Six Nations of the Grand River

PANDEMIC RESPONSE PLAN

A support plan to the
Six Nations Emergency Response Plan

Revised to IMS: March 2020
SIX NATIONS PANDEMIC RESPONSE PLAN NOTIFICATION CHART

NORTH AMERICAN PLAN FOR PANDEMIC

PUBLIC SAFETY CANADA
THE PUBLIC HEALTH AGENCY OF CANADA
HEALTH CANADA
THE CANADIAN FOOD INSPECTION AGENCY
THE DEPARTMENT OF FOREIGN AFFAIRS AND INTERNATIONAL TRADE

Public Health Agency of Canada and Health Canada
Emergency Response Plan

HCCC REPRESENTATIVE

FIRST NATIONS AND INUIT HEALTH PROVINCIAL EMERGENCY OPERATIONS CENTRE

OHSWEKEN PUBLIC HEALTH

EMERGENCY OPERATIONS CENTRE

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INCIDENT COMMAND CENTRE

ASSESSMENT CENTRE OPERATIONS

ALTERNATE CENTRE OPERATIONS
Pandemic Response Plan

TABLE OF CONTENTS

Six Nations Pandemic Response Plan Notification Chart ........................................ 2
Table of Contents ................................................................................................. 3
Pandemic Response Plan Distribution/Access List .................................................. 4
Glossary ............................................................................................................... 6

Preamble ............................................................................................................. 7

Section I: Plan Introduction

1.1 Purpose .......................................................................................................... 9
1.2 Goal ............................................................................................................... 9
1.3 Objective ...................................................................................................... 9
1.4 Background .................................................................................................. 10
1.5 Assumptions .............................................................................................. 10-11
1.6 Communication .......................................................................................... 11
1.7 Scope .......................................................................................................... 11
1.8 Application .................................................................................................. 11
1.9 Authority and Custodian ............................................................................ 11-12

ACTIVATION: Emergency Notification ............................................................... 12
ACTIVATION of the Pandemic Response Plan ..................................................... 12

Section II: OUTBREAK RESPONSE

2.1 Response Level ............................................................................................ 13

Figure 2-1: Health Protection Incident Triggers Model ..................................... 15
Planning Stages/Focus ...................................................................................... 16
Surveillance ....................................................................................................... 16

2.2 Urgent Response after Normal Business Hours ......................................... 17
2.3 Emergency Operations Centre ................................................................. 17

Section III: INCIDENT MANAGEMENT SYSTEM

3.1 Incident Management System ..................................................................... 18

Figure 3-1 General IMS Structure ................................................................. 18
Figure 3-2 Level 4 IMS Structure ................................................................. 19

APPENDIX

A.1 Business Continuity Planning ...................................................................... 20

Figure A-1 - Outbreak Management Response Levels and Business Continuity ....... 21
# PANDEMIC RESPONSE PLAN DISTRIBUTION / ACCESS LIST

This plan is distributed to members of Emergency Control Group, Council and the Emergency Management Planning Committee. Each plan is numbered and will be reviewed and updated annually.

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### Six Nations of the Grand River Pandemic Response Plan – IMS 2020

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### ADVISORY GROUP DISTRIBUTION LIST

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Six Nations of the Grand River Pandemic Response Plan – IMS 2020

Glossary:

**Business Continuity Plan:** The plan that identifies and maintains critical services during an incident where people and resources may be diverted. The plan also works to re-establish full Six Nations Health Services functions and services as quickly as possible following an outbreak response.

**Business as Usual Operations:** Normal or routine level of resource use across all Teams and Programs under Six Nations Health Services, including physical and human resources.

**Command Section:** Component of the IMS that sets goals, objectives, strategies, and priorities for the outbreak response. The Command Section oversees the activities of the four Functional Sections.

**Emergency Operations Centre:** The location that serves as a gathering place for the Incident Management Team from where they would coordinate and direct the outbreak response and recovery activities. The use of primary and/or secondary operations centres will be determined by the Incident Commander.

**Finance and Administration Section:** The Functional Section responsible financial management and cost analysis for the outbreak response.

**Functional Section:** Components of the IMS responsible for specific activities for the outbreak response. There are four functional sections that are led by their associated Section Chiefs who report to the Command Section: Planning, Operations, Logistics, and Finance and Administration.

**Functional Section Staff:** Staff who have been assigned specific roles identified by the Incident Management Team and Section Chiefs with responsibilities set out by the Job Action Sheets and their associated Functional Section. Staff members are assigned to specific roles as determined by the skills needed for the outbreak response, not their job titles.

