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# COMMUNITY LEVEL COORDINATION, PLANNING AND MONITORING

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## **Operational Planning Guidelines to Support Community Preparedness and Response to COVID-19**

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## Introduction

COVID-19 response planning for Indigenous communities across Canada is a challenging task. Each community's population, infrastructure, essential services and access to external services differ. This guide follows the World Health Organization's *COVID-19 Strategic Preparedness and Response Plan: Operational Planning Guidelines to Support Country Preparedness and Response* and can be used as needed and implemented within your community as deemed appropriate.

## Purpose

The purpose of this guide is to provide practical advice to prepare and respond to COVID-19. The guide outlines priority steps and actions to be included in plans across major areas of public safety and public health preparedness and response which include;

- Community level coordination, planning and monitoring;
- Risk communication and community engagement;
- Surveillance, rapid-response teams;
- Points of Entry;
- Laboratories;
- Infection prevention and control;
- Case management; and
- Operations support and logistics.

**This guide does not supersede any newly relevant data provided by National and Regional public health officials. Rather, this guide should be used to rapidly adapt to existing relevant plans.**

For the latest information visit:

<https://www.canada.ca/en/publichealth/services/diseases/coronavirus-disease-covid-19.html>

## Pillar 1 – Community level coordination, planning and monitoring

Emergency Management mechanisms should be activated and engagement with various community partners such as health, education, public works, environment, social services and traditional resources in order to provide a coordinated, managed response to COVID-19.

Using this guide, first steps for Public Safety officials to take are:

1. **Appoint a COVID-19 lead** within the community to oversee the development and emerging issues. This lead should have a health background. Preferably your Health Director or Nurse in Charge. If no medical staff are available in community, your Community Safety Officer, First Responder or Fire Chief can be used as lead.
2. **Engage with Regional health authorities.** Connect with your direct line of updated information from Regional/Local representatives. Information will be provided from WHO → Countries → Provinces → Regions → Communities. Don't wait for engagement, make the connection.
3. **Activate multi-sectoral, multi-partner coordination mechanisms** to support your local response. This can even include closest sister community partners, Metis communities or nearest community with a hospital for support and check-in.
4. **Adapt an existing plan.** If any existing *Community Influenza Emergency Plan, Communicable Disease Plans* or *Community Emergency Response Plans* exists, adapt or update them into your response.
5. **Review your preparedness and response capacity.** How would your essential workforce function if 33% of staff were in home isolation? Are employees cross-trained? Can services continue and be delivered remotely from a home office?
6. **Required Population.** Conduct a community risk analysis including mapping of vulnerable populations by updating your Priority List with the local health team.
7. **Establish supply and resource links.** Call local suppliers of essential needs (food, water, medical supplies) for updates on their supplies. Ensure stocks are ordered for a 30-day supply (see Supply list) if possible.
8. **Assign roles and responsibilities.** Connect with regional/national counterparts and review mandates and roles. Are there any gaps? Is there a duplication of services? Within the community, who is your communications lead? Assign all those response roles and complete COVID-19 mandates.
9. **Identify your funding source.** Supplies will need to be ordered, operations may need to change when working from home and Internet usage may rise, teleconferences must occur. Establish your emergency funding source and every position keep accurate logs of decisions made and money spent. Contact your Indigenous Services Provincial Coordinator and/or your normal link of community funding source.
10. **Conduct daily meetings.** Hold daily (even twice daily) teleconference meetings with your COVID-19 response committee. Updates should be provided and any request from local partners shared during these updates. Response plans adjusted to reflect current medical reports.

11. **Develop After-Action Reports.** To evaluate the effectiveness and impact of response actions. Mainly for improvement and “Lessons Learned” reports.
12. **Redundancy.** Identify, train and designate backup personnel for your response committee and for key community supports such as essential needs (i.e., water delivery).
13. **Legal Aspects.** Make sure actions taken do not cause further damage or harm to staff and/or community.
14. **Self checks.** Monitor your health and well-being. Allow yourself to take breaks and take care of each other.

