



First Nations Health Managers Association

Association des gestionnaires de santé des Premières Nations



A Pandemic Planning Tool for First Nations Communities

Acknowledgements

The First Nations Health Managers Association is pleased to bring you a tool for community pandemic planning. We hope this will be useful to your organization and community.

This tool incorporates information and knowledge from several organizations and documents (listed at the end of the document). We are thankful and respectfully acknowledge all their work as we adapt and tailor this tool for First Nations communities.

We are also grateful for the support of the Assembly of First Nations, as they continue to be valued partners and champions for our work.

Be safe. Take care of yourselves. Keep taking care of each other.

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Key Definitions

Activation: Implementing procedures and activities in response to an emergency event.

Acutely elevated risk: A situation negatively affecting the health or safety of an individual, family, or specific group of people where there is a high likelihood of imminent and significant harm to self or others.

All-hazards: Describes an incident that requires action to protect life, property, the environment or to minimize the disruptions to important activities.

Business continuity plan: A collection of procedures that ensures necessary steps are taken to maintain important services during times of potential losses, emergencies, or disasters.

Collaboration: Individuals or organizations working together for a common purpose. Acknowledging shared responsibility for finding ways to work together and learn from each other to achieve a common goal or outcome.

Communicable disease: Communicable diseases spread from one person to another. Diseases can be spread through contact (e.g., sneezing, body fluids, etc.) or indirectly (e.g., unclean surfaces, unsafe water or food, etc.)

Community engagement: The process of inviting and encouraging individuals, families, and organizations to participate and collaborate in achieving safety and well-being.

Community safety and well-being: the state of being where everyone is safe, has a sense of belonging, opportunities to participate, and individuals' and families' needs are met.

Emergency: A present or imminent event that requires prompt coordination of resources to protect the safety, health, and welfare of people.

Emergency management: An ongoing process to prepare for, reduce the impacts of, and respond to an incident that threatens life, property, ongoing operations, or the environment.

Evidence-based: Policies or programs that are developed based on recent and effective research or leading practices. Usually supported by data and measurement.

Incident: A situation that requires a specific response. There are usually standard operating procedures in place.

Pandemic: A worldwide outbreak of a specific disease to which people have little or no immunity.

Partners: Agencies, organizations, individuals from different sectors, and governments which agree to work toward mutual goals. Usually involves shared responsibilities, complementary capacities, transparent relationships, and joint decision-making.

Preparedness: Activities, programs and systems developed to reduce the impact of emergencies and support the recovery.

Protective factors: Characteristics or conditions that reduce the negative effects of risk factors.

Quarantine: A state of enforced isolation.

Recovery: Activities and programs designed to return conditions to previous acceptable levels.

Response: Activities designed to address the immediate and short-term effects of the emergency.

Resilience: The capacity of a community to organize and maintain an acceptable level of functioning during and after an emergency, often a result of the community learning from past situations.

Risk: The likelihood of an event occurring, factoring in the consequences or impact if that event occurred.
(Risk = likelihood X impact)

Risk factors: Negative conditions that may increase harm or poor health in individuals, families, or communities.

Social determinants of health: The conditions in which people are born, grow, work, and live. Also includes the broader forces that shape life. Examples are access to healthcare, education, employment, connection to the land, healthy homes, cultural connections, etc.

Stakeholder: An individual, agency, or department who has an interest in a situation and is impacted by and cares how it turns out.



Introduction

It's challenging to plan for a pandemic, especially when the exact characteristics are unknown. However, historical evidence and current scientific modelling tells us that a pandemic will have serious health effects in communities as well as bring social and economic challenges.

Community safety and well-being during a pandemic, is based on understanding the situation, recognizing the risks, and using your community strengths to develop your plan. It involves shining a light on what you do well and using collaboration and relationships to build an approach that protects your community.

A Community Pandemic Plan is usually part of an overall Community Emergency Plan, and as such, supports a more coordinated approach and leverages existing processes.

