**ONION LAKE
CREE NATION PANDEMIC PLAN**

2009

Revised 2016

Revised 2017 November

**TABLE OF CONTENTS:**

**PRE-PANDEMIC SECTION**

1. Introduction - What is pandemic influenza?

2. Coordination and Communication

* 1. Leadership
	2. Pandemic flu planning committee
	3. New Pandemic Committee members (2017)
	4. Pandemic Coordinators - local key stakeholders
	5. Chain of command
	6. Phone fan out list
	7. Partnerships & Responsibilities
	8. Provincial/Regional Links
	9. Community Resource Link
	10. Information
	11. Media
	12. Community Anxiety
	13. System Overwhelmed
	14. Support
	15. Trial runs

3. Surveillance

* 1. Local Surveillance Sites

4. Vaccine

* 1. Increase public awareness regarding influenza and pneumococcal vaccination in the recommended high risk group
	2. Develop plans for the storage of vaccine and supplies during the pandemic.
	3. Vaccine Security
	4. Develop a plan to identify the “hard to reach” portion of the population
	5. Gather resources to run a mass immunization clinic.
	6. Vaccine
	7. Delivery of vaccine
	8. Expanding other staff roles
	9. Organizer- Spokesperson
	10. Supplies
	11. Volunteers

**TABLE OF CONTENTS CONT’D:**

**PRE-PANDEMIC SECTION**

5. Antiviral Medication

* 1. Antiviral Medication
	2. Priority Groups

6. Health Care Services

* 1. Develop a list of essential personal and alternate personal to work in event of staff absence
	2. Coordination Client Transportation
	3. Client Triage/ Hospital Transfer
	4. Emotional Support
	5. Alternate Care Site
	6. Data Collection
	7. Develop a Educational Blitz
	8. Clinic and Other Band Staff
	9. Client Movement
	10. Supplies
	11. Insurance Issues for Alternate Care Sites
	12. Mask Fit Testers
	13. Immunizers

7. Human Resources

* 1. Management Team
	2. Identify Human Resources Needed
	3. Other Professionals
	4. Volunteers
	5. Provide training to Volunteers
	6. Protocol for Management of Volunteers
	7. Management of Staff

**TABLE OF CONTENTS CONT’D:**

**PRE-PANDEMIC SECTION**

8. Infection Control

* 1. Infection Control Guidelines
	2. Staff and Volunteer Education
	3. Cleaners/ Janitor
	4. Supplies
	5. Occupational Health and Safety
	6. Public Education

9. Care of the Deceased

* 1. Increase in Death Rates
	2. Documentation
	3. Infection Control
	4. Funeral Home

**PANDEMIC SECTION**

1. Communication and Coordination

* 1. Implement Plan
	2. Back Up Personal
	3. Review Pandemic Plan
	4. Other Essential Stakeholders
	5. Programs
	6. Community Awareness

2. Surveillance

* 1. Distribution of Information from MHO office to Community
	2. Provide Health Centre Surveillance

3. Vaccine and Antivirals

* 1. Distribution of Vaccine and Antiviral
	2. Immunization Clinic
	3. Vaccine Security
	4. Difficult to Reach Population
	5. Vaccine
	6. Expanding Other Staff Roles
	7. Adverse Effects
	8. Start Date for Vaccine Program
	9. Communication to The Public
	10. Client Immunization Record

4. Health Care Services

* 1. Priority Based Health Care Services
	2. Alternate Care Sites
	3. Personal Transportation
	4. Insurance
	5. Clinical Guidelines
	6. Self-Care
	7. Staff/ Volunteer Care

5. Human Resources

* 1. Staff/Volunteer Duties
	2. Support Available

6. Infection Control

* 1. Staff and Volunteers
	2. Housekeeping
	3. Implement Plans, Notify the Public About Extraordinary Infection Control Measures

7. Care of the Deceased

* 1. Implement Plan
	2. Funeral Homes
	3. Documentation

**POST – PANDEMIC SECTION**

1. Coordination and Communication

* 1. Communication Post Pandemic
	2. Community Meeting
	3. Consult

2. Surveillance

3. Vaccine

* 1. Resume Routine Health Care Services
	2. Access to care priorities
	3. Continue to Provide care

4. Human Resources

* 1. Debriefing
	2. Recognition

5. Infection Control

* 1. Ongoing Review

6. Care of the Deceased

* 1. Emotional Health Support

Resource Attached

* 1. The Flu Bug Has Arrived
	2. Protecting Yourself From The Flu
	3. How To Treat Influenza
	4. Announcement for Radio/Newspaper
	5. National Policy on Vaccines
	6. Community Phone Book

**PRE - PANDEMIC SECTION**

1. **What is pandemic influenza?**

 A pandemic is an illness that spans across many nations around the world and makes more people ill. It is generally believed that every quarter century or so, a new strain of virus appears particularly influenza, to which people have had no immunity. A strain could potentially be able to infect everyone, travel swiftly around the globe, and be capable of causing severe disease and death. The resulting pandemic would have a huge impact on the economy with large numbers of the workforce disabled and hospitals filled to capacity.

 There have been 5 pandemics so far in the 20th century, of varying degrees of severity –of 1918/1919, the Asian flu of 1957/1958, and the Hong Kong flu the Spanish Flu of 1968/1969 Russian flu 1977-1978 and the H1N1 2009.

