T'it'q'et

COMMUNICABLE DISEASE EMERGENCIES

Preparedness Plan

Contents

RECORD OF AMENDMENTS....2
COMMUNICABLE DISEASE EMERGENCIES PREPAREDNESS....5
Introduction....5
Purpose....5
Background....5
Objectives of This Plan....6
Emergency Operations Centre (EOC) with Incident Command System (ICS):....7
Planning information regarding CDE Communications....8
MEASURES TO REDUCE THE SPREAD OF COMMUNICABLE DISEASE....9
Vaccines or Medications to reduce the spread of disease:....10
DURING A COMMUNICABLE DISEASE EMERGENCY....11
Community Responsibilities....11
Plan for mass triage/treatment centres....11
Health Services Delivery....12
Isolation levels....13
Arrange for Transportation of Ill Cases....13
Recognize the Need for Deceased Management....13
Surveillance....14
Communication....15
Have a clearly identified central spokesperson....15
AFTER A COMMUNICABLE DISEASE EMERGENCY....16
Community Responsibilities....16
APPENDIX 1: CONTACT INFORMATION OF Emergency Operation Centre....17
APPENDIX 2: **RHA MHO/CD Team Contact List for Surveillance Reporting**....23
APPENDIX 3: CDE PUBLIC MESSAGING....25
APPENDIX 4: PUBLIC HAND HYGIENE/COUGH ETIQUETTE MESSAGING....27
APPENDIX 5: INFECTION PREVENTION AND CONTROL MEASURES....29
BEFORE A COMMUNICABLE DISEASE EMERGENCY (CDE)....29
Community Responsibilities....29
APPENDIX 6: SAMPLE POINT OF CARE RISK ASSESSMENT (GENERAL)....31
APPENDIX 7: EVACUATION PRIORITY LISTS....33

COMMUNICABLE DISEASE EMERGENCIES PREPAREDNESS

Introduction

Planning the response for a **Communicable Disease Emergency** (CDE), such as a pandemic, holds many challenges. This document is a collaborative effort of many individuals in Community including the Emergency Management Department, Senior Administration, and other organizational partners. It is a useful tool to support our community to develop, strengthen, and update the CDE plan.

Many types of CDE events can occur, the response structure, the roles and responsibilities of different partners and stakeholders, and response activities may need to be adjusted. Therefore, it is important for CDE plans to be flexible in order to scale up or scale down the response activities, depending on the circumstances of the CDE event.

At the start of a CDE event, access the CDE plans and use them to guide response activities during the event. As more information becomes known, the plan(s) may need to be revised and/or adapted.

Comments/Notes for the user's consideration are provided in **purple text** throughout the document, as the user may need to modify methods slightly because of the local context in which this CDE Plan will be carried out.

Purpose

This document has been developed to provide guidance for **(T'it'q'et)** to prepare for and respond to CDEs.

Background

A CDE may present as an outbreak, epidemic, or a pandemic. An **outbreak** is an unusual occurrence of an illness and is declared by the Medical Health Officer; an **epidemic** is an outbreak of an illness, within a defined geographical location; a **pandemic** is an outbreak of the same illness in a number of countries at the same time, and **can only be declared by the World Health Organization** (WHO).

There have been a number of documented pandemics, with the most recent occurring in 2009 and being influenza. Outbreaks, such as pertussis, influenza, or measles, occur more frequently. At some point in the future, BC will face another epidemic or pandemic, although it is difficult to predict exactly when this will happen. It is also difficult to predict if it will be caused by influenza or some other pathogen, although experts believe that the most pandemic prone organism is the influenza virus.

In a CDE, the Provincial Health Officer or MHO will make a declaration of an outbreak or pandemic, in response Health Authorities and Local Governments will activate their CDE plans. Local governments or jurisdictions may declare a State of Emergency at that time to facilitate response and movement of resources.

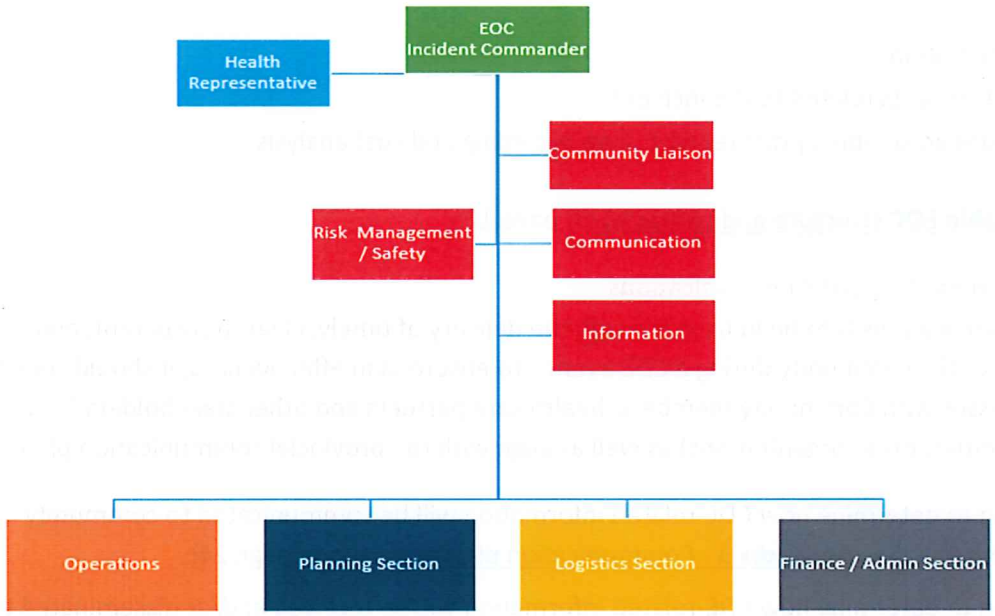
FNHA's role in a CDE is to provide support to Communities in all aspects, clinical and practical, of their response. The FNHA CDPPH team will be directly involved, providing a direct information link between Federal, Provincial and Local partners, education, and resources for health care staff and facilitation of resource flow/ relationships between Communities and partners. FNHA's Crisis Response team is involved in supporting Communities in their disaster response activities including psychosocial and cultural supports as well as practical issues of transportation etc.