This tool provides the basics of developing a Community Pandemic Plan and can complement what you already have in place¹. It is based on the belief that “an ounce of prevention is worth a pound of cure”. That is why this tool focuses on identifying risks and planning to avoid or mitigate them.

Success Factors

When developing your Community Pandemic Plan, keep in mind that there are some factors that have been found to be very important. Your community may have its own factors as well. Follow your own protocols and successful approaches.

It involves shining a light on what you do well and using collaboration and relationships to build an approach that protects your community.

- Basing on strengths – recognize what your community already has and build on that.
- Focusing on reducing risks – its easier to prevent or reduce the risk, than to have to “fix” it after.
- Building awareness and understanding – each community member understands their role in making the community a safer and healthier place.
- Ensuring commitment at all levels (especially leadership) – buy-in and support from Chief and Council and all managers and staff.
- Creating effective partnerships – a wide range of organizations need to be involved to create a comprehensive plan.
- Basing on evidence and evaluation – this will provide a clear picture of the current situation and help identify the key risks. Evaluation gives an opportunity to adjust and improve the plan based on what you've learned.
- Honouring cultural competence – this ensures that community culture is protected and considered when making plans that involve outside agencies.

¹ This tool has been developed to provide ideas and guidance based on the best advice at the time of writing. It is not meant to be comprehensive or replace any medical advice or regulations. Guidelines may change or your circumstances may dictate different precautions or strategies.

Understand your Community

A community assessment is a process for identifying strengths and needs and readiness in case of a public health emergency and/or pandemic. An assessment is important as it gives you a deeper understanding of your community – your culture, your social structures, your infrastructure, your relationships, your partners, your history, your people, and your connection to the land, to name just a few examples.

The assessment process is most beneficial when there is full participation from community and stakeholders. Below are some suggestions for who could be included in your engagement processes.

- ☐ Those directly affected by the services – patients, clients, their families, etc.
- ☐ Health providers – staff, outreach workers, home care workers, community health representatives, community health nurses, etc.
- ☐ Elders, knowledge keepers, and community influencers.
- ☐ Community leadership – Chief, Health/Social/Education/Youth Councillors, etc.
- ☐ Other community departments
- ☐ Indigenous organizations (Tribal Councils, Treaty organizations, etc.)
- ☐ Board of Directors – of your health centre, or your health committee.
- ☐ Government partners – Regional Health Authority, Provincial, Federal, etc.



Use a variety of engagement methods to collect information on your community's assets and needs. Here are a few ways you could gather that information. You probably also have other ideas for engagement that you use in your community.

- ☐ Conduct an asset mapping exercise.
- ☐ Conduct a community survey (online and in paper format).
- ☐ Host focus groups.
- ☐ Do a SCOT (strengths, challenges, opportunities, threats) exercise.
- ☐ Hold a community meeting.
- ☐ Do home visits to meet with families or those that are unable to get out.
- ☐ Interviews with key stakeholders such as health care providers or acute care centres outside the community.

You will use different engagement methods for different groups of people, depending on the most effective and appropriate way to reach them.

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Always over-engage rather than under-engage, as all information is useful and the more you involve community and stakeholders, the better your data will be. This process is very important but can take some time, so planning for this upfront is most helpful.

Gathering information on all aspects of your community is important as it helps you make connections between work that is already being done and potential supports that could be used. A key element of your Community Pandemic Plan is knowing who is already doing what, and what isn't being done. During an emergency, you won't have time to figure that out and you also don't want to have duplication of services, as that is not using resources effectively.

An example of how you can show connections is shown in the chart below.

Existing Group	Mandate	Members	Connection to Plan	Opportunities for Collaboration
Mental Health Committee	Ensure community members are receiving appropriate supports	Band Council Health Centre Social Services Local hospital Mental health counsellor	Mental health is a priority risk factor	This group is key to ensure mental health supports are in place during an emergency

For each sector in the community, you can summarize who they engaged with and how, as well as any key information. This helps show all the perspectives that have been involved and may show where more information is needed or any other groups that still need to be engaged. Some examples are below. Your community will have its own list of organizations that would be included.

