shíshálh Nation

COMMUNICABLE DISEASE EMERGENCY RESPONSE PLAN

ADOPTED DECEMBER 9, 2020

shíshálh Nation

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1. Overview

1.1 Introduction

In 1986 shíshálh Nation became an independent self-governing body, a unique third order of the government of Canada. We, the shíshálh Nation, open and publicly declare that we have Aboriginal Title and Aboriginal Rights to our swiya (territory), including the lands, waters and resources that have been ours since time immemorial. We have been given the responsibility from the creator to care for our territory. Our territory sustains our people, maintains our indigenous way of life, and is integral to our identity as shíshálh. We have always governed ourselves and our territory and have never relinquished our authority or jurisdiction over such. We assert our collective right to live as a distinct people. We thrive on a communal lifestyle that respects the wisdom of our elders. To ensure our continued survival, dignity and well-being of the future generations, we exercise our authority to provide services and education for our residents, in accordance with shíshálh laws, customs, traditions, needs and aspirations. Our population is 1243 members strong with 608 residing on our Nation lands and 365 residing outside the community.

As a unique self-governing First Nation, shíshálh Nation holds key responsibilities for ensuring the safety, health and well-being of Nation members as well as staff, clients and non-shíshálh community members living on Nation lands. The Nation acknowledges its roles and responsibilities in planning for, responding to and recovering from a communicable disease emergency (CDE). The Nation will work closely with community members and key partners to implement an integrated, comprehensive and coordinated plan in the event of a CDE. The Nation collaborates with the Vancouver Coastal Health Authority (VCH) and First Nations Health Authority (FNHA) and receives information from Emergency Management BC (EMBC). The Nation also has access to information supplied by the BC Ministry of Health, Health Canada and the World Health Organization (WHO).

This plan highlights the need for a wholistic response grounded in community cohesiveness and sharing of responsibility through all stages of a communicable disease emergency. In the event of an outbreak that overwhelms resources within the local health system, primary responsibility for health maintenance will shift to individuals and families. It is key that shíshálh members and families exercise self-reliance and assume responsibility for their own and the community's well-being. Well-informed individuals and households, with suitable levels of preparedness, complement the role of health and social service providers and offer the best way to minimize the impact of a communicable disease emergency to the community.

> "We must draw on our resilience as Indigenous people to stay strong and safe for the sake of others, especially our Elders and Knowledge Keepers, young children and those with chronic disease. Since time immemorial, our ancestors did what's right for the protection of their communities. Like them, we have the tools and knowledge to keep each other safe."
>
> *~ Dr. Shannon McDonald, Acting Chief Medical Officer, First Nations Health Authority*

1.1.1 shíshálh Mission

The Mission of shíshálh Nation is to promote, maintain and protect our inherent and constitutional rights and title. This is accomplished by:

- Recognizing, honouring, and promoting shíshálh cultural systems, traditions, and practices.
- Providing programs and services that are proactive and support healing and healthy individuals and families through the promotion and practice of our language, culture, and identity.

- Upholding our traditional systems and processes alongside of contemporary organizational systems and processes for the effective and efficient conduct of our government.
- Developing and maintaining relationships that advance the shíshálh worldview and acknowledging and addressing current changes in finances, administration, capacity, and infrastructure.

1.1.2 shíshálh Vision

shíshálh Nation is committed to innovation in program and service delivery designed to assist our members and community to achieve greater independence, wellness, and self-sufficiency. Foundational to our shared work is the protection, promotion, and practice of shíshálh culture, language, and laws within our swiya. We proudly advance the work of those that have gone before us.

1.1.3 shíshálh Guiding Principles

In pursuit of our Vision we will role model the following values:

- **Integrity** – We act with integrity and honesty in the work that we do, the people we interact with, and in the decisions that we make. We are accountable to one another and those we serve.
- **Community** – We appreciate the value and diversity of the shíshálh team – members, leadership, and staff. We respect, trust, and support one another.
- **Open-Mindedness** – We strive to continually learn, adapt, evolve, and innovate in our program and service offerings. We have a positive and proactive attitude.
- **Balance** – We value a holistic and balanced work environment and community. We strive for excellence and take time for fun and celebration, recognizing that happy individuals are productive individuals.
- **Open Communication** – We encourage directness, candor, and honesty so that people and ideas thrive. We respect ideas that are different from our own, practicing compassion from a strong ethical foundation.
- **Collaboration** – We will work together to use all resources efficiently and effectively to further the organization's mission to serve our community and members.
- **Service** – We want all members to have meaningful and positive interactions with the shíshálh Nation.

1.2 Purpose and Scope

1. shíshálh Nation Communicable Disease Emergency Response Plan is rooted in culture, taking into account community strengths, resilience and incorporating historical lessons in disaster response. The plan charts a course of action for responding to a communicable disease emergency (CDE) within shíshálh Nation swiya.
2. The purpose of this plan is to minimize the impact of a 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
    - Minimize suffering, serious illness and overall deaths
    - Sustain essential services and operational activities
    - Reduce social and economic impact experienced by the community
3. The Plan includes:
    - Roles and responsibilities of shíshálh Nation leadership and staff, shíshálh Nation community members, 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 planning, preparedness, response and recovery

4. This plan does not apply to routine disease investigations unless the response requires activation of the plan, the redeployment of staff or response coordination outside of normal operating procedures.
5. The medical response for CDE events will be managed by those agencies responsible for disease control and public health, applying provisions of the *BC Public Health Act* as applicable. shíshálh Nation will support those health authorities as requested/directed during a pandemic response in accordance with the *BC Public Health Act.*
6. Components of the plan that pertain to individual departments or buildings are enacted by the direct manager of that department/facility. Nation staff, clients and community members are responsible for complying with all parts of the plan that relate to them.
7. The plan is scalable and flexible. The severity of the CDE event, the requirements for coordination and communications, and the existence of unique policy issues will determine the degree of engagement and the extent of activities required by the shíshálh Nation.
8. This plan will cover more than one wave of a CDE event, where a number of cases could occur within several months either in the same year or in successive seasons. The Nation will use the interim period between waves to prepare for a resurgence of the emergency by addressing shortfalls in supplies, personnel, and service delivery guidelines. The plan also addresses the recovery stage, including activities designed to help shíshálh Nation return to the pre-emergency stage.

1.3 Plan Administration

1. The Nation's Health Manager is responsible for leading plan administration and maintenance activities, including ensuring an annual review of the plan is conducted and that the plan is amended, and appendices updated when required. The plan will be revised whenever:

    - Community CDE risks or vulnerabilities change
    - The Nation governance structure, legislation and/or policy changes
    - Exercises or emergencies identify gaps or improvement in policy and procedures
    - An annual review takes place

2. Revisions 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

Related Documents:

❖ Appendix A: Distribution List

1.4 Record of Amendments

DATE	CHANGES	PAGE #	APPROVED BY
November 18, 2020	Plan created	all	Chief and Council

1.5 Training and Exercises

1. Training and exercises are essential to emergency preparedness because they help individuals understand their role in the event of an emergency/disaster event. This document is to be included as part of orientation for all new staff.
2. Nation leadership will ensure training on the CDE Response Plan is provided at least once every three years, or more often as required, to relevant staff identified as having functions within the plan. The team coordinating the training will ensure that those likely to be assigned to the roles outlined in this document (e.g. members of the EOC Management Team) are the intended focus of training sessions.
3. Emergency plans should be reviewed and tested on a regular basis. Communicable Disease Emergency practice exercises will be considered as part of required training and shíshálh Nation will test the plan via CDE Preparedness Tabletop Exercises including all stakeholders and partner agencies on an annual basis. A report will be generated outlining what went well and areas for improvement.
4. All identified members of the EOC Management Team will participate in the EMBC Emergency Response Management Training Program, completing EMRG-1100 and EMRG-1200 as a minimum requirement.

1.6 Communicable Disease Emergency Context

Communicable diseases are illnesses that spread from one person to another. They can also spread from an animal to a human. Communicable diseases can spread in many ways, including:

- Direct contact with:
  - Coughing, sneezing and saliva (e.g. influenza, chicken pox, TB)
  - Body fluids like blood, semen, vomit and diarrhea (e.g. HIV, Hepatitis)
- Indirectly through:
  - Unwashed hands
  - Unclean surfaces
  - Unclean food or water
  - Bites from insects or animals

For the purpose of this plan, a communicable disease emergency (CDE) is defined as an event caused by biological agents, such as bacteria, viruses or toxins that have the potential to cause significant illness or death in the population, and that exceeds the current capacity of the primary response program or requires an increased level of coordination and communication response. CDEs may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging communicable diseases (e.g., Ebola, Avian Influenza, COVID-19), Infection Prevention and Control (IPAC) lapses, and bioterrorism (e.g., anthrax). The circumstances of CDEs may vary by multiple factors, including type of agent, scale of exposure, mode of transmission and intentionality (bioterrorism). Some outbreaks or situations will require limited response activities; other situations will require large-scale response efforts that involve many departments within the Nation and the cooperation and coordination of other health system stakeholders and community partners.

A CDE may present as an outbreak, epidemic or a pandemic:

- An outbreak is an unusual occurrence of an illness and is declared by the Medical Health Officer
- An epidemic is an outbreak of an illness within a defined geographical location
- A pandemic is an outbreak of the same illness in a number of countries at the same time and can only be declared by the World Health Organization (WHO)

Pandemics – such as the COVID-19 pandemic or pandemic influenza– can take months to run their course and invariably include multiple peaks or "waves". As such, operational requirements and considerations are different from events with a shorter duration.

CDE planning is a dynamic activity, with world events, science and other levels of government and agencies influencing response. The Nation will continue to maintain situational awareness on research and developments to integrate and incorporate into its planning for CDE events.

1.6.1 Assumptions

The uncertain timing and impacts of CDE events require flexibility to adjust to the realities and/or changing circumstances of the specific event and to address critical and emerging needs. The following assumptions can help provide background for overall CDE planning:

- CDEs, including influenza pandemics, can arrive any time of year (not necessarily during the usual flu season).
- Response to large scale events may require coordination with other local, provincial and federal partners.
- It is likely that there will be advance warning of a large scale CDE event, such as a pandemic, but any warning period could be short.
- Pandemics are generally not a one-time event. They are usually spread in two or more waves over a 12 to 24-month time frame. Waves may be several months apart and last about 6 to 8 weeks.
- With most communicable diseases caused by viruses, people are usually contagious before they show symptoms, meaning the virus can be circulating in the community without people being aware they are spreading it.
- During an influenza pandemic, and as is the case with the COVID-19 pandemic, the vast majority of people who do get sick will not require hospitalization and will be able to recover with some other form of assistance or self-care at home.
- A vaccine may not be available during the early stages of a pandemic. Therefore, plans for the first wave should assume a vaccine will not be available.
- During a pandemic, nearly simultaneous impacts across jurisdictions could affect the activation of existing mutual aid agreements amongst governments and agencies.
- The severity and range of health impacts and effective mitigation strategies could remain very much unknown until the specific CDE event appears.
- Everyone will be susceptible during a pandemic. Certain groups may be more at risk and/or likely to develop serious illness than others, but this will not be known until the CD/circulating strain emerges.
- Care may be provided in alternative care settings if health facilities become overwhelmed; planning should consider where these sites might be.
- The impact of a pandemic could be intense and sustained, and if so, could cause social and economic disruption. As a result, it may not be "business as usual" when it comes to the provision of service across all departments/programs.

1.6.2 Local Impact and Effect

Large scale communicable disease emergencies, such as the COVID-19 pandemic or an influenza pandemic, are potentially difficult and long-term events (estimated 18 to 24 months) with potentially significant and prolonged impacts on the physical, mental, social, spiritual, cultural and financial wellbeing of shíshálh Nation community members. The following is a list of possible impacts and effects that may be a result of a moderate to severe CDE

event. It should be noted that not all CDE events – even in the case of a pandemic – will overtax the health, economic and social support systems of the Nation.

TABLE 1: LOCAL IMPACT AND EFFECT OF A COMMUNICABLE DISEASE EMERGENCY

Interruption and Possible Negative Impact on Essential Services	▪ Availability of public health, health care and social support staff across the region – including within the Nation – could be reduced by up to one-third due to illness, concern about disease transmission in the workplace, or care-giving responsibilities ▪ The Nation may need to shift to a non-traditional/creative service model to maintain essential service delivery and/or physical distance ▪ Conventional health services may be overwhelmed ▪ Some health care services may be deferred or cancelled ▪ Deaths due to the CDE event may overwhelm funeral and burial service providers ▪ Transportation may be impacted including local public transit, ferry service, and/or off-Coast medical transport ▪ In prolonged, large scale events, critical community services such as fire, police, water, sanitation, garbage disposal, maintenance of critical infrastructure, road clearing and other essential services may be impacted ▪ In more extreme situations, though unlikely, there may be disruptions in other services such as telecommunications, financial/banking, water, power (hydro), gasoline/fuels, medicine or the food supply
Community and Social Impacts	▪ There may be a shortage of essential goods such as personal protective equipment (PPE), fuel, food and medication due to initial hoarding and/or supply chain disruptions ▪ There will be an impact on Nation operations from staff absenteeism. The Nation may see 30 – 40% employee absence at peak and lower levels on either side of peak ▪ Public health measures aimed to increase physical distancing may result in the cancellation/closure of government buildings and Nation-run programs, events and facilities (e.g. Wellness Centre, mem7iman, day camps, Elders circles, cultural events/workshops) as well as other public and social gatherings ▪ Public health measures may also lead to cancellation/restrictions of cultural ceremonies (e.g. weddings, funerals, sweats, rites of passage, baby welcoming) ▪ Closures may also impact other local community programs and facilities such as day cares, schools, sports and entertainment venues, community centres, pools, arenas and theatres ▪ These closures may disrupt community and family life for Nation staff and community members and lead to increased demand on parents and caregivers ▪ Volunteers may withdraw their services for fear of exposure to the communicable disease ▪ There will likely be a disproportionate impact on Elders and vulnerable community members ▪ There will be increased demand for information regarding prevention guidelines and personal protection measures
Pyscho-social effects	▪ There may be increased demand for psychosocial, mental and behavioural health services ▪ Physical distancing measures and/or fear of being in close proximity to those who may be ill/carrying the disease could result in increased social isolation ▪ Community members may experience psychological trauma from ○ Illness or death of loved ones

	○ Loss of employment/financial disruption ○ Interruption of critical community services ▪ Restrictions on cultural ceremonies and activities may make it more difficult for community members to maintain ties to culture and traditions
Economic Effects	▪ Economic impact may be widespread and likely to affect all elements of the private and public sectors ▪ Nation employees/members may face temporary loss of jobs and income

1.7 Related Documents and Legislation

1. The following documents were reviewed to ensure consistency with the Communicable Disease Emergency Response Plan

TABLE 2: RELATED DOCUMENTS AND LEGISLATION

Community	▪ shíshálh Nation Emergency Response 72 Hour Plan ▪ shíshálh Nation CDE Business Continuity Plan ▪ Canada/SIB Financial Transfer Agreement ▪ shíshálh Nation Strategic Framework ▪ shíshálh Nation Declaration
Local/Regional	▪ VCH Regional Pandemic Outbreak Response Plan ▪ FNHA Services Resumption Planning Guide
Provincial	▪ BC Pandemic COVID-19 Response Plan ▪ BC Pandemic Provincial Coordination Plan ▪ BC Rural, Remote, First Nations and Indigenous COVID-19 Response Framework
Federal	▪ Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector ▪ PHAC Guidelines and Guidance documents for COVID-19 ▪ Truth and Reconciliation Commission Calls to Action
Global	▪ United Nations Declaration on the Rights of Indigenous Peoples

2. The following legislation is relevant and applicable to a CDE emergency/pandemic:

Federal:

- *Sechelt Indian Band Self-Government Act*, 1986 and regulations
- *Emergencies Act*, 1985 and regulations
- *Quarantine Act*, 2005 and regulations
- *Canada Human Rights Act*, 1985 and regulations

Provincial:

- *Sechelt Indian Government District Enabling Act*, 1996 and regulations

- *BC Emergency Program Act*, 1996 and regulations
- *Public Health Act*, 2008 and regulations
- *Health Authorities Act*, 1996 and regulations
- *Coroners Act*, 2007 and regulations
- *Workers Compensation Act*, 2019 and regulations
- Worksafe BC *Occupational Health and Safety Regulation* (OHSR)

shíshálh Nation

- *shíshálh Nation Constitution*
- *SIGD Emergency Measures Bylaw (Bylaw No. 1998 – 03)*

2. Roles and Responsibilities

Effective CDE/pandemic management relies on coordination between shíshálh Nation Chief and Council, administration and community along with federal, provincial, regional health authorities and the Sunshine Coast health sector.

2.1 shíshálh Nation responsibilities

1. **Chief and Council** are responsible for:
    - Ensuring that CDE Emergency Response Plans are developed and implemented in the best interest of community safety
    - Supporting the work required to review, revise and exercise this CDE plan annually, or as needed
    - During a CDE event, participating in tasks delegated by the EOC Director
    - Communication of information to the membership.

2. **shíshálh Nation senior managers and department staff** are responsible for:
    - Development and implementation of this plan
    - Keeping the CDE plan up-to-date and including clearly defined procedures to follow in a CDE event
    - Ensuring all staff, partner agencies and community members are made aware of this CDE plan and any changes (see **Appendix A: Distribution List**).
    - Identifying and soliciting community volunteers in advance of a CDE event/pandemic
    - Declaring, extending and cancelling Local Emergency Orders as per the BC Emergency Program Act (SIGD)
    - Establishing and maintaining the shíshálh Nation EOC
    - Planning for local security and enforcement measures and setting priorities for maintaining public safety
    - Ensuring provision of the community's essential needs
    - Maintaining essential services for the community and working with local businesses to maintain a level of service in the community for critical services
    - Liaising with EMBC regional office/PREOC, VCH, FNHA and other support agencies for situational awareness
    - Providing leadership and guidance to community members through all stages of the emergency response
    - Initiating public health measures as recommended by the Ministry of Health in shíshálh Nation facilities/spaces to reduce staff, client, and community member exposure
    - Working collaboratively with VCH, FNHA and PHAC regarding public health campaigns and raising awareness about risks and potential consequences of the communicable disease
    - Supporting VCH in accordance with existing agreements and/or discussions during the emergency

- Hosting (virtually, if reasonable) public education and planning sessions with key stakeholders in the community including business owners in conjunction with the applicable Health Authority
- Planning to re-establish normal business

3. **shíshálh Nation community members** are responsible for:
    - Caring for their own and their family members' physical, mental, social and cultural health and well-being through all stages of a communicable disease emergency
    - Developing a plan for ensuring they have access to accurate information, food, medicines and essential supplies throughout the emergency
    - Staying informed, being prepared and following public health advice through all stages of a communicable disease emergency
    - Supporting Elders, medically vulnerable community members and those who may be ill and/or self-isolating (e.g. social check-ins, delivery of meals, food and supplies, chopping wood, yard work, etc.)
    - Taking actions needed to minimize the adverse effects of a communicable disease emergency on themselves, their families and the community as a whole
    - Using their strengths, skills and knowledge to support effective Nation-wide planning, preparedness, response and recovery

2.2 Vancouver Coastal Health Authority/Medical Health Officers

1. In managing a CDE event, the Nation will work closely with the Vancouver Coastal Health Authority (VCH) before, during and after the emergency. The Medical Health Officer (MHO) may direct the Nation to undertake certain actions during any health crisis, including a CDE event.
2. VCH/MHO will have the following specific responsibilities during a pandemic:
    - Plan the health system response to a pandemic within the region with direction from both the Provincial Health Officer (PHO) and Ministry of Health (HLTH) including:
        - prioritized delivery of health services
        - protocols for vaccine and anti-viral use and inventories of stockpile supplies
        - plans for mass vaccination delivery
        - identification of alternative care locations and resources
        - protocols for continued delivery of acute and residential care services
        - risk communication strategies for internal and external stakeholders
        - education plans for health care providers and the public
    - Liaise with local partners – including the Nation – to facilitate coordinated response
    - Participate in disease and public health surveillance, including the reporting of exceptional disease incidents to the BCCDC and PHO
    - Activate a health authority EOC to:
        - Implement regional healthy authority pandemic response plan and support the continuity of services
        - Implement public health and infection control measures to reduce the spread of disease
        - Coordinate the dissemination of medication and supplies
        - Coordinate immunization clinics once/if vaccines become available
        - Implement the Pandemic Influenza Psychosocial Support Plan for Health Care Workers and Providers
        - Coordinate information sharing and public messaging with local governments

3. The Medical Health Officer (MHO) is responsible for directing the public health response, and has wide ranging authority under the *Public Health Act*, including for:
    - Receiving CD lab reports, making case determinations and directing the appropriate CD management
    - Restricting and monitoring activities in their region that can potentially increase the spread of a pandemic, in consultation with the PHO
    - Direct the provision of care for those infected with a pandemic and order isolation and/or quarantine measures of individuals or groups

2.3 First Nations Health Authority

1. First Nation Health Authority's (FNHA) role in a CDE is to provide support to the Nation in all aspects, clinical and practical, of their response. The FNHA Communicable Disease Population and Public Health (CDPPH) team holds the following responsibilities:
    - Support in preparing for a pandemic by facilitating testing and revision of the CDE plan as needed
    - Provide CD consultation, education, training and resources to Nation health staff
    - Facilitation of resource flow/relationships between shíshálh Nation and federal/provincial partners
    - Coordinate and liaise within FNHA and with VCH to support CD follow-up in the community
    - Support of disaster response activities, including psycho-social and cultural supports as well as practical issues of transportation, mass immunization clinics, etc.
    - Ensuring shíshálh Nation health staff have access to personal protective equipment (e.g. masks, gloves, gowns)
    - Promotion of cultural safety, First Nations decision-making and control and meaningful between the Nation and VCH
    - Ensuring that First Nations circumstances are reflected in overall pandemic planning at all levels of government

