
Northwest Territories Severe Infectious Disease Contingency (SIDC) Plan

*Municipal and Community Government
Planning Responsibilities*

Introduction

The Government of Canada has directed all provinces and territories to take immediate steps to prepare for a potential outbreak of smallpox in Canada.

To address this need the GNWT has developed a Severe Infectious Disease Contingency (SIDC) Plan. The Executive Summary of the SIDC Plan accompanies this document as **Annex CR-A**. The SIDC Plan details the work that needs to be undertaken at all levels within the Northwest Territories (NWT) to prepare for or to address a severe infectious disease emergency.

These measures outlined in the SIDC Plan are being undertaken because an accidental or deliberate release of smallpox in Canada, although unlikely, would have devastating consequences. Smallpox is a highly contagious, life-threatening disease with no cure and a fatality rate of approximately 30%. The Government of the Northwest Territories (GNWT) has decided to meet the federal government's requirements by preparing a plan that addresses not only smallpox, but a number of other severe infectious diseases. These other diseases include SARS, pandemic influenza, and any new/emerging Severe Respiratory Infection (SRI). These other diseases are more likely to be encountered than smallpox, and are also highly contagious and could lead to many deaths. The purpose of the plan is to limit the spread of severe infectious disease in the NWT and prevent deaths.

The SIDC Plan applies throughout the NWT. In addition to responsibilities of health services operations throughout the NWT, municipal and community governments within the NWT have specific responsibilities which are detailed in the SIDC Plan. The following is a summary of the key planning issues that must be addressed at the local level to ensure that each community can fully meet its responsibilities in the case of a severe infectious disease emergency.

Role of Municipalities and Community Governments

The severe infectious disease emergency plans that need to be developed at the municipality or community level involve several areas of activity normally under the jurisdiction of local governments. These include communication of important community information to residents, arranging for securing the use of community facilities, patient care, counseling, arranging transportation within the community, providing security, and providing for burial or body disposal.

In order to adequately prepare for a potentially large-scale health emergency of the type covered by the SIDC Plan, local governments will need to develop a plan that addresses the community level responsibilities identified in the SIDC Plan. In developing this plan community authorities will need to work closely with both their own community health services facilities staff and HSS. In some communities it may be possible to include these responsibilities within a separate section of a general emergency measures plan. In other communities a separate health emergency plan may be required. Each community should adopt the strategy appropriate to their own community.

This document provides details on the community level requirements that must be met in the planning process. This document also outlines community level roles and responsibilities, operating procedures and preferred methods of communication to be employed during a health emergency.

The input and assistance of local government is critical to territory-wide health emergency preparations.

Developing the Community Health Emergency Plan

Local governments should review this document, and identify the types of community-level assistance that need to be provided/organized by municipal and community governments in the case of a severe infectious disease outbreak.

Because the local health services facilities staff will be fully occupied with the delivery of medical services during a health emergency, the municipal and community response plan is intended to provide for essential health emergency services that cannot be delivered by the community health services staff. To ensure that the most effective local plans are developed, local health services facilities staff are mandated to work closely with their local governments to create a workable emergency plan for each community. The person in charge of providing local health services should be invited to be part of the municipal and community health emergency response planning.

A detailed Community Health Emergency Plan is required of each community in the NWT. Once completed the plan should be reviewed by HSS and TERC and a copy kept in each community government office and the principal community health services facilities office.

Municipal and Community Health Emergency Preparation Checklist

The following checklist details the identification of individuals who will be responsible for municipal and community level response in the case of a serious infectious disease emergency. It also details municipal and community level arrangements and decisions that need to be made in advance of a serious health emergency of the sort addressed in the SIDC Plan.

These activities need to be addressed immediately, before any outbreak or health emergency occurs. Once an epidemic begins, it is too late to begin these planning activities.