Sector or Group	Organization or Affiliation	How engaged	Key lessons or perspectives
Health Department	Health Centre	Focus group	Health Centre Pandemic plan in place, needs updating.
	Public Health Unit (province)	Interview	Public Health wants to provide information and do a workshop to conduct some training.
	Hospital (in closest location)	Interview	Has expertise in emergency training.
	Indigenous Services Canada-First Nations and Inuit Health Branch	Interview	Funding is available during an emergency. Access to supplies can be arranged.
Education	School Board	Survey	Strong communication tools
	Principals of schools	Interview	Access to staff and students in case of emergency. Will set up training exercise with staff.
	Educational Assistants Special Needs workers	Focus group	Alternative arrangements for special needs children to be made. Tools for parents and caregivers are available.

The goal of your community assessment is to understand what your community has (assets, strengths) and what it needs. In that way, you can use your strengths to address areas of risk. Remember that this work is all done *before* there is an emergency, so you are prepared when it does happen.

Identify the Risks

Once you've done your assessment, you can identify where the risks are. This is more easily done in a group where you can hear different perspectives.

The risks could be in the following categories.

- Emergency management plan
- Crisis communication
- Relationships and partnerships
- Roles and responsibilities
- Services (health centre, public health, etc.) and supplies (PPE, medications, etc.)
- Surveillance
- Infrastructure (housing, clean water, sewer, etc.)
- Traditions and culture
- Technology
- Transportation
- Food security
- Mental health
- Finances

This work is all done before there is an emergency, so you are prepared when it does happen.

For each of the categories, identify the risks that your community *could* face. Rate each risk for probability (the likelihood of it happening) and impact (the outcomes of the risk happening). Use a scale of one to five. One = Very Low. Five = Very High.

For example, a risk related to “Roles and Responsibilities” is that your community doesn’t have a person or team identified to lead during a pandemic situation. That would rate a “5” for likelihood and a “5” for impact. So, if a pandemic happens, this would definitely be a significant risk. That is why it is important to identify risks up front. As a community, you would then make sure that your Community Pandemic Plan identifies who would be leading the work.

Another good way to visualize the risk is to use a matrix that considers the probability of the risk happening and the impact it would have. An example of this matrix is shown below. You could plot each risk in the appropriate square. This illustrates the urgency that each risks represents and will help guide how you manage the risks.

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Red = urgent – must plan for these, they are likely to happen and will have serious impacts.

Orange = very important – plan for these, they are either very likely to happen, or will have serious impact if they do happen.

Yellow = include these in the plan, they are likely to happen without serious impacts or they may have serious impacts but are not likely to happen.

Green = discuss these last, they are not likely to happen and don't have serious impacts.

Probability	Impact				
	Very Low 1	Low 2	Medium 3	High 4	Very High 5
Very Low 1	Green	Green	Yellow	Yellow	Orange
Low 2	Green	Yellow	Yellow	Yellow	Orange
Medium 3	Green	Yellow	Yellow	Yellow	Red
High 4	Yellow	Yellow	Yellow	Orange	Red
Very High 5	Yellow	Orange	Orange	Red	Red

Create your Community Pandemic Plan

Once you've identified and prioritized your risks, you can create a plan to prevent the risks from happening or at least mitigate the effects of the risks. The Community Pandemic Plan is organized into Containment Activities (precautions that need to be applied across the entire community), Essential Services Continuity (keeping the essential elements of the community running smoothly), Roles and Responsibilities (who is doing what), and Communication (what messages go out, how they go out, and by whom).

A reminder that in order to be ready, this plan is created *before there is any emergency*.

Containment Activities

Reduce the risk of infected people entering locations.

- ☐ Identify managers and others that will have responsibility for containment and other related activities. Ensure that the list of these individuals is posted so staff can access it easily.

Physical distancing is a key strategy used to limit the close contact and interactions between people. It requires people to stay *at least* 2 metres (6 feet) apart and is most effective when people reduce contact with others.