 Early notification and vaccination will be the best weapons against the next pandemic flu.

 **Estimated Impact of New Pandemic Influenza in Saskatchewan**

A new pandemic influenza in Saskatchewan could result in the following:

* 150,000 – 350,000 people becoming clinically ill,
* 60,000 – 160,000 people requiring outpatient care,
* 1,000 – 2,800 people requiring hospitalization,
* 300 – 1,000 people dying from influenza or complications of influenza.

 These numbers are based on estimates of an attack rate of between 15% and 35% of the population getting ill. The impacts could be broad and severe: for example, a shortage of hospital beds could occur due to demands for care along with staff shortages. This would force communities to have to care for people at home. All levels of community services could be impacted. This would include schools, daycares, road maintenance, telephone, stores, and social services. This would be very disruptive to all aspects of the community's daily regime and place a greater demand on health care providers.

**PRE - PANDEMIC SECTION**

**2. Communication and Coordination**

**2. A) Leadership**

* During a pandemic, there will be a need for rapid decision making, which may be further stressed by lack of resources and shortage of trained personnel.
* The Onion Lake Cree Nation pandemic plan will prepare our community to cope successfully with new systems under extenuating circumstances.

**ONION LAKE CREE NATION LEADERSHIP**

**Chief – Insert name & contact info here**

**Council -**

**PRE - PANDEMIC SECTION**

**(Insert names here)**

**2. B) Onion Lake Cree Nation Pandemic Planning Committee**

**(Insert names here)**

This committee will meet biannually to revise this document as needed.

**PRE - PANDEMIC SECTION**

**2. C ) New Pandemic Committee members (2017)**

**(Insert Names here)**

**PRE - PANDEMIC SECTION**

**2. D) Coordinators**

**Onion Lake Cree Nation Pandemic Coordinator -**

**Regional Emergency Preparedness Coordinator in Saskatchewan (NSC)**

 **Local key stakeholders**

This team will be activated by Dr. I. Khan and/or Dr. D. Wardman, First Nation & Inuit Health Branch Medical Health Officer from Regina Saskatchewan.

**\*\*Add CERP Committee to chain of command below**

**2. E) Chain of command**

Local key stakeholders

**PRE - PANDEMIC SECTION**

**2. Coordination and Communication cont’d**

**2. F) Phone Fan Out List**

Program directors and employees identified in the chain of command will create and test their phone fan out lists for all their employees.

**2. G) Partnerships & Responsibilities**

Identify and contact partners (e.g. Indian and Northern Affairs Canada, Regional Health Authority) and record their responsibilities.

**Sask. Power** **Sasktel**

Ph: 1-888-757-6937 Phone:1-800-727-5835

Emergency Number

Phone: (306) 310-2220

**Sask. Water Onion Lake Gas**

Phone: 1-(866) 727-5420 Rep. -

 Phone: (306) 344-4200

 Phone: (306) 344-2322

 Cell: (306) 821-0234

**Marshall’s Funeral Home Coroner**

Neil Lowry Norm Namur

Phone: (306) 248-3322 Phone: (306) 821-7444

**2. H) Provincial / Regional Links**

**Dr. I. Khan Dr. Mandiangu Nsungu**

Medical Health Officer Prairie North Health Region

First Nations & Inuit Health Branch Medical Health Officer

Phone: (306) 780-6561 Work Phone: (306) 446-6426

Cell: (306)529-9839

**PRE - PANDEMIC SECTION**

**2. Coordination and Communication cont’d**

**2. H) Provincial / Regional Links**

**Genevieve Binette**

**Regional Emergency Preparedness**

**Coordinator in Saskatchewan (NSC)**

Regional Pandemic Coordinator

Work cell phone: (306) 930-0109

Work phone :( 306) 953-8416

**2. I) Community Resource Link**

Review (CERP) community emergency response plan.

(Insert Name & Contact info)

**Finance Director Executive Assistance**

Insert Contact info Insert contact info

Community Resource links need to discuss with each department how they are going to provide services in the event of high rates of absenteeism, shortage of supplies, and social disruption.

*Safe food handling*

(Insert contact info) Dietician,

-provide a list of people certified for safe food handling.

*Clinic cleaners’ certification*

-provide list.

**2. J) Community Resource Link continued**

Community essential services – Insert Names & contact info

**Water Treatment Plant Operator Bus Coordinator**

Insert Names & Contact info

**Makaoo Mall & East Central Store Police**

**Sewer Health**

**Ambulance Day Care**

**Gas Maintenance**

**Radio** **Housing**

**Head Start** **Child Youth Care Home**

**Social Services Fire/Peacekeepers/Security**

**OLCFS Animal Control/ R.C.M.P.**

**Wellness (Mental Health) Clergy**

**Traditional Medicine Elders Coordinator**

**Medical Transportation Recreation**

**Elders Lodge Care Taker**

**2. J) Information**

ISC will provide key information to communities

**Radio Station and contact info**

* Announcements in English and Cree

**Community bulletin boards at:**

* School
* Health Centre
* Learning Centre
* Network services
* Electronic message board
* Elder’s Lodge
* Family Services

**Posters**

**Facebook page (Radio, health centre, and schools)**

**Door to door**

**In some cases or vulnerable cases**

* Cell phones
* Crank radios
* Fleet radios

**2. K. Media**

Identify who will be the contact person

**2. L) Community Anxiety**

Plan to distribute information quickly to eliminate misinformation.

