Communicable Disease Emergency Plan

for Northwest Angle #33

Version 1

Last Edited: June 3, 2020

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SECTION 1: OVERVIEW

1.1 Introduction

Northwest Angle #33 acknowledges its role and responsibility in the event of a communicable disease emergency (CDE) such as pandemic coronavirus. Northwest Angle #33 will work closely with key partners to implement an integrated, comprehensive, and coordinated plan in the event of a CDE.

Partners

Local	WNHAC, KCA, AKRC, the All Nations Health Partners
Regional	NWHU, T3Police, GCT3
Provincial	Ontario Health
Federal	ISC, FNIHB, Public Health Agency of Canada

Lead/Implementation Team

Northwest Angle #33 is divided into two separate communities, Dog Paw and Angle Inlet, which are divided by a body of water and a Country border. This creates a unique need to identify supports and resources for two communities governed by the same Chief and Council. Appendix A provides a complete list of the community response team as of April 2020 (to be reviewed and revised annually). For this plan the team lead will be the Chief of the First Nation who will designate a community lead for each of Dog Paw and Angle Inlet. At this time the Acting Health Director will lead response implementations for Dog Paw and a Councillor has been designated with oversight for Angle Inlet. Designates will include the rest of council and program managers serving both communities.

1.2 Purpose and Scope

This document has been developed to provide guidance for Northwest Angle #33 First Nation to prepare for and respond to CDEs. The purpose of this plan is to minimize the impact of the CDE by helping the community

- Prepare for, respond to, and recover from a CDE
- Ensure a coordinated response to a CDE
- Preserve the health and well-being of community members and staff
- Sustain essential operations.

Additional objectives of undertaking this community-driven CDE Planning are:

- Create a document that is rooted in culture, taking into account community strengths, resilience and incorporating historical lessons in disaster response
- To minimize suffering, serious illness and overall deaths
- To facilitate communication between CDE response partners

- To increase community readiness and community member awareness
- To develop a plan that is a living document, changing to meet future needs

The plan includes:

- Roles and responsibilities of Northwest Angle #33 community, and regional/provincial /federal health partners;
- The decision-making process to activate and deactivate the Plan;
- Key elements of communicable disease emergency preparedness

1.3 Review/Maintenance/Distribution of Plan

The following emergency management plans/agreements were reviewed to ensure consistency with the communicable disease emergency plan (add/ remove as relevant).

Local	All-hazards emergency plan Business continuity plan Neighbouring community agreements Other (specify)
Provincial	All-hazards emergency plan Public Health Act Emergency management plan Provincial emergency management legislation Other (specify)
Federal	Federal emergency management legislation Other (specify)

The Chief, at this time, is responsible for developing the community CDE plan. The plan will be reviewed annually by Northwest Angle #33 Health Committee and Chief and Council collaboratively. At the time of this plan no band manager or formal health director whose responsibility is management and planning of health and emergency response coordination was hired within the community. Should positions be filled, the need for Chief to act as primary lead in developing the community CDE plan will be transferred to the designated available resource. Changes to the plan will be made as required. The revised plan will be submitted to Chief and Council for administrative approval. After the plan is revised and approved it will be circulated/ recirculated amongst all staff and community partners.

1.4 Training and Exercises

Training and exercises are essential to emergency preparedness because they help individuals understand their role in the event of an emergency/disaster event. Northwest Angle #33 First Nation supports employee training that includes but is not limited to the following:

- Basic Emergency Management
- Incident Command System

- Emergency Operations Centre
- Crisis Communications
- Stress management
- Promoting Community Resiliency
- Infection Prevention and Control
- Mentorship for Backup Public Service Workers

Exercises help communities prepare for emergencies. They provide an opportunity to develop relationships with community partners/stakeholders, assess operational readiness for an emergency, resource requirements and role clarity. Northwest Angle #33 will hold communicable disease emergency preparedness exercises every 2 years.

The date of the next exercise is Fall 2022.

Much training has been made available online and opportunities are available to staff and council i.e. COVID-19 FNIHCC Training Modules etc.

1.5 Mutual Aid Agreements

Mutual aid agreements are written agreements with nearby communities to assist during an emergency. These agreements could include the type of support needed (for example, supplies, staff, or knowledge).

Northwest Angle #33 Dog Paw shares a main road with two other communities, Animakee Wa Zhing #37 Regina Bay and Naotkamegwanning (WFB). In general, the Chief and Council from each community aim to support each other in planning by sharing and aligning BCR's and coordinated approaches when it is a matter of safety and security. The Three communities hold collaboration meetings semi-annually to help keep lines of communication open.

Community Name	Role of Mutual Aid	Last Update (Year)
AKRC	Service delivery	
Northwest Health Unit	Directives/Service delivery	
T3P/OPP	Service delivery	
Border Customs (KCA)	Service Delivery	
KCA	Service Delivery	
WNHAC	Service Delivery	
Naotkamegwanning (essential Services)	Service Delivery Access Security Sanitation	
AWZ #37	Service Delivery Access Security	
Fire	Service Delivery	
Ambulance	Service Delivery	
Sioux Narrows	Service Delivery	

Tri-Community Drug Action BCR	November 2018 Commitment to coordinate/collaborate on drug action plan across WFB/NWA33/AWZ37	

1.6 Context for a Communicable Disease Emergency

Communicable diseases spread from one person to another. They can also spread from an animal to a human. Communicable diseases are caused by microscopic germs which can spread in many ways. They may spread by:

- Contact with:
  - Coughing, sneezing, and saliva (for example, flu, chicken pox, TB)
  - Body fluids like blood, semen, vomit, and diarrhea (for example, food poisoning, HIV)
- Indirectly by:
  - Unwashed hands
  - Unclean surfaces
  - Unclean food or water
  - Bites from insects or animals

Some communicable diseases spread easily between people. This can become an emergency when many people get the disease. A pandemic is a CDE on a global scale.

Communicable diseases may affect a community very quickly if unprepared so plans must be made to deal with any CDEs. The community may not have the resources to care for everyone and may need assistance from other levels of government.