Designate Personnel

- v Appoint a local Health Emergency Support Services Coordinator
- v Appoint an alternate coordinator
- v Appoint and train members for the local Health Emergency Support Services Team
- v Identify Health Emergency Support Services volunteers and solicit advance commitments from these volunteers

Designate Health Emergency Facilities

- v Identify location for a local Health Emergency Support Services Centre
- v Identify location for a disease assessment site
- v Identify location for a vaccine storage site
- v Identify location for a vaccination clinic
- v Identify locations for isolation facilities

Communications

- v Identify and obtain commitments from volunteers who will be willing to assist in the distribution of community level information bulletins, the posting of signage in the community and verbal communication in English and other official languages with those who are not able to receive information in a written form.

Transportation

- v Plan for all-season transport of infectious patients within the community

Security and law enforcement

- v Provide for local security and enforcement

Body disposal

- v Plan all-season arrangements for safe body storage/disposal

Counseling and social support services

- List available community resources
- Provide health emergency practices training and obtain commitments

Supplies Required by the local Health Emergency Support Services Team

- v Assess supplies required to meet demands of a severe health emergency
- v Make requests for health emergency supplies through to local health services centres.

Health Emergency Planning Guidelines

Personnel

▫ **Appoint a local Health Emergency Support Services Coordinator**

The local government should appoint one community resident as the Health Emergency Support Services Coordinator in the event of a serious health emergency. In an emergency, this person would be alerted first by local health facility services staff or by the Department of Health and Social Services. It will be the responsibility of this person to alert other members of the local Health Emergency Support Services Team, and to begin emergency response activities.

The ideal person appointed as the coordinator should be someone who can usually be found easily in the community, who has a telephone, who does not travel away frequently, and who is able to take action to implement the local plan.

The name and contact information of the coordinator should be given to the community health services facility staff who will also be involved in implementing the SIDC Plan at the local level. The name and contact information for the coordinator also needs to be provided to the centrally located Health Emergency Management Team (HEMT) at HSS.

▫ **Appoint an alternate Health Emergency Support Services Coordinator**

An alternate coordinator should also be designated. This alternate may be contacted if the primary contact person cannot be reached during a health emergency, or may provide relief for the primary contact during an emergency.

The name and contact information of the person appointed should be given to the local health services faculties staff. The name and contact information for the alternate coordinator also needs to be provided to HEMT at HSS.

▫ **Appoint and train members for Local Health Emergency Support Services Team**

A local team needs to be identified in each community that will be available to provide emergency support services at a local community level. The team should include members who can address medical situations, and people with logistical, organizational, or communication skills. It is possible that some of these team members may also be designated as members of the local emergency measures organization organized under the authority of MACA.

The number of people needed on this team will vary with the size of the community and the size and type of the facilities intended for use. It will also be necessary to consider the experience of those named to the team. If there are a number of persons on the team who travel frequently, then the team base will need to be larger.

Ideally, the team should include of some people with medical training, but not all the people with medical training in the community should be included. Some will still be needed to ensure that routine health services are being offered. The choice of members for this team can be based on knowledge of the individual's capabilities, interests, and of their ability to deal with emergencies. The most important capabilities for people on this team will include common

sense and knowledge of the community, the psyche and culture of the local residents. Coolness in the face of adversity and wisdom will be vital.

Local Support Services Team Capabilities

The Local Health Emergency Support Services Team will need to:

- Assist in communicating with all members of the community about the health emergency. In smaller communities this may involve use of community radio, telephone calls and door-to-door delivery of information. In larger centres communication efforts should be coordinated with The Health Emergency Communications Team (HECT) who will be issuing news releases to media and placing advertisements on radio, on television and in newspapers.
- Activate local capability for transport of infectious patients within the community and to services that will take authorized patients out of the community for treatment.
- Check out facilities identified earlier for such purposes as vaccination clinics or isolation facilities. Mobilize equipment to be use in these faculties and be ready to set up facilities when requested by HSS.
- Assist in providing medical treatment if requested
- Provide an information and services coordination point among local law enforcement, the coroner's office and local government
- Be ready to take on other emergency related tasks as necessary.

Training specific to the performance the responsibilities of the team need to be provided by HSS. Recruiting persons with a high level of medical knowledge will not be essential.

Persons who are experienced in taking command and managing other people will be valuable to this team. This will likely include those with previous military or first aid training and experience. Those without small children (or with a good family support system to look after their children) may be of greater practical use. Trappers and others with extensive experience living or traveling on the land should be considered.