Dr. Khan to assist with developing prepared statements to be disseminated to the spokespersons for the community as identified above.

Pertinent local information to be added by identified contacts

Possible elders to be asked to calm community fear in the way of radio broadcast or visiting, i.e. identify Elders

**2. M) System Overwhelmed**

Hold discussion with the agencies providing essential services and encourage each business to have its own backup plan. Have regular communication with Regional Health Authority and ISC.

**2. N) Support**

The provision of food and other essential needs would be handled as per the overall Onion Lake Emergency Response Plan. Medical supplies would be provided through the Onion Lake Health Centre.

Home Care and community health will provide a list of the vulnerable clients.

CERP list may need revision.

Discussions to be held with the health services group to communicate and provide support to these groups on a regular basis during the height of the pandemic.Home Care & Community Health will continue to meet weekly during the height of the pandemic to ensure the vulnerable populations are supported.

**2. O) Trial Runs**

Work through some scenarios to ensure all aspects of the plan are viable.

Table top exercises created by ISC was conducted on February 1, 2018, in Onion Lake, local pandemic flu planning committee members attended.

**3. Surveillance**

Surveillance means monitoring at a community level which illnesses are

Present. This allows for the planning and implementation of control

Measures that may lessen the spread of the illness.

**3. A) Local Surveillance Sites**

Develop and test a method to communicate with Medical Health Officer (MHO).

The MHO will alert communities as necessary.

Local sites for surveillance will be as follows: (Insert contact info below)

* Schools x 4 – Principals-
* Daycare
* Band office – Director of Operations
* Learning Centre
* Clinic –
* Ekweeskeet –
* Ambulance-
* OLFS-
* Elders Lodge-
* Group Home-
* Assisted Living Home –Muriel Lewis
* Arena/Hall- Fitz Chief Jr.

Surveillance committee leader to hold discussions with these

organizations to determine understanding of the need for such monitoring of

illness and ways to accomplish same. Community surveillance protocols are in

the development phase at ISC regional office and will be communicated to

communities as they become available. We will also communicate between districts. For Example (Lloydminster, Cold Lake, Elk Point)

**4. Vaccines**

Recommended priority groups are subject to change depending on how the illness spreads and which group of people are affected at the time. The MHO will make recommendations during a Pandemic Influenza and will dictate what measures are required. The vaccine may not be immediately available but should offer a level of protection when given to the client. The vaccine will be delivered to communities as it is manufactured and available. Community members will be made aware of any vaccine delay.

**4. A) Increase public awareness regarding Influenza and Pneumococcal**

 **Vaccination in the recommended high risk groups**

* Community leaders and health care staff promote and encourage yearly influenza immunization.
* Public awareness campaign beginning one month prior to availability of flu vaccine each fall
* Hard to reach populations i.e. elders will receive personal invitation, in their own language if so needed
* Increased awareness for infant population—difficult because of the # routine immunizations
* Panorama may be available in the future for tracking coverages.

ISC will work through the nursing programs to encourage and promote annual flu vaccine campaign. ISC will provide educational material about the importance of vaccination. Onion Lake Health Centre strongly encourages all staff members to receive their annual flu shot.

**4. A) Increase public awareness regarding influenza and pneumococcal**

 **Vaccination in the recommended high risk groups cont’d….**

* Develop a new radio campaign.
* Posters up with dates of initial clinics in early fall.
* Nurse Manager to develop list of eligible clients and with date of pneumococcal received.
* Current standard is that flu vaccine is available to everyone over the age of six months.

**4. B) Develop plans for the storage of vaccine and supplies during the**

 **Pandemic.**

 Vaccine will be distributed in usual manner to communities.

 Two clinic fridges and lab fridge to be used for storage of vaccine.

 Temperature monitors are in each fridge and recorded daily.

**4. C) Vaccine Security**

* Consider the added need for security related to vaccine supply, storage and health care staff.
* Health Centre has a security system.
* 2 vaccine fridges are lockable.
* Rooms with fridges will be locked at the end of each clinic day.
* Cleaning staff will need to clean prior to end of day. Keys will be kept by CHN’s, lab staff and NP’s.
* Arrange for separate locks when pandemic is eminent.

**PRE - PANDEMIC SECTION**

**4. D) Develop a plan to identify the “hard to reach” portion of the population**

A chronic disease list is being developed which will help access the vulnerable population in a timely manner. All clients with phone access will be called by volunteers, others will need a home visit by volunteers. Caution: radio can be used but may have people coming that are not eligible. MHO will give the Community Health Coordinator directions regarding the priority groups to be vaccinated. A phone directory will be available for Onion Lake including a list of members with no phones (Resource Attached F: Community Phone Book)

**4. E) Gather resources to run a mass immunization clinic.**

ISC resources will be distributed during pandemic.

* Entrance through N/E door into Community Health Education Room
* Registration table and wait area
* Clinic rooms #1,#2, #3 for immunization
* Recovery in Community Health Education Room
* Clear signs for different areas
* 3 Registration desks A-D, E-P, Q-Z (3 volunteers/3 CHR’s or HHA’s)
* Each letter sheet will accommodate registration info
* Registration desk will initiate client record and give to client
* Group Presentations 2 CHR’s every 5 minute, 3-5 RN’s immunizing at least one in each room
* Fill in record, notify of 2nd dose date (if applicable) and immunized clients return to designated area of Community Health Education Room.