Northwest Angle #33 works closely with the All Nations Health Partners and takes guidance seriously from the Northwest Health Unit and KCA's designated Environmental Health Officer to understand fully the local context and responses needed within the community to any CDE, such as a COVID-19. These relationships are key for Northwest Angle #33 to responding within a local context and creating communications for its members while still adhering to any emergency recommendations Nationally and globally.

1.6.1 Context for COVID-19 (coronavirus) Emergency – Info from Canada.ca

Symptoms of COVID-19

Those who are infected with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu.

Symptoms may take up to 14 days to appear after exposure to COVID-19. This is the longest known infectious period for this disease. We are currently investigating if the virus can be transmitted to others if someone is not showing symptoms. While experts believe that it is possible, it is considered less common.

Symptoms have included:

- fever
- cough
- difficulty breathing
- pneumonia in both lungs

In severe cases, infection can lead to death.

If you become ill:

If you are showing symptoms of COVID-19, reduce your contact with others:

- isolate yourself at home for 14 days to avoid spreading it to others
- if you live with others, stay in a separate room or keep a 2-metre distance
- visit a health care professional or call your local public health authority
- call ahead to tell them your symptoms and follow their instructions

If you become sick while travelling back to Canada:

- inform the flight attendant or a Canadian border services officer
- advise a Canada border services agent on arrival in Canada if you believe you were exposed to someone who was sick with COVID-19, even if you do not have symptoms
- this is required under the Quarantine Act
- the Canada border services agent will provide instructions for you to follow

Diagnosing coronavirus

Coronavirus infections are diagnosed by a health care provider based on symptoms and are confirmed through laboratory tests.

Treating coronavirus

Most people with mild coronavirus illness will recover on their own.

If you are concerned about your symptoms, you should self-monitor and consult your health care provider. They may recommend steps you can take to relieve symptoms.

Vaccine

At this time, there is no vaccine for COVID-19 or any natural health products that are authorized to treat or protect against COVID-19.

If you have received a flu vaccine, it will not protect against coronaviruses.

About coronaviruses

Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

COVID-19 is a new disease that has not been previously identified in humans. Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person to person through close contact.

For Northwest Angle #33 the local measures for community members include:

- If worried about COVID-19, take the self-assessment tool online or available from the Community Health Nurse at www.covid-19.ontario.ca or call 807-467-8770 ext 385 (Crisna Alutaya NWA#33 CHN as of May 2020). For residents of Angle Inlet, please contact Karen, Brian, Lara, or Cree if you suspect you may have COVID-19 symptoms.
- Positive Screens will be referred to the Assessment Centre and an appointment for testing will be scheduled via the Mobile Assessment and Testing Unit dispatched to the Community Check –point (or other designated location by Chief and Council).
- If living in either Dog Paw or Angle Inlet, the mobile testing team will come to the community and take a nasal swab. Based on health history and risks you may be:
  - Sent home to self-isolate
  - Referred to a community isolation space
  - Referred to an isolation space in Kenora
- Monitoring and follow-up will take place as results will be communicated when they are received and all positive-results will include a care team check-in on a regular basis to monitor health status and provide care as required.

The protocol and process for assessment, testing, treatment and follow-up was collaboratively developed with the All Nations Health Partners.

1.7 Responsibilities

1.7.1 Community Level Responsibilities

Northwest Angle #33 is responsible to:

- Develop, test and update the communicable disease emergency plan in collaboration with partners and stakeholders and as part of their community health planning process.
- Support employee preparation for emergencies, including through training and exercises.
- Coordinate with health officials at different levels of government, as well as municipal and community partners.
- The Health Director or Nurse-in-Charge is responsible for the planning resources.
- Review local and provincial outbreak management plans to ensure alignment.
- Familiarize themselves with provincial emergency management and public health legislation.
- Creation of Band Council Resolutions, Band Bulletins to all members, Memorandum of Understandings with local and regional partners creating authorization to have Treaty 3 Police and Northwest Health Unit enforce those directives and have other partners support needed public health actions.

1.7.2 Provincial Level Responsibilities

Ontario is responsible to:

- Communications to and from community
- Access to provincial stockpiles (for example, vaccines, antivirals, and personal protective equipment)
- Support to communities during an emergency (for example, staffing surge capacity, funding)

1.7.3 Federal Level Responsibilities

Public Health Agency of Canada (PHAC) is responsible to:

- Integrate First Nations and Inuit communities' considerations and realities into federal documents.
- Communication
- Coordination
- Federal vaccine, antiviral, and personal protective equipment stockpiles
- Other (specify)

Indigenous Services Canada (ISC) is responsible to:

- Access to health services
- Prevention, preparation, and response to health emergencies
- Other (specify)

SECTION 2: CONCEPT OF OPERATIONS

2.1 Activation of the Communicable Disease Emergency/Pandemic or Epidemic Plan

When the Provincial MOH declares a pandemic, Chief and Council may activate appropriate components of the communicable disease emergency plan based on situational requirements. This may include declaring and providing directive communications to all band members requiring social distancing, self-isolation and/or quarantine as well as required check-point assessments at access points in and out of both Dog Paw and Angle Inlet. When the plan or any of its components are activated, the Chief or designate will assume the lead role in notifying the Community Health Nurse, the Health Director (or designate), the Team Lead at Angle Inlet and all band staff and community members. Chief and Council and designated team leads will ensure the regional partners and MOH are notified and the Regional Office of Indigenous Services Canada of the change in the situation and the implications related to same.

2.2 Deactivation of the Communicable Disease Emergency/Pandemic Plan

Chief and Council will deactivate the Communicable Disease Emergency Plan/or components of it or have key people meet on an ad-hoc basis when the public health emergency is declared over by the Provincial MOH. Chief and Council will hold a deactivation review meeting to make sure all day to day operations and management are returned to a normal state and lessons learned and review of the experience in implementing and deactivation of the CDE and pandemic response can inform and result in any needed update to the CDE Emergency Plan with lessons learned and reviewed shortly after deactivation.