Persons with phobias about medical situations such as a fear of needles or a tendency to faint when exposed to medical emergencies, should not be chosen for service on this team. Those with compromised immune systems or communicable diseases should not be asked to serve. Persons who will be involved with delivery of essential services in the community should not be chosen for this team, as it is important that those services continue to be delivered.

The makeup of the local Health Emergency Support Services Team needs to be reviewed periodically. Recruitment and training should be reviewed annually to ensure that there is an operations-ready team.

Team Training and Preparation

Support and training material is available through the Office for Emergency Preparedness, Planning, and Training in Health Canada's Centre for Emergency Preparedness and Response. It is recommended that those providing training access these resources and make them available as necessary.

It will be important for local team members be trained to recognize the diseases addressed in this plan, and, if possible, differentiate them from other common diseases that may have a similar presentation.

Some guidelines in providing appropriate training are found in the SIDC Plan's ***Annex L: Community-Level Training in Disease Recognition***.

If at all possible, a program to ensure that First Aid training be supplied with greater frequency in the communities should be initiated as a part of preparation for a pandemic, to pre-qualify a larger “pool” of possible volunteers. Programs to ensure that personnel previously trained in First Aid maintain their certifications should be developed and offered by HSS.

First Aid training provides some of the basics of medical information, and ensures that the people on a local team are capable of learning and applying even limited medical knowledge. It also better prepares them to understand the gravity of the situation, and the hierarchy of command that will exist in a pandemic.

Facilities

During a health emergency, additional facilities will be required to assess, treat and isolate infectious patients. Each of these facilities will have to be in a separate (distinct) location, and, except in larger centres, none can be located within a community health services facility. This is an important facilities planning consideration, since the normal community health services facilities will still be required to treat patients with other medical problems, without exposing them to potentially infectious patients.

The following descriptions detail what is required for each type of facility.

Identify location for local Health Emergency Support Services Centre

In each community, a local Health Emergency Support Services Centre will need to be established. The purpose of the centre is to serve as focal point for the coordination of local support in a health emergency. The centre may use an established emergency operations centre, a community government office, or a local community health services, but it should not be located in a facility used to assess, treat or isolate patients with a severe infectious disease.

Identify location for assessment sites

A location will be needed to assess patients who exhibit symptoms of the severe infectious disease. It is important that the community health services facilities are not used for assessment of potentially infectious patients in a pandemic, as the Health Centre must be kept free from contamination so that normal health services are not compromised.

In smaller communities, creative strategies need to be applied to identify possible assessment sites. These sites cannot be in the same building as the isolation or treatment centres, as some people coming for assessment will not be sick with the pandemic disease, and should not risk exposure. Assessment site possibilities include schools (if there is a second school in the community), community halls, any unoccupied houses, churches, detached office buildings, hangers, garages or heated warehouses. Ease of access to community members is important.

In these facilities, isolation capabilities must be established (even if only one room), or arrangements must be made for immediate and safe transport of confirmed patients to an isolation/treatment centre.

▫ **Identify location and facilities for vaccine storage**

Vaccine may be available to prevent some diseases (such as smallpox), and will be distributed to communities that require it by their RHA. Many vaccines need to be kept in refrigerated conditions, and the amount of available refrigerator space in the local community health services facilities may be inadequate.

There are stores in almost all communities that may keep a refrigerators in stock for local sale. These could be immediately accessed and used. Alternatively refrigerators may be obtained from offices or from any vacant apartments or from vacant houses. In a severe emergency, those of absent community members could even be requisitioned, as those not in the community when the outbreak starts may not be allowed to return immediately.

It will likely be necessary to collect more than one refrigerator and to locate them in a common lockable facility with access to emergency power sources. This may be one of the community health services facilities. Providing security for the stored vaccine should be considered.

▫ **Identify location for vaccination clinic**

Advance arrangements should be made for the setup and organization of community vaccination clinics. It is important that all municipalities and communities be thoroughly prepared for rapid set-up of clinics to vaccinate large numbers of community residents over a short period of time. Each community health services facility is responsible for selecting and arranging for a site to be used for a mass vaccination clinic in the case of a health emergency. Local governments may be of help in making these arrangements.

