**Communicable Disease Emergency Planning Tabletop Exercise for Indigenous Communities**

***Response Sheet***

***November 2020***

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| **EMERGENCY MANAGEMENT AND COMMUNICABLE DISEASE** **EMERGENCY PLANNING****How will you guide your community through a possible communicable** **disease emergency?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| What emergency plans are in place for your community?* What do these plans include? Examples are: preventive actions, business continuity, when the plan should be used.
* Where are the plans kept? Who can access the plans?
* How often are the plans updated? Who updates the plans?
 |  | They have a plan for emergencies. They might have different types of plans. Examples are:* All-hazards plan
* Business continuity plan
* Communicable disease emergency plan
* Community health plan
* Pandemic influenza plan

Each plan includes: Tasks for certain areas. For example, risk assessment, prevention, logistics, and public awareness. * Clear roles and duties
* Details on when to use the plan.

Plans align with provincial plans and laws.Keep the plans in a secure area. People know where the plans are. Community emergency planners and leaders can access the plans. Community emergency planners and/ or leaders revise plans every year. |
| What emergency preparedness and response training does your community do?* When are these training sessions held?
* Who participates in these training sessions?
* How do you record what you learn during these sessions? What do you do with this information?
 |  | * They have communicable disease emergency training at least every year. Every two years they rehearse the plan with all stakeholders.
* Revise the plan based on gaps noticed in the training and rehearsals.
* First Aid, CPR, Incident Command System, Basic Emergency Management, Mental Health First Aid
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| Do you have mutual aid agreements with other communities or groups? * Where are these agreements kept? Who can access these agreements?
* What details do the agreements include?
* When are these agreements updated? Who updates these agreements?
 |  | They have written agreements with nearby communities to help each other during an emergency. Each agreement includes: The type of support. Support may include supplies, staff, or knowledge. * How to request support. For example, a request may come from the Community Council leader.

Agreements are: * Kept in a secure area. People know where they are. Community emergency planners and leaders can access the agreements.
* Updated every year by community emergency planners and/ or leaders.
* Can be updated after any type of emergency.
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| What are your community’s strengths? How can you use those strengths in an emergency? |  | They can identify several strengths. Strengths might be people, programs, resources, or relationships. They can state how the strengths might be helpful in an emergency. Emergency planning committee exists. Strong links with regional and provincial emergency management partners. |
| Is your community part of the provincial planning considerations for PPE provisions? |  | There is an agreement with the province/regional health authorities about PPE provisions. |
| **COMMUNICATIONS** **Accurate, consistent, and timely information helps people stay calm. It helps them decide what to do. How do you share knowledge with your community and outside partners?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| How do you receive knowledge about the situation?  |  | Communicate with:* Community health care workers
* FNIHB Regional Office
* Provincial, regional, local public health agencies
* Public Health Agency of Canada

See link below for provincial and territorial resources for information<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms/provincial-territorial-resources-covid-19.html> |
| What knowledge do you share with outside partners? Health care staff? Community members? |  | Partners may need different types of knowledge. Outside partners and health staff may need to know:* Communicable disease emergency plans
* Current situation – local, provincial, national, global
* Signs and symptoms, diagnosis, illness management
* Prevention
* Health system capacity and back-up plans if capacity is exceeded

Community members may need to know:* The situation globally, in Canada, and locally. How likely it is that there will be local effects?
* Signs and symptoms
* Groups at higher risk. This might include infants, children, pregnant women, and elders.
* Suggested prevention measures
* Suggested treatment
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| How do you share knowledge with health care staff? Community members? What makes it hard to share knowledge? |  | They have several ways to share information. This includes community meetings, press release, radio, Facebook, Twitter and community TV programming. |
| Who is responsible for updating health care staff? Community members? Outside partners? |  | Different groups may receive knowledge from different sources. A designated person will share information. The Medical Officer of Health might speak with outside partners and health staff. The Chief or council member might speak with community members. |
| Are there trusted community members who can help share knowledge? |  | They can identify several respected people who can help share knowledge. |
| **SCENARIO CHANGE #1** |
| **The number of people who are sick with the illness is increasing in your region.** **More people are being hospitalized.** |