2.4 Ministry of Health (HLTH)/Provincial Health Officer

1. Under the Emergency Program Management Regulation, the British Columbia Ministry of Health is responsible for determining the provincial government response to disease and epidemics.
2. The Ministry and Provincial Health Officer (PHO) are responsible for implementing the provincial CDE Response Plan (e.g. BC COVID-19 Response Plan) in coordination with the BC Centre for Disease Control (BCCDC) and regional health authorities. Specific responsibilities include:
    - Activation of the Health Emergency Coordination Centre (HECC)
    - Directing the response activities of health sector partners
    - Provide health services, including acute care, home care, long term care, community care, public health, and ambulance services
    - Providing public health messaging and guidance
    - In coordination with the BCCDC, conducting surveillance and reporting data to the federal level
    - Providing medications and/or vaccines to recommended populations
    - Share information regarding distribution and use of medications and vaccines and monitoring/ reporting adverse vaccine reactions
    - Develop plans to increase surge capacity
    - Assisting the health authorities in emergency procurement and delivery of medical supplies, equipment, and pharmaceuticals

- Working collaboratively with health authorities to establish protocols and guidelines for prioritizing health care services during times of high service demand and staff or supply shortages in their respective jurisdictions

2.5 BC Centre for Disease Control (BCCDC)

1. The BC Centre for Disease Control (BCCDC) partners with the province's health authorities, Medical Health Officers and the Provincial Health Officer to communicable disease and environmental health prevention.
3. In the context of a pandemic the BCCDC works with the Provincial Health Officer, the Ministry of Health, and other key partners to develop, test and refine the provincial pandemic plan. Specific responsibilities include:
    - Providing technical scientific support to the PHO, Medical Health Officers, and regional health authorities
    - Implementing an enhanced Public Health surveillance system to monitor pandemic activity, when appropriate
    - Providing guidelines for the distribution and use of vaccines in BC and the equitable distribution and use of anti-viral medications
    - Collecting and sharing of updated information on vaccine coverage, and the overall number of cases and deaths related to the pandemic
    - Working with the PHO and HLTH to evaluate the use and effectiveness of vaccines and antiviral medications in reducing the number of severe cases and death
    - Developing guidelines to minimize the community spread of a pandemic

2.6 Emergency Management BC (EMBC)

1. EMBC develops and updates multi-agency hazard plans for the province.
2. EMBC will manage a provincial integrated response to a pandemic, focused on consequence management in support of health authorities and local governments.
3. Under the provincial pandemic response plan, EMBC is responsible for:
    - Activating the Provincial Emergency Coordination Centre (PECC) or Provincial Regional Emergency Operation Centres (PREOC)s as required
    - Assisting with the distribution of health-related messaging that is developed by Provincial Health Officer (PHO) and HLTH
    - Coordination with emergency management stakeholders
    - Facilitating information sharing between local authorities, First Nations, health authorities and key stakeholders
    - Holding coordination calls to inform external stakeholders of the pandemic and anticipated impacts
    - Supporting local authorities by sharing information and advising on policy questions and decisions

2.7 BC Emergency Health Services (BCEHS)

1. During the pre-pandemic planning period, BCEHS collaborates with health authorities in developing regional and local preparedness plans
2. In a pandemic situation, the BCEHS holds the following responsibilities:
    - Transport of patients to care facilities in both traditional and non-traditional settings
    - Facilitate inter-facility patient transfers
    - Liaise closely with Vancouver Coastal Health Authority to receive information about bed availability in respective communities
    - Monitor capacity to deliver ambulance services within normal operational expectations

- Activate staffing contingency plans as necessary

2.8 Ministry of Indigenous Relations and Reconciliation

1. The Ministry of Indigenous Relations and Reconciliation (IRR) is the BC government's lead for pursuing reconciliation with the Indigenous of BC. In the event of a pandemic, IRR will provide advice regarding Indigenous Peoples engagement to all other provincial ministries and agencies. In addition, IRR may:
    - Work with HLTH and EMBC to develop protocols with key First Nations partners about information transmission to Indigenous Peoples
    - With HLTH and EMBC, work with Canada/First Nations organizations to address any service or funding gaps that fall outside existing agreements
    - Engage with First Nations communities as a liaison when there is a gap in relationship with any response agencies (provincial or federal) or a lack of regional representation
    - In a larger event, and in partnership with HLTH, EMBC, additional agencies and Indigenous communities, maintain the "Consultation during Emergencies and Disasters" tracking sheet. The tracking sheet ensures government agencies needing to carry out consultation maintain a high level of awareness of an events' impacts on a given Indigenous group.

2.9 Other provincial bodies:

1. **Ministry of Children and Family Development (MCFD)** may be called upon to provide support with child protection, children and youth with special needs, and child and youth mental health.
2. **BC Coroner Service** is responsible for investigation of all unnatural, sudden, and unexpected, unexplained, or unattended deaths and will transport the dead under those circumstances. Both a coroner and a physician have the authority to issue a "Medical Certificate of Death." During a CDE event, it is expected that the Chief Coroner, in collaboration with the Provincial Health Officer, would act to waive current processing requirements to allow rapid processing and burial.
3. **BC Housing** will provide pandemic planning information to service providers of emergency shelters, supportive housing, homeless outreach, and other BC Housing-funded programs, if required. BC Housing will coordinate communications and actions via the Ministry of Housing (MAH) Housing Policy Branch.
4. During a pandemic, **WorkSafeBC** would continue its work to promote workplace health and safety for BC workers and employers, develop and enforce the Occupational Health & Safety Regulation (OHSR), and administer the workers' compensation system.
5. As part of the pandemic response, the **Ministry of Transportation and Infrastructure (TRAN)** is ready to provide analyses for the movement of people and goods via highways, ports, airports, railroads, public transit and ferries, as well as prepare operational plans for the implementation of transportation strategies within BC.

2.10 Health Canada

1. In the event of a pandemic, Health Canada is responsible for:
    - Providing occupational health care for federal government employees
    - Approving new drugs and vaccines to treat Canadians and minimize the spread of disease in the event of an outbreak

2.11 Public Health Agency of Canada

1. In the event of a pandemic, the Public Health Agency of Canada (PHAC) is the lead organization for coordinating the health response. The Agency's response is managed through the mobilization of the EOC and liaison with the Ministry of Public Safety.
2. Together with Health Canada, PHAC is responsible for:
    - Facilitating coordination of the overall federal, provincial, territorial (F/P/T) response
    - Supporting development of technical guidance, technical and policy recommendations, protocols, and other products that may be required to facilitate a consistent F/P/T response
    - Facilitating access to surge capacity with regards to employees and resources to support P/T responses as required
    - Facilitating the acquisition of extra medical supplies
    - Providing travel health notices and other health-related information relevant to international travel
    - Exercising powers under the Quarantine Act to protect public health
    - Providing regulatory authorization to market medical countermeasures (i.e., medications and vaccines) and conduct clinical trials
    - Negotiating with manufacturers and establishing contracts for the F/P/T purchase of medical countermeasures and/or medical equipment (e.g., ventilators)
    - Providing medications and/or vaccines to federal populations not covered by arrangements for P/T provision
    - Provision of health services, medications, supplies and equipment for specified federal populations/employees who normally access federally operated health care services

2.12 Indigenous Services Canada (ISC)

1. ISC works collaboratively with partners to improve access to high-quality services for First Nations, Inuit and Metis peoples.
2. Where possible during a CDE event, ISC will support and empower the Nation to independently deliver response and address the socio-economic conditions in their communities
3. ISC supports emergency management on Nation lands through the Emergency Management Assistance Program (EMAP)

Related Documents:

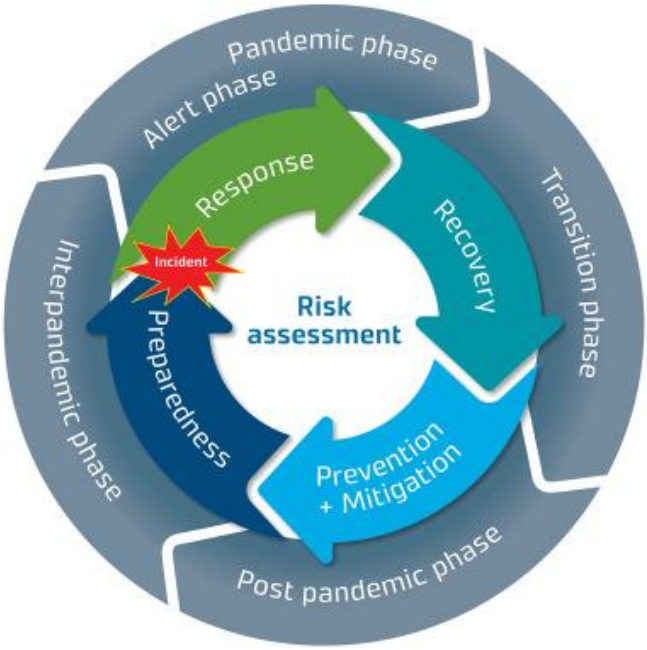
- Appendix E: Covid-19 Support Pathways
- Appendix F: Health Authorities Responsibilities
- Appendix H: COVID-19 Care and Communication Pathway

3. Concept of Operations

The shíshálh Nation Communicable Disease Emergency Response Plan is based on the Four Stages of Emergency Management: Planning/Mitigation; Preparedness; Response; and Recovery. A response to a communicable disease emergency and a natural disaster follow the same emergency management cycle – but in the case of severe communicable disease emergencies (i.e. a pandemic) *alert* and *pandemic* phases (related to an increase in the national/provincial average of cases, with the highest number in the pandemic phase) correspond to the *response* phase of emergency management, while a *transition* phase (related to a significant decrease of the national/provincial average of cases) correlates with the *recovery* from the emergency.

In each stage, Nation leadership and staff and individual community members hold key responsibilities. Activation of the Plan as outlined below will refer to activities within the preparedness, response, and recovery stages. However, it is important that leadership, staff, and community members are familiar with and adhere to the protocols laid out in the Prevention/Mitigation phase prior to and following a communicable disease emergency. These activities will serve to lessen the impact of an emergency on the community and support a quicker recovery.

FIGURE 1: EMERGENCY MANAGEMENT CYCLE - COMMUNICABLE DISEASE EMERGENCY



3.1 Activation of the Communicable Disease Emergency Response Plan

1. The activation of the plan – in whole or in part – will be determined through consultation between – and recommendation from – the Ministry of Health (HLTH), including through the Vancouver Coastal Health Authority (VCH) and Emergency Management BC (EMBC).
2. shíshálh Nation may declare a state of emergency (see **Appendix B: Emergency Declaration**) and the EOC Management Team may activate this plan when:
    - Health Canada activates the federal Pandemic Response Plan in response to changes in the WHO's "Pandemic Phases"
    - A pandemic is declared by the BC Ministry of Health, Provincial Health Officer (PHO) or Regional MHO
    - shíshálh Nation case(s) or outbreak of the pandemic strain of communicable disease is confirmed. This occurrence and the expected impact of illness in the population will require the coordinated efforts of all Nation departments and resources.
3. This plan may be implemented in whole or in part, as required, with or without the declaration of an emergency if:
    - There is potential for shíshálh Nation to be affected
    - A virus is widespread throughout a neighbouring municipality, the Sunshine Coast Regional District or the Coastal North Shore Garibaldi Service Delivery Area
    - The ability to maintain critical community services is at risk due to widespread absenteeism in the workplace
    - Local healthcare providers are becoming overwhelmed
4. The EOC Incident Commander will work with guidance of the Health Representative to determine and – if necessary – initiate precautionary or control measures.

5. When the plan or any of its components are activated, the EOC Director/Incident Commander will assume the lead role in notifying Chief and Council, the Provincial MHO and the Regional Office of Indigenous Services Canada of the change in the situation and implications for the community.

3.2 Deactivation of the Communicable Disease Emergency Plan

1. The EOC Director/Incident Commander will deactivate the CDE Emergency Plan/or components or have key people continue to meet on an ad-hoc basis when:
    - The Public Health Emergency is declared over by the Provincial Health Officer, and/or
    - Local impact has diminished to a level where normal services may be resumed

3.3 Phases of Response

1. Smaller scale, localized communicable disease incidents or outbreaks may be managed within the capacity of the Health Department and primary care/public health partners without requiring full activation of this plan. However, where current capacity and resource needs have been exceeded or where the situation impacts multiple areas within the Nation's jurisdiction or requires provincial coordination then the CDE Response Plan may be activated in whole or in part.
2. Phase 1 and Phase 2 responses address smaller scale incidents that can be managed by the Nation and health care partners utilizing resources within the Community Services Division/Health Department. These events may require enhanced planning and/or operations within specific programs and, in case of a Phase 2 response, may require activation of some parts of the plan.
3. A Phase 3 response addresses larger scale events and/or emergencies that require support from other departments within the Nation or a full organizational response. These events would likely exceed normal business hours, processes, capacity, and resources and require activation of the full plan.
4. If the current situation meets Phase 2 or Phase 3 as defined within the plan, the CMS Division Manager will initiate recommendation to the Nation's Chief Administrative Officer (CAO) and/or Chief and Council for formal activation of the CDE Response Plan.

TABLE 3: CDE PHASES OF RESPONSE

shíshálh Nation Phases of Response		
Phase 1: Routine	**Routine** means that the Nation is operating under normal conditions. No communicable disease emergency currently exists. • Normal business hours • Normal business processes • Normal capacity/structure	CDE Response Plan Stage/Activities: Prevention and Mitigation
Phase 2: Enhanced	**Enhanced** conditions mean that an incident, potential or actual emergency is occurring or impending. • The incident will require enhanced planning and/or operations within the CMS Division/Health Department • More than one front-line program involved	CDE Response Plan Stage/Activities: Preparedness / Response
Phase 3: Incident/Emergency	**Incident/ Emergency** status means that there exists within shíshálh Nation an incident or emergency event that requires a larger, coordinated organizational response effort. • Additional resources, finances, and logistics may be required outside of the CMS Division/Health Department	CDE Response Plan Stage/Activities: Response
Phase 4: Recovery	**Recovery** conditions means that the communicable disease emergency has abated and the Nation along with its partners/stakeholders are working to ensure a smooth transition back to routine conditions.	CDE Response Plan Stage/Activities: Recovery

3.4 Emergency Operations Centre

1. During complex communicable disease incidents/emergencies where there are significant community or health system implications (i.e. Phase 3), the activation of an Emergency Operations Centre will be integral for incident management and community response.
2. When a local State of Emergency has been declared by shíshálh Nation, the EOC will exercises additional emergency powers as required and adopt decision-making authority as per **Appendix D: Declaration of Emergency Powers Matrix**
3. For the purposes of the CDE Response Plan, an EOC model has been constructed specifically for a communicable disease emergency response as outlined in **Appendix C: CDE EOC Organizational Chart**
4. In the event of a pandemic, the overall provincial response will be managed from the Provincial Regional Emergency Operations Centre (PREOC). The shíshálh Nation EOC supports and coordinates the overall emergency response activities within the shíshálh Nation jurisdiction. Key functions of the EOC Team include:
    - Assesses the situation
    - Establishes Organizational Chart
    - Action Planning
    - Provides support to health care staff/essential service workers
    - Provides public information, including media briefings
    - Tracks finances

- Coordinates delivery of essential services
- Coordinates community recovery efforts
- Exercises additional emergency powers as required

5. In the context of a pandemic, the normal concepts of a 24/7 EOC activation will not apply. The roles and functions of coordinated response efforts can be assumed through a **virtual EOC** with conference calls and email as the main means of communications and coordination for the group.
6. The EOC may be activated by the Incident Commander, the EOC Director, the Deputy EOC Director, or by shíshálh Nation Chief and Council.
7. Once the EOC has been activated, all members of the EOC Team should be notified of activation and who the Incident Commander is.
8. Once activated the EOC team will meet, using an appropriate platform or venue, as soon as possible to action this plan as well as any local control measures. Each local control measure (such as road closure, facility closures, program/event cancellation) will need to be discussed and decided upon separately before being implemented. Responses will need to be coordinated with local, regional, provincial, and federal partners when applicable (see below).
9. The EOC liaises with the Provincial Regional EOC, Sunshine Coast Regional District EOC, Vancouver Coast Health EOC and FNHA EOC as appropriate

➢ **Note:** The EOC may be activated and/or the EOC Team may be called together in whole or in part without the Declaration of a Local or Provincial Emergency; however, it must be activated once a local Declaration of State of Emergency has been made.

TABLE 4: CDE RESPONSE PARTNERS

Local	Sunshine Coast Regional EOC
Regional	First Nations Health Authority (FNHA) Vancouver Coastal Health (VCH)
Provincial	Emergency Management BC (EMBC) Ministry of Health
Federal	Health Canada Public Health Agency of Canada (PHAC) Indigenous Services Canada (ISC)

3.4.1 EOC Structure

The EOC structure is based on the Incident Command System (ICS) organizational structure which is flexible and modular. It can expand and contract based on need. As incident complexity increases, the organization expands. For the purpose of this plan, incidents and incident response described in the EOC structure refer to communicable disease outbreaks and their management.

3.4.2 EOC Activation

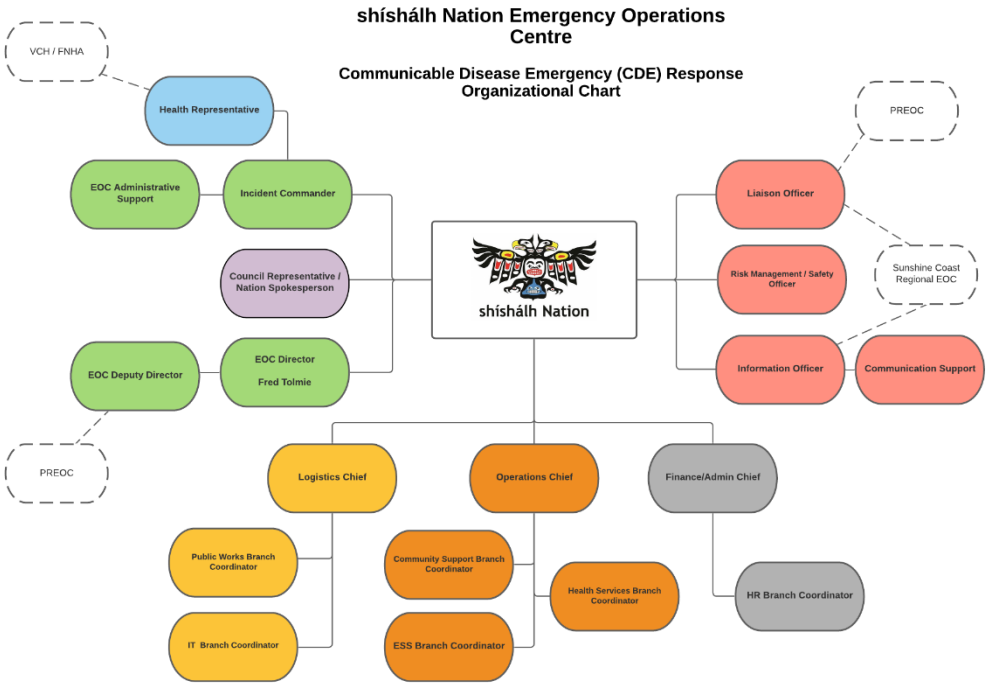
1. The level of EOC activation will be determined by the magnitude, scope and stage of the CDE event. Only those EOC functions and positions that are required to meet current response objectives need to be activated.

2. Non-activated functions and positions will be the responsibility of the next highest level in the EOC organization.
3. As a minimum, an active EOC requires only an EOC Director and Incident Commander.

3.4.3 EOC Staffing

1. Each EOC function must have a person in charge. EOC staff may be required to take on more than one position (role), as determined by the nature of the event, availability of resources and/or as assigned by a supervisor.
2. The Incident Commander or delegate will work with the EOC Director and Operations Section Chief to determine appropriate staffing for each activation level based upon an assessment of the current and projected situation. EOC Management Team positions should be filled as a priority from senior staff within the organization and/or volunteer Nation members.
3. Initially, all positions may be staffed by the first available individual most qualified in the function to be performed. There should be clearly defined roles and responsibilities, balanced by cross-training of staff/volunteers and planning for backfilling positions should a team member be unable to work.
4. Whenever possible, the Incident Commander position should be filled by a shíshálh Nation member living within the swiya (staff or volunteer).
5. When requesting additional staffing resources for the EOC, required skill sets will need to be discussed to determine the solution (re-assignment or recruitment). “Just-in-time” training can be provided for those able to perform required duties.
6. If someone is appointed to a role in the EOC due to a CDE event and normal job functions cannot be completed, a conversation should occur with the individual’s reporting Manager. The Manager will assess the duties and how to maintain essential roles.
7. If needed, the Nation will implement an expedited hiring process to backfill essential positions where individuals are vital to fulfilling an EOC role. The Incident Commander, EOC Director and EOC HR Coordinator will be responsible for:
    - Identifying and selecting qualified persons for necessary roles
    - Engaging in discussions to inform selected individuals of the need for them to serve as part of the EOC structure
    - Completing necessary documentation for hiring and/or volunteer recruitment
    - Conducting “just-in-time” training as needed
8. Nation members who volunteer to serve a role within the EOC will receive an honorarium:

FIGURE 2: SHÍSHÁLH NATION CDE EOC STRUCTURE



3.4.4 Duties and Responsibilities of EOC positions

Each individual appointed to a role in the EOC structure will ensure essential job functions can be completed by the individual or a designate.