## Pillar 2 – Risk Communication and Community Engagement

It's critical to communicate with community members during this public health emergency all information regarding COVID-19, what is known, what is being done, and community actions to be taken on a regular basis. Preparedness and response activities should be conducted in a preventive, community-based way.

### Steps and actions to take regarding risk communication and community engagement:

1. **Identify your communications team.** One for Information technology support (social media aspects), one for print and paper updates, community radio, and a public information representative to provide all updates (the trusted face of the response).
2. **Identify key audience.** Review community perceptions, concerns, influencers and preferred communication channels. Engage trusted groups to work through (Women's groups, youth groups, business groups, traditional elders, etc.).
3. **Prepare.** Prepare local messages targeting at-risks groups. These messages should be out/mentioned first.
4. **Establish an approval process.** Utilize a clearance process for timely dissemination of messages and materials in local languages as well.
5. **Link external trusted sources.** Provide links to Public Health Agency of Canada's COVID-19 site for those seeking more information.
6. **Utilize two-way communication.** Partners and community will need to communicate back. Use methods such as information hotlines, website links, email, Facebook live feeds or other social media channels.
7. **Establish a plan** for social and behavioural changes within the community, including individual health and hygiene practices in line with Public Health recommendations.

## Pillar 3 – Surveillance, rapid response teams and case investigation

In communities with high risks of imported cases or local transmission, surveillance objectives will focus on rapid detection, comprehensive and rapid contact tracing, and case identification. In a scenario where sustained community transmission has been detected, objectives will expand to include monitoring the spread, transmission intensity, and the assessment of the impact on healthcare services. Data collection is important for future epidemic/pandemic emergencies.

### Steps to take for surveillance, rapid response teams, and case investigation:

1. **Gather and disseminate** case definition in line with Public Health Agency of Canada and WHO guidance.
2. **Activate** active case finding and event-based surveillance for symptoms.
3. **Assess** gaps in active case findings.
4. **Provide** tools for the public to report symptoms (confidentially) in order to seek next steps and advise.
5. **Monitor and report** illness trends, impacts, clinical data (if able), case fatalities and high risk groups to your regional/next line health departments.
6. **Train and equip** rapid response teams to investigate possible cases, begin contact tracing investigation in order to prevent further spread.
7. **Produce daily** reports to the whole team.
8. **Respect privacy.** Understand that regarding health, patient confidentiality is imperative!

## Pillar 4 – Points of Entry

Efforts and resources at points of community entry should focus on surveillance and risk communication activities.

Steps to take for points of entry:

1. **Develop and Implement** a points of entry team.
2. **Provide a list** of questions to ask prior to people entering the community.
3. **Determine if entry** is appropriate and define next steps:
  - a. **Enter** without restrictions
  - b. **Enter** but head straight home for self isolation for 14 days.
  - c. **Enter** but self isolate at a designated location (in the instance where home may have other family members who can become ill).
  - d. **Enter** and head straight to a health care triage area for further questioning.
  - e. **Entry not granted** and other options provided to the traveller.
4. **Prepare a** rapid health assessment facility (or building, or home) for health care officials to further investigate travellers.
5. **Communicate** information to travellers coming into the community. Symptoms to watch for, proper hand washing, and updated advice provided by Public Health.
6. **Alternate locations** identified for community members not able to return home, i.e., denied access to a plane, road closures, etc.
7. **Evaluate** effectiveness of point of entry information (consider if people are being honest, and if the information provided is helpful)

## Pillar 5 – Laboratories

Communities should prepare how they will test for COVID-19 and which laboratory will be used. In the event no health care facility or medical staff are available, identify the nearest location. Establish those contacts right away.

### Steps to take for laboratory information:

1. **Decide** if in-community testing can occur.
2. **Establish access** to a COVID-19 testing laboratory.
3. Within Community, **identify hazards** and perform biohazard risk assessment then use appropriate biosafety measures to mitigate risks.
4. **Ensure specimen collection**, management and referral network and procedures are functional.
5. **Develop and implement** plans to link laboratory data with key epidemiological data for timely data analysis.
6. **Develop surge** plans to manage increased demand for testing.
7. **Monitor and evaluate** diagnostic findings for quick reporting and patient follow-up.

