

# **Gambler First Nation**

## **Communicable Disease Emergency Plan**

**(Appendix “F” Community Emergency Response Plan)**

### **2020**

Gambler First Nation would like to thank the Ebb and Flow First Nation Health Authority Inc. for graciously sharing their plan template with our community.

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# SECTION 1: OVERVIEW

## 1.1 Introduction

Gambler First Nation acknowledges its role and responsibility in the event of a communicable disease emergency (CDE) such as a CDE. Gambler First Nation (GFN) will work closely with key partners to implement an integrated, comprehensive, and coordinated plan in the event of a CDE.

Partners

Local	GFN Chief & Council GFN Health Authority GFN Education Authority GFN Medical Transportation
Provincial	Red Cross
Regional	West Region Treaty 2 & 4 Health Services West Region Tribal Council
Federal	First Nations & Inuit Health Branch (FN&IH). Indigenous Services Canada (ISC)

## 1.2 Purpose and Scope

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.

The CDE Plan includes:

- ⇒ Roles and responsibilities of GFN, and regional/ provincial /federal health partners;
- ⇒ The decision-making process to activate and deactivate the Plan;
- ⇒ A process for ethical decision-making during an emergency;
- ⇒ Key elements of communicable disease emergency preparedness and response.

### 1.3 Plan Review/Maintenance/Distribution

The following emergency management plans/agreements were reviewed to ensure consistency with the communicable disease emergency plan.

<b>Local</b>	Community Emergency Response Plan Communicable Disease Emergency Response Plan Neighbouring community agreements
<b>Provincial</b>	All-hazards Emergency Plan: <a href="https://www.gov.mb.ca/emo/pdfs/MEP.pdf">https://www.gov.mb.ca/emo/pdfs/MEP.pdf</a> Public Health Act: <a href="https://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php">https://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php</a> Emergency Management Plan: <a href="https://www.gov.mb.ca/emo/">https://www.gov.mb.ca/emo/</a> Provincial Emergency Management Legislation: <a href="https://web2.gov.mb.ca/laws/statutes/ccsm/e080e.php">https://web2.gov.mb.ca/laws/statutes/ccsm/e080e.php</a> Canadian Red Cross: <a href="http://www.redcross.ca">www.redcross.ca</a> Disaster Management Duty Officer: <a href="mailto:manitobadutyofficer@redcross.ca">manitobadutyofficer@redcross.ca</a>
<b>Federal</b>	Federal Emergency Management Legislation: <a href="https://www.gov.mb.ca/emo/about/legislation.html">https://www.gov.mb.ca/emo/about/legislation.html</a> Indigenous Services Canada: attached

The Health Director is responsible for developing the community CDE plan.

- ⇒ The plan will be reviewed annually by GFN Health Advisory Committee, Chief & Council, and Emergency Services Officer.
- ⇒ Changes to the plan will be made as required.
- ⇒ The revised plan will be submitted to Health Director 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. GFN 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

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. Gambler First Nation will hold communicable disease emergency preparedness exercises once a year.

## 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). It could also indicate how the community requests support, and who the request should come from.

GFN will develop mutual aid agreements with neighbouring communities. The agreements as developed will be attached to this Plan. Health Director/ ESO to update the agreements every year.

Community Name	Last Update (Year)	Next Update Due (Year)

## 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. Small germs cause communicable diseases. Communicable diseases 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 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 help from other levels of government.

## 1.7 Responsibilities

Responsibilities of different levels of government during a CDE. The following levels of Government provides suggestions, but it is not comprehensive. Please review relevant agreements, policies, guidelines, and legislation, including outbreak management plans and public health legislation.

### 1.7.1 Community Level Responsibilities

**Gambler First Nation 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.
- ⇒ Other; Command Lead Responsibilities

## **1.7.2 Provincial Level Responsibilities**

### **PROVINCE 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: STATE OF LOCAL EMERGENCY**

A declaration of a State of Local Emergency authorizes the appropriate authority to do everything necessary for the protection of property, the environment and the health and safety of Band Members.

This may include, but is not limited to:

- ⇒ authorizing specific resources;
- ⇒ accessing personal property of residents;
- ⇒ controlling travel;
- ⇒ removing or demolishing property;
- ⇒ evacuating people or livestock;
- ⇒ And/or fixing food or fuel prices.

A quorum (2) of GFN Chief & Council are responsible to declare a state of emergency and to report the SOLE to ISC by the most convenient method.

A declaration of a State of Local; Emergency must be communicated immediately to the population of the affected area.

### **2.1 Activation of the Communicable Disease Emergency /CDE Plan**

The Chief and Council are the First Nation Elected Government Officials responsible for ensuring that GFN response to an emergency or disaster is appropriate in the circumstances, and coordinated between the Emergency Response Team and departments within the First Nation.

GFN Elected Chief or any Elected Band Councillor can activate the CDE Plan.

