NIISAACHEWAN ANISHINAABE NATION

PANDEMIC PLAN IN RESPONSE TO A COMMUNICABLE DISEASE EMERGENCY

Effective: March 20, 2020

Niisaachewan Anishinaabe Nation

Pandemic Plan in response to a Communicable Disease Emergency

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SECTION 1: OVERVIEW

1.2 Introduction

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

Partners

Local	GCT3, WNHAC, KCA, Bimose
Regional	NWHU
Provincial	Ontario Health
Federal	ISC, FNIHB, Public Health

Lead / Implementation Team

For this plan, the Health Director and the Health Portfolio Holder will be the team leaders. Designates will include the rest of Chief and Council and program managers.

1.2   Purpose and Scope

The purpose of this plan is to minimize the impact of the CDE by helping the community
- o   Prepare for, respond to, and recover from a CDE
- o   Ensure a coordinated response to a CDE
- o   Preserve the health and well-being of community members and staff
- o   Sustain essential operations.

The Plan includes:

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

1.3   Plan Review/Maintenance/Distribution

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

Local	All-hazards emergency plan Business continuity plan Other
Provincial	All-hazards emergency plan Public Health Act

	Emergency management plan Provincial emergency management legislation Other
Federal	Federal emergency management legislation Other (specify)

The Health Director is responsible for developing the community CDE plan. The plan will be reviewed annually by NIISAACHEWAN HEALTH COMMITTEE. Changes to the plan will be made as required. The revised plan will be submitted to Chief and Council for approval. After the plan is revised and approved it will be circulated/ recirculated amongst all staff and community partners.

1.4   Training and Exercises

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

- Basic Emergency Management
- Incident Command System
- Emergency Operations Centre
- Crisis Communications
- Stress management
- Promoting community resiliency

Exercises help communities prepare for emergencies. They provide an opportunity to develop relationships with community partners/stakeholders, assess operational readiness for an emergency, resource requirements and role clarity. NIISAACHEWAN will hold communicable disease emergency preparedness exercises every 2 YEARS OR SOONER IF NEEDED.

The date of the next exercise is March 2020.

1.5   Mutual Aid Agreements

Mutual aid agreements are written agreements with nearby communities to assist during an emergency. There are no mutual aid agreements at this time. This may be re-visited on an as-needed basis.

1.6   Context for a Communicable Disease Emergency

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

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

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

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

1.7   Context for a COVID-19 (Coronavirus) Emergency – Info from Canada.ca

Symptoms of COVID-19

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

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

Symptoms have included:

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

In severe cases, infection can lead to death.

If you become ill:

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

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

If you become sick while travelling back to Canada:

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

Diagnosing coronavirus

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

Treating coronavirus

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

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

Vaccine

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

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

About coronaviruses

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

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

1.8   Responsibilities

1.8.1   Community Level Responsibilities

NIISAACHEWAN is responsible to:

- Develop, test and update the communicable disease emergency plan in collaboration with partners and stakeholders and as part of their community health planning process.
- Support employee preparation for emergencies, including through training and exercises.
- Coordinate with health officials at different levels of government, as well as municipal and community partners.

- o The Leadership is responsible for the planning resources.
- o Review local and provincial outbreak management plans to ensure alignment.
- o Familiarize themselves with provincial emergency management and public health legislation.
- o Communicate plan and update community members using website, mass text messages, and social media.

1.8.2 Provincial Level Responsibilities

Ontario is responsible to:

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

1.8.3 Federal Level Responsibilities

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

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

Indigenous Services Canada (ISC) is responsible to:

- o Access to health services
- o Prevention, preparation, and response to health emergencies
- o Provide emergency supplies needed to provide care for the infirmed and household needs
- o Provide financial support in the event of CDE (for supplies, food, equipment, emergency support staff needed to fully implement this plan, etc)

SECTION 2: CONCEPT OF OPERATIONS

2.1 Activation of the Communicable Disease Emergency /Pandemic Plan

When the Provincial MOH declares a pandemic, Chief and Council may activate appropriate components of the communicable disease emergency plan based on situational requirements. This may include social distancing, self-isolation and/or quarantine. When the plan or any of its components are activated, the Chief or designate will assume the lead role in notifying the Health Director (who in turn will notify Provincial MOH), all band staff and community members,

and the Regional Office of Indigenous Services Canada of the change in the situation and the implications related to same.