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| **SURVEILLANCE** **How do you know if the illness is getting closer to your community? How do you track changes as the illness spreads?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| How do you keep track of influenza-like illness in community settings? For example, school, day care, and band council office? |  | The community already tracks seasonal influenza. For example, caregivers are asked why a child is away from school or daycare. They can build on this process for the new illness |
| Who helps you keep track of cases of unknown respiratory illness? Who can you ask for advice? |  | * Community health care workers;
* FNIHB Regional Office;
* Provincial, regional, local public health agencies; and
* Public Health Agency of Canada
 |
| How does your community report influenza-like illness to local and regional health agencies? Can you do anything to make this process quicker? |  | They have existing reporting processes for seasonal influenza. They can build on this process for the new illness. Reports may go to local, regional, and provincial public health agencies.They have data sharing agreements with local, provincial, and/ or federal governments.  |
| What do you do with the data from the community? What do you do with the external data about the illness? |  | Share with suitable partners. This includes health centre staff, FNIHB Regional Office, and local/ regional health agencies. |
| What sources can provide useful data for the community? What sources can provide useful external data about the illness? |  | Surveillance data might come from:* Labs
* Emergency management partners
* Health information networks
* Health facility networks
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| **PUBLIC HEALTH MEASURES** **How do you protect healthy people from getting sick? How do you prevent sick people from spreading the illness?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| Who advises you on public health measures to put into practice? |  | * Community health care workers;
* FNIHB Regional Office;
* Provincial, regional, local public health agencies; and
* Public Health Agency of Canada
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| How will you protect community members? Is the information provided written in a language that is easy to understand?  |  | * Information can be disseminated via pamphlets in health care facilities.
* Videos and information can be posted on Facebook, Instagram, or community webpage.
* The information is translated in the native local language and is broadcasted on the local radio.
* See links below for health-related videos (i.e.: hand washing, physical distancing, reducing the spread of the disease, etc.).

 *Health related videos (English)*<https://www.canada.ca/en/services/health/video.html>  *Health related videos (French)*<http://www.healthycanadians.gc.ca/video/index-fra.php> WHO Hand washing steps video (English)<https://www.youtube.com/watch?v=IisgnbMfKvI>WHO Hand washing steps video (French)<https://www.youtube.com/watch?v=2FjRZbbnZaI>* Information is provided in the native language of the community members as required.
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| Is the information provided in easily accessible locations? |  | Information is made available in community centers, health care facility waiting rooms, Band Offices, schools, grocery stores, etc. |
| What community level public health measures do you consider? What helps prevent illness in community settings? When do you start the public health measures? |  | Health care providers in consultation with health office, chief and council, Regional office manager, recommend postponing all non-urgent appointments at the health centre and outside of community to see specialists.School is closed as well as any social gatherings are cancelled. Stop optional programming. Clean spaces and equipment more often. Close schools, daycares, community centers. These measures will have an impact on people. Think about the harms and the benefits. Start these measures when the benefits outweigh the harms.They have a pot of funding to purchase surge supplies if needed. |
| What public health measures do you recommend for people? Are there traditional practices that might be helpful? Are there traditional practices that might be harmful? |  | Wash your hands with soap and water or hand sanitizer often. Don’t share personal items like toothbrushes, forks, spoons, or cups. Cough and sneeze into your elbow. Clean high-traffic items like phones and door knobs often. Don’t kiss babies and small children unless they are yours. Consider how to adjust risky customs during the emergency. For example, kiss a baby’s feet instead of their cheek. If you are sick, stay home and limit your guests. Customs that might help include eating traditional foods, helping neighbours, and being on the land. |
| How do you tell the community about the public health advice? |  | They have several ways to share information. This includes community meetings, press release, radio, Facebook, Twitter, TV. They work with FNIHB Regional Office and other partners to develop correct and aligned messaging. |
| Are there trusted community members who can set an example? |  | Trusted community members may be asked to share and role model advice. |

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| **SCENARIO CHANGE #2** |
| **People in your community are getting sick with the new illness. The number of cases in your community climbs every day. Your systems are overwhelmed** |

