Miawpukek First Nations (MFN)

Conne River Health & Social Services Centre

Highly Fatal Infectious Disease Drill Exercise

February 4, 2016

Highly Fatal Infectious Disease Drill Exercise

A drill exercise is a coordinated, supervised exercise activity normally used to test a single, specific operation or function. For example, testing of verbal and /or equipment communication systems, triage processes and systems, practicing the donning and doffing of PPE, and testing evacuation or fire drill procedures.

A Highly Fatal Infectious Disease Drill Exercise is scheduled to take place at the Conne River Health and Social Services Centre on February 4, 2016 at 0930 hours. It will be an interactive exercise which intends to educate and evaluate the capability of the staff in a simulated response using equipment, PPE etc in as realistic manner as possible.

The drill exercise will enable a group of Participants, Subject Matter Experts and Observers. Based on the principal that exercises benefits are more often seen when processes, not people, are evaluated, the Subject Matter Experts will be able to support the involved staff as they progress through the scenario. Through guidance and support, a clearer understanding of staff's roles and responsibilities in working in a highly infectious area will be carried out as well as PPE procedures being practiced. Success will be determined through staff's ability to validate their practices and identify gaps where they may exist.

Drill Exercise Coordinator/Participants/Observers

Betty Moulton – Exercise Coordinator
Lola Gushue – Regional Infection and Prevention Control Coordinator, Central Health (Subject Area Expert)
Hayley Cooze – Regional Communicable Disease Control Nurse, Central Health (Subject Area Expert)
Cheryl Morris – Atlantic Regional HIV/BBP/STI Coordinator, Communicable Disease Control Unit, Health Canada (Participant)
Theresa O'Keefe – Director, Conne River Health and Social Services Centre (Participant)
Dennis Benoit – Nurse Practitioner (Participant)
Howard Jeddore – Asst Director, Conne River Health and Social Services Centre (Participant-Presenting Client)
Rhonda Benoit – Medical Receptionist (Participant)
Cynthia Benoit- Social Worker (Participant)
Victoria John – Clinical/on-call RN (Participant)
Maggie Organ – Clinical LPN (Participant)
Dan McDonald – PHN/HCC (Participant)
Elaine Jeddore – HCC /LPN (Observer)
Teresa Drake – MCH /LPN (Observer)
Holly Drew – HCC/ LPN (Observer)
John Quann – EMR (Observer)
Donald Drew – EMR (Observer)
Lisa Drew – FAO (Observer)
Melita Howse – FAO (Observer)
Melissa Drake- Administrative Assistant (Observer)
Ada Roberts – Nurse Practitioner (Observer)
Linda Joe – Finance (Observer)

General Procedures

By their very nature, exercises can be stressful events for participants. While it is our goal to conduct these exercises in a manner which foster increased awareness and communication, it is important that participants recognize the difference between exercise play and a real event.

All exercise based internal and external communications must begin with the term "**THIS IS AN EXERCISE**". Subject matter experts will ensure that staff clearly understands that they are participating in an exercise. If you receive communications that require you to perform certain functions within your scope of duties, you will be advised accordingly by the caller. If you are not asked to perform certain functions (e.g. you may simply be a contact in a list of contacts), you and any available staff should consider reviewing and discussing any necessary procedures you would follow under the circumstances.

This exercise will proceed provided there is no disruption to service. If at any time the exercise needs to be paused, the Exercise Coordinator will announce "**THIS EXERCISE IS PAUSED".** When circumstances permit the resumption of the exercise, the exercise coordinator will announce "**THIS EXERCISE IS CONTINUING**".

In certain circumstances, it may be necessary to cancel the Exercise. This may be due to a real medical emergency or other serious event. If at any time the exercise needs to be cancelled, the Exercise Coordinator will announce "**NO DUFF - THIS EXERCISE IS CANCELLED".**

When the exercise is completed, the Exercise Coordinator will advise the Director, CRHSSC that "**THIS EXERCISE IS COMPLETED**". The Director will notify staff accordingly.

Evaluation

Exercises are pointless without the inclusion of an evaluation. During this exercise, the focus is on the evaluation of the processes in place, not the people. Staff who are unfamiliar with processes must take responsibility to increase awareness through available resources.

