

# **PANDEMIC INFLUENZA PLAN**

**For**

**English River First Nation**



**Planned by and drafted by the  
Pandemic Influenza Planning Committee**

**Updated September 23, 2016**

*This plan was developed using a template provided by Northern Intertribal Health Authority. Dr Nsungu, the MHO, developed the template using the SK Pandemic Planning Plan Draft #7, SK FNIHB Region Outbreak Preparedness Plan, Canadian Influenza Plan, & the Pandemic Influenza Preparedness Guide for First Nation Communities in BC.*

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**Major Communicable Disease Emergency Planning  
Committee for English River/Patuanak**

**Committee disbanded until required**

<b>Name</b>	<b>Position</b>	<b>Phone #'s Work home</b>	<b>Role in Committee</b>	<b>Other tasks and assistants/alternate s</b>
			<b>Coordinator</b>	
			<b>Alternate Coordinator</b>	
			<b>Secretary</b>	
			<b>Deputy Secretary</b>	
			<b>Communications Coordinator</b>	
			<b>Surveillance coordination</b>	
			<b>Spokesperson</b>	
			<b>Member</b>	
			<b>Member</b>	
			<b>Member</b>	
			<b>Member</b>	
			<b>Member</b>	

# I. INTRODUCTION

## A.) Purpose of the Plan

- To prepare for and inform the community about actions during an anticipated Pandemic of Influenza
- Provide written, easy to follow directions to enable provision of essential community services and control confusion and panic.
- The goals are to minimize serious illness and overall deaths as well as social disruption.

**Definitions: Pandemic Influenza** – a world wide outbreak of influenza with higher than usual illness and death rates

**Pre-pandemic phase:** Level 0 - no novel viruses, Level 1- novel virus in a human, Level 2-human to human infection and level 3- human to human spread

**Pandemic:** novel virus causing high rates of sickness and deaths in several parts of the world; detected in a person in Canada.

**Post Pandemic:** return to normal rates and severity of influenza.

Authority in the community of English River is coming through a BCR indicating Chief and Council have read and approved this plan

Implementation is authorized by the MHO to the Health Director/Coordinator to C&C to Pandemic Influenza Planning Committee Coordinator to Committee.

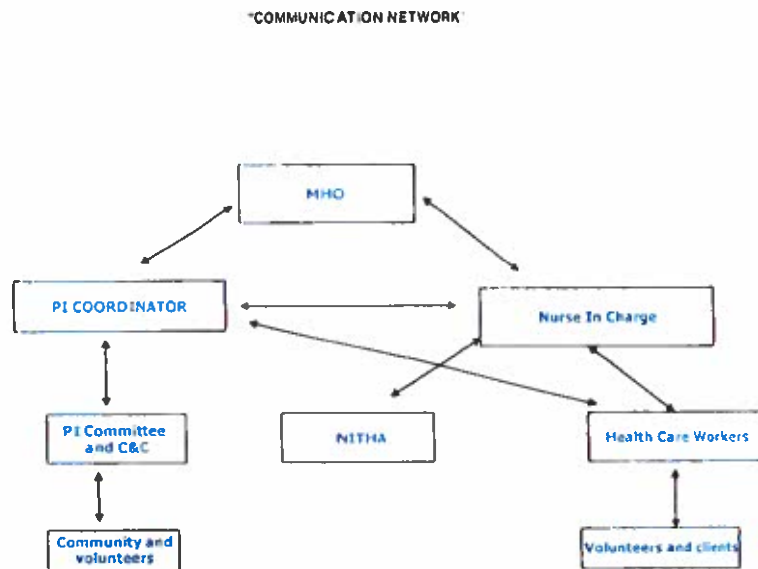
The Chief will declare a state of emergency and fax a declaration to the province.

In absence of Chief the designate is Health Portfolio.

In absence of Health Portfolio, the designate is Health Director.

## B.)Chain of command

### Communication, activation of the plan, and the Chain of Command



**Follow up any phone messages, faxes or emails, sent by DIRECT COMMUNICATION.**

## **II. PRE-PANDEMIC**

### **A.)Co-ordination & Communication**

#### **Facts to take into consideration:**

- ❖ Planning for pandemic influenza cannot be carried out by a few individuals. This multidisciplinary exercise calls for the involvement of many people.
- ❖ In any emergency, lack of proper communication can be a major problem
- ❖ Messages circulated on reserve must not be different from those coming from the Province and FNIB through the MHO's. There must be regular communication between the reserves and the MHO's office
- ❖ For an effective communication strategy, there must be cooperation, coordination and community participation in all aspects of the plan. Along with a spokesperson on each reserve

#### **1.1 Select a Planning Committee for any Major Communicable Disease**

- The MHO suggests that the Community Health Directors get the ball rolling by calling the first meeting of this committee.
- Given the complex and multi-disciplinary nature of this exercise, this committee should be made of CHD, Health Care Workers, members of the Band Office, Councillors, Pastors and Policeman.
- Bring the Emergency Disaster Plan to each meeting as it may be a valuable source of information to build from for this committee

#### **1.2 Pandemic Planning Committee Members & Contact information**

- The coordinator should not necessarily be a Health worker, but any community member who has the interest and the capacity to take the planning process forward.
- It will be beneficial for the coordinator of the planning process to also coordinate the response to the outbreak, when it occurs.
- The coordinator should not have multiple jobs during an outbreak, as it will require a great deal of time to carry out this specific role.
- For record keeping, it will be necessary to select a secretary.
- A back-up person for each of these positions should be delegated because the initial person may become ill during the outbreak and not be able to carry on their duties.

Plan:

- See Contact list at beginning of plan for list of committee members and contact information.

### 1.3 Frequency of Meetings

- Meetings initially will need to be held frequently due to the amount of work required.
- As the plan progresses this can become less often.
- Once the plan is complete it will require a yearly review to keep it current.

Plan:

- The committee started meeting October 17<sup>th</sup>, 2005
- Met again Oct. 24<sup>th</sup>, 26<sup>th</sup>, 31<sup>st</sup>
- Attended NITHA Table top meetings November 21 & 22/2005
- Review done February 2011
- Update done March 2012
- Update done March 2014

### 1.4 Communication plan

- First select a spokesperson to speak on behalf of the community. For example, this person should be the link between the reserve and the MHO's office.
- NITHA will continue to communicate directly with Health Workers regarding specific issues and cases.

Plan:

- Health Director is designated spokesperson.
- Alternate is Pandemic Coordinator

### 1.5 List of Key Stake Holders

Plan:

- See appendix Q for list of key stakeholders contact information

### 1.6 Vehicles available in this community/organization

- For those communities that have Band vehicles, decide how they would be used during a major outbreak.
  - They may be required to help transport patients, food, supplies and volunteers.
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Plan:

Vehicles from the band will be available for use during the pandemic  
See Appendix Q - Essential Phone Numbers

1 band truck	2 clinic vehicles	2 school buses
2 school vans	1 fire truck	1 garbage truck
1 sewage truck	1 RCMP vehicle	6 taxis
1 grater	skidoos	quads
boats	private vehicles	

## 1.7 Accuracy of messages

- Designate someone to listen to the media (radio and television) and the community grapevine to ensure that the right messages are getting out to the community.

