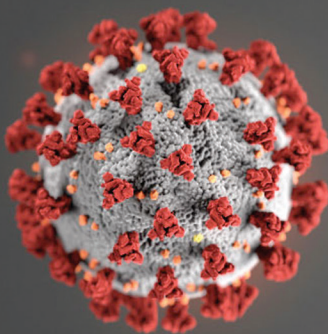




Circle of Eagles Lodge Society

Coronavirus Pandemic Response

Planning Guide





Circle of Eagles Lodge Society Coronavirus Pandemic Response

Planning Guide

Pandemic Planning Guide

This document has been prepared for the Board of Directors of COELS, Senior Management, Key Personnel, and partners. This document should also be read in conjunction with other key documents such as the Policies and Procedures Manual.

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For
Board of Directors, Staff, Brothers and Sisters, Families
& COELS Partners

Date: March 13, 2020

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Background

In December 2019, a novel coronavirus (COVID-19) was detected in three patients with pneumonia connected to the cluster of acute respiratory illness cases from Wuhan, China. By the end of February 2020, several countries were experiencing sustained local transmission, including in Europe.

Canada was no exception and on March 13, 2020, BC issued health and travel advisories. This resource guide has been adapted through information found in the Public Health Agency of Canada websites, MNP Planning Guide for Pandemics and through discussions with the Senior Management team of the Circle of Eagles Lodge Society in responding to the coronavirus pandemic.

This document has been prepared for the Board of Directors of COELS, Senior Management, Key Personnel, and partners including CSC and other funders. This document should also be read in conjunction with other key documents such as the COELS and Anderson Lodge Healing Centre for Women Policies and Procedures Manual.

COELS will follow all guidelines set by the Public Health Agency and other Government departments and will work in partnership to mitigate the risk to the Brothers and Sisters Healing Lodges as well as those who work, visit and volunteer there.

The Coronavirus information found in Appendix Two was shared with the Brothers and Sisters of COELS on March 9, 2020.

On Friday, March 13, 2020 COELS Senior Management team met to plan and prepare for the Coronavirus and to begin discussions on how best to respond to this pandemic.

PART ONE - Coronavirus

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. Some coronaviruses transmit between animals, some between animals and people, and others from people to people.

There is more information found in the Appendices.

The Coronavirus information found in Appendix Two was shared with the Brothers and Sisters of COELS on March 9, 2020.

On Friday, March 13, 2020 COELS Senior Management team met to plan and prepare for the Coronavirus and to begin discussions on how best to respond to this pandemic.

PART TWO - The COELS Pandemic Planning

The COELS Pandemic Response Team (CPRT)

The COELS Pandemic Response Team (CPRT) will develop a strategic plan, oversee its implementation, and monitor daily COVID-19 updates. They will meet regularly and adapt response strategies as new information emerges.

The CPRT consists of the following people within the organization:

1. The Board President – Shelley Joseph
2. The CEO – Merv Thomas
3. The Director of Operations – Barb Ellis
4. The Housing Manager – Velma Albert
5. The House Leads – Danette Delorme & Laverne Snow
6. House Supervisor – Ellen Stewart

Social Distancing

In order to promote and practice social distancing all face to face meetings including: Board Meetings, Managers Meetings, Staff Meetings, Brothers and Sisters Face to Face Meetings were effectively cancelled and all meetings were moved online.

COELS now utilizes Zoom meetings for all of its meetings.

EMPLOYEES

Employees

COELS employees play a major role in the prevention and spread of the virus. By following Universal Precautions, hand washing, ensuring cleanliness of common spaces, they will mitigate the risk of and spread of the virus. Employees are strongly encouraged to keep themselves knowledgeable of the coronavirus. They must be aware of all the contents in this document as well as continue to educate themselves on the pandemic.

They will closely monitor their own health; the health of the Brothers and Sisters and they will discuss with their supervisors should one of the Brothers or Sisters become ill.

1. Pandemic Planning
2. Proper Hand Washing
3. Following the Cleaning Schedule
4. Become familiar with the different forms of isolation

Classifying and Responding to Disruptions – Five Levels

There are five levels of classification for the pandemic.

Level One – Planning Stage

This level also is a time to ensure that all Universal Precautions are followed. See more information in the sections below. The CPRT will continue to monitor, revise if necessary, adapt resources and continue to respond to new information. COELS is currently at this Level.