It is the role of those involved with the planning of their exercise to ensure that identified processes and systems achieve their intended purposes.

Throughout the exercise it is important that all participants note what went well, areas for improvement and other observations as this will be the key areas discussed in the post exercise debriefing.

Post Exercise Debriefing/Action Report

The post exercise debriefing will commence immediately following the exercise.

The Exercise Coordinator will compile the summary of the exercise, along with its findings and recommendations into a report which will be submitted to the Director for the Conne River Health and Social Services Centre for approval and distribution.

Scenario

On February 4, 2016 at approximately 1000hrs a 45 year old man arrives at the CRHSSC. Upon arriving at the health centre he registers at the reception desk and describes his flu-like symptoms. He does not report that he returned from Sierra Leone 10 days ago. He remains in the waiting room for approximately one hour before being directed to the Nurse Practitioner's office for assessment. It is during this assessment that the client reveals that he is now feeling nauseated and that he returned from Sierra Leone 10 days ago.

ADDITIONAL INFO:

- Works in the oil and gas industry.
- Lives with spouse and two teenage children in Conne River. Spouse is 44 years old and has diabetes. Children are aged 14 and 16 years old with no identified health issues.

Appendix A

Miawpukek First Nations (MFN)

Conne River Health and Social Services Centre's Community Care Plan for Highly Fatal Infectious Diseases

December 10, 2014

Miawpukek First Nation (MFN)

Miawpukek is the traditional Mi'kmaw name for our community. "Miawpukek" is used as the name of the community in most documents produced by Miawpukek First Nation (MFN) Government. Documents produced elsewhere most often uses "Conne River". The name means "Middle River".

Miawpukek became a permanent community sometime around 1822. Before 1822 it was one of many semi-permanent camping sites used by our people who were at the time still nomadic and traveling throughout the Mi'kmaq Domain of Newfoundland, Labrador, Quebec, New Brunswick, Nova Scotia, Prince Edward Island and Maine.

Miawpukek Reserve was established according to traditional oral history in 1870. It was officially designated as Samiajij Miawpukek Indian Reserve under the Indian Act in 1987. Most of the members, as of June 1985, are registered Indians. The ancestries of our community members include Mi'kmaq, Innu, Abenaki and European lines.

The membership of the Miawpukek community of Conne River is 787 on-Reserve and 1779 off-Reserve. Our total population on-Reserve as of August, 2006 is 867. (787 Native and approximately 80 non-Native).

Since being established as a reserve in 1987, Miawpukek has gone from a poor, isolated community with almost 90% unemployment to a strong vibrant community with nearly 100% full time/part-time employment. Miawpukek is one of two of the fastest growing communities in the province of Newfoundland and Labrador. We are often pointed to by Aboriginal Affairs as a model community for other First Nations.

The MFN's community of Conne River is located on the south coast of the island part of the province of Newfoundland and Labrador. By land the community is 224 km from the nearest service center, the international airport town of Gander. The community is accessible by land, air and water.

Conne River Emergency Health and Social Services Mandate

The Conne River All-Hazard Community Emergency Plan requires the Conne River Health and Social Services (CRHSSC) to develop, implement and test an Emergency Health and Social Services plan. This document describes the CRHSSC's plan in preparing for, mitigating against, responding to and recovering from a Highly Fatal Infectious Diseases such as the Ebola virus disease and as such should be read in conjunction with the overarching CRHSSC Emergency Plan.

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SECTION 1

1.1 Introduction

The CRHSSC acknowledges its role and responsibility in the event of a public health emergency that may impact the MFN's community of Conne River or the CRHSSC itself. In order to implement an integrated, comprehensive, and coordinated plan specific to managing Highly Fatal Infectious Diseases the CRHSSC will work closely with Central Health as well as Health Canada officials.

The purpose of this document is to guide the preparedness, response, mitigation, and recovery efforts of the CRHSSC to a public health emergency involving the need for isolation and/or quarantine to contain the spread of a highly fatal infectious disease. An adequate response will involve coordination of efforts of various associated agencies and community organizations. The goal of this preparedness and response is first to minimize serious illness and overall deaths and second to minimize societal disruption among residents of the community. Objectives to meet this goal include making recommendations for prevention and care as well as ensuring adequate surveillance capacity and appropriate communications are in place. This plan will be formally reviewed on an annual basis to ensure the incorporation of all new developments and to ensure consistency with best practices.