Plan:

Pandemic Coordinator is to make sure messages are accurate and consistent with those from the province, FNIHB and the MHO.

- Designated person: Communications Coordinator
- Alternate person: Pandemic Coordinator

## 1.8 Chain of command

- During an outbreak, how will all the key stakeholders contact each other and which person will have the authority to make and implement decisions?

MHO advises of situation re: Pandemic of Influenza

MHO notifies RN Team Leader

RN Team Leader notifies Health Director and Chief & Council

Chief advises of a state of emergency - EP implemented

Pandemic Coordinator calls a meeting:  
Pandemic Committee, Program managers, C&C, other resources.

### **All Band resources are informed according to the PI Plan**

Supervisor/Designate for each department communicates with the committee reporting to the Pandemic Coordinator and Health Coordinator.

#### **Supervisor List:**

Health -Health Coordinator  
Home Care - Home Care Coordinator  
Health Board Committee- Health Portfolio Councilor  
First Responders-Health Director  
Headstart and Day Care - Daycare Director  
RCMP - Member  
St. Louis School - Principal  
Chief & Council- Chief  
Band Staff - Band Manager  
Maintenance - Water Treatment Plant Operator  
Northern - Store Manager  
Church/Pastors

## **1.9 Types of communication**

- There will be many ways of getting information out to the community.
- Review the types used now and brainstorm around other potential methods.
- Decide how information will be shared if normal means of communication are gone.
- Consider having runners to post information on each house or central location. (Refer to Appendices A, B, C)

#### **Plan:**

- Messages will be given over the radio, by phone, pamphlet & some home visit teaching if translation is necessary.
- News bulletins to be delivered daily (if needed) to every home and posted at designated spots.

## **1.10 Community Anxiety**

- When developing messages for the community/media or any other public source try to give encouragement into what is going on that is right and how the community is pulling together.
- Be aware that information will be changing constantly.
- Messages need to have dates and times on them.
- Plan to have a way of ensuring that old messages are removed this will prevent confusion from occurring.

Plan:

- Communication Coordinator is responsible for up to date and accurate information to be given out to the community.
- Volunteers to deliver updated messages as needed.
- MLTC Home Emergency Kits were delivered door-to-door to every household on the reserve when a pandemic was announced.

### 1.11 Availability of resources

- Routine programs potentially will need to be cancelled and resources used in other ways.
- Decide on which programs this will be.

Plan:

- Routine programs will be cancelled
- Dental programs, nursing programs like prenatal classes, & public health.
- School will be closed
- Any evening activities like Bingo, dances, skating, and school trips will be stopped.

### 1.12 System overwhelmed

- Plan on how the community will deal with the referring hospital not being able to accept any more clients due to shortage of beds and staff.
- How will the committee share this information with the community?

Plan:

- The committee will educate the community through T.V., radio, pamphlet handouts.
- See Appendix J for Self-Care information
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## B.) Surveillance

### 2.1 Local surveillance sites & participation in provincial surveillance

- Mechanism in place to communicate to the MHO any unusual occurrence of influenza like activity

Plan:

- Ongoing communication with Nurse Epidemiologist & MHO at NITHA regarding Influenza activity.

- RN's will observe for an increase number of people with Influenza like symptoms in English River (clinic visits, Home visits etc)

## 2.2 Monitor absenteeism

- At the start of the school year have the HD meet with the staff and principal to make them aware of the need to inform the clinic/PHN of any increase in the numbers of students and staff ill or absent.
- Consider doing the same with any other organization that employs a number of people in the community.

Plan:

- Ongoing.
- A relationship between the clinic & the school has already been established.
- Nurses will be aware of the increase numbers of flu because of people coming to the clinic for treatment.
- Regular reports will come from the school, daycare, Band Office, the Health Centre/clinic and all group situations. These will be reported to RN and will be provided to the Communication Spokespersons Health Director and the Pandemic Coordinator.

## C.) Vaccine

### Facts & Assumptions to take into account:

- ❖ Vaccination is the most effective way to reduce disease and death from influenza.
  - ❖ The annual flu vaccine will not protect people during a pandemic
  - ❖ Once this new virus is identified, it may take a few months to develop an effective vaccine.
  - ❖ A mass immunization clinic may have to be held at the same time as the first wave of people becoming sick.
  - ❖ For planning purposes, it is necessary to be prepared to immunize 100% of the population over the shortest period.
  - ❖ Two doses of influenza vaccine may be necessary for adults
  - ❖ The new vaccine may be in short supply initially
  - ❖ There will be certain priority groups that receive the vaccine first. This is decided at a national and provincial level.
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### **3.1 Increase Public awareness on influenza & pneumococcal vaccination in the recommended high-risk groups.**

- Plans should be in place in order to raise awareness in the community on influenza and pneumococcal vaccine. **See Appendix G**
- Will the information used in past flu seasons be adequate?
- How can this awareness be increased?
- Who will do it?
- Consider having the health education information translated into the language of the community?
- Do the individuals that would be involved in doing this have the kind of training they would require?
- Who would train these individuals?

Plan:

- Information is provided to the health Care staff on a yearly basis which is adequate
- Home care nurses & CHR's will be utilized for interpretation purposes
- RN's will provide any necessary training

### **3.2 Storage of vaccines & supplies**

- Assuming that 100% of the population will be vaccinated, where will the vaccine supplies be stored?
- If there is, a power outage how will the vaccines be kept between 2-8 degrees to ensure it is still usable?

Plan:

- The vaccine will be stored at the clinic. It has 2 large fridges & one small.
- It has a backup generator if there is a power outage.
- Immunization supplies listed in Appendix F.

### **3.3 Vaccine security**

- During a major outbreak, vaccine may be in short supply.
- There will be a large demand for it and keeping the vaccine secure during transportation, storage and distribution may become an issue.
- Can the vaccine storage area be locked? **YES**

Plan:

- Security is in place: RCMP is available on a need basis
- MLTC will be transporting the vaccine to the communities with their own security.
- Vaccine can be stored and locked in the Pharmacy or any room in the clinic.

### 3.4 Identify the hard to reach portion of the population

- Where do the "hard to reach" members of your community live?
- How can they be located and immunized?
- Who can help accomplish this?
- "Hard to reach" people may include elders or people with handicaps of any kind. It may also include those people that go out to the trap-line for extended periods.
- Fill in priority groups and share numbers with NITHA (Refer to Appendix E).

Plan:

- The nurses have a chronic list of all community members.
- Communications Coordinator Notify Cree Lake (north) of the pandemic plan.
- CHN's & LPN's could do a pickup and bring the clients to the clinic.