## Pillar 6 – Infection prevention and control (IPC)

Infection prevention and control (IPC) in communities and health facilities must be reviewed and enhanced to prepare for treatment of patients with COVID-19. This will help prevent transmission to staff, all other patients and in the community.

### Steps to take for infection prevention and control:

1. **Assess capacity** for IPC at all levels within the healthcare system. This includes public safety, private and traditional practises and medical supplies/pharmacies. Minimum requirements for a healthcare setting include a functional triage system and isolation rooms, trained staff with updated information. Wash service stations will need to be front and center.
2. **Assess and implement** IPC in public places that cannot be closed due to the essential service it provides.
3. **Review and maintain** updated information on IPC methods, then implement in all areas.
4. **Implement a plan** for monitoring healthcare personnel exposed to possible cases of COVID-19 for respiratory illness.
5. **Develop and manage** a plan to ensure the community has a continuous and sufficient stock of Personnel Protective Equipment (PPE).
6. **Engage trained staff** with authority and technical expertise to implement IPC prioritizing activities.
7. **Record, report and investigate** all cases of healthcare-associated infections.
8. **Disseminate** IPC guidance for home and community care providers.
9. **Provide access** to water and sanitation for health (WASH) services in public places and community spaces most at risk.
10. **Carry out training** with all essential services staff on proper IPC and PPE donning and doffing.

## Pillar 7 – Case Management

Community clinics and other healthcare facilities must prepare for an increase of suspected cases of COVID-19. In small communities, even one case will push the health system into overload. First responders, nurses, doctors, and traditional medicine practitioners must remain familiar with case definition in order to apply the proper case management to patients and suspected cases.

Steps to take for Case Management are:

1. **Map vulnerable** populations and public safety/health facilities.
2. **Identify alternate** facilities/buildings that may be used to provide treatment. Closed schools are typically well suited “secondary sites”.
3. **Identify nearest** hospital accepting COVID-19 patients for intensive care treatment.
4. **Ensure that the capacity** to SAFELY deliver services are maintained.
5. **Provide guidance** for self-care of those with mild symptoms, including guidance of when and how to present yourself to a medical professional.
6. **Set-up a triage** and screening area.
7. **Disseminate** information on updated case management protocols provided by Public Health Agency of Canada and review standards from the World Health Organization.
8. **Establish** dedicated teams and equipment for assessment and treatment.
9. **Ensure** staff, responders and community members have access to psycho-social care and referral assistance when needed.
10. **Respect privacy.** Understand regarding health, patient confidentiality is imperative!

## Pillar 8 – Operational Support and Logistics

Logistics and operational support within the community may become strained. Ensuring redundancy for essential services and back-up suppliers are available will be key for effective response.

Steps to take for operational support and logistics are:

1. **Inventory** personnel and possible availabilities.
2. **Review existing supplies in community.** Visually verify and count as presumed supply on logs or amounts written on boxes can be inaccurate.
3. **Cross-train** within the essential service areas (i.e., water treatment plants, grocery stores, public safety coordination, etc.)
4. **Review supply chain** for all essential needs. Arrange back-up/alternate sources.
5. **Ensure purchasing** processes are followed and keep track of all COVID-19 response expenses.
6. **Request** how the community can assist a surge in demand.
7. **Determine** the use of traditional hunting and gathering as a source of sustenance within the community.