1.2 Estimated Impact of a Highly Fatal Infectious Disease on the First Nations Community of Conne River and Central NL

The impact of such a highly fatal infectious disease is difficult to predict, and is dependent on how virulent the virus is, how rapidly it spreads from population to population, and the effectiveness of prevention and response efforts. Despite the uncertainty about the magnitude of such disease spread, estimates of the health and economic impact remain important to aid public health policy decisions and guide planning for health and emergency sectors. Therefore, it is essential that CRHSSC take a leadership role in supporting initiatives to mitigate against the risk of such a disease and to respond effectively and efficiently should a suspect or confirmed case present.

1.3 Roles and Responsibilities

The CRHSSC will work in conjunction with Central Health and the on-call Medical Officer of Health (MOH) contact number **1-877-709-0505** in all aspects of managing a suspect or confirmed highly fatal infectious disease and relying heavily on the lead direction from the MOH regarding clinical issues such as disease surveillance and overseeing the distribution of vaccines and antivirals, if applicable. The Director of the CRHSSC is responsible for mobilizing the contingency plans and resources and developing a cost estimate and options for decision making. Additionally, the Director

will also ensure staff become educated and promote measures to prevent disease transmission such as hand hygiene. Resources to facilitate these initiatives will be obtained through Central Health and Health Canada.

1.4 Assumptions and Considerations

The following assumptions provide a foundation for the action described in the CRHSSC Community Care Plan for Highly Fatal Infectious Diseases. The assumptions are based on historical experience, scientific knowledge, and expert consensus. They are also reflective of Central Health's planning assumptions.

- Index cases will be transported to a designated treatment site in St. John's.
- An Emergency Operations Centre (EOC) and approved governance structure (Incident Command System (ICS) will be immediately set up in the community where the index case is identified (suspect or confirmed).
- The CRHSSC where the index case is identified takes the lead in the coordination and implementation of the Public Health Measures and Community Care Plan.
- The CRHSSC will receive support from Central Health, provincial and federal agencies with public health expertise and responsibility.
- The provincial support team will be comprised of the MOH, the ADM of Population Health and/or the Director of Communicable Diseases, a provincial epidemiologist, an infection control specialist, a communicable disease control nurse specialist, and a communications advisor.
- The Public health Agency of Canada (PHAC) Response Team will consist of a physician expert in infectious diseases and outbreak management and an epidemiologist.
- At the time of the public health emergency, decisions and actions of international, federal, and provincial levels of government will influence the implementation of this plan.
- A provincial operational and logistics group will support the command center with on site IT, telecommunications and other logistical support.
- MFN, where the index case is identified, and where contact tracing and possible isolation of persons is occurring, will be engaged in the response.
- Supplies will be stockpiled at Central Health and will be dispensed to the CRHSSC, as required.
- In additional to the MFN Government's EOC, Central Health would also set up their Regional EOC to coordinate an appropriate regional response.
- Essential community services may be disrupted.

1.5 Planning Environment

To guide planning, the CRHSSC will focus on the periods of time before, during, and after a public health emergency. These periods will be referred to as Emergency

Preparedness, Emergency Response/Mitigation and Emergency Recovery periods. To maintain consistency, CRHSSC's plan will focus on the key components of an all-hazards approach to emergency planning.

1. ***Preparedness*** refers to the period before an emergency is declared. It includes all the actions involved in anticipating the onset and in limiting the potential impact or repercussions – basically everything involved in getting ready to deal with an emergency.

2. ***Response*** activities refer to the actions that each division will engage in based on the pre-determined roles and responsibilities in a public health emergency. Response actions will start when there is a specific mandate to protect the health of the population, to provide clear, relevant, and mobilizing information, and to ensure people's psychosocial well-being is supported.

3. ***Mitigation*** refers to measures that the health centre can take in advance of a public health emergency in order to prevent, lessen or alleviate the impacts and overall outcomes of the event. These measures are longer term strategies that provide a strong foundation for successful emergency management.

4. ***Recovery*** consists of activities that assist the health centre's programs in the to return to normal modes of operation after an emergency.