Position	Responsibilities
EOC Director	▪ Overall responsibility for activation, coordination and demobilization of EOC ▪ Overall responsibility to ensure effective implementation of CDE Response Plan ▪ Provide leadership to management and staff teams ▪ Approve response objectives and priorities ▪ Ensure sufficient support, policy advice and resources are made available in order to accomplish priorities ▪ Work with Incident Commander to assess immediate and long-term impacts and consequences
EOC Deputy Director	▪ Assume role of EOC Director in their absence ▪ Undertake special assignments at the request of the EOC Director and/or Incident Commander ▪ Ensure efficient and effective flow of information within the EOC ▪ Ensure resource requests are prioritized and tracked ▪ Work with Logistics Section Chief to implement SIGD 72 Hour Action Plan
Incident Commander	▪ Work with Section Chiefs to establish response objectives and priorities and monitor continuously to ensure appropriate actions are taken and modified as necessary ▪ Ensure appropriate staffing levels for the EOC are established and maintained to ensure organizational effectiveness ▪ Coordinate the CDE response according to Health Canada and PHO policies ▪ Ensure coordination of all efforts to prevent and control the spread of disease during a CDE ▪ Direct appropriate emergency public information in consultation with the Information Officer and work with Liaison Officer and Health Representative to ensure communications are established with appropriate assisting and cooperating agencies ▪ Work with Health Representative: forecasting and advance planning ▪ Collecting and evaluating information

EOC Administrative Support	▪ Provides EOC clerical support ▪ Maintains documentation and reports
Health Representative	▪ Provides direct input to the Incident Commander on unique aspects of communicable disease emergencies which differ from an All-Hazards Response ▪ Establish communication links with VCH, FNHA and Health Canada as required ▪ Provide advice on public health matters ▪ Provide authoritative instruction on health and safety matters to the community through the Information Officer
Nation Spokesperson	▪ Represent Council at EOC Meeting and in EOC decision making process ▪ Represent Nation in direct communications to community members ▪ Media interviews
Information Officer	▪ Coordination point for all community/stakeholder information, media relations and internal information sources ▪ Collect and validate information ▪ Ensure community/staff receive complete, accurate, and consistent information about public health advisories, relief and assistance programs and other vital information ▪ Ensure organization has the capacity to receive and address community/staff/stakeholder inquiries
Communications Support	▪ Supports Information Officer: ○ Prepares/develops print communication materials ○ Manages incoming information/resources ○ Updates social media and Nation website ○ Coordinates media requests ○ Coordinates community meetings/virtual gatherings
Risk Management / Safety Officer	▪ In consultation with Health Representative, ensures appropriate risk management measures, including worker care strategies are instituted ▪ Oversee and make safety recommendations for all employees responding to the incident ▪ Oversee and make IPAC recommendations to prevent the spread of infections during service delivery to both staff and clients
Liaison Officer	▪ Along with Health Representative, act as point of contact for, and interaction with, representative from other agencies (e.g. local EOCs) ▪ Coordinate personnel for the EOC as required to ensure adequate EOC structure, and fill all necessary roles and responsibilities enabling the EOC to function effectively and efficiently ▪ Assist and serve as an advisory to the EOC Director and Incident Commander as needed, providing information and guidance related to the external function of the EOC ▪ Work with Incident Commander and EOC Director to prepare reports as needed
Operations Section Chief	▪ Ensure daily essential services are provided and that operational objectives and assignments identified in the EOC Action Plan are carried out effectively ▪ Direct operations and ensure safety of shíshálh Nation staff ▪ Designate Branch Coordinators as necessary ▪ Functional Branches include ○ Health ○ Emergency Social Services (ESS) ○ Community Support
Health Branch Coordinator	▪ Ensure continuity of essential services related to: ○ Nursing services ○ Home Support ○ Home making ○ Meals on Wheels ○ Medical Transport ▪ Work with Health Representative and Logistics Section Chief to ensure community members have access to available vaccines and/or antiviral medications
ESS Branch Coordinator	▪ Ensure continuity of essential services related to: ○ Emergency housing

	○ Mental Wellness and Substance Use ○ Emergency child protection / family support ○ Income assistance and financial support
Community Support Branch Coordinator	▪ Ensure continuity of essential services related to: ○ Food security (purchasing and distribution) ○ Education support ○ Children and family support ○ Elder support ○ Non-medical self-isolation support ○ Social and cultural supports ▪ Volunteer Coordination
Logistics Section Chief	▪ Ensure resource support for the implementation of and ongoing response (personnel, supplies, equipment, transportation) ▪ Direct operations and ensure safety of SIGD staff ▪ Section functions include: ○ Stockpile/inventory control and distribution ○ EOC support (facility, security) ○ Information technology ○ Public Works
Public Works Branch Coordinator	▪ Ensure continuity of essential services related to: ○ Janitorial services ○ Security ○ Roads and infrastructure ○ Water, sewer, hydro
Information Technology Branch Coordinator	▪ Ensure technology resources and services are available to maintain essential service delivery ▪ Determine specific technology requirements for EOC positions/operations ▪ Ensure technical personnel are available for communication equipment, maintenance and repair
Finance/Admin Section Chief	▪ Track all costs pertaining to the CDE response ▪ Section functions include: ○ Time recording ○ Procurement ○ Compensation and claims ○ Cost accounting
Human Resources Branch Coordinator	▪ Work with Operations Section Chief and Branch Coordinators to ensure necessary staffing to maintain EOC operations and essential service delivery ▪ Work with Information Officer and Communications Coordinator to develop communications to staff teams ▪ Work with Risk Management and Safety Officer to ensure effective implementation of IPAC controls in all worksites

See also: Emergency Operations Centre: Operational Guidelines (EMBC)

3.4.5 EOC Operating Cycle/Communication and Information Management

1. During the course of a CDE event, members of the EOC Management Team may determine a regular meeting or conference call schedule. Depending on the recommendations for physical distancing, the team could meet in person using a large room to enable two metres of physical distancing or by video conferencing.
2. The EOC Director and/or Incident Commander will establish the frequency of meetings and add agenda items.
3. All EOC meetings are duly convened, with set agendas, recorded minutes and appropriate documentation of all decisions. Action Items are documented and followed up on between meetings.
4. Meetings will be kept as brief as possible, allowing members to carry out their individual responsibilities.

Related Documents:

❖ Appendix C: shíshálh Nation CDE EOC Organizational Chart, Roles and Contact Information

4. Prevention and Mitigation

4.1 Planning

1. During times when there are no active or imminent communicable disease emergencies, it is crucial that development of CDE preparedness plans occur. In this period, efforts should be focused on building the Nation's overall capacity to effectively respond to a CDE, create communication networks and secure cooperation among the agencies and groups whose help will be needed in the response phase of a CDE.
1. shíshálh Nation leadership and staff will be responsible for:
    - Proactively considering CDE preparedness in planning and development
    - Ensuring coordination with other relevant plans and partners
    - Creating and regularly updating contingency and preparedness plans and communicating changes to all stakeholders
    - Ensuring staff and community members are kept apprised of any updates or information as it relates to health emergencies, such as localized outbreaks, epidemics or pandemics
    - Holding regular training, drills and exercises for staff and all aspects of the wider emergency response system including community members and volunteers
2. Key measures for ensuring effective CDE response planning include:
    - Ensuring membership list is up to date, including the total number of members living on Nation lands
    - Identifying key leadership members who can make decisions and enact emergency response plans
    - Identify essential staff positions to maintain services deemed essential during a large-scale emergency
    - Ensuring planning aligns with current community capacity and availability of resources (staff, facilities, equipment, etc.) to support implementation
    - Ensure contact lists for staff, clients, funders, partners and other stakeholders are up to date
    - Choosing flexible solutions that cover a wide range of events as the true impact of the CDE event will not be known until it happens
3. Priorities for community members during the prevention/mitigation stage include:
    - Ensuring they have emergency supplies on hand
    - Caring for the physical, mental, social and cultural health and well-being of themselves and their families
    - Continuing to build a culture of mutual support, cohesiveness and reciprocity in the community

4.1.1 Communication Plan

1. The shíshálh Nation Communications Department maintains responsibility for identifying all internal/external communication stakeholders.
2. The Nation's HR Department is responsible for developing and maintaining contact lists of Nation employees, including work and home contact information such as cell and home number and email addresses. These lists should be reviewed and updated regularly and be easily accessible to the EOC Information Officer or delegate in the event of a communicable disease emergency.
3. The Communications Department maintains an extensive contact lists for stakeholders and partners. During a CDE event the EOC Information Officer and Liaison Officer or delegates will utilize these lists to communicate specific emergency and operational issues to these partners.
4. **Internal communication stakeholders**, include, but are not limited to:

- Key leadership members
- EOC Management Team
- Occupational Health & Safety Committee
- All Nation employees
- All Nation clients
- All Nation members

1. **External communication stakeholders**, include, but are not limited to:
    - Government Agencies
    - Local primary care physicians via the Sunshine Coast Division of Family Practice
    - Vancouver Coastal Health Authority
    - Health Canada
    - First Nation Health Authority
    - Ministry of Children & Family Development
    - Indigenous Service Canada
    - District of Sechelt
    - Town of Gibsons
    - Sunshine Coast Regional District
    - Sunshine Coast Joint Regional EOC (as applicable)
    - Sunshine Coast School District 46
    - Local media

4.1.2 Business Continuity Planning

1. The Nation's Business Continuity Plan (BCP) supports the Nation to identify and maintain critical services during an incident where people and resources may be diverted. It also works to help the Nation reestablish full functions as quickly as possible following an incident.
2. The BCP will clearly delineate operational priorities and differentiate between essential and non-essential employees, services and programs.
3. In the pre-pandemic phase and between waves, all departments are responsible for developing strategies that will lead to the maintenance of essential services (to the best of their ability) and to ensure support services can be provided to community members during the emergency.
4. Departmental plans should:
    - ensure that core functions can be maintained for several weeks or months with limited staff
    - account for both smaller and larger absenteeism rates over the course of the CDE event
5. Department Managers are responsible for:
    - Identifying and training back-ups for all essential (or all) functions and planning for possible redeployment of non-essential staff.
    - Ensuring all team members know who is next in line for management/decision makers should someone not be available.
6. All departments are responsible for developing and integrating psychosocial support for staff into their department continuity planning.

4.1.3 Budget / Resource Allocation

1. The Nation's Controller and Chief Financial Officer will ensure planning includes processes to understand and assess the direct and indirect costs of communicable disease emergencies (informed by past experience and taking into account future risk), as well as the relative impact of investment in prevention over incurring more significant costs during recovery. Specific responsibilities include:

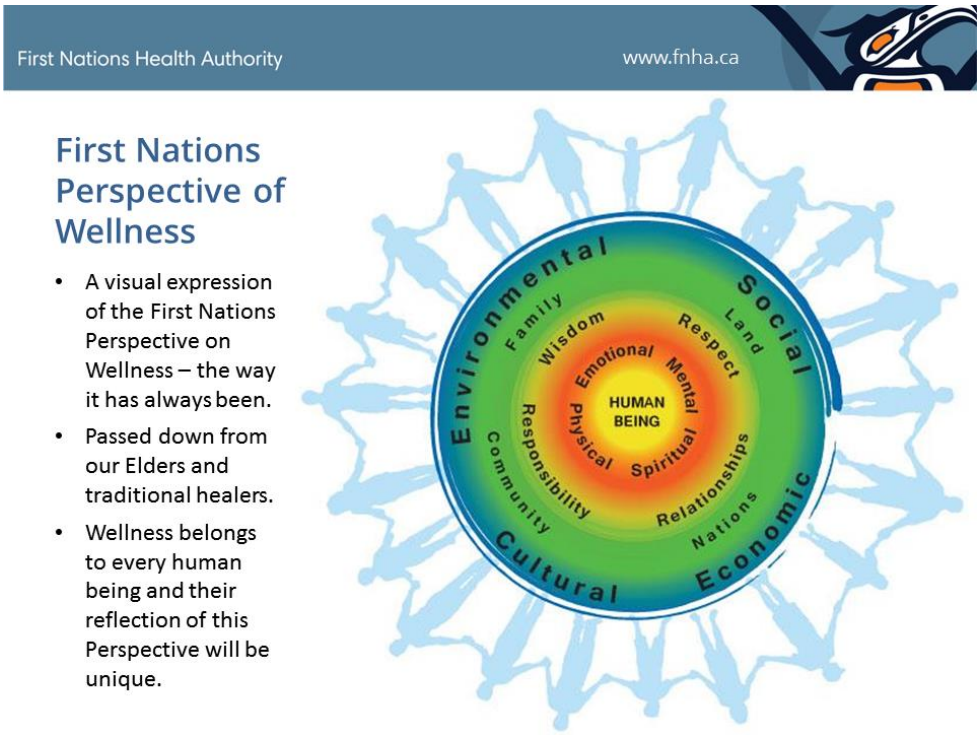
- Ensure a budget for resilience – include risk management allocations in operating budget as required to maintain resilience over time
- Establish mechanism for rapid, rational and transparent disbursement of funds
- Assign adequate funds for post-event response and recovery

4.2 Building Community Health Capacity and Resilience

1. Strengthening our resilience by reclaiming the health of shíshálh individuals, families and community is a collective responsibility.
2. One of the best ways to successfully address a CDE is the existence of a responsive, trusted, well-developed community health program with policies and procedures that can be built on in a CDE. shíshálh Nation is working to enhance community health capacity and resilience by:
    - Working with VCH to support and administer a public health immunization program, including annual influenza and pneumococcal programming
    - Maintaining Health Team knowledge and skills in Infection Prevention and Control Best Practices and communicable disease tracking, contact tracing and case management
    - Strong public health messaging integrated throughout Nation programs (community gatherings, mem7iman, wellness and recreation programs), such as:
        - Hand hygiene (handwashing / hand sanitizer)
        - Covering cough
        - Voluntarily staying home when ill
        - Cleaning hard surfaces with anti-microbial solutions in public spaces (i.e. bleach)
    - Developing and maintaining relationships with VCH Communicable Disease teams, MHOs, and other health teams to facilitate information flow and mutual understanding in CDE events.
    - Developing and using robust, organization-wide Infection Prevention and Control protocols to reduce the risk of spread of pathogens.
    - Developing risk reduction and resilience information, for e.g.:
        - Working from a client-centred perspective to understand and support the needs of those who are more likely to be negatively impacted by a communicable disease emergency
        - Using Nation touchpoints with community members – health and social support programs, etc. – to build awareness and understanding
        - Providing open-access information to community members on risk scenarios and the current level of response capabilities and thus the situations they may need to deal with (All-Hazards)
    - Developing organization-wide plans and priorities to address the social determinants of health and decrease health inequalities in the community (see below).
3. Community education and capacity building are key for mobilizing community members' participation in emergency management strategies and building disaster resilience. The Nation will:
    - Identify community strengths and capacity via a bi-annual Community Strengths Inventory
    - Work with community members to continue to foster social connectedness and a culture of mutual help
    - Assemble Elders, traditional healers and knowledge keepers to commit to the spiritual needs of the community in the event of a severe CD event, such as a pandemic
    - Support community harvesting of traditional plant medicines
    - Share and promote local, provincial and federal public health campaign materials community-wide
    - Encourage annual flu shot campaign for community members and staff
    - Introduce the CDE Response Plan to community (relevant sections)
4. The Nation is committed to working together to ensure community members have access to the care and support they need to strengthen their resilience:

- CMS Department Managers and staff will schedule meetings on a quarterly basis to identify clients who may need additional support during a CDE
- The Nation's health team will have lists of specific population groups within the community that may be especially vulnerable to communicable disease due to existing health conditions and/or may need to be prioritized for medical treatment/prophylaxis (i.e. Elders, prenatal/postnatal clients, children under one year, those with chronic disease). Information will be charted in Mustimuhw for reference during a CDE.

FIGURE 3: FIRST NATIONS PERSPECTIVE OF WELLNESS



4.2.1 Caring for and Protecting Elders

1. Most communicable disease emergencies caused by viruses (such as pandemic influenza and COVID-19) pose a serious threat to the health of Elders. Elders are our culture keepers, holding knowledge of our language, ceremonies, protocols, songs, stories, culture, and traditions.
2. Building community resiliency means caring for Elders and ensuring supports are in place to protect them during a communicable disease emergency. The cultural implications of the loss of an Elder are vast and impact future generations.
3. Caring for and protecting Elders before, during and following a communicable disease emergency is a collective responsibility. The Nation is committed to working with community members to create ongoing opportunities to honour and build connections with Elders. During non-emergency times, community members are encouraged to nurture, support, and remain connected to Elders by preparing and delivering meals, doing yard work, chopping wood, doing social check-ins, etc.

4.2.2 Reduction of Health Inequalities

1. shíshálh Nation is committed to supporting community members to achieve greater independence, wellness, and self-sufficiency, thereby strengthening community resilience in the face of a communicable disease emergency or other hazard. A key part of this work is in developing and implementing wholistic, cohesive, organization-wide strategies to address the social determinants of health and reduce health inequalities within the community.

2. The social determinants of health are the social, economic, cultural, and political factors that impact a person's health. They are the conditions in which people are born, grow, work, live, and age and relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for many shíshálh individuals and families. Social determinants of health include:
    - Culture and language
    - Social support networks
    - Income and social status
    - Employment and working conditions
    - Physical environment (housing, land, water, food security)
    - Personal health practices and coping skills
    - Early childhood experiences
    - Access to health services
    - Biology and genetic endowment
    - Gender
    - Social exclusion

3. In addition to providing direct programs and services centred on a wholistic, person-centred model, the Nation will continue to:
    - Work with health systems partners to advocate for reduction of barriers and improved availability, accessibility, and acceptability of health care services for community members
    - Advocate for community members to have access to a culturally safe, comprehensive, and coordinated continuum of mental health and wellness supports
    - Work with the Nation's Housing department, trustees, and partners to develop programs and policies around the provision of safe, affordable housing for all community members
    - Develop and implement inter-departmental strategies for fostering individual and family strengths and self-sufficiency through access to culturally safe, needs-driven education, training and employment supports
    - Collaborate with community partners to provide housing, support, and advocacy for shíshálh women and children who have experienced violence
    - Develop programs and services that honour the sacred place of children in shíshálh culture and recognize our collective responsibility to support their development, learning and cultural identity
    - Support community partners to develop programs and services that are culturally safe, and trauma informed, free of all forms of racism and stigma, and include cultural supports and interventions
    - Work with Canada to ensure sufficient, flexible, and sustainable funding for health and social services and to be able to design, manage and deliver services in a way that works for the community
    - Honour our responsibility for the stewardship and protection of the shíshálh people's relationship to the lands and resources of our territory and undertake the work in a way that enhances our way of life and maximizes our people's self-sufficiency

4.2.3 Immunization

1. Immunization, especially of susceptible individuals is the most effective way to prevent serious illness and death from a communicable disease.
2. High seasonal influenza vaccine coverage rates are a good predictor of pandemic vaccine coverage rates. Vaccination during a pandemic can build upon a strong influenza immunization program.

3. Encouraging community members to keep their own and their children's immunizations up to date helps to protect them from getting – and possibly spreading – vaccine-preventable diseases such as measles, mumps and whooping cough.
4. The Nation will work with Vancouver Coastal Health to ensure community members and staff have access to annual immunization clinics and that information is shared across the community about the importance of immunization.

4.3 Workplace Health and Infection Prevention Measures

1. Employers are required by law to ensure that work is being conducted safely, and to protect their workers from all work-related hazards, including exposure to infectious diseases. Section 115 of the *Workers Compensation Act* specifies that employers are not only responsible for their own workers, but also for any other workers who may be present at their workplace.
2. The Nation's Occupational Health and Safety Committee is responsible for leading an annual organizational risk assessment in consultation with the Health and Safety Officer or delegate to identify administrative controls and PPE to protect clients, health and social support workers and visitors.
3. One of the most important strategies to reduce the risk of occupational exposure to communicable disease will be using basic routine infection prevention measures and personal hygiene practices (see below). These practices can also have potential benefits during annual cold and flu seasons, translating into fewer sick days and reduced employee absenteeism year-round.

4.3.1 Hand hygiene

1. Hand washing is the single most effective method of preventing the spread of communicable diseases and infections. Prior to and during a communicable disease emergency, strict adherence to hand washing protocols will contribute significantly to the health of staff. Adopting proper hand washing methods cleans away viruses and bacteria that staff may have picked up from other people, contaminated surfaces, or animals.
2. Staff should wash their hands **before:**
    - Handling or eating food
    - Brushing or flossing teeth
    - Inserting or removing contact lenses
    - Treating wounds or cuts
    - Touching the eyes, nose, or mouth
3. Staff should wash their hands **after:**
    - Preparing food
    - Having any contact with a person who is sick or symptomatic
    - Going to the washroom
    - Blowing their nose
    - Coughing or sneezing
    - Handling garbage
    - Treating wounds or cuts
    - Touching commonly used items, such as doorknobs
4. Hands should be washed more frequently when they are dirty and more frequently when someone in the workplace is sick. Soap and warm water should be used to wash hands. Antibacterial soap is not recommended because bacteria can develop a resistance to it.
5. If soap and water are not available, hand sanitizer should be used to disinfect hands. It should be noted that using hand sanitizer is NOT a replacement for hand washing when soap and water are available.

