

# Requirement #5:

## Health Emergency Plan

Also known as

Communicable Disease Control and Management  
(CDCM) Plan

---

Temagami First Nation

December 2019

# Table of Contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
1.1. PURPOSE OF THE HEALTH EMERGENCY PLAN (HEP) .....	1
1.2. ADAPTABLE AND SCALABLE .....	1
1.3. UPDATE PROTOCOL.....	1
1.4. STRATEGIES TO MAINTAIN ESSENTIAL SERVICES AND SUPPLIES .....	1
1.5. STRATEGIES TO OBTAIN OUTSIDE COMMUNITY HELP .....	2
<b>2. SURVEILLANCE AND LABORATORY .....</b>	<b>3</b>
2.1. ROUTINE SURVEILLANCE METHODS .....	3
2.2. INFORMING APPROPRIATE PARTNERS OF SURVEILLANCE NUMBERS .....	3
2.3. ROUTINE MECHANISMS .....	6
2.4. ADDITIONAL REQUESTED SURVEILLANCE DATA .....	6
<b>3. PANDEMIC RESPONSE BY STAGE .....</b>	<b>6</b>
3.1. DEFINITIONS .....	6
3.2. CHAIN OF COMMAND .....	7
3.3. PRE-PANDEMIC .....	8
3.4. VACCINES.....	9
3.5. ANTIVIRAL DRUGS.....	10
<b>4. HEALTH CARE SERVICES .....</b>	<b>12</b>
4.1. HEALTH SERVICES .....	12
4.2. COORDINATING PATIENT TRANSPORTATION .....	12
4.3. PATIENT TRIAGE .....	12
4.4. DEVELOP A PLAN TO DEAL WITH MENTAL HEALTH PROBLEMS .....	12
4.5. ALTERNATE SITES FOR CARE IN THE COMMUNITY .....	12
4.6. TRACKING SYSTEM .....	12
4.7. COLOR CODE .....	13
4.8. EDUCATION BLITZ .....	13
4.9. CLINIC STAFF .....	13
4.10. COMMUNITY EDUCATION .....	13
4.11. PATIENT FLOW .....	13
4.12. SUPPLIES.....	13
4.13. INSURANCE ISSUES .....	13
4.14. HUMAN RESOURCES.....	14
4.15. CARE OF THE DECEASED .....	15
4.16. INFECTION CONTROL .....	15
<b>5. PANDEMIC .....</b>	<b>18</b>
5.1. COMMUNICATION.....	18
5.2. SURVEILLANCE.....	18
5.3. VACCINE .....	19
5.4. ANTIVIRAL DRUGS.....	20
5.5. HEALTH CARE SERVICES .....	21

Temagami First Nation (TFN)  
SIMPLIFIED BLOCK FA RENEWAL Community Health Plan 2020(21) – 2030(31)

5.6.	HUMAN RESOURCES.....	21
5.7.	CARE OF THE DECEASED .....	23
5.8.	INFECTION CONTROL .....	24
5.9.	EMERGENCY RESPONSE.....	25
<b>6.</b>	<b>POST-PANDEMIC .....</b>	<b>26</b>
6.1.	COMMUNICATION/EVALUATION.....	26
6.2.	SURVEILLANCE.....	26
6.3.	VACCINE .....	26
6.4.	ANTIVIRAL DRUGS.....	27
6.5.	HEALTH CARE SERVICES .....	27
6.6.	HUMAN RESOURCES.....	28
6.7.	CARE OF THE DECEASED .....	28
6.8.	INFECTION CONTROL .....	29
6.9.	EMERGENCY RESPONSE.....	29
<b>7.</b>	<b>TRAINING .....</b>	<b>30</b>
	<b>APPENDIX A: BAND COUNCIL EMERGENCY CONTACTS.....</b>	<b>31</b>
	<b>APPENDIX B: CLEANSING AND DISINFECTING GUIDELINES .....</b>	<b>32</b>
	<b>APPENDIX C: TFN ALL HAZARDS PLAN .....</b>	<b>34</b>

## 1. Introduction

### 1.1. Purpose of the Health Emergency Plan (HEP)

Prepare and inform the community about actions during a Health Emergency.

Provide written, easy to follow directions to enable provisions of essential community services, control confusion and panic.

Goals are to minimize serious illness and overall deaths as well as social disruption.

Throughout this Health Emergency Plan the term *Pandemic* is used in reference to a widespread outbreak of a communicable disease in the community or elsewhere on Bear Island. This plan is also the Communicable Disease Control and Management Plan.

**NOTE: The All Hazards Emergency Management Plan is available in a separate document called, “Temagami First Nations Emergency Preparedness and Response Plan”.**

### 1.2. Adaptable and Scalable

The TFN Health Emergency Plan is adaptable and scalable to different Communicable Disease Emergency scenarios. The approach and implementation of the plan is responsive to the degree of impact of the Communicable Disease Emergency including multiple events happening simultaneously.