2.2   Deactivation of the Communicable Disease Emergency /Pandemic Plan

Chief and Council will deactivate the Communicable Disease Emergency Plan/or components of it or have key people meet on an ad-hoc basis when:
- The public health emergency is declared over by Provincial MOH

1.3   **Emergency Operations Centre Location and other Key Locations in the Community**

An emergency operations centre is a central command centre. It is from where the emergency is managed. It helps ensure the continuity of operations. This location must have a computer, telephone and fax machine.

LOCATION: Boardroom at Band Office

INFIRMARY: Community Gym

FOOD BANK: Band Office

COLD STORAGE: After-School Program Building

VACCINE ADMINISTRATION: Family Well-Being Office *(Important Note: There is currently no vaccine but once it is available, NIISAACHEWAN has identified a Vaccine Administration location)*

1.4 Key Components of Communicable Disease Emergency Planning

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

2.4.1   Communications

Communication of information and advice is often the first public health intervention during an emergency. Providing clear and consistent information about the disease, who it affects, how it spreads and ways to reduce risk is an effective way to help reduce the spread of infection before other interventions like vaccines are available. Communications should follow the principles of honesty, openness, and cultural sensitivity to build and maintain public trust. Communication should be accurate and consistent

NIISAACHEWAN will share communications via:
□ Website www.niisaachewan.ca and mass text message service to band members
□ Social media (Facebook)
□ Media interviews/press releases
□ mail-out notifications (ie. Via email)

NIISAACHEWAN will share communications in English and Anishinaabemowen for the Elders.

Chief and Council or their delegate is responsible to communicate on health related matters with community members, health facility staff, and other local/ provincial/ federal partners and stakeholders.

The Health Director or their delegate is responsible to communicate on non-health related matters related to the emergency with community members, health facility staff, and other local/ provincial/ federal partners and stakeholders.

The Band Manager will receive all media inquiries during the communicable disease emergency and will ensure that those responsible for communication are designated speakers.

Key items to include in communications to the public are:
- Local, provincial, national, and international situation
- Level of risk
- Public health response
- Signs and symptoms
- Recommendations including prevention measures, how to care for an ill family member, when to seek care, and when to stay home.

Appendices: Information to access services from stakeholders such GCT3, WNHAC, KCA, Bimose Tribal Council is attached. Information will also be available on www.niisaachewan.ca

2.4.2 Surveillance

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

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

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

If available, responsibilities will be assigned to the community Public Health Nurse who will report all surveillance data to the Communicable Disease Control Nurse. This Regional Nurse will then report all gathered surveillance information to FNIHB, Region Department and other stakeholders, as required. Surveillance information may be shared with the Community, as necessary.

Community Notification System in the Event of Telecommunication Disruption:

Going door-to-door is not advisable. In the event of telecommunications disruption, households will receive 3 colour codes to display in their most visible window/front door (facing the road).

Colour: **Indicates:**

Green   We are well. We are okay.

Yellow   Someone is starting to get sick in our home

Red   Confirmed sickness

Households will be asked to display a note in their window if they need to pass on a specific request or message to the EDC team.

2.4.3   Public Health Measures

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

Provincial and federal public health authorities will provide advice on public health measures as the emergency develops. The provincial or federal Chief Medical Officer of Health may enforce some public health measures as per their authority under the public health legislation. The Health Director is responsible to ensure that local public health measures align with advice given by local, provincial, and federal public health authorities. Direction and support will be provided on Public Health Measures, as required by Niisaachewan.

The following outline key Public Health Measures that NIISAACHEWAN may implement during a pandemic event.

a.   Individual level public health measures may include:

Measure	Risk/ Impact	Mitigation Strategy	Trigger to recommend this measure
Clean hands with soap and water/ hand sanitizer often	Accessibility of clean water and soap. Accessibility of hand sanitizer, risks of human consumption of hand sanitizer	Community handwashing stations.	Ongoing promotion. Increased promotion during flu season and when there is known potential for CDE (ie

			pandemic declaration)
Respiratory etiquette	None	None	Ongoing promotion. Increased promotion during flu season and when there is known potential for CDE (ie pandemic declaration)
Don't share personal items	Households may not have enough for each individual	Consider surge supply during emergencies.	Supplies: Disinfectant supplies Toilet Paper Hand soap Non-perishable Foods Traditional Foods Freezers Groceries and Meat for food bank Diapers Formula Detergent Candles Over-the-counter Medications: Tylenol, cough syrup, etc Fishing Nets Generators
Mandatory screening/ treatment	Limits on personal freedoms; relationship strain between community and health services	Build relationship with community before emergencies; clear communication.	