**Incident Action Plan:** The plan that is developed at start of the planning cycle to determine the specific actions to be taken during the operational period. Each Incident Action Plan covers one Operational Period.

**Incident Commander:** The individual who leads the response to manage an outbreak. The Incident Commander can be different depending on the Response Level. The Incident Commander leads the Command Section and the Incident Management Team.

**Incident Management System:** The coordinated approach to effectively respond to and manage incidents through basic command structure and functions. The Incident Management System outlines actions to be taken in a way that can be adapted to any type of situation.

**Incident Management Team:** The group that meets regularly to respond to and manage a community outbreak. This group is comprised of the Incident Commander, the Command Section staff, and the 4 Section Chiefs.
**Job Action Sheets:** A checklist of responsibilities to guide the management of the outbreak response.

**Logistics Section:** The Functional Section that provides and oversees support services, facilities, and resources for the outbreak response.

**Operational Period:** The time during which the Incident Action Plan is carried out by staff involved in the outbreak response. The Operational Period can vary in length, although they are not usually longer than 24 hours. It is common for Operational Periods to be shorter in the early stages of an incident, and increase in length as the situation stabilizes (from a reactive to proactive phase).

**Operational Flexibility:** The ability to adapt approach, resources, and efforts devoted to the outbreak response.

**Operations Section:** The Functional Section that conducts tactical strategies to respond to the outbreak response, including organizing, assigning, and supervising all tactical resources.

**Outbreak Response:** The coordinated set of actions taken to manage a community level outbreak, which would exceed normal business hours, processes, capacity, and/or resources.

**Planning Cycle:** The period during which actions are planned, executed, and evaluated.

**Planning Section:** The Functional Section that manages the planning process for the outbreak response by collecting, collating, evaluating, analyzing, and disseminating outbreak response information. The Planning Section would also be involved in long range and contingency planning for the outbreak response.

**Response Level:** The level at which the outbreak response occurs, dictating the amount of effort and resources invested into the response. The Level 1 response requires fewer additional resources than business as usual operations, while Level 4 response would require resources from across the entire Six Nations Council organization and the activation of the *Six Nations Community Emergency Plan*.

**Section Chief:** The role that leads one of the 4 functional areas under the Incident Management System structure: Planning Section, Operations Section, Logistics Section, and Finance and Administration Section.

**Triggers:** Events or situations that signal the need to activate the *Communicable Disease Emergency Plan*. 
Six Nations of the Grand River Pandemic Response Plan

PREAMBLE

The Communicable Disease Emergency Plan (CDE Plan) outlines activities to effectively respond to and manage large scale infectious disease outbreaks in Six Nations of Grand River Territory. The Plan is based on the Incident Management System (IMS) and responses to an outbreak can be scaled up or down as appropriate.

The CDE plan consists of three levels of outbreak response. Regardless of the level of response, a Planning Section, Operations Section, Logistics Section, and Finance and Administration Section will be involved in the response. Their level of involvement will be scaled to the level necessary for the response and as the response progresses.

The Pandemic Response Plan is initiated when the Communicable Disease Emergency Plan is scaled up to a Level 4 response where the Six Nations Community Emergency Plan and/or other local emergency plans would assist as appropriate.

The Pandemic Response Plan addresses significant public health emergencies at the community level. These emergencies are situations that could adversely affect a significant number of people and property within the community.

Level 1 Response:
➢ Addresses smaller scale incidents and/or issues.
➢ Does not exceed normal resourcing capabilities, but may require enhanced planning and/or operations within the mandated Communicable Disease (CD) Program of First Nations & Inuit Health Branch, Indigenous Services Canada.

Level 2 Response:
➢ Addresses smaller incidents and outbreak operations that exceed the normal resourcing capabilities indicated in Level 1.
➢ Requires enhanced planning and/or operations within the CD Program and may involve more resources or occur over a longer time period.

Level 3 Response:
➢ Addresses larger scale incidents and/or issues.
➢ Requires assistance from Six Nations Health Services and other teams within First Nations & Inuit Health Branch-Indigenous Services Canada.
➢ May require additional, but minimal personnel and financial resources from outside of Six Nations Health Services (e.g., staff from other programs if vaccine clinic management were needed, or staff from payroll, communications, and human resources).