**4. E) Gather resources to run a mass immunization clinic cont’d…**

**Duties:**

**Community Health Coordinator**

* + MHO contact
	+ Facilitates the clinic set up
	+ Assigns duties
	+ Troubleshoots
	+ Compiles list of immunized clients and arranges for entry into client record
	+ Ensures all supplies are in place and replenish as necessary, including vaccine, and anaphylaxis supplies and equipment.

**RN’s/ LPN’s**

* + Sets up clinic
	+ Ensures client safety as it relates to the vaccination
	+ Administers Vaccine
	+ Records
	+ Oversees recovery area

**CHR’s/HHA’s/Home Visitors**

* + Translates if required
	+ Oversees the information area and group presentations
	+ Directs clients to different areas
	+ Prepare clients for immunization
	+ Assists with any non-nursing tasks, including running errands, holding children

**4. F) Vaccine**

ISC will share information with Service Centre/Partner Communities regarding vaccine availability and priority groups (Resource Attached E: Nation Policy on Vaccine).

**List of Essential Service Providers**

* Health Centre Staff
* EMS
* Day care Staff
* Chief and Council
* Director of Operations
* Store Staff
* School Staff
* Water Treatment Plant Staff
* Band staff
* Housing staff
* Maintenance Staff
* BDC
* Askiy apoy
* OLFS
* RCMP
* Security/ FRP

Committee needs to decide who should be on this list and then each department make their own list and keep it updated. List needs to be kept current in this plan, contact Human Resources Coordinator for the updated list of band staff. (Resource Attached F: Community Phone Book)

**4. G. Delivery of vaccine**

Vaccine will be shipped to Lloydminster and will be picked up by the

Community Health Coordinator or designate.

\*\*ISC will ensure delivery in unusual circumstances. \*\*

**4. H) Expanding other staff roles**

All Health Centre staff will be delegated to assist with Pandemic Activities. Home Care Nurses need to receive training in influenza and pneumococcal vaccination. All HHA’s, Home Visitors, and CHR’s need to be well informed about the vaccine, side effects, regimen, and priority groups. ISC Service Centre will develop a plan to identify groups of potential vaccinators. ISC will develop a training package for para professionals.

**4. I) Organizer- Spokesperson**

Community Health Coordinator will be the Organizer and Spokesperson for the immunization Clinic. In her absence a senior CHN will be assigned this task.

**4. J) Supplies**

Stock pile of supplies will include:

* 1000 syringes with needles attached
* 900 1” needles
* 100 1.5” needles
* Swabs
* 5 large sharps container

All other supplies will be part of the general supply list for clinics during a pandemic

**4. K)** **Volunteers**

Utilize orientated volunteers to assist with people needing to be immunized.

Refer to Human Resources section.

**5. Antiviral medication**

Antiviral Drugs are recommended primarily for treatment and rarely for preventative purposes (due to limited quantities) during influenza pandemic. Based on the recommendation of Provincial Influenza Committee (PIC), ISC will work with First Nations, Federal and Provincial Government to address the coverage of antivirals.

**Facts and Assumptions:**

* Infection control and preventative measures are considered the best protection rather than drugs.
* Antivirals may be used for prophylaxis in select cases.
* Antivirals will be stockpiled at the Provincial level.
* The Federal and Provincial government will organize the supply and distribution of the antivirals in the community.
* Antivirals may be in short supply.
* Recommended Priority groups (Resource Attachment E may change accordingly) will be reviewed at the Federal and Provincial level of government.
* Saskatchewan Health in consultation with First Nations will make recommendations to the Government.

**Distribution of Antiviral**

* Entrance through N/E door into Community Health Education Room
* Registration table and wait area
* Clinic rooms #1,#2, #3 for antiviral
* Monitoring in Community Health Education Room
* Clear signs for different areas
* 3 Registration desks A-D, E-P, Q-Z (3 volunteers/3 CHR’s or HHA’s)
* Each letter sheet will accommodate registration info
* Educate through group Presentations 2 CHR’s every 5 minute
* Update chart and fill prescription return to designated area of Community Health Education Room.

**5. A) Antiviral Medication**

* Priority will be spent on infection control and educating the community on the availability of antivirals.
* Communicate and educate through the local radio, Facebook, etc. info about the antivirals. Example how they are used and why some people would be prioritized.
* Community Health Coordinator in conjunction with the direction from MHO will decide on timing for this communication.
* Chief and Council will need to be notified by the MHO regarding the use of antivirals and the decisions on priority groups before messages go to the public.
* CHR’s/ Home Visitors and HHA’s will be responsible for getting the prepared messages to the chosen media outlets, the schools and community.
* Prepared messages will be sent home with the students.
* Information regarding use and supply of antivirals will be shared with pandemic committee. Direction regarding use and supply of antivirals will come from the MHO via the Community Health Coordinator. ISC to develop communication package for community in regards to antivirals.

**5. B) Priority Groups**

Priority groups will be identified by the MHO. The MHO will communicate these recommended priority groups to the Community Health Coordinator

**6. Health Care Services**

Health Care Services refers to those services delivered to the public via acute care facilities, long-term care facilities and health and community service organizations. In this document it also includes all health care services provided in First Nations Communities.