## Annex 1 – A 30-day suggested supply list

**Why Red Cross believes the following recommendations are important:**

- Based in the experience of H1N1 it is anticipated that Indigenous Populations (IPs) will be more susceptible to COVID-19 than non-Indigenous people living in Canada, and that they will face specific challenges within their contexts that will need adapted recommendations.
- Recognition that IPs report higher rates of underlying conditions that can increase vulnerability to COVID-19 (i.e. as active tuberculosis, chronic obstructive pulmonary disorder, diabetes, and HIV/AIDS) as opposed to non-IP populations living in Canada.
- All the recommendations below, based on standards from WHO, UNICEF, PHAC SPHERE, CDC, and additional public health resources, need to be shared as widely as possible among community memberships so all individuals have the information they need to make safe choices to protect themselves. The key to this is the WHO's focus on hand hygiene and its directives to identifying symptomatic individuals, isolating them and testing them to protect their communities.

**Note: a household herein is considered as a unit of five people. Knowing the number of households and the number of people per household will be key to making a proper procurement plan.**

## Hand hygiene

Recommended protective action to take at the household level.	Calculation of supplies needed for personal protection of households.	Recommended supplies for a household unit of five people, which can then be multiplied by units of five
<p><b>Ensure adequate amount of soap</b></p> <p><b>Liquid Soap</b> (e.g. on entry to home, after using rest facilities, before eating, before touching face (e.g. for applying makeup, taking medication))</p> <p><b>Soap and water are effective for removing germs from hands when hands are washed for at least 20 seconds</b> (including your palms, back of each hand, between fingers, thumbs and under nails)</p>	<p><b>Bars of soap:</b> It is estimated that one bar will be required, for each hand washing station, per week for five people (e.g. at kitchen sink, bathroom sink)</p> <p><b>One 250g bar of soap per person per month (for bathing)</b></p> <p>and</p> <p><b>One 250g bar of soap at each handwashing station per week (for kitchen sink, bathroom sink)</b></p> <p><b>OR</b></p> <p><b>Liquid Soap</b> It is estimated that <b>two bottles of 250ml will be required for each hand washing station, per week for five people</b> (e.g. at kitchen sink, bathroom sink).</p> <p>3ml soap (slightly less than 1tsp) per hand wash, assuming 10 hand washes per day: = 10 washes x 3ml x 5ppl = <b>150ml per day</b></p> <p>150ml per day x 7 days = <b>1050ml of liquid soap per week</b> (or approximately 1L per household, to be divided between two handwashing points)</p> <p><b>4L total liquid soap per month</b> (in bottles = 16 x 250ml bottles, or 4L total)</p>	<p>Recommendation:</p> <p><b>13 bars of soap per family of five, per month</b> (five for bathing and eight for handwashing) (one bar of soap in bathroom per week and one bar of soap in kitchen per week)</p> <p><b>OR</b></p> <p><b>16 x 250ml bottles of liquid soap (4L total) plus five bars of soap per family of five, per month:</b> (16 bottles for use at handwashing stations, plus five bars of soap for bathing)</p>

## Household cleaning

Recommended protective action to take at the household level.	Calculation of supplies needed for personal protection of households.	Recommended supplies for a household unit of 5 people, which can then be multiplied by units of five
<p>First, remove debris with broom; dust surfaces.</p> <p>Open windows and doors, if possible, for ventilation while cleaning with bleach solution.</p> <p>Prepare bleach solution; reserve some to wash gloves after cleaning.</p> <p>Start with upper surfaces (tabletops, night stands, switches, counters), wiping downwards with solution.</p> <p>After cleaning surfaces (toilets, light switches, door handles, counters, tabletops, toilets); then as often as possible wash walls then floors, going top to bottom, ideally at least once per week.</p> <p>Allow mop to dry between cleanings.</p> <p>Wash gloves after use with bleach solution or soap and water.</p>	<p>It is estimated that 250ml of bleach will be required for every 1 family of 5, per week: = <b>1L per month.</b></p> <p>Bleach solution to be mixed in a bucket: 0.5% sodium hypochlorite solution (0.5% Chlorine solution); this means 25ml (approximately 2 TBSP = 30ml) of product in 5L of water; which usually translates to about 2 capfuls.</p> <p>One time cleaning per day with bleach solution.</p> <p>30ml x 30 days = 900 ml.</p> <p>A family of 5 needs approximately 1L bleach per month (if you include spillage); or 3 L for 3 months.</p> <p>Note: Bleach is typically sold in 3.4L jugs; which should last 3 months and would account for spills.</p>	<p>1L bottle of bleach per month; or 3.4L jug for 3 months (0.4L will allow for spillage).</p> <p>1 package of microfiber/ soft cloths or sponges.</p> <p>2 pairs rubber gloves (one for backup or use when others are wet)</p> <p>1 broom (one-time)</p> <p>1 mop (one-time)</p> <p>1 bucket (6L or greater, requires space for 5L water, to be used for cleaning)</p> <p>1 spray bottle for bleach solution, as a possible alternative for surface cleaning.</p>

