



Southern Chiefs Organization
Report on
Pandemic Flu Needs Assessment

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1.0 Introduction

The Southern Chiefs' Organization (SCO), representing 36 First Nations communities, was established in 1998 by the Southern Chiefs of Manitoba to protect, preserve, promote and enhance First Nations people's inherent rights, languages, customs and traditions through the application and implementation of the spirit and intent of the Treaty-making process.

Three internal governing bodies guide the Grand Chief and Chief of Staff in the day to day operations of the organization. They include: the Chiefs Executive Committee, the Chiefs Finance Committee, and the Chiefs Personnel Committee. All three governing bodies receive direction from and are accountable to the SCO Chiefs in Summit.

The SCO Health Unit was established in response to the high rates of disease occurring within the Southern First Nation communities through a resolution on January 13, 1999 by the SCO Chiefs-in-Summit. Since then, the SCO Health Unit has continued to provide key support areas requested by member First Nations in the areas of: advocacy, advisory, facilitation, communication, policy development, and research. The SCO Health Unit also strives to keep apprised of current health issues and concerns. One such issue is the Pandemic Flu in which the SCO Health Unit conducted a Needs Assessment with its First Nation communities.

2.0 Background

Pandemic flu occurs when a new influenza virus appears or emerges in the human population and causes a global outbreak of the disease, resulting in serious illness as it spreads from person to person for which people have little or no immunity, and for which there is no vaccine. While people are exposed to different strains of the flu virus many times in their lives, about three or four times every century a radically different strain of flu causes a pandemic. For reasons unknown, a radical change takes place in the influenza virus causing a new strain to emerge.¹ There have been three pandemics in the last 100 years: Spanish flu (1918 - 1919); Asian flu (1956 - 1958); and the Hong Kong flu (1968 - 1969).

Pandemics are unpredictable and it is hard to know when one will occur, what type of flu it will be, and how severe it will be. Although no one can predict the timing, scientists say that a flu pandemic is inevitable and imminent. Wherever and whenever a pandemic starts, everyone around the world is at risk. A pandemic flu could cause many deaths and severe illnesses, disrupt some parts of daily life, and limit the amount of health and other services available.

¹ Health Canada (2008). Pandemic Influenza. http://www.influenza.gc.ca/geninfo_e.html

First Nations people will be especially vulnerable to pandemic flu, given their predisposition and susceptibility to diseases, as a result of their social and economic circumstances. This said, it is important for First Nations to start preparing and planning for the next pandemic in order to better cope and be equipped in responding to a pandemic.

3.0 Discussion

A Pandemic Needs Assessment was conducted with the SCO communities. All of the SCO First Nation communities were initially contacted. There were 32 responses to the Needs Assessment out of the 36 SCO communities. There were a total of 26 communities which were visited, with 25 of the communities visited participating in the assessment. One of the communities visited refused to participate in the Needs Assessment and stated that they would conduct their own Needs Assessment. There were also two communities that came to the SCO office to do their Needs Assessments, as well as three which were faxed in.

The Needs Assessment gave an excellent indication of where the First Nation communities are at regarding pandemic planning, awareness, and readiness. The Needs Assessment was composed of seven parts that included:

1. Planning and Coordination
2. Communication
3. Administrative/Community Services
4. Infection Control Policies and Procedures
5. Resource Allocation/Planning
6. Capacity/Education /Training
7. Infrastructure

The Needs Assessment also included sections on:

- Other Priorities/Needs
- Other Comments
- Recommendations

The First Nation communities had different needs. A majority did not have pandemic plans in place, some had partial plans, some had MANFF emergency plans which needed updating, and a couple had plans that were near completion. There was also a need for more information and awareness on Pandemic preparedness and planning, for both the health staff and the community. The overarching need was the lack of funding to develop pandemic plans. The lack of human resource capacity was also a concern. The First Nation communities expressed a need for assistance to develop Pandemic plans. All of the First Nation communities expressed a need for emergency plans and also for those with plans in place; there was a need to update the existing plans. There were also needs that were specific to certain communities because of their isolation.

The First Nations also recognized that it was better to be prepared and the need to involve their community members as well as establish communication with other governments, institutions, and businesses. There were also other needs that are discussed in more detail in the following section.