- ☐ Post information on the physical distancing requirements across the entire community and explain why this is being implemented.
- ☐ Where relevant, organize shift changes to allow for a time interval between when one shift ends and another begins. Find a way for updates to be conducted over the phone or at a distance.
- ☐ As much as possible, avoid meeting people face-to-face. Use telephone, video, internet, and email instead.
- ☐ Avoid any unnecessary travel.
- ☐ If possible, arrange for employees to work from home or work flexible hours. This will help limit contact and allow for family care-giving roles if required.
- ☐ Encourage employees to avoid ceremonies and gatherings.
- ☐ For front-line staff, provide a physical barrier between employee and client.
- ☐ Ensure leadership models the behaviours you're looking to see in community members.

Post information on the physical distancing requirements across the entire community and explain why this is being implemented.

Self Isolation – refers to staying at home and only going out for necessities such as groceries.

- ☐ Messages need to be clear on what self-isolation means and why it is so important.
- ☐ There may be implications if there is overcrowded housing.
- ☐ Put in place measures such as daily check-ins by phone or Facebook to help reduce the feeling of isolation for those who live alone or to inquire if vulnerable populations like seniors and Elders are in need of any assistance.

Quarantine

- ☐ Patients who test positive or are suspected to be positive will require quarantine. This might be difficult if there are many people in the same household. Sites for possible quarantine could be hotel, schools, community centre (with modifications), etc. Your plan could include contingency plans if it's not possible for people to quarantine at home.
- ☐ Quarantine means strict isolation of the affected person from non-infected people. All efforts will be made to completely limit direct contact with others.
- ☐ Supplies will need to be dropped off regularly to those in quarantine (wood, water, food, household supplies, and medications) and those who are house-bound.
- ☐ The Nurse in Charge should be in regular contact by phone with each person in quarantine to assess their health status and determine whether they need to be seen in the health centre. Ideally any infected person should stay away from the health centre unless they are extremely sick and require urgent medical care.
- ☐ Mental health and wellness supports should be extended to individuals in quarantine.

During a pandemic, all workspaces should focus on cleaning to limit the spread of the virus. These activities should be consistently implemented.

- ☐ Inspect and replace air filters regularly. If filters are reused, clean with a disinfectant in a concentration that the manufacturer recommends.
- ☐ Clean all telephones during and after each shift.
- ☐ Regularly clean all common areas (counters, desktops, door handles, railings, sinks, washrooms, etc.) frequently during the day and at the end of each shift.
- ☐ Some areas may require enhanced cleaning. Use appropriate cleaning products as recommended by manufacturers.



Personal hygiene measures should be clearly explained and reinforced to minimize virus transmission.

- ☐ Cover nose and mouth when sneezing or coughing and immediately dispose of tissue.
- ☐ Wash hands well with liquid soap for at least 20 seconds regularly and especially after coughing or sneezing. Also wash hands well after touching objects or materials that may have been contaminated.
- ☐ Keep hands away from eyes, nose, and mouth.
- ☐ Use alcohol-based hand sanitizers to clean hands when soap and water isn't available.

Personal protective equipment (PPE) refers to masks, gloves, face shields, and clothing/shoe coverings.

- ☐ Medical grade masks need to be limited to medical staff to ensure that there are no shortages.
- ☐ The value of facemasks for the public has not been clearly determined, although evidence shows that it is effective in reducing the spread of the virus by the person wearing the mask. It does not appear to protect the wearer from others. However, look to your Provincial Health Officer for the most recent recommendations.

Essential Services Continuity Planning

It's important that all key services are functional to ensure the wellbeing of the community. Plans must be made to protect the services and those that are trained to operate and maintain them. To ensure your plan is comprehensive, identify which functions are critical to the operation of your community.