### 1.3. Update Protocol

All Health Team members are responsible for:

- Monitoring, updating and adding new information into the existing HEP annually.
- Training and public awareness of the action plan for staff annually and as needed.
- Ensuring all PPE equipment in the disaster box is maintained and updated on a regular basis and as needed. This includes fitting of N95 masks.
- A list of emergency phone numbers, employee numbers, reserve map, houses and names will be updated on a quarterly basis. These items shall be given to the local Police and Ambulance services on an as needed basis.

### 1.4. Strategies to maintain essential services and supplies

The HEPF includes the following strategies to maintain services and supplies in the event of a community emergency:

- Each employee shall be responsible to be certified and updated annually in First Aid and CPR.
- Each employee shall be responsible to have a valid Class 4 driver's license and registered vehicle when transporting clients.
- Each employee shall be responsible for having an emergency First Aid kit located in their vehicles. First Aid Kit to be maintained and updated on a regular basis.
- Bi-annual Fire drills will be conducted at the Health Center.
- All employees are responsible for making sure the in/out board is utilized informing the Health Center of their whereabouts at all times during working hours.
- Each employee is responsible to update themselves on the use of the equipment and review the HEP regularly.
- All TFN vehicles shall be fuelled and ready available for emergencies.
- The list of emergency number's, employee's numbers, reserve map, houses, and names will be updated annually. These items shall be given to the local Police and Ambulance services.
- Incident reports shall be filled out by each employee involved in an emergency and an outlined report on incident with no personal information given to the health leadership for their records.
- Incident review to be completed by administration and/or disaster committee.

### 1.5. Strategies to obtain outside community help

The HEP details the strategies to obtain outside community help specific to the following emergency scenarios:

- Flood Preparation
- Tornado
- Forest Fire (Heavy Smoke and 1 hour evaluation priorities)
- Emergency Operation Log
- Declaration of Emergency
- Pandemic Planning

## 2. Surveillance and Laboratory

### 2.1. Routine Surveillance Methods

Disease surveillance is the collection, collation, analysis and dissemination of disease-related data to facilitate public health planning and action. The purpose of implementing a thorough and timely surveillance program is to monitor communicable disease activity in order to detect, confirm and track as early as possible to minimize the impact on community members. Timely disease surveillance information is needed to reduce transmission, morbidity and mortality.

Temagami First Nation routinely monitors seasonal communicable disease activity (i.e. influenza) using various indicators and data to track the impacts on individuals (e.g. symptoms and absences from work or school), health-seeking behaviour (e.g. visiting physicians or emergency departments), decision of health care providers (e.g. ordering tests and collecting lab specimens), regional health trends (e.g. spike in communicable diseases in nearby communities) and health outcomes (i.e. pneumonia, death).

Weekly staff meetings are held with TFN where emerging trends can be discussed. Additionally, ad hoc meetings can be called as needed should a spike in communicable diseases be noticed.

### 2.2. Informing Appropriate Partners of surveillance numbers

Temagami First Nation shall not collect personal health information about an individual unless the information is collected for a lawfully purpose connected with a function or activity of the TFN Health and the collection of the information is necessary for that purpose. The TFN Health shall collect pertinent health information about an individual as is reasonably necessary to accomplish the purpose for which the information is collected.

TFN Health shall collect personal health information directly from each individual except when:

- The individual has authorized another method of collection;
- The collection of the information directly from the individual could reasonably be expected to endanger the mental or physical health or the safety of the individual or another person;
- The collection of the information is in the interest of the individual and time or circumstance does not permit collection directly from the individual;

- The collection of the information directly from the individual could reasonably be expected to result in inaccurate information being collected; or
- Another method of collection is authorized or required by a court order or an enactment of the province of Ontario or the government of Canada, including their agents or representatives.

TFN Health holds the responsibility to ensure that all employees understand their responsibilities to maintain the confidentiality of information relating to clients and their care. Written authorization by the client or verified legal guardian must be given before any information is processed for release.

The Health Administrator will hold the responsibility of approving any request for client record access after consultation with the Delegated Councillor or Chief and Council. Authorization or consent for release of information from a client's record will include:

- Client's name, address, date of birth;
- Name of organization releasing the information to;
- Name of the individual or organization requesting the information;
- Specific description of information requested with approximate dates of care or services;
- Purposes for which information is requested;
- Date authorization is granted;
- Signature of client or signature of the legal authorized representative in the case of:
  - Minors, requiring the signature of parent or legal guardian;
  - Deceased persons, requiring the signature of the Executor of the estate or the legal Next-of-kin;
  - Certified mentally incompetent persons, requiring the signature of the parent, legal Guardian or appointed representative;
- Expiry date of authorization (i.e.: Sixty (60) days following date of authorization); and
- The signature of a witness.

If the above items are not contained in a request from a third party, the application will be denied.

In the event of a Health Emergency, the *Disclosure Policy* would be implemented to increase or decrease informing partners of pertinent surveillance numbers:

“Before using or disclosing personal health information, TFN Health shall take reasonable steps to ensure the information is accurate, up to date, complete, and not misleading for the

recipient. TFN Health may disclose personal health information only to the extent the recipient needs to know the information, only if:

- The disclosure is to the individual the personal health information is about or his or her representative; or
- The individual the information is about has consented to the disclosure.