Emergency Operations Centre (EOC) with Incident Command System (ICS):

❖ Unique aspects of the CDE EOC are the inclusion of a Health Representative with direct communication to Incident commander. **In the case of CDEs, decisional input from Health Representation is vital as CDEs are unique and have significant differences from environmental hazards.**

➢ Specify clear roles and responsibilities for both the planning and response phases for all partners.

Sample CDE EOC Structure



Roles

➢ Incident Commander (or EOC Director)
- Sets objectives and priorities
- Has overall responsibility at the site

➢ Health Representative
- Provides direct input to Incident Commander on unique aspects of Communicable Disease Emergencies, which differ from All-hazards response.

➢ Operations
- Likely role for Health Director
- Directs resources
- Carries out the response activities described in the plan
- Directs operations and ensures safety of staff

MEASURES TO REDUCE THE SPREAD OF COMMUNICABLE DISEASE

One of the strongest factors to successfully address a CDE is the existence of a responsive, trusted, well-developed community health programs with policies and procedures that can be built on in a CDE.

- Providing care to community members with chronic health concerns to strengthen their resilience
- Existing trusted public health immunization program, including annual influenza and pneumococcal programming
- Maintaining CHN knowledge and skills in Infection Prevention and Control Best Practices, Communicable Disease surveillance, follow-up, and response.
- Strong public health messaging integrated throughout programs (community gatherings, head start, schools etc.), such as:
    - Handwashing, hand sanitizer
    - Covering cough
    - Voluntarily staying home when ill
    - Cleaning hard surfaces with anti-microbial solutions in public spaces (i.e. bleach).
- Developing relationship with your Regional Health Authority Communicable Disease teams, MHOs, and other health teams to facilitate information flow and mutual understanding in CDE events.
- Developing and using Community and Health Care Centre Infection Prevention and Control policies to reduce the risk of spread of pathogens.

See Appendix 2 RHA MHO/CD Team Contact List is on page 23

Additional information regarding infection control and environmental cleaning, please refer to the *Housekeeping Manual for First Nations Community Health Facilities*:

NOTE: This is located in the T'it'q'et Health Manager's office room number 101

Housekeeping Manual - https://www.fnha.ca/WellnessSite/WellnessDocuments/HP_Housekeeping-Manual.pdf#search=housekeeping

Chapter 1, Section 1, page 69-*Procedure for mixing Surface Cleaner/Disinfectant*

Chapter 1, Section 2-*Preventing Infection in Special Situations*

Chapter 2, Section 7-*Housekeeping Supplies and Chemicals*

Community-based disease control strategies:

Public health infection control measures are measures that seek to disrupt the ability of a pathogen to travel between people. These alone will probably not be effective at controlling spread of a pandemic in the community. Control will likely also require availability and use of an effective vaccine or other treatments, if available; however, the following are recommendations for community-based strategies that can be part of slowing disease spread;

- All CDE:
    - **Voluntary self-isolation**, when ill is strongly recommended; advise community members to stay home when ill

DURING A COMMUNICABLE DISEASE EMERGENCY

Community Responsibilities

The community's **Emergency Operations Centre** (EOC) will activate and meet as soon as possible to action this plan with direction and consultation from Healthcare Services, as well as any local control measures. Each local control measure (such as individual isolation or cancelling events) will need to be discussed and decided upon separately before being implemented.

*See **Appendix 1** for updated information on page 17.

Note: Health team members will need to coordinate responses with their own RHAs, BCCDC and FNHA when applicable.

Establish communication links with RHA and FNHA

*See contact information in **Appendix 1** on page 17

Open communication with other communities in our area, as it is likely that what affects them can/will affect our community as well. This will also be important in the event that our or their community is severely affected by the CDE and either community needs help.

Plan for mass triage/treatment centres

Plan: In the event that the number of suspect and confirmed cases requiring treatment or prophylaxis is beyond the capacity of existing Healthcare facilities, the EOC will designate a site/facility to establish a mass triage/treatment centre. The **Planning** and **Logistic** team will ensure the facility is open with sufficient supplies and equipment to support the health team. Refer to your all hazards Plan for contact lists.