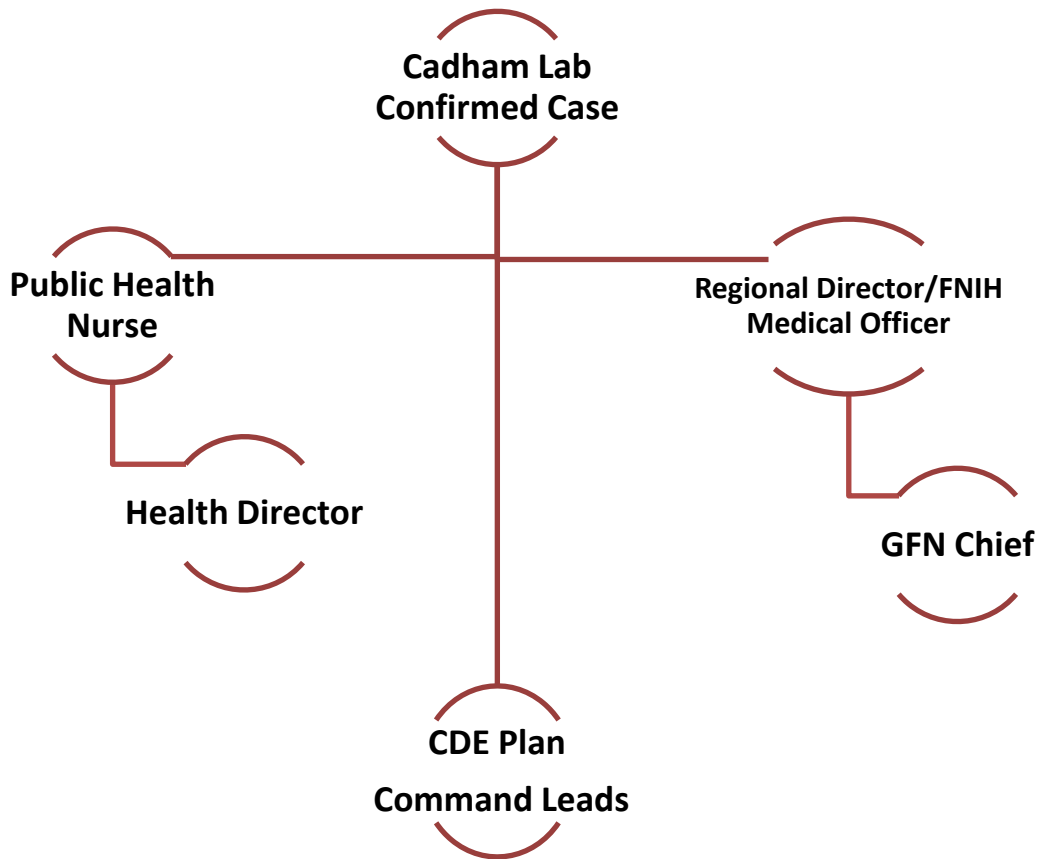
The Emergency Services Officer and/or the Health Director may implement this plan, in whole or in part, when an emergency has occurred or threatens to occur. The implementation may be authorized:

- ⇒ Upon the declaration of a Provincial State of Local Emergency
- ⇒ Upon the declaration of an GFN State of Local Emergency.
- ⇒ At any other time as determined necessary by the Elected Officials of Chief & Council of GFN.

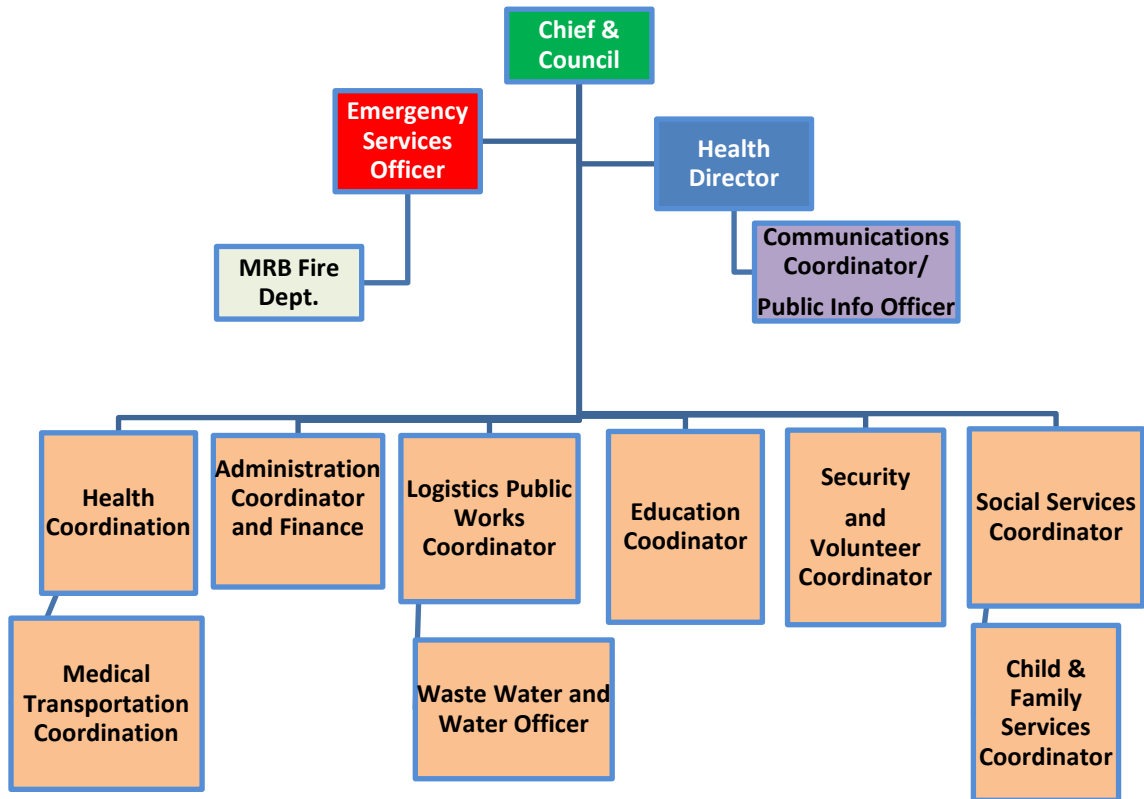
Implementation of the CDE does not require the declaration of a local or provincial state of emergency; but where an GFN state of emergency has been declared, implementation of this plan shall be accepted.

**GFN Contact Procedure for First Nation Notification as listed in CERP**

**PLEASE: ensure PHIA is not breached**



Health Director or Emergency Services Officer may activate appropriate components of the communicable disease emergency plan based on situational requirements. When the plan or any of its components are activated, the Emergency Services Officer or Health Director will assume the lead role, (who in turn will notify Provincial MOH), and the Regional Office of Indigenous Services Canada of the change in the situation and the implications related to emergency.



## 2.2 Deactivation of the Communicable Disease Emergency /CDE Plan

An GFN CDE response may be terminated by GFN Elected Chief or any Elected Band Councillor.

- ⇒ Terminating the emergency response does not prevent individual departments, local authorities, Tribal Councils (PTO's) and individuals from continuing with response activities within the scope of their own roles and responsibilities.
- ⇒ Local impact has diminished to a level where normal services may be resumed.

## 2.3 Review and Updates

- ⇒ GFN ESO and Health Director will conduct a regular, at least bi-annual, review of the CDE in consultation with the appropriate departments and partners.
- ⇒ Proposed amendments to the CDE Plan may be submitted to Chief and Council for consideration and approval.
- ⇒ Due to the evolving and strategic nature of the content of the schedules and annexes, the Emergency Manager is authorized to approve amendments to these attachments.