TFN Health may disclose personal health information without the consent of the individual if the disclosure is:

- To a person who is providing or has provided health care to the individual to the extent necessary, unless the individual has instructed TFN Health not to make the disclosure;
- To any person if TFN Health reasonably believes that the disclosure is necessary to prevent or lessen a serious immediate threat to:
  - The mental or physical health or the safety of the individual the information is about or another individual, or
  - Public health or safety.
- For the purpose of:
  - Contacting a relative or friend of an individual who is injured, incapacitated, or ill;
    - Assisting in identifying a deceased individual or informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances of the individual's death;
    - To a relative of a deceased individual if TFN Health reasonably believes that disclosure is not an unreasonable invasion of the deceased privacy;
    - Delivering, evaluating, or monitoring a program of TFN Health that relates to the provision of health care;
    - For research and planning, that relates to the provision of health care by the TFN Health Program to computerize health information network and database; established by the government or another trustee that is a public body specified in *Personal Health Information Act*
- Required for:
  - The purpose of peer review by health professional;
  - The purpose of review by standards committee established to study or evaluate health care practices;
  - The purpose of a body with statutory responsibility for the discipline of health professionals or agencies; or
  - The purpose of risk management.

In certain circumstances, but so not to breach legal requirements, TFN Health may disclose information to and for the following reasons:

- A person who requires the personal health information to carry out an audit for or provides legal services to TFN Health.
- Required in anticipation of or for use in a civil or quasi-judicial proceeding to which TFN Health is a party to or in the prosecution of an offence.



- For complying with an arrangement or agreement, enter into under an enactment of Ontario or Canada.
- Authorized or required by an enactment of Ontario or Canada."

### 2.3. Routine mechanisms

This plan identifies the routine surveillance mechanism to be primarily be the responsibility of the CHN to communicate with the MOH office regarding influenza activity. Furthermore, absenteeism's will be monitored at the school by teachers and community members for the working population. The CHN is the primary point of contact for any unusual number of illnesses.

### 2.4. Additional Requested Surveillance Data

Temagami First Nation has purchased PathDMS (Data Management System) which has the capacity to track Incident Reports across all health programs. This is consistent with Critical Incident Stress Management reporting at the provincial and federal level, and provide additional surveillance data on an as needed basis in the event of an emerging Health Emergency.

## 3. Pandemic Response by Stage

### 3.1. Definitions

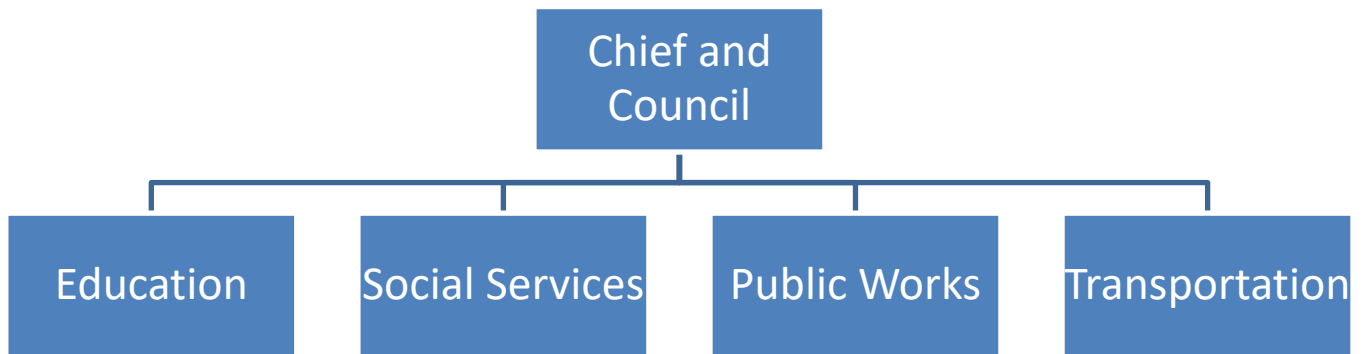
**Pandemic Influenza:** A world-wide outbreak of influenza with higher than usual illness and death rates.

**Pre-Pandemic Phase:** Refers to the time prior to the start of the illness and this is where communities plan and prepare for a potential major communicable disease outbreak. This is the phase we are in now.

**Pandemic:** The virus or disease is present somewhere in the world and is spreading causing unusually high rates of illness and death. The Medical Health Officer (MOH) will inform the communities that it is now in Canada and it is time to start putting the plan into action.

Post-Pandemic: The time when the amount of illness and death returns to what is considered a normal rate. The MOH will in consultation with other government agencies inform Temagami First Nation that the pandemic is over. Communities will then need to recoup and review how their plan worked and make necessary changes to keep the plan current.