## D.) Antiviral Drugs

### Facts & Assumptions:

- ❖ Mass vaccination will be the cornerstone of prevention during a pandemic
  - ❖ There will be some situations where the use of antiviral drugs will be necessary
  - ❖ Some antiviral medications will be stockpiled at the Federal level. It will be the Federal and the Provincial governments that will control the supply and distribution of them to the communities.
  - ❖ The decision to be able to start using them at the RHA level will be made by the MHO's.
  - ❖ Likely that the drug will be in short supply
-

#### **4.1 Antiviral meds will be stockpiled at the federal level. The federal & provincial governments will control the supply & distribution to the communities.**

- As part of the communication, people involved with the planning will need to be aware that these medications will be potentially in short supply.
- The decision to start using them will be made by the Medical Health Officer.
- How will the community be informed of this?

**Plan:**

- The community will be made aware through radio, telephone, home visits, posters

#### **4.2 Priority groups that will receive the drugs if available (as decided at a federal & provincial level):**

**Plan:**

- Presently (May 2006) there is a stockpile of 500,000 doses of Tamiflu in Saskatchewan.
- This will be distributed according to the decisions made by the Saskatchewan Pandemic Antiviral Working Committee.
- It is different for every Regional Health Authority.
- MHO is a part of the committee and can be contacted for any up to date information.
- Priority groups in ERFN include clinic staff and planning committee, Elders, high risk, chronic

#### **4.3 Potential Storage & Security**

- Due to the potential short supply of antiviral drugs, if more medication became available, where and how could they be stored in a secure manner?

**Plan:**

- The clinic storage room will be used. Alterations have to be made to this room.
- There will be security when the antivirals are on the premises.

#### **4.4 Documentation**

- Develop some kind of tracking system to ensure the medication goes to the right priority groups.
- Ensure that any adverse reactions are reported to NITHA.

Plan:

- Have a separate medication log as well as patient's chart.
- Use NITHA adverse effects form.
- Planning Coordinator developing a list for our manual.

## E.) Health Care Services

### Facts & Assumptions:

- ❖ In case of a pandemic, the existing health system will be overwhelmed and the staff stressed both physically and mentally.
- ❖ Part of the existing staff will not be available during a certain period due to illness in themselves or their family members
- ❖ All elective and non-essential health services will be suspended until the end of the pandemic.
- ❖ Some professionals will carry out duties that are different from what they usually do.
- ❖ The period between the discovery of a new virus and the first wave of influenza cases will be short.

### 5.1 Elective & Non-elective activities that could be cancelled at the health centre.

- This could include non-urgent dental work or any extra wellness activity that is being offered at that time.
- Plan how these newly freed-up staff could be utilized to help in other ways.

Plan:

- Only essential nursing services will be made available.
- All other staff will be designated by Health Director and/or supervisors to other areas of service.

### 5.2 Mechanism for coordinating patient transport

- What will be the mechanism for transporting patients who need to be admitted to the nearest hospital? Taxis
- How will the coordination of this activity happen? Travel coordinator
- Who will be the coordinator? Travel Coordinator
- What will be the channel of communication (phone/word of mouth) at all times? Radio, TV & Word of mouth
- How will things be handled if hospital become fully utilized and are unable to take in any new patients?



Plan:

- Travel coordinator, CHN's and CHR's will coordinate travel.
- One taxi will be on standby for Ile a la Crosse every day.
- Channel of communication: by radio, phone & word of mouth (the communications coordinator)
- Ill people will stay at home and be cared for by their families.
- Homes infected with the flu will have a red flag outside.

### 5.3 Triage plans

- How will the services be organized in order to ensure triage of patients and decide who should be referred to hospital?

Plan:

- Nurses will decide on the triage of patients
- CHR, CHE, Volunteers
- Review the emergency disaster plan for the community to see if this plan already has steps developed that would be useful in this situation.

### 5.4 Plan dealing with Mental Health Problems

- Staff and the community as a whole may be dealing with a variety of issues such as stress from workload issues, anger and fear from not having services that are normally provided.
- Who in the community could provide counselling service? (Mental health workers, clergy, elders)
- Consider radio messages that give hope and reassurance to the community.
- Point out the good things that are happening i.e. the community pulling together.

Plan:

- Volunteers & the planning committee will organize this.
- MLTC Mental Health and ERFN Community Counsellor will be utilized.
- There will be advance training for volunteers and committee members.
- The communication coordinator will communicate necessary information to the community.

## 5.5 Alternative sites for providing care in the community

- There may be people who are too sick to be on their own but not critically ill enough to be hospitalized.
- Water, toilets, bedding and food will be an issue at these sites.
- Volunteers to help out will be essential.

Plan:

- Every elder who lives alone should go to a family member's home.
- School gym will be the non-traditional site to care for the sick.
- Family members will have to bring a mattress, bedding & provide laundry services.
- There will be a volunteer crew to watch over these people (shift work) - volunteers will be recruited.
- Refer to Appendix L for information on non-traditional sites.

## 5.6 Tracking system to monitor & document client movement from one area to another

- Monitor and document client movement from one area to another.

Plan:

- There will be radio message informing community members to do this
- CHN & volunteers will create sign out forms.

## 5.7 Educational blitz on clinical guidelines

- The community needs to be informed of what the flu is, when to seek medical attention, when not to, where to go to.
- Promote and encourage self-care and usage of the Health Line 811

Plan:

- Deliver flyers to every home.
- Deliver MLTC home emergency kits
- The CHN will develop handouts/pamphlets to distribute.

## 5.8 Clinic staff

- Ensure that some process is in place to keep nursing staff current with treatment and assessment guidelines.
- Some clinics utilize relief nurses with frequent turnover of staff.

Plan:

- Continue what is already being done.
-

- Monday morning meetings are already in place for the nursing staff. The Health Director will help ensure that this is accomplished.

## 5.9 Community education

- Develop educational sheets that fit all age groups in the community (see Health Teaching Resources document).

Plan:

- Utilize already prepared information:
  - MLTC hand washing teaching kit
  - Pandemic video: Influenza the elusive plague
  - Yearly influenza information
- MLTC Home Emergency Kits when pandemic is announced
- Planning Committee will provide ongoing education
- Refer to Appendix A, B, C, N

## 5.10 Patient flow

- Decide on how clinics would be run so that healthy clients and ill clients are not using the same area.
- Keep those two groups as separate as possible.
- Staff members need to be aware of this.

Plan:

- Hall - Mass Immunization
- School Gym - critically/terminally ill
- Clinic - healthy clients

## 5.11 Supplies

- Begin to decide what extra supplies would be needed to care for an increase in the number of clients.

Plan:

- MLTC has suggested that the clinics order 10% extra supplies on their order forms & begin to stockpile supplies for future use.
- Refer to Appendix F for a suggested supply list along with a tracking system.
- Supplies required will vary from treatment facility to public health.

### 5.12 Assess potential non-traditional sites

- During the planning meetings, assess on-reserve facilities that can be used as non-traditional sites in case the health centre or nearest medical facility is overwhelmed by the number of individuals that are requiring support of some kind.
- These facilities can be schools, gyms, bingo halls. (See attached list for points to consider in Appendix L)

Plan:

- School will be the designated space for extra lodging.
- Other possibilities (hall, youth centre, arena, hamlet hall, clinic)

### 5.13 The range of activities taking place at these sites

- Potential activities on reserve are: triage, palliative care for those people who cannot take care of themselves and who are not sick enough to warrant referral to a hospital off-reserve.
- Protocols will need to be developed for services provided.