## 2.4 Emergency Operations Centre Location

An emergency operations centre (EOC) 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.

**The EOC is located at Gambler First Nation Community Hall 1405 Falcon Ridge, (204) 532 2293**

## 2.5 Key Components of Communicable Disease Emergency Planning

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

### 2.5.1 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 should follow the principles of honesty, openness, and cultural sensitivity to build and maintain public trust. Communication should be accurate and consistent.

Gambler First Nation will share communications via (check those that apply and add as necessary):

- ⇒ social media (Facebook, Twitter, etc.)
- ⇒ radio announcements (local stations)
- ⇒ media interviews
- ⇒ press releases
- ⇒ mail-out notifications (i.e. via email)

Gambler First Nation will share communications in:

- ⇒ English

Public Information Officer 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.

Public Information Officer 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.

Public Information Officer 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;
- ⇒ Signs and symptoms;
- ⇒ Recommendations including prevention measures, how to care for an ill family member, when to seek care, and when to stay home.

## **2.5.2 Surveillance**

Surveillance between CDEs 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.

Health Director or their delegate is responsible to report notifiable diseases to local/ provincial public health authorities. Please consider reporting this information to FNIHB Regional Office as well. Local/ Provincial public health epidemiologists will analyze the data.

Responsibilities will be assigned to the Health Director OR 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.

### **2.5.3 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 <https://www.gov.mb.ca/health/legislation/pha.html>. The Health Director 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 Gambler First Nation Health Department

The following outline key Public Health Measures that Gambler First Nation Health., may implement during a CDE Influenza event.

a) Individual level public health measures may include:

<b>Measure</b>	<b>Risk/ Impact</b>	<b>Mitigation Strategy</b>	<b>Trigger to recommend this measure</b>
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.	Ongoing promotion. Increased promotion during flu season and when there is known potential for CDE (i.e. CDE declaration)
Respiratory etiquette	None	None	Ongoing promotion. Increased promotion during flu season and when there is known potential for CDE (i.e. CDE declaration)
Don't share personal items	Households may not have enough for each individual	Consider surge supply during emergencies.	
Mandatory screening/ treatment	Limits on personal freedoms; relationship strain between community and health services	Build relationship with community before emergencies; clear communication.	
Recommend / Do not recommend  <a href="#">Attached.</a>	Local and traditional practices can provide significant benefits to mental and social health.		
Self-isolate in home	Overcrowded housing; isolation	Facilitate access to necessities such as groceries.	
Vaccines/ pre-exposure prophylaxis with anti-viral	Possible limited supply; cost-benefit analysis		

b) Community level public health measures may include:

<b>Measure</b>	<b>Risk/ Impact</b>	<b>Mitigation Strategy</b>	<b>Trigger to start implementing this measure</b>
Close schools, daycares, community centres,	Loss of community and social support, possibly access to food or safe spaces	Additional food bank hours or allowances; phone support to families	
Cancel or modify community programming, sporting events	Loss of community and social support, possibly access to food or safe spaces		
Implement increased cleaning of public spaces	Cost and human resources		
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	
Isolation/ Quarantine/ travel restrictions	Limits on personal freedoms; social isolation; relationship strain between community and health services	Facilitate access to necessities, including social contact.	Normally recommended by local/ provincial/ federal health authorities under strict conditions
Alternative working strategies (i.e. flexible hours or work locations)	Access to internet for telework		



## 2.5.4 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 Section 5 and Section 6 for World Health Organization hand washing/rubbing steps.

The following elements of IPC and OHS programs are present in local health facilities to prepare and respond to communicable disease emergencies.

<input checked="" type="checkbox"/>	IPC and OHS professionals are staffed/contracted to the health care organization to conduct education and training for front line staff.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	An organizational risk assessment has identified administrative controls and personal protective equipment (PPE) to protect patients, health care workers and visitors in health facilities.
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Organizational policies and procedures for IPC and OHS exist, including: <ul style="list-style-type: none"> <li>- Point-of-care risk assessments</li> <li>- PPE and fit-testing</li> <li>- Housekeeping</li> <li>- Surveillance for health facility associated infections</li> <li>- Staff and patient vaccination policies</li> <li>- Source control</li> <li>- Facility outbreak management protocols that align with provincial outbreak management plans</li> <li>- PPE supplies</li> <li>- Access to provincial and federal stockpiles (PPE, vaccines, and antivirals)</li> </ul>

## 2.5.5 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 is responsible to inform Chief & Council and Command Leads 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 Public Information Officer is responsible to inform community members when, where, and what services may be accessed.

In a communicable disease emergency, the following strategies may be used to increase the capacity of the health facility: [Section 9 Command Leads List](#)

- ⇒ Additional staff (Consider: professional licensing, job descriptions, delegation authority, recruitment, agreements with neighbouring communities, agencies, or provincial/federal government, funding);
- ⇒ Additional supplies (Consider: funding, sourcing, contracts);
- ⇒ Additional space (Consider: locally, agreements with neighbouring communities, medevacs);
- ⇒ Self-assessment for health care providers planning to return to the workplace after illness;
- ⇒ Prioritization of health services

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

1. Nursing Services
2. Medical Transportation
3. Home & Community Care
4. NADAP

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

1. Health Center
2. Community Grocery Supply
3. Child & Family Services

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:

1. West Region Treaty 2 & 4 Health Services
2. Mobile Clinic Bus (Prairie Mountain Health)
3. Jordan's Principle
4. Kids Help Phone

5. Klinik Winnipeg
  - Crisis Line
  - Sexual Assault Line
6. Manitoba Association of Women's Shelters
7. Manitoba Justice – Domestic Violence Support
8. Narcotics Anonymous

## 2.5.6 Laboratory Services

### **(Only if provided onsite by Diagnostic Services - Shared Health, Manitoba)**

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 CDE, laboratory services may also provide guidance on appropriate clinical treatment.

The purpose of laboratory services during a CDE 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.

Health Director or delegate is responsible to communicate 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 as per local and provincial public health requirements.
- ⇒ Reporting will be sent to FNIHB Winnipeg Regional Office.

## 2.5.7 Antiviral Medication

### **(Only if provided and monitored by qualified medical personal)**

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 CDE, when vaccine is not yet available.