4.3.2 Respiratory (cough) etiquette

1. Preventative infection control practices expected by Nation staff, clients and visitors also include respiratory ("cough") etiquette, which involves:
    - Covering one's nose and mouth with a disposable, single-use tissue when coughing or sneezing
    - If no tissue is available, coughing/sneezing into the upper sleeve
    - Coughing/sneezing away from other people (if possible)
    - Disposing of tissues directly after use into a wastebasket
    - Washing hands after coughing/sneezing, and after handling used tissues

4.3.3 Staying home when ill/sick

1. An important way to reduce the spread of communicable diseases, like influenza and COVID-19, is to keep sick people away from those who are not sick. Health Canada and the BC CDC recommends that all employees should stay home if they are sick.
2. Community members and clients who are expected to stay home when ill and not participate in community events, program, or services while they are sick.
3. Staff who have flu/cold symptoms upon arrival to work or become ill during the day should promptly separate themselves from other workers and go home until at least 24 hours after their fever is gone without the use of fever-reducing medications, or after symptoms have improved.
4. Staff who are well and living with a sick household member may to go work but are expected to monitor themselves for illness. These expectations may change during an active communicable disease emergency.

4.3.4 Surface disinfection

1. Nation staff are expected to establish routine procedures for cleaning and disinfecting hard surfaces – including touch points – in public facilities (e.g. Wellness Centre, CMS building, mem7iman, Band Hall). The frequency of cleaning and disinfection will depend on the needs of the department, program or service. Best practices for surface disinfection include:
    - Making sure that any person required to clean and disinfect has received the appropriate training plus any required personal protective equipment.
    - Creating a checklist of all surfaces that must be cleaned, especially touch points (e.g., handles, kettles, coffee makers, water faucets, or other shared items (e.g., touch screens, photocopiers, telephones, etc.).
    - Clean visibly dirty or soiled surfaces with soap and water before disinfecting.
    - Use a disinfectant or bleach solution to destroy or inactivate pathogens that cause disease
        - Use a disinfectant with a drug identification number (DIN). This number means that it has been approved for use in Canada.
        - If household or commercial disinfectant cleaning products are not available, hard surfaces can be disinfected using a mixture of 5 mL of bleach (5% sodium hypochlorite) and 250 mL of water. Test surfaces before using a bleach solution. Bleach can be corrosive.
        - If liquids can be withstood, disinfect high-touch electronic devices (keyboards, tablets, smartboards) with disinfectant or alcohol wipes.
    - Use a dedicated cloth for cleaning. Change the cloth daily or when it becomes visibly soiled.
    - Apply the disinfectant to a clean cloth. Saturate the cloth before treating touch points. Reapply as needed. Apply enough disinfectant to leave a visible film on the surface. Allow the surface to air dry.
    - Reapply disinfectant to the cloth between surfaces.
    - Provide plastic lined waste containers and use disposable gloves to empty the garbage.
    - Record when cleaning and disinfection has occurred.

4.3.5 Routine Practices for Health Staff

1. All Nation staff who provide health services must follow Routine Practices for care in clinical settings.
2. Routine Practices are based on the premise that all patients are potentially infectious, even when asymptomatic, and that the same standards of practice must be used routinely with all patients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms. Adherence to Routine Practices protects not only the health care provider but also staff and patients who may subsequently be in contact with that health care provider.
3. Elements of Routine Practices include:
    - Point of Care Risk Assessment of the patient and the health care provider's interaction with the patient
    - Hand hygiene for staff, clients, and visitors
    - Control of the environment, including appropriate accommodation, equipment reprocessing, environmental cleaning, safe handling of sharps and issues relating to construction and renovation
    - Administrative controls (i.e., management of staff health and practices), including encouraging staff immunization, respiratory etiquette, and audits of practice
    - Personal Protective Equipment (PPE) to protect staff
    - See also Routine Infection Control Practices in Community (VCH)

4.3.6 Education and Training

1. Educating and training employees in non-pandemic periods as to the proper applications and principles of infection prevention and control (IPAC) measures and Routine Practices noted above will help to ensure that these practices are followed during a pandemic.
2. The Nation will employ/contract IPAC professionals to conduct education and training for all front-line staff. Comprehensive training will be provided yearly to all health and social support staff.
3. Each department is responsible for ensuring a plan is in place to provide training if and when a communicable disease emergency occurs.
4. The Health Manager will be responsible for maintaining health team knowledge and skills in Infection Prevention and Control best practices and communicable disease contact tracing, case management, follow-up, and response.
5. Nation leadership is responsible for ensuring a regular schedule of Emergency Management training for all staff who will assume roles within the EOC Management Team (including alternates) as well as interested community members

5. Preparedness

1. shíshálh Nation leadership and staff priorities for CDE preparedness activities include:
    - Ensuring communications department is prepared to provide information to community members, clients, and staff members through a variety of channels
    - Developing strategies that will lead to the maintenance of the most critical services (to the best of the Nation's ability) and to ensure support services can be provided to community members during the emergency
    - Assessing the Nation's financial preparedness to respond to an emergency, including development of budget priorities and allocation of funds as needed.
    - Reviewing information technology resources and capabilities to support all essential operations, including capacity for staff to work from home
    - Assessing and planning for supply considerations (food, medicine, PPE, etc.)
    - Coordinating with VCH, FNHA, EMBC and ISC to ensure a coordinated response and adequate access to resources

- Planning for possible use of facilities on Nation land to facilitate the immunization of community members and the provision of health care in alternate care sites and triage centres

2. Priorities for community members during the preparedness phase include:
    - Developing awareness about the disease of concern and necessary precautionary measures
    - Adopting individual and household measures (e.g. hand hygiene, respiratory etiquette, disinfecting frequently touched surfaces) to prevent transmission of the disease
    - Stockpiling essential needs such as food, medicines, cleaning supplies, etc.
    - Identifying community resources to support themselves and family members through potential crisis
    - Developing a family/household plan for ensuring care and protection of Elders and others who may need additional support through an emergency

5.1 Communications

1. In a pre-pandemic phase, the Nation's Communications Manager will develop and activate a risk communication strategy and work with senior administration to disseminate information to staff, community members and other stakeholders. This information will be from credible public health agencies and government resources, including:
    - World Health Organization (WHO)
    - Public Health Agency of Canada (PHAC), Health Canada, and/or Chief Medical Health Officer (CMHO)
    - BC Centre for Disease Control (BC CDC)
    - BC Ministry of Health and/or Provincial Health Officer (PHO)
    - First Nations Health Authority
    - Vancouver Coastal Health Authority and/or Regional Medical Health Officer (MHO)
2. Appropriate risk communication considerations should be applied before, during and after an emergency. As a general rule, the Nation's Risk Communication Plan will adhere to the following guidelines:
    - Provide information that is relevant and easily understood
    - Protect shíshálh Nation credibility and reduce the potential for panic
    - Don't over-reassure
    - Don't underestimate risk
    - Acknowledge uncertainty and change of circumstances
    - Acknowledge people's fears and pain
    - Give people things to do to adjust to the new environment
    - Give people a choice of actions to match their level of concern
    - Promote awareness of the changed environment
3. Communication will take place across a variety of mediums including social media, newsletters, the Nation's website, signage/posters, etc. Community members will be encouraged to support the sharing of information with those without access to social media and other information technologies.
4. All communication strategies and media will be vetted and delivered via the Nation's Communication Manager or – if the EOC has been activated – the EOC Information Officer

Related documents:

- Appendix G: CDE Communication Flowchart

5.2 Data Monitoring and Information Sharing

1. Monitoring communicable diseases cases and transmission in the pre-pandemic phases and between waves serves as a warning. Data monitoring provides decision makers with the information they need for an effective response.

2. At the provincial level, the Ministry of Health and PHO monitor the emergence of respiratory infections around the world on an ongoing basis, which may include the following:
    - Assess the level of risk to people living in the province
    - Determine the characteristics of the illness (e.g., symptoms, incubation period, mode of transmission)
    - Develop a case definition for the illness
    - Develop surveillance screening and assessment tools (e.g., key screening questions based on characteristics of the disease)
    - Develop laboratory handling protocols and specimen testing algorithms
    - Work with regional health authorities to assess the level of risk at the local level
3. During the pre-pandemic phase, VCH will be primarily responsible for gathering data for the Sunshine Coast, including the shíshálh Nation community, and reporting information to the BCCDC.
4. Information on local levels of communicable disease transmission outside data that is publicly available may be shared with the Nation, via the CMS Division Manger and/or EOC Health Representative or delegate, as necessary and at the discretion of the Local MHO. When this data is not able to be shared, the EOC Health Representative will provide advice to the Nation based on their understanding of the local situation.
5. All shíshálh Nation departments must report abnormal absenteeism (10%+) to the Nation's Health Manager who will then report to the VCH CDC team to assist with a response. This rate may change according to the severity of the communicable disease impact.

5.3 Education and training

1. In a pre-pandemic phase, the Nation will commit to increased communications to staff and community members around training and education in order to prepare them should a pandemic happen.
2. Each department will work to proactively identify potential staff learning needs and provide appropriate learning and performance support tools.
3. Interim guidelines around infection prevention and control measures, including the use of masks and personal protective equipment are available through health authorities and WorkSafe BC. During a pandemic, if it becomes necessary to change or refine guidelines, the Nation will work with VCH and FNHA to communicate this information to staff.
4. In addition to in-person workshops and learning opportunities, educational/training information may be shared through social media, posters, newsletters, share point and/or internal memos.
5. All educational materials should be in line with guidelines set out by VCH, BCCDC, and Health Canada. VCH and FNHA will support the Nation in selecting and/or adapting educational resources as appropriate.
6. Potential learning needs for staff, clients and community members include:
    - Standard precautions
    - Respiratory hygiene and cough etiquette
    - Airborne and contact precautions/prevention practices
    - Transmission based precautions
    - Compliance with infection control
    - Psychological support
    - Personal protection
    - Occupation protection/work practices
    - Immunization
    - Antiviral prophylaxis
7. Identified members of the shíshálh Nation EOC Team who have not already received training in emergency management will engage in "just-in-time" training via the EMBC Emergency Management Training Program

5.4 Medical Supplies, PPE, and Disinfectants

1. During a widespread CDE event, such as a pandemic, supplies and equipment will be in short supply. Therefore, planning will be done across the organization to ensure there is a sufficient supply of essential supplies such as proper Personal Protective Equipment (PPE) and sanitizing materials.
1. Prearranged agreements for the purchasing, stockpiling, and rotating of supplies are necessary to ensure PPE and disinfectants are readily available. Department Mangers will work with the Health Team to ensure that they have current and adequate arrangements for accessing supplies prior to and during a CDE event.
2. The Nation will stockpile an appropriate amount of essential supplies to last several weeks if there are supply shortages during the CDE event (e.g. three months supply).
3. A list of essential supplies needed during a CDE event will be generated by each department.
4. General supplies required for a CDE event may include the following:
    - Nitrile gloves
    - Gowns
    - Visors
    - Appropriate Respiratory Protection
    - Antiseptic Wipes
    - Disinfectant (may include bleach)
    - Hand Sanitizers

5.5 Vaccines and Anti-Viral Medication

1. In response to a CDE, vaccines, antivirals or other treatments may possibly become available to protect individuals and reduce disease spread. Vaccine and other medication procurement, management (including obtaining supplies and ensuring appropriate storage and handling), and administration is part of day-to-day operations at the community level, which can be utilized in a CDE.
2. The Nation's health team will work with VCH to assess current vaccine and medication delivery processes, and determine if modifications need to be made to allow for quick delivery of these during a CDE event (i.e. – mass immunization plan, identification of high risk individuals and provision of home or community treatment, linking with neighbouring communities for support, etc.).

6. Response

1. During an active CDE response, shíshálh Nation leadership and staff priorities include:
    - Ensuring timely, accurate and transparent communication to community members, clients, and staff members through a variety of channels
    - Implementation of public health measures help prevent, control, or mitigate spread of the disease.
    - Ensuring maintenance of essential services and supports to community members impacted by the emergency.
    - Ensuring the Nation has the financial capacity to respond to the emergency, including accessing external funding where available
    - Ensuring there is a process in place for quickly and effectively allocating emergency funding to areas of highest need
    - Supporting the physical, mental, social, and cultural health and well-being of staff and community members
    - Supporting VCH with the medical response as appropriate and in ways that recognize, honour, and promote shíshálh cultural systems, traditions, and practices
    - Responding to supply considerations (food, medicine, PPE, etc.)
    - Working with VCH, FNHA, EMBC and ISC to ensure a coordinated response and adequate access to resources

2. Priorities for community members during the response phase include:
    - Caring for the physical, mental, social and cultural health and well-being of themselves and their families
    - Remaining aware of and adhering to public health recommendations
    - Supporting Elders, medically vulnerable community members and those who need assistance, including those who may be ill and/or self-isolating (e.g. social check-ins, delivery of food and supplies, yard work, etc.)
    - Continuing to support community connection and solidarity by staying engaged with others though social media, phone calls, video chats, texting, etc.
    - Contributing strengths, skills and knowledge to the community by volunteering
    - Seeking wisdom from knowledge keepers and traditional healers; learning about traditional healing practices and medicines

6.1 Communication

1. During a CDE event, Vancouver Coastal Health Authority will take the lead on core public health message development. FNHA will provide additional messaging as appropriate. The Nation may choose to share additional education and public awareness resources to clients, community members and staff as appropriate (e.g. resources from PHAC, BC CDC, WHO, etc.)
2. The EOC Information Officer and Communications Coordinator or delegates are responsible for the development of a communications plan to keep all stakeholders updated on things such as the state of the emergency, its impact on operations, changes to programs and facilities such as reduced hours, closures, safety procedures, etc.
3. During a declared State of Emergency by the Nation, weekly bulletins from the EOC will be posted to the Nation's website and social media channels. Nation members and staff will be notified of when the bulletins will be posted. Additional information may be shared between bulletins as needed.
4. The goal of the communications plan is to build trust through the delivery of timely, clear, transparent and consistent messaging to all stakeholders before, during and after a CDE event. Specific objectives include:
    - Provide information to all staff, clients and community members to assist them in making the best possible decisions about their well-being during all phases of the emergency
    - Clearly explain and promote shíshálh Nation CDE Response Plan
    - Establish a broad network for disseminating information during all phases of the emergency
    - Provide clear, accurate messaging to all audiences during all emergency phases
    - Clearly and frequently update community on reduced programs and services, adapted service delivery models, facility closures, travel restrictions, etc.
    - Educate community members and clients on what essential services means
    - Work in a coordinated effort with all CDE agencies/partners to release information in a corresponding manner amongst all operational levels
5. All communication strategies and media will be vetted and delivered via the EOC Information Officer or delegate
6. Various means of communications with staff, community members and other key stakeholders might include the following communication mediums:
    - Telephone
    - HR System
    - Email
    - Newsletter
    - Press Releases
    - Video Conferencing
    - Social Media Channels
    - Staff Meeting (in-person or through other physical distancing means such Zoom, Teams)

- Signage

7. Community members will be encouraged to support the sharing of information with those without access to social media and other information technologies. When sharing information, community members are expected to be mindful of the source, avoid spreading rumours or misinformation, and respect the privacy of other community members.
8. The shíshálh Nation's primary messages will express:
    - What the Nation and public health partners are doing to minimize suffering, serious illness and overall deaths and preserve the health and well-being of community members and staff
    - What staff and community members can do to minimize suffering, serious illness and overall deaths and preserve their and their loved one's health and well-being
    - What the Nation is doing to ensure the maintenance of essential services, resources, and support services to the community during times of potential high staff absenteeism and restrictions on in-person service delivery

6.1.1 Active cases / clusters in community

1. In the event of a large scale CDE, a communication plan will be developed between VCH, FNHA and the Nation to ensure the Nation remains aware of active cases, clusters of cases or outbreaks in the community. Community members may also choose to self-report to the Nation's health team if they have tested positive for the disease of concern.
2. The EOC Management team will develop a decision-making process for responding to and communicating information about confirmed cases and/or exposure events in the community to community members and staff. The goal will be to maintain transparency while balancing the need to respect the privacy of all community members with the need for timely and accurate information. At no time will be private information about any community member be shared and the Nation will not support the spread of rumours or speculation about cases in the community.
3. All communication about confirmed cases in the community will include the following information:
    - A review of the communication process between VCH, FNHA and the Nation, including the limitations of the information shared (e.g. no personal information shared; information may be limited to Nation members living on Nation lands)
    - A review of the responsibilities and jurisdiction of the health authorities in relation to case management, contact tracing and ensuring community members who have tested positive are following public health requirements for self-isolation
    - A reminder to community members who have tested positive or been identified as a close contact of someone who has tested positive to follow public health measures, stay-safe and self-isolate
    - An invitation to those who have tested positive and/or been asked to self-isolate by a Public Health Nurse to reach out to the Nation so they can be supported
    - A reminder to all community members to show support for one another and refrain from sharing personal information about community members, engaging in gossip or speculation and/or spreading misinformation and rumours.

See also: BCCDC COVID-19 Language Guide: Guidelines for inclusive language for written and digital content

6.2 Public Health Measures

1. Public health measures (PHMs) are non-pharmaceutical interventions to help prevent, control or mitigate communicable diseases. These measures help reduce the 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 are usually implemented in combination, known as "layered use". This approach is based on the expectation that combinations of PHMs are likely to be more effective than single measures that are less effective on their own.

2. During an active CDE event, the focus of public health infection control measures is on slowing but not necessarily stopping CD spread, thereby reducing peak healthcare demand while protecting those most at risk of severe disease. In the event of an active communicable disease emergency in the community, provincial and federal public health authorities will provide advice on public health measures as the emergency develops.
3. Behaviours – such as those listed below – can make a significant difference in disease transmission.
4. The BC Provincial Health Officer (PHO) or Chief Public Health Officer (CPHO) of Canada may enforce some public health measures as per their authority under the *BC Public Health Act* and the federal *Quarantine Act*.
5. VCH and the Nation will work in collaboration to ensure that Nation-based public health measures align with advice given by regional, provincial and federal public health authorities. Direction and support may be provided by FNHA as required.
6. Public Health Measures may need to be adjusted over time as CDE activity increases or decreases. The Nation will follow regional, provincial and federal public health guidance when making decision about applying/lifting restrictive PHMs in the community.

6.2.1 Personal Practices

1. Following Health Canada advice, community members hold responsibility for ensuring core personal practices are followed for themselves and other members of their households for the duration of a major CDE event, such as a pandemic. These consist of the following:
    - Staying informed, being prepared, and following public health advice
    - Practicing good hygiene (hand hygiene, avoid touching face, respiratory etiquette)
    - Staying at home and away from others if symptomatic/feeling ill - not going to school/work
    - Maintaining physical distancing as much as possible when outside of the home (i.e. from non-household members)
    - Cleaning and disinfecting surfaces and objects
    - Staying at home as much as possible if at high risk of severe illness
    - When the local epidemiology and rate of community transmission warrant it, wearing of non-medical masks or cloth face coverings is recommended for periods of time when it is not possible to consistently maintain a two-metre physical distance from others, particularly in crowded public settings
    - Wearing a medical mask, or if not available a non-medical mask or cloth face covering, if experiencing symptoms, and if will be in close contact with others or going out to access medical care
    - Reducing personal non-essential travel.
2. In a severe communicable disease emergency, the Regional MHO has the authority to require and compel individuals who test or are presumed to be positive and their contacts to self-isolate or accept treatment.
3. shíshálh Nation will work with VCH and FNHA to educate community members about the need for these core personal practices and their appropriate implementation. Information will be shared in the form of:
    - Social media posts
    - Signage in public building and community spaces
    - Newsletter
    - Nation website

6.2.2 Community-based measures

1. Community-based measures are public health measures that apply to settings where the public gathers, like congregate living settings, businesses and workplaces, child and youth settings, community gathering spaces or settings, outdoor spaces and public transportation.
2. In the event of a communicable disease emergency, community-based measures will be implemented by the Nation to protect community members and staff and keep Elders safe. All staff, clients and community members will be expected to abide by and be respectful of these measures for the overall health and well-being of the community.
3. Measures put into place by the Nation will be proportionate with risk in the community and balanced against need for community and cultural connection to strengthen resilience.
4. The shíshálh Nation EOC Management team may, in consultation with the EOC Health Representative and MOH, implement some or all the following community-based measures:
    - Physical Distancing Measures
        - Closure of government offices and Nation facilities, including the Wellness Centre and mem7iman Child Development Centre
        - Cancellation or modification of community programming, cultural ceremonies, sporting events (e.g. restricting numbers, moving events outdoors, setting up hand washing stations, etc.)
        - Implementation of alternative working strategies for Nation staff
    - Increased environmental cleaning of Nation facilities and public places
    - Hand washing and/or hand sanitization stations in public buildings
    - Promotion of personal practices via public awareness campaigns
    - Passive screening (e.g. signage in worksites and client service areas restricting access to symptomatic individuals)
    - Active screening (e.g. in-person/by phone screening of clients prior to provision of services)
5. Decisions around implementation of community-based measures – including cancellation of programs and events, reduction in services and/or closures of Nation facilities – as well as setting-specific mitigation strategies will be based on a risk assessment that considers:
    - **Local context** – i.e. the approximate likelihood of the individuals entering the setting being infected with the CD based on current transmission patterns in the community.
    - **Characteristics of individuals in the setting** – i.e. the vulnerability of people in a setting to experience more severe disease, whether individuals in the setting are essential workers, and whether individuals in the setting have travelled from other communities.
    - **Setting characteristics** – i.e. the intensity of contact between individuals, the frequency of contact with potentially infectious high-touch surfaces, and the environmental characteristics of the setting (e.g., ability to open windows in a confined setting). Contact intensity further considers the type of contact (close to distant), duration of contact (brief to prolonged) and number of contacts (few to many).
    - **Risk mitigation potential** – i.e. the degree to which mitigation measures can be implemented or activities modified to reduce risk.
6. The Regional MHO and Local MHO have the authority under the *Health Act* to institute community-based infection prevention measures, including the closure of community facilities, workplaces, and childcare programs/schools.