Plan:

- CHN's will be at the hall, school & clinic.
- We will advertise for more help in this area
- Anyone with medical knowledge ie. CHN, CHR, CHE, HHA, First Responders, & First Aid Trainers

### 5.14 Insurance issues

- During the planning meetings, assess on reserve facilities that can be used as non-traditional sites in case the health centre or nearest medical facility is overwhelmed by the number of individuals that are requiring support of some kind.
- These facilities can be schools, gyms, bingo halls. See attached list for points to consider.

Plan:

- Check to see if building insurance is up to date
- Band manager is responsible for insurance of buildings

## F.) Human Resources

### 6.1 Human resource management team

- Depending on the size of the community, this could be the same as the Pandemic /Major Communicable Coordinating Team.

Plan:

- Chief and council portfolio holders to designate according to the need that is identified by the pandemic committee.

## **6.2 Identify the human resources needed**

- The health system will be overwhelmed and part of the staff will be off ill.
- Make a list of staff and volunteers that could potentially do other jobs in the health centre.

Plan:

- Check with other band staff to see if they have any other training.
- CHR, CHE, all staff of health centre.

## **6.3 Existing staff: provide infection control training.**

- This activity can be carried out together with the agencies and NITHA.
- Infection control knowledge would also help this team provide support to the staff and community during an outbreak.

Plan:

- Ongoing training
- Training provided by RN
- Utilize NITHA infection control manuals – Appendix M

## **6.4 Other professional resources**

- List of retired professionals or other people living in the community that have been involved in health care in the past.
- Inquire as to whether they would be willing to get involved and how would they be paid?
- Consider professional legal liabilities if they are asked to do something outside of their normal practice.

Plan:

- See appendix R

## 6.5 Identify & work with the existing volunteers in the community

- Encourage others to volunteer.
- Get in touch with volunteer organization and see if they can help in some way. (Red Cross)
- Develop a plan to start communicating with the identified possible volunteers.

Plan:

- Post up posters to invite people to volunteer
- Post a volunteer list for people to sign up in clinic and band office.

## 6.6 Provide training to volunteers

- Volunteers will need information/training on infection control and their job duties.
- These people will be of value in an outbreak (helping with security or even running messages from house to house).

Plan:

- Ongoing effective April 1<sup>st</sup>, 2006
- Refer to 6.3 for the infection control portion

## 6.7 Protocol for supervising volunteers

- In an outbreak who will supervise them?
- What will their potential duties be?

Plan:

- Supervisor: Pandemic Coordinator/Health Director

## 6.8 Incentives for volunteers

- Decide on how these volunteers will be shown appreciation.
- Will it be in the form of accommodation, food and even money?

Plan:

- Accommodations and food will be provided with necessities.
- May decide after the worst is over if there will be any other compensation.

## 6.9 Management of staff

- During an outbreak, staff may be ill or have family members that are ill.

- Consider potential job duties that they could do from home or at work where they would not have direct client care. (Develop posters, make phone calls, or send e-mails).

Plan:

- Employee supervisors assign alternate duties

## **G.) Care of the Deceased**

### **7.1 Increase in deaths**

- The number of deaths potentially will increase during this outbreak.
- Develop a plan on how to deal with this possibility.

Plan:

- Security guard to oversee
- One taxi designated to transfer deceased to the arena.
- Arena is the assigned location to hold any dead bodies.
- Clinic to be advised
- Priest/clergy
- Family made aware by phone
- Body to be removed from site, bagged (plastic or body bag), tagged (name, DOB, DOD, what wishes to be done with body), placed in temporary morgue (possible autopsy/ any other wishes)
- Volunteers and equipment to dig graves, grave markers
- Will utilize the Tron Power Backhoe & other necessary equipment

### **7.2 Documentation**

- Develop a potential tracking system for the deceased.
- Have a flow chart sheet that contains the following information:
  - 1.) Name
  - 2.) DOB
  - 3.) Next of Kin
  - 4.) Date of Death
  - 5.) Comments (if the body is moved including when, where and who moved it).
- Body tags will also be required.

Plan:

- The logbook & tags will be available at the morgue (Arena)
- See forms related to death
- Forms will be available at the morgue with specific information (name, DOB, DOD, treaty #, next of Kin, etc.)

### 7.3 Security

- Decide on who would do this.
- Keep in mind that this may need to be an around the clock duty.

Plan:

- Security guards will assign schedules
- Volunteers required
- Need to be fitted with a mask & have infection control training

### 7.4 Infection control

- Anyone involved with the care of the body needs to have basic infection control knowledge.
- Develop an educational tool to provide this.
- Post the information in a highly visible spot.

Plan:

- Above volunteer to be advised about hand washing, glove wearing etc.
- Those handling bodies are to wear PPE - gloves, gowns, masks, and do hand washing, etc. *mask fittings and training for those handling bodies needed*
- CHN's have a list of instructions. These will be posted in designated areas

### 7.5 Emotional support

- During this time, families will be upset and need support.
- Involve the clergy, elders and mental health workers to help with this.

Plan:

- See 6.15

### 7.6 Funeral Home

- Discuss plans with local funeral directors, as they may be able to give suggestions or guidance about other potential problems that may arise.

Plan:

Contact Numbers for regular funeral homes

- Thomas Funeral Home - Meadow Lake SK (236-5501) Jim Thomas
- A funeral home representative attended one MLTC planning committee meeting.



- Planning Committee has decided to make a funeral home if the regular ones are overrun.
- Plans are in work at the Reserve level.

## 7.7 Supplies

- Decide on the extra amount of body bags, gloves, and waterless hand soap and stationary that may be needed.
- Keep in mind that during an outbreak, supplies may be needed at the clinic, non-traditional site and temporary morgue.

### Plan:

- Items to be ordered through the clinic (body bags, gloves, masks, sanitary hand gel)
- Status of supplies monitored by the clinic

# H.) Infection Control

## 8.1 Infection Control Guidelines

- Review and update existing infection control guidelines.
- See attached for suggested protocols that may need developing or updating (Refer to Appendix M)

### Plan:

- NITHA developed an Infection Control Manual that will be used.
- See Appendix M

## 8.2 Staff education

- Develop educational resources for staff on infection control.
- Information may have to vary slightly due to job tasks.
- Make a checklist to ensure that your staff has the necessary information.
- Plan on reviewing yearly to keep staff current.

### Plan:

- ER Health will provide initial and ongoing education.
- Checklist for staff with information given to them
- NITHA will be providing infection control manual.
- MLTC may provide some sort of infection control training.
- Once the current planning committee has been educated, these people will continue to educate others as required

### 8.3 Housekeeping

- Review and update housekeeping policies and procedures.
- If volunteers are going to assist with cleaning during outbreak, they will need to be informed and trained in what to do.