1.6 Planning/Preparedness

The components for Planning/Preparedness of this plan include:

1.6.1 Public Health Measures

i. Surveillance
ii. Contact Tracing and follow-up
iii. Community Emergency Planning and Response
iv. Vaccine Administration (if applicable)
v. Antivirals (if applicable)
vi. Infection Control Measures
vii. Community Care
    - Needs for Daily Living
    - Communication

i. Surveillance

The objectives of the surveillance system are:

- To provide data on the current status of the infectious disease.
- To detect in a timely fashion the emergence of new cases and to monitor the spread and impact on the community of Conne River.
- To rapidly prioritize and maximize efficiency of surveillance activities.
- To communicate surveillance data in a timely manner to stakeholders within the region, province and country.

Surveillance responsibilities will be assigned to the community Public Health Nurse who will report all surveillance data to the Communicable Disease Control Nurse, Central Health.

ii. Contact Tracing and Follow-up

Active monitoring of community contacts of a viral disease occurs when a public health authority takes responsibility for establishing regular communication with potentially exposed individuals including such measures as checking daily to assess the presence of symptoms rather than relying solely on individuals to self-report symptoms if they develop. Persons involved in community contact tracing and follow-up should be trained so they are familiar with basic information on the viral disease, contact tracing, monitoring and follow-up procedure, and tools for contact tracing and required safety precautions.

Contact Tracing and Follow-up responsibilities will be assigned to the community Public Health Nurse who will maintain contact and obtain clinical support from Communicable Disease Control Nurse, Central Health.

iii. Community Emergency Planning and Response

The objectives of emergency planning and response are:

- Establish communications with local stakeholders.
- Enlist assistance of volunteer groups.
- Encourage collaboration between emergency response personnel and Central Health to ensure coordination of efforts.
- Ensure an Emergency Command System is developed.
- Facilitate ongoing training and education specific to emergency preparedness and response.
- Test and revise emergency response plans.

iv. Vaccine Administration (if applicable)

The objectives of a vaccine program are:

- To provide a safe and effective vaccine program, in corporation with Central Health, to the residents of Conne River as soon as possible.
- To allocate, distribute and administer vaccine as rapidly as possible to the appropriate groups of people.
- To monitor the safety and effectiveness of vaccination programs.

Vaccine Administration responsibilities will be assigned to the community Public Health Nurse (and other nurse, as required)who will deliver the vaccine program and obtain clinical support from Communicable Disease Control Nurse, Central Health.

v. Antivirals (if applicable)

The objectives of intervention with antivirals are:

- To implement the recommended strategy for use of antivirals.
- To ensure the security and distribution of available anti-viral drugs to appropriate groups of people.
- To monitor and report adverse events and drug resistance.

AntiViral responsibilities will be assigned to the community Public Health Nurse (and other nurse, as required) who will deliver the antiviral program and obtain clinical support from Communicable Disease Control Nurse, Central Health.

vi. Infection Control Measures

Infection Control Measures is key to successfully managing a highly fatal infective disease and as such Personal Protective Equipment (PPE) and respective training are essential. PPE kits and training will be provided to the CRHSSC by Central Health. Coordination of the delivery of these services will be carried out by the Director of the CRHSSC and Regional Manager of Para-medicine Services and the Regional Infection Control Prevention Coordinator, Central Health.

vii. Community Care

Needs for Daily Living

During a public health emergency the needs of a community may vary. In the case of an emergency involving a highly fatal infectious disease it is anticipated that isolation and quarantine will be a factor Isolation separates sick people with a communicable disease from well people. Quarantine involves the separation of a person who has been exposed to a communicable disease who is not yet ill until the longest incubation period has passed. Based on these definitions from the PHAC it is expected that quarantine may occur in private homes, in which

case **alternate accommodations** may be needed for other family members and the person in quarantine will need food, medication, and other supplies delivered to them. **Psychological support, security** and **management of infected waste** may also be issues needing attention.

With regard to securing alternate accommodations for family members who require accommodations from a suspect or confirmed highly fatal infectious disease case the CRHSSC has access to the **Women's Shelter (Main floor -three bedroom house) and if required the basement (one bedroom apartment)** can also be available.