6.2.3 Extraordinary measures

1. Extraordinary measures are those shíshálh Nation may enact during a CDE under a State of Emergency Order. These measures go above and beyond provincial and federal health guidelines and intended to keep the community safe and protect our Elders.
2. The EOC Management Team and Chief and Council may consider extraordinary measures where:

- There is a confirmed cluster of cases (2 or more cases) in the SBL#2 residential areas
- There is confirmed rise in cases in the region
- There is a significant increase in cases within the province and local health care systems are at risk of being overwhelmed

3. The implementation of extraordinary measures will be decided on a situation by situation basis and may include, but are not limited to:
    - Restricting access to Nation lands to residents only with exceptions for essential staff, screened community volunteers, approved contractors, and delivery companies
    - Shelter in Place orders
    - Curfews
    - Travel restrictions for community members and/or Nation staff above and beyond those imposed by the PHO/CMHO
    - Curfews
    - Mask requirements for Nation lands and buildings

6.2.4 Self-Monitoring and Self-Isolation

1. In order to prevent the spread of communicable disease within the community, community members may be advised or required to self-monitor or self-isolate if they have been exposed to the CD and/or are at risk of developing severe illness.
2. **Self-monitoring** is recommended when an individual may have been exposed to the communicable disease but is not showing symptoms. It means to:
    - Monitor yourself for symptoms of the disease of concern. In the case of influenza or coronavirus, this includes symptoms of respiratory illness (fever, coughing, difficulty breathing). Additional symptoms to monitor for will be shared by VCH and FNHA and shared via the Nation's communication channels.
    - Avoid crowded places and increase your personal space from others when possible
3. **Self-isolation** is required when someone is experiencing symptoms of the disease of concern or is awaiting test results. Self-isolation may also be required on recommendation from a Public Health Nurse due to close contact with someone who has tested positive for the disease. Self-isolation means to:
    - Stay at home and avoid situations where you could come into contact with others
    - Avoid leaving the home unless it is to seek medical care
    - Individuals isolating at homes where others are present will stay in one room of their home (or the home of a caregiver) and use a separate bathroom if possible.
4. **Quarantine** is legally mandated self-isolation as per the federal *Quarantine Act*, which gives Canada the power to issue Mandatory Isolation Orders. Quarantine measures are intended to limit the introduction and spread of communicable disease in the country. For example, in the case of the COVID-19 pandemic, Canada issued an order that all asymptomatic individuals entering Canada by sea, air or land must "quarantine themselves without delay for a period of 14 days" and self-monitor for symptoms.
5. In the case of persons who become isolated the Nation Health Team will work with VCH and FNHA to ensure they are getting the care they need and that they have access to supplies such as food or medication.
6. It will be important to keep those persons who are at high risk away from the ill person and it may be necessary to either remove the ill person or the person at risk as a way to keep them safe . VCH, FNHA and the Nation share responsibility in ensuring that community members at risk and or those who are ill have access to appropriate self isolation accommodation and support.

See also: BCCDC Self-Isolation; Health Canada Self-Isolation Guidelines for COVID-19

6.3 Care and Protection of Elders and Vulnerable Community Members

1. Protecting the health and well-being of the community is a collective responsibility. Community members are encouraged to remain aware of others in the community who may need support during a communicable disease emergency (e.g. Elders, individuals/families with transportation needs, those with chronic health concerns, those who may be self-isolating) and work together to ensure they are cared and provided for.
2. While diseases can make anyone sick, some community members will be more at risk of getting an infection and developing severe complications due to their health, social and economic circumstances Health Canada has identified the following as potentially vulnerable populations during a pandemic.
    - Anyone who is:
        - an older adult
        - at risk due to underlying medical conditions (e.g. heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)
        - at risk due to a compromised immune system from a medical condition or treatment (e.g. chemotherapy)
    - Anyone who has:
        - difficulty reading, speaking, understanding or communicating
        - difficulty accessing medical care or health advice
        - difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes
        - ongoing specialized medical care or needs specific medical supplies
        - ongoing supervision needs or support for maintaining independence
        - difficulty accessing transportation
        - economic barriers
        - unstable employment or inflexible working conditions
        - social or geographic isolation, like in remote and isolated communities
        - insecure, inadequate, or nonexistent housing conditions
3. In the event of a CDE, CMS Department Managers will call an emergency Integrated Case Management meeting to identify clients who may need additional support during a CDE. Staff will develop a plan for reaching out to clients to determine needs and create client-directed support plans.
4. The Nation's health team will have lists of specific population groups within the community that may be especially vulnerable to communicable disease due to existing health conditions and/or may need to be prioritized for medical treatment/prophylaxis (i.e. Elders, prenatal/postnatal clients, children under one year, those with chronic disease). Nation nurses will work with these community members and other Nation staff to ensure there is a plan in place for continued care (e.g. safety checks, meal and medication delivery, self-isolations accommodation support, etc.) through all stages of emergency.
5. Community members are encouraged to reach out to the Nation if they need help during the emergency (e.g. access to safe housing, ability to access food or essential supplies, concerns about mental health and/or substance use, etc.) so that the Nation can work with them and community partners to ensure appropriate supports are in place.

6.4 Data Monitoring and Reporting

1. The purpose of monitoring cases and transmission during a communicable disease emergency is to:
    - Provide data in the current status of infectious disease (e.g.: clinical cases; hospitalizations and deaths; severe clinical syndromes and associated risk groups; and demands on the health system)
    - Detect the emergence of new cases in a timely fashion
    - Monitor the spread and impact on the community
    - Rapidly prioritize and maximize an efficient response.

2. In the event of large scale CDE event, case monitoring activities will be directed by the Public Health Agency of Canada and directed provincially by the BC Centre for Disease Control (BCCDC). Vancouver Coastal Health Authority will participate in these activities and will enhance regional data monitoring activities to monitor for the local introduction and spread of the pandemic viral strain.
3. The VCH Communicable Disease Control (CDC) team will be primarily responsible for gathering data for the region, including shíshálh Nation community members, and reporting information to the BCCDC.
4. Nation staff will encourage community members of their responsibility to inform their primary care provider when they are showing symptoms of the current illness of concern. Community members without a primary care provider should be encouraged to call 8-1-1 to report their symptoms and receive advice on next steps.
5. Local case numbers and information on community transmission outside data that is publicly available may be shared with the Nation, via the EOC Health Representative or delegate, at the discretion of the Local MHO and while maintaining the confidentiality of community members.

6.5 Case and Contact Management

1. In the event of a large scale CDE event, VCH maintains responsibility for supporting case management and contact tracing for the Sunshine Coast, including for shíshálh Nation community members. The Nation health team will remain focused on ensuring continued delivery of essential health services.
2. In the event of smaller scale localized outbreaks, the Nation's nurses may support the VCH team with case and contact management as appropriate.

6.5.1 Testing and Triage process

1. When a community member (or caregiver) feels they may have symptoms of the current illness of concern they should notify their primary care provider or 8-1-1, who will make an assessment and refer them to testing through established channels. Individuals will them be triaged accordingly (see below). Depending on the nature of the outbreak/emergency, and if capacity (human resources, space, supplies) allows, assessment and testing may be provided by the Nation's nursing staff, in home or at the Nursing Station.
2. If Nation staff receive self-reports from community members who may be experiencing symptoms of the disease of concern and testing/assessment is not being done in the community, the individual(s) should be referred to their primary care provider or 8-1-1 for assessment. Staff should remind the community member to self-isolate while waiting for their test results and/or cleared by their health care provider.
3. In the case of confirmed positive case(s) in the community, the Local MHO will reach out to the FNHA CMO who will then reach out to the CMS Division Manager to inform them there is a confirmed case. No personal information will be disclosed. Chief and Council and the EOC Director will be updated on the number of cases, but not the names/identities of community members who have tested positive.

6.5.2 Triage

1. Once a community member has reported their illness to their primary care provider, they will be triaged and may be classified in one of the following ways:
    - **Have symptoms and can care for themselves:** Individual will be advised to self-isolate and report any changes. The VCH team or primary care provider will check back with them to re-triage as appropriate.
    - **Have symptoms and have family or others who can care for them:** Individual will be advised to self-isolate and report any changes. The VCH team or primary care provider will check back with them to re-triage as appropriate.
    - **Have symptoms and cannot care for themselves and have no family or others who can care for them:** VCH will arrange for a health team member to care for the individual or work with them to determine an

alternative care site (e.g. supported self-isolation unit, community cohorting site or hospital). If the client has identified as a shíshálh Nation member and provided permission for their details to be shared, Nation self-isolation supports (see below) may also be mobilized to ensure safe self-isolation at home.

- **They are having severe symptoms and need advanced medical care:** A first responder will transfer the individual to Sechelt Hospital. Depending on the status of the patient, available community resources and specific illness-related protocols, the patient may be transferred to the nearest acute care facility.

4. The VCH CDC team will support community members with suspected/confirmed cases of infection and/or those at high risk of severe illness to make informed decisions to self-isolate at home, in the community with additional supports or near an acute/critical care setting (i.e. in the city).
5. The Nation's health team will support the VCH clinical care team as appropriate to ensure community members are aware of clinical care pathways in the community and to ensure community members have the information they need to make self-informed care decisions.
6. Nation staff identified by Nation clients as part of their Circle of Care will work with VCH, FNHA and other primary care providers to ensure social, physical and clinical supports are in place for those who are self-isolating while upholding the confidentiality of all patients and their contacts.

6.5.3 Contact tracing

1. In a communicable disease emergency, contact tracing serves as an important tool to help diagnose people who may have the disease and prevent the spread of the virus in the community.
2. If a community member tests positive for the CD, a Public Health Nurse (PHN) will interview them to identify people they have been in contact with and assess the risk to those contacts. Dependent on the nature and transmission method of the disease and risk to contacts, not every contact will need to be identified. The PHN will let the individual know what types of contact require tracing.
3. Public health nurses will maintain community member's privacy when carrying out contact tracing. Individuals may choose to tell others about their diagnosis but should not do their own contact tracing unless told otherwise.
4. Contacts with symptoms will be referred for testing. Contacts with no symptoms will be asked to self-isolate and monitor for symptoms a set period of time.
5. In the case of a pandemic or large scale CDE event, VCH will attempt to carry out contact tracing for all positive cases. The Nation health team will support contact tracing in the community through education and sharing of information with community members.
6. In the case of a smaller localized outbreak, the Nation's nursing staff may support the VCH public health team with contact tracing for community members.

6.5.4 Care of Deceased

1. If a community member dies as a result of a communicable disease, it is important to send them to the Spirit World safely.
2. Protocols and practices for safe handling of bodies of deceased persons as well as for holding wakes and funerals may vary depending on current state of the emergency, transmission method of the disease and public health guidelines. For example, appropriate personal protective equipment (PPE) may be required for those sitting with the deceased and there may be restrictions on the number of individuals who may gather before or after the death of the individual. The Nation will work with VCH and FNHA to ensure culturally responsive information for health care providers and family members is developed and shared with the community.
3. The Nation will support VCH and other health care providers to ensure care of the deceased practices in health care settings are culturally safe and culturally responsive and that they take into account cultural rituals and other considerations.

4. Nation leadership and staff will also work with Elders and other community members to develop creative ways to celebrate the lives of those who have passed while honouring, respecting, and valuing shíshálh traditions.

Related Documents:

❖ Appendix G: shíshálh Nation COVID-19 Care and Communication Pathway

6.6 Immunization

1. Immunization, especially of susceptible individuals is the most effective way to prevent serious illness and death from a communicable disease.
2. The overall timing of a pandemic vaccine will depend on vaccine efficiency and uptake as well as the timing of vaccine availability in relation to communicable disease activity.
3. The Health Department maintains a list of the community's most medically vulnerable residents. Individuals who are unable to visit a local health facility will receive home visits by the Nation's nursing staff for vaccination. These home visits will be conducted as per local health facility guidelines.
4. The shíshálh Nation Community Health Nurse and/or EOC Health Branch Coordinator will work with VCH to:
    - Ensure provision of safe and effective vaccine to shíshálh Nation community members as soon as possible
    - Ensure an adequate supply of the vaccine for the community
    - Allocate, distribute, and administer vaccines as efficiently and fairly as possible
    - Monitor the safety and effectiveness of the vaccine
5. Once informed a vaccine is available and will be coming to the community, a meeting will be held between shíshálh Nation health team, VCH representative and the EOC Logistics Sections team to confirm dates, times, location and the best way to advise community members
6. Currently, the **kwenis-awtxw (House of the Whale) Community Services Building** parking lot has been identified as the location for the immunization clinic.
7. The EOC Logistics Chief will ensure the chosen site is open with sufficient tables, chairs, tents and supplies to support the health team to complete the vaccination clinic.
8. Provincial vaccination procedures will be followed during all immunization clinics/visits, including reporting administration, side effects, adverse effects, and unused vaccine.
9. The Health team will ensure that VCH is kept up to date on the number of immunizations provided.
10. If access to vaccine from the Regional Health Authority becomes difficult, the Nation's CMS Division Manager (or delegate) will contact FNHA for assistance with coordination of supplies.
11. The EOC Health Branch Coordinator and nursing staff are responsible for communicating with community members regarding vaccine priority requirements, clinic locations and times.

6.7 Antiviral Medication

1. Antiviral medication can be used to treat viruses (such as influenza or coronaviruses) 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 an influenza pandemic when a vaccine is not yet available.
2. The EOC Health Branch Coordinator is responsible for collaborating with VCH and FNHA to ensure an adequate supply of antiviral medication for the community. Administration of antiviral medication will be managed by VCH and primary care physicians.
3. The EOC Health Branch Coordinator and nursing staff will communicate with community members regarding antiviral medication prioritization and availability.

6.8 Accessing Funding

1. During a communicable disease emergency, the Nation may be eligible for emergency-related funding and or reimbursement of emergency-related costs.
2. The Nation's Finance Department and Division managers share responsibility for identifying funding/financial support opportunities and eligible reimbursements. Department managers should ensure they are accurately tracking/labelling expenses during the emergency
3. Applications for funding to provide/enhance services will be led by the relevant department manager.

See also: COVID-19: BC First Nations Community Guide for Additional Supports Needed (FNHA, 2020)

6.8.1 Expedited Emergency Funding Disbursement Process

1. In order to quickly and effectively initiate response activities and support delivery of essential services during a CDE, the Nation will implement an expedited process for ensuring disbursement of emergency funding.
2. Decisions for emergency fund disbursement will be made by the EOC Incident Commander, upon recommendation by EOC members and Nation staff.
3. All emergency disbursement decisions and costs will be tracked through Project Reporting.

6.9 Pandemic-related supports for Community Members

1. In the event of a large scale CDE event, such as a pandemic, the Nation will continue to carry out essential programs and services for Nation members to the best of its ability and within a modified service delivery model. Additional pandemic-related supports, programs and services may be available to Nation members living within the swiya.
2. The provision of pandemic-related supports, programs, and services – including the scope of service and eligibility criteria – may be influenced by factors including, but not limited to:
    a. External funding guidelines and requirements
    b. The scale and potential impact of the communicable disease emergency on the community
    c. Identified community needs and emerging priorities
    d. Availability of Nation resources, including staff, volunteers, funding, PPE, and other essential supplies, etc.

6.9.1 Emergency Self-isolation Accommodation

1. The Nation will establish emergency self-isolation units for individuals and/or families who are unable to safely self-isolate at home and are:
    - at risk of severe illness
    - symptomatic and awaiting assessment and/or test results
    - under public health order to self-isolate due to recent travel or close contact with someone with a confirmed or probable case of the disease
2. The Nation's Social Development department will manage the emergency self-isolation units, including:
    - Working with health partners and EMBC to anticipate the number of units potentially required
    - Conducting registration for emergency self-isolation accommodation, including referral to other agencies/housing providers as required. This includes conducting a comprehensive needs assessment to ensure community members are appropriately supported through the self-isolation period.
    - Working with the EOC Public Works Branch Coordinator to ensure thorough cleaning of units between occupancies
    - Working with the Nation health team to ensure appropriate health and safety protocols are in place and risk of exposure is minimized
    - Ensuring respect of community member's privacy and protection of data

6.9.2 Non-medical Self-isolation Support

1. Wherever possible during a communicable disease emergency, community members are encouraged to support family members and neighbors who are self-isolating, including Elders, those at risk and those under public health orders to self-isolate. The Nation will work with families and caregivers to provide support and information on how to safely provide care for someone who is self-isolating.
2. If a community member is self-isolating and does not have access to family or community support, Nation staff and volunteers will provide services to address non-medical support needs such as:
    - Phone or virtual visits/check-ins
    - Meal preparation and delivery
    - Grocery shopping and delivery
    - Prescription pickup and drop off
    - Delivery of harm reduction supplies
    - ➢ Note: Home health, home care and homemaking services will continue to be provided for eligible community members when it is deemed safe to do so for both clients and staff. These services may be stopped based on advice/recommendations from the PHO.
3. Due to privacy laws, health care providers and other support agencies will not notify the Nation about community members who have tested positive for a communicable disease, are in self-isolation and/or who may be in need of additional supports. Therefore, if a Nation member would like to access additional supports, they hold responsibility for requesting services from the Nation and/or providing written consent to other health and social service providers to share their information with the Nation.

See **Appendix I: Self-Isolation Support Pathway for Community Members**

6.9.3 Food security

1. During a pandemic, food systems can be disrupted, and this may lead to food security challenges for local communities. The Nation will implement programs and services to support food availability and food access for Nation members. Examples include:
    - Delivery of groceries and/or prepared meals to individuals and families who are otherwise unable to access them
    - Bulk purchasing and distribution of dry good and traditional foods for community members
    - Implementing a Good Food Box program
    - Community harvesting and sharing of traditional foods and plant medicines
    - Virtual cooking and food skills training in dehydrating, smoking, deer skinning/butchering, fish cleaning, canning, stews, growing fruits and vegetables, pickling, etc.
    - Creation of paid community food positions to fish, hunt, dig or harvest food for the broader community

6.9.4 Emergency Financial Support

1. The economic impact of a pandemic may be widespread and is likely to directly affect Nation members who may be facing temporary loss of jobs and income as well as increased cost of living. The Nation may put into place emergency financial support measures for eligible community members to ensure they do not encounter additional barriers. The measures may include:
    - Income Assistance top-up payments for eligible clients
    - Direct disbursement payments to eligible Nation members
    - Supporting community members to apply for and access additional external benefits that they may be eligible for.

6.9.5 Education support

2. During a pandemic, childcare programs, schools, and post-secondary institutions may close temporarily or shift to alternate modes of instruction (e.g. remote or hybrid learning). The Nation's Education Department will support shíshálh Nation students and their families to continue to meet their educational goals during the pandemic by:
    - Collaborating with School District 46 on delivery of meals, resources and technology to students as needed
    - Expanding the Nation's technology grant to ensure elementary, secondary, and post-secondary students are able to purchase devices needed to learn from home
    - Increased one-to-one support from Education Case Managers or volunteers to support students with learning
    - Development and distribution of Activity Packs including activities and supplies for home-based play and learning
    - Virtual and/or outdoor land-based early years programming such as circle time, Aboriginal Head Start, parenting circles, etc.
    - Development of Nation-run, land-based learning circles for school-aged children

6.9.6 Child, youth, and family support

1. During a pandemic, parents, caregivers, and children are likely to face increased or new challenges. Cancellation of community events and gatherings, cancellation of in-person programs and services, physical distancing measures and closure of schools, child care programs and workplaces will impact community and family life and may affect the ability of children, youth and families to access the supports they need.
2. The Nation will work with families and caregivers to ensure supports are in place to help them and their children navigate the various phases of the pandemic and to ensure children and youth remain safe and cared for. The Nation will provide:
    - Virtual or phone-based one-to-one family and parenting support
    - Increased/enhanced virtual youth outreach
    - Virtual and/or outdoor land-based programming for children, youth, and families
    - Referrals and support accessing additional supports (e.g. counselling)
    - Emergency child welfare and protection supports

6.9.7 Traditional healing / cultural wellness

1. During a communicable disease emergency, supporting the cultural health and wellbeing of community members will be a key priority for the Nation. Existing programs and supports will be modified / adapted to be delivered virtually and additional supports will be offered to those self-isolating and the community as a whole. Examples include:
    - Virtual language learning
    - Singing and dancing
    - Cultural workshops
    - Harvesting medicine

6.9.8 Mental Health and Substance Use Support

1. During a pandemic, community members are likely to feel worried and overwhelmed. The Nation will devote additional resources to support mental health and wellbeing. Examples include:
    - Promotion of resources available online/virtually
    - Enhanced outreach and support to youth, families, Elders and those self-isolating

2. CDE public health measures such as physical distancing and staying home may have unintended consequences for people who use substances. People may be less likely to access harm reduction services and supports and may be using alone when they otherwise might not. To support the safer use of substances during a communicable disease emergency, the Nation will provide enhanced supports such as:
    - Delivery of harm-reduction supplies
    - Distribution of cell phones to people who use alone
    - Local peer support hotline
    - Outreach and one-to-one support
    - Provision of harm-reduction supplies
    - Virtual/phone/text-based services

6.10 Continuity of Essential Services

1. Recognizing that employees may be fearful during a communicable disease emergency, the Nation has both a legal and moral obligation to continue to provide essential services for our clients and members. During a CDE event, the Nation will continue operations using the prioritization of services identified below and within the **Business Continuity Plan**.
2. Each department will be responsible for developing strategies that will lead to the maintenance of essential services (to the best of their ability) and to ensure support services can be provided to community members during the emergency. Ssenior leadership will consider the specific circumstances of each department
3. In the event of a severe outbreak, the Nation may need to limit the programs and services it provides. Non-critical health, social support and wellness programs may be significantly reduced, consolidated, or suspended completely. Staff members who are able to report to work may be assigned other work to assist with essential service delivery as required (see below)
4. Wherever possible, essential service delivery will be modified to eliminate or minimize direct client contact. When physical and/or physical distancing strategies are not practical, some essential staff such as nursing staff, home care support, mental health and substance use workers, and those involved in essential supply delivery, will still be required to attend work, and in some situations, continue face-to-face and/or in-home client contacts.
5. From a health and safety perspective, the Nation will be proactive implementing and maintaining reasonable precautions based on public health guidelines and organizational hazard risk mitigation policies and procedures relative to each specific CDE situation to both reduce the risk of exposure to essential service staff and ease their concerns about contracting a CDE related illness while doing their jobs. These risk-reducing strategies will be based Health Agency guidelines as well as based on the principles of the Hierarchy of Hazard Control (see below), which includes proper training in and use of any required Personal Protective Equipment (PPE).
6. Department managers and/or EOC Branch Coordinators maintain responsibility for ensuring for ensuring appropriate supports are in place to address the social, emotional, psychological and physical needs of the Nation's essential service workers. Ensuring these supports are in place will enhance the resiliency of essential services staff and minimize the short- and long-term psychosocial implications for workers of the primary (e.g. medical) and secondary consequences (e.g. social or economic) of a large-scale CD outbreak or other public health emergency.