Level 4 Response:
➢ Addresses large scale incidents and/or issues.
➢ Requires assistance from Six Nations Health Services, other teams within First Nations & Inuit Health Branch-Indigenous Services Canada
Section I: PLAN INTRODUCTION

1.1. Purpose
Ensuring consistency in outbreak management is important in the event of a public health emergency, such as a community infectious disease outbreak. The Communicable Disease Emergency Plan (CDE Plan) details Six Nations Health Services’ investigative response for infectious disease outbreaks in the Six Nations Community.

This Pandemic Response Plan is based on a ‘pandemic’ where a large number of people become ill with a virus, or a large geographical area in Ontario and Six Nations are affected simultaneously. A pandemic expected to last for many months will seriously compromise the life, health, and safety of the Six Nations community.

This plan will cover more than one wave where a number of cases could occur within several months either in the same year or in successive seasons. All agencies and healthcare providers will use the interim period between waves to prepare for a resurgence of disease by addressing shortfalls in supplies and personnel.

This plan will cover the recovery stage that involves activities designed to help Six Nations return to the pre-pandemic state.

A pandemic emergency will be terminated at any time by:

- World Health Organization
- Chief Elect or his/her designate, or
- Premier of Ontario

The Pandemic Response Plan should be read and understood prior to a pandemic. The plan will also incorporate changes in roles and improvements in response developed through ongoing planning efforts.

The purpose of this Pandemic Response Plan is a supporting plan to the Six Nations Emergency Response Plan and provides guidelines to respond to a pandemic in the community. Every jurisdiction must be prepared to mobilize resources quickly and effectively to contain the virus thereby limiting its impact.

It describes the emergency management concepts and structures under which Six Nations departments, local agencies and the public will operate to:

- Prevent and control the extent of infection
Minimize serious illness & overall deaths
Minimize societal disruption as a result of a pandemic.

The purpose of the Pandemic Response Plan is to provide a model to guide health staff to:

➢ respond effectively, efficiently, and in a timely manner to a Health Protection-related issue using the Incident Management System (IMS);

➢ ensure that Ohsweken Public Health staff (specifically the Communicable Disease staff, Environmental Health Officer and Sexual Health Nurse) and SN Health Services staff have the appropriate resources during an incident, outbreak or investigation that exceeds normal business hours, processes, capacity, and/or resources; and

➢ communicate to key stakeholders in an appropriate manner.

1.2. Goal
To reduce morbidity and mortality associated with community infectious disease outbreaks, such as foodborne or waterborne illnesses, and to mitigate or contain the effects of infectious diseases in a timely and effective manner, thereby protecting the health of Six Nations residents.

The aim of the Pandemic Response Plan is to provide for the extraordinary arrangements and measures that may need to be done to protect the health, safety, welfare and property of the Six Nations of the Grand River community in the event of a pandemic. In addition to ensure that the plan complies with the requirements of the Federal/Provincial Contingency Plans.

1.3. Objective
To provide operational procedures for all IMS Team members to act consistently in outbreak investigation, response, and documentation.

1.4. Background
Infectious diseases can be caused by an infection from bacteria, viruses, parasites, or fungi transmitted through food, water, animals, or person-to-person contact. The impacts of infectious diseases may include morbidity and mortality, increased health care costs, loss of consumer confidence, economic losses, and lost productivity to industry.

Six Nations Health Services and Ohsweken Public Health staff work under the following legislative requirements:

➢ Health Protection and Promotion Act R.S.O 1990, c.H.7
➢ Ontario Public Health Standards 2018 and Protocols
➢ Infectious Disease Protocol 2018 (or as current)
➢ Population Health Assessment and Surveillance Protocol, 2018 (or as current)
➢ Food Safety Protocol 2019 (or as current)

1.5 Assumptions
The plan functions with the following assumptions:

➢ The term “business as usual” will refer to the activities, processes and functions any staff conduct on a day-to-day basis.
1.6. Communication
Any Six Nations Health Services staff member that obtains information related to the outbreak will report their findings to their managers/IMS Team. The IMS Team will communicate findings/pertinent information/updates to Ohsweken Public Health staff as needed. Six Nations Health Services will endeavor to deliver consistent messages to the public and other stakeholders that are factual and timely.

1.7. Scope
The Plan will assist Ohsweken Public Health staff in making decisions, coordinating resources, and aligning functional teams to effectively respond to and manage Health Protection-related incidents in Six Nations.