- ☐ Complete an inventory of critical services and functions, describing the human resources and skill set requirements. What people are considered necessary for the community to function during a pandemic?
- ☐ Determine if there are back-ups to ensure essential functions can continue, even with large-scale absenteeism.
- ☐ Determine the potential impact on community organizations such as an increase or decrease in demand for services, large scale absenteeism or the requirement to self-isolate, reluctance of clients to receive services, and potential delays or shortages of supplies.
- ☐ Identify people that you can draw upon to help out if essential staff become ill. Consider whether any cross-training is needed.
- ☐ Discuss continuity plans with suppliers that your community relies upon. Do they have a strategy in place? How can you ensure you will receive necessary supplies?
- ☐ Identify resources outside of the community to complement or replace essential services if necessary.

To ensure your plan is comprehensive, identify which functions are critical to the operation of your community.

Here are some essential services for you to consider as you create your plan.

- ☐ Water and Sewer
 - Water treatment manager and workers need to have adequate training about infection control.
 - Consider cross-training other community members in basic functions of the water treatment plant in the event that the trained workers get ill.
- ☐ Electricity/Internet/Phones
 - Band manager communicates with utility organizations and local employees to confirm pandemic plans have been made.

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- Consider cross-training other community members in the basic functions of telecom/electricity grid operations in the event that trained workers get ill.

☐ Transportation

- If by air, ensure runways and terminal is maintained to allow transportation of food, necessary products, and emergency medical care and personnel.
- Ensure a backup plan is in place in case workers become ill or in quarantine.

☐ Food Supply

- Collaboration with store managers to ensure shipments of food continue into community.
- Establish policy about preventing individual stockpiling of food or materials from the store to ensure equal access to all community members.
- Consider having the band pay for food to be brought from the nearest urban hub in case there are transportation limitations.
- Encourage hunting and fishing and other traditional food gathering activities.

☐ Heating Supply

- Encourage people to have a supply of wood/oil/diesel (at least a week or more).
- Support Elders who need to have wood/oil/diesel delivered to their homes.
- Create a plan for wood/oil/diesel delivery to those that are in quarantine to reduce interactions with others.

☐ Gasoline

- Have all gas stations prepared for possible disruptions in the supply chain.
- Consider and explain the balance between being prepared and hoarding resources.
- Encourage common sense practices like avoiding unnecessary idling of cars to conserve fuel.



☐ Police

- A plan to ensure that local police offices/detachments are adequately staffed. Work with your local police force and Public Safety Canada.

☐ Band Council/Leadership

- Chief and Council and Health Director/Manager are well educated in infection control practices.
- Non-essential meetings and travel are postponed or cancelled.
- Leadership displays composure and competence to maintain calm in the community.

Leadership displays composure and competence to maintain calm in the community.

☐ Nursing Station/Primary Care Centre/Health Centre

- Designate an entry/exit and area of the centre solely for people with pandemic risk factors.
- Limit the number of non-urgent visits to the centre; postpone follow-ups that aren't urgent.
- Screen people with respiratory symptoms and have them call the centre first to be assessed over the phone. They should not enter the centre unless advised by the staff.
- If someone screens positive for pandemic factors and requires testing or further assessment, they should enter through the specially designated entry.
- Nurses assessing possible pandemic cases should be in fully personal protective equipment.
- Rooms being used for possible pandemic cases should be thoroughly cleaned after each person is seen. All commonly touched surfaces be cleaned at least 4 times a day. Chair/desk/door be cleaned after each patient.
- Anyone with respiratory symptoms entering the centre must wear a mask.
- Everyone entering the centre must wash their hands prior to entering. Hand washing station to be placed by the door, with appropriate signage. Consider having a person (security or Community Health Representative) at door to enforce hand hygiene and mask wearing if symptomatic.
- If staffing allows, consider screening all staff and patients who enter the centre with brief "symptoms" questionnaire and taking temperature.
- Centre staff who do not have critical roles, or who are able to work from home, may be asked to do so at the discretion of the Health Director/Manager.

☐ Medical Appointments

- Medical appointments may be rescheduled for most general follow-up purposes, these will be rebooked on the basis of need and urgency.
- If necessary, some appointments may be performed by phone, telehealth, Skype, Facebook video, or other software platforms.