All staff including Brothers and Sisters will be encouraged to begin social distancing.

All meetings including Board Meetings, Staff Meetings, Brothers and Sisters meetings will be immediately suspended until further notice. However, COELS management will implement other communication procedures to ensure that critical communication continues to flow.

Level Two – Possible Infections

This level will continue the activities mentioned in Level One and will also begin to implement other strategies and activities.

Employees and/or anyone in the organization who may have come into contact with someone who has the virus will result in 1) Employees - that individual's self-isolation (quarantine) 2) Brothers and Sisters – that individual's self-isolation within the lodges. Self-isolation protocols will be implemented. Employees will not be allowed at work should they be sick.

Level Three – Confirmed Infection in One Person within the Healing Lodges

One person becomes infected with the virus. Employees and/or anyone in the organization who has the virus will result in 1) Employees - that individual's mandatory-isolation (quarantine) 2) Brothers and Sisters – that individual's mandatory-isolation within the lodges. SEE DISRUPTION IN WORKFORCE BELOW.

At this level, there will be restrictions on movement. Only the Brothers and Sisters that reside in the Lodges and Employees scheduled on shift will be allowed into the facilities.

Level Four – Confirmed Infection with more than one Person

More than one person becomes infected with the virus. Employees and/or more than one in the organization who has the virus will result in 1) Employees - that individual's mandatory-isolation (quarantine) 2) Brothers and Sisters – that individual's mandatory-isolation within the lodges.

Level Five – Rampant Infection Total Loss of Operations

Shut down procedures will be implemented. This will be developed in greater detail by the CPRT by March 31st, 2020.

COELS Contingency Plan to Manage Broader Disruptions

Disruption to Leadership

The Board President will become actively involved in the organization's day to day activities to ensure supports are there on an ongoing basis in the event that the CEO becomes incapacitated.

The following plan will be followed:

- ✓ Should the CEO become incapacitated the Director of Operations will assume the role of Acting CEO.
- ✓ Should both the CEO and the Director of Operations become incapacitated the Housing Manager will take over the role of Acting CEO.
- ✓ Should the CEO, The Director of Operations, The Housing Manager become incapacitated one of the House Leads will take over the role of Acting CEO.

Signing Officers and Stamps

As COELS currently has five signing officers, a CEO stamp will be used by the Acting CEO. Should the CEO be unable to authorize such expenditures then one of the Acting CEOs mentioned above along with the Board President and/or COELS signing officer will authorize the use of the CEO's stamp.

Communication Plan regarding Leadership Disruption

Establishing a clear communication plan will ensure that COELS plan for sharing critical messages to key stakeholders and the organization's response to those issues is described in the various Levels above. The CEO or the Acting CEO will be responsible for directing and ensuring that at each level the organizations strategies are communicated.

It is important to ensure that all stakeholders are aware of key messages, activities and responses. Stakeholders include: Board, Management, Staff, Brothers and Sisters and others, as well as our other key stakeholders including Corrections Services Canada, Lu'ma Native Housing, Vancity, and other partners.

The CPRT will work with the CEO and/or the Acting CEO in communicating the messages.

Disruption to Workforce

When there is a disruption to the workforce this section will describe the key activities to ensure COELS is continuing to provide services to the Brothers and Sisters.

1. All Employees must ensure that they have updated all their contact information and that this key information is in their employee files. Managers and supervisors of all the programs will ensure that this information is gathered.
2. All Employees must have their emergency contact information up to date.
3. Should an employee become ill, they must report their illness and infections to the Senior Management Team and the CPRT who will begin to decide on next steps. Employees will call in or email the admin email. The Manager will follow up with a phone call to check on the status of the employee.