6.10.1 Essential processes, operations and functions:

1. Each department is responsible for developing strategies that will allow them to continue to provide essential services to Nation community members and clients. Each department must determine:
    - What essential service(s) they provide
    - The minimum personnel required to maintain these services
    - What technology is required to support these services
    - How long they can go without providing this essential service

- Training and experience necessary to perform essential service
- Whether the service can be performed remotely
- Location of vital documents/information necessary to perform essential service
- Supplies necessary to perform essential service
- Dependencies on other internal departments to perform essential services
- Priority of essential service (can some services be suspended to provide support to a more critical service)

Division	Department	Critical function/services
Community Services	Health	• Nursing services • Health benefits administration • Elder support
	Education	• ETAPS benefits administration • Case management • Child, youth and family outreach
	Social Development	• Income Assistance administration • Crisis response (CFS, MHSU)
	Wellness & Recreation	• Art therapy • Youth outreach
Professional Services	Human Resources	• Emergency redeployment, recruitment, hiring, etc. • OHS concerns
	Finance	• Payroll • Accounts payable • Benefits distribution
	Governance	
	IT	• Access to email • Organization data • Applications (e.g. Xyntax, RTS)

	Communications	• Communication planning and coordination
		• Delivery of information to staff, community members and partners
		  ○ Digital communications
		  ○ Public education and awareness
		  ○ Situational awareness briefs
		  ○ Public alerts / notifications
		• Media relations

Infrastructure & Government Services	Lands	• Revenue generation (residential and leasing collection)
	Housing	• Continuity of critical services for homeowners (e.g. sewer, hydro, water, etc.)
	SIGD	• Essential municipal government functions (sewer, water, road repair, etc.) • Essential functions as per SIGD 72-hour plan
	Operations	• Janitorial services for Nation buildings and public spaces • Security • Emergency infrastructure repairs • Road closures • Maintenance of hand hygiene stations

		• Purchasing for emergency IPAC supplies, PPE, etc. for all Nation facilities
Stewardship & Territorial Land Management	Rights & Title	
	Resource Management	
	Protector of Culture	

6.10.2 Essential Services Hiring and Staffing

1. The overarching goal of the essential service strategy is to maintain adequate level of essential services with the Nation. This may mean:
    - a reallocation of staff due to a decrease in activities within certain departments or a need to maintain essential services within others.
    - hiring/contracting additional human resources to provide supplementary services essential to establishment and operation of the EOC and overall response.
    - recruiting volunteers to facilitate the delivery of essential services
2. If staff are redeployed outside of their primary department, Department Mangers will ensure any critical job functions are still completed through the assignment of applicable staff as identified in the **Backfill and Redeployment Plan**.
3. If needed, the Nation will implement an expedited hiring process to fill essential positions where individuals are vital ensuring the continued delivery of essential services.
4. When requesting additional staffing resources, required skill sets will need to be discussed to determine the solution (re-assignment or recruitment).
5. The EOC HR Coordinator and Operations Section Chief and/or Branch Coordinators will be responsible for:
    - Identifying and selecting qualified persons for necessary roles
    - Engaging in discussions to inform selected individuals of the need for them to provide alternate services
    - Completing necessary documentation for reassignment, hiring and/or volunteer recruitment
    - Conducting safety and training orientations as needed
6. In the event that existing Nation resources and/or other local systems become overwhelmed, addition or new human resources may be needed for the following purposes:
    - Traditional Health Support
    - Home care / community care
    - Reception and telephone information services
    - Food services
    - Security
    - Mental health support / spiritual care
    - Transportation
    - Essential community services (water, sewer, garbage, janitorial services, road maintenance)
    - Child protection / family support services
    - Essential materials management
    - Drivers
    - General service / support workers
    - Other priority services identified based on the circumstances
7. The Nation's Membership Clerk will maintain a community database of potential substitute essential service workers who may be called if demand for essential services exceeds the resources available. Information will be drawn from the bi-annual Community Strength Inventory.

8. The Nation's HR and ETAPS Departments share responsibility for updating staff training and skills within [what program] so that staff can be effectively redeployed as needed and accordingly with their skill set.

Related Documents:

- shíshálh Nation Business Continuity Plan
- Modified Essential Service Delivery Guidelines
- Modified Essential Service Delivery Model

6.11 Infection Prevention and Exposure Control Measures

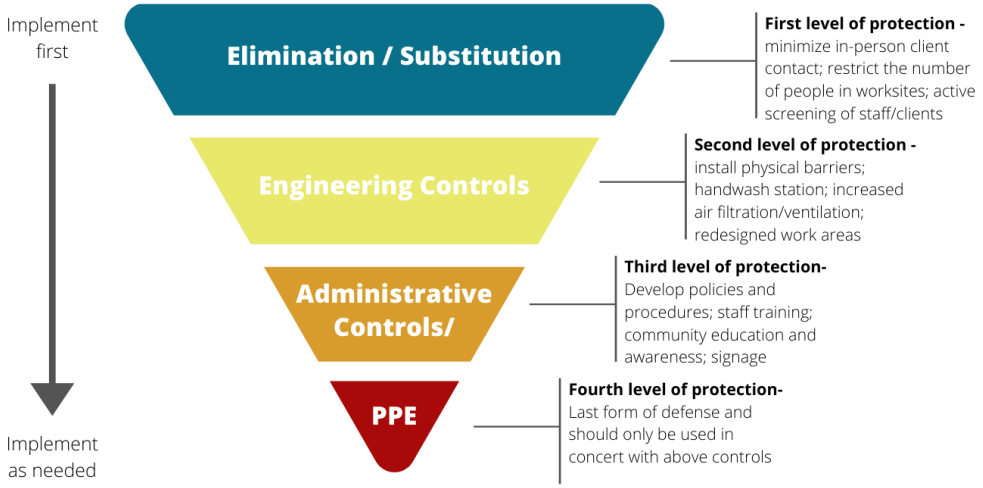
1. Employers are required by law to ensure that work is being conducted safely, and to protect their workers from all work-related hazards, including exposure to infectious diseases. Section 115 of the Workers Compensation Act specifies that employers are not only responsible for their own workers, but also for any other workers who may be present at their workplace. This is a strong consideration within the Nation's Essential Services Strategy, Business Continuity Plan and Restart Plan.
2. Implementation of infection prevention and exposure control protocols help create a safe environment for essential service workers and patients/clients. A hierarchy of infection prevention and exposure control measures for communicable disease describes the measures that can be taken to reduce transmission and protect workers and patients/clients (see below). Protocols at the top are more effective and protective than those at the bottom.
3. Wherever possible, shíshálh Nation will implement protocols that offer the highest level of protection and add additional protocols as required.
4. Each department must have written measures and procedures for staff safety including infection prevention and control. These must be easily accessible to staff and opportunities/resources for education will be provided.

6.11.1 Hierarchy of Hazard Controls

The application of the following hierarchy of hazard controls is a recognized approach to the containment of hazards, including health hazards and is fundamental to occupation health and safety for essential service workers.

1. **Elimination and Substitution** are considered the most effective means in the hierarchy of controls. However, they are often not feasible to implement within all health care settings. Examples include meeting with clients/patients via phone, video calls, telehealth, etc.
2. **Engineering and System Control Measures** help reduce the risk of exposure to a pathogen or infected source hazard by implementing methods of isolation or ventilation. These measures work to reduce exposure by isolating the hazard from the worker and by implementing physically distancing actions to reduce the opportunity for transmission. These changes are favoured over other because they make permanent change that reduce exposure and do not rely on staff or client/patient behaviour. Examples include installing barriers such as plexiglass between staff and clients and ensuring appropriate ventilation.
3. **Administrative Controls** aim to reduce the risk of transmission of infection to staff and patients/clients through implementing policies, procedures, training and education with respect to infection prevention and control. Examples include active and/or passive screening of staff and visitors, limiting the number of staff who must be at work at one time or in one specific location, cleaning protocols, immunization, etc.
4. **Personal Protective Equipment (PPE)** controls are the last tier in the hierarchy of hazard controls and should not be relied upon as a stand-alone primary prevention program. Nation leadership plays a critical role in ensuring staff have access to appropriate PPE for the task to be performed, and the necessary education/training to ensure competency on the appropriate selection, use, maintenance and disposal of PPE. Examples of PPE include gloves, gowns, facial protection and/or eye protection.

FIGURE 4: HIERARCHY OF HAZARD CONTROLS



Service specific IPAC measures for Essential Service Delivery are detailed in the Nation's **Modified Essential Service Delivery Guidelines**

7. Recovery

1. The post-CDE phase occurs where there is a normal rate and severity of the communicable disease in Canada (or affected region in the case of an epidemic or localized outbreak). After the emergency is over, Nation will work together to recognize the losses, celebrate the community's resilience, and begin the healing process.
2. During the recovery stage, the primary focus of Nation leadership and staff will be to:
    - Deactivate response activities
    - Review the impact of response activities
    - Use lessons learned to guide future planning activities
    - Resume programs and services that were impacted by the CDE response
    - Address long term health and wellness needs of the community
3. During the recovery stage, priorities for individuals and families include:
    - Creating opportunities for their family/households to debrief and mourn losses
    - Engage in community dialogue to support evaluation of the response and future planning

7.1 Deactivation of CDE Response Plan

1. Once the communicable disease emergency has been declared over, the Nation will take the following actions to deactivate the plan:
    - Stand down the EOC
    - Prepare a statement for release to community members, staff, and stakeholders
2. At this stage, Department managers will be responsible for:
    - Evaluating staffing levels and determining areas of shortage
    - Assessing remaining and restocking PPE and essential supply inventories to normal levels
    - Evaluating the effectiveness of the departmental response (see below)

7.2 Resumption of Services

1. Resumption of Nation programs and services may begin with adaptions to health and safety protocols prior to the emergency being declared over
2. Protocols for returning to "business as usual" will be determined in accordance with the Nation's **Business Continuity Plan** and in consultation with public health officials.

7.3 Debriefing

1. There will be intensive debriefing for staff and community members in the aftermath of a CDE situation.

7.4 Ceremony

1. In the weeks following the emergency, Nation leadership will work with Chief and Council, Elders, knowledge keepers and the community to determine ways to collectively mourn and perform community ceremonies for any losses.
2. The community will also be consulted and involved in planning of gatherings to celebrate community resilience.

7.5 Evaluation and Lessons Learned

1. Following a communicable disease emergency, it will be important to evaluate the plan and document collective learnings
2. The Nation's Community Services Division will lead the process to bring community members together to assess the capacity of the community to respond to crisis and address the following questions
    - What are the lessons learned?
    - What dependencies have been created from the pandemic (i.e. technology)?
    - What are our strengths/weaknesses?
        - How do we build on the former and eliminate/reduce the latter?
        - What capacities have been built?
        - Which unknown assets have come to light?
    - What has changed that we do not want to lose?
    - What are our demonstrated "needs-based" long-term objectives?
3. Departments managers will be responsible for bringing staff teams (and clients/participants as applicable) together to evaluate departmental responses and document lessons learned.
4. Once the Nation has resumed regular options and addressed all immediate needs related to recovery, the CAO will oversee the development of a Lessons Learned report. The Report will be shared with Chief and Council, staff, and community members.

7.6 Cost recovery

1. Once the Nation has returned to a state of "business as usual", the Finance Department will work with senior managers/department managers to tabulate costs and seek reimbursement for eligible costs from funders, provincial and federal partners, etc.
2. The Nation's Finance department will work with senior managers to present a consolidated report to Chief and Council on the total economic cost of the emergency to the Nation. These costs will also be reported out to the community.

8. Glossary

8.1 Acronyms/Abbreviations

BCAS	BC Ambulance Service
BCCDC	BC Centre for Disease Control
BC EHS	BC Emergency Health Services
CDE	Communicable Disease Emergencies
CHN	Community Health Nurse
DoS	District of Sechelt
EMBC	Emergency Management BC
EOC	Emergency Operations Centre
FNHA	First Nations Health Authority
HLTH	BC Ministry of Health
ICS	Incident Command System
ISC	Indigenous Services Canada
MCFD	Ministry of Children and Family Development
MHO	Medical Health Officer
PHAC	Public Health Agency of Canada
PHO	Provincial Health Officer
PHN	Public Health Nurse
VCH	Vancouver Coastal Health Authority
WHO	World Health Organization

8.2 Definitions

"Activation" means the implementation of procedures, activities and emergency plan in response to an emergency event or disaster

"Antiviral" means drugs used for the treatment of certain viral infections. These drugs reduce symptoms, shorten the duration of the illness and could reduce serious complications. They may be used for prevention or prophylaxis.

"Business Continuity" means an ongoing process support by shíshálh Nation and SIGD senior administration 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

"Community-based measures" means public health measures that apply to settings where the public gathers, like congregate living settings, businesses and workplaces, child and youth settings, community gathering spaces or settings, outdoor spaces and public transportation.

"Emergency" means 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 environment.

"Essential service" means those services deemed critical for maintaining the core services and function of the shíshálh Nation.

"Chief and Council" means the governing body of the shíshálh Nation, elected in accordance with the Nation's constitution.

"Client" means any individual accessing services or supports through the shíshálh Nation

“Community member” means any individual who is normally resident on shíshálh Nation lands as well as shíshálh Nation members living within the swiya.

“Disaster” means a social phenomenon that results when a hazard intersects with a vulnerable community in a way that exceeds or overwhelms the community’s ability to cope and may cause serious harm to the safety, health, welfare, property or environment of people.

“Nation leadership” means members of shíshálh Nation leadership team, including Senior Managers, Department Managers, team leads and any staff holding the role of “staff in charge” during the CDE response.

“Pandemic Influenza” means the worldwide spread of a new influenza (flu) subtype. It is different from a regular flu outbreak or epidemic because it affects a wider geographical area and more people – it is usually a global outbreak - and can lead to an increase in severe illnesses and deaths.

“Surveillance” means a process of ongoing collection, analysis, interpretation and dissemination of health-related data and information to guide the public health response to a communicable disease outbreak or emergency.

“Swiya” means the traditional territory of the shíshálh people, lying between Queens Reach in Jervis Inlet and Howe Sound on the south coast of British Columbia.

“Recovery” means activities and programs designed to return conditions to a level that is acceptable to the organization/community.

“Resilience” means the capacity of a system, community or society potentially exposes 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” means the likelihood of an event occurring multiplied by the consequences of that event, were it to occur. Risk = likelihood X consequences.

“Response” means activities designed to address the immediate and short-term effects of the disaster/emergency event

“shíshálh lands” or “Nation lands” means lands transferred to shíshálh Nation pursuant to the *Sechelt Indian Band Self-Government Act*

“shíshálh Member” or “**Nation Member”** means a person who is entitled to be entered into the Sechelt Band List in accordance with the membership code established in the Nation’s constitution.

“Staff” means any person hired by shíshálh Nation for a term on an indefinite basis pursuant to a contract of employment, whether on verbal or written terms. For the purpose of this plan, staff may also mean independent contractors retained by the Nation.

“Stakeholder” means an individual agency, local municipality, Department and or health authority who has interest in or investment in the community and who is impacted by and cares about how the emergency turns out

“Touch point” means any surface that can be touched by bare hand by multiple people, multiple times.

9. Appendices

9.1 Attached Appendices

A. Distribution List
B. Emergency Declaration
C. CDE EOC Organizational Chart, Roles and Contact Information
D. Delegation of Emergency Powers Matrix
E. COVID-19 Support Pathways
F. Health Authority Responsibilities
G. CDE Communication Flowchart
H. COVID-19 Care and Communication Pathway
I. Self-Isolation Support Pathway for Community Members
J. COVID-19 Resource Links

9.2 Appendices stored on company file

- Departmental Responsibilities and Action Plan
- Modified Essential Service Delivery Guidelines
- Backfill and Redeployment Plan
- Business Continuity Plan
- shíshálh Nation Community/Health Services Operational Guide for Implementation of the Managed Alcohol Program (MAP)

IT IS HEREBY RESOLVED BY COUNCIL THAT: On the 9 day of December,2020 that shíshálh Nation Chief and Council adopt the Communicable Disease Emergency Plan policy for the Community Services Division.

shíshálh Nation Chief & Council

hiwus Warren Paull

hewhiwus Corey August

hewhiwus Selina August

hewhiwus Barbara Joe

hewhiwus Alvina Paul

Appendix A: Distribution List

Nation Leadership and Staff

- Chief and Council
- Senior Management
- Department Managers
- All staff (via electronic platform/company drive)
- Community members (via Nation website or hard copy available at CMS building)

Health Authority Partners

- **Vancouver Coastal Health**
    - Director of Health Services, Sunshine Coast
    - Local Medical Health Officer, Sunshine Coast
    - Executive Director, Aboriginal Health
    - Aboriginal Health Lead
- **First Nations Health Authority**
    - Vancouver Coastal Regional Manager, Primary Care
    - Regional Executive Director
    - Vancouver Coastal Regional Manager

Municipal Government Partners

- Sunshine Coast Regional EOC Director

Provincial Partners

- Provincial Regional EOC Director

Federal Partners

- SGIG Table

Declaration of State of Local Emergency

ORDER

WHEREAS a global health pandemic known as coronavirus has occurred in the vicinity of the Sechelt Indian Government District;

AND WHEREAS in response to the extreme contagion or other risks;

AND WHEREAS this pandemic event emergency requires prompt coordination of action or special regulation of persons or property to protect the health, safety or welfare of people or to limit damage to property;

NOW THEREFORE:

IT IS HEREBY ORDERED pursuant to Section 12 (1) of the *Emergency Program Act* (RS, 1996, Chap 111) that a state of local emergency exists within the entire Sechelt Indian Government District boundaries in relation to the Global Pandemic that has occurred in the general area of the Sunshine Coast and potentially resulting in severe impact on the local economy and the well-being of the community;

IT IS FURTHER ORDERED THAT the Sechelt Indian Government District its employees, servants and agents are empowered pursuant to Section 13 (1) of the *Emergency Program Act* to do all acts and implement all procedures that are considered necessary to prevent or to alleviate the effects of the emergency, including:

- Acquire or use any land or personal property considered necessary to prevent, respond to or alleviate the effects of an emergency or disaster.
- Authorize or require any person to render assistance of a type that the person is qualified to provide or that otherwise is or may be required to prevent, respond to or alleviate the effects of an emergency or disaster.

- Control or prohibit travel to or from any area designated in the declaration within the local authority's jurisdiction.

- Provide for the restoration of essential facilities and the distribution of essential supplies and provide, maintain, and coordinate emergency medical, welfare and other essential services in any part of the local authority's jurisdiction.

- Cause the evacuation of persons and the removal of livestock, animals and personal property from any area designated in the declaration within the local authority's jurisdiction that is or may be affected by an emergency or a disaster and make arrangements for the adequate care and protection of those persons, livestock, animals and personal property.

- Authorize the entry into any building or on any land, without warrant, by any person in the course of implementing an emergency plan or program or if otherwise considered by the local authority to be necessary to prevent, respond to or alleviate the effects of an emergency or disaster.

- Cause the demolition or removal of any trees, structures or crops if the demolition or removal is considered by the local authority to be necessary or appropriate in order to prevent, respond to or alleviate the effects of an emergency or disaster.

- Construct works considered by the local authority to be necessary or appropriate to prevent, respond to or alleviate the effects of an emergency or disaster.

- Procure, fix prices for or ration food, clothing, fuel, equipment, medical supplies or other essential supplies and the use of any property, services, resources or equipment within any area designated in the declaration within the local authority's jurisdiction for the duration of the state of local emergency.