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| **INFECTION PREVENTION AND CONTROL AND****OCCUPATIONAL HEALTH****How do you prevent the illness from spreading to health care staff?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| How will you protect health care staff? Are all staff fit-tested? Have they been trained in donning and doffing of PPE? |  | * Infection prevention and control policies are updated regularly. This includes outbreak management protocols.
* All staff are fit-tested and trained in the donning and doffing of PPE.
* There is a plan for health staff if they or a dependent become sick. This may include contacting the staff replacement list or working from home.
* Staff review and receive training on infection prevention and control policies.
* Routine practices and additional precautions are implemented as needed.
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| How will you protect people seeking health services from the illness? |  | Organizational risk assessment to identify areas to improve. Implement routine practices and additional precautions. This includes:* Implementing an appointment booking system to decrease the number of clients in the health facility
* Identify and isolate clients with symptoms
* Separate infected and uninfected people by 2-metres
* Client and visitor screening
* Expanded respiratory and hand hygiene programs for clients, visitors, and staff.
* Masks for clients with symptoms.
* Hand sanitizer is accessible.
 |
| How do you know that health care staff are “fit to work” during the outbreak? |  | A tool exists for staff to self-assess their health. During an emergency staff should complete the tool daily. |
| Who gives you advice on plans for infection prevention and control? Who gives you advice on plans for occupational health? |  | * Infection prevention and control professionals
* Occupational health professionals
* Community health care workers;
* FNIHB Regional Office;
* Provincial, regional, local public health agencies; and
* Public Health Agency of Canada
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| What infection prevention and control training is done in your community? On a regular basis? During the outbreak? * Who participates in these training sessions?
* How often are these training sessions held?
 |  | Health staff receive training at least yearly. Infection prevention and control and occupational health experts give the training. Include health care providers, allied health, and cleaning personnel. Deliver additional training at the start of the outbreak. |
| Are health care providers and community leaders providing information to clients and the community about wearing appropriate masks according to the latest guidelines? For example: non-surgical face masks. Are community members receiving information on appropriate precautions to take i.e. hand hygiene vs wearing gloves. |  | Signs are posted at the entrance of the health centre or nursing station and once inside indicating to wear a mask (provided) if experiencing signs and symptoms of respiratory illness and to perform hand hygiene upon entering the facility.Health care providers should be kept informed of the updated guidelines on the use of masks. See link for: *Coronavirus disease (COVID-19)**advice for the public: When and how to use**masks (English)*<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>See link for: *Coronavirus disease (COVID-19)**advice for the public: When and how to use**masks (French)*See link for *PHAC – Considerations in the use of homemade masks to protect against COVID-19 (English)*<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>See link for *PHAC – Considerations in the use of homemade masks to protect against COVID-19 (French)*<https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus/prevention-risques/a-propos-masques-couvre-visage-non-medicaux.html> |
| Are health care providers following evidence-informed practices for the sequence of putting on and taking off PPE (low-risk and high-risk)? |  | Health care providers are aware of the best practices of putting on and taking off the PPE.Health care providers are provided with yearly training on how to put on and take off the PPE. See videos below.Low-Risk (English): <http://www.healthycanadians.gc.ca/video/ppe-low-risk-epi-risque-faible-eng.php>Low-Risk (French): <http://www.healthycanadians.gc.ca/video/ppe-low-risk-epi-risque-faible-fra.php>High-Risk (English): <http://www.healthycanadians.gc.ca/video/ppe-high-risk-epi-risque-eleve-eng.php>High-Risk (French) <http://www.healthycanadians.gc.ca/video/ppe-high-risk-epi-risque-eleve-fra.php> |
| Does the staff know how to safely manage, store, and dispose of biohazard or infectious waste? For example, test kits, garbage holding infectious materials.  |  | It is essential that all waste materials are kept separate from the point of generation, appropriately treated, and disposed of safely. See link below for WHO’s general and technical information on health-care waste management.<https://www.who.int/topics/medical_waste/en/> |

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| **CONTINUITY OF OPERATIONS PLAN****How will you maintain vital services in your community as more people become sick?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| What will you do when the number of sick people coming to the health facility exceeds the staff, space, and supplies? |  | They know how many patients the health facility can handle. There is a plan for more staff, space, and supplies if there is a surge in patients. The plan may include other care sites, medevacs, and agreements with nearby communities. |
| How will you support over-worked health care staff? |  | There are plans to support:* Basic needs for example food and rest
* Emotional support
* Family care
 |
| What community, social, and health services are the most important? How will you decide which ones to maintain? |  | There is a list of essential social and health services. There is a process to prioritize services during an emergency. The process should think about impacts of a prolonged emergency on people and populations. There is a plan to share news of the temporary pause of certain services. |
| How will you maintain these essential services? |  | There is a continuity plan to maintain essential health services. The plan includes:* A list of regular health providers. A list of substitutes.
* A list of trained people who can give extra support. For example, retired health care workers or those from other communities.
* Job descriptions.
* Information on reassignment, task delegation, authority, and use of substitute workers.
* A system to recruit and place substitutes.
* A system to assess their credentials and competence.
 |
| How will you provide services to people who stay home due to illness or self-isolation? |  | There is a process to track, assess, and provide care to people who stay home due to illness or self-isolation. There is a plan to deliver services in the home and community. This could be through home care, substitute workers, or family. |
| What strengths can your community draw on to maintain vital services? |  | Examples might include:* Programs are well-connected to each other
* Programs are well-used pre-emergency
* Strong relationships with potential substitutes and other communities
* Close community ties
* Many and committed program volunteers
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| **SCENARIO CHANGE #3** |
| **Health experts declare a worldwide influenza pandemic. Community leaders also declare a communicable disease emergency in your community.** |