NOTE: The P'egp'ih'lha Community Center and/or Ucwalmicw Center has been identified as the mass triage/treatment center/alternate care site for T'it'q'et.

*Please see **Appendix 3** and **Appendix 4** for Public Health Flu, Hand Hygiene, and Cough Etiquette Resources on pages 24 & 25 consecutively.

The Nursing Station/**Health Centre** will have lists of specific population groups within the community that may be especially vulnerable to communicable disease and/or may need to be prioritized for medical treatment/prophylaxis (i.e. Elders, prenatal/postnatal clients, children under one year, chronic disease).

NOTE: T'it'q'et lists will be available and updated annually by the Home & Community Care staff.

*Please see **Appendix 7- (T'it'q'et's) Priority Lists** for more information on how to access list on page 29.

Band members list of those living on reserve is updated annually. If for some reason a community member cannot attend the clinic; either the CHN will attend that person's home or a member of the **logistics** team will arrange to pick up that community member.

3. Have symptoms and cannot care for themselves and have no family or others who can care for them, arrange for a health team member or other **designated community member to care** for them or set up an **alternative care site** in collaboration with EOC.
4. They are having severe symptoms and need advanced medical care, a first responder will **transfer the client** to the Health Centre/facility. Depending on the status of the client and available community resources, the client may be transferred to the nearest available health facility.

Isolation

There are **three (3) levels of isolation** (individual, household, or community) which may be used to help prevent the spread to our community members. In the case of **individuals or households** who are self-isolated, the health team will need to identify someone to check on those people to ensure they are not getting sicker, or require supplies such as food or medication. They will report to the health team.

Community - If community isolation is being considered, a meeting/communication must take place explaining fully as to the reasons for the isolation and any restrictions that are in place because of it, as well as expected timelines of the isolation.

o Establishing **Alternate Sites** for Providing Medical Care

Plan: In the event that community members become too ill to care for themselves (or a loved one cannot care for them), or there are too many community members sick and unable to care for themselves, an **alternative care site** will be established.

When possible and depending on what is known about the disease and how it spreads, these sites could possess the following: an area **large enough for more than 5 people** to be cared for, running water, washroom facilities, a place to cook, large sinks, heat, and enough room to isolate patients from each other as well as for patient care. Other considerations include: beds, bedding, buckets, lights, patient care and medical equipment, personal protective equipment (PPE), washcloths, sponges, paper towels, scissors, water, soap, oxygen, patient record keeping material.

NOTE: The P'egp'ih'lha Community Center and/or Ucwalmicw Center has been identified as the mass triage/treatment center/alternate care site for T'it'q'et.

Arrange for Transportation of Ill Cases

Plan: If a member of our community has been identified as being too ill to be cared for within the community, the Health Team will arrange for transportation to the closest hospital.

Note: it is the responsibility of the Health Team to ensure communication to transport teams regarding the condition of the clients, updates to the possible mode of disease transmission, and the IPC measures implemented for the client.

Recognize the Need for Deceased Management

Plan: The most current information regarding dealing with persons who have died because of a communicable disease and implement the appropriate IPC measures (i.e. airborne, droplet, and/or contact precautions, or just hand washing). This will be monitored closely by FNHA and if information changes

and be triaged as per the triage section above. The health team will document per surveillance requirements.

The **British Columbia Centre for Disease Control** (BCCDC) website has health professional information on Influenza surveillance updates, antiviral guidelines and ILI outbreak forms. Also, WHO also has Global Surveillance Guidance documents for current outbreaks that EOC could utilize as an example.

http://www.bccdc.ca/health-info/diseases-conditions/influenza

Communication

As soon as our community leadership has been made aware of a health emergency, our community communication plan will be implemented to provide information to community members. Encourage community members who do not live in the community full time to attend.

Plan: The following information will be provided via the most efficient media such as VHF, community Facebook page, Community websites, telephone calls, and/or written community notices etc.:

- What an outbreak or pandemic is
- The current state/status update of transmission in (**T'it'q'et**)
- Being vaccinated if vaccines is an option, (this is very important to community members who do not live in the community full time, especially if we decide to limit travel into our community).
- Detailed protective measures for those who have declined or unable to receive the vaccine or if disease has no vaccine option
- Antiviral information if applicable
- Self-monitoring (if a community member becomes ill, they must inform the Health Team of their illness to get quick and proper treatment).
- Personal hygiene (importance of hand washing, cough etiquette etc.)
- Travel restrictions (ill people returning to the community)
- Infection control measures (i.e. the use of personal protective equipment, cleaning recommendations, etc.).

NOTE: Often experts from our RHA, FNHA or Consultants are available to assist with communications.

Have a clearly identified central spokesperson.

Plan: The media liaison (see **Appendix 1** on page 17), acting as the community spokesperson, will conduct any media interviews, or communications required on behalf of the community. If he or she is not available, then someone will be delegated on behalf of the community.