Public Health Nurse 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.

Health Director will report this information to FNIHB Regional Office as well.

Public Health Nurse maintains a list of the community's most medically vulnerable residents. This list is located in at GFN Health Center. 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.

Health Director or delegate will communicate with residents regarding antiviral medication prioritization and availability.

### 2.5.8 Vaccines

Immunization, especially of susceptible individuals is the most effective way to prevent disease and death from influenza. High seasonal influenza vaccine coverage rates are a good predictor of CDE vaccine coverage rates. Vaccination during influenza CDEs can build upon a strong seasonal influenza immunization program. The overall impact of the CDE vaccine will depend on vaccine efficacy and uptake, as well as the timing of vaccine availability in relation to CDE activity.

This component aims to provide a safe and effective vaccine to residents of Gambler First Nation as soon as possible; to allocate, distribute and administer vaccines as efficiently and fairly as possible; and to monitor the safety and effectiveness of CDE vaccine.

Health Director **AND** Public Health Nurse are responsible to collaborate with provincial authorities to ensure an adequate supply of CDE influenza 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:

⇒ [Manitoba Health Vaccines and Biologics Order Form: Section 10](#)

Public Health Nurse or Delegate maintains a list of the community's most medically vulnerable residents. This list is located at GFN Health Center. 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.

Nursing Support will communicate with residents regarding vaccine priority requirements, clinic locations and times.

Nursing Support is responsible for the logistics of setting up a vaccination clinic, including location, volunteers, and scheduling.

⇒ Clinic locations are:

- Community Health Center

### **2.5.9 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 ethicists:

**“GFN respects and promotes a Person’s Right to be Informed and Make Decisions”**

⇒ Elected Chief or any Elected Band Councillor

⇒ Elder

⇒ Family Member

⇒ Health Director

## **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. All of the following types of debriefs are recommended:

- ⇒ Quick tactical debriefing with CDE Response Team/Outbreak Team:
  - what went well;
  - what didn't;
  - how to improve;
- ⇒ Operational debriefing, including community partners/stakeholders;
- ⇒ 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 Chief and Council. Results of the report should also be shared with community members.

West Region Treaty 2 & 4 Health Services Mental Health Crisis Team or their delegate is responsible to organize the debriefings. Mental Health therapist 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, GFN 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 Feast
2. Sharing Circles
3. Practice Local Sovereignty: Nation building model, to practice genuine self-rule. Learn from experiences or any mistakes.
4. Strengthening Culture
5. Journal Writing
6. Team Building Activities
7. Parenting & Family Supports

**SECTION 4: VOLUNTEER CONTACT LIST**

**Volunteer Contact Information List**

<b>Name</b>	<b>Phone number</b>	<b>Email</b>
LIST TO BE DETERMINED		

## SECTION 5: HOW TO HANDrub

# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

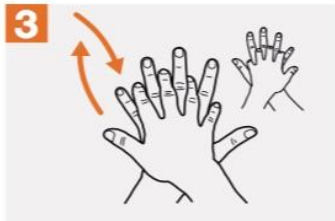
**🕒 Duration of the entire procedure: 20-30 seconds**



**1a** Apply a palmful of the product in a cupped hand, covering all surfaces;



**2** Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



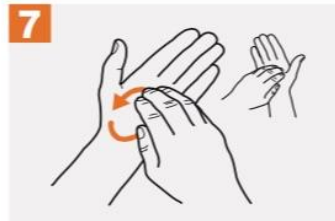
**4** Palm to palm with fingers interlaced;



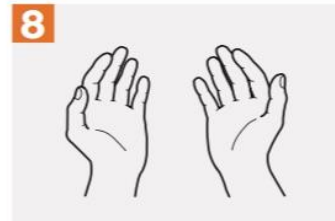
**5** Backs of fingers to opposing palms with fingers interlocked;



**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



**8** Once dry, your hands are safe.



**World Health Organization**

**Patient Safety**  
A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

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May 2009



## SECTION 6: HOW TO HANDwash



World Health  
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# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

**Duration of the entire procedure: 40-60 seconds**

0



Wet hands with water;

1



Apply enough soap to cover all hand surfaces;

2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Rinse hands with water;

9



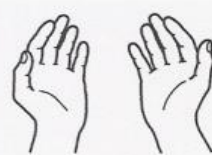
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.

## **SECTION 7: INTERNAL/EXTERNAL CONTACTS**

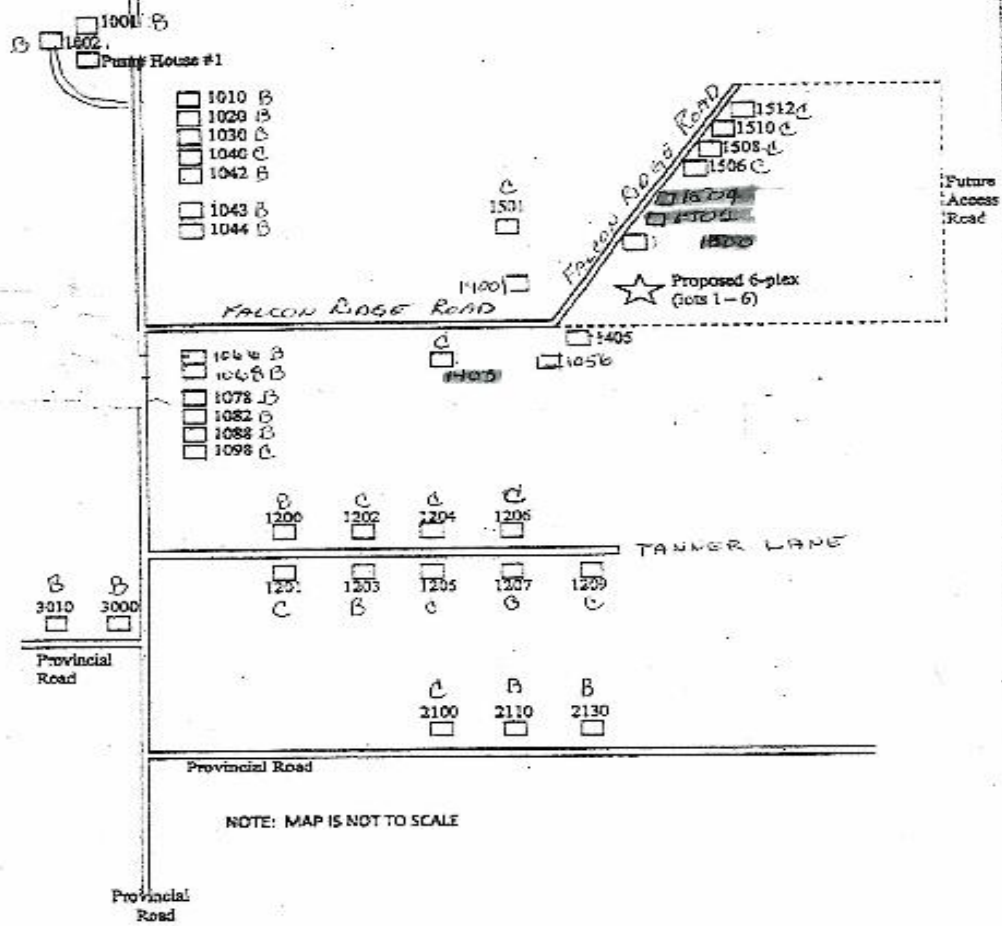
### **Contact Information of Internal/External Government Departments and Community Partners**