### 3.2. Chain of Command



### 3.3. Pre-pandemic

#### 3.3.1. Coordination and Communication

Executive Director	Virginia Paul	705-237-8943 Ext.102
Chief	Arnold Paul	705-237-8943 Ext.105
Alternate	John Turner	(705)-237-8982
Executive Assistant	Megan Douglas	705-237-8943
Office Administrator	Peter McKenzie	705-237-8943 Ext.101
Infrastructure Manager	Jamie Koistinen	705-237-8943 Ext.103
Infrastructure Assistant	Lorie Hunter	705-237-8943 Ext.108
Housing Coordinator	Elizabeth Potts	705-237-8943Ext.106
Human Resources Manager	Katie Madore	705-237-8943 Ext.104
Communications Officer	Heidi Jobson	705-237-8943 Ext.107
Shuttle/Ferry Operator	Dean Potts	705-237-8955
Administration Office		705-237-8943
Doreen Potts Health Centre		705-237-8900
Family Healing and Wellness		705-237-8022
Lands and Resources		705-237-8600
Bear Island Education Authority/Laura McKenzie Learning Centre		705-237-8982
Laura McKenzie Learning Centre		705-237-8982
Tillie Missabie Family Centre		705-237-8698
Public Library		705-237-8943

#### 3.3.2. Chief & Council

See Appendix 1

#### 3.3.3. Vehicles

All band owned vehicles and equipment are available. Keys are to be obtained at Tillie Missabie Family Centre (705-237-8698).

### 3.3.4. Resources

All band owned buildings will be shut down and used as follows:

<b>Building</b>	<b>Used for:</b>
Administration / Community Centre	Command Centre
Doreen Potts Health Centre	Medical Storage (Vaccines, Syringes, Masks, etc.)
Laura McKenzie Learning Centre	Volunteer Headquarters/Food Services Hospice (if required)
Rec Centre	Main Storage

### 3.3.5. System Overwhelmed

During the Health Emergency the hospitals or doctors' offices may not be able to take clients. A hospice will be set up at the Elementary School. The hospice is only for those that don't have loved ones to care for them at home.

## 3.4. Vaccines

### 3.4.1. Increase Public Awareness

There will be ongoing public awareness through handouts and group sessions at the community level.

### 3.4.2. Storage of Vaccines

The vaccines will be stored in the vaccine fridge at Doreen Potts Health Centre. An alarm system as well as security guards will be available.

### 3.4.3. Distribution of Vaccine

The nurses as well as trained vaccinators will go house to house to immunize using Band-owned vehicles.

#### 3.4.4. Priority Lists (Subject to Change)

- Front Line Workers (Health Care Workers/Volunteers)
- Essential Service Providers (Police, Elected Officials, Utility Workers)
- Persons at high risk of severe or fatal outcomes (Persons over 65, children 6-23 months)
- Healthy Adults
- Children (24 months – 18 years)

### 3.5. Antiviral Drugs

#### 3.5.1. Antiviral Drugs to be stockpiled at Provincial/Federal level

Medications may be in short supply. The decision to start using them will be made by the MOH.

#### 3.5.2. Priority Groups

List will be available from the MOH.

Media will inform community members regarding availability of antiviral drug and the priority list and how the drug will be distributed.

#### 3.5.3. Potential Storage and Security

Antiviral drugs will be stored Doreen Potts Health Centre. The alarm system and security guards will be available.

If antiviral drugs need to be transported, security guards will be available.

#### 3.5.4. Documentation

The CHN will keep track to who received the vaccine or the antiviral drugs.

Last Name:	First Name & Initial:
Date of Birth: (dd/mm/yyyy)	House Number:
Address:	Phone #:
OHIP #:	Band #:
List of Medications:	
Next of Kin: 1.	Phone #:
Next of Kin: 2.	Phone #:
In case of sickness/death where do you want your child (ren) to go?	

Are you interested in volunteering in case of Pandemic?       Yes       No

Please check (v) if you have any of the items below, (indicate how many on the space provided).

<input type="checkbox"/> Quads	_____	<input type="checkbox"/> Skidoo	_____
<input type="checkbox"/> Horses	_____	<input type="checkbox"/> Buggies	_____
<input type="checkbox"/> Generators	_____	<input type="checkbox"/> Trucks	_____
<input type="checkbox"/> Vans/Cars	_____	<input type="checkbox"/> Walkie Talkies	_____
<input type="checkbox"/> Other	_____		

## 4. Health Care Services

### 4.1. Health Services

Health Services as we know it will come to a halt. Families are encouraged to keep sick loved ones at home. Hospice for the very sick that don't have loved ones to care for them at home.

### 4.2. Coordinating Patient Transportation

Patients will only be transferred if they are requiring the hospice. All community members are encouraged to stay at home. As mentioned previously immunization will be house to house.

### 4.3. Patient Triage

During the pandemic the hospitals or doctor's office may not be able to take clients. A hospice will be set up at the elementary school. The hospice is only for those that don't have loved ones to care for them at home.

### 4.4. Develop a Plan to deal with Mental Health Problems

Mental Health therapists as well as spiritual advisors will be dealing with mental health issues such as community anxiety; pre-pandemic, during pandemic and post pandemic. During the pandemic the mental health department will assist health staff as well as volunteers with debriefing sessions.

### 4.5. Alternate Sites for care in the community

Encourage family to care for their loved ones at home.  
Hospice will be available.

### 4.6. Tracking System

Monitor and document patient movement. Contact number for family members inquiring about loved ones.  
Document all deaths.