Psychosocial support will be available to all staff and members of the community, as required. Both alternate accommodations and psychosocial support (including Psychological First Aid, food and medication deliveries, if required) will be coordinated through the Case Management Social Worker.

Security services will be provided, as required by the RCMP. This will be coordinated through the Director of the CRHSSC.

Management of infected waste products will be coordinated by the Director of CRHSSC in consultation the Environmental Health and Safety Coordinator, Central Health.

Communication

The objectives of communication planning are:

- To identify specific activities to promote consistent, coordinated and effective public communications designed to retain public confidence, minimizing disruptions and anxiety.
- To clarify communications processes during a public health emergency.
- To coordinate communications activities during each phase of the public health emergency.
- To articulate CRHSSC's role during a public health emergency.
- To inform and educate the public regarding relevant information related to health and community services during each phase of the public health emergency.

The MFN Government's EOC is responsible for coordinating all communication during an emergency response. All internal and external information will be directed through the EOC. The Director of the CRHSSC will work with the General Manager (Incident Commander in activated EOC) and Communications

Director (Chief's Assistant) for the MFN Government and develop /implement a communications strategy to address the event.

SECTION 2

2.1 Preparation and Maintenance of CRHSSC Community Care Plan

The development and maintenance of the CRHSSC's Community Care Plan for Highly Fatal Infectious Diseases is the responsibility of the Centre's Director. This plan will be done in consultation with staff and officials from Central Health and Health Canada.

This plan will be formally reviewed on an annual basis to ensure the incorporation of all new developments and to ensure consistencies with informed practices. Evaluation and exercising components of the plan will be routinely carried out. Efforts are ongoing to establish a process for exercise development, implementation and evaluation.

2.2 Implementation of the CRHSSC Community Care Plan

The Director for the CRHSSC or designate may activate appropriate components of the Community Care Plan for Highly Fatal Infectious Diseases (e.g., Surveillance, Communications, etc.) based on a change in the situation. In the event that component/s or the entire Community Care Plan for Highly Fatal Infectious Diseases requires activation, the Director will assume the lead role in notifying key officials at Central Health and Health Canada as well as the General Manager for the MFN Government of the change in the situation and the implications related to same. The Director, in consultation with officials, will determine the requirement to convene the community EOC to manage and coordinate the event.

2.3 Activation of the MFN Government's Community Care Plan's Emergency Operations Centre

The MFN Government's EOC will be established to manage a coordinated response and recovery effort to a suspected or confirmed highly fatal infectious disease. The CRHSSC will be represented in an activated EOC (by the Director) and the implementation and evaluation of this plan will be coordinated through that representation.

Concept of Operations:

1. When the Community Care Plan is activated by the General Manager – Incident Commander (in consultation with the Director of the CRHSSC) the Emergency Operations Center may already be in place.

2. The Director of the CRHSSC will notify the Centre staff as well as the Regional HEM Coordinator, Central Health and Health Canada of the activation of the MFN Government's EOC and the implementation of the Community Care Plan.

3. The Director of the CRHSSC will oversee all aspects of the plans implementation and will work closely with the General Manager (Incident Commander) in the activated MFN Government's EOC.

5. The EOC shall employ the ICS structure to manage the MFN Government's response to a public health emergency.

6. Information sharing can flow between all members of the EOC and the stakeholders; however, all formal requests for assistance, resources, information or policy discussion must flow through the operations section of the EOC. Official reports must also flow through the operations section of the EOC.

7. At various points in the emergency, the EOC Team shall gather for debriefing and preparation of a post event debriefing report. This report will aid refinement of CRHSSC's future emergency management capability.

2.4 Emergency Operations Center Location/s

The primary location for the EOC is the **Great Hall of the Administration Building. St. Ann's School and the Mikmaq Discovery Centre being the alternate sites.** This location has required computer and telephone connections as well as a breakout room.

2.5 Termination of the Community Care Plan /Deactivation of the Emergency Operations Centre

The General Manager (Incident Commander), in consultation with the Director of the CRHSSC will advise termination Community Care Plan or components of the plan when:

i. The public health emergency is declared over by Provincial Medical Officer of Health, and

ii. Local impact has diminished to a level where normal services may be resumed.

