Communicable Disease Emergencies’ Planning Guidelines for On-Reserve First Nation Communities

1.0 Introduction

The national Communicable Disease Emergencies’ (CDE) Program, in collaboration with the regional CDE Coordinators, has developed CDE guidelines to support the development, strengthening, and implementation of CDE plans, formerly referred to as pandemic plans, at the community level. CDE plans identify and document the mitigation/prevention, preparedness, response, and recovery activities that are critical for the well-being of a community during communicable disease emergencies, such as a pandemic event.

These guidelines were created by conducting an analysis and synthesis of international, national, provincial, regional, and local influenza pandemic planning documentations, and extracting the recurrent themes for the six main preparedness components, i.e., surveillance, health services, public health measures, communication, vaccines, and antivirals, as per the Canadian Pandemic Influenza Plan (CPIP) for the Health Sector. Even though these guidelines stemmed from influenza pandemic planning documents and experiences, the advice listed below is encompassing and can be applied to other types of CDE events, such as outbreaks of gastro-intestinal illnesses or respiratory illnesses (e.g., tuberculosis). As for the influenza pandemic-specific guidelines, they have been extracted from the main text, and are highlighted in text boxes.

Throughout the six main preparedness components, there are two recurrent themes: collaboration and integration. As evidenced during the 2009 H1N1 pandemic, collaborative relationships between First Nation communities and local leadership, National Aboriginal Organizations, regional, provincial and federal (including FNIHB Regional Offices) partners are crucial for seamless, comprehensive and coordinated planning and response activities. When developing a CDE plan, communities need to engage all appropriate partners and/or stakeholders, in particular provincial/regional/local public health partners, such as district health authorities or local public health units, in discussions from the beginning of the planning process.

Another important component in planning for and responding to emergencies is integration. For that reason, communities need to strengthen relationships and partnerships with federal, provincial, regional, and local authorities responsible for all-hazard emergency preparedness and response (EPR), such as Aboriginal Affairs and Northern Development Canada (AANDC). All-hazard emergency planning is a key activity, at all levels of government, to specify measures that are essential for protecting public health, property, environment and safety for different emergency scenarios, including CDE events. Business Continuity Planning (BCP), within an all-hazard EPR plan, is also a key component as it specifies mitigation strategies for the continuation of the delivery of critical services and/or products during a disruption (e.g., floods, power outages, pandemic, etc.). Therefore, a community’s CDE plan should be integrated with the community’s all-hazard EPR plan; this will aid the communities in responding to a CDE event.

These guidelines serve as a guide to assist and support on-reserve First Nation emergency planning committees in CDE planning efforts. Throughout these guidelines, useful links have been added to provide additional information on a particular topic. All the guidelines presented should be incorporated in your CDE plan in some way, shape or form based on your community’s needs and realities. CDE planning is a continuous activity, and a CDE plan should be exercised and updated on a yearly basis.
2.0 Guidelines

2.1 Planning

All-hazard emergencies, including communicable disease emergencies, may pose a risk to health, environment, and society. Most emergencies require urgent actions to minimize the impact of hazards and rapid response to manage the immediate needs. Planning is essential to improve the effectiveness of preparedness and response activities.

2.1.2 EPR Planning, including Business Continuity Planning

☐ Establish linkages with emergency preparedness and response partners such as AANDC and provincial/regional/local EPR personnel.

☐ Be aware of the community’s all-hazard EPR and business continuity plan (BCP), and be familiar with their content.

☐ Prioritize community programs/services, including health services, in case of lack of staff availability (minor to major) depending on emergency event.

☐ Prepare a list of community members (e.g., volunteers, elders, etc.) with specific skill set to help maintain essential services during an emergency.

☐ Discuss the possibility of mutual aid and sharing of resources with neighbouring communities.

2.1.3 CDE Planning

Community Planning Committee

☐ Engage local/regional partners in the development of a CDE plan in order to ensure comprehensive and coordinated planning and response activities.

☐ Assemble a planning committee with external/internal members from all areas of responsibility within/outside the community (e.g., community leaders, health staff, etc.).


CDE Plan

☐ Build on existing preparedness and response mechanisms and processes (i.e., build on what already works).

☐ Review the regional/community governance structure, which has to be flexible to different CDE scenarios, and include it in the plan.
Integrate the CDE plan with other local/regional plans, and ensure its preparedness and response activities are complementary to theirs.

Integrate the CDE plan into the community’s all-hazard EPR plan.

Build in adaptability and scalability into the plan to deal with different CDE scenarios.

Assess the CDE plan at least yearly by having a table-top exercise.

Update and revise the CDE plan based on the results of the testing exercise.

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**INFLUENZA PANDEMIC-SPECIFIC RESOURCES**


- Provincial resources:
  - New Brunswick: [http://www2.gnb.ca/content/dam/gnb/sp/pdf/emo/Pandemic_Planning-e.pdf](http://www2.gnb.ca/content/dam/gnb/sp/pdf/emo/Pandemic_Planning-e.pdf)
2.2 Surveillance and Laboratory

Surveillance activities are critical for informing the public health response to a CDE event. They support the early detection and description of potential health threats present in Canada, including on-reserve First Nation communities, and identify adverse drug reactions and drug resistance. Community planners should be aware of the existing provincial, regional and local surveillance systems used in their jurisdictions. During a CDE event, laboratories will also be key in informing the delivery of rapid and appropriate public health responses for Canadians, including on-reserve First Nations. It is critical, therefore, for community planners to be familiar with established provincial testing guidelines and processes to ensure that laboratory specimens are dealt with appropriately.