2.3 Emergency Operations Centre Location

An emergency operations centre is a central command centre. It is from where the emergency is managed. It helps ensure the continuity of operations. This location must have a computer, telephone and fax machine. For Northwest Angle #33 two command centres must be identified so that members living in both communities have an identified location to receive information and support in activating necessary measures. In some cases, this may be a council members home.

The locations of the Emergency Operations Centres are:

- Angle Inlet Main Band Office – 807-733-2200
- Dog Paw Sub-Office– 807-226-2858

2.4 Key Components of Communicable Disease Emergency Planning

The following provides an overview of the major components of CDE preparedness and response.

2.4.1 Communications

Communication of information and advice is often the first public health intervention during an emergency. 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 like vaccines are available. Communications will be open and ongoing and for Northwest Angle #33 all decision-making will be shared in communications guided by the Seven Grandfather Teachings so that honesty, truth, respect, bravery, love, humility and wisdom are shared to build community resiliency and maintain public trust. Communications will be provided consistently and regularly updated.

Northwest Angle #33 will share communications via (check those that apply and add as necessary):

□ contactless door to door distribution of key information including Band Council Resolutions, Community bulletins, educational infographics and other communication materials
- telecommunication services are inconsistent and access is not guaranteed – at time of COVID-19 a door-to-door drop of information in a bag is seen as best practice for reaching everyone

□ community bulletin board
□ social media (Facebook, Twitter, Instagram)
□ direct messaging (text, email, Facebook Messenger, etc)
□ radio announcements
□ media interviews
□ press releases
□ mail-out notifications (via email distribution to all members)
□ Partner organizations (WNHAC, KCA, NWHU)

Chief and Council will attempt to make provisions so that lines of communication are accessible to all community members (ie. Satellite phones, Two-way radio, etc). Northwest Angle #33 will share information in English and when deemed feasible in Anishinaabemowen for the Elders (including in-person or video explanations within the cultural language and context so that communication is meaningful to all).

Chief and Council is responsible for expediting all Band Council Resolutions, Directives, Community Notices.

Specifically, the Councillor holding the Health Portfolio together with the Community Health Director or their delegate is responsible to communicate on health related matters with community members, health facility staff, and other local/ provincial/ federal partners and stakeholders.

Chief and Council or their delegate is responsible to communicate on non-health related matters related to the emergency with community members, health facility staff, and other local/ provincial/ federal partners and stakeholders.
The Chief (suggest Band Manager once role is filled) will receive all media inquiries during the communicable disease emergency and will ensure that those responsible for communication are designated speakers.

Key items to include in communications to the public are:

- Local, provincial, national, and international situation
- Level of risk
- Public health response focused on local relevance
- evidence based infographics, educational information, videos
- how to access community services and partners and stakeholder services (GCT3, WNHAC, KCA, AKRC, NWHU)
- Signs and symptoms
- Recommendations including prevention measures, how to care for an ill family member, when to seek care, and when to stay home.
- Band Council Resolutions, Directives, Notices which change the laws and expectations of public life and day-to-day activities by people living on reserve (including members and non-members)

2.4.2 Surveillance

Surveillance between pandemics serves as a warning system. Surveillance during CDEs provides decision makers with the information they need for an effective response.

The purpose of surveillance during a communicable disease emergency is to provide data on the current status of the infectious disease (e.g., clinical cases, hospitalizations and deaths; severe clinical syndromes and associated risk groups; and demands on the health system); to detect the emergence of new cases in a timely fashion and to monitor the spread and impact on communities; and to rapidly prioritize and maximize an efficient response.

Chief and Council or their delegate is responsible to report notifiable diseases to the Northwestern Health Unit (807-468-3147 or toll-free 1-800-830-5978). Please consider reporting this information to FNIHB Regional Office (807-737-5817 or by email to: rayanne.waboose@canada.ca) as well. NWHU public health epidemiologists will analyze the data.

If available, responsibilities will be assigned to the community Public Health Nurse who will report all surveillance data to the Communicable Disease Control Nurse. This Regional Nurse will then report all gathered surveillance information to FNIHB, Region Department and other

stakeholders, as required. Surveillance information may be shared with the Community, as necessary.

Northwest Angle #33 plans to participate in surveillance and encourage the capacity for contact tracing of any likely movement of the disease through two key screen processes:

1. The All Nations Health Partners established a mobile assessment team and protocols to move from individuals self-screening to testing and follow-up. Northwest Angle #33 will communicate and use this mobile assessment team as a primary point of surveillance for identifying any cases within their community. The Partners include the care providers responsible for tracking data on the current status of the infectious disease. The mobile assessment team is contacted through the following protocol with surveillance system activated at the Positive Screens stage.

**For residents of Angle Inlet, please contact Karen, Brian, Lara, or Cree if you suspect you have COVID-19 symptoms*

2. Northwest Angle #33 would like to establish a check-point protocol to screen all coming in and out of the community. This is feasible at Dog Paw but will require self-screening and self-discipline at Angle Inlet. Appendix D provides the Check-Point Screening Tool that will be filled out for every vehicle/person coming into or leaving the community by a check-point team hired to enforce the requirements for surveillance, sheltering in place, and physical distancing (and when applicable curfews and travel restrictions in effect). The Pandemic Planning Lead (or Councillor with the Health Portfolio) will compile and collate all screening forms from check-point to support contact tracing and surveillance needs.

2.4.3 Public Health Measures

Public health measures are non-pharmaceutical interventions to help prevent, control, or mitigate communicable diseases. These measures help reduce transmission of the disease to reduce the size of the outbreak, the number of severely ill cases and deaths, and reduce the burden on the health care system. Public health measures range from actions taken by individuals (e.g., hand hygiene, self-isolation) to actions taken in community settings and workplaces (e.g., increased cleaning of common surfaces, social distancing) to those that require extensive community preparation (e.g., pro-active school closures).