If a local emergency was declared, the MOH will recommend to the Director of the CRHSSC that the response phase of the Community Care Plan be terminated. The Director will advise the General Manager (Incident Commander) of this decision and will

notify the staff at the CRHSSC and assist with the notification of community residents of the plans' termination and future actions, as required.

The General Manager (Incident Commander) will direct the communication to response agencies and stakeholders of the termination of the response plan. Once the determination is made by the General Manager (in consultation with the Director of the CRHSSC) that the response and recovery efforts no longer requires an activated EOC, the General Manager (Incident Commander) will deactivate the EOC.

PROTOCOL WHEN SUSPECTED EBOLA PATIENT PRESENTS AT THE CRHSSC

START:
Patient presents at CRHSSC

Triage Patient:
Patient is symptomatic and has travelled to affected country (Liberia, Serria, Leone, Guniea)

Isolate Patient (Nurse Practitioner's Exam Room)

Attending Physician/NP notifies Medical Officer of Health (MOH) On-Call 1-866-270-7437

Attending Physician /NP notifies Director of CRHSSC. Director notifies the General Manager will activate EOC to manage event.

MOH Completes Risk Assessment

END:
Not Suspect Case

Suspect Case

MOH On-Call Notifies Medical Communications Centre 1-877-709-0505

MOH On-Call Notifies Chief MOH & ADM-Population Health

Activated EOC
Information Officer to contact Chief & Council, Dir of CRHSSC to contact Central Health

MOH On-Call asks for Air Dispatcher and request activation of the Containment & Transport Team

Containment & Transport Team

Site Attending Physician/NP and Receiving Physician-HSC (Members of the Containment & Transport Team) Coordinate Patient Transfer with Central Health (ambulance services) identifying transfer plan.

Director of CRHSSC will ensure that Psychosocial Support Services are in place throughout the response and recovery phases.

Containment & Transport Team

On-Call MOH, Site Attending Physician, Receiving Physician (HSC), Emergency Medical Services (EMS), On-line Medical Control Physician, Eastern Health (CH) Clinical Chiefs or designate-IC and ICU, Manager of OHS (EH) and Director of Infection, Protection &Control (EH)

Location of PPE: Nurse Practitioner's Office (next to doctor's office)

Immediate Staffing Response: NP transports patient to designated treatment room and begins notification process. Calls back alternate NP and/or PHN and other staff as needed to cover and help deal with the situation as per protocols. Director of CRHSSC or alternate is notified of suspect case.

Appendix C EBOLA FACT SHEET

What is EBOLA?

Ebola Virus disease (EVD) formally known as Ebola hemorrhagic fever, is a severe, often fatal illness in humans. It is transmitted by direct contact with the infected person or their blood, body fluids / secretions and by medical equipment contaminated with EVD or direct contact with infected animals. Handling of deceased bodies has also been linked to transmission. Airborne transmission has not been documented in previous outbreaks.

Signs and Symptoms

EVD is a severe acute viral illness often characterized by sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash decreased kidney and liver functioning and in some cases internal and external bleeding.

Are Certain People at Risk for EBOLA?

People at risk for EBOLA would have clinical illness (see signs and symptoms above) AND one of the flowing:

- Travel to an affected country
- Contact with a suspect or probable case
- Direct contact with blood, body fluid secretions of an suspect or confirmed infected person or animal
- Work in a lab or animal facility that handles hemorrhagic fever viruses

How can we stop the spread in hospital?

- Symptomatic patients must be given a surgical mask to wear and be placed in an isolation room
- In addition to Routine Practices add **Contact** and **Droplet Precautions**
- If an **Aerosol generating procedure** must take place use **Airborne Precautions**
- Keep door closed and a log of all who enter (essential staff only), have someone monitor use of PPE (Protective Personal Equipment)
- **Visitors only in exceptional circumstances –** Must be instructed in PPE and provided info on EVD
- Medical equipment to be dedicated to patient
- When handling linen or cleaning room wear recommended PPE -- Note gown must be impermeable and disposable. Used approved hospital grade disinfectants to clean equipment.

- **Blood samples taken from patients are an extreme biohazard risk. Staff must immediately notify The Medical Officer of Health and Infection Control Prevention and Control.**