Title of person	Name	Phone number	Email
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**Listed in Part 3 of Community Emergency Response Plan**

# SECTION 8: GFN COMMUNITY MAP

### GAMBLER HOUSING SITE PLAN



NOTE: MAP IS NOT TO SCALE

## SECTION 9: EMERGENCY OPERATIONS MANAGEMENT TEAM

### Command Lead Contacts

<b>Contacts</b>		
<b>Position</b>	<b>Name</b>	<b>Contact Information</b>
Health Director/Emergency Social Services	Mackenzie Olynyk	431 761 3900
Assistant Emergency Social Services	Tara Tanner	204 821 8015
Emergency Services Officer	Wes Anderson	204 821 8212
Public Information Officer	Kellie LeDoux	204 725 9329
Housing Coordinator	Harlene Swain	204 532 2271
Finance Manager	Jean Hogarth	204 773 2525
Resources Coordinator	Lenore Fenton	204 773 6065
Reception Coordinator	Dana Tanner	204 720 0044
Waste Water/Water Officer (MRB Water)	Roy Cheyne	204 821 6500
Logistics/Public Works Coordinator (LGD)	Thomas McKay	204 720 1360
Security Coordinator	Marcel	
Volunteer Coordinator	Kim & Ralph McCormick	204 506 2097
Education Officer	Darleen Tanner	204 532 2057
<b>External Partners</b>		
Indigenous Services Canada Duty Officer		1-855-850-4647
Canadian Red Cross Duty Officer		1-204-299-6584
Sustainable Development		1-800-782-0076
Manitoba Hydro		1-888-520-4647 1-204-384-6967

## Chief and Council

### Responsibilities:

- Meet with the Health Director and Emergency Services Officer regularly throughout the response;
- Liaise with external agencies such as the Canadian Red Cross and Indigenous Services Canada;
- Write/Sign off on any documents or governmental orders (such as a Band Council Resolution);
- Work with the Public Information Officer to ensure all messaging is consistent and clear;
- Work with the Finance Manager to ensure the community budget is being managed;
- Be available for media interviews;
- Maintain a log of activities throughout the period of the emergency;
- Maintain a “fan out” list of available assistance;
- Provide necessary final reports to the Health Director or Emergency Services Officer.

### Checklist:

- Provide support and guidance to CDE Emergency Management Team throughout the response
- Provide regular updates and support to community members during the response
- Liaise with the Canadian Red Cross and Indigenous Service Canada as well as any other external agencies
- Write and submit any Band Council Resolutions that are required throughout the response
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Ensure that business continuity and regular community operations are maintained as much as possible during the response period
- Ensure that someone from leadership is available for media interviews
- Maintain all documentation and paperwork required

# Health Director

## Responsibilities:

### MAY ACT AS THE EDC EMERGENCY MANAGER

- Ensure the allocation of health equipment and responders
- Set up a morgue, if necessary, in conjunction with the policing authorities
- Provide medical assistance within the available resources
- Liaise with other responding health agencies
- Liaise with all organizations and persons at risk in the community ensure their medical needs are met
- Ensure mental health services are available to community members as needed
- If evacuation occurs, ensure medical records are available and can be sent when required
- Coordinate medical transportation with Transportation Coordinator
- Maintain a log of activities throughout the period of the emergency
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the ESO
- Maintain an updated list of priority community members

## Reports to:

- Chief & Council
- ESO

## Support Functions:

- Medical Transportation Officer

## Checklist:

- Report to the CDE Emergency Manager for a status update
- Work with the health staff to update the Priority 1, 2, & 3 lists
- Ensure there are enough health staff and supplies for the immediate response needs
- Coordinate regular meetings with team to ensure coordination and service delivery
- Work with the Logistics/Public Works Coordinator to source any supplies or resources you may need
- Meet with the Transportation Coordinator regularly to coordinate any medical transport needs
- Participate in all CDE Action Planning meetings
- Work with outside partners and stakeholders in host community as required
- Document all decisions, approvals and actions in the Health Director EOC Log
- Ensure regular health services continue if it is safe to do so
- Ensure that all resources are tracked and accounted for
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Ensure all expenditures and financial claims are coordinated through the CDE Finance Manager
- Prior to CDE Emergency Response Plan de-activation, ensure that services are ready to support community repatriation

# Emergency Services Officer OR Health Director

## Responsibilities:

### MAY ACT AS THE EDC EMERGENCY MANAGER

- Keep the Chief and Council informed on a regular basis on developments;
- Advise the Chief and Council, as requested, on issues arising from the CDE emergency response;
- Activate and coordinate the CDE Plan;
- Ensure the directions of Chief and Council are carried out;
- Manage the Emergency Management Response;
- Maintain a log of activities related to the emergency response;
- Assure the community plan is exercised and updated annually;
- Coordinate the CDE Emergency Response Plan De-Activation and re-entry process if required.
- Maintain and updated contact list for the CDE Plan and other community contacts
- Maintain a “fan out” list of available assistance