ORDERED by Chief Warren Paull , this date to remain in force for seven days until _____
(March 18, 2020 at 12 am) unless cancelled by order of the Sechelt Indian Government District or the Solicitor General.

_____

Chief Warren Paull

Head of local authority

Extension of Approval

For

State of Local Emergency

WHEREAS life and property remain at risk due to the Global Pandemic; known as the Covid-19 in the Sechelt Indian Government District

AND WHEREAS the Chief of Sechelt Indian Government District has requested authority to further extend the duration of the declaration of a State of Local Emergency due to expire on _____.**(date and time here)**

NOW THEREFORE:

IT IS HEREBY APPROVED pursuant to Section 12(6) of the Emergency Program Act (RS, 1996, Chap.111) that the Sechelt Indian Government District may extend the duration of a State of Emergency for seven days from _____.**(date and time here)**

APPROVED by the Solicitor General of British Columbia this date_____. **(date and time here)**

_____

(Incumbent Minister)

Solicitor General

Declaration of State of Local Emergency

CANCELLATION

Date: _____ (date here)

WHEREAS a Global Pandemic known as the Covid-19 occurred in the vicinity of the Sechelt Indian Government District

AND WHEREAS this Global Pandemic known as the Covid-19 no longer requires prompt coordination of action or special regulation of persons or property to protect the health, safety or welfare of people or to limit damage to property;

NOW THEREFORE:

IT IS HEREBY ORDERED pursuant to Section 14 (2) (ii) of the *Emergency Program Act* (RS, 1996, Chap 111) that a state of local emergency no longer exists in the vicinity of the Sechelt Indian Government District and is therefore cancelled effective this date at _____(hours here).

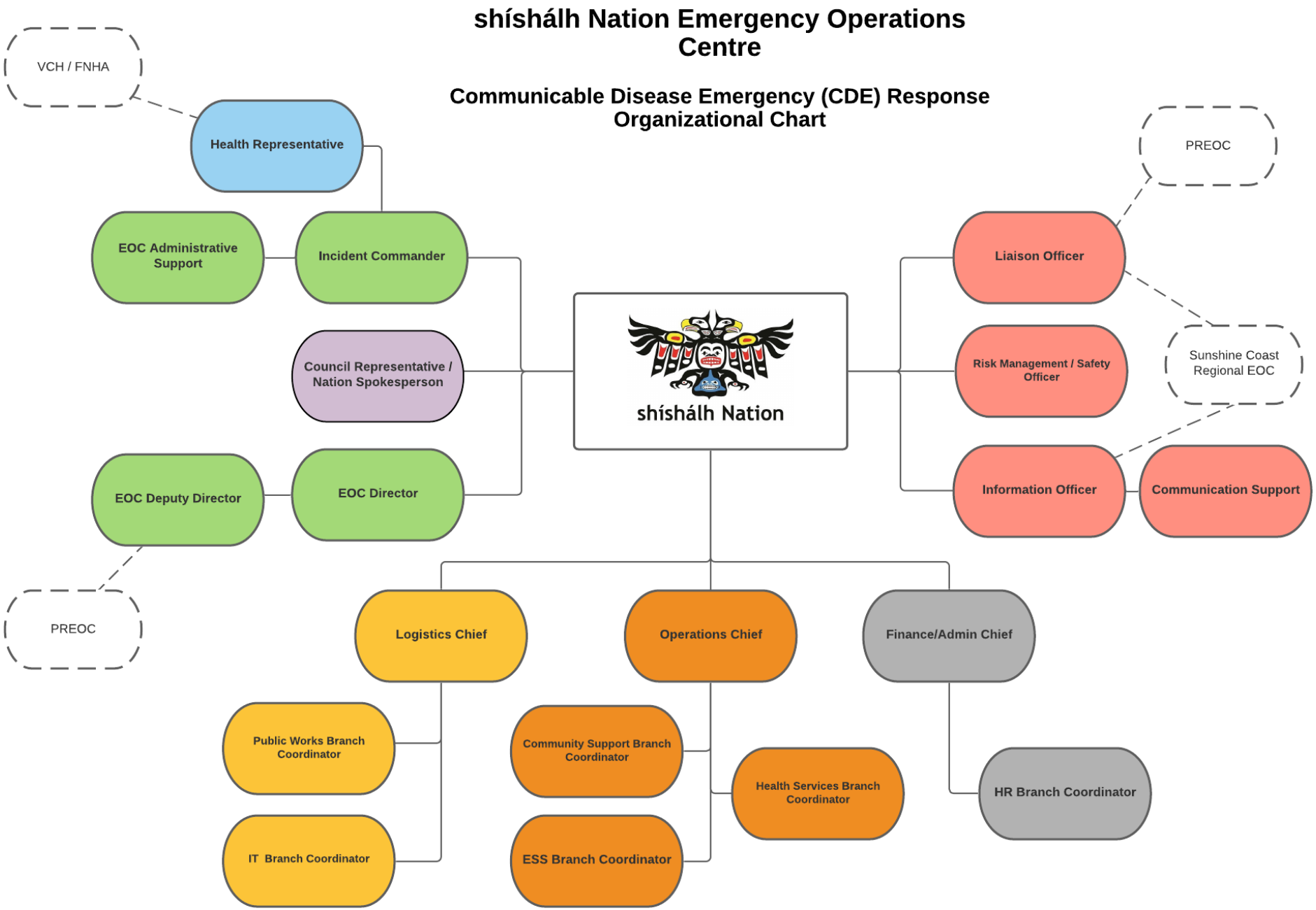
_____

Chief Warren Paull

Head of the Local Authority

_____

Signature


shíshálh Nation Emergency Operations Centre
Communicable Disease Emergency (CDE) Response Organizational Chart
VCH / FNHA
Health Representative
EOC Administrative Support
Incident Commander
Council Representative / Nation Spokesperson
EOC Deputy Director
EOC Director
PREOC
shíshálh Nation
PREOC
Liaison Officer
Risk Management / Safety Officer
Sunshine Coast Regional EOC
Information Officer
Communication Support
Logistics Chief
Operations Chief
Finance/Admin Chief
Public Works Branch Coordinator
IT Branch Coordinator
Community Support Branch Coordinator
ESS Branch Coordinator
Health Services Branch Coordinator
HR Branch Coordinator

EOC Roles & Responsibilities

Position	Responsibilities
EOC Director	▪ Overall responsibility for activation, coordination and demobilization of EOC ▪ Overall responsibility to ensure effective implement of CDE Response Plan ▪ Provide leadership to management and staff teams ▪ Approve response objectives and priorities ▪ Ensure sufficient support, policy advice and resources are made available in order to accomplish priorities ▪ Work with Incident Commander to assess immediate and long-term impacts and consequences
EOC Deputy Director	▪ Assume role of EOC Director in their absence ▪ Undertake special assignments at the request of the EOC Director and/or Incident Commander ▪ Ensure efficient and effective flow of information within the EOC ▪ Ensure resource requests are prioritized and tracked ▪ Work with Logistics Section Chief to implement SIGD 72 Hour Action Plan
Incident Commander	▪ Work with Section Chiefs to establish response objectives and priorities and monitor continuously to ensure appropriate actions are taken and modified as necessary ▪ Ensure appropriate staffing levels for the EOC are established and maintained to ensure organizational effectiveness ▪ Coordinate the CDE response according to Health Canada policies ▪ Ensure coordination of all efforts to prevent and control the spread of disease during a CDE ▪ Direct appropriate emergency public information in consultation with the Information Officer and work with Liaison Officer and Health Representative to ensure communications are established with appropriate assisting and cooperating agencies ▪ Work with Health Representative: forecasting and advance planning ▪ Collecting and evaluating information
EOC Administrative Support	▪ Provides EOC clerical support ▪ Maintains documentation and reports
Health Representative	▪ Provides direct input to the Incident Commander on unique aspects of communicable disease emergencies which differ from an All-Hazards Response ▪ Establish communication links with VCH, FNHA and Health Canada as required ▪ Provide advice on public health matters ▪ Provide authoritative instruction on health and safety matters to the community through the Information Officer
Nation Spokesperson	▪ Represent Council at EOC Meeting and in EOC decision making process ▪ Represent Nation in direct communications to community members ▪ Media interviews
Information Officer	▪ Coordination point for all community/stakeholder information, media relations and internal information sources ▪ Collect and validate information ▪ Ensure community/staff receive complete, accurate, and consistent information about public health advisories, relief and assistance programs and other vital information. ▪ Ensure organization has the capacity to receive and address community/staff/stakeholder inquiries
Communications Support	▪ Supports Information Officer: ○ Prepares/develops print communication materials ○ Manages incoming information / resources ○ Updates social media and Nation website ○ Coordinates media requests ○ Coordinates community meetings / virtual gatherings
Risk Management / Safety Officer	▪ In consultation with Health Representative, ensure appropriate risk management measures, including worker care strategies are instituted Oversee and make safety recommendations for all employees responding to the incident. ▪ Oversee and make IPAC recommendations to prevent the spread of infections during service delivery to both staff and clients.
Liaison Officer	▪ Along with Health Representative, act as point of contact for, and interaction with, representative from other agencies (e.g. local EOCs) ▪ Coordinate personnel for the EOC as required to ensure adequate EOC structure, and fill all necessary roles and responsibilities enabling the EOC to function effectively and efficiently

	▪ Assist and serve as an advisory to the EOC Director and Incident Commander as needed, providing information and guidance related to the external function of the EOC ▪ Work with Incident Commander and EOC Director to prepare reports as needed
Operations Section Chief	▪ Ensures daily essential services provided and that operational objectives and assignments identified in the EOC Action Plan are carried out effectively ▪ Directs operations and ensures safety of shíshálh Nation and SIGD staff ▪ Designate Branch Coordinators as necessary ▪ Functional Branches include o Health o Emergency Social Services o Community Support
Health Branch Coordinator	▪ Ensures continuity of essential services related to: o Home Support o Home making o Meals on Wheels o Medical Transport ▪ Work with Health Representative and Logistics Section Chief to ensure community members have access to available vaccines and/or antiviral medications
ESS Branch Coordinator	▪ Ensures continuity of essential services related to: o Emergency housing o Mental Wellness and Substance Use o Emergency child protection / family support o Income assistance and financial support
Community Support Branch Coordinator	▪ Ensures continuity of essential services related to: o Food security (purchasing and distribution) o Education support o Children and family support o Elder support o Non-medical self-isolation support o Social and cultural supports ▪ Volunteer Coordination
Logistics Section Chief	▪ Ensures resource support for the implementation and ongoing response (personnel, supplies, equipment, transportation) ▪ Section functions include: o Stockpile/inventory control and distribution o EOC support (facility, security) o Information technology o Public Works
Public Works Branch Coordinator	▪ Ensures continuity of essential services related to: o Janitorial services o Security o Roads and infrastructure o Water, sewer, hydro
Information Technology Branch Coordinator	▪ Ensure technology resources and services are available to maintain essential service delivery ▪ Determine specific technology requirements for EOC positions/operations ▪ Ensure technical personnel are available for communication equipment, maintenance and repair
Finance/Admin Section Chief	▪ Tracks all costs pertaining to the CDE response ▪ Section functions include: o Time recording o Procurement o Compensation and claims o Cost accounting
Human Resources Branch Coordinator	▪ Works with Operations Section Chief and Branch Coordinators to ensure necessary staffing to maintain EOC operations and essential service delivery ▪ Works with Information Officer and Communications Coordinator to develop communications to staff teams ▪ Works with Risk Management and Safety Officer to ensure effective implementation of IPAC controls in all worksites

EOC Contact Information

Team Member	Primary Contact	Backup Contact
EOC Director	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
EOC Deputy Director	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Incident Commander	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
EOC Administrative Support	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Health Representative	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Council Representative / Nation Spokesperson	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Information Officer	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Communications Support	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Risk Management / Safety Officer	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Liaison Officer	Name:	Name:
	Work #:	Work #:

	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Operations Section Chief	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Health Branch Coordinator	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
ESS Branch Coordinator	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Community Support Branch Coordinator	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Logistics Section Chief	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Public Works Branch Coordinator	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Information Technology Branch Coordinator	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Finance/Admin Section Chief	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:
Human Resources Branch Coordinator	Name:	Name:
	Work #:	Work #:
	Home #:	Home #:
	Cell #	Cell #
	Preferred Communication:	Preferred Communication:
	Position:	Position:

Appendix D: Delegation of Emergency Powers Matrix : CDE

Reference: ***BC Emergency Program Act Section 10***

Emergency Powers	Delegated To			
	EOC Director	**Deputy EOC Director**	**Operations Section Chief**	**Incident Commander**
Acquire or use any land or personal property considered necessary to prevent, respond to or alleviate the effects of an emergency or disaster.				
Authorize or require any person to render assistance of a type that the person is qualified to provide or that otherwise is or may be required to prevent, respond to or alleviate the effects of an emergency or disaster.				
Control or prohibit travel to or from any area designated in the declaration within the local authority's jurisdiction.				
Provide for the restoration of essential facilities and the distribution of essential supplies and provide, maintain and coordinate emergency medical, welfare and other essential services in any part of the local authority's jurisdiction.				
Procure, fix prices for or ration food, clothing, fuel, equipment, medical supplies or other essential supplies and the use of any property, services, resources or equipment within any area designated in the declaration within the local authority's jurisdiction for the duration of the state of local emergency.				
Enact community-based public health measures, including extraordinary measures, in any part of the local authority's jurisdiction. Extraordinary measures are those shíshálh Nation may enact during a CDE under a State of Emergency Order. These measures go above and beyond provincial and federal health guidelines and intended to keep the community safe and protect our Elders. • Shelter in place orders • Curfews • Travel restrictions for community members and/or Nation staff above and beyond those imposed by the PHO/CMHO • Mask requirements for Nation lands and buildings • Restricting access to Nation lands to residents only with exceptions for essential staff, screened community volunteers, approved contractors, and delivery companies				

Allocate emergency funding and make decisions regarding emergency funding disbursement.				
Impose temporary policies and procedures that may provide rental supplement, halt evictions or freezing rents, to support low/moderate income families from facing homelessness				

COVID-19 Support Pathways

AS INDIGENOUS COMMUNITIES PREVENT, PREPARE AND RESPOND TO THE COVID-19 VIRUS, the First Nations Health Authority, Emergency Management BC, and Indigenous Services Canada are coordinating to ensure services and resources are available and ready. This document outlines the supports that currently exist and the pathways to each.

WORKING TOGETHER—each organization is ready to help. If you're in doubt, please call your Provincial Regional Emergency Operation Center (PREOC) for assistance. For help outside of regular business hours, contact the Emergency Coordination Centre 24/7 emergency line at **1-800-663-3456**. This document is current as of May 7, 2020. Confirmation of most up to date services can be confirmed by the appropriate organization.

Working Together

IF IN DOUBT, please call your Provincial Regional Emergency Operation Center (PREOC), and they will assist. For assistance outside of business hours, please contact the Emergency Coordination Centre 24/7 emergency line: 1-800-663-3456.

Emergency Management BC

EMERGENCY MANAGEMENT BC (EMBC) is the provincial government's lead coordinating agency for emergency response to non-health related needs of COVID-19 impacts. This work is done in collaboration with local governments, First Nations, federal departments, industry, non-government organizations and volunteers.

For task numbers please contact the appropriate Provincial Regional Emergency Operations Center. EMBC has a 24/7 emergency line **1-800-663-3456**.

South West PREOC Telephone: 778 572-3962 Email: *preoc2.ops1@gov.bc.ca*	**Central PREOC** Phone: 250 371-5221 PREOC E-mail: *preoc3.ops1@gov.bc.ca*	**South East PREOC** Phone: 250 354-5914 PREOC E-mail: *preoc4.ops1@gov.bc.ca*
North East PREOC Phone: 250 614-6322 PREOC E-mail: *preoc5.ops1@gov.bc.ca*	**North West PREOC** Phone: 250 615-4800 PREOC E-mail: *preoc6.ops1@gov.bc.ca*	**Vancouver Island PREOC** PREOC phone: 1 250 952-4909 PREOC E-mail: *preoc1.ops1@gov.bc.ca*

For Incremental EOC or health capacity costs as outlined in Policy 5.13 or EMBC Financial Guidelines visit *https://tinyurl.com/y77fxq24*.

1. ACTIVATING EOC

Incremental costs associated with activating an Emergency Operations Centre (EOC) including activities related to planning, implementation or monitoring of any specific response actions or measures directed by the Province of British Columbia through the Public Health Officer or Emergency Management BC, or by federal counterparts in collaboration with First Nations governments within the Province.

- Feeding emergency response staff during an event.
- Renting EOC equipment, such as laptops.
- Facility rental, if the facility is not-owned by the First Nation or community. If no community owned facility is available, when approved by expenditure authorization form (EAF).
- Incremental overtime and reasonable benefits for essential services as defined by per contract or collective agreement terms and conditions.
- Incremental telephone and data services, including installation and operation while EOC is active.
- Incremental janitorial services or security.
- Purchase of EOC office supplies (under $100).

2. SUPPORTING ADDITIONAL HEALTH CAPACITY

- Changes to a facility required by the Health Authority (Temporary changes to plumbing, electrical, or other facility systems and their restoration to original condition when approved by EAF.
- Reasonable incremental cleaning (to meet Public Health Officer direction), security and support staffing costs for additional health capacity directed by a health authority.
- Rental of equipment/furniture as required by Health Authority and approved by EAF.
- Rental of a facility not owned by the local authority or First Nation, if no community owned facility is available, when approved by EAF.

3. MEASURES TO RESTRICT MOVEMENT OR OTHER DIRECTED ACTIONS

- When the appropriate medical health officer has ordered the closure, costs associated with contracting security personnel to monitor closures/restrictions, timeframe to be approved by EAF.
- *Bylaw Officers enforcement of Health Orders.* Incremental bylaw enforcement capacity – i.e. extra officers and/or overtime to patrol specific activities to be approved by EAF.

Emergency Management BC *(continued)*

- ***Shelter.*** Costs associated with short-term housing of vulnerable populations in shelter alternatives, including commercial accommodation, if directed by or with the written approval of public health officials (e.g. to comply with physical distancing). [governmental options, including direct support provided by BC Housing, non-government organizations, and Health Authorities must have been explored, and exhausted]. Temporary changes to plumbing, electrical, or other facility systems and their restoration to original condition when approved by EAF.

4. CONTINUATION OF LOCALLY ADMINISTERED ESSENTIAL SERVICES

- Backfilling essential positions where individuals are vital to fulfilling an EOC role.
- Incremental overtime for essential services, if no community owned facility is available, when approved by expenditure authorization form (EAF).
- Support for remote workers for essential services, including equipment rental (such as computers to support working from home). Case by case rental of 'incremental' and 'short-term' temporary upgrades may be approved based on demonstrated incremental need.
- ***Specialist workers.*** Contracting of workers with specialist skillsets where those specialists are unavailable or do not have capacity within the local government or First Nation, approved by EAF.
- ***Personal protective equipment (PPE).*** Incremental PPE for local government and First Nation critical infrastructure operators and essential service workers, under guidance of Public Health Officer (sewer, water, etc.).
- When serving a vulnerable population, where no other public facility exists, short-term rental of portable washrooms and hand washing stations to be approved by EAF.
- COVID warning signage: If the rationale and extent of the proposed signage is reasonable to the circumstances.

5. TRAINING, SUPPORTING AND EQUIPPING PERSONNEL

- ***Just-in-time training.*** Reasonable costs to provide role training required for new staff/volunteers to respond to COVID-19.
- ***Food delivery.*** Mileage reimbursement consistent with current provincial rates, and reasonable costs to contract an outside delivery service.
- ***Community-owned facilities to support vulnerable persons.*** Incremental cleaning and operating costs related to ensuring public facilities (public washrooms, shower facilities, additional security, etc.) remain open to vulnerable persons and the restoration to original condition afterwards.

First Nations Health Authority (FNHA)

During COVID-19, FNHA assists First Nations communities by continuing to provide health and wellness supports through these difficult times. To do this, FNHA provides education, resources and support to FNHA regions through various program areas, as well as Health Emergency Management expertise to regional, provincial and federal response structures.

Please visit *https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus* for important public health information.

Contact: First Nations communities are encouraged to work through their existing FNHA regional engagement pathways.

Available services include:

1. **COMMUNITY OR SERVICE PROVIDER LEVEL INFECTION PREVENTION AND CONTROL SUPPORT:**
   - soap
   - sanitizers
   - disinfectants
   - personal clinical supplies
2. **MEDICAL SUPPLIES AND PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTH CARE PROVIDERS[1]:**
   - Gowns
   - Gloves
   - Face Shields
   - Procedure Masks
   - N95 Respirators (Various models)
   - Alcohol Based Hand Rub
3. **HEALTH BENEFITS, INCLUDING MEDICAL TRANSPORTATION AND EMERGENCY TRANSPORTATION[2]:**
   - travel (air, ground and water)
   - meals
   - accommodations
4. **HEALTH HUMAN RESOURCES SURGE CAPACITY:**
   - As needed, work in partnership with communities to address surge capacity requirements related to public health and primary health care through planning and identifying appropriate solutions
5. **MENTAL HEALTH SERVICES AND CULTURAL SUPPORTS AS A COMPLEMENT TO COMMUNITY-BASED SERVICES:**
   - FNHA Mental Wellness & Counselling Support through Health Benefits
   - Indian Residential School (IRS) Resolution Health Support Program, offering emotional and cultural support
6. **ON A CASE-BY-CASE BASIS, ACCOMMODATION FOR SELF ISOLATION, TEMPORARY ADAPTATION OF COMMUNITY SPACE FOR SURGE CAPACITY:**
   - Temporary retrofit of existing community spaces
   - Trailers and other portable equipment
7. **COMMUNICABLE DISEASE EMERGENCY PLANNING AND PANDEMIC PLANNING:**
   - Support to Communities and Nations to assist in planning

1 PPE for non-health care providers in community is not available

2 High-risk individuals eligible for private ground transportation, such as taxi, and private accommodations, such as hotels.