**6. A) Develop a list of essential personnel and alternate personnel to work in event of staff absence.**

List services that could be suspended at the health centre and create a plan for using redeployed staff.

Suspended Activities:

* Well Baby Clinics—deploy all RN’s/LPN’s to vaccinate, assist with sick clients at home, triage in acute clinics
* CHR’s/HHA/Home Visitor—deploys to care for sick clients.
* Dental Clinics – Therapists used to help with vaccine clinics
* Dietitian clinics and classes – Help with clinics, food prep
* Medical Transportation will be limited to urgent appointments- will help transport to clinics (all mask fit tested )
* Wellness groups, classes ( help where needed )
* Admin ( help with traffic flow )

**6. Health Care Services**

**6. A) Develop a list of essential personnel and alternate personnel to work in event of staff absence cont’d…**

* All education classes—deploy as above
* School Activities—deploy as above
* Home Care Nursing – vaccinations
* Elder’s living alone and no family/disabled
* Assisted Living Home Staff
* OLFS
* Dental
* Medical Transportation
* Administration
* Healing & Wellness
* Ambulance
* Ekweeskeet
* Security/ FRP
* Child Youth Care Home
* Askiy Apoy

Provide training if necessary. ISC office will provide guidance during the pandemic on what are considered essential services. See Resource Attachment.

**6. B) Coordinating Client transportation**

Review current process for medical transportation.

* Medical transportation program
* Company vehicles
* Handi-van

Identify alternate means of delivering this service.

* Bus

Create a plan to communicate this information to community and ISC.

**6. B) Coordinating Client transportation cont’d**

Staff that are not providing theses essential service can be deployed to operate the above vehicles. Transportation staff would coordinate this and they would be responsible for informing the public via chosen method of communication.

**6. C) Client Triage/Hospital Transfer**

* Acute clients will enter through main reception and go directly to waiting area away from active treatment area where they will have initial assessment done by an RN/LPN,
* 2 rooms will be set up for assessment,
* If required the client will be further assessed by the local NP or visiting physician and a decision for care made,
* Clients who do not require an NP assessment, will be sent home with instructions for care and follow-up,
* Those who require hospitalization will be transported to nearest available health facility.
* Triage plans need to be discussed with Lloydminster Hospital.

**6. D) Emotional Support**

Wellness will identify counsellors able to support community members. School Elders and Guidance Councillors will also be utilized.

**6. E) Alternate care sites**

Identify and prepare alternate care sites if sufficient volunteers available.

* Alternate care sites are: Log church, round hall, schools, arena/hall, and Ekweeskeet.

Establish range of activities for these sites.

* The Home Ec. room at the High School could be used for preparing of food if sufficient volunteers are available to purchase, prepare and distribute the food for acutely ill people.
* The Assisted Living Home and/or Child Youth Care Home could become an alternate site for the elderly who are too ill to care for themselves and who do not have family able to fulfill that role.
* Schools utilized for mass immunization.

Discuss the possibility of moving those in the Assisted Living Home back with family in order to make the space into a make shift care area.

**6. F) Data Collection system**

A daily log of clients would be kept at all of the care site.

**6. G) Develop an educational blitz**

* Educate community about pandemic influenza (before and during pandemic).
* Promote use of Health Line 811.
* ISC will provide relevant educational material as it becomes available.
* Education will be delivered in the schools, Facebook, and any other available media outlet.

**6. H) Clinic and other Band Staff**

Create process to keep clinic staff and other staff informed of pandemic plan. Staff meeting every Monday AM to review staff complement, jobs needing attention, information that needs to be gathered and data entry requirements.

**6. I) Client Movement**

Acute care area will be off limits to influenza like illness unless they require

X-ray service.

**6. J) Supplies (Check expiry dates)**

* + Syringes - 3cc Needles and 1.5 inch
	+ Swabs
	+ Tissues
	+ Hand Sanitizer
	+ Masks that are appropriate size based on fit testing
	+ Gloves

**6. K) Insurance issues for Alternate Care Sites**

Check with insurer regarding buildings selected. They may need altered coverage because of change of purpose of use. This needs to be looked into for the use of the Assisted Living Home if we use it as a more acute care facility.

**6.L) Mask Fit Testers**

Onion Lake Health Board Inc. have 3 current mask fit testers.

A current and up to date list of all mask fit tested persons, their related mask type and size and the mask fit test procedure will be held in a designated filing cabinet in the Community Health Manager’s office. The binder will be labeled Pandemic Plan.

**6.M) Immunizers**

A current and up to date list of all Immunizers and their related role will be held in a designated filing cabinet in the Community Health Manager’s office. Home Care RN’s and other clinic RN’s will do annual Influenza immunization recertification. LPN’s will be able to immunize with medical directive.

**7. Human Resources**

**7. A) Management Team**

The management team will be notified and will consist of the Director of Operations and other managers under his/her direction, Director of Health and all managers under his/her direction, Pandemic Plan Chair, and Nurse Practitioner.

**7. B) Identify the HR needed**

Recruit and identify volunteers and assign them jobs (delivering messages, food preparation, etc.)

**7. C) Other professionals**

FNIB will be contacted if we need additional human resources (ie Nurses). Develop a list of retired professionals who may be available to work, depending on licencing body. Contact previous employees of Onion Lake Health Board. (Resource Attached F: Community Phone Book)

**7. D) Volunteers**

Create a list of non-professional volunteer agencies by contacting local church groups, Security/ Fire and Rescue, education staff, and the Elders Drop in Centre, if you intend to use them for training or provision of services.