4.0 Results

The following sections are a discussion of the results of the Pandemic Needs Assessment which was conducted by SCO during this reporting period. These sections are: Planning and Coordination; Communications; Administrative/Community Services; Infection Control Policies and Procedures; Resources Allocation/Planning; Capacity/Education/Training; and Infrastructure. The results are based on the answers from the Needs Assessment as well as other comments which were raised by the First Nation communities.

4.1 Planning and Coordination

- The First Nation communities expressed a need for assistance to develop Pandemic plans.
- All of the First Nation communities expressed a need for emergency plans and also assistance to update existing plans.
- There was also a need for more information and awareness on Pandemic preparedness in general.
- There is a need for funding to develop pandemic plans.
- Concern was also raised regarding the need to develop protocols, agreements and Memorandums of Understanding (MOUs) with regional health authorities, RCMP, hospitals, and other local governments, businesses and stakeholders.
- The question regarding who will develop the agreements and MOUs was also raised, as well as the question as to who will pay for the development of the agreements and MOUs.
- It was also suggested that communities prepare protocols and regulations regarding hunting activities during a pandemic.
- The need for leadership involvement was also raised.
- There was also concern regarding the need to prepare tools such as home care kits, awareness campaigns, pamphlets, and community awareness strategies and workshops.
- The need to meet with Manitoba Association of Native Firefighters (MANFF) to coordinate its emergency plans and services with pandemic plans was also expressed.
- There was also a need for MANFF to share its emergency plans with the community.
- Integrating schools and senior (homes) into plan was also identified as a need.

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- Partnering with neighboring First Nation communities was also needed.

4.2 Communications

- A majority of the First Nation communities did not have an emergency communication plan in place, with the exception of a few communities.
- There was an overwhelming concern for increased pandemic awareness for community members of what Pandemic is, and general education and awareness regarding Pandemic.
- Other communication issues included the need to update policy manuals and to reflect Pandemic policies.
- The need to share stories from people who experienced previous pandemics was also raised. This type of sharing could be used as learning from past experience and learning how people coped with past pandemics.
- There was a need for First Nations to share and communicate with one another within their own communities programs and/or departments.

4.3 Administrative/Community Services

- Security during a pandemic was identified as a need. Security is required in terms of providing security for storage facilities and other supplies and services. People were concerned that if there was a scarcity of supplies that people would break into service facilities.
- A need for computerized data base systems was also identified. A computerized data system would keep track and monitor First Nation people with health issues. It would also be an efficient way to get information quickly.
- A few communities said that they had manual charts to track data.
- A majority of the communities did not have ambulance services and relied on nearby towns for ambulance services.
- A majority of the communities also identified that there were no contingency plans for the sick and elderly during a pandemic.
- As well, a majority of the communities did not have contingency plans in place for students and schools and were unsure what types of emergency plans their schools had, and that linkages need to be built to the schools.
- There was also a need to keep an inventory of the special needs population. Communities identified that they would be able to mentally recall who their special needs population is, however, they also agreed that they needed to keep written records as well.
- Some of the communities also stated that contribution agreements do not have provisions for communities to declare state of emergency and additional funding.

4.4 Infection Control Policies and Procedures

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- Most of the communities stated that they had no quarantine/isolation plans in place should a pandemic occur.
- Most of the communities also stated that they had no mass vaccination plans in place.
- Some communities identified that people needed to be trained on proper nutrition as prevention against pandemic and as a means of building up their immune system.
- The need for proper hygiene was also identified as a preventative measure as well as education and awareness on proper hygiene.
- There was also concern that the First Nations may be the last to receive vaccines when a pandemic occurs.
- The First Nations also felt that Pneumonia shots be available to First Nations.