1.8. Application
The Plan applies to all teams within Ohsweken Public Health and Six Nations Health Services when responses to a potential or a declared outbreak exceed business-as-usual processes, capacity, and/or resources of a single team. This Plan is intended to support the management of community pandemic responses. If the event response required exceeds the scope of the Plan, the response will scale up into the community, municipal, or provincial IMS structure as required by the Emergency Response Plan.

1.9 Authority and Custodian

Authority
This plan published as a supporting plan to the Six Nations Emergency Response Plan in accordance with Band Council Resolution #1, 23-1994/95. Section 91(24) of the Constitution Act 1867, outlines the federal government’s responsibility respecting First Nations. In emergency planning, the federal government (ISC) has made an agreement with the provincial government (Ontario) through the Ministry of the Solicitor General, to assume the responsibility for emergency preparedness and response to First Nation communities within Ontario's boundaries. Indigenous Services Canada in turn, agree to finance emergency assistance provided by Ontario (Emergency Management Ontario) through Six Nations Emergency Management.

Six Nations of the Grand River Pandemic Response Plan – IMS 2020

Customerian
The custodians of this plan shall be the Six Nations Emergency Management Planning Committee, Community Emergency Management Coordinator (CEMC), Six Nations Health Services and Ohsweken Public Health, who are responsible for the annual review, revision and testing of the plan. The Pandemic Response plan is to be reviewed and updated on a regular basis. The main body describes a Pandemic Response plan and how Six Nations works with neighbouring and government agencies. Factors such as directives from governments, changes in the development and delivery of medications, and community issues may change.

2.0 ACTIVATION: EMERGENCY NOTIFICATION

a) In the event a pandemic is declared in Ontario, the Nurse-in-Charge will be notified by the First Nations and Inuit Health Branch or designate.
b) The Nurse-in-Charge will notify the Director of Health Services or designate.
c) Upon notification of a declared pandemic in Ontario, the Director of Health Services or designate shall notify the Emergency Control Group members to activate the Emergency Notification list. (Six Nations Emergency Plan, Annex C). The Emergency Control Group will report to the Emergency Operations Centre to discuss the pandemic response and update on personnel and supplies.
d) Upon implementation, all participating agencies/departments will respond in accordance with the procedures described within this plan and the Six Nations Emergency Plan.

3.0 ACTIVATION OF THE PANDEMIC RESPONSE PLAN

The Emergency Control Group may activate this plan in conjunction with the Six Nations Emergency Plan with the recommendation of the Director of Health Services or designate when:

a) Health Canada will activate the Pandemic Response Plan in response to changes in WHO's "Pandemic Phases", or
b) A pandemic is declared by the Regional Community Medical Officer, First Nations and Inuit Health Branch; or
c) Six Nations 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 most of the health department's staff, the Six Nations departments and resources.

This plan may be implemented in whole or in part, as required, by Six Nations of the Grand River Emergency Control Group with or without the declaration of an emergency by the Chief Elect of Council, if:

a) There is a potential for Six Nations to be affected,
b) An virus is widespread throughout the Brant or Haldimand-Norfolk Counties in Ontario,
c) The ability to maintain critical community services is at risk due to widespread absenteeism in the workplace
d) Six Nations and surrounding areas healthcare providers are becoming overwhelmed, and the Assessment Centre (Annex B) is activated.
At the time of the pandemic, decisions and actions of international, federal and provincial levels of government will likely influence the implementation of this plan. The overall provincial response during a declared provincial emergency will be managed from the Provincial Operations Centre. The Six Nations emergency response will be managed from the Six Nations Emergency Operations Centre.

**System Resources:**

a) During the pandemic and post-pandemic periods, the availability of healthcare workers will be continually assessed,

b) The availability of emergency medical supplies and vaccine will be continually assessed; and

c) Six Nations of the Grand River must be able to demonstrate some amount of self-sufficiency.
Section II: OUTBREAK RESPONSE

The level of the response is dependent on the ability of the Public Health and Health Services staff to successfully manage an incident (e.g., conduct the case management and contact investigation) in a timely and effective manner. The response levels are described below and summarized in Table 1.

Regardless of the level of response, a Planning Section, Operations Section, Logistics Section, Finance and Administration Section (including Program Planning and Evaluation Team, Information Technology Team, and Communications Team) will be involved in the response; their level of involvement will be scaled to the level necessary for the response and as the response progresses.

2.1 Response Level

The decision to activate the Communicable Disease Emergency Plan or the Pandemic Response Plan will be specific to each situation and will be implemented at the discretion of a delegated Six Nations Emergency Management Team member (Table 1).