The SIDC Plan's ***Annex M: Vaccination Clinics*** presents guidelines for establishing a vaccination clinic, and lists the supplies that a clinic will require.

▫ **Identify location for isolation facility**

It will be necessary to identify and equip an isolation facility in each community. In many cases, this will be a school, as schools are more likely to have at least some areas that can be adapted for food preparation, and will have sufficient washroom facilities.

Other sites to consider could include old DEW line site facilities (when useable), and FOL (Forward Operating Location) sites, as well as heated hangers or other large facilities. Requests for access to these facilities that are not locally controlled should be made through TERC. Some of these may not be ideal, but are possibilities, since many have kitchen facilities and washrooms.

For isolation facilities when a small numbers of cases is involved, consider cabins that are accessible by conventional vehicles, yet located outside, or on the fringe of, the community. These could be equipped with generators for lights, and often have oil or wood stoves already in place. However, housing shortages and crowded living conditions in some northern communities may mean that there are no unoccupied houses that could be used for this

purpose. Other buildings may need to be considered. In summer, a tent facility may be the best option. In other seasons, insulated tents could be requested and set up. Requests for facilities to be brought in from outside the local area should be made through TERC.

Guidelines for establishing an isolation facility are provided in the SIDC Plan's ***Annex J: Isolation Guidelines***.

Communications

Identify and commit volunteers to assist with communication and translation

It is important to obtain commitments from volunteers who will be willing to assist with distribution of disease related information in the community. It will also be important to secure the commitment of community members experienced in translating for those who have limited facility in communicating in English.

Transportation

Pre-Arrange for the safe all-season transport of patients to isolation facilities

It is important that patients identified with the disease be transported safely to isolation/treatment facilities. Transportation may vary greatly depending on the size and resources of the community. Plans should be made for transport without endangering the patient, the transporters, or others with whom the patient may come in contact.

In larger communities with multiple ambulances, it may be possible to dedicate one or more ambulances to the transport of infected patients. Caution should be used in deciding whether or not to use the community ambulance, if there is only one in a community, as contamination will be a concern, especially in the case of smallpox. Alternatively a large box structure could be constructed to be used with a pick-up truck – much like a smaller camper. If this strategy is being considered, this unit should be constructed before any emergency occurs and be stored with community emergency and firefighting equipment.

The importance of vaccination of all those in contact with the patient en route to isolation cannot be overstated, and guidelines must be followed to properly and thoroughly decontaminate any vehicle used.

For detailed guidelines, see the SIDC Plan's ***Annex K: Safe Transport of Patients to Isolation***.

Security and Law Enforcement

▫ Provide for local security and enforcement

Law enforcement: Law enforcement in times of major outbreaks of infectious diseases may become difficult as enforcement officers may have to deal with people who are emotionally distraught and may also be infected with the disease. Every officer will need to be not only briefed on protocol, but also on personal protection. Officers should also have training on strategies to deal with distraught community residents.

Volunteers drawn from members of the Canadian Rangers or Cadet groups could also be of assistance with in security if needed.

Crowd control: Most NWT communities are small and large crowds are unlikely to develop in those communities. In larger centres the visible presence of uniformed personnel is recommended at centres like vaccination clinics or assessment centres.

If the vaccination clinics are well organized, vaccination operations should proceed in an orderly fashion.

Informing community members in both large and small communities about the times and locations of vaccination clinics should be handled using conventional public media wherever possible. In the small communities use of community radio is preferred if available. Alternatively the use of HF (high frequency) radio or CB radio may be possible. Messages can be passed via the local radio networks as to who is to come for vaccinations and when.

Body disposal

▫ Plan all-season arrangements for safe body storage/disposal

During a pandemic, local authorities have to be prepared to manage additional deaths over and above the number of fatalities from all normal causes.

In order to identify planning needs for the management of more numerous fatalities during a pandemic, it is important to examine each step in the management of a corpse under normal circumstances and then to identify what the limiting factors will be when the number of corpses increases over a short period of time.