4.5 Resources Allocation/Planning

- The issue of funding was the overwhelming need regarding pandemic planning and coordination.
- Funding for a community pandemic coordinator was also identified by the communities.
- The communities also expressed concern over stockpiling medication and foods and the expiry date of certain medication and foods.
- A couple of communities indicated that they have some supplies on hand in the event of a pandemic; however, a majority of the communities do not have any supplies in place.
- The issue of who is responsible for providing supplies was also raised.
- The First Nations also want FNIH to put in writing when supplies will be released during a Pandemic.
- The need for white boards during a pandemic was also identified as a need.
- The availability of fuel during a pandemic was also raised as the concern that there could be a fuel shortage during a pandemic.
- Other needs that were identified was food allocation, as well as supplies such as water, food, wood, bedding, cooking and eating utensils; and who will fund the supplies.
- Other supplies that were needed included:
 - Generators
 - Incinerators
 - Supplies – syringes, needles, masks, vaccines, etc.
- An inventory for people with vehicle types – bikes, quads, skidoo, etc. is also needed.
- There was also concern regarding water allocation, water contamination and water treatment during pandemic and the need to train back-up staff in this capacity.
- The First Nations were also asked if they relied on traditional foods, and a majority indicated that they used both types – western and traditional.

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- A few communities indicated that they have community gardens in place, and almost all the communities said that a lot of the families had their own gardens.
- The First Nations also said that there was a need to learn how to preserve food and that workshops of this type are needed.

4.6 Capacity/Education/Training

- Training volunteers and front line staff/volunteers was identified as a need, as well as preparing for surge capacity such as, but not limited to staffing, resources, supplies, and training.
- The First Nations were also asked if they were aware of the Incident Command System and many indicated that they have knowledge of the fan-out system of delegating.
- Role play and mock exercises was also stressed as a need in order for First Nations to visualize what a pandemic was and what was needed, as well as developing a video on 'role play' to use in the community.
- The need for additional human resources was also identified and an inventory of trained staff in the community.
- The need to develop and update Human Resource Personnel manuals specific to a pandemic was also raised.
- There was also a need to train people to give medications, needles, IVs, nebulizers, recognizing symptoms of influenza, and how to change bandages.
- Almost all the health staff indicated that they have First Aid and CPR training; however they indicated that pandemic planning will need to include training volunteers in this capacity.
- Other training needs that were identified included: CPR, First Aid, EMS, Safe Food Handling courses, food storage techniques, and LPN training for Community Health Representatives and Health Care Aides.
- Expanded roles of staff during a pandemic was also discussed and whether staff are properly trained to handle additional capacities and responsibilities during a pandemic.
- Some health staff indicated that they had knowledge to train others if necessary.
- The communities also expressed an interest in training on how to identify the symptoms of pandemic flu and expressed that they needed awareness of the difference between bacteria and virus and their respective symptoms.
- There was an overwhelming need for education, awareness and training of the whole community regarding Pandemic.
- There is also a need for training and awareness of wildlife, and how to be aware of physical change in wildlife should they become contaminated.
- The need to train back-up staff and volunteers was identified as well as calling back retired staff.
- The question was also raised who will do the training.

- The First Nations also wanted to know if they need approval from other agencies/sources to train their own people.
- There was also an emphasis on the need for team building and working together.
- Training family members to take care of their own during a pandemic was also identified as a need, as well as training on how to identify symptoms as well as generic methods of treatment.

4.7 Infrastructure

- The First Nations said that there was a need for emergency/control centres with at least 10 phone jacks, however there was also the question of who will pay for installation of phone jacks.
- Most of the communities indicated that they had designated emergency shelters in place.
- All of the communities indicated that they had access to medical vehicles to be used for transportation.
- Most of the communities indicated that they were accessible by an all-weather road with the exception of some communities on the east side.
- There was a need for clean storage facilities, as well as additional storage facilities.
- Maps to homes and public buildings for the use of emergency workers and other visitors were also expressed as needed.
- A majority of the communities indicated that they had some form of waste disposal systems within their communities.
- Some communities had their own radio stations which would be used for emergencies.
- All communities had some form of communication services such as internet services, fax, telephone, radio, television, two-radio radios, and marine radios.

5.0 Other Priorities and Needs

- There is a need in all areas regarding pandemic planning, readiness, and with keeping and storing data.
- There was also concern that the communities need more awareness and to understand what a pandemic is.
- Some of the communities expressed concern that their roads were in bad condition and were in dire need of fixing.
- Communities stated that ambulance services were needed in the communities.
- Some of the First Nations also stated that the subject of mass deaths, mass burials, and wakes need to be discussed during planning and not to be scared to discuss it.

