

The Status of First Nations Planning and IH Collaboration

Background

For a number of years, pandemic influenza planning efforts have been an emergency management priority in Interior Health (IH). In order to effectively execute response strategies and plans, IH recognizes that the engagement of stakeholders and partners who will be on the frontline during this global public health emergency is of the utmost importance. Stakeholders and partners in First Nations (FN) communities are no exception. However, due to a range of issues (e.g., staff turnover, jurisdictional issues, a lack of federal/provincial guidance regarding FN pandemic influenza planning, etc.), consistent communications between IH, the federal First Nations and Inuit Health department (FNIH), and the Aboriginal population within IH during has been inconsistent. Despite the aforementioned hurdles, pandemic influenza preparedness plans (PIPP) have been developed for a number of FN communities across the Health Authority and planning efforts for FN communities are ongoing.

As IH updates its PIPP and considers future planning priorities, it is necessary to review the status of FN pandemic planning efforts within the Health Authority (HA) through the lens of relevant federal planning guidelines. In addition, potential next steps will be outlined, which will propose ways to ensure that reserve and band-specific pandemic influenza plans in IH link effectively with federal, provincial, and Health Authority strategies.

Proposed Roles and Responsibilities of Partners regarding the Management of Pandemic Influenza in On-reserve First Nations Communities (CPIP 2006)

The following lists outline the proposed roles and responsibilities of FN communities, and their provincial and Health Authority partners, in the development and management of on-reserve pandemic influenza plans.

First Nations Communities – Elements to be addressed in Pandemic Influenza Plans

- Develop community pandemic influenza plans in collaboration with the respective FNIH, region and/or the local/regional health authority; ensure plans specifically:
 - Identify a provincial/regional Medical Health Officer (MHO) for the community and establish formal arrangements for ongoing MHO services.
 - Identify partners, and clarify their roles and responsibilities.
 - Enhance community awareness of the ongoing threat of pandemic influenza.
 - Lead to the training of frontline staff.
 - Enhance community surveillance activities for the early detection of influenza-like illness (ILI).
 - Lead to enhanced triage/screening capacity.
 - Develop capacity for patient isolation in health care facilities in FN communities.
 - Implement infection control guidelines and public health measures at the time of pandemic, in consultation with FNIH regional medical officers, regional health authorities, and in accordance with the national pandemic influenza plan.
 - Develop and regularly update related communications plans.
 - Maintain ongoing stock and inventory of emergency supplies (e.g., masks, gloves, etc.).

- Calculate and regularly update the number of individuals (within FN communities) in each priority group for pandemic influenza vaccine.
- Plan for mass immunization, in collaboration with FNIH regional medical officers, and/or provincially-recognized MHOs.
- Liaise with Health Authorities to discuss the transfer of severe pandemic influenza cases to hospitals and ensure equitable access for such cases.
- Assess the current means of patient transportation to provincial/regional health care system (when required) and examine their appropriateness during pandemic influenza (i.e., identify the gaps and develop strategies to address them).
- Ensure maintenance of essential services in the community.
- Develop a contingency plan to ensure the education of the FN people with regard to infection control practices and self-care so that they are better prepared to deal with the predicted shortages of health care workers and services as a result of an influenza pandemic.
- Develop formal partnership agreements between FN communities to allow for mutual aid (as is feasible).
- Institute an emergency response team.
- Participate in simulation exercises with the respective neighbouring municipalities and the Health Authority.
- Participate in local pandemic influenza planning (in neighbouring municipalities) to facilitate coordination of efforts and integration with provincial/regional systems in dealing with pandemic influenza.

Provincial Public Health Authorities – Elements to be addressed in Pandemic Influenza Plans

- Work with First Nations and FNIH regional offices during the development of provincial pandemic influenza plans to define roles and responsibilities, coordinate efforts, and prevent gaps in the management of pandemic influenza in FN communities.
- Develop formal agreements, through negotiation, with FNIH regional offices to incorporate on-reserve FN people into the provincial planning activities (where possible); ensure such agreements specifically address:
 - Procurement and distribution of vaccine/antivirals/emergency supplies (e.g., supplies for diagnosis, treatment, infection control, immunization).
 - Enhanced surveillance capacities with the ability to separate out surveillance data specific to on-reserve FNs.
 - Two-way communication on case reporting.
 - Facilitation of on-reserve FNs communities' access to federal emergency services such as the National Emergency Stockpile System (NESS) and the Health Emergency Response Team (when it is established) when community and FNIH resources are overwhelmed, and where available.
 - Assistance in the provision of Public Health (PH) services (if PH capacity permits) to FN communities when community and FNIH resources are overwhelmed.
 - Clarity on the legally recognized MHO for each FN reserve.
- Ensure equitable access to hospital care for transferred, acute pandemic influenza cases.

- Work with federal officials to clarify federal and provincial legislation, and authorities, in the event of pandemic influenza cases on reserves.
- Develop a communication plan (with FNIHB regional offices and other key players).

First Nations Planning in Interior Health: A Work-to-Date Assessment

Pandemic influenza planning amongst FN communities in IH has been on-going. Particularly in 2007, and under the guidance of Interior Health's Aboriginal and First Nations Coordinator, Charlene Yow, on and off-reserve communities were engaged and encouraged to link into the IH pandemic influenza planning process. In December 2007, the Aboriginal and First Nations Coordinator presented a close-out report outlining these efforts. This report analyzed the work-to-date and collaboration of Interior Health, the 55 First Nations bands across IH, and the external consultants hired by the federal government to advance FN pandemic influenza planning. Pandemic planning activities outlined in the report included:

- The establishment of a pandemic planning framework to assist FN communities in the development their pandemic plans.
- Pandemic planning training sessions (led by FNIH).
- The development of FN Home Nursing Kits for communities.
- The promotion of awareness regarding the updated federal pandemic influenza plan annex on First Nations pandemic planning responsibilities.