Provincial and federal public health authorities will provide advice on public health measures as the emergency develops. The provincial or federal CMOH may enforce some public health measures as per their authority under the public health legislation. The Chief and Councillor holding the Health Portfolio is responsible to ensure that local public health measures align with advice given by local, provincial, and federal public health authorities. Direction and support will be provided on Public Health Measures, as required by the All Nations Health Partners, with direct guidance from COVID-19 assessment centre partners (LWDH, NWHU, WNHAC, KCA and KDSB).

The following outline key Public Health Measures that Northwest Angle #33 may implement during a Pandemic event.

a. Individual level public health measures may include:

Measure	**Risk/ Impact**	**Mitigation Strategy**	**Trigger to recommend this measure**
Clean hands with soap and water/ hand sanitizer often	Accessibility of clean water and soap Accessibility of hand sanitizer, risks of human consumption of hand sanitizer	Community handwashing stations Hand sanitizer at locations of staff/front-line workers job sites Infographics at every handwashing station and in every staff policy and procedures manual	Ongoing promotion Increased promotion during flu season and when there is known potential for CDE (ie pandemic declaration)
Respiratory etiquette	Spreading of mucous through poor etiquette	Infographics as part of communications on proper protocol Infographics and established training and protocol in staff policies/manuals	Ongoing promotion Increased promotion during flu season and when there is known potential for CDE (ie pandemic declaration)

Don't share personal items	Households may not have enough for each individual Access (travel distance/remote ice road or boat only)	Consider surge supply during emergencies	Preparedness list and supplies for 'hampers/pandemic kits' Disinfectant supplies Toilet paper Hand soap Non-perishable foods Traditional foods Freezers Groceries and meat for food Bank Diapers Formula Detergent Candles Over-the-counter medications Fish nets Generators Hunting gear/ammunition
Mandatory screening/ treatment	Limits on personal freedoms; relationship strain between community and health services	Build relationship with community before emergencies; clear communication; opportunity for contact tracing; opportunity for accurate knowledge sharing/education	Once pandemic declared and clear direction/recommendations and emergency legislation passed. Check-point screening form Check-point team formation
Recommend local, cultural and traditional practices	Cultural and traditional practices provide an opportunity for resurgence during crisis. "Cabin fever" and mental health and wellbeing are at risk when long-periods of time are spent in crisis and sheltering in place. Must be done safely and consider public health recommendations during planning and of ceremonies	Local and traditional practices can provide significant benefits to mental and social health. Safe and physically distanced community gardening, hunting and fishing are all pursuits that serve multiple purposes from building resiliency of food security, cultural congruence in pandemic response. Other activities could include collection of medicines/resources required for ceremony. Explore and reserve safe	As per direction of community elders/traditional knowledge keepers

		options during ceremonial protocols	
Self-isolate in home	Overcrowded housing; isolation; determinants of health, family well-beign challenges	Facilitate access to supports. Ensure available necessities such as groceries.	Upon recommendation of public health guidelines
Vaccines/pre-exposure prophylaxis with anti-virals	Possible limited supply; cost-benefit analysis Growing public concerns about the use of vaccines	Coordinate safe and efficient administration of vaccine to community members whose health conditions allow for vaccination. Education and encouragement of routine vaccinations.	**When available**

b. Community level public health measures may include (This is a partial list. Add/ revise/ remove as relevant for your community and the CDE):

Measure	**Risk/ Impact**	**Mitigation Strategy**	**Trigger to start implementing this measure**
Close schools, daycares, community centres, schools	Loss of community and social support, possibly access to food or safe spaces	Additional food bank hours or allowances; phone/telecommunication support to families	Based on leadership BCR, community notices or statements
Cancel or modify community programming, sporting events	Loss of community and social support, possibly access to food or safe spaces	Partner with stakeholders/service providers to explore options to deliver within public health recommendations (virtually or with distancing protocols in place)	Based on leadership BCR, community notices or statements.
Implement increased cleaning of public spaces	Cost and human resources	Band mandated protocols and increase 'hazard' pay or bonuses for increased service/expectations	Based on public health recommendations and once pandemic declared.
Telecommunications or access	Need for way to identify households in distress (green, yellow, orange, red signs)	Distribution of colour coded signage. Environmental scan of devices/connectivity and development of wellness checks/phone	When communications plan is implemented – consider audiences/barriers and solutions

		trees/walkie talkie supports	
Public awareness campaigns	May not address relevant issues, may not be culturally safe and responsive	Local input into campaigns; engage trusted community members and experts. Involve and review and get input from Local Pandemic Planning team. Use of videos with elders and youth	When regional and federal authorities start communications and public awareness campaign.
Isolation/ Quarantine/ travel restrictions	Limits on personal freedoms; social isolation; relationship strain between community and health services	Facilitate access to necessities, including social contact. Provide screening form so that essential travel can take place (including cultural endeavors).	Normally recommended by local/ provincial/ federal health authorities under strict conditions
Alternative working strategies (ie. flexible hours or work locations)	Access to internet for telework	Environmental scan of devices and connectivity and purchases of needed technology supports for teams	At point of mandates limiting work spaces.
Recommend local, cultural and traditional practices	Cultural and traditional practices provide an opportunity for resurgence during crisis. "Cabin fever" and mental health and wellbeing are at risk when long-periods of time are spent in crisis and sheltering in place. Must be done safely and consider public health recommendations during planning and of ceremonies	Local and traditional practices can provide significant benefits to mental and social health. Gardening, safe and physically distanced community gardening, hunting and fishing are all pursuits that serve multiple purposes from building resiliency of food security, cultural congruence in pandemic response. Other activities could include collection of medicines/resources required for ceremony. Explore and reserve safe options during ceremonial protocols	As per direction of community elders/traditional knowledge keepers
Protection of vulnerable populations (elderly, immunocompromised, pre-existing health conditions, children)	Logistics involving medical care, food supply, access to communications, and restriction of freedoms.	Additional measures may be implemented to reduce risk to vulnerable populations by limiting their contact with others. This may include shelter-in-place options, designation of a specific caretaker, limiting visitors, etc.	The identification of specific vulnerable populations by Provincial and Federal health authorities.