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- Communities discussed a need to link up with neighboring First Nation communities and plan with them.
- A couple of communities indicated that they have started to stockpile various food items but a majority has not.
- Other concerns that were raised were morgue setups, wakes, and mass burials.
- Some of the First Nations said that it would be up to them to decide about wakes when the time came; however, many said that they would consult with their elders during their planning.
- There was not much feedback on how to plan for mass burials during the assessment but the First Nations stated that they would discuss with their elders during their planning.

6.0 Other Comments

- The First Nations expressed concern that they will probably be last to get vaccines or any form of assistance should a pandemic occur.
- The First Nations also felt that it was important to collect information of past pandemics that were experienced by First Nations and to videotape, document and collect their stories, experiences, and how they survived.
- The communities expressed concern that they all need to speak the same language – “we need to be all on the same page and doing the same thing regarding pandemic planning”.
- The communities need to understand proper planning and the seriousness of what it is they are planning for.
- The First Nations also stated that Elders need to be included during pandemic planning.
- Involvement of leadership was a recurring need.
- An isolated community stated that travel into their community should be restricted during a pandemic.
- There was also concern that the traditional food chain could be contaminated during a pandemic.
- There was also concern that the isolated communities do not have the same services as the south to deal with a pandemic.

7.0 Recommendations

- The First Nations recommended that information/stories be collected on First Nations’ experiences on past pandemics and how they survived and video be made.
- It was recommended that First Nations be assisted in developing their pandemic plans.

- It was recommended that education, public awareness and information sessions and workshops about pandemic be delivered at the community level.
- It was recommended that communities have computerized health data systems.
- It was recommended that more funding be allocated to the communities to deal with pandemic awareness, readiness, and planning.
- It was also recommended that leadership take an interest and become more involved.
- It was recommended that communities' capacity needs regarding pandemic be resolved. This includes training for new and existing staffing resource needs to deal with pandemic, as well as securing new and additional human resources to deal with pandemic.
- It was also recommended that MANFF share its emergency plans with the rest of the community.
- It was also recommended that the communities have their own pandemic coordinators.
- It was also recommended that workshops on food preservation (both western and traditional foods) be delivered to the communities.
- It was recommended First Nations be equipped with First Nations specific communication tools such as brochures, posters, CDs, radio announcements, community workshops and awareness campaigns.
- It was recommended that First Nations develop agreements and/or MOUs with their respective RHAs, hospitals, and goods and services providers and that assistance be provided for this task.

8.0 Summary

The Needs Assessment gave a good picture of what was needed in the First Nation communities, as well as the concerns and issues. During this reporting period, SCO conducted the Needs Assessment with only the Health staff in the communities during the initial visits with the community. There have been numerous requests to go back into communities to hold education and awareness workshops with community members; however, there are not enough resources to hold such workshops within this reporting period.

Many of the First Nation communities were at different stages of pandemic planning, with a couple of communities having plans almost completed, some with partial plans linked with MANFF emergency plans, and most with no plans in place. The level of awareness was also different in the communities. Some of the health staff that was met had limited knowledge of what a pandemic was; others had some knowledge of what pandemic was, and some with more knowledge. Overall, the knowledge and awareness of pandemic differed for the communities, with an overwhelming need expressed for more education and awareness regarding pandemic.

Funding was one of the major issues regarding pandemic planning, along with the lack of additional resources such as human resources and training. General infection control policies and procedures were handled by the nurses on staff at the community level; however, there was also a need for more community awareness specific to infection control. There was also a need for more training of staff and community members. The need to network and link with community schools, RHAs, other governments and existing businesses and services was also a need. The need for additional resources and infrastructure were also discussed.

9.0 Conclusion

The Needs Assessment gave a good indication of where First Nation communities are at with their pandemic planning, their knowledge and awareness of pandemic, and their community needs in order to respond to a pandemic. The First Nation communities were receptive to the Needs Assessment and were keen on discussing the issues and needs regarding pandemic planning. The communities are at various stages with their pandemic plans. Their knowledge and awareness of pandemic also differs. More funding is needed for the First Nation communities, as well as assistance to complete plans. Overall, the First Nation communities felt that more information on pandemic is needed, and all of them indicated that they want to start developing their pandemic plans and to be prepared.