Medicine Picking	Local and traditional practices can provide significant benefits to mental and social health.		
Self-isolate in home	Overcrowded housing; isolation	Facilitate access to necessities such as groceries.	
Vaccines/ pre-exposure prophylaxis with anti-virals	Possible limited supply; cost-benefit analysis		

a) Community level public health measures may include:

Measure	Risk/ Impact	Mitigation Strategy	Trigger to start implementing this measure
Close community centre, alternative education classroom, after-school program,	Loss of community and social support, possibly access to food or safe spaces	Additional food bank hours or allowances; phone support to families	
Cancel or modify community programming, sporting events	Loss of community and social support, possibly access to food or safe spaces		
Implement increased cleaning of public spaces	Cost and human resources		
Public awareness campaigns	May not address relevant issues, may not be culturally safe and responsive	Local input into campaigns; engage trusted community members and experts	
Isolation/ Quarantine/ travel restrictions	Limits on personal freedoms; social isolation; relationship strain between community and health services	Facilitate access to necessities, including social contact.	Normally recommended by local/ provincial/ federal health authorities under strict conditions
Alternative working strategies (ie. Flexible hours or work locations)	Access to internet for telework		

2.4.4   Infection, Prevention and Control Measures

Infection Prevention and Control (IPC) is key to preventing the spread of communicable diseases. Personal Protective Equipment (PPE) and IPC training are essential. IPC and Occupational Health and Safety (OHS) programs should work together to prevent staff, patient, and visitor exposure to communicable diseases during the provision of health care. See Appendix B and C for World Health Organization hand washing/rubbing steps.

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

Please bear in mind, the community does not have health professionals. The community is totally reliant on outside health care professionals and medical services.

	IPC and OHS professionals are staffed/contracted to the health care organization to conduct education and training for front line staff.
	Comprehensive IPC and OHS education and training on communicable diseases is provided yearly to health facility staff. A plan is in place to provide training if and when an emergency occurs.
	An organizational risk assessment has identified administrative controls and personal protective equipment (PPE) to protect patients, health care workers and visitors in health facilities.

	Organizational policies and procedures for IPC and OHS exist, including:
	   - Point-of-care risk assessments
	   - PPE and fit-testing
	   - Housekeeping
	   - Surveillance for health facility associated infections
	   - Staff and patient vaccination policies
	   - Source control
	   - Facility outbreak management protocols that align with provincial outbreak management plans
	   - PPE supplies
	   - Access to provincial and federal stockpiles (PPE, vaccines, and antivirals)

1.5   Continuity of Health Operations

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

The Health Director is responsible to inform CHIEF and COUNCIL/ HEALTH COMMITTEE if the health facility's capacity is exceeded and non-urgent health services are postponed. If health and public health services are available outside of the community, the Health Director is responsible to inform community members when, where, and what services may be accessed.

In a communicable disease emergency, the following strategies may be used to increase the capacity of the health facility.

□ Additional staff (Consider: job descriptions, delegation authority, recruitment, agencies, or provincial/ federal government, funding)
□ Additional supplies (Consider: funding, sourcing, contracts)
□ Additional space (Consider: medevacs – temporary heli-pad site is at the bus loop at west end of community)
□ Self-assessment for health care providers planning to return to the workplace after illness
□ Prioritization of health services

In the event of a communicable disease emergency, health services will be prioritized as follows:
1. Infirmary (volunteer care givers needed)

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

2. Water Treatment Plant Operations
3. Community Check-Point Crew
4. Medical and food supply services

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

1. Kenora Chiefs Advisory – Mental Health Program (can they offer tele-mental health?), Public Health information sharing
2. WNHAC – over the phone tele-health care – for non-emergent health care

4.2 Laboratory Services

Niisaachewan does not have laboratory services in the community. Closest lab is in Kenora.

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

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

The purpose of laboratory services during a pandemic is to:

   o   Support public health surveillance by confirming and reporting positive results;

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

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

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

4.3 Antiviral Medication

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

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

The Health Director with Home and Community Care Coordinator will maintain a list of the community's most medically vulnerable residents. This list is located at Emergency Control Office (band office boardroom). Individuals who are unable to visit the health facility will receive home visits for vaccination. These home visits will be conducted as per the local health facility guidelines.

The Health Director, or designate, will communicate with residents regarding antiviral medication prioritization and availability.