#### 4.7. Color Code

Sick -	Green
Food -	Yellow
Utilities -	Red
Death -	Blue

#### 4.8. Education Blitz

Advertise the Telehealth number: 1-866-797-0000  
Newsletters and Mail-outs  
Group Presentations

#### 4.9. Clinic Staff

Staff in Services  
Inform with current information through newsletters and staff meetings.

#### 4.10. Community Education

Educate all community members and age groups with the help of presentations, mail outs and on-going communication.

#### 4.11. Patient Flow

The ill will be encouraged to remain at home.  
Hospice will be available for those who do not have loved ones to care for them at home.

#### 4.12. Supplies

All department heads have done an inventory of supplies that are available and also what other material/supplies are needed for their departments. Community members have been encouraged to stockpile.

#### 4.13. Insurance Issues

This is covered through the band's insurance.



## 4.14. Human Resources

### 4.14.1. Human Resource Management Team

Program heads and Temagami First Nation.

### 4.14.2. Identify Human Resources Needed

Notify the volunteers and let the staff/commission know of their responsibilities. Staff will be informed of the places that they need to be and what their roles and responsibilities are.

### 4.14.3. Infection Control

Educate about proper infection control.

### 4.14.4. Other Professional Resources

There are none in the community. Nearest would be North Bay and they have:

- Hospital
- Doctors
- Nurses
- Mental Health
- Physiotherapy
- Home Care

### 4.14.5. Recruiting Volunteers:

Based on availability.

### 4.14.6. Provide Training to Volunteers

First Aid, Mask Fitting, Infectious Control

### 4.14.7. Develop Protocol for Supervising Volunteers

Program Heads will be responsible for their volunteers.

### 4.14.8. Services for Volunteers

Meals and Debriefing Sessions

#### 4.15. Care of the Deceased

##### 4.15.1. Documentation

Body Bags: Name, Date of Birth, Next of Kin, Date of Death, Death Certificate, and Body Movement (To where and When and Who Transported)  
Keep List of the deceased

##### 4.15.2. Security

Morgue  
Grave Site

##### 4.15.3. Infection Control

Have the burial of the deceased as soon as possible.  
Keep the bodies in the morgue until the burial takes place.

##### 4.15.4. Emotional Support

Debriefing for community will not be done until after the pandemic.

##### 4.15.5. Supplies

Body-bags, gloves, masks, gowns, and nametags.

#### 4.16. Infection Control

##### 4.16.1. Infection Control Guidelines

Health Care Staff Policies

- When and how to wash hands
- When and how to wear gloves
- When to wear a surgical mask or an N95
- When to wear Personal Protective Equipment
- How to deal with Bio-Hazardous Spill
- How to package and transport hazardous goods

Housekeeping Policies

- When and how to wash hands
- When and how to wear gloves

- When to wear a surgical mask or an N95
- When to wear Personal Protective Equipment
- How to deal with Bio-Hazardous Spill
- How to package and transport hazardous goods
- When and how to clean the various areas of the clinic
  - Type of cleaning supplies to be used
  - Frequency of cleaning: daily/weekly/yearly
    - Band Office – Command Centre
    - High School – Food Services
    - Elementary School – Hospice
    - Rec-Centre – Storage
    - Arena – Morgue

#### 4.16.2. Staff Education

WHIMIS Training  
Mask Fitting

#### 4.16.3. Housekeeping

Housekeeping Frequencies:

- Bed: Annually or after each patient
- Ceiling:
  - Vents cleaned monthly
  - Light Fixtures washed annually
  - Ceiling washed annually
- Doors:
  - Kick-plates washed weekly or as needed
  - Door spot washed daily
  - Door washed weekly or as required
- Flooring:
  - Dust mopped daily or as needed
  - Edges washed weekly or as needed
  - Wet mopped daily
  - Baseboards cleaned daily
  - Carpets vacuumed weekly or as needed
  - Carpets steam cleaned annually or as needed
  - Carpet mat spot removal weekly or as needed
- Furniture:
  - Upholstery Furniture steamed cleaned annually or as needed
  - Upholstery Furniture spot cleaned daily
  - Furniture cleaned/vacuumed weekly or as required
- Vertical/Horizontal:
  - Vertical surfaces spot cleaned daily

- Vertical surfaces cleaned weekly or as needed
- Horizontal surfaces spot cleaned daily
- Horizontal surfaces cleaned weekly or as required
- Walls and Door Frames:
  - Walls spot washed daily
  - Walls washed annually or as needed
  - High-low dusting weekly
  - Door Frames/jambs washed weekly
  - General dusting weekly
- Washrooms:
  - Clean toilets daily or as needed
  - Clean sinks/plumbing daily
  - Clean mirrors daily
  - Spot clean walls weekly or as needed
- Waste Collection:
  - Removal from rooms daily or as needed
  - Replace liner daily or as needed
  - Wash cans weekly or as needed
- Windows:
  - Spot washed daily
  - Complete cleaning weekly

#### 4.16.4. Supplies

Start stockpiling cleaning supplies, gloves, masks, etc.