**7. E) Provide training to volunteers**

Create training plan for volunteers relevant to their assigned job duties. Begin training, if appropriate. (Get training plan from Health Canada).

**7. F) Protocol for management of volunteers**

Identify supervisor(s) of volunteers.

**7. G) Management of Staff**

If staff are home due to illness or caring for sick family members the following work could be accomplished:

* Checking on sentinel sites for absenteeism and sending info via email
* Data collection through internet
* Tracking communications from ISC and distributing by email or by phone
* Ordering supplies

If staff are available to work without direct contact with others, they could perform administrative duties (develop posters and answer phone calls).

**8. Infection Control**

Focus on what can be done at the community level to prevent or decrease the spread of disease. Send information home with children from the schools, daycare, recreation, and field staff (when on home visits). See 2. (I) for additional references. Northern Inter-Tribal Health Authority Infection Prevention and Control Guidelines for Community Members is available to community members. Focus on non-pharmaceutical measures example handwashing, cover your cough.

**8. A) Infection Control Guidelines**

Refer to Onion Lake Health Board Inc. Infection Prevention and Control Policy and Procedure Manual.

**8. B) Staff and Volunteer Education**

Onion Lake Health Board Inc. Program Managers will review the Infection Prevention and Control manual annually with staff. There will be additional training provided by Health Canada for staff and volunteers.

**8. Infection Control**

**8. C) Cleaners/Janitors**

Ensure the contracted janitorial service is audited by the Environmental Health Officer semi-annually to ensure recommended cleaning practices are followed, as per OLHBI.

**8. D) Supplies**

An inventory list will be created and maintained by the Pandemic Chair. Any further necessary equipment will be obtained, in consultation with the MHO.

**8. E) Occupational Health & Safety**

* Influenza vaccine is highly recommended in all departments of Onion Lake Cree Nation.
* All employees of Onion Lake Cree Nation have a record of their influenza vaccine. All Onion Lake Health Center staff who have direct contact with clients have current immunization records on file.

**8. F) Public Education**

* Increase signage about hand washing, disinfection, etc., and encourage ill people to stay away from health centres, and encourage people to phone, rather than visit people in hospital.
* ISC will distribute educational information monthly for communities.

**9. Care of the Deceased**

There is potential that during a pandemic the usual method of caring for the deceased may not be possible. Communities will need to plan for this eventuality. A meeting took place between Pandemic committee members and Elders Advisory group to discuss and plan in the event of mass community death.

**9. A) Increase in the death rates**

* Develop a plan to cope with the possibility of increased deaths.
* Funeral arrangements will occur as usual until such time the funeral home cannot keep up with the demand at which time Onion Lake will switch to plan B (to be determined at a later date after discussion with elders and community members).
* Meet with Elders’ Advisory Group to better understand cultural traditions related to the care of deceased and burial and how these important elements may change or be altered in the event of a Pandemic. Meeting took place Dec 2017
* List of the deceased will be maintained.
* ISC will notify communities of changes regarding certification and transportation of deceased.
* ISC will support communities in collecting information regarding the “Cemetery Act" and burial on reserve.
* Saskatchewan funeral homes anticipate being able to handle the increased number (may have to forego embalming procedures) of deceased, but may need assistance to transport or arrange transportation of deceased.
* Coroners, Doctors and Nurse Practitioners may not be available to pronounce death and alternate arrangements will need to be made.

**9. B) Documentation**

 Statistical data, including demographics and date of death, is available in Med Access.

**9. C) Infection Control**

* Ensure anyone working with the deceased is aware of basic infection control measures.
* Community Resource Links: Letter from pandemic flu planning committee to infection control, supplies on hand.
* ISC to provide resources related to infection control on an ongoing basis.
* Consider infection risks related to large gatherings of people as occur during a wake situation.

**9. D) Funeral Home**

* Discuss plans with local funeral directors.

 Funeral Home representative:

 Name:

 Work

* Contact at community level: Insert Name contact info

* Contact information of local funeral homes.

Consider possible transportation issues and formulation of plan B in consultation with elders.

**PANDEMIC SECTION**

**1. Communication and Coordination**

**1. A) Implement Plan**

* The World Health Organization (WHO) will declare a pandemic.
* Activate plan.
* Share information regarding current situation.
* Review committee members’ roles and responsibilities.
* MHO will communicate information. If unable to contact ISC MHO, pandemic coordinator will contact Provincial MHO for direction.

**1. B) Back up Personnel**

* Contact volunteer organizations for their list of volunteers. (Red Cross)
* Inform designated people that plan has begun and let them know they could be called upon to provide service.

**1. C) Review pandemic plan**

* Call a pandemic committee meeting to review all aspects of the plan to ensure information is still accurate.
* If changes required, inform key stake holders as per pandemic plan.

**1. D) Other Essential Stakeholders**

* Ensure other essential support people are informed (RCMP, band official, utilities, first responders, mental health personnel, etc.)
* Ministry of Health Emergency Preparedness –
* Director of emergency Health Services-

**1. E) Programs**

* Implement plan regarding suspension of non-essential services.
* ISC will provide guidelines regarding programs.