- Many diagnostic imaging and specialty appointments in urban centres will be cancelled. Patients, medical travel coordinator and nurses will collaborate to determine which appointments need to be kept.

☐ Personal Protective Equipment and Sanitation Products

- Health centres will have sufficient cleaning chemicals and personal protective equipment for their operations; however there may not be enough for all community members.
- Assign person (usually Nurse in Charge) to order further stock from Indigenous Services Canada, provincial partners, or another supplier.

☐ Home Care

- Limit services that require home care workers to enter the house (e.g., cleaning)
- For high risk patients (those older than 60 or with pre-existing health conditions), consider arranging deliveries of groceries, water, prescriptions, and wood/oil/diesel.
- Work with health professionals to ensure protocols are in place and followed related to medically necessary services that must be provided.
- Personal protective equipment will be provided as required to home care workers who must attend home care clients.

Some appointments may be performed by phone, telehealth, Skype, Facebook video, or other software platforms.

☐ Medical Driver

- Educate medical drivers in infection control techniques, and posters should be placed on the inside and outside of the vehicles for passengers to read.
- The health centre provide each vehicle with masks, garbage bags, tissues, hand sanitizer, gloves, and disinfectant wipes.
- Clean the vehicle at least four times a day (twice in morning and twice in the afternoon) with disinfectant wipes, as well as after carrying a passenger.
- Provide a mask to any passenger with a cough or fever. Do not give masks to anyone else, in order to preserve the stock.
- Encourage all passengers to cover their cough and sanitize their hands when they get into the vehicle.
- Ensure the health centre is aware of any passenger coming in with a cough or fever.

☐ Schools and Daycares

- Close all schools and daycares to ensure virus isn't shared.
- Provide resources and supports for parents.

- Set up regular check-ins through phone or video to provide support or reassurance to children and families.

☐ Community Programs

- Cancel or postpone all community programming and sporting events.
- Seek and implement creative ways to celebrate and stay connected as a community.
- Encourage land-based activities like hunting, fishing, snowshoeing, etc.
- Involve youth in preparing and delivering food or wood to elders or those who are quarantined.
- Consider restrictions on people coming in and out of the community (at leadership's discretion). Those that do come into the community should be questioned about active symptoms, recent travel, or any contact with possibly infected persons. If any of the previous conditions have occurred, community protocols will require self-isolation for 14 days.
- Leadership may also require that community members coming back to the community self-isolate for 14 days.



☐ Traditional Practices

- Traditional gatherings (feasts, dancing, ceremonies, sweat lodges, etc.) need to be canceled or postponed.
- Elders and healers could be involved in incorporating traditional medicines and wisdom to the pandemic.
- Practices like personal smudging and prayer could be supported as long as they are safely conducted (and there are no respiratory issues).

Roles and Responsibilities

Establishing clear roles and responsibilities is essential to do *before* a pandemic hits. Ensure that people are designated and have been given delegated authority to make decisions. Consider how the following groups and people (and examples of their responsibilities) can help you move into implementation more smoothly.

Community Leadership

- ☐ Ensure your Community Pandemic Plan is developed, tested, and regularly updated. Some communities do mock emergency exercises to familiarize the Crisis Management Team with the responses required in the event of a pandemic. This should be integrated into already existing emergency response plans.
- ☐ Set up a Crisis Management Team that has the appropriate delegated authorities to make decisions and implement the Community Pandemic Plan.
- ☐ Collaborate with different levels of government (federal, provincial, and local) to ensure elements of your Community Pandemic Plan are complementary with other measures to support effective implementation.

Identify all critical decision-making functions including who has the authority to make which decisions.