#### 4.16.5. Occupational Health & Safety

Nurses are qualified to train mask fit volunteers and staff

#### 4.16.6. Promote Public Immunization

Ongoing promotion

#### 4.16.7. Public Education

- School education
- Community Meetings
- Posters
- Newsletters

## 5. Pandemic

### 5.1. Communication

#### 5.1.1. Plan Implemented

MOH'S office will initiate communication to the committee that they need to activate the plan.

Chain of Command: See Chain of Command Phone Fan List on Page 2

All department heads as well as staff/volunteers will meet at the command centre for an emergency meeting.

#### 5.1.2. Pull out the Communication Plan

Ensure all information is accurate and precise.

i.e.: Contact name and number.

#### 5.1.3. Essential Stakeholder

Close communication with the North Bay Regional Health Centre.

#### 5.1.4. Programs

All existing programs and buildings will be shut down.

#### 5.1.5. Availability of Resources

Monitor supplies, usage and restock as necessary or possible.

i.e.: Cleaning supplies, medical supplies, stationary, gas, food, etc.

### 5.2. Surveillance

#### 5.2.1. Circulate Community Information

The MOH is to contact the spokesperson as to when to alert the community.

Once word has been given the phone fan list will be implemented. (Chain of Command)

#### 5.2.2. Provide Health Surveillance Data

Send stats on a regular basis to the MOH. Nurses will be responsible for sending information to the MOH.

## 5.3. Vaccine

### 5.3.1. Vaccine

Follow Priority list set out by Temagami First Nation as to who receives vaccine. Must have clear understanding of priority list, the amount available versus the amount needed.

### 5.3.2. Delivery of Vaccine

Nurses as well as trained vaccinators to go house to house with security guards and immunize out of band owned vans. The priority list will guide the nurses and vaccinators as to who get the vaccines.

### 5.3.3. Security and Storage of Vaccines

Vaccines will be stored in the vaccine fridge at Doreen Potts Health Centre. The alarm system as well as security guards will be available. If vaccines need to be transported, security guards will be available.

### 5.3.4. Adverse Effects

The Nurses is to communicate regarding significant adverse reactions and the proper way to report.

Documentation is to be recorded and reported on in a timely fashion to the MOH.

Community members must be educated as to what to watch for and when to report the adverse effect. It is their right to know the pros and cons of the vaccine.

### 5.3.5. Start Date

The start date for vaccines will be at a provincial level. Directives will come through the MOH's office about start times.

### 5.3.6. Communication to the public

Prior communication to the community was done regarding the Priority List and door to door vaccinations.

Priority Lists (Subject to change)

- Front Line Workers (Health Care Workers/Volunteers)
- Essential Service Providers (Police, Elected Officials, Utility Workers)

- Persons at high risk of severe or fatal outcomes (Persons over 65, children 6-23 months)
- Healthy Adults
- Children (24 months – 18 years)

#### 5.3.7. Tracking System

All community members must fill out information cards. Many information cards have been previously been filled out.

Nurses and vaccinators are to document that vaccine has been given to each community member on the information card.

#### 5.3.8. Supplies

Inventory of vaccine supplies (stock piling) must be done every 3 months.

### 5.4. Antiviral Drugs

#### 5.4.1. Storage Sites

Antiviral drugs will be stores at Doreen Potts Health Centre. The alarm system as security guards will be available.

If antiviral drugs need to be transported the security guards will be available.

#### 5.4.2. Clinical Staff

The nurses will give out the antiviral drugs.

#### 5.4.3. Information

Antiviral drugs information has previously been communicated to the community members as well as the priority list (same as vaccine).

#### 5.4.4. Adverse Reactions

Nurses and the MOH are to communicate regarding significant adverse reactions and the proper way to report.

Documentation is to be recorded and reported in a timely fashion to the MOH. Community members must be educated as to what to watch out for and when to report the adverse effect. It is their right to know the pros and cons of the antiviral drugs.

## 5.5. Health Care Services

### 5.5.1. Priority based Health Services

Keep the community informed of any changes in the health care services.

### 5.5.2. Tracking System

Document supplies being used and what needs restocking

### 5.5.3. Personnel Transportation

Must monitor and control the use of band vehicles.

### 5.5.4. Clinical Guidelines

Keep staff informed of any changes that occur with the provincial and

### 5.5.5. Records

Activate record keeping system, which were previously filled out at the clan meetings and obtain records that are not yet collected.

### 5.5.6. Staff and Volunteer Care

Ensure that individuals are getting breaks and rest.  
Debriefing at each shift change should be done.

## 5.6. Human Resources

### 5.6.1. Activate the Plan

The MOH will contact the spokesperson as to when to activate the plan.  
The Spokesperson will notify the department heads that the HEP is activated.  
The staff and volunteers will be informed of the places they need to be and what their roles and responsibilities are.