Plan:

- Health Centre will provide educational equipment
- Utilize current relief staff.
- Follow Appendices P

### 8.4 Supplies

- Consider stockpiling necessary personal protective equipment (gloves, gowns, masks, etc)

Plan:

- The province is recommending that health clinics stockpile an extra 10% of their supplies on their drug order.
- MLTC has recommended this as well for the 9 First Nation clinics.

### 8.5 Occupational Health & Safety

- Encourage staff to obtain immunization and keep it current (flu, Hepatitis B).
- Send reminders out if possible. Develop a system to monitor and assess that staff follow through.
- Ensure that people involved in transporting hazardous waste have the necessary course. Also WHMIS
- Ensure that all staff have previously been "fit tested" for the required N95 masks and that this is documented and readily available when the time comes.
- N95 masks require refitting every 2 yrs and this process will require tracking and documentation.

Plan:

- Already in place – See appendix O
- CHR/CHN's will promote
- One CHN should have the training to do mask fit testing for the community
- CHN & CHR;s will promote vaccinations among the health staff.

## **8.6 Promote Public Immunization**

- Encourage high-risk groups to be vaccinated.

Plan:

- Chronic list will be up-dated and maintained by the CHN's.
- Utilize the system that is already in place.
- Appendix G

## **8.7 Public Education**

- Develop educational tools about infection control for the public.
- Encourage people that are ill to stay away from health centers and not to visit elders or people in hospital.
- Increase signage about hand washing during flu season.

Plan:

- Information will be delivered and displayed around town
- Delivered November 2/2005 & ongoing.

# **I.) Emergency Response Planning**

## **9.1 Essential Community services & corresponding personnel**

- Determine from the developed list whose absence would pose a serious threat to the community's safety or would greatly interfere with the plan's ability to deal with this kind of an outbreak.

Plan:

- See appendix Q

## **9.2 Replacement Personnel**

- Decide who could replace the essential people on the above list.
- These individuals need to be aware of what their potential role is.

Plan:

- These services have their own protocol for replacing personnel.

## **9.3 Support for people who are confined to their homes**

- Develop a plan on how food, medical supplies and other essential needs will be provided to those individuals confined to their homes.

Plan:

- The fire crew will transport food & supplies to people who are confined to their homes.

## 9.4 Chain of Command

- Who will be involved and when does this team get activated.

Plan:

- See section 1.8

## 9.5 Tracking system

- After the pandemic is over, decide how the plan worked or if it needs reviewing.
- Decide on what information needs to be collected so an evaluation of the emergency response can be done.

Plan:

- Refer to 8.3

## 9.6 Trial Runs

- Develop and work through some scenarios to ensure all aspects of the plan are workable.

Plan:

- Trial runs to be practised at Nov /06 Table Top meetings
- Nov. 23/05 at health centre (trial runs were practised)
- Notify key people regarding trial runs being planned
- Areas to be informed: band office, health centre, school, maintenance, clergy, elders, store etc.

# **III. PANDEMIC**

## **A.) Communication**

### **1.13 Committee members**

- Coordinator calls a meeting of the members of this committee.
- Share information on reasons for activation of the plan.
- Review each committee member's role and responsibilities.

**Plan:**

- Meet daily in the Health Centre boardroom at 8:30

### **1.14 Backup personnel**

- Ensure that the people designated as alternatives are aware that the plan has been activated and to expect that they will be called upon to assist.

**Plan:**

- Communication coordinator
- See 1.13 above

### **1.15 Review Pre-pandemic plan**

- Review plan and inform committee if changes are required due to changing circumstances.

**Plan:**

- Communications coordinator
- See 1.13 above

### **1.16 Key stakeholders to be informed**

- Ensure health providers and other stakeholders are aware of the current situation (band officials, police, utilities, first responders).

**Plan:**

- Same as above
- See 1.13 above

### **1.17 Frequency of meetings to be decided**

- Decide on how often people need to meet.
- Consider meeting daily to keep all players current.
- Situation may change quickly.

Plan:

- Same as above.

### 1.18 Chain of command – will it stay the same?

- Is this still in effect or have some of the players changed?

Plan:

- See 1.8 in Pre-pandemic section

### 1.19 Vehicles – Availability of gas

- Implement pre-pandemic plan around vehicles. Availability of gas may become an issue.

Plan:

- See list of vehicles in pre-pandemic section
- Jerry cans etc. inventory
- See appendix ??

### 1.20 Communication to the community

- Implement and monitor that the community is aware of current situation.
- Ensure the messages that are getting out are accurate and encouraging.

Plan:

- Ongoing information to the community will be through: the radio – MBC and the local station, newsletters, posters, and bulletin boards.
- Communications Coordinator is to make sure messages are accurate and consistent with those from the province, FNIHB, and the MHO.
- Listen to radio and TV and report what being broadcast
- Use the computer at the clinic to make flyers, posters, and to update information via internet.
- *To control panic/anxiety, - ensure radio announcers are calm, accurate, and do not sensationalize.*
- Educational information re prevention, care of ill will be provided on radio by RN's and CHR. Posters will be provided by the RN's to put in community buildings. Home Care Nurses and CHR's visiting in homes will provide explanations in Dene
- See Appendices A,B,C

### **1.21 Availability of resources**

- Situation could be changing constantly.
- Monitor supplies usage and re order as necessary.
- Keep in mind things may take longer than usual to come.

Plan:

- Some stockpiled masks, gloves, gowns, body bags, vaccination supplies etc to be delivered from MLTC health Department at the start of the pandemic
- Northern Store will stock supplies.

## **B.) Surveillance**

### **2.3 Circulate to the community surveillance information received from the MHO's office.**

- Implement the mechanism to share the information from the MHO's office to the community.
- Designated Person: Nursing Team Leader
- Alternate Person: Other Nurse

Plan:

- The radio will be utilized to deliver educational information to the community (i.e. prevention, care of children with the flu etc.). Communications Coordinator will be responsible for this.
- RN's will distribute prevention & education posters to community buildings
- Home care nurses & CHR's will do home visits to the elderly to explain in Dene.

### **2.4 Provide health centre surveillance data to NITHA**

- Send stats on a regular basis to NITHA.
- Designated person:
- Alternate person:

Plan:

- Health Director will do the required paperwork requested by NITHA

## **C.) Vaccine**

### **3.5 Pull together resources to run a mass immunization clinic**

- Review and begin to implement your immunization plan.
- Decide on the staff needed, location and designated times for the clinics.
- Review required supplies - pull out suggested list attached to the plan (Refer to Appendix F.

Plan:

- Immunization clinic will be done all day long by nurses/trained volunteers
- Only emergency patients will be seen
- See appendices H and I

### **3.6 Vaccine**

- Consider your amount available versus your amount needed.
- Priority groups may be altered due to epidemiology of flu.
- Staff involved with the clinic need to be aware of the eligibility groups.

Plan:

- Will be able to shuffle things. (CHN's will monitor on a need basis)
- See priority list appendix D

### **3.7 Delivery of vaccine**

- Usual method of delivery may not be available or suitable.
- Discuss with NITHA if there is a problem.

Plan:

- MLTC will hire someone to deliver to each community.
- Designated Security to pick up the same if first plan is not effective.