## Reports to:

- Chief and Council

## Checklist:

- Oversee the implementation of the Communicable Disease Emergency Response Plan
- Determine the appropriate level of activation based on available situation information
- Assess which CDE Plan Command Leads will be needed and activate the appropriate personnel
- Ensure the EOC Org Chart is posted with the assigned personnel for each role
- Establish initial priorities based on the event status and communicate this to the CDE Command Leads
- Schedule CDE Action Planning meetings and create a schedule
- Monitor the CDE Plan activities and advise of any further actions required to ensure operational efficient and effectiveness
- Document all decisions, approvals and significant actions in the EOC Log
- Coordinate response actions with other Response Teams (i.e. Sustainable Development, Canadian Red Cross, etc.)
- Assign projects as needed
- Report in to Chief and Council regularly to ensure all requests and directives are being completed
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Approve any situation reports and ensure they are sent out daily

## Finance Officer

### Responsibilities:

- Be available to support the C&C
- Provide access to any files or information the emergency response may require
- Provide support to the CDE Command Leads
- Provide access to any files or information the response may require
- Track all time sheets, and staffing throughout the response
- Provide necessary final reports to the Chief & Council
- Advise the Chief and Council on emergency financial procedures
- Assist the CDE Emergency Manager throughout the response as needed
- Maintain financial and other records pertaining to the emergency operations
- Compile all reports and backup materials for claims resulting from the emergency
- Maintain a log of activities throughout the period of emergency

### Reports to:

- Chief and Council

### Checklist:

- Report to the CDE Emergency Manager to receive a current situation report
- Ensure the administration team is set up properly with enough staff and supplies
- Complete any initial tasks assigned by the CDE Emergency Manager or Chief and Council
- Consult Chief and Council for spending limits
- Meet with Logistics and other CDE Command Leads to review financial requirements; determine the purchasing authority for each function
- Create an initial budget report for the CDE Command Leads and Chief and Council
- Establish a tracking system for all requests and transactions
- Document all decisions, approvals and actions in the Administration Coordinator EOC Log
- Participate in all action planning meetings
- Provide financial reports to the Chief and Council regularly
- Maintain records such as timesheets, invoices and receipts
- Ensure that all claim and compensation documentation is maintained throughout the response
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Support and monitor budget development
- Establish a tracking system to monitor and record all staff and volunteer hours



# Public Information Officer

## Responsibilities:

### MAY ACT AS THE EDC EMERGENCY MANAGER

- Allocate available communications resources as required
- Ensure access to available resources in accordance with pre-arranged agreements
- As required, liaise with communication providers for equipment and services
- Ensure that community responders and residents are informed in a timely basis about the emergency response
- If the community has a CDE outbreak, provide CDE Command Leads with timely information through the media serving the host community or directly through the Canadian Red Cross
- As required, arrange for media interviews with community spokesperson(s)
- Liaise with, and host, incoming media
- Prepare press releases, in consultation with the Chief or Council, for distribution to the media
- Maintain a log of activities throughout the response
- Maintain a “fan out” list of available assistance
- Provide Necessary final reports to the CDE Emergency Manager

## Reports to:

- Chief and Council
- ESO

## Checklist:

- Report to the ESO for a status report
- Complete any initial tasks assigned to you by the Chief & Council and/or ESO
- Ensure CDE Command Leads have enough staff and supplies
- Monitor any phones and email accounts the media may use to contact community leadership
- Meet with Chief and Council regularly to ensure clarity and consistency of messaging
- Work with Chief and Council to arrange any media interviews
- Prepare press releases and have them approved by Chief and Council
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Seek out and report on media information that may affect the response
- Document all decisions, approvals and actions in the Communications EOC log

## Logistics/Public Works Coordinator

### Responsibilities:

- Report to and work in the EOC to provide or procure resources to meet emergency needs which could be purchased locally
- Maintain vendor agreements with vendors and service providers
- Liaise with community businesses to keep them apprised of the developing situation and their role as potential suppliers of emergency goods for the community
- Coordinate any and all transportation needs through the Transportation Officer
- Ensure public works services function throughout the duration of the response, within the resources available
- Maintain a log of activities throughout the period of the emergency
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the ESO

### Reports to:

- Chief and Council
- ESO

### Support Functions:

- Transportation Officer

### Checklist:

- Report to CDE Emergency Manager to receive a current situation report
- Ensure the logistics team is set up properly with enough staff and supplies
- Consult with the CDE Emergency Manager and CDE Command Leads to identify immediate resource needs
- Meet with Financial Coordinator to determine your level of purchasing authority
- Access current resources available
- Obtain any other resources via external vendors and supplier agreements
- Ensure that a system of tendering and quotes are utilized when required
- Initiate any requests for additional resources from other CDE Command Leads
- Liaise with external logistics agencies to ensure all resources are being provided
- Document all decisions, approvals and actions in the Logistics/Public Works Coordinator EOC Log
- Participate in all CDE Action Planning meetings
- Ensure that all resources are tracked and accounted for
- Coordinate any transportation needs with the Transportation Officer
- Meet with the Airport Officer and Transportation Officer regularly to coordinate any resource needs
- Maintain personnel timesheets and ensure they are approved by the supervisor

## **Checklist Cont.**

- Ensure Public Works has enough staff and supplies
- Complete any initial tasks assigned by the CDE Emergency Manager
- Maintain a callout of all Public Works staff
- Maintain a callout of all certified heavy equipment operators
- Meet with the Waste Water and Water Coordinator regularly
- Prior to re-entry, ensure that services are ready to support community repatriation
- Ensure that all damages due to response are properly inventoried and documented

# Waste Water and Water Officer

## Responsibilities:

- Ensure water and waste water functions are maintained throughout the response
- Work with external agencies as required to repair or restore the water and waste water service
- Maintain a log of activities throughout the period of the CDE emergency response
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the CDE Emergency Manager