In addition to the aforementioned activities, the close-out report highlighted the fact that the FNIH, in partnership with the Community Health Association of British Columbia (CHABC), secured a private contractor to assist each FN community in IH to create band-specific pandemic influenza plans. As of late 2007, nearly two-thirds of the bands in British Columbia have developed planning templates with the assistance of this external contractor.

Generally speaking, the templates used for these FN response plans outline the following components:

- An overview of the pandemic influenza threat;
- A breakdown of activities to take place over the pre-pandemic, pandemic, and post-pandemic phases; and,
- Planning categories, which include emergency management, surveillance, vaccine, antivirals, health services, and communications.

The Aboriginal and First Nations Coordinator's close-out report noted that approximately 75% of bands in IH have used this template to guide their response to an influenza pandemic. The other bands have developed pandemic influenza plans with members of their own health care team or through the use of private contractors, many of whom have been recorded as Registered Nurses.

Overview of Gaps in the FN Pandemic Influenza Planning Template and IH PIPP

While the planning template used for FN communities has formalized the planning process in a majority of these regions across Interior Health, these plans present a number of questions regarding potential gaps in the required linkages between the FN communities, Interior Health, and federal/provincial response agencies. Some of these issues include:

- Differences in the planning assumptions used (e.g., planning template assumptions differ from 2006 provincial assumptions and IH PIPP 2008 assumptions).
- The proposed implementation of restrictive public health measures in FN communities (e.g., isolation of cases, quarantine of close contacts), which are not described in detail or linked to IH activities/direction.
- The lack of a formal overview of the Incident Command System (ICS) and how FN response operations may link into the overall emergency management system of Interior Health.
- Inconsistent information regarding the role of antivirals in a pandemic.
- A lack of clarity regarding the triggers for the activation of individual plan and how these triggers ought to link to federal, provincial, and health authority declarations of pandemic activity in the region.
- The general assumption that Interior Health will be responsible for establishing a call centre for the reporting of adverse events within the HA population.
- The mention of alternative care sites without a formal scope of services being outlined, or their links to proposed IH activities.

The close-out report provided by Interior Health's Aboriginal and First Nations Coordinator also listed a number of gaps located specifically within the 2007 IH PIPP:

- The PIPP does not identify legislative authority for federal and/or provincial emergency response planning and action in on reserve First Nation communities.
- The PIPP does not make it clear if the term "First Nations" is an inclusive term that refers to all Aboriginal people within IH (i.e., First Nations, Métis, Inuit who reside in on and off-reserve communities), or if the term "First Nations" refers to Status Indians who reside in on reserve FN communities.
- The PIPP does not identify any of the unique issues that are specific to pandemic planning in on-reserve FN communities. These issues include but are not limited to:
 - The lack of clarity about the roles and responsibilities of the following stakeholders during the pre-pandemic, pandemic, and post-pandemic stages in on-reserve FN communities: the federal government, the provincial MHO, the regional health authority MHO, the FNIH MHO, and FN communities.
 - The process by which these stakeholders will communicate the roles and responsibilities that they have identified to effectively manage an influenza pandemic in a coordinated manner in on-reserve FN communities.
 - The lack of clarity as to which MHO (provincial, HA, FNIH) is legally recognized as the MHO for each on-reserve FN community.
 - The lack of clarity regarding how FNs will access vaccine, antivirals, and other emergency supplies during an influenza pandemic.
 - A failure to identify what kind of support, if any, IH will be able to provide to on-reserve FN communities and FNIH that lack a public health infrastructure and/or

public health resources that may be caused or exacerbated by an influenza pandemic.

Addressing the Gaps: Close-out Report Recommendations and Proposed Next Steps

To assist FN communities in IH, the external contractor responsible for FN planning, and the Health Authority develop a coordinated response to an influenza pandemic in on-reserve communities, the close-out report provided by IHs Aboriginal and First Nations Coordinator recommended the following planning actions:

- Bands that have completed their pandemic influenza plans ought to be reminded of the need to formally implement and continuously test their response strategies, in addition to beginning to coordinate pandemic-related activities with IH and stakeholders in neighboring municipalities.
- Develop a strategy to maintain the channels of communication that have been established between IH, FNIH, and the 55 FN bands within IH. Suggestions include:
 - Inviting the external contractor for the bands to provide the IH Infectious Hazards Emergency Response Planning Task Force (IHERPTF) with an update every four months regarding the status of planning amongst the bands.
 - Invite the Aboriginal and First Nations Coordinator to update the FN template and then circulate to each of the bands twice a year (i.e., distribution of updated FN templates will assist band members to stay current with pandemic plans despite turnover of staff in on reserve FN communities).
- Establish a formal IH/FN Pandemic Planning Working Group to address the issues raised in this section of the PIPP and to formalize planning linkages between FN and IH plans; this working group ought to be forged between the new IH Communicable Disease Unit, the IHERPTF, the Aboriginal and First Nations Coordinator, the IH MHO with the Aboriginal Health portfolio, the IH MHO with the CD portfolio, and the Public Health subcommittee that will be established (2008) to assist with the alignment of the IH PIPP with the various FN Pandemic Plans.
- At the provincial level, IH ought to engage the Ministry of Health to develop a plan that will ensure that Aboriginal people who reside in on or off-reserve communities within IH benefit from any information, plans, or activities that are discussed within the provincial pandemic planning structure.