2.4.4. Infection, Prevention and Control Measures

Infection Prevention and Control (IPC) is key to preventing the spread of communicable diseases. Personal Protective Equipment (PPE) and IPC training are essential. IPC and Occupational Health and Safety (OHS) programs should work together to prevent staff, patient, and visitor exposure to communicable diseases during the provision of health care. See Appendix B for IPC measures recommended by the ANHP.

The following elements of IPC and OHS programs are present in local health facilities to prepare and respond to communicable disease emergencies. Please bear in mind, Northwest Angle #33 does not have health professionals. The community is reliant on outside health care professionals (either through hosting visiting health practitioners or by travelling to Kenora) and medical services. Dog Paw has all season road access and receives more consistent community health nursing services whereas Angle Inlet received similar services but for shoulder seasons the travel restrictions and weather conditions mean many missed visits and complexities in accessing care.

	IPC and OHS professionals are staffed/contracted to the health care organization to conduct education and training for front line staff. Kenora Chiefs Advisory Environmental Health Officers, Northwest Health Unit Indigenous outreach, Waasigiizhignanaandawe'iyewigamig (WNHAC) work year round to support and work with community social and home care teams to conduct education and training for front line staff. Additional training made available through IPAC online training, FNIHCC Training Modules, etc.
	Comprehensive IPC and OHS education and training on communicable diseases is provided yearly to health facility staff. A plan is in place to provide training if and when an emergency occurs.
	An organizational risk assessment has identified administrative controls and personal protective equipment (PPE) to protect patients, health care workers and visitors in health facilities. The KCA EHO's have done assessments of public spaces that can act as pandemic planning sites and isolation centres should the need arise. Reports outline the risks and administrative controls, PPE needed to protect community in operating services during pandemic.
	Organizational policies and procedures for IPC and OHS exist, including: - Point-of-care risk assessments - PPE and fit-testing - Housekeeping - Surveillance for health facility associated infections - Staff and patient vaccination policies - Source control - Facility outbreak management protocols that align with provincial outbreak management plans - PPE supplies

	- Access to provincial and federal stockpiles (PPE, vaccines, and antivirals) These are locally developed and culturally verified through the All Nations Health Partners alliance (see Appendix of COVID-19 information package)

2.4.5 Continuity of Health Operations

A communicable disease emergency usually exceeds the capacity of the health system, particularly in remote and isolated communities. Communities will face an increased demand for health services. There may be a shortage of health professionals due to personal or family sickness. Family, friends, and volunteers may need to provide care to sick family members. Non-urgent health services may need to be postponed.

The Health Director and the Community Health Nurse (CHN) are responsible to inform Chief and Council and WNHAC if the health facility's capacity is exceeded and non-urgent health services are postponed. If health and public health services are available outside of the community, the Health Director and the CHN are responsible to work with Chief and Council to inform community members when, where, and what services may be accessed.

As an example, for COVID-19 response, a team meeting with all service partners was held approximately 4 weeks into Pandemic response where key questions were asked about capacity and needed pathways for supporting continuity of health operations. This occurred between all partners including: Chief and Council, NWA33 Health Director, KCA, SCFHT, WNHAC, KDSB, CHCP and Treaty 3 Police. This was an opportunity to review response and gaps to date and to plan more coordinated services and ensure continuity of health operations could take place.

In a communicable disease emergency, the following strategies may be used to increase the capacity of Northwest Angle #33 to respond to continuity of health services.
□ Additional staff (primarily re-delegating authority and assignments/job-descriptions, hiring of local members for check-point/surveillance tasks, training and education and collaboration with partners providing services who have also brought on change in staff deligation/increase in staff)
□ Additional supplies (Consider: funding, sourcing, contracts – partitions/retrofitting medical transport vans and training drivers on PPE)
□ Additional space (Consider: locally, agreements with neighbouring communities, medevacs including Isolation center spaces)
□ Self-assessment for health care providers planning to return to the workplace after illness (development of forms/tools for assessment and screening)
□ Prioritization of health services (identify pathways to access/need for primary/acute care)

In the event of a communicable disease emergency, health services will be prioritized as follows:
1. Public Health Measures (recognizing that all other parts of care must take into account public health measures such as distancing, self-isolation, self-assessment etc.)
2. Primary and acute care needs that ensure continuity of health and limit risk of escalating health crisis (i.e. diabetes education/wellness checks, community health nursing, asthma/COPD, hypertension INR, baby wellness, pharmacy). See Attachment XX For Poster

on Health Care Open during COVID-19 as example of keeping access open and prioritized to communities (mostly telehealth/medicine)
3. Mental Health – health related issues
4. Community awareness and education
5. Surveillance (contact tracing and assessment support)

It is anticipated at the very beginning of a public health/CDE crisis all non-urgent care is halted temporarily to set in motion needed public health measures and then planning to open up next levels of priority can be safely delivered.

In the event of a communicable disease emergency, community services such will be prioritized as follows:

1. Pandemic Response Activities – delegation task list
2. Water treatment/access to clean water
3. Food Security (community gardens, traditional food collection, alternate food supply options, food baskets for households)
4. Mental Health Services
5. Security – check-point/policing services (Screening and enforcing Pandemic measures – for example: essential travel in and out of community only)
6. Financial assistance for community members on- and off- reserve (including pay that compensates for front-line risks)

Supplemental mental health and social support for community members and health staff may be required during and after a communicable disease emergency. The following partners and organizations may be contacted for culturally safe mental health and social support during a communicable disease emergency (Appendix B for infographics shared with community):

1. Kenora Chiefs Advisory:
    a. Mental Health Programming
    b. Addiction support
    c. Health promotion and education
    d. Environmental Health Program – Environmental Health Officers supporting community planning/resiliency and capacity building to effectively ready public spaces for Pandemic response
2. WNHAC: emotional wellness therapists, community health nursing, home care and community care supports.
3. ANHP: culturally congruent and regionally responsive to public relations, communication, education and development of tools and resources on-line and in social media. (i.e. English and Anishinaabemowin Help Lines and a Coivid-19 hotline for questions about the virus and for screening)

2.4.6 Laboratory Services

Laboratory-based surveillance is an important part of monitoring communicable disease activity.