**1. F) Community Awareness**

* Monitor community’s awareness and reaction to the Pandemic. Ensure that the messages getting out are accurate. Ensure prompt circulation of informational material.
* Radio messages to be aired in Cree by communications coordinator.
* ISC will provide informational material for community circulation.

**2. Surveillance**

**A) Distribution of information from MHO’s office to community**

* Identify CHN alternate to receive and circulate MHO information.
* MHO’s office will increase the frequency of information being sent to the field.

**B) Provide health centre surveillance data per usual channels**

* Identify CHN alternate to communicate surveillance data to MHO.
* Community Health Supervisor will identify alternate

**3. Vaccination and Antiviral**

**3. A) Distribution of vaccine and antiviral**

* MHO will direct distribution of vaccine and antiviral according to the current science.

**3. B) Immunization Clinic**

* Review and implement immunization plan.

**3. C) Vaccine Security**

* Implement plan for vaccine security.
* Contact Security for possible crowd control. Security to accompany designated staff person to pick up vaccine.
* Alternate: Staff member with TDG. (Updated list will be added to pandemic plan)

**3. D) Difficult to reach portion of the population**

* Review plan to contact all members of the community.
* Community phone book

**3. E) Vaccine**

* Keep current list of essential service providers.
* ISC will share information with Onion Lake Health Centre regarding vaccine availability and priority groups.

**3. F) Expanding other staff roles**

* Due to staff shortages, other health care professionals may need to be used.
* Community to think of potential people, i.e. Home Care staff, redeployed staff.
* ISC Service Centre will develop a plan to identify groups of potential
* Vaccinators.

**3. G) Adverse Effects**

* CHN will report adverse effects and follow protocols.
* MHO office will communicate to the field information regarding significant adverse reactions.
* Use Provincial adverse reporting forms.

**3. H) Start date for vaccination program**

* Communities at greatest risk may receive vaccination first, beginning with people named on the priority list. We will develop a report within med access that identifies clients that meet the criteria based on MHO recommendations.
* MHO office will direct initiation of vaccination program.

**3. I) Communication to the public**

* Announce clinic times and locations and which priority groups can receive the vaccine.

**3. J) Client immunization record**

* Individuals may need more than one dose.
* Implement Client immunization record

**4. Health Care Services**

**4. A) Priority based Health Care Services**

* Keep the community informed of any changes in non-essential health services.
* Radio messages to be aired in Cree/ English by communications coordinator.
* ISC will provide guidelines regarding essential health programs.

**4. B) Alternate Care Sites**

* Determine availability of identified sites, if sufficient volunteers are available. Activate the plan to provide the necessary supplies and people. Plan to communicate this information to community and ISC.
* Alternate sites listed in pre pandemic plan.

**4. C) Personnel Transportation**

* Ensure vehicles are ready to transport volunteers and staff as required.
* Designate someone to monitor the use of band vehicles.

**4. D) Insurance**

* Contact Onion Lake Cree Nation insurers in regards to activating any additional insurance policy that is required in using the alternate care sites.

**4. E) Clinical Guidelines**

* Keep staff informed of guidelines and any changes that occur. Follow provincial and ISC protocols. Designated areas of the clinic will be used only for flu clients.
* ISC will provide guidelines as they are developed.

**4. F) Self care**

* Circulate available educational materials to promote self-care. Ensure that staffs become familiar with these.
* ISC will develop and provide educational resources.

**4. G) Staff/Volunteer Care**

* Offer adequate breaks and rest to staff and volunteers to reduce susceptibility to illness.

**5. Human Resources**

**5. A) Staff /Volunteers Duties**

* Ensure personnel are aware of their duties and expectations. Inform people of the chain of command.

**5. B) Support available**

* Volunteers and staff will be offered support to deal with stressful situations.

**6. Infection Control**

**6. A) Staff and Volunteers**

* Update and educate all personnel and volunteers involved with providing care to clients.
* The situation may change rapidly as new information is received.

**6. B) Housekeeping**

* Ensure housekeeping staff/volunteers have infection control information and adequate supplies.

**6. C) Implement plans, notify the public about extraordinary infection control measures (i.e. closure of public facilities and other restrictions on public gatherings)**

* This directive usually comes from the MHO.
* Implement a communication plan to provide this information to communities.
* ISC MHO will provide guidelines and direction to the communities regarding extraordinary measures required.

**7. Care of the Deceased**

**7. A) Implement Plan**

* The plan will vary depending on time of year (summer/winter)

**7. B) Funeral Homes**

* Utilize and build on protocols developed in planning stage*.*
* Funeral homes anticipate managing increased numbers during pandemic**.**

**7. C) Documentation**

* Statistical data, including demographics and date of death, is available in Med Access.

**POST - PANDEMIC SECTION**

**1. Communication and Coordination**

**1. A) Communication Post-Pandemic**

* Inform committee members that the pandemic is over. Utilize existing forms of communication.
* Announcements will be made by the MHO that communities are in the post pandemic phase of the influenza outbreak.

**1. B) Community meeting**

* Allow opportunity for community debriefing if required. Discuss and record what worked and what did not work in your pandemic plan.
* Revise the plan if needed.

**1. C) Consult**

* Seek feedback from other agencies that provided support throughout this process. Where appropriate, revise the plan based on the feedback.

**2. Surveillance**

* CHN will continue to communicate with and report to the MHO.