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| **VERIFY THE DIAGNOSIS****How do you know people in your community are sick with the illness?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
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| Lab specimens may be time and temperature sensitive. What are your plans for bad weather when transporting specimens to the lab? |  | There is a process to ensure that specimens are not affected by delays or extreme temperatures. |
| What is the process to handle and transport samples? |  | There is a process for provincial, regional, or local testing. This process can be built upon. This process ensures that specimens are transported and handled properly. |
| What do you do with a positive test result? |  | Tell the patient. Follow local/ regional/ provincial processes and reporting. Consider reporting to FNIHB regional office.  |

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| **ANTIVIRAL MEDICATION****There is no vaccine yet for the virus. How do you treat people who are sick? How do you prevent sickness in people who are exposed to the illness?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| How do you know there is enough antiviral medicine for those who need it?  |  | They can access the provincial stockpile. Communities can plan and discuss with the province and FNIHB Regional Office. |
| How do you share knowledge about if, when, and where to receive the medicine?  |  | * They have several ways to share information. This includes community meetings, press release, radio, Facebook, Twitter, and television.
* They work with FNIHB Regional Office and other partners to create messages. Messages should be accurate and aligned. Explain that drugs in the national stockpile are dispensed to ensure fair access and optimal use across Canada. Clear messages improve acceptance of public health decisions.
 |
| Your community has vulnerable people. Some people have disabilities or can’t leave their home. How do you make sure those people receive the services they need?  |  | There is a process to track vulnerable people. There is a plan to deliver services in the home and community. The plan may include substitute health care workers or family members. |
| How do you know whether antiviral medicines are working? How do you track and report serious or unusual side effects? |  | They use and build upon existing processes to monitor how antivirals are working. The processes may be local, provincial, or national. They report effectiveness, resistance, and any suspected serious or unusual side effects. |
| **ILLNESS MANAGEMENT****How will health care staff know how to assess and treat people who are sick?**  |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| Who advises on illness management? |  | * Community health care workers;
* FNIHB Regional Office;
* Provincial, regional, local public health agencies; and
* Public Health Agency of Canada
 |
| What information do health care staff need to feel protected and prepared? What supplies do they need? |  | Health staff need clear screening protocols. They need to know how the health system responds to an emergency. They need to know their roles and duties. They need personal protective equipment. They need training for the equipment. |
| What do you do when people come to the health facility with symptoms? What do you do if the symptoms are urgent? What do you do if patients cannot be managed in community? |  | Screen for cough and fever in all patients. Patients should wash or sanitize their hands if cough or fever is present. They should use a surgical mask. They should sit at least two meters away from other people.Primary assessment includes:* Patient history and risk factors.
* Physical examination. Check vital signs including pulse oximetry. Check cardiorespiratory system. Check mental and functional status.

Secondary assessment if needed:* Additional lab studies to further assess patient.

If patient cannot be managed in community, evacuate as per protocols. Communicate with receiving institution. Consider culturally safe care.  |
| Do clients, families and health care staff have safe access to traditional health, medicines, and healing practices during the pandemic?  |  | Elders, healers, and volunteers can support clients, families, and health care staff. They may suggest helpful traditional medicine or practices. |
| Are community members able to safely access knowledge keepers and Elders for support and guidance?  |  | Traditional healers are not present in many Indigenous communities. Non-Insured Health Benefits (NIHB) have an agreement with those communities. The Band will pay the service fees to see the trained traditional healer and NIHB will pay for travel. Community counsellors and Elders are available with the required precautions as needed.They may teach people how to prevent illness and when to seek care. They may support healthy people who are worried. |
| What is the morgue capacity?  |  | Discuss with local hospitals. Can arrange for a refrigerated trailer if needed. |
| **Traditional Medicine, Cultural Support and Mental Wellness****How will health organization leaders and community leaders support health care providers and community members with traditional practices, and health and wellness?** |
| Has leadership provided information on traditional teachings and ceremonies in a culturally safe environment?  |  | Leaders will usually communicate information to health staff and health care providers when and where ceremonies are being held. Health care providers answer questions about participation to sweat lodge, due to medical conditions and medications. |
| Are community members and staff aware of the process to access traditional medicines, cultural support, and healing during the pandemic? |  | It will likely be a mental health worker or therapist if available in the community, otherwise over the phone or telehealth can be scheduled for support: qualified specialists are available then for all ages. |
| Are leaders facilitating staff to become familiar with the historical trauma communicable diseases have caused to Indigenous peoples? |  | Leaders/employers are facilitating training sessions and other online opportunities for employees to become more familiar with the intergenerational trauma among Indigenous peoples and communities. Historical trauma is linked with past and contemporary injustices that have contributed to present-day health inequities. These training sessions are crucial in helping employees deliver health care and services free of biases. Essentially do not repeat generality learned in regular conversations about Indigenous peoples without considerations of variations of characteristics across and within numerous cultural groups, communities, and tribes. |
| Have community leaders and staff discussed the best approach in helping patients cope with the mistrust and anxiety they may have when transferring to another care facility?  |  | There is a protocol in place when patients are being transferred to have a family member, or a friend, who is reliable and will genuinely care and look after the patient’s wellbeing. Depending if the patient is fluent or not in English, that person will need to act as translator as well. Support is also available through employees hired by Indigenous organizations in urban areas to help patients and their families navigate through the health care system.  |
| **SCENARIO CHANGE #4** |
| **A vaccine for the pandemic influenza virus is produced. It will arrive in your community in about 10 days.** |