Crisis Management Team

- ☐ If you don't already have one in your community, set up a team that includes representatives from leadership, health, facilities, social, communications, education, and others as relevant to your community. What is most important is that you have the right people involved to ensure effective handling of a pandemic.
- ☐ Community leadership or health leadership will usually activate the Crisis Management Team in conjunction with the Public Health Officer.
- ☐ Where possible, the Crisis Management Team will meet virtually (teleconference, videoconference, etc.) to avoid spreading infection among the team.
- ☐ The Crisis Management Team will establish an information or communication cycle to receive key information from government agencies and bring it to community.
- ☐ Identify all critical decision-making functions including who has the authority to make which decisions. Identify what is required to ensure the decision-making will be effective, such as human resource supports, telecommunications, technology, etc.)
- ☐ Develop a comprehensive Community Pandemic Plan to protect the community members and allow essential elements of the community to function. This will include procedures for:
 - replacing leadership in the event of sickness or death,
 - procuring and safe storing of necessary supplies,
 - drafting, implementing, and enforcing bylaws if required,
 - establishing an Emergency Operations Centre,

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- establishing backup locations for all key operations,
- identifying community channels,
- providing training for all who could be required to step into other roles.

Health Care Team

- ☐ Stay up-to-date on all pandemic-related information and share in easy-to-understand formats.
- ☐ Identify reliable sources of information.
- ☐ Ensure continuity of care as much as possible.
- ☐ Collaborate with provincial public health pandemic measures.
- ☐ Ensure resources are available for community members for care at home.
- ☐ Ensure staff wellness, use different methods to stay in touch.
- ☐ Ensure your organization has adequate supplies of personal protective equipment, if required.
- ☐ Organize staffing situations to avoid unnecessary contact, including at shift changes.

Communication is often the first and most important early public health intervention during a pandemic.

Indigenous Services Canada

- ☐ The First Nations and Inuit Health Branch (FNIHB) provides funding and expertise to First Nations communities for developing and maintaining their pandemic plans in all provinces except British Columbia. In British Columbia, FNIHB will be supporting the First Nations Health Authority who coordinates community requests.
- ☐ Administer financial assistance and emergency supports.
- ☐ Employ public health and primary care nurses across many First Nations communities.
- ☐ Work with communities to ensure public health emergency management and access to a Medical Officer of Health.
- ☐ Support the development of Community Pandemic Plans.
- ☐ Provide personal protective equipment to ISC-run nursing stations. This has been expanded to First Nations communities without nursing stations.
- ☐ Prepare public service announcements about the pandemic for radio broadcast.

Public Health Agency of Canada

- ☐ Integrate First Nations community considerations and realities into federal documents and plans.
- ☐ Ensure coordination and communication.
- ☐ Ensure federal vaccine, antiviral, and personal protective equipment stockpiles.

Provinces

- ☐ Provide consistent access to a Medical Officer of Health (MOH). The MOH should be clearly noted in the Community Pandemic Plan. If this isn't clear, contact the regional offices of Indigenous Services Canada.
- ☐ Communication with communities.
- ☐ Access to provincial stockpiles of vaccines, antivirals, and personal protective equipment.
- ☐ Support communities during an emergency (for example, staffing surge capacity, funding, etc.)

Communication

Communication of information and advice is often the first and most important early public health intervention during a pandemic. Providing clear and consistent information about the disease, who it affects, how it spreads, and ways to reduce risk is an effective way to help reduce the spread of infection before other interventions are available. In order to build trust, communication should be honest, accurate, open, clear, consistent, coordinated, and culturally sensitive.

It's important to have the responsibility for communication clearly outlined in the Community Pandemic Plan. This avoids duplication or gaps in information – essentially, clearly lay out who is responsible for sharing what information.

Key elements to include in public communications are:

- ☐ Local, provincial, national, and international situation.
- ☐ Level of risk.
- ☐ Public health response.
- ☐ Signs and symptoms.
- ☐ Recommendations including prevention measures, how to care for ill family members, when to seek care, and when to stay home.
- ☐ How community services will be affected.
- ☐ Where people can go for more information. Consider providing a contact list so community members know who to contact for their specific needs.



Use several different methods of communication so your messages are more likely to be received. Some examples are:

- ☐ Radio.
- ☐ Social media (Facebook, Twitter, etc.).
- ☐ Media interviews.
- ☐ Posters throughout the community.