Rapid identification of a communicable disease and timely tracking of disease activity throughout the duration of the emergency are critical to a successful response. In the early stages of a pandemic, laboratory services may also provide guidance on appropriate clinical treatment.

The purpose of laboratory services during a pandemic is to:

- Support public health surveillance by confirming and reporting positive results;
- Facilitate clinical management by distinguishing patients infected with the communicable disease from those with other diseases;
- Monitor circulating viruses for antiviral resistance and characteristics; and
- Assess vaccine match and support vaccine effectiveness studies.

Laboratory services will be arranged through NWHU. For the purposes of COVID-19, a mobile assessment team was formed through the All Nations Health Partners and screening and testing take place through scheduled appointments where a mobile van and team come to the community check-point. Access to the mobile assessment team is through the NWHU's COVID-19 hotline 1-866-468-2240.

The Health Director is responsible to communicate with any relevant laboratories and ensure all relevant health care providers are aware of any new laboratory guidelines and protocols.

Positive test results will be reported to the Northwest Health Unit and to FNIHB.

2.4.7 Antiviral Medication

Antiviral medication can be used to treat viruses (such as influenza) or to prevent viruses in exposed persons (prophylaxis). Antiviral medications are the only specific anti-influenza intervention available that can be used from the start of the pandemic, when vaccine is not yet available.

The Chief and Councillor holding the Health Portfolio is responsible to collaborate with provincial/ federal authorities to ensure an adequate supply of antiviral medication for the community. Provincial clinical guidelines for administration and reporting will be followed including side effects, adverse events, and unused medication. Please consider reporting this information to FNIHB Regional Office as well.

The Health Director maintains a list of the community's most medically vulnerable residents. This list is located in the Health Centre at Dog Paw community. Individuals who are unable to visit the health facility will receive home visits for vaccination. These home visits will be conducted as per the local health facility guidelines.

Chief and Council will communicate with residents regarding antiviral medication prioritization and availability.

2.4.8 Vaccines

Immunization, especially of susceptible individuals is the most effective way to prevent disease and death on a large scale. High seasonal influenza vaccine coverage rates are a good predictor of pandemic vaccine coverage rates. The overall impact of the pandemic vaccine will depend on vaccine efficacy and uptake, as well as the timing of vaccine availability in relation to pandemic activity. Therefore, education about vaccines and encouragement of routine vaccination will be needed before and during a CDE situation.

This component aims to provide a safe and effective vaccine to residents of Northwest Angle #33 as soon as possible; to allocate, distribute and administer vaccines as efficiently and fairly as possible; and to monitor the safety and effectiveness of pandemic vaccine.

The Health Director together with the Councillor holding the Health Portfolio is responsible to collaborate with provincial authorities to ensure an adequate supply of pandemic vaccine for the community. All community health nurses will obtain and maintain their immunization competency. Provincial vaccination procedures will be followed including reporting administration, side effects, adverse events, and unused vaccine. Please consider reporting this information to FNIHB Regional Office as well.

Site-specific vaccine storage protocols exist and will be followed. In the event that the vaccine provided exceeds the storage capacity of the health centre's vaccine fridge, it is anticipated that WNHAC and NWHU will support the storage and administration of all vaccines.

The Health Director maintains a list of the community's most medically vulnerable residents. This list is located in the Dog Paw Health Centre. Individuals who are unable to visit vaccination clinics will receive home visits for vaccination. These home visits will be conducted as per the local health facility guidelines.

Chief and Council together with the Health Director and WNHAC team will communicate with residents regarding vaccine priority requirements, clinic locations and times.

The Health Director and the Community Health Nurse are responsible for the logistics of setting up a vaccination clinic, including location, volunteers, and scheduling.

Potential clinic locations are:

- Dog Paw: Health Centre
- Angle Inlet: Health Centre

Potential volunteers are listed in Appendix A.

2.4.9 Ethical Considerations

Communicable disease emergencies often present ethical dilemmas. Decisions may be required on when to provide or withhold vaccines, antivirals, and/ or treatment, among other things.

In the event that ethical dilemmas requiring a decision arise, relevant members of the communicable disease emergency team have an agreement to work with third-party impartial staff at Kenora Chiefs Advisory from the Environmental Health Officer Department, a member of Northwest Angle #33 Council and one local Spokesperson to resolve the dilemma.

SECTION 3: RECOVERY AND EVALUATING THE COMMUNICABLE DISEASE EMERGENCY RESPONSE

3.1 Debriefing/s

Processes, activities, and decisions made during the CDE response should be documented for future reference. The response should be evaluated to see what went well, what could be done differently, and what the outcome was. This evaluation helps ensure that lessons learned from the real-life event are captured and remain available to inform CDE plan revisions.

Debriefings are recommended following an emergency/disaster event, particularly after an evacuation has been ordered. There is a lot of strength in coming together during a crisis, change often occurs in a way that cannot otherwise be planned for and learning from the process is essential and part of transfer of knowledge. For Northwest Angle #33, understanding how traditional knowledge was part of pandemic response in addition all other aspects of the Pandemic response will be important.

All of the following types of debriefs are recommended:

- Quick tactical debriefing with Pandemic Response Team (what went well, what didn't, how to improve);
- Operational debriefing, including community partners/stakeholders (Appendix D);
- If funding available – video interviews with cultural healers, elders and community members;
- Questionnaire (to volunteers, community partners/stakeholders, owners of building sites used, etc.) in order to identify gaps and future considerations for improvement;
- Development of an After-Action Report, a financial report, and a report to FNHIB/ISC. Results of the report should also be shared with community members.

The Chief or their delegate is responsible to organize the debriefings. The Chief (and their support) or their delegate is responsible to ensure the lessons learned are incorporated into the communicable disease emergency plan.

3.2 Recovery

After the emergency is over, Northwest Angle #33 will recognize the losses, celebrate the community's resilience, and begin the healing process. The following events will be considered after the emergency has been declared over.