☐ Link with District Health Authorities (DHAs)/Regional Health Authorities (RHAs) system to track community members’ illness, including influenza-like-illness, in different settings such as health facilities, schools and daycares.

☐ Communicate CDE information with appropriate partners such as FNIHB Regional Offices and DHAs and RHAs.

☐ Plan to work with other local/regional public health authorities to monitor CDE activity.

### INFLUENZA PANDEMIC-SPECIFIC RESOURCES


2.3 Health Services

The First Nations and Inuit Health Branch (FNIHB) provides basic primary care services in nursing stations in approximately 200 remote on-reserve First Nation communities. FNIHB also provides public health activities such as health promotion, chronic disease prevention and infectious disease control in approximately 225 health centres. Several types of professional and non-professional health care workers provide health care services in on-reserve First Nations communities. They all assume different and complementary roles and responsibilities in the delivery of health care.

Routine medical supplies, including personal protective equipment, are regularly available in nursing stations and health centres, when applicable, to meet daily needs of public health and clinical practice.

During a CDE event, the need for additional resources, both human and material resources, may be required to meet the increased demand on health services at the community-level. The way in which health services are delivered may also need to be modified.
Service Delivery

- Educate community staff regarding outbreak management protocols.
- Plan for BCP in health services, i.e., assess the staff capacity of your health facilities/community and determine the need to bring in additional staff, retired staff and/or volunteers.
- Plan for the provision and delivery of health services in the homes and in the community for those who are sick, but not needing hospital care (i.e., Home and Community Care, family members, etc.).
- Identify and plan for alternate means for patient transportation within and outside the community, for both infectious and non-infectious patients (i.e., ILI patients, dialysis patients requiring ongoing treatment, scheduled specialist visits, etc.).

Supplies & Storage

- Stock the health facilities (i.e., nursing stations and other health facilities as appropriate) with a 4-6 week stockpile of personal protective equipment (PPE).
- Store PPE stockpile, and other medical supplies/equipment, in a safe and secure location.

**INFLUENZA PANDEMIC-SPECIFIC RESOURCES:**


2.4 Public Health Measures

Public health officials, with designated authority, at all levels of government, are responsible to develop recommendations regarding public health measures in order to prevent, control or mitigate communicable disease emergencies within their jurisdiction. These measures can be population-based (e.g., cancelling public gatherings, closing schools) or individually-based (e.g., hand washing, cough etiquette, wearing of a mask), and their effectiveness may vary depending on the type and the severity of CDE event, the availability of other interventions, such as vaccines and antivirals, and access to health care services.

The implications of these potential measures must be recognized by all potential stakeholders, including community planners, and discussed during the planning phase.
Promote and encourage routine public health activities, including hand washing, cough etiquette, washing common surfaces, staying home when sick, and vaccination, in your community.

Develop a plan to inform community staff and members regarding public health messaging.

### INFLUENZA PANDEMIC-SPECIFIC RESOURCES:

#### 2.5 Communications

Communications planning for a CDE event is based on openly discussing potential risks and response options, and creating a plan that will be clear and accessible to all community members. The communication plan needs to streamline the processes in the delivery of consistent messaging to the community during a CDE event. To promote the effectiveness of the plan, the plan should specify communication processes with other stakeholders (e.g. neighbouring communities, regional and district health authorities) as well as align with the provincial communication plan.

- Develop a plan to determine how CDE-related information will be communicated to community staff and members.
- Develop a plan to determine how CDE-related information will be received and/or disseminated to external partners, including province, FNIHB Regional Offices, AANDC, while respecting confidentially and privacy laws.

### INFLUENZA PANDEMIC-SPECIFIC RESOURCES:

#### 2.6 Vaccines and Medications

As part of the Vaccine Preventable Diseases (Immunization) Program, vaccines are routinely offered in on-reserve First Nation communities for the infants and preschool series, as well as routine immunization across the lifespan. Vaccine procurement, management, including obtaining supplies and ensuring appropriate storage and handling, and administration is part of day-to-day operations at the community level. All these activities are already well aligned within provincial immunization programs. Therefore, during a CDE event, the management of possible additional vaccines will build on day-to-day processes; although these processes may need to be adapted to the evolving situation.

Since the development and production of a new vaccine takes 4 to 6 months (e.g., H1N1 vaccine), pharmaceutical interventions, such as antivirals and antibiotics, and other public health measures will be the first line of defence against the CDE-related event until the vaccine becomes available.
☐ Engage in discussions with the province and FNIHB Regional Office regarding the process of receiving CDE-related vaccines.

☐ Assess current vaccine delivery processes, and determine if modifications need to be made to allow for quick delivery of vaccines during a CDE event (i.e., mass immunization plan, linking with neighbouring communities, etc.).

☐ Develop a communication plan that will inform community staff and members of CDE-related vaccine information (i.e., priority groups, mass immunization clinics, etc.).

**INFLUENZA PANDEMIC-SPECIFIC RESOURCES:**


**SPECIFIC ANTIVIRAL DRUGS CONSIDERATIONS:**

- Engage in discussions with the province and FNIHB Regional Office to determine the processes for accessing the provincial antiviral stockpile.

- Determine appropriate and secure storage area for stockpile of antiviral medications.

**Conclusion**

These guidelines reflect current thinking on CDE planning and response activities, as well as lessons learned from the 2009 H1N1 pandemic. These guidelines are a useful tool to support communities develop, strengthen, and revise their CDE. 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 hand.

At the start of a CDE event, communities need to access the CDE plans and use them to guide response activities during the event. As more information and evidence from research on the organism becomes known, the CDE plans may need to be tailored.