### **3.8 Security & Storage of vaccine**

- Due to the potential of a limited supply of vaccine, having it kept in a secure fashion during delivery, storage and usage will be a consideration.
- Maintaining the cold chain while the vaccine is being used will still be necessary, no matter where the vaccine is being kept.



Plan:

- See 3.2 (locked room in health centre).

### **3.9 Expanding other staff roles**

- Due to staff shortages, other health care professionals may need to be used.
- Discuss with NITHA's Communicable Disease Control Nurse, the protocol needed to authorize alternate staff to immunize.

Plan:

- May have to utilize LPN's
- NITHA will establish a protocol for LPN's or other professions.
- Training volunteers:

### **3.10 Adverse effects**

- Ensure that the necessary documentation to record and report this in a timely fashion is available.
- If there is a significant incidence of a particular adverse event, communicate immediately with NITHA

Plan:

- Nurse to utilize adverse reaction sheet provided by NITHA.

### **3.11 Start date**

- Chances are the start date will be decided at provincial level.
- Directives will come through NITHA.
- It is important to adhere to these directives. It will decrease the possibility that people will be going from one community to another to obtain immunizations.

Plan:

- Will await NITHA's recommendations
- All people to be vaccinated in the community only.

### **3.12 Communication to the public**

- Announce clinic times and locations, along with what priority groups can receive the vaccine. (Refer to Appendix F)

Plan:

- Radio, telephone, home visits, posters in public places

- One entrance, security guard will control the number of people at one entrance (main door) and out the emergency door.

### 3.13 Tracking system

- Use the form developed in the pre-pandemic phase.
- Individuals may need more than one dose.(Appendix G)
- This system will also add in the tracking of vaccine used.
- Monitor and track vaccine wastage. (Refer to Appendix H).

Plan:

- Will use form in Appendix I

### 3.14 Spokesperson

- Consider having a delegated spokesperson at the immunization clinic door to help deal with concerns and fears surrounding the vaccine and its availability.

Plan:

- Spokesperson: CHN's & CHR will do the public education
- Security for protection

### 3.15 Supplies

- Monitor the supplies being used and re-order.
- Due to the demands on the system the supplies may take a lot longer to become available.

Plan:

- We already have some supplies available
- Back room to clinic will hold extra supplies
- MLTC will send stockpiled supplies

### 3.16 Volunteers

- Utilize volunteers to assist with the numbers of people needing to be immunized.
- Ensure that they have some orientation to be able to do this.

Plan:

- As time progresses we will be asking for volunteers
- Ongoing teaching will be provided for volunteers (clean & protect oneself).

## **D.) Antiviral Drugs**

### **4.5 Identify & secure local antiviral drug storage sites.**

- Review plan and implement it.
- Storage may be designated in health facilities or alternative sites.

Plan:

- Pharmacy will be locked and there will be standby security.

### **4.6 Clinical staff**

- Staff providing treatment need to be aware of the clinical guidelines and adhere to these.

Plan:

- Determined by clients seen in the clinic.
- Determined by the nurse in consult with MD's & MHO
- *Provincial recommendations have been identified*
- Make copies of clinical guidelines.

### **4.7 Information to the community about the use of the antiviral drugs**

- It is essential for the public to be aware of the priority groups for these drugs and the rationale.
- See 4.2 (Pre-pandemic Planning for the priority list)
- This information can be given by the same person responsible for sharing information on other aspects of the disease.

Plan:

- The community will be made aware through radio, telephone, home visits, posters.
- Communications coordinator will relay information to the members.

### **4.8 Monitor & report the adverse reactions of the antiviral drugs**

- The potential side effects of the drugs can be shared with the public at the same time as other educational information on the antiviral drugs is being discussed.

Plan:

- Have a separate medication log as well as patient's chart
- Use NITHA adverse effects form
- CHN's to identify

## **E.) Health Care Services**

### **5.15 Implement plans developed during the pre-pandemic phase**

- Review plan and build on it to suit the current situation

Plan:

- Take recommendations from NITHA

### **5.16 Provide health care services on a priority basis**

- Keep the community informed of any change in the health services that are being offered.

Plan:

- To be done by radio announcements/word of mouth/utilize posters etc.

### **5.17 Mental Health Personnel**

- Encourage community to make use of this service.

Plan:

- Volunteers to manage
- Utilize the pastor
- Can be done by radio announcement, or a package which will be distributed to each home.

### **5.18 Tracking System**

- Document supplies being used as there may be a potential for reimbursement later.
- This will aid in future planning if similar situations arise.

Plan:

- Use the list of initial stock supplies

### 5.19 Non-Traditional sites

- Are previous selected sites in the pre-pandemic phase still appropriate?
- Pull out checklist developed earlier and review.
- Activate the system to get all the necessary supplies and staff there.

Plan:

- Selected sites appropriate
- Review as needed.

### 5.20 Staff & Patient transportation

- Vehicles will be needed to transport individuals back and forth between the clinic and any designated alternative site.
- There is the potential for needing to designate someone to monitor and control the use of band vehicles.
- The availability of fuel may be another issue at this time.

Plan:

- See section 1.6 for a list of vehicles.
- Prioritize fuel delivery for health vehicles with the gas station.
- Ask for a visa card for the health clinic.
- Assign two staff to keep the vehicles gased up.
- Maintenance workers are to oversee.

### 5.21 Insurance issues

- Activate insurance policy for these non-traditional sites.

Plan:

- Band Manager looks after that.

## 5.22 Clinical Guidelines

- Keep staff apprised of guidelines and any changes that occur.
- Follow provincial and NITHA protocols.
- Select areas of the clinic that are to be used only for flu patients.
- Keep them separate from other clients.
- Ensure that there is some ongoing monitoring of clients being cared for at the non-traditional sites and at home.

Plan:

- Nurses will inform staff of any changes.
- Clinic is already designated as the main point of information distribution.
- Home care will monitor the ongoing needs of people confined to home. (by phone or home visits).
- Review the plan.

## F.) Human Resources

### 6.10 Activate plan

- Identify human resources needed at each of the sites.
- Notify people that their help is required

Plan:

- Designate the health centre board room for volunteers to meet daily in the morning and receive instructions. (8:30)

### 6.11 Staff/ Volunteer duties

- Ensure personnel are aware of duties and expectations.
- Inform people of the developed chain of command.

Plan:

- Daily morning meetings at health centre.

### 6.12 Assessment

- Continuous assessment of resources and staffing requirements will need to occur

Plan:

- As needed.
- Will be identified by committee

### 6.13 Support

- Volunteers and staff will require support to deal with the events that are happening.

Plan:

- Staff/support will stay in touch for daily debriefing.

## G.) Care of the Deceased

### 7.8 Implement plans developed in the pre pandemic phase

- The Plan may vary depending on whether it is winter or summer.

Plan:

- Winter - bodies to be stored in storage shed or arena
- Summer - bodies to be frozen/kept cool @ arena

### 7.9 Temporary Morgues

- Ensure that protocols are set up in the planning stage regarding the implementation and maintenance of the following issues:

1. Security.
  2. Infection control.
  3. Written identification of the deceased.
3. Documentation of where and when the body has been moved.