4.4 Vaccines

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

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

The Health Director is responsible to collaborate with provincial authorities to ensure an adequate supply of pandemic influenza vaccine for the community. All community health nurses

will obtain and maintain their immunization competency. Provincial vaccination procedures will be followed including reporting administration, side effects, adverse events, and unused vaccine. Please consider reporting this information to FNIHB Regional Office as well.

Site-specific vaccine storage protocols exist and will be followed. In the event that the vaccine provided exceeds the storage capacity of the health centre's vaccine fridge.

The Health Director and Home and Community Care Worker maintains a list of the community's most medically vulnerable residents. This list is located band office. Individuals who are unable to visit vaccination clinics will receive home visits for vaccination. These home visits will be conducted as per the local health facility guidelines.

The Chief, or designate, will communicate with residents regarding vaccine priority requirements, clinic locations and times.

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

Potential clinic locations are: Family Wellbeing Centre

Potential volunteers are listed in Appendix A.

4.5   Ethical Considerations

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

In the event that ethical dilemmas requiring a decision arise, relevant members of the communicable disease emergency team have an agreement to work with third-party impartial staff at Kenora Chiefs Advisory, a member of Niisaachewan council and one Niisaachewan Headsperson to resolve the dilemma.

SECTION 3: RECOVERY AND EVALUATING THE COMMUNICABLE DISEASE EMERGENCY RESPONSE

3.1   Debriefing/s

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

Debriefings are recommended following an emergency/disaster event, particularly after an evacuation has been ordered. All of the following types of debriefs are recommended:

- Quick tactical debriefing with CDE RESPONSE TEAM/ OUTBREAK TEAM (what went well, what didn't, how to improve);
- Operational debriefing, including community partners/stakeholders (Appendix D);
- Questionnaire (to volunteers, community partners/stakeholders, owners of building sites used, etc.) in order to identify gaps and future considerations for improvement; Development of an After-Action Report, a financial report, and a report to FNIHB/ISC. Results of the report should also be shared with community members.

The Chief or their delegate is responsible to organize the debriefings. The Health Director or their delegate is responsible to ensure the lessons learned are incorporated into the communicable disease emergency plan.

4.6 Recovery

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

1. Community Healing Ceremony / Day of Prayer
2. Community Feast
3. Coordinate mental health and grief counseling, traditional healing services for community members
4. Coordinate rebuilding of human resource infrastructure, assess community budgets and return to regular community programming

SECTION 4: APPROVAL of PANDEMIC INFLUENZA PLAN

Approved by:	Date:
[signature] **Chief Lorraine Cobiness**	**March 20, 2020**
[signature] **Councilor Bernice Major**	**March 20, 2020**
[signature] **Councilor Reno Cameron**	**March 20, 2020**
  Councilor Ted Perrault	
  Councilor Fabian Blackhawk	

SECTION 5: APPENDICES

Appendix A

Volunteer Contact Information List

Name	Phone number	Email

Appendix B

How to Hand**rub**?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a **1b** Apply a palmful of the product in a cupped hand, covering all surfaces;
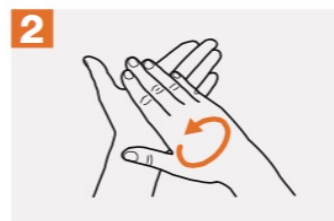
2 Rub hands palm to palm;
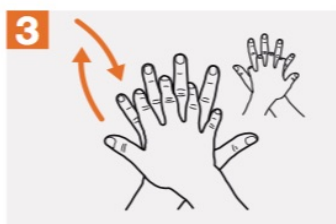
3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;
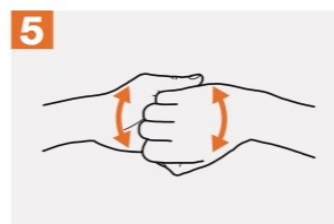
5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;
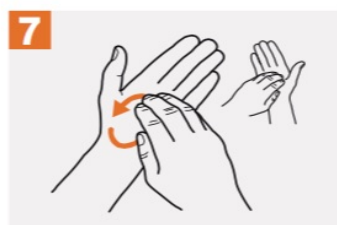
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
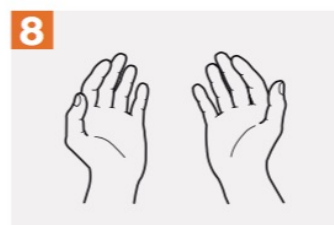
8 Once dry, your hands are safe.