## Reports to:

- Public Works Coordinator (LGD)
- Emergency Services Officer

## Checklist:

- Report to the Public Works Coordinator for status report
- Complete any initial tasks assigned by the Public Works Coordinator
- Ensure Waste Water and Water has enough staff and supplies
- Monitor the water treatment plant twice daily
- Maintain a call out of Water and Waste Water staff
- Continue standard operating procedures if it safe to do so
- Check in with the Fire Coordinator daily to ensure their water needs are met
- Document all decisions, approvals and actions in the Waste Water and Water Officer EOC log
- Meet with the Logistics/Public Works Coordinator daily to coordinate any water and waste water needs
- Report any issues or concerns to the Logistics/Public Works Coordinator
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Ensure proper protocol is followed for de-activation of the CDE emergency response plan
- Document and report on any damages as soon as possible
- Prior to de-activation, ensure that services are ready to support community repatriation

# Transportation Coordinator

## Responsibilities:

- Allocate available transportation resources including buses, vans, and vehicles as required
- Work with the ESO to make sure no services are being duplicated
- Maintain services to CDE Command Leads personnel throughout the CDE emergency response
- Maintain a log of activities throughout the period of the CDE emergency plan response
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the ESO Assist Chronic care and those with mobility problems during the evacuation
- Maintain service to emergency workers if all community members are evacuated

## Reports to:

- Logistics/Public Works Coordinator
- Health Director
- ESO

## Checklist:

- When activated report to the ESO/Health Director Coordinator for a status report
- Complete any initial tasks from the Logistics/Public Works Coordinator
- Ensure all community owned fleet are fully serviced and ready for use
- Maintain a call out of all available drivers with clean driver’s records
- Ensure all fleet use is documented and approved using vehicle logs
- Ensure regular fleet usage continues where possible
- Check all fleet vehicles after usage to ensure they are in good condition
- Document all decisions, approvals and actions in the Transportation Officer EOC log
- Work with external vendors to procure any needed transportation resources
- Work with any fuel stations nearby to supply fuel to community members if needed
- Meet regularly with the Logistics/Public Works Coordinator to ensure that all transportation resources are available
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Maintain tracking and documentation of all expenses, Ensure all expenditures and financial claims are coordinated through the Finance Manager
- Work with the health staff to update the Priority 1, 2, & 3 lists
- Coordinate regular meetings with team to ensure coordination and service delivery
- Work with the Logistics/Public Works Coordinator to source any supplies or resources you may need
- Participate in all CDE Action Planning meetings
- Work with outside partners and stakeholders in host community as required
- Ensure regular health transport services continue if it is safe to do so
- Ensure that all resources are tracked and accounted for
- Prior to CDE Emergency Response Plan de-activation, ensure that services are ready to support community repatriation

# Social Services Coordinator

## Responsibilities:

- Ensure the allocation of social service equipment and responders
- Provide social services, such as; food, clothing, shelter, personal services, registration and inquiry, as necessary and within the capabilities of the available resources
- Liaise with external Social Service providers
- Maintain a log of activities throughout the period of the emergency
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the ESO Ensure clients are placed in appropriate accommodations throughout the CDE emergency response plan
- Ensure that there are no breaches of court orders throughout the response
- Provide a safe environment for all clients
- Provide necessary final reports to the ESO

## Reports to:

- Chief & Council
- Health Director/ESO

## Support Functions:

- Child and Family Service Officer
- Education Authority Officer

## Checklist:

- Report to the ESO/ Health Director for a status report
- Ensure Social Services has enough staff and supplies
- Complete any initial tasks assigned by ESO/Health Director
- Meet with staff to develop a strategy to maintain services throughout the response if approved by Chief and Council
- Meet with the Resources/Reception Coordinator and Education Officer regularly to ensure they are fully staffed and functioning
- Participate in CDE Action Planning meetings
- Document all decisions, approvals and actions in the Social Services Coordinator EOC log
- Liaise with any external services providers or agencies as necessary throughout the response
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Prior to de-activation, ensure that services are ready to support community repatriation

## Checklist Cont.

Ensure CFS clients are still receiving services and their cases are still being monitored

- Meet with CFS staff to develop strategy to maintain services throughout the response
- Liaise with external CFS agencies as necessary to ensure all clients are cared for
- Ensure all high-risk clients are being checked on regularly
- Work with outside agencies in host community if required
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Meet with the Health Director regularly to ensure all necessary services are being provided
- Prior to CDE Emergency Response Plan De-Activation, ensure that services are ready to support community repatriation

## Education Officer

### Responsibilities:

- Allocate equipment and resources as required
- Ensure, where possible, that classes continue for students
- Ensure access to the school facilities and equipment if being utilized for emergency use
- Liaise with hosting community's Education Authority if CDE Emergency Response Plan is probable to ensure continuity of schooling in the host community
- Maintain a log of activities throughout the period of the CDE emergency response plan activation
- Maintain a "fan out" list of available assistance
- Provide necessary final reports to the ESO

### Reports to:

- Chief & Council
- Social Services Coordinator

### Checklist:

- Report to the CDE Emergency Manager for a status update
- Complete any initial task assigned by the ESO/Health Director
- Ensure the Education Authority has enough supplies and staff
- Ensure access to the school facilities is available 24/7 throughout the CDE emergency response activation
- Liaise with teach staff as necessary to ensure schooling continues
- Document all decision, approvals, and actions in the Education Officer EOC log
- Maintain personnel timesheets and education records
- Meet with the CDE Emergency Response activation regularly to ensure all necessary services are being provided
- Prior to de-activation of the CDE Emergency Plan, ensure that services are ready to support community repatriation



## Fire Coordinator Assigned to ESO

### Responsibilities:

- Ensure allocation of fire equipment and resources
- Ensure fire services continue throughout the duration of the response
- Possibly serve as an on-site commander
- Liaise with other fire services in the area
- Maintain a log of activities throughout the period of the emergency
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the CDE Emergency Manager

### Reports to:

- Chief and Council

### Checklist:

- Report to the CDE Emergency Manager for a status report
- Ensure the fire service is set up properly with enough manpower and supplies
- Complete any initial tasks assigned to you by the CDE Emergency Manager
- Coordinate, as necessary, with any external firefighting services
- Ensure regular fire services continue if it safe to do so
- Provide asset protects if requested
- In case of power outage ensure a back-up, system is in place for Fire Department activation
- Work with the Waste Water and Water Officer for any water resources needs
- Document all decisions, approvals, and actions in the Fire Coordinator EOC log
- Participate in all CDE Action Planning meetings
- Maintain personnel timesheets and ensure they are approved by the supervisor
- Maintain a fan out of available Fire Departments
- Prior to CDE Emergency Response de-activation, ensure all services are ready to support community repatriation