4. Senior Managers and others may be called upon to cover shifts should there be a shortage of staff to cover all shifts. This may take them from their regular duties and this information will be conveyed to key stakeholders. I.e. funders who rely upon reports etc.
5. All meetings including: Board Meetings, staff meetings, Brothers and Sisters meetings will be postponed avoiding the potential of spreading the virus. Meetings will be held online either through teleconferences, ZOOM or other online service.
6. All employees must follow the Government of Canada and the BC Government travel advisories and no employees should be traveling against those travel advisories. All international travel is to be postponed. Employees will not be allowed to return to work, should they decide to travel against all advisories. They will not be allowed to return to work until they have been self-isolated for 14 days upon their return.
7. All employees will ensure a safe workspace, including following the regular cleaning schedule, sanitization, wearing protective gear accordingly as set out in the procedures for level five.
8. COELS will ensure that all employees continue to get paid, payroll is currently offsite, so all employees should not experience payroll disruption.
9. In the case an employee must take more days off, they must apply for emergency medical EI. COELS will assist employees by issuing a Record of Employment within three days.
10. Employees may only return to work upon their Doctor's orders and this will require a note from their doctor.
11. Contractors will be paid as per their contract for a period of two weeks.
12. There may come a time that either houses may be quarantined, the Quarantine Procedures will then be implemented as employees may become quarantined along with the Brothers and Sisters.
13. All employees must be aware of the different levels of isolation that is found to this document in the appendices.
14. This is a living document and the CPRT may make recommendations to the COELS Board and Staff to add additional measures and responses.

SEE COELS Policies and Procedures Manuals for more information if required.

Disruption to Information Technology

COELS will ensure that the IT infrastructure can support work at home arrangements, while ensuring overall system security following protocols established through the Statement of Work and IT Policies and Procedures.

All system back-ups in the event of an IT system outage will be followed.

Disruption to COELS Operations

This section will consider alternate ways of avoiding certain key activities to ensure that the houses are operating efficiently and effectively.

Shopping

Currently the House Manager of Anderson Lodge and a House Supervisor of Naa-na-himiyis do the shopping. Alternate arrangements including home delivery will be implemented. Regular online meetings of the CPTR will ensure that these activities are discussed and then implemented. If there are any disruptions to the shopping, at Level three and onward, the Shopping for Quarantine Levels will be implemented.

Funders

COELS Management will approach funders to ensure that the key programs and services continue. They will ask that consideration be given to providing funding for at least two months ahead. This will ensure that there is no disruption of services and will not negatively impact cash flow. Should managers be unable to provide reports on a timely basis, i.e. they must cover shifts at the lodges, funders will be asked to release funds so that COELS operations may continue.

Insurance Broker

COELS Management will contact the Insurance company to review the coverage. This will answer any questions on how COELS operations are impacted and consider whether existing insurance policies potentially provide coverage for losses. This will ensure that there is clear understanding of how loss is connected to the insurance policy wording. These discussions will also ensure that COELS understands the insurer's documentation requirements when submitting a claim for covered loss.

COELS currently has four locations on the Insurance Policy, each location will be discussed.

Travel Restrictions

As mentioned above, all employees must follow the Government of Canada and the BC Government travel advisories and no employees should be traveling against those travel advisories. All international travel is to be postponed effective immediately. Employees will not be allowed to return to work until they have followed the guidelines set by the regulating bodies, should they decide to travel against all advisories. They will not be allowed to return to work until they have been self-isolated for 14 days upon their return.

Employment Insurance

Should employees have to take mandatory health leave, COELS will ensure that they are able to continue to make their obligations to their bills i.e. rent, mortgage, vehicles etc. COELS will work with the employees by providing ROEs within a short time frame. All employees should check the Government of Canada Website to discuss their eligibility to receive benefits.

<https://www.canada.ca/en/employment-social-development/corporate/notices/coronavirus.html>

PART THREE - Coronavirus Prevention Education Materials

The following resources will be posted within both Lodges, in all the bathrooms and common areas.

Adapted and Revised Resource Materials

The following resource materials will be adapted and developed:

1. COELS Pandemic Response Planning Guide
2. COVID Prevention Education Materials
3. Cleaning Schedule
4. Brothers and Sisters Kits

Hand Washing Materials

Wash your hands poster

Handwashing is one of the best ways to protect yourself, your colleagues, the Brothers and Sisters and your families from getting sick. Learn when and how you should wash your hands to stay healthy.

Wash Your Hands Often to Stay Healthy

You can help everyone at Naa-Na-Himyis and Anderson Lodge to stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **After** using the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage



FIVE Easy Steps for Proper Hand Washing

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout the Brothers and Sisters Lodges, and to the entire community—from your home and workplace, here at Naa-na-himyis and Anderson Lodge to other Community Residential Facilities, and elsewhere.

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.



This poster was laminated and placed in all the bathrooms of both lodges.

FIVE Easy Steps for Proper Hand Washing

Posters were put up in all the bathrooms.