1. Community healing ceremony
2. Community Feast/festival
3. Health and social services fair to re-instate programming and services used by the community
4. Coordinate mental health and grief counselling, traditional healing services for community members
5. Coordinate rebuilding of human resources infrastructure, revisit delegation of tasks and job description, assess community budgets and return or modify community programming based on lessons learned/opportunity gained through the crisis.

SECTION 4: APPROVAL of COMMUNICABLE DISEASE EMERGENCY PLAN

Approved by: Chief Darlene Comegan	**Date:**
Approved by: Angle Inlet Team Lead	**Date:**
Approved by: Dog Paw Team Lead	**Date:**

SECTION 5: APPENDICES

Appendix A Pandemic Planning Team and Volunteer Contact List

Name	Community Role	Emergency Role	Work Phone	Personal Phone*	Email
Darlene Comegan	Chief	Community Spokesperson	807-468-8852	1-226-545-0303 (cell)	darlene.comegan@outlook.com
Lara Stovern	Councillor	Angle Inlet – Team Lead/Health Coordination	613-503-2166	613-503-2166 (cell)	Lara.stovern@yahoo.com
Innes Sandy	Councillor	Spokesperson Backup	807-733-2200	807-733-1032 (home)	Atiktoo1967@gmail.com
Stanley Paul	Councillor	Check-Point/Security		807-226-9814	Stanleypaul246@outlook.com
Norma Girard	Councillor	Operations		807.407.3472	Norma_gate@shaw.ca
Kim Sandy-Kasprick	Councillor	Health			Kimsandy.k@yahoo.com
Stephanie Bird	Education Counselor	Education/awareness	807-226-5585		nwa33_education@hotmail.com
Ruby Shebahkeget	CHR (Dog Paw)	Health Care and Communications Dogpaw	807-226-9890		rshebahkeget@live.ca
Monica Shebahkeget	Family Well-being	Dogpaw Lead/Food Security	807-226-2858	807-226-2899	Nwa33_fwb@outlook.com
Brian Kelly	Medical Transport	Angle Inlet – co-lead Travel/Protocols	807-733-2200	807-407-4867	buckskin181@hotmail.com
Farrell Desrosiers	Community Mental Health/ Wellness				keiser10@hotmail.com
Karen Pearson	CHR (Angle Inlet)	Health Care and Communications Angle Inlet	807-733-2155		Karenpearson58@yahoo.com
Crisna Alutaya	CHN	Nurse – Assessment coordination	807-467-8770		calutaya@wnhac.org
Alex Mallett	Housing Manager	Housing	807-733-2200	807-407-7565 (cell)	alexjmallett@hotmail.com
Terrance Bird	Water treatment plant (Dog Paw)	WTPO	807-226-5586	807-407-6586 (cell)	Birdterry7@gmail.com
Fred Sandy	Water treatment plant (Dog Paw)	WTPO	807-226-5586	807-407-5378 (cell)	fredsandylive@gmail.com
Lili Sioui	Water treatment plant (Angle Inlet)	WTPO	807-733-2200	218-407-2226 (cell)	Nwa33_wto@outlook.com
John Mallet	Water Supply	Water supply and shipping			
Vicki McPherson	Water supply	Water supply and shipping			
Conrad Ross					
Bill Ross	O&M Manager	Operations Backup		204-437-2589	Billyjoe2003@yahoo.ca
Cree Hart	Finance Assistant	Finance	807-733-2200		Nwa33financeassistant@gmail.com
Rob Hrabec	Expert Resource Advisor	Finance Backup			Rob.hrabec@mnp.ca
Colleen Sandy	Senior Prevention Worker				colleensandy@outlook.com

*** Facebook Messenger is an effective way of reaching individuals (more people have home WIFI and no cell service at Angle inlet)**

Angle Inlet Covid-19 Assessment and Response Co-Leads:

- **Lara Stovern, Councillor – Health Portfolio**
- **Brian Kelly, Medical Transport – Logistics/Protocols**
- **Karen Pearson – CHR – Health Information/support for testing**
- **Cree Hart – administrator – community coordination**

These four individuals will support assessment of individuals who are experiencing symptoms or are in need of assessment/testing for COVID-19. Additional Angle Inlet Team members will support communications and Pandemic Action plans.

Dogpaw Covid-19 Assessment and Response Co-Leads:

- **Lead – Monica Shebahkeget, FWB Coordinator – Coordination/Food Security**
- **Ruby Shebahkeget – CHR – Health Information/support for testing**
- **Stanley Paul, Councillor – Checkpoint and Security**

Appendix B Public Health Measures

https://245fa145-3b92-44d3-86c5-e742b137383f.filesusr.com/ugd/931959_4f8ca3146ae844da893cd1786cafeb5a.pdf

Appendix C

Contact Information of Internal/External Government Departments and Community Partners

Organization/Title	Name	Phone number	Email
Indigenous Services Canada	FNIHB Emergency On-Call	1-855-407-2676	
	Funding Services		Betty.lee-lawrence@canada.ca
Public Health Agency Canada		1-833-784-4397	Phac.info.aspc@canada.ca
Northwest Health Unit	COVID-19 hotline	1-866-468-2240	
	NWHU	807-468-3147	
Government of Ontario	Telehealth Ontario	1-866-797-0000	
Treaty 3 Police	Jeff Sky Trish Rupert Emergency	Office – 807-458-5474 Emergency line – 888-310-1122	
Grand Council Treaty 3		807-548-4214	
WNHAC Community Health Nurse	Melissa Calder	807-467-8770	
WNHAC Cultural Coordinator		1-888-699-6422	
Sunset Country Family Health Team	Colleen Neil	807-468-6321	
Sioux Narrows Medical Clinic		807-226-1081	
Lake of the Woods District Hospital		807-407-3774	
Kenora Chiefs Advisory	Crisis Services	807-407-5236	
	Centralized Intake	807-407-3077	
KCA Public Health Officers	Garry Tang	807-407-4625	garry.tang@kenorachiefs.ca
	Amanda Amagwu	807-407-7798	amanda.amagwu@kenorachiefs.ca
Anishinaabeg of Kabapikotawangag Resource Council	Cullen Robb	807-548-5642	cullen.robb@akrc.on.ca
Canadian Coast Guard		807-468-6441	
Bimose Tribal Council	Phil Tangie	807-468-5551	ptangie@bimose.ca
Animakee Wa Zhing #37			
Naotkamegwanning			