World Health Organization | **Patient Safety** A World Alliance for Safer Health Care | **SAVE LIVES** Clean **Your** Hands

May 2009

Appendix C

World Health Organization | Patient Safety — A World Alliance for Safer Health Care | SAVE LIVES Clean Your Hands
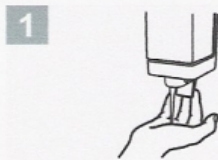
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds
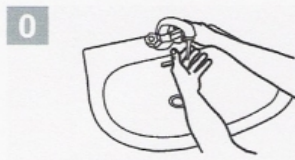
0 — Wet hands with water;

1 — Apply enough soap to cover all hand surfaces;
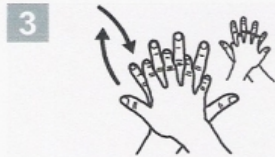
2 — Rub hands palm to palm;

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

4 — Palm to palm with fingers interlaced;
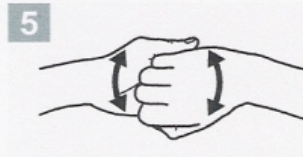
5 — Backs of fingers to opposing palms with fingers interlocked;

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

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

8 — Rinse hands with water;

9 — Dry hands thoroughly with a single use towel;
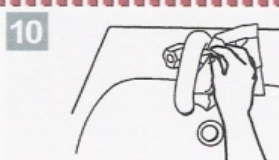
10 — Use towel to turn off faucet;

11 — Your hands are now safe.

Appendix D

Contact Information of Internal/External Government Departments and Community Partners

Title of person	Name	Phone number	Email

SECTION 6: GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LEADERSHIP AND STAFF CONTACT LISTING - 2020

CHIEF AND COUNCIL	NAME	PHONE	EMAIL
CHIEF	LORRAINE COBINESS	466-8208	chief@niisaachewan.ca
COUNCILLOR	TED PERRAULT		tperrault@niisaachewan.ca
COUNCILLOR	RENO CAMERON		rcameron@niisaachewan.ca
COUNCILLOR	FABIAN BLACKHAWK	464-4137	fblackhawk@niisaachewan.ca
COUNCILLOR	BERNICE MAJOR	407-5686	bmajor@niisaachewan.ca
ADMINISTRATION	NAME	PHONE	EMAIL
BAND MANAGER	VACANT	EXT. 262	bandmanager@niisaachewan.ca
FINANCE MANAGER	MARY HENRY	EXT. 223	finance@niisaachewan.ca
ECONOMIC DEVELOPMENT OFFICER	BARRY HENRY	EXT. 227	ecdev@niisaachewan.ca
EDUCATION COORDINATOR	ELAINE HENRY	EXT. 257	education@niisaachewan.ca
CONSULTATION COORDINATOR	MARTINA STRONG	EXT. 261	consultation@niisaachewan.ca
RECEPTION	CANDACE JOURDAIN	EXT. 221	clerk@niisaachewan.ca
PUBLIC WORKS	MICHAEL COBINESS	548-1305	wtp@niisaachewan.ca
OPERATIONS & MAINTENANCE	CHAD HENRY	464-3118	operationsmaintenance@niisaachewan.ca
HOUSING	MARY ROULETTE	Ext. 266	housing@niisaachewan.ca
FAMILY WELL BEING COORDINATOR	RHONDA FISHER	548-4216	fwb@niisaachewan.ca
COMMUNITY ENERGY SPECIALIST	KAITLYN HENRY	548-8690 464.1686	energy@niisaachewan.ca
HEALTH	NAME	PHONE	EMAIL
HEALTH DIRECTOR	LORRAINE KABESTRA	EXT. 255	health1@niisaachewan.ca
HEALTHY BABIES/HEALTHY CHILDREN	JOANNIE BRITTAIN		hbhc@niisaachewan.ca
NNADAP	ROBERTA JAMESON	548-8149	nnadap@niisaachewan.ca
HOMECARE	LAURIE PERRAULT	EXT. 226	homecare@niisaachewan.ca
CHR/ADI	WAYNE HENRY	EXT. 228	health2@niisaachewan.ca
MEDICAL DRIVER	WAYNE COBINESS	407-0239	
ONTARIO WORKS	NAME	PHONE	EMAIL
ADMINISTRATOR	GINA PETERS	EXT. 263	ssadmin@niisaachewan.ca
CASEWORKER	GARY BEARDY	EXT. 256	ecworker@niisaachewan.ca
ONTARIO WORKS DRIVER	SAM MCDONALD	407-3639	