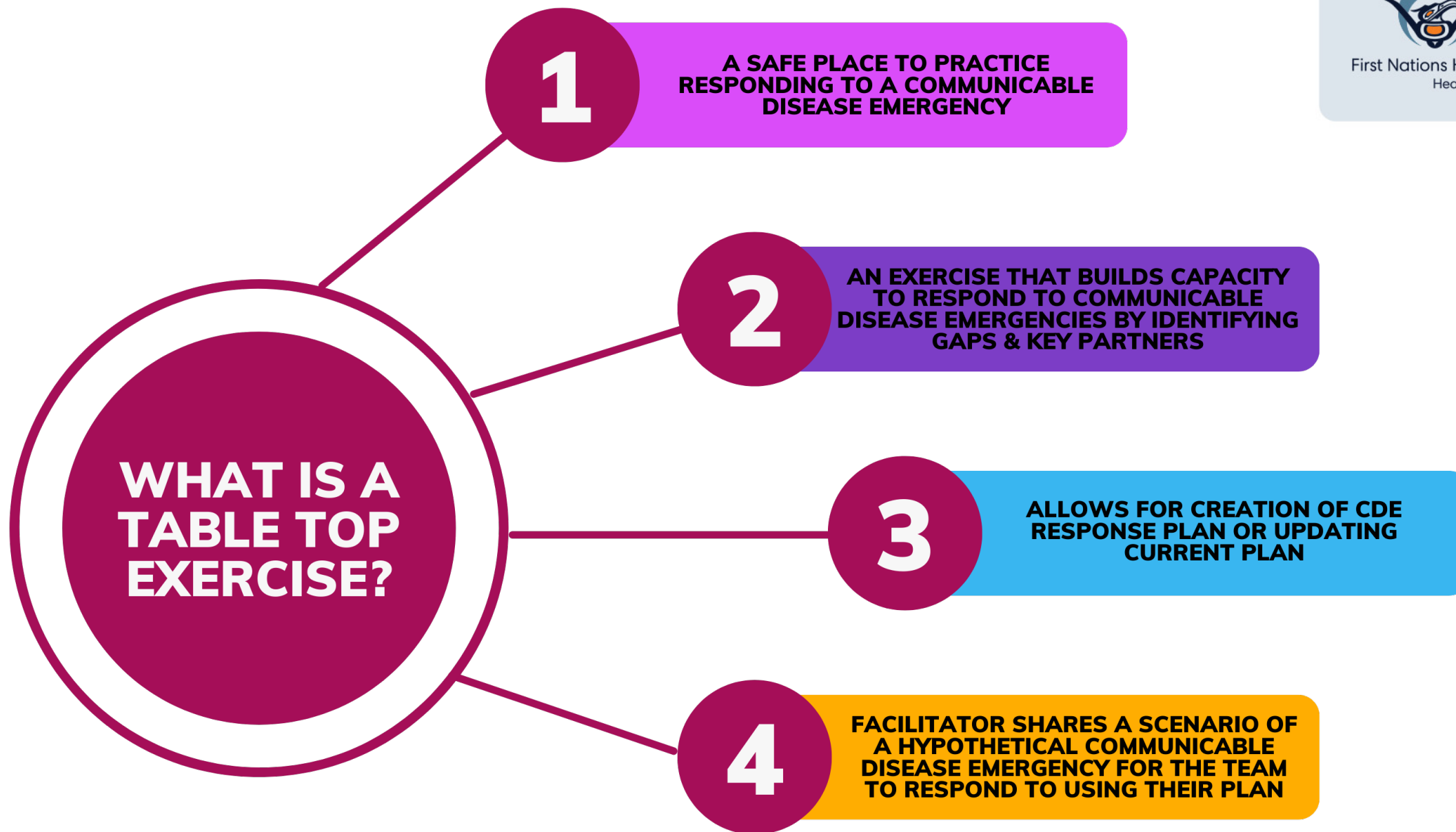
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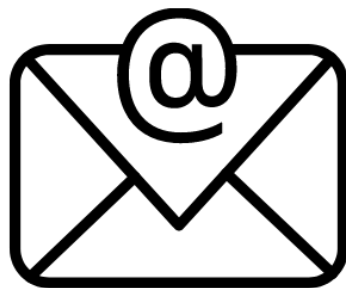
## **Priorities for community leaders may include:**

- Resume programs and services that were impacted by the CDE response
- Debrief with staff
- Looking for signs of burn out, making clear work priorities and slowing work down for a period of time to allow for self-care individually or as a team
- Address long-term health and wellness needs of the community
- Use lessons learned to guide future planning activities

## **Priorities for individuals and families may include:**

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





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# Thank you

**Gayaxsixa** (Hailhzaqvla)

**Huy tseep q'u**  
(Stz'uminus)

**Haw'aa** (Haida)

**Gila'kasla** (Kwakwaka'wakw)

**Kleco Kleco** (Nuu-Chah-Nulth)

**k<sup>w</sup>uk<sup>w</sup>stéyp** (Nlaka'pamux)

**Snachailya** (Carrier)

**Mussi Cho** (Kaska Dena)

**Tooyksim niin** (Nisga'a)

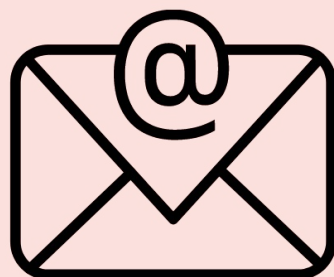
**Kukwstsétsemc** (Secwepemc)

**čěčhaθεč** (Ayajuthem)

**Sechanalyagh** (Tsilhqot'in)

**kw'as ho:y** (Halq'eméylem)

**T'oyaxsim nisim** (Gitksan)



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