- ☐ Phone calls.
- ☐ Pamphlets or information sheets.
- ☐ Mail out notifications including email.
- ☐ Any other ways your community uses to share information.

Consider how to word your communication to get the message across and not to create fear and panic. When planning for communications, include the requirement for translation if relevant.

Communicate clearly with all staff. Each community organization should identify a point person who can provide information and answer questions. This would include the risks associated with the pandemic and the steps your community is taking to plan and prepare. It will likely be necessary to target the communications to different roles in your community depending on how they are being impacted. For example, front-line service providers, administration, management, etc.

Currently, these are good sources for up-to-date information. You may also have information from First Nation provincial or regional treaty or territory organizations.

International:

World Health Organization

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Federal:

Indigenous Services Canada – First Nations and Inuit Health Branch

<https://www.sac-isc.gc.ca/eng/1584819394157/1584819418553>

Public Health Agency of Canada

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Global Affairs Canada

<https://travel.gc.ca/>

Provincial:

British Columbia

<http://covid-19.bccdc.ca/>

Alberta

<https://www.albertahealthservices.ca/>

Saskatchewan

<https://www.saskhealthauthority.ca/>

Manitoba

<https://www.gov.mb.ca/covid19/index.html>

Ontario

<https://www.ontario.ca/page/ministry-health>

Quebec

<https://www.quebec.ca/en/health/>

New Brunswick

<https://www2.gnb.ca/content/gnb/en/departments/health.html>

Nova Scotia

<http://www.nshealth.ca/>

Prince Edward Island

<https://www.princeedwardisland.ca/en/topic/health-pei>

Newfoundland and Labrador

<https://www.health.gov.nl.ca/health/index.html>

Monitor and Evaluate

Processes, activities, and decisions made during the pandemic response should be documented for review and reference. There should be an in depth exploration of what went well, what could be done differently, what the overall outcome was, and what was learned. This ensures that the lessons learned are captured and incorporated into an updated Community Pandemic Plan.

Debriefing with different groups is recommended. Below are some suggestions.

- ☐ Hold tactical debriefing with the Crisis Management Team (what worked well, what needs improvement, and what we learned).
- ☐ Host operational debriefing with community partners and stakeholders (how roles and responsibilities worked and what we learned).
- ☐ Distribute a questionnaire to volunteers, community partners, etc. (identify gaps and future considerations for improvement).
- ☐ Develop a post-pandemic report and share widely within the community.
- ☐ Identify a person to be responsible for the debriefings and collate the information so it's available to be incorporated into an updated Community Pandemic Plan.
- ☐ Celebrate community resilience and healing. Honour any losses. Share community experiences. Hold a community celebration.

Summary

Developing your Community Pandemic Plan in advance and then implementing it requires significant effort during very challenging times. Your community will find the right way, building on your own strengths and using “two-eyed seeing” to follow critical public health advice.

Working beside the health professionals in your communities, you're playing a key role to protect the safety, health, and wellbeing of your people.



Sources of Information

We respectfully acknowledge and honour the contributions from the following sources:

Community Safety and Well-being Planning Framework. A Shared Commitment in Ontario. Booklet 3, Version 2. Government of Ontario

Continuity of Decision Making: A Toolkit for Municipalities. Continuity of Government Sector Working Group. Ontario Critical Infrastructure Assurance Program. Government of Ontario

COVID-19 Emergency Response Plan. Operations Checklist. First Nations Health Authority.

Guide to Developing a Workplace Health Plan for an Influenza Pandemic. Ontario Ministry of Health and Long-Term Care.

Indigenous Services Canada. Environmental Scan of Pandemic Readiness.

Influenza Pandemic Planning Considerations in On Reserve First Nations Communities. Annex B. Public Health Agency of Canada.

Pandemic Planning Checklist for Employers. Ontario Ministry of Health and Long-Term Care.

Pandemic Influenza Plan. Ontario Ministry of Health and Long-Term Care.