Plan:

*Protocol to be set for:*

- *security - what are they responsible for?*
- *Infection control - how to stay healthy*

*Id for deceased - see documentation*

All information will be kept at the makeshift morgue.

### 7.10 Emotional Support

- Implement the support system (mental health, social workers, clergy and elders) that was devised in the planning stage to help the community deal with grief.

Plan:

- Counsel members, family, clergy, etc...(phone if not able to attend)
- Refer back to 6.5

## 7.11 Tracking System

- Implement system developed in pre-planning phase to be able to locate and track movement of the bodies to the temporary morgue or funeral home.

Plan:

- 1) death (where individual passed away)
- 2) notify clinic/clergy
- 3) body to be taken to the temporary morgue
- 4) tagged with info
- 5) Held until group wake, funeral, autopsy, burial (in temporary morgue - Arena)
  - *Casket to be made/received from funeral home*
  - *Funeral arrangements*
  - *Autopsy?*

## 7.12 Monitor supplies

- Monitor supplies

Plan:

- Ongoing, CHN's will oversee.

# H.) Infection Control

## 8.9 Implement the plans developed in the pre pandemic phase

- Use health education on the infection control measures that the community can be doing to stop the spread of the flu and disease.

Plan:

- Post Notice - Hygiene
- Newsletter - Hygiene
- Radio - Hygiene
- Public Education- Hygiene
- English River Health personnel to do Health Education with the community members

## 8.10 Staff & Volunteers

- Update and educate all personnel involved with providing care to clients.
- The situation may be changing rapidly and new information coming quickly on what infection control measures need to be done.



Plan:

- Head-quarters to be maintained in one specific office
- Team members will check in 2 times a day for updates
- Team members will be informing Coordinator of any new developments

### **8.11 Grouping clients**

- Clients needing similar kinds of care should be grouped together.
- If at all possible, keep a distance of one meter between them to help in infection control measures

Plan:

1. Clinic site: healthy patients seen
2. Manageable clients at home
3. school gym: terminally ill

### **8.12 Housekeeping**

- Their role will be essential during this time.
- Monitor that they have the staff and supplies to maintain the level of infection control that is required.

Plan:

### **8.13 Develop plans to notify the public about extraordinary infection control measures**

- This directive usually comes from the MHO.
- How will this information be shared with the community when the time comes?

Plan:

- Use chain of command
- Use Communications Coordinator to oversee once direction is given by the MHO

## **I.) Emergency Response Planning**

**9.7 Pull out the list of resource personnel developed in the pre pandemic phase.**

- Do a quick review to ensure that the list is current.

Plan:

- See appendix Q

## 9.8 Implement the Chain of Command

- Ensure the team knows who is in charge and where they will be getting direction and guidance.

Plan:

- Chain of command in place
  1. Band office
  2. Health Centre
  3. School
  4. Store
  5. Maintenance
  6. Church

## 9.10 Replacement staff

- Ensure that staff or volunteers are aware of what jobs they are suppose to be doing.

Plan:

- To recruit people & train by appropriate staff (volunteers needed)

## 9.11 Support

- Prepare to implement support system for those people who are confined to their house (food, care, medical supplies).

Plan:

- Support by Home Care, CHR's, volunteers, church members, mental health, Child & Family services, AA members, & some teachers
- 2 fire crews

## 9.12 Flexibility

- The situation will be changing quickly, so be ready to adapt and to refine emergency plan and inform people of the changes.

Plan:

- Team members will be updated daily at headquarters by Communications Coordinator and Pandemic Coordinator.

## **IV. POST PANDEMIC**

### **A.) Communication**

#### **1.22 Review**

- Call a committee meeting and review what worked in the communication plan.
- This may require several meetings to cover everything.

Plan:

- Review after the fact.

#### **1.23 Committee members**

- Did the committee have all the necessary key players involved?
- Did some positions have too many tasks?
- Discuss and focus on what went well and how this could be continued or expanded for future outbreaks.

Plan:

- Committee debriefing after the fact.

#### **1.24 Document**

- Document the changes to the plan.

Plan:

- Things that went well/didn't work well.

### **B.) Surveillance**

#### **2.5 Implement surveillance for long-term effects of the disease using the primary care network.**

- Decide WHO, at the health center, will be responsible for sending information to NITHA regarding unexpected long-term effects of influenza
- Delegated person: Nursing Team Leader

Plan:

- Ongoing communication between nursing team and NITHA employees

## **2.6 Evaluate the effectiveness of the response plan and make necessary revisions.**

- It is advisable to have this role carried out by the coordinator of the pandemic planning group.

Plan:

- Any required revisions will be determined by the committee based on the implementation of the present plan.

## **C.) Vaccine**

### **3.17 Dispose of excess vaccine, as directed**

- Do not dispose of any vaccine until you have been given direction to from NITHA.

Plan:

- Await NITHA directions
- CHN's to carry out

### **3.18 Have a discussion with your team to evaluate the program, revise your plans if necessary.**

- Document changes that need to be made for future reference.

Plan:

- To be done following a pandemic
- Pandemic Coordinator to oversee.

### **3.19 Dismantle infrastructure for mass immunization clinics.**

- Ensure that the community is aware that the clinics are no longer running.

Plan:

- Public announcements will be made to let the community know.
- will utilize firetruck loudspeaker and/or make an announcement over the radio

## D.) Antiviral Drugs

### 4.9 Review & revise the plan

- This activity should be carried out at the same time as the evaluation of the response mentioned under surveillance.
- It will be beneficial to have this activity coordinated by the Pandemic Influenza Planning Committee Coordinator

Plan:

- To be done once the plan is implemented.
- Analyze and communicate to the committee.

### 4.10 Excess antiviral

- Dispose of excess antiviral as directed by NITHA.
- Think of having a community round-up of medication that was dispensed and not used.

Plan:

- Follow up to be done by the CHR under the supervision of the CHN's
- CHN's will be directed by NITHA

### 4.11 Impact of antiviral medication

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

Plan:

- Document changes that need to be made for future reference.
- Gather information and stats from the CHN's to analyze.

## E.) Health Care Services

### 5.23 Keep Records

- Activate record keeping system as developed in the pre-pandemic phase.

Plan:

- CHN's Health director & staff

## **5.24 Self care**

- Have educational materials available to promote individual self-care.
- Ensure that the staff is familiar with these tools (Refer to Appendix J).

Plan:

- Pamphlets available.

## **5.25 Staff & Volunteer Care**

- Ensure that people are getting breaks and rest.
- Staff members that are ill may not be able to have direct client care but can be doing other tasks to help coordinate events.

Plan:

- Planning committee to oversee & recommend 4-8 hour shifts only.

## **5.26 Resume routine health care services**

- Decide on when and on what programs will be offered first.
- Notify staff and community.

Plan:

- CHC, PN< chronic patients 1<sup>st</sup> priority.

## **5.27 Set priorities for catch-up**

- Begin to deal with backlog.
- Decide on what needs attention immediately.