## Technology and Device Cleaning

Recommended protective action to take at the household level.	Calculation of supplies needed for personal protection of households.	Recommended supplies for a household unit of 5 people, which can then be multiplied by units of five
<p>Technology should be cleaned frequently.</p> <p>This includes cellphones, tablets, computer screens, keyboards, television remotes and buttons.</p> <p>Alcohol should be sprayed on microfiber cloth. Cloth should then be used to clean the device.</p> <p>Cloth should be changed daily and washed in between use.</p>	<p>It is estimated that <b>one 630ml of bottle of will be required for every family of five, per month.</b></p> <p>With 70% ethyl or isopropyl alcohol, recommend; 'frequently' (see Canada. 3)</p> <p>Spray bottle; 1 to 1.24ml per spray;</p> <p>Given this is often sold in quantities of 630ml:</p> <p>630ml/ 1 or 1.25ml per spray = between 504 to 620 sprays or 16.8 to 21 sprays per day (or 3-4 per person, per day)</p>	<p>Ethyl alcohol for cleaning devices</p> <p>1 bottle 630ml of alcohol (ethyl* or isopropyl) per household per month</p> <p>1 spray bottle to put alcohol in.</p> <p><i>Note: *If ethyl alcohol can be purchased in a spray bottle, this is preferred.</i></p> <p>1 package of microfiber cloths or sponges.</p>

## Laundry and Clothing Hygiene

Recommended protective action to take at the household level.	Calculation of supplies needed for personal protection of households.	Recommended supplies for a household unit of 5 people, which can then be multiplied by units of five
WASH recommends 200g laundry soap per person per month	<p>It is estimated that families will need 200g of laundry soap per person, per week</p> <p>200g laundry soap x 5 people = 1kg;</p> <p>Note: Recommended this be doubled to take account for linens and towels (for a total of 2kg)</p>	<p><b>2kg of laundry soap will be required for every family of five, per month</b></p>

## Daily Self-Monitoring of Temperature

Recommended protective action to take at the household level.	Calculation of supplies needed for personal protection of households.	Recommended supplies for a household unit of 5 people, which can then be multiplied by units of five (i.e. double for 10 people, triple for 15 people, etc.)
<p>At home temperature taking, (at home thermometer) will help with early detection, monitoring symptoms, and can help identify symptomatic people for Health Care Providers (HCPs) and enable quick follow-up.</p> <p>This should be daily practice for HCPs; and could provide early warning.</p> <p>Thermometer use and cleaning.</p>	<p>A thermometer is best for taking temperatures by the armpit and mouth.</p> <p>Wash digital and glass thermometers with lukewarm water and soap between uses. If rubbing alcohol is available, this may also be used to clean the thermometer with it and a soft cloth.</p> <p>Place the thermometer back into its case after each use.</p> <p>Store it in a safe place, away from your child's reach.</p>	<p>2 thermometers per household unit (one to use and one spare); Thermometers can be digital or contactless</p> <p>Alcohol wipes: 3 boxes of 100 swabs per household per month. (5 persons take temp 2X daily = 10 wipes per day and <b>300 alcohol wipes needed for 1 month per household of five.</b></p> <p><i>Alternate option to alcohol wipes: 1 bottle of rubbing alcohol and a 1 bag of cotton pads per month.</i></p>