### 5.6.2. Staff/Volunteer Duties

To be assigned based on availability



### 5.6.3. Number of staff/volunteers per 12 hours

What	Where	How Many
Housekeeping:	Hospice	3
	Public Library	2
	Control Centre	1
	Morgue	1
Security	Hospice	2
	Food Services	4
	Immunization	6
	Entrances	6
	Village	2
	Water Treatment Plant	1
	Community Curfew	3
	Control Centre	3
	Morgue	3
	Burial Site	3
	Food Delivery to Hospice	3
Food Services	Cook	2
	Cook's Helper	2
Water		2/week
Garbage	Hospice	daily
	Community	2/week
Sewage		2/week

### 5.6.4. Number of Vehicles for Staff and Volunteers

For What:	How Many:
Transportation Coordinator	1
Vaccinations	6
Food Service/Delivery	1
Undertakers	1
Transport sick to Hospice	1
Security	5
Medical transportation vehicles will be available Quads and/or skidoos	

### 5.6.5. Assessment

Assess the number of volunteers in each area and move individuals around if the need arises.

### 5.6.6. Support

Debriefing will be available from Mental Health for all staff and volunteers after each shift.

## 5.7. Care of the Deceased

### 5.7.1. Implement the Plans developed in the Pre-Pandemic Phase

Winter:

- The bodies will be kept at the arena in body bags and clearly identified until burial takes place.

Summer:

- Immediate burial of the bodies. The bodies must be clearly identified with nametag and the site must list the bodies.

### 5.7.2. Temporary Morgue

Protocols for:

- Security:
  - 1 (one) security guard present at the morgue at all times.
  - When in direct contact with the bodies a mask, gloves and gown must be worn.
- Infection Control
  - The staff/volunteer must wear a mask, gloves and gowns when handling the bodies.
  - There must be minimal contact with the bodies.

### 5.7.3. Emotional Support

Family members are encouraged to stay home. Support should be given to each other as we must avoid crowded areas.

Emotional support for the staff and volunteers will be given after each shift.

#### 5.7.4. Tracking System

Families will notify the frontline workers regarding a death with the use of a blue flag on the door. Staff will pick up the bodies. The bodies will be clearly identified with the use of name tag and stored at the morgue until burial or immediately buried if death occurs in the summer. The gravesite will be clearly marked with the deceased person's name.

Document when the body is moved, where it was moved and who moved it.

#### 5.7.5. Monitor Supplies

Caretakers are responsible for keeping track of supplies. Restocking (if possible) should be done as soon as supplies are 75% used.

### 5.8. Infection Control

#### 5.8.1. Implement the Plans developed in the Pre-Pandemic Phase

Encourage hand-washing, coughing into arm or tissue, avoiding crowded areas and keep loved ones at home.

#### 5.8.2. Staff and Volunteers

Update and educate all personnel involved with providing care to clients as changes arise.

Health Care Staff Policies:

- When and how to wash hands.
- When and how to wear gloves.
- When to wear a surgical mask or an N95.
- When to wear Personal Protective Equipment.
- How to deal with Bio-Hazardous Spill.
- How to package and transport hazardous goods.

#### 5.8.3. Housekeeping

Update and educate all housekeeping staff of any changes that may arise.

Housekeeping Policies:

- When and how to wash hands.
- When and how to wear gloves.
- When to wear a surgical mask or an N95.
- When to wear Personal Protective Equipment.
- How to deal with Bio-Hazardous Spill.
- How to package and transport hazardous goods.

- When and how to clean the various areas of the clinic.
  - Type of cleaning supplies to be used.
  - Frequency of cleaning (daily/weekly/yearly)

## 5.9. Emergency Response

### 5.9.1. List of Resource Personnel

Pull out the list of resource personnel developed in the pre-pandemic phase to check if it is current and update if needed. (List would have been checked monthly therefore list should be current when pandemic occurs)

### 5.9.2. Implement Chain of Command

Keep all staff and volunteers informed of any changes to the chain of command.

### 5.9.3. Replacement of Staff

Each department has a four (4) deep change over

### 5.9.4. Support

Emergency food hampers and medical supplies will be available

## 6. Post-Pandemic

### 6.1. Communication/Evaluation

#### 6.1.1. Inform

Call a meeting to inform committee members, staff and volunteers that the pandemic is over. Share this information with the band members.

#### 6.1.2. Review

Call a committee meeting to review what worked and what didn't work and apply changes to the plan.

#### 6.1.3. Document

Make the necessary changes to the plan for future outbreaks.

### 6.2. Surveillance

#### 6.2.1. Implement Surveillance for unexpected long-term effects of the disease.

The will nurses contact and inform the MOH of long-term effects of the disease.

#### 6.2.2. Evaluate the Surveillance System

Determine if this system works and if not make the necessary changes.

### 6.3. Vaccine

#### 6.3.1. Disposal of Excess Vaccine

Do not dispose of any vaccine until you have been given guidance on how to do so.

#### 6.3.2. Re-Evaluate

Have a discussion with your team to evaluate the vaccine program, revise the plan if necessary. Document any changes that need to be made for future reference.

### 6.3.3. Dismantle Mass Immunization Clinics

Inform community members that vaccinations are no longer available.

## 6.4. Antiviral Drugs

### 6.4.1. Review

Revise the plan if necessary.

### 6.4.2. Excess Antiviral

Dispose of antiviral medications when directed by the MOH.

### 6.4.3. Impact of Antiviral Medications

Did the medications get to the right priority groups? Was it effective in helping to decrease the spread of the disease?