The individual who activates the Plan will be assigned the role of Incident Commander and is determined by the response level. The flexibility of the CDE and Pandemic Response Plans means that it could be later scaled up to the Community Emergency Plan as appropriate.

Table 1: Community Outbreak Management Response Levels

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<th>Response Level</th>
<th>Scale of outbreak</th>
<th>Resources Required</th>
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<th>Activated By / Incident Commander</th>
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| Level 1        | Small scale outbreaks      | Does not exceed normal resource levels, but may require enhanced planning / operations within Public Health or Environmental Health | Communicable Disease Emergency Plan              | Environmental Health Officer
|                |                            |                                                                                    |                                                   | Nurse in Charge
|                |                            |                                                                                    |                                                   | Health Director
| Level 2        | Small to medium scale outbreaks | Exceeds normal resource levels and requires enhanced planning / operations that may require limited resources from outside PHO and EHO but within Six Nations Health Services (e.g., Sexual Health, Vaccine Preventable Diseases) | Communicable Disease Emergency Plan              | Environmental Health Officer
|                |                            |                                                                                    |                                                   | Nurse in Charge
|                |                            |                                                                                    |                                                   | Health Director
| Level 3        | Significant outbreaks      | Exceeds normal resource levels and requires minimal personnel and financial resources from other departments outside of Six Nations Health Services (Payroll, Human Resources, Purchasing) | Communicable Disease Emergency Plan Pandemic Response Plan | Health Director
| Level 4        | Significant outbreaks      | Requires personnel and financial resources from other local teams and possibly other organizations | Six Nations Pandemic Response Plan Community Emergency Plan; possible links to federal, provincial, territorial, or municipal level responses | Medical Officer |
Figure 2-1: Health Protection Incident Triggers Model
PLANNING STAGES/FOCUS

The WHO will declare the beginning of the pandemic and identify which phase is currently occurring internationally. The Public Health Agency of Canada (PHAC) will declare the beginning of a pandemic in Canada and the Ministry of Health and Long Term Care will declare in the province. Six Nations will follow the phases below to help guide contingency planning and preparedness.

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<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-pandemic</td>
<td>Phase 1: No new virus virus subtypes have been detected in humans. An virus virus subtype that has caused human infection may be present in animals. If present in humans, the risk of human infection or disease is considered low.</td>
</tr>
<tr>
<td>Period</td>
<td>Phase 2: No new virus virus subtypes have been detected in humans. However, a circulating animal virus virus subtype poses a substantial risk of human disease.</td>
</tr>
<tr>
<td>Pandemic Alert</td>
<td>Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at the most rare instances of spread to a close contact.</td>
</tr>
<tr>
<td>Period:</td>
<td>June 2007</td>
</tr>
<tr>
<td>Pandemic Alert</td>
<td>Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that a virus is not well adapted to humans.</td>
</tr>
<tr>
<td>Period:</td>
<td>April 2009</td>
</tr>
<tr>
<td>Pandemic Alert</td>
<td>Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that a virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</td>
</tr>
<tr>
<td>Period:</td>
<td>March 2020</td>
</tr>
<tr>
<td>Post-pandemic</td>
<td>Phase 6: Increased and sustained transmission in general population</td>
</tr>
<tr>
<td>Period</td>
<td>March 2020</td>
</tr>
<tr>
<td></td>
<td>Phase 7: Return to inter-pandemic period.</td>
</tr>
</tbody>
</table>

SURVEILLANCE

The pandemic response phase may be prolonged, depending on the number of waves and the interval between the waves.

A Surveillance Program has been set up to monitor national and local communicable disease activity. The Six Nations Public Health has developed communication channels to share surveillance information with FNHIHB Ontario and procedures to ensure consistent and accurate information between agencies.

The public health measures will depend on the type and characteristic of a new virus as the pandemic unfolds. Decisions to implement the measures will be made by the Director of Health Services or Nurse-in-Charge. However, directions may also be forthcoming from First Nations and Inuit Health, or Federal and Provincial governments to ensure consistency.

The Six Nations Public Health, in conjunction with Emergency Control Group, continues with pre-pandemic surveillance procedures for identification of a novel virus in the community.
During a pandemic, First Nations and Inuit Health, Health Canada and the Ministry of Health and Long-Term Care will establish and adjust testing criteria according to the epidemiology of the pandemic.