Appendix D Checkpoint Screening Tools

Northwest Angle #33

P.O. Box 1490
Kenora, ON P9N 3X7

CHIEF
Darlene Comegan
COUNCILLORS
Innes Sandy
Lara Stovern
Stanley Paul
Norma Girard
Kim Sandy-Kasprick

Check-Point Screening Form

NAME of person(s):	**Leaving NWA#33 (DP/AI)** **Time:**	**Destination:**
Date **License Plate**	**Returning NWA#33 (DP/AI)** **Time:**	**Destination:**
What is your business here?		
How long were you away?		
SCREENING QUESTIONS		
1. Do you have a new and/or worsening cough, or shortness of breath?	**YES:** □	**NO:** □
2. Have you had any shakes, chills and/or fever?	**YES:** □	**NO**: □
3. Do you have other symptoms of being sick – such as fatigue, muscle aches, anorexia (loss of appetite?)	**YES:** □	**NO**: □
4. In the past 14 days, have you traveled or had contact with a sick person who has travelled to any centres currently affected by COVID-19?	**YES:** □	**NO**: □ **Circle which one on next line:**
Thunder Bay - Dryden - Red Lake - Sioux Lookout - Fort Francis - Winnipeg - Atikokan - Mining Camp **OTHER – name:**		
If YES to question 1 **OR** 2 **OR** 3 GIVE DRIVER SELF ISOLATION HANDOUT and Request driver to isolate for 14 days If NO to 1 and 2 AND YES to 4 – isolate if possible and note that someone from the health center will check in to make sure you are still feeling well over the next couple days		

SELF-SCREENING FORM FOR TRAVEL IN AND OUT OF ANGLE INLET

Self-Monitoring Travel Form - NAME OF TRAVELERS: ___________________________

Date/Time of Travel		**Return Date/time**	
Destination and stops along the way			
Reason for travel			
Do you have any symptoms of being sick?			
Did you come in contact with a sick person or stop in any places affected by COVID-19			
Thunder Bay	**Minnesota**	**Mining Camps**	**Other**

Self-Monitoring Travel Form - NAME OF TRAVELERS: ___________________________

Date/Time of Travel		**Return Date/time**	
Destination and stops along the way			
Reason for travel			
Do you have any symptoms of being sick?			
Did you come in contact with a sick person or stop in any places affected by COVID-19			
Thunder Bay	**Minnesota**	**Mining Camps**	**Other**

Self-Monitoring Travel Form - NAME OF TRAVELERS: ___________________________

Date/Time of Travel		**Return Date/time**	
Destination and stops along the way			
Reason for travel			
Do you have any symptoms of being sick?			
Did you come in contact with a sick person or stop in any places affected by COVID-19			
Thunder Bay	**Minnesota**	**Mining Camps**	**Other**

SECTION 6: GLOSSARY

Activation - The implementation of procedures, activities, and emergency plans in response to an emergency event, Universal Emergency Code, or disaster.

All-Hazards - Describing an incident, natural or manmade, that warrants action to protect life, property, environment, public health or safety, and minimize disruptions of government, social, or economic activities.

Business Continuity - An ongoing process supported by the Centers manager/s and funded to ensure that the necessary steps are taken to identify the impact of potential losses, maintain viable recovery strategies, recovery plans, and continuity of services.

Business Continuity Plan - A collection of procedures and information which is developed compiled and maintained in readiness for use in the event of an emergency or disaster.

Communicable Disease Emergency - Communicable diseases spread from one person to another. They can also spread from an animal to a human. Small germs cause communicable disease. Communicable diseases can spread many ways. They may spread by:

- Contact with:
  - Coughing, sneezing, and saliva (for example, flu, chicken pox, TB)
  - Body fluids like blood, semen, vomit, and diarrhea (for example, food poisoning, HIV)
- Indirectly by:
  - Unwashed hand
  - Unclean surface
  - Unclean food or water
  - Bites from insects or animals

Some communicable diseases spread easily between people. This can become an emergency when many people get the disease.

A communicable disease emergency is a current and serious situation. It affects a community for a short time. The community may not have the resources to care for everyone. They may need to ask for help from other levels of government.

Disaster - An event that results in serious harm to the safety, health or welfare of people or in widespread damage to property

Emergency - A present or imminent event outside the scope of normal operations that requires prompt co-ordination of resources to protect the safety, health and welfare of people and to limit damage to property and the environment.

Emergency Management - An ongoing process to prepare for, mitigate against, respond to and recover from an incident that threatens life, property, operations, or the environment.

Incident -A relatively common situation requiring a specific response. It is generally handled by standard operating procedures and the agency/region has sufficient resources to respond.

Incident Command System (ICS) - A standardized organizational system that guides emergency response operations within the community. The ICS assists in the comprehensive coordination and management of resources. The ICS is used within the Emergency Operations Centre (EOC).

Preparedness - Activities, programs, and systems developed and implemented prior to a disaster/emergency event that are used to support and enhance mitigation of, response to, and recovery from disasters/emergencies.

Recovery -Activities and programs designed to return conditions to a level that is acceptable to the entity.

Response - Activities designed to address the immediate and short-term effects of the disaster/emergency event.

Resilience - The capacity of a system, community or society potentially exposed to hazards to adapt, by resisting or changing in order to reach and maintain an acceptable level of functioning and structure. This is determined by the degree to which the social system is capable of organizing itself to increase this capacity for learning from past disasters for better future protection and to improve risk reduction measures.

Risk - The likelihood of an event occurring multiplied by the consequence of that event, were it to occur. Risk = Likelihood x Consequence.

Stakeholder - An individual/s, agency (RCMP, Central Health), local municipality, department (fire rescue, Fire Emergency Services-NL) who has an interest in or investment in a community and who is impacted by and cares about how it turns out.