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| **VACCINE****How will you vaccinate many people in a short period of time?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| Where will you store the vaccine and related supplies? You may need a large space. |  | There is reserved funding for space and surge supplies. There is a suitable and secure storage area. There is a process to transfer vaccines and supplies from the storage area to vaccination clinics. The plan includes transfer quantity and frequency. There is a plan to maintain vaccine quality. This includes the cold chain. The plan identifies specific local needs and how to address them. A refrigerator and back-up generator is available. |
| You want to vaccinate community members quickly. What changes do you make to routine vaccination practices? |  | They assess current vaccine distribution processes. They may change the process to plan for an emergency. For example, they may create a mass immunization plan. They may link with other communities. |
| How do you monitor whether the vaccine is effective? How do you track and report serious or unusual side effects? |  | They use and build upon existing processes to monitor how vaccines are working. The processes may be local, provincial, or national. They report effectiveness and any suspected serious or unusual side effects. |
| How do you tell community members when and where to be vaccinated? |  | * They have several ways to share information. This includes community meetings, press release, radio, Facebook, Twitter and TV.
* They work with FNIHB Regional Office and other partners to create messages. Messages should be accurate and aligned. Explain that vaccines are dispensed to ensure fair access and optimal use across Canada. Clear messages enhances acceptance of public health decisions.
 |
| Your community has vulnerable people. Some people have disabilities or can’t leave their home. How do you vaccinate those people? |  | There is a process to track vulnerable people. There is a plan to deliver services in the home and community. The plan may include substitute health care workers. |
| What are usual vaccination rates in your community? How can you increase the rates for this vaccine? Will you need to address any anti-vaccine concerns?  |  | The health centre has a sense of current immunization rates. They know what anti-vaccine concerns exist in the community. They have a plan to address concerns and increase rates. |

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| **SCENARIO CHANGE #5** |
| **The pandemic ends. Fewer people are sick in your community. Community leaders decide the emergency is over.** |

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| **COMMUNITY RECOVERY AND RESILIENCE****How do you help your community recover? How do you prepare for future events?** |
| **Guiding Questions** | **Your Community’s Response** | **Ideal Responses** |
| Many Indigenous people in Canada have faced trauma. This emergency may add to past trauma. People will react in different ways. Some may try to cope in harmful ways. Knowing this, what programming is most important during recovery?  |  | Mental health and wellness programs* Household violence prevention
* Alcoholics Anonymous
* Narcotics Anonymous
* Counselling

Cultural knowledge programs* Language and storytelling
* Beading and sewing
* On-the-land
* Traditional foods and feasts

Children and youth programs* Arts and music
* Sports
* Games
* Counselling

Programs for other vulnerable groups |
| What events can be held to recognize the community’s losses and heal? How can you support people and celebrate resilience? |  | Events may include: * Ceremonies, for example sweat lodges or dances.
* Feasts
* Traditional medicine
* Religious services
* Sharing circles
* Counselling with mental health workers, traditional healers, or Elders
* Lessons learned exercise. Results are shared with community and used to improve plan for future.

They may lack people or energy to plan events after an emergency. Set realistic expectations.  |
| What can you do to build resilience for future emergencies? |  | They have ideas about what resilience in emergencies looks like. They can identify what to do to reach that vision. They create an action plan. This link might give some ideas to build resilience. Justice Institute of British Columbia - Aboriginal Disaster Resilience Planning<https://adrp.jibc.ca/> |