Indigenous Services Canada – Emergency Management

INDIGENOUS SERVICES CANADA supports First Nations to prepare for and respond to emergencies such as Coronavirus (COVID-19). BC Region has implemented a whole-of-region team approach to triaging and responding to First Nation inquiries received through our COVID-19, Emergency Management and Band Social Development Worker Support phone lines and e-mail boxes.

All COVID-19 questions and requests for ISC should be directed to our COVID-19 e-mail address *aadnc.iscbccovid19.aandc@canada.ca*. For more information on COVID-19 and Indigenous communities, please visit *https://tinyurl.com/yb74ohuw*.

1. MAINTAINING ESSENTIAL SERVICES

BC Region staff are responsible for implementing the Region's Business Continuity Plan and working with First Nations to ensure they and their members have uninterrupted access to essential ISC programs and services in areas such as emergency management, social programs, environmental remediation, operation and maintenance of critical infrastructure and other initiatives such as Jordan's Principle.

2. DELIVERY OF CORONAVIRUS PROGRAMS AND RELATED FUNDING

2.1) In March 2020 ISC advanced Income Assistance – Emergency/Disaster Supplement and Emergency Management Assistance Program funds to all First Nations in BC to ensure funds were on hand to address immediate needs.

a) Income Assistance – Emergency/Disaster Supplement
The Emergency/Disaster Supplement can provide additional support for:

- family units that are eligible for income assistance, disability assistance, medical services or hardship assistance;
- children in the home of a relative if the individual/family requires the supplement to meet an unexpected expense or obtain an item unexpectedly needed due to the emergency; or,
- a family unit or person in the family that is unable to meet the expense or obtain the item because resources are not available to the family unit due to the emergency.

This support can help meet an expense or obtain an item to prevent imminent financial loss or danger to the physical health of any person in the family unit due to the emergency. Band Social Development Workers are asked to contact the ISC BSDW Policy Support Line at (toll-free) **1-888-440-4080** or *aadnc.tsdbsoutien-bsdwsupport-bc.aandc@canada.ca* if they have any questions.

b) Emergency Management Assistance Program
The Emergency Management Assistance Program assists First Nations to prepare for, respond to and recover from emergency events. Eligible costs include the following:

- incremental costs for Emergency Operation Centres (e.g., overtime, equipment rental);
- shipping of food or other necessities;
- continuation of essential services (i.e., that preserve life, health and basic societal functioning);
- social and cultural supports; or,
- costs to meet the needs of vulnerable persons in isolation who are unable to access usual support networks.

Questions related to the Emergency Management Assistance Program should be directed to **604-209-9709** or *bcaandc.do@canada.ca*.

2.2) Delivery of the Indigenous Community Support Fund
In April 2020 ISC provided Indigenous Community Support funding to all First Nations in BC to assist them prevent, prepare for and respond to COVID-19, providing the flexibility to address specific needs identified by communities and their members.

Indigenous Services Canada – Emergency Management *(continued)*

These funds are intended to support Indigenous communities to implement community-based solutions, such as the following:

- support for Elders and vulnerable community members;
- measures to address food insecurity;
- educational and other support for children;
- mental health assistance and emergency response services; and or,
- preparedness measures to prevent the spread of COVID-19.

2.3) In April 2020 BC Region also mirrored the Province of BC's $300 income assistance supplement for the months of April, May and June for Income Assistance program all clients. Additional funding was transferred to First Nations as required.

3. COMMUNICATION AND COORDINATION SUPPORT

a) ISC BC Region has implemented ongoing written communication with First Nations, participates in regular calls with the First Nation Leadership Council, FNHA and the Province of BC and has participated on or led a number of Webinars hosted by the First Nations Public Service Secretariat (FNPSS) and other partners. Copies of daily communications and past Webinars hosted by the FNPSS can be found on their website *https://fnps.ca/covid-19#webinars*.

b) ISC BC Region is maintaining ongoing contact with FNHA and EMBC to ensure we have coordinated approaches to supporting First Nations and to ensure that there is no wrong door when an inquiry is received. ISC BC Region strives to respond to all inquiries within a 48 hour window. Inquiries for ISC should be directed to the addresses noted above.

c) ISC BC Region is actively working with other federal departments through the British Columbia Federal Council to ensure approaches are coordinated and responsive to the needs of First Nations (i.e. Service Canada Outreach Support Centre for First Nations).

Appendix F: Health Authority Responsibilities

Communicable Disease Emergency Response

Emergency Management BC

- Lead coordinating agency for emergency response to non-medical needs
- Activate Provincial Regional Emergency Operation Centre (PREOC)
- Fund incremental costs associated with activating Nation EOC
- Support additional health capacity in community as directed by health authority
- Fund costs associated with measures to restrict movement or other directed actions
- Fund costs associated with continuation of locally administered essential services
- Training, supporting and equipping personnel

Indigenous Services Canada

- Support First Nations to prepare for and respond to communicable disease emergencies
- Implement Regional Business Continuity Plan and ensure communities have uninterrupted access to ISC programs and services
- Delivery of CDE programs and related funding
  - Income Assistance - Emergency/Disaster Supplement
  - Emergency Management Assistance Program
  - Indigenous Community Support Fund
- Communication & coordination support

Nation Leadership and Staff

- Develop, distribute and implement CDE Response Plan
- Establish & maintain shíshálh Nation Emergency Operations Centre (EOC)
- Implement community-based public health measures & extraordinary measures as necessary to protect the health and well-being of community members
- Maintain essential services within the community and work with community partners to ensure community members have access to critical supplies, services and supports
- Ensure regular, consistent communication with staff, clients and community members through all stages of the emergency
- Provide non-medical support to individuals and families affected by the emergency and work with health partners to ensure community members have access to culutrally safe and responsive services
- Support safe resumption of programs, services, community events, gathering and ceremonies
- Work with community members to create opportunities for celebrating resiliency and mourning collective losses

Community Members

- Care for own and family members' physical, mental, social and cultural health and well-being through all stages of the emergency
- Develop a plan for ensuring access to accurate information, food, medicine and essential supplies
- Stay informed, be prepared, follow advice of health care providers and adhere to personal and community-level public health measures
- Support Elders, medically vulnerable community members and those who may be ill and/or self-isolating
- Use strengths, skills and knowlenge to support planning, preparedness, response and recovery

Vancouver Coastal Health / MHOs

- Plan and implement the health system response to a CDE in the region
- Activate health authority EOC
- Develop & distribute public health messaging
- Restrict and monitor activities within the region that can potentially increase the spread of disease
- Lead data monitoring and testing efforts in the community
- Lead contact tracing and case management in the community
- Support health needs of community members who have tested positive and are self-isolating
- Provide additional supports as needed through VCH Aboriginal Health Team
- Coordinate immunization clinics once/if vaccines become available
- Ensure Nation retains decision-making and control and that meaningful collaboration occurs at all phases of emergency response

First Nations Health Authority

- Provide support to Nation in all aspects - clinical and practical - of response
- Provide communicable disease consultation, education, training and resources to Nation health staff
- Facilitate resource flow/relationships between Nation and federal/provincial partners
- Mental health and cultural supports for Nation staff and community members
- Infection Prevention and Control (IPAC) support for community and staff
- Ensure Nation health staff have access to adequate supply of medical supplies and PPE
- Work with Nation to address surge capacity requirements related to public health and primary health care

BC Ministry of Health / PHO

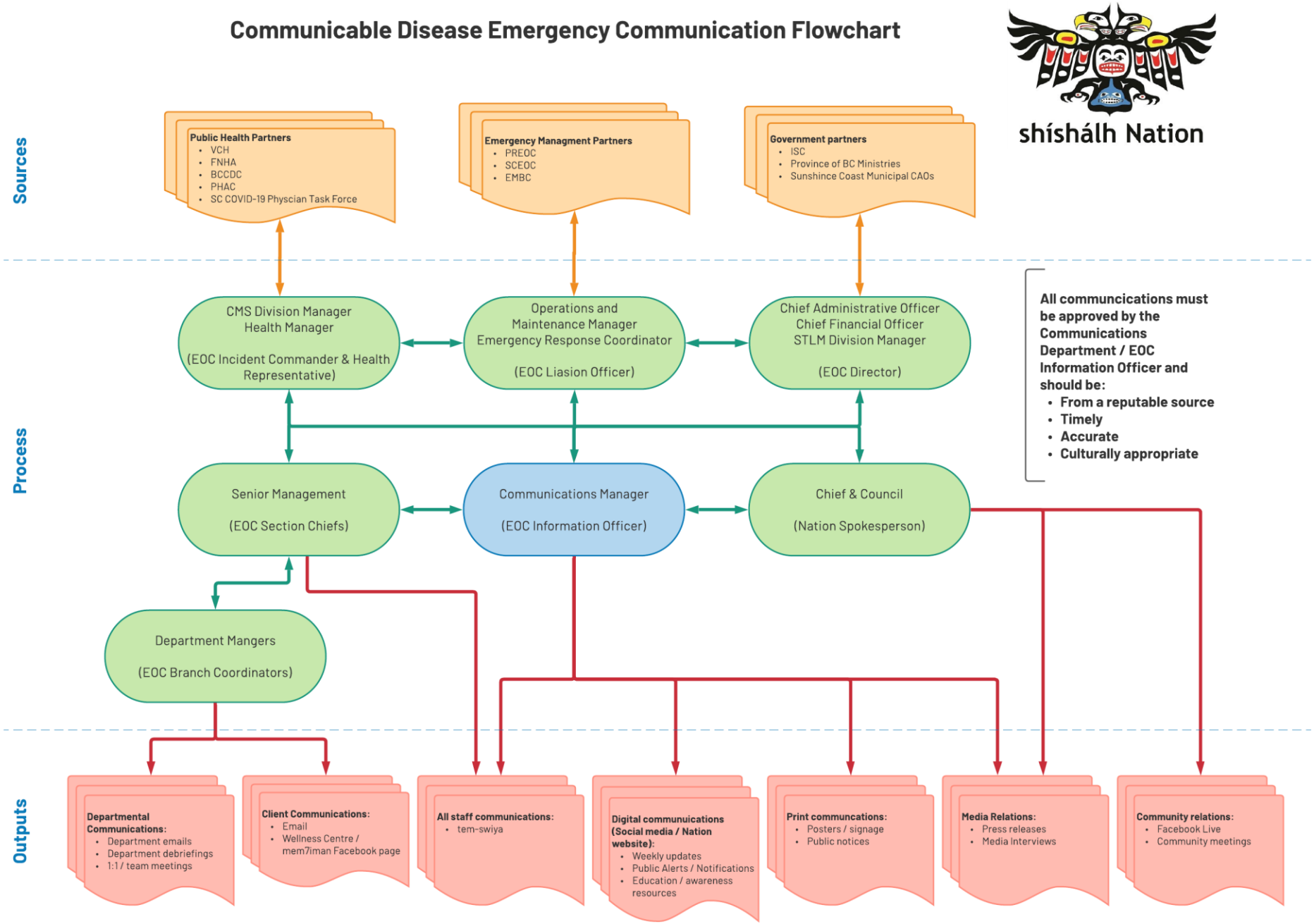
- Determine provincial response to communicable disease emergency
- Implement provincial CDE response plan in coordination with BCCDC and regional health authorities
- Activate Health Emergency Coordination Centre (HECC)
- Provide public health messaging and guidance

PHAC / Health Canada

- Facilitate coordination of overall federal, provincial, territorial response
- Facilitate access to surge capacity to support provincial response
- Facilitate acquisition of extra medical supplies
- Exercise powers under Quarantine Act to protect public health

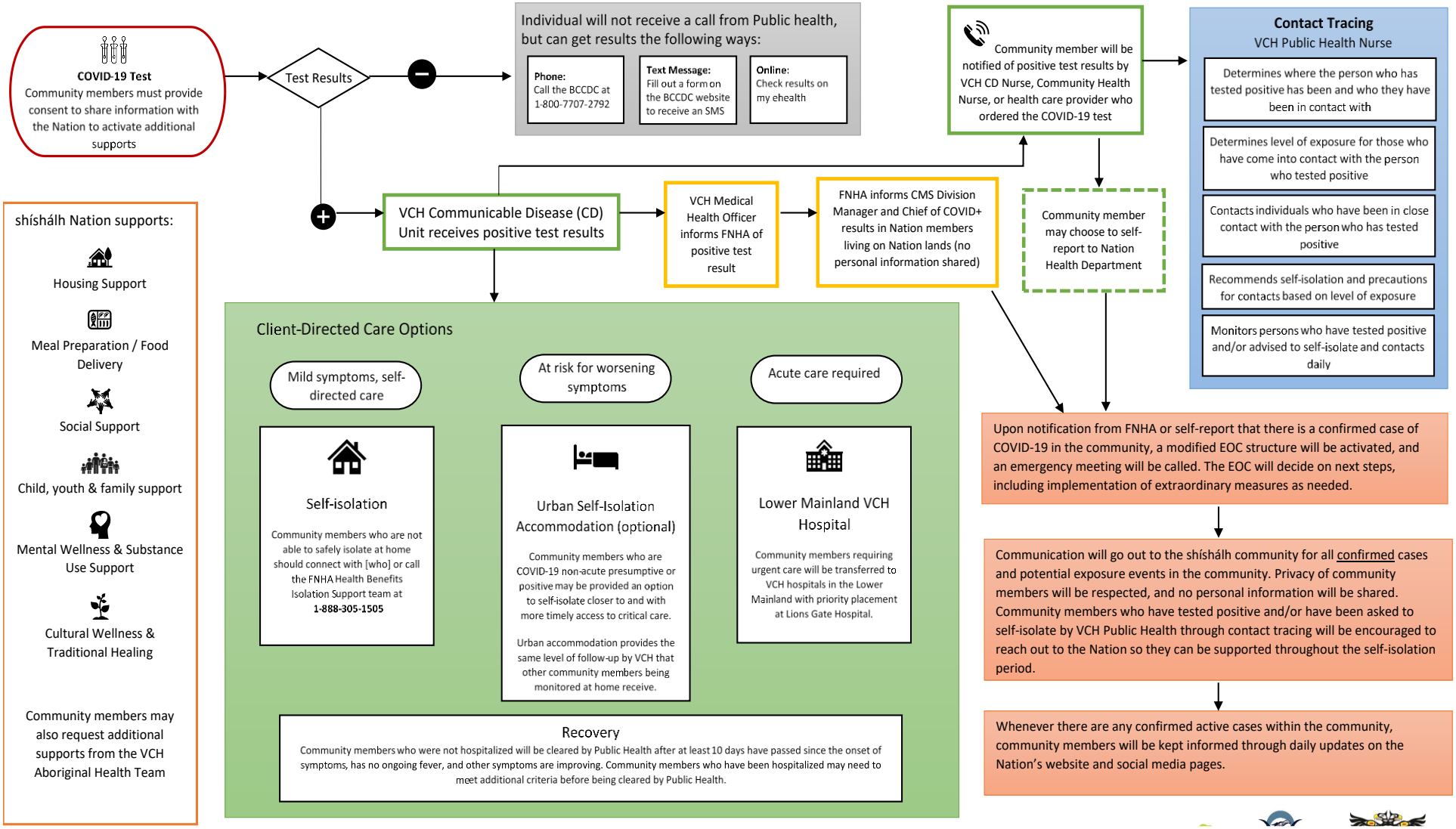
shíshálh Nation

Appendix G: CDE Communication Flowchart

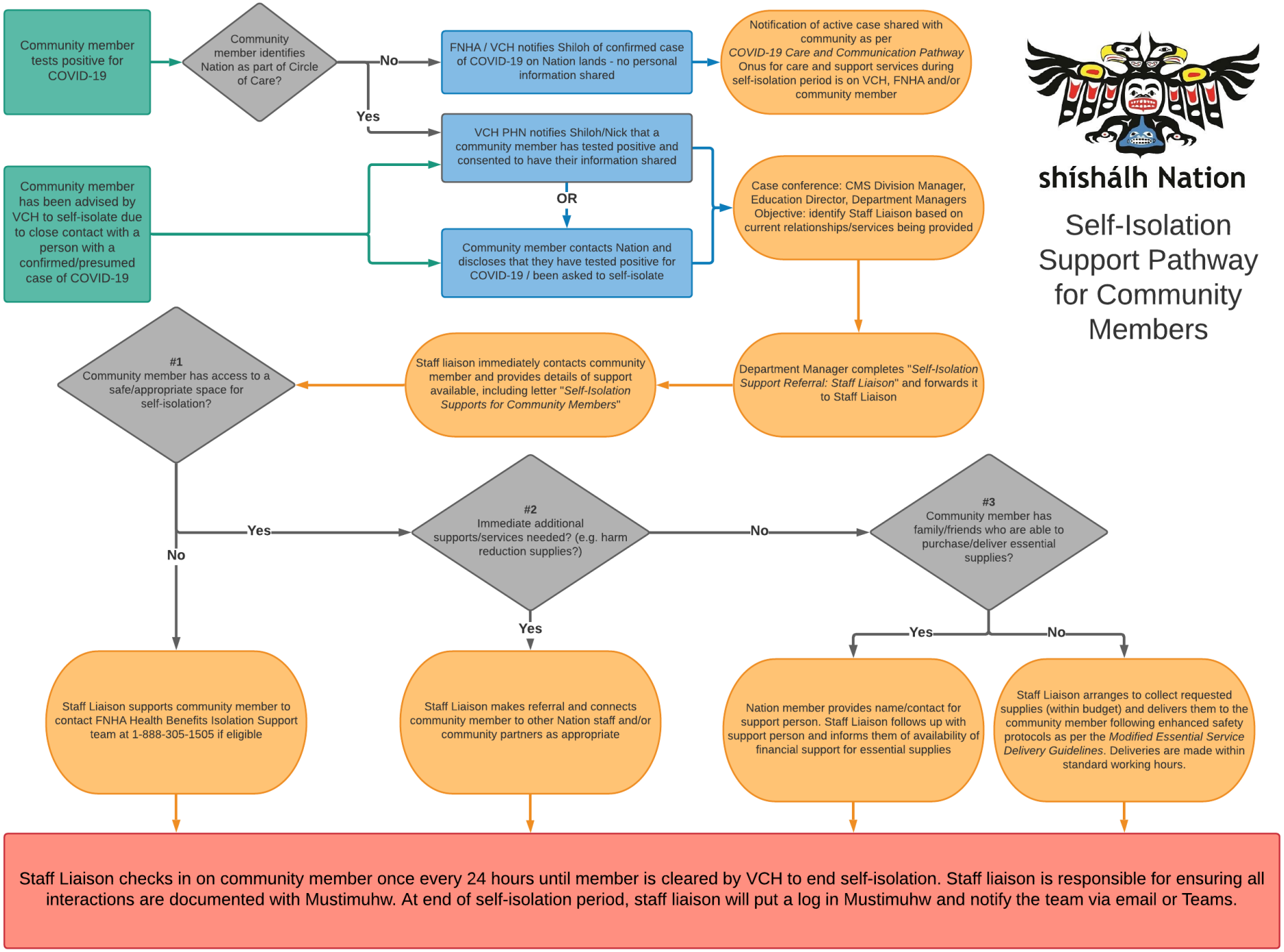


Appendix H: COVID-19 Care and Communication Pathway

Care & Communication Pathway for COVID-19 ~ shíshálh Nation



Appendix I: Self-Isolation Support Pathway for Community Members



Appendix J: COVID-19 Resource Links

Public Signage & Guides

- BCCDC - Self-isolation post COVID-19 testing
- VCH - How to self-isolate - Handout
- VCH - How to self-monitor - Handout
- VCH Guide for Caregivers and Household Members of those with COVID-19
- VCH - Do your part, stay apart - Physical distancing poster 11 x 17
- VCH - How to clean your hands - Poster
- FNHA - Handwashing signs
- FNHA - physical distancing poster
- Additional VCH shareable resources

Business Resumption Guides

- FNHA Services Resumption Guide
- Public health guidance documents (Recreational water, Restaurants, Personal Service)
- BCCDC Playground Guidelines
- Canadian Water and Wastewater Association COVID-19 fact sheet on safely re-opening buildings
- WorkSafe BC COVID-19 Returning to Safe Operation

Food Security & Funding Opportunities

- FNHA Food Security Planning Toolkit
- Northern Health Food Program Funding List
- McConnell Foundation Healthcare Needs Funds

Health Benefits

- COVID-19 Guide to Medical Transportation Benefits for Self-Isolation

Advanced Care Planning / Goals of Care

- FNHA - COVID-19 Advanced Care Planning - Goals of Care

Palliative Care

- FNHA - Palliative Care Checklist for Nurses
- FNHA - Palliative Care During COVID-19
- FNHA - COVID-19 Symptom Management - Agitation Restlessness
- FNHA - Symptom Management - Respiratory Congestion
- FNHA - Symptom Management - Shortness of Breath

Care of Decedents

- FNHA Care of the Deceased Body Guide
- BCCDC Safe Handling of Bodies of Deceased Persons with Suspected or Confirmed COVID19