**3. Health Care Services**

**3. A) Resume routine health care services.**

* Resume programs as per the direction of program manager. Notify staff and community.

**3. B) Access to care priorities**

* Community decides order of priorities to resume usual programs.

**3. C) Continue to provide care**

* Some clients may have long-term effects of the pandemic flu that will require ongoing support.
* ISC will support clients who have long term effects from pandemic flu. Access to the required services will be provided.

**4. Human Resources**

**4. A) Debriefing**

* Offer staff and volunteers counselling as required.

**4. B) Recognition**

* Consider recognition for the volunteers.

**5. Infection Control**

**5. A) Ongoing review**

* Ensure infection control policies are reviewed annually.

**6. Care of the Deceased**

**6. A) Emotional Health Support**

* Offer available support to any community members requiring emotional support. Give special consideration to those who had “Care of the deceased” duties.

**![C:\Users\muriel\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\Z0C4NEFS\MCj04352880000[1].wmf]()Resource attached A:**

**THE FLU BUG HAS ARRIVED:**

Protect yourself and others by:

* Getting the flu vaccine
* Avoiding crowded places
* Covering your nose and mouth when coughing or sneezing
* Promptly dispose of tissues soiled from secretions from your mouth and nose
* Cleaning of surfaces that could have been contaminated from people touching, coughing or sneezing on them
* Washing hands frequently
* Staying at home if you have the flu
* Listening to your local radio station for updates on immunization and clinic sites

For further information:

Local clinic times and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time posted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resource Attached B:**

**PROTECTING YOURSELF FROM THE FLU**

* Avoid crowded places
* Cover nose and mouth when coughing or sneezing
* Wash hands frequently
* Stay home if you have the flu to avoid passing it on to others.

**Resource Attached C:**

**HOW TO TREAT INFLUENZA**

* Get plenty of rest and drink lots of fluids
* Gargle with a glass of warm water containing ½ teaspoon of salt to ease a sore throat. Lozenges and sugarless hard candy are also effective.
* Do not smoke or drink alcohol. Smoking irritates the airways and alcohol dries the tissues, which makes them more susceptible to other infections.
* Take Tylenol (acetaminophen) or Advil (ibuprofen) to lesson fever, aches and pains. Aspirin (A.S.A.) should not be given to anyone younger than 17 years of age due to the possibility of developing Reye’s Syndrome (a very serious neurological disease).

**Resource Attached D:**

**Announcement for Radio/Newspaper**

**Pandemic Influenza**

**What is influenza?**

* Influenza is an infection caused by influenza viruses.
* There are several different types of influenza viruses

**How does a person get influenza?**

* The virus is spread by direct contact with droplets from the nose and throat of an infected person. This happens when people cough or sneeze.
* The virus can survive up to 48 hours on surfaces such as telephones, doorknobs, countertops, toys, etc.

**What are the signs and symptoms?**

* Symptoms develop 1 to 3 days after a person is infected.
* Influenza has a sudden onset with fever, headache, muscle aches, tiredness and cough.
* Nausea, vomiting and diarrhea are not common in adults but may occur in children.
* Influenza is more severe that the common cold (see table below).
* In severe cases, influenza may result in pneumonia, bronchitis, kidney or heart failure.
* Most people recover within a two week period.

**What is pandemic influenza and why is it so severe?**

* Pandemic influenza is a worldwide outbreak of influenza.
* A new type of virus that occurs every 10 to 30 years causes it.
* Because the virus is completely new, the body has no immunity to it. This means that people will develop the illness than in non-pandemic years.

**Resources attached cont’d:**

**Announcement for Radio/Newspaper**

**Pandemic Influenza**

**How is influenza treated?**

* Get plenty of rest and drink lots of fluids.
* Gargle with a glass of warm water containing ½ teaspoon of salt to ease sore throat. Lozenges and sugarless hard candy are also effective.
* Do not smoke or drink alcohol. Smoking irritates the airways and alcohol dries the tissues, which makes them more susceptible to other infections.
* Acetaminophen (Tylenol) or Advil (ibuprofen) to lesson fever, aches and pains. Aspirin (A.S.A.) should not be given to anyone younger than 17 years of age due to the possibility of developing Reye’s Syndrome (a very serious neurological disease).

**How is influenza prevented?**

* Influenza immunization is the best method of prevention.
* Avoid crowded places.
* Cover nose and mouth when coughing or sneezing.
* Wash hands frequently
* People with influenza should stay home to avoid passing it on to others.

**Resource Attached E:**

**National Policy on Vaccines**

* Priority groups are as follows:

**Group 1:**

Health care workers, paramedics/ambulance attendants and public health staff. This includes long term care facility workers, home care and other community care facilities as well as public health offices.

**Group 2:**

Essential service providers. This level includes police, local grocery store staff, fire, armed forces, utility workers, funeral service workers, etc.

**Group 3:**

Persons at high risk of severe or fatal outcomes following influenza infection. This group includes the elderly (over 65), persons with pre-existing medical conditions, children 6 months or younger, pregnant women, etc.

**Group 4:**

Healthy adults

**Group 5:**

Children 24 months to 18 years of age.

The decision to vaccinate healthy adults and young children/adults is highly dependent on vaccine supply.

**Resource Attached F:**

**Community phone book (page 1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSE #** | **TENANTS** | ***PHONE #*** | **# of residents** |  |