It is important for communities of all sizes to have contingency procedures in place for the safe storage or disposal of a large numbers of bodies. For example, the bodies of those who have died from smallpox continue to be infectious after death, and proper handling of the bodies is imperative in order to avoid infecting those who come in contact with the bodies.

Permafrost can hinder interment, but the cold temperatures in the North during most of the year can actually make storage easier. A lack of supplies, including wood for coffins, can affect the ease with which bodies can be buried.

In the case of more numerous casualties, consider maximizing temporary use of existing facilities and establish plans for the use of non-traditional facilities to augment existing facilities (e.g., cold storage, freezers). In winter, any warehouse, shipping container, or uninsulated building could be used, as temperatures over most of the NWT remain below freezing from November through April. Security issues must also be considered.

Specific measures to be addressed in planning for body disposal are included in the SIDC Plan's ***Annex N: Handling and Disposal of the Deceased.***

Preparation for counselling, social support, and psychological services.

These important counseling and support services will be needed shortly after an outbreak and may continue for weeks or months after containment of an outbreak.

Only the largest NWT communities such as Yellowknife, Inuvik or Hay River have psychologists or psychiatric social workers. A few communities will have mental health social workers, who supply counselling services. Strategies to access and use these services should be developed in cooperation with those who supply such services.

Health professionals in the communities should also identify persons who may provide additional counseling and support services in the event of an emergency. These individuals may include counselors seconded from other service professions including teachers, school counselors, addictions workers, clergy or traditional healers.

Because of the small populations of most NWT communities, non-traditional resources may also be employed. Local elders or other respected community members may be of considerable help.

Annex CR-A

SIDC Plan – Executive Summary of SIDC Plan: The NWT SIDC Plan provides direction and guidance in preparing for and/or responding to an outbreak of severe infectious disease in the NWT. The authority for the SIDC Plan comes from the Government of the Northwest Territories and the NWT's Minister of Health and Social Services. The SIDC Plan was prepared in response to Health Canada's National Smallpox Contingency Plan (2003).

The SIDC Plan contains contingency arrangements that address the possibility of potential outbreaks of smallpox, SARS, pandemic influenza, and new / emerging Severe Respiratory Infections (SRI). The SIDC Plan pays particular attention to the unique social, health and logistical conditions of the NWT, and addresses the particular challenges of health care delivery and emergency response experienced in the territory.

The SIDC Plan describes the disease contingencies addressed; NWT outbreak management principles; roles and responsibilities at the federal, territorial and local levels; levels of alert and the activation process; pre-event preparedness issues; and contingency operating procedures. It also describes internal, intergovernmental and public communication procedures, post-event contingencies and comments on compensation strategies. The plan considers linkages with other NWT emergency plan protocols that address issues of transportation, facilities and security that involve the movement of people and materiel.

The SIDC Plan describes the steps to be taken within the NWT to respond to the threat of an outbreak of smallpox, SARS, pandemic influenza or an SRI of similar magnitude. The categories of response and primary associated activities are as follows:

- Establishment of Health Emergency Management Team (HEMT);
- Establishment of Health Emergency Management Headquarters (HEMH);
- Establishment of the three (3) Health Emergency Response Teams (HERT) ;
- Deployment of HERTs to local communities for medical response, training and logistical support;
- Stockpiling of medical and physical resources for the possible emergencies addressed in this plan;
- Arranging logistics and transportation through the Territorial Emergency Response Committee (TERC);
- Establishment of the Health Emergency Communication Team (HECT) to provide media relations services and communication of health risk and prevention measures to the general NWT population in the event of a major public health emergency;
- Mass vaccination for diseases which are vaccine-preventable;
- Isolation of individuals or communities when medically appropriate;
- Care of patients in community facilities, where possible;
- Evacuation of patients to supplementary facilities in Inuvik, Hay River and Yellowknife, where patient is too sick to be cared for in the community or where numbers overwhelm local capacity;
- Establishment of procedures for feedback loop to the HEMT from local communities, community health facilities and Regional Health Authorities (RHA) during the course of the health emergency.

The SIDC Plan provides a health emergency response framework and is accompanied by Annexes that provided more detailed information in relation to primary activities