## 6.5. Health Care Services

### 6.5.1. Resume Routine Health Care Services

Determine what program will be offered first (more education on infection control)

### 6.5.2. Set Priorities for Catch Up

Decide what needs attention first (debriefing for families, more education ...)

### 6.5.3. Begin to Review All Policies and Procedures used in Pandemic

Update these policies. Ensure that staff is aware of all these changes.

### 6.5.4. Continue to Monitor for Potential Re-occurrences

Remind all staff that they will need to continue monitoring the pandemic situation. There will be some patients that have long-term effects that will require support.

## 6.6. Human Resources

### 6.6.1. Volunteer Services

Maintain contact with volunteers. Continue debriefing sessions for the volunteers.

### 6.6.2. Review the Plan

Consider what worked and did not work and revise the plan.

### 6.6.3. Recognition

Have some sort of recognition for the volunteers.

## 6.7. Care of the Deceased

### 6.7.1. Dismantle Temporary Morgue

Ensure that the site is cleaned up and able to return to its previous use.

### 6.7.2. Infection Control

Ensure that the personnel involved in the dismantling follow the necessary infection control procedures.

### 6.7.3. Mental Health Support

Proper ceremonies will be conducted post pandemic.  
Debriefing will be done with the community members.  
Personnel involved at all with the morgue or its dismantling will also be debriefed.

### 6.7.4. Review Lessons Learned

Did the system work?  
Get feedback from the families.  
Document any changes made.

## 6.8. Infection Control

### 6.8.1. Review

Were policies and procedures that were put into action effective?  
What changes need to be made?

### 6.8.2. Document

Make necessary changes in the policies and procedures and educate the staff to the changes.

### 6.8.3. Ongoing Review

Ensure infection control policies are reviewed annually (hand-washing, housekeeping).

## 6.9. Emergency Response

### 6.9.1. Review

Review the plan.  
Decide what has worked and what has not.  
Change and update the plan to reflect the lessons learned.  
Share with the band members.



## 7. Training

Key highlights from the training plan specific to this Health Emergency Plan include:

- Training on current vaccine guidelines occur in an ongoing manner with the CHN as part of their scope of practice.
- CHN attend training on medication usage indication, access, administration and adverse events
- All staff attend reporting requirement training or refreshers as necessary
- CHN and CHR receives training on proper selection, use and maintenance of PPE supplies
- Training on public health measures can be attended by staff as it becomes available (in person when costs permitting or online).
- All staff receive WHIMIS training
- All staff receive Occupational Health and Safety training
- All staff receive ASSIT training
- All staff receive Mental Health First Aid
- All staff receive Critical Stress Management training
- Multiple staff receive CPR / First Aid training or recertification

## Appendix A: Band Council Emergency Contacts

### CHIEF

Name: Arnold Paul

Office Phone #: (705)-237-8943 ext. 105

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### ALTERNATE

Name: John Turner

Office Phone #: (705)-237-8982

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### EXECUTIVE DIRECTOR

Name: Virginia Paul

Office Phone #: (705)-237-8943 ext. 102

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### ALTERNATE

Name: Jamie Koistinen

Office Phone #: (705)-237-8943 ext. 103

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

## Appendix B: Cleansing and Disinfecting Guidelines

- a) Infection control guidelines  
Health care staff policies
  - When and how to wash hands
  - When and how to wear gloves
  - When to wear a surgical mask or an N95
  - When to wear personal protective equipment
  - How to deal with a bio hazardous spill
  - When and how to clean the various areas of the clinic:-
    - Type of cleaning supplies to be used
    - Frequency of cleaning – daily/weekly/annually
  
- b) Staff Education  
WHIMIS training  
Mask fitting
  
- c) Housekeeping  
Housekeeping frequency  
Bed – 1 x annually or after each patient  
  
Ceiling  
Vents cleaned monthly  
Light fixtures washed annually  
Ceiling washed weekly or as required  
  
Doors  
Door kick plates washed weekly or as needed  
Door spot washed daily  
Door washed weekly or as required  
  
Flooring  
Dust mopped daily or as needed  
Edges cleaned weekly or as needed  
Wet mopped daily  
Baseboards cleaned daily  
Carpets vacuumed weekly or as needed  
Carpets steam cleaned annually or as needed  
Carpet mat spot removal weekly or as needed  
  
Furniture  
Upholstery Furniture steam cleaned annually or as needed  
Upholstery furniture spot cleaned daily  
Furniture cleaned/vacuumed weekly or as required.  
  
Vertical/Horizontal  
Vertical surfaces spot cleaned daily  
Vertical surfaces cleaned weekly or as needed  
Horizontal surfaces spot cleaned daily

Horizontal surfaces cleaned weekly or as required

Walls and door frames  
Wall spot washed daily  
Wall washed annually or as needed  
High – low dusting weekly  
Door frames/jamb washed weekly  
General dusting weekly

Washroom cleaning  
Clean toilets daily or as needed  
Clean sinks/plumbing daily  
Clean mirrors daily  
Spot clean walls weekly or as needed

Waste collection  
Removal from rooms daily or as needed

## Appendix C: TFN All Hazards Plan