In addition, FluWatch monitors international and WHO reports of virus activity. FluWatch activity reports are posted on its website at:

For specific information regarding COVID-19:

All Six Nations departments and community agencies must report abnormal absenteeism (10%+) to the Six Nations Public Health office or the Six Nations Health Services to assist with a response. This rate may change according to the severity of the communicable disease impact.

2.2 Urgent Response after Normal Business Hours

If an outbreak incident occurs after normal business hours, weekends, and statutory holidays, the on-call Environmental Health Officer, FNIHB would notify the Medical Officer (MO) and a fan-out may be triggered. See the Case Management Tool and Notification lists for specific on-call procedures.

2.3. Emergency Operations Centre

Incidents require coordination beyond that needed for routine responses. The coordination is best achieved through the establishment and operation of an Emergency Operations Centre (EOC). The EOC is a location that serves as a gathering place for the IMS Team from where they will coordinate and direct the urgent response and recovery activities. The use of primary and/or secondary operations centres will be determined by the Incident Commander.
Section III: Incident Management System

The Incident Management System (IMS) provides the basic command structure and functions required to manage an urgent response and/or emergency situation effectively. IMS uses a clearly defined chain of command, a common nomenclature for key management positions, defined management sections, and specifically described functional roles. For the purpose of this Plan, incidents and incident response described in the IMS structure refer to infectious disease outbreaks and their management. More background about the IMS is provided in Appendix A.

The IMS has five components which are colour coded for immediate visual identification and ease of recognition: Command (green), Operations (red), Planning (blue), Logistics (yellow) and Finance and Administration (grey). Figure 2 outlines the general IMS structure.

The five components of the IMS structure are activated as required. Each Organizational Section has a Section Chief and Functional Section Staff which is activated as required. Details of the job functions are outlined in Appendix B of this Plan and are provided to staff during an incident. During the implementation of the Communicable Disease Emergency Plan, some staff may be required to assume a role different from their day-to-day work. This may require temporary changes in reporting relationships.

Figure 3-1: General IMS Structure
Figure 3-2: IMS Structure for Level 4 Pandemic Response
Appendix A – Business Continuity

A Business Continuity Plan identifies and maintains critical services during an incident where people and resources may be diverted. The Business Continuity Plan also works to re-establish full functions as quickly as possible following an incident.

As services providers to the public, Ohsweken Public Health (OPH) and Six Nations Health Services (SNHS) are obliged to maintain essential services to the community under the circumstances. However, a disruption to time-critical services may result when Health facilities and its staff are adversely impacted by an emergency, or by the demands of response efforts. In such instances, all health services must undertake necessary actions to restore and maintain these services in a timely and coordinated manner.

To this end, a Business Continuity Plan will be implemented as required by Six Nations of the Grand River Elected Council to ensure a rapid and efficient restoration following a disruptive event.

While it is acknowledged that many critical functions are dependent upon technology and telecommunications, restoration of essential services goes beyond information systems, and encompasses the recovery of SNHS staff, key facilities and building contents. Separate from an emergency response, business continuity will be triggered by the Senior Administrative Officer.

A particular consideration in the planning for business continuity is the outbreak of an epidemic, or a pandemic which will significantly impact the operations of SNHS, coupled with a surge in the demand for its services at the time. This is addressed through the Pandemic Response Plan.

If someone is appointed to a role in the IMS due to an incident, 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.

Figure A-1 depicts the function of and the relationship between, the Pandemic Response Plan and the Business Continuity Plan.
## Normal Operations
- Day-to-day routine work that includes; support programs, mandated programs, health hazard investigation, vector-borne diseases, case management

## Response Level 1
- Enhanced planning/operations within Public Health
- Example includes an outbreak at a catered training event with a large number of cases

## Response Level 2
- Enhanced planning/operations that may require limited resources from outside Public Health but within FNHIH-ISC
- Example includes multiple jurisdiction outbreak or requiring other internal resources (e.g., food handler with Hepatitis A)

## Response Level 3
- Significant foodborne/waterborne outbreak that requires assistance from other teams (e.g., Public Work, Human Resources)
- Examples include national food recall or potential widespread exposure to communicable agent
- Note: Level 1 to 3 responses may involve multiple agencies and/or health units. This may service as a trigger to escalate the level of the response depending on the incident.

## Response Level 4
- Significant incident for Ohsweken Public Health/Six Nations Health Services
- Example: H1N1 Mass Immunization Clinic

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**Figure A-1 - Outbreak Management Response Levels and Business Continuity**