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout the Brothers and Sisters Lodges, and to the entire community—from your home and workplace, here at Naa-na-himyis and Anderson Lodge to other Community Residential Facilities, and elsewhere.

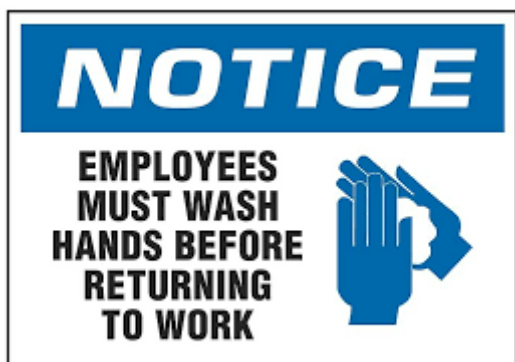
Follow these six steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.
6. **Turn off tap using paper towel.**



Washing Hands Mandatory Staff Posters

In the staff washroom we will place the following poster:



Cleaning Schedule

A cleaning Schedule is being prepared which will include a calendar and timeline of expected sanitizing and cleaning activities for each shift. This schedule will be posted in the staff office and each staff person on duty is expected to follow. Please ensure all the cleaning is being completed on a regular basis. Management will conduct spot checks daily and will sign off once the cleaning/sanitizing activity has been completed.

Brothers and Sisters Kits

COELS will be handing out individual kits for the Brothers and Sisters and the following will be included:

1. Individualized soap
2. Hand Sanitizer
3. Toothbrush & toothpaste
4. Nail Clippers
5. One-page info sheet
 - a. Small info sheet on Leaving your Home
6. Other information which is currently being developed include:
 - a. Co-vid and how to protect oneself
 - b. What to do in case they get sick whether it is flu or the Coronavirus
 - c. Self-isolation
 - d. Mandatory Isolation - What happens if the Brother or Sisters must be placed under mandatory isolation.
 - e. Quarantine – What happens if the Lodges must be quarantined?
 - f. Brothers Responsibilities
 - g. Management and Staff Responsibilities



It is everyone's responsibility to ensure that they are preventing the spread of the virus.

These kits were handed out to all the Brothers and Sisters that were living in the lodges on March 17, 2020.

Naa-na-himyis and Anderson Lodge Prevention

No Visitors

There were specific protocols that have been implemented to ensure that Naa-na-himyis and Anderson Lodge facilities are mitigating the risk for the COVID-19 virus entering the facility.

As of March 17, 2020, the facilities were only accessible to those who lived and worked in the facilities and Essential Visitors. The following notice was placed on the front and back on facilities.

No Visitors

Only Brothers and Sisters that live in this facility, staff that are on shift, and Essential Visitors may enter these premises. Essential Visitors include: Elders, Counselors, Parole Officers and those that work directly with the Brothers and Sisters may enter.

This home has Brothers and Sisters, Staff who are at risk for health including: Chronic Illness, Age over 65, Immunocompromised or illness, Diabetes, High Blood Pressure.



NO VISITORS

Only Brothers and Sisters that live in this facility,
staff that are on shift, and
Essential Visitors may enter these premises.

Essential Visitors include: Elders, Counselors, Parole Officers
and those that work directly with the Brothers and Sisters may
enter.

**This home has Brothers and Sisters, Staff who are
at risk for health including:**
Chronic Illness
Age over 65
Immunocompromised
Recent Hospitalization or Illness
Diabetes, High Blood Pressure



Leaving and Entering the Facility

The following protocols have been established for leaving and entering the facility:

Protocols When Leaving Your Home

The following protocols were adopted and distributed to both lodges and a memo outlining the new procedure was sent. When Leaving Your Home:

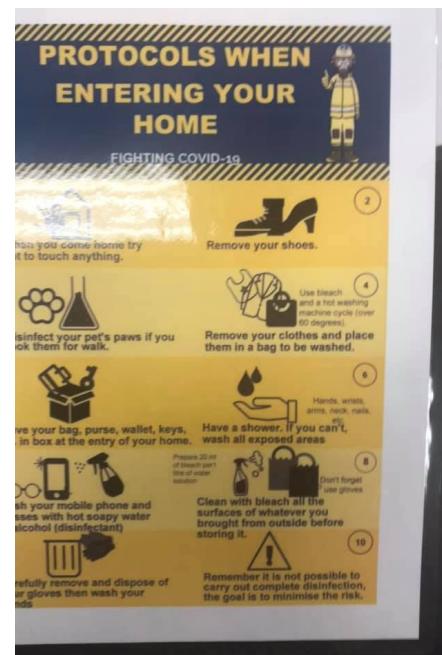
1. Wear long sleeves
2. Tie your hair, don't wear jewelry, make up or cream. You will touch your face less.
3. If you have a mask, put it on just before you leave.
4. Try not to use public transit.
5. If you take your pet, try to avoid him/her brushing against surfaces.
6. Take disposable tissues, use them to cover your fingers when you touch surfaces.
7. Crunch up your tissue, place it in a bag, close the bag and then dispose of it.
8. If you cough or sneeze, don't do it in your hands or the air, do it into your elbow.
9. Try not to use cash, if you do, disinfect your hands.
10. Wash your hands after touching any object or use hand sanitizer.
11. Do not touch your face until you have cleaned your hands.
12. Practice Social Distancing.



Protocols for Entering Your Home

The following protocol was implemented at Naa-na-himiyis and Anderson Lodge.

1. When you come home try not to touch anything.
2. Remove your shoes.
3. Disinfect your pet's paws if you took them for a walk.
4. Remove your clothes and place them in a bag to be washed.
5. Leave your bag, purse, wallet, keys, etc. in box at the entry of your home.
6. Have a shower. If you can't wash all exposed areas.
7. Wash your mobile phone and glasses with hot soapy water or alcohol (disinfectant)
8. Remember it is not possible to carry out complete disinfection, the goal is to minimize the risk.



Other Resources

Other resources will be shared, developed or adapted for key stakeholders.

	Asymptomatic, not at high risk of complications, without COVID-19 or any exposure risk	Asymptomatic, at high risk of complications ⁱ , without any exposure risk	Asymptomatic high risk of exposure (e.g. close, unprotected contact)	Asymptomatic medium risk of exposure (e.g. protected contact, traveller from affected area)	Symptomatic, suspected of having or know to have COVID-19 ⁱⁱ
Hand Hygiene	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respiratory Etiquette	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Use of face masks					<input checked="" type="checkbox"/> + any caregiver(s)
Cleaning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-Monitoring			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> for worsening

Social distancing					
Isolation					<input checked="" type="checkbox"/>
Voluntary home quarantine (self-isolation)			<input checked="" type="checkbox"/>		
Protective self-separation		<input checked="" type="checkbox"/>			
Voluntary avoidance of crowded places				<input checked="" type="checkbox"/>	
Mandatory quarantine			<input checked="" type="checkbox"/> Depending on circumstances		

PART FOUR – PANDEMIC ISOLATION AND QUARANTINE PROCEDURES

EMPLOYEE PANDEMIC TRAINING PLAN

This is still currently being developed. The Training Plan will include the following:

Proper way to use the medical equipment.

1. The proper way to use the N95 masks. Youtube Video.
2. Assisting those who have been infected.

Pandemic Preparedness – These steps are to be read in conjunction with the Naa-na-himyis and Anderson Lodge Healing Centre for Women Pandemic Continuity and Response Planning Manual(s)

MEDICAL AND ISOLATION PROCEDURES

Guidelines for Supporting and Seeking Medical Attention

During an illness, Brothers and Sisters will need assistance and guidance from staff to manage their illness. This includes contacting agencies on their behalf, seeking medical attention, implementing self-isolation protocol(s), mandatory isolations and/or quarantine and which may also include hospitalization.

1. The following are a list of steps and questions to ask Brothers and Sister(s) when they approach staff for guidance and assistance on how to care for themselves. This information also can be found under Section 5a) on page 29 of the Anderson Lodge Healing Centre for Women: Figure 3: Decision – making tool for seeking medical attention for adults.
 - Do you have the following?
 - Short of breath while resting or doing very little activities, trouble breathing.
 - Extreme pain or pressure in the chest, and or stomach/abdomen area
 - Vomiting that is severe or does not stop
 - Confusion or disorientation
2. If the Brother or Sister responds with a “Yes,” staff will recommend that the Ambulance be called and have the paramedics assess them. A decision will be made on the recommendations of the paramedics. If the paramedics advise attending to the hospital, then the sister is to be transported by the Ambulance to the hospital. However, if the paramedics say that they can remain at the facility, the following steps need to be implemented during a pandemic outbreak.

Isolation – single rooms

- The Brother or Sister will