# Security Coordinator

## Responsibilities:

- Ensure policing services are maintained throughout the response
- Ensure the community is secure
- Set up a morgue if necessary, in conjunction with the CDE Health Coordinator
- Possibly serve as on-site commander if necessary
- Ensure all court orders are being observed throughout the response
- Maintain a log of activities throughout the period of the emergency
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the CDE Emergency Manager

## Reports to:

- Chief and Council
- ESO

## Checklist:

- Report to the CDE Emergency Manager for a status report
- Ensure the Police Service is set up properly with enough staff and supplies
- Coordinate with the CDE Emergency Manager to cover any increased policing needs for the response
- Coordinate, as necessary, with any external policing services
- Establish a system to ensure the community is well monitored and secure
- Document all decisions, approvals and actions in the Security Coordinator EOC log
- Meet with and monitor any high threat community members
- Maintain personnel timesheets and ensure they are approved by the CDE Emergency manager
- Maintain standard policing services throughout the response
- Participate in all CDE Actions Planning meetings
- If requested, support with any checks prior to community re-entry
- Prior to CDE Emergency Response Plan de-activation, ensure that policing services are ready to support community repatriation

# Volunteer Coordinator

## Responsibilities:

- Recruit, register and place additional volunteers not already named in the plan
- Screen persons who come to volunteer to determine skills and placement
- Liaise with CDE Command Leads to determine their work force needs
- Maintain a log of activities throughout the period of the CDE emergency
- Maintain a “fan out” list of available assistance
- Provide necessary final reports to the CDE Emergency Manager
- Assist with CDE de-activation process – particularly in getting all CDE Command Leads current information

## Reports to:

- Health Director
- ESO

## Checklist:

- Identify yourself to the local Red Cross leadership and work with them throughout the response
- Ensure there are Community Liaisons at all housing sites where there are community members living with visible COVID19 symptoms
- Ensure there are Community Liaisons working with the Red Cross during registration so that only people from your community who are being transported to a primary care unit are being registered
- Check in with all Community Liaisons regularly
- Collect all complaints and concerns from community members and escalate them to the Red Cross leadership
- Ensure there are enough volunteers in the host community
- Document all decisions, approvals and actions in the Community Liaison Coordinator Log
- Provide transportation supports for all clients who require to fill and pick up prescription medications;

**Secondary Site:** Once the building has been assessed, the following issues need to be considered:

- Adequacy of external facilities:
  - Public accessibility (including public transport, parking, directions) off-loading, traffic control, assistants for elderly, etc.
- Adequacy of internal space:
  - washrooms and sinks: number m/f; amenities, function
  - Kitchen: refrigeration, dishes, dishwashing capability, food preparation areas etc.

- secure space for administration/patient records
- space for reception, waiting, patient care, patient/family education, counselling/support, and any other services defined by the planning process
- secure storage capacity for pharmacy and other supplies
- mortuary space
- Adequacy of critical support systems required for the site to provide patient care:
  - ventilation system (adequate air flow, air conditioning)
  - Electricity: power for lighting, sterilizers, refrigeration, food services.
  - natural gas supply – e.g., for heating or electricity or cooking
  - water supply
  - sanitation (including number of toilets, showers or washing facilities)
- Arrangements to provide essential support services required for the provision of in-patient care:
  - security
  - communications capability
  - maintenance
  - laundry
  - environmental/cleaning services
  - Sterilization services – Sterilization of equipment should be provided by trained and experienced personnel using certified equipment. Appropriate arrangements for sterilization services, e.g., with a hospital, may be required
  - pharmaceutical services
  - medical waste disposal/storage
  - mortuary/funeral services
  - food services
  - facilities for staff lodging and feeding

## Community Liaison

Position may be held by PIO,ESO or Health Director in coordination with Reception/ESS

### (Outside of Community)

#### Responsibilities:

- Act as the point person for community member “walk-ins” – those claiming COVID19 symptomatic status
- Be available as an escalation point of contact for major issues encountered by Community Liaisons.
- Coordinate with the CDE Emergency Plan Volunteers’ to ensure all community member’s needs are being met
- Communicate with the Canadian Red Cross leadership
- Provide situation updates to the CDE Command Leads
- Assist with PERP de-activation process – particularly in getting all CDE Command Leads pertinent information.

#### Reports to:

- Chief and Council
- ESO

#### Checklist:

- Identify yourself to the local Red Cross leadership and work with them throughout the response
- Ensure there are Community Liaisons at all housing sites where there are community members
- Ensure there are Community Liaisons working with the Red Cross during registration so that only people from your community who have been evacuated are being registered
- Check in with all CDE Command Leads regularly
- Collect all complaints and concerns from community members and escalate them to the Red Cross leadership
- Work with the CDE Volunteer Coordinator to ensure there are enough volunteers in the host community
- Document all decisions, approvals and actions in the Community Liaison Coordinator Log

## **SECTION 10: MANITOBA HEALTH VACCINES AND BIOLOGICS ORDER FORM**

Forms to be kept at GFN Health Center Admin Office

## **SECTION 11: LOW RISK PERSONAL PROTECTIVE EQUIPMENT AND ROUTINE PRACTICES**

As per operating guidelines at GFN Health Center

## SECTION 12: 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 coordination 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 MFN. 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.



## SECTION 13: APPROVAL of CDE INFLUENZA PLAN

<p><b>Approved by:</b></p> <p><b>Health Director:</b> _____</p> <p><b>Print Name:</b> _____</p>	<p><b>Date:</b></p>
<p><b>Approved by:</b></p> <p><b>Emergency Services Officer:</b></p> <p>_____</p> <p style="text-align: right;"><b>Print Name.</b></p>	<p><b>Date:</b></p>
<p><b>Approved by:</b></p> <p><b>Chief</b> _____</p> <p><b>Councillor:</b> _____</p> <p><b>Councillor:</b> _____</p> <p><b>Councillor:</b> _____</p> <p><b>Councillor:</b> _____</p>	<p><b>Date:</b></p>

**SECTION 14: COVID-19 Forms and Documents**

SEE ATTACHED FORMS AND DOCUMENTS LOCATED IN APPENDIX F -COVID-19 FOLDER