Plan:

- CHN to triage see 5.26

## **5.28 Begin to review all policies & procedures used in the pandemic**

- Update these policies.
- Ensure that staff is aware of any changes.

Plan:

- Committee to review
- Continue with communication as necessary.

### **5.29 Continue to monitor for potential re-occurrence**

- Remind all staff that they need to continue to monitor the pandemic situation.

Plan:

- See 5.28

## **F.) Human Resources**

### **6.14 Volunteer Services**

- Maintain volunteer services until pre-pandemic resources are available.

### **6.15 Counselling**

- Staff and volunteers may need grief counselling.

Plan:

- Utilize mental health, clergy, debriefing circles

### **6.16 Review the Plan**

- Document the necessary changes.

Plan:

- Staff and volunteers to meet.

### **6.17 Recognition**

- Consider having some form of recognition for the volunteers.

Plan:

- Supper and plaques once supplies are available
- All community to be invited.

## **G.) Care of the Deceased**

### **7.13 Dismantle temporary morgue sites**

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

Plan:

- Utilize fire crews

### 7.14 Infection control

- Ensure that the personnel involved in the dismantling follow the necessary infection control procedures.
- Guidance in methods may have to come from NITHA or the local funeral home.

Plan:

- Education will be provided by the CHN's/volunteers.

### 7.15 Mental Health Support

- Personnel involved at all with the morgue or its dismantling may require mental health support

Plan:

### 7.16 Review the lesson learned

- Discuss how the system that was used worked.
- Consider getting feedback from the families on this process.
- Document any changes made.

Plan:

- Utilize band meetings at the band hall (community gathering).

## H.) Infection Control

### 8.14 Review

- Were the policies and procedures that were put into action effective?
- What, if any changes, need to be made?

Plan:

- CHN's /volunteers to review.

### 8.15 Document

- Make the necessary changes in the policies and procedures.
- Educate the staff to these.

Plan:

- Review current plan and update as above 8.14



### **8.16 Ongoing review**

- Ensure that infection control policies are reviewed annually.
- Keep staff current on any revisions.

#### **Plan:**

- Committee to meet and discuss.

## **I.) Emergency Response Planning**

### **9.13 Review**

- Review the plan.
- Decide what has worked and what has not.
- Change and update the plan to reflect the lessons learned.
- Share this information with the community.

#### **Plan:**

- Ongoing
- Already in place (follow previous daily meetings initially, to gradually be decreased till no longer needed).

# Retired Professionals Living in ERFN Area

## Retired Professionals

Albertine Lariviere

Mary J. Campbell

Chrissy Aubichon

Lucy Campbell

Gloria Apesis

Shery Wolverine

Fabian Naurice

Yvonne McIntyre

Terry Apesis

Cynthia Dawatsare

Rene Janvier

Gladys McDonald

Virginia Wolverine

Carla Aubichon

Bernice D'Jonair

Helen Wolverine

Jackie Misponas

John Est.

Jon McIntyre

### **Key Tasks for Pandemic Influenza**

The Committee has identified the following key tasks communities which will be needed in the event of a pandemic. They are as follows:

#### **PANDEMIC SECURITY GUARD**

### **Job Description**

#### **Draft**

The security guard will provide support, assistance, safety, and security at the Community Health facility. The security guard will provide the following services:

1. Support, assistance, safety and security of the Community Health Facility 24 hours/day seven days a week.
2. Assist in providing a safe work environment for nurses and health staff.
3. Decrease the potential and or actual incidences of vandalism of the Community Health facility.
4. Provide security for medical supplies, drugs, and vaccines being stored at this facility.

#### **Basic Security Services will be responsible for:**

1. Periodic outdoor checks of Health property throughout the duration of each shift.
2. Remaining at the Health facility for the entire shift.
3. Being accessible to the health nurses and staff via cell phone or pager.
4. Escorting staff and nurses to and from the facility to their vehicle after regular work hours.
5. Security during a mass immunization of Band Members: The security guard will greet clients at the health door and assess if it is safe to allow the client in. S/he will escort them and if necessary remain with the client and nurse or health staff until the client is able to leave the facility and yard.
6. At the end of each shift, the security guard will sign off by updating the oncoming security guard. Any relevant incidents will be reported to the health director and nursing manager.
7. Providing crowd control during emergencies while staff and nurses are busy.
8. Providing basic additional services as time permits. This could include:
  - Unpacking some supplies
  - Replacing oxygen tanks

- Snow and ice removal.
- 9. Confidentiality regarding Health operations and information.
- 10. Maintaining a log of all activities including twice a shift vaccine fridge temperature checks.
- 11. Working closely with the local RCMP in case emergency support is required.

#### **Security Check:**

The security guard employed must provide a security clearance check from the RCMP. An Oath of Confidentiality must be signed by the security guard, endorsed by a Commission of Oaths and kept on file for record purposes.

#### **Training Requirements:**

The security guard must have basic training as outlined:

1. Basic Security Guard Training Certificate from a recognized educational institute.
2. Training in basic First Aid and CPR in order to provide support where necessary and appropriate.
3. Training in dealing with non-violent intervention or Crisis Management to assist in handling situations that become volatile.
4. Assist in debriefing practices after emergencies or accidents.
5. Training in Transportation of Dangerous Goods.

OATH OF CONFIDENTIALITY  
FORM

I, \_\_\_\_\_ of  
\_\_\_\_\_

Do solemnly and sincerely swear that I will fulfill my job responsibilities to the best of my abilities, and abide by the policies and Employee Code of Ethics of the \_\_\_\_\_ and my department. I will use information obtain on the job for the intended purpose only, not for my own personal interests. I will refuse any fees offered to me in reward for duties performed by virtue of my position. I will respect and keep personal and confidential information except where required by law and personal responsibility for the well being of another.

Taken and subscribed before me

At \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_ A.D., 200\_\_

Employee's Signature \_\_\_\_\_

\_\_\_\_\_  
Witness's name (please print legibly) -Must be a Commissioner of Oaths

\_\_\_\_\_  
Signature of Witness

**NITHA-CHSSU ESTIMATE OF VACCINE NEEDS IN CASE OF PANDEMIC  
INFLUENZA 2010**

Name of the community: English River Total population: 645

<b>CATEGORY</b>	<b>NUMBER</b>
Health care workers (all categories)	6
Administrative staff at the health centre	15
Housekeeping staff at the health centre	1
<b>AL GROUP 1</b>	<b>22</b>
Essential service providers	
Policeman	2
Firefighters	5
Key Emergency response decision makers	3
Water services personnel	1
Gas services personnel	
Electricity services personnel	
Mortuary & Funeral services personnel	
Correctional services staff	
Staff in public transportation and transportation of essential goods (food, gasoline)	2 taxi drivers
<b>AL GROUP 2</b>	<b>13</b>
Persons at high risk of severe or fatal outcomes	
Persons in nursing homes, long-term care facilities & homes for the elderly	
Persons with chronic conditions	
Persons aged 65 years and above living independently in the Community (not included above)	47
Children 6 months to 23 months	1
<b>AL GROUP 3</b>	<b>48</b>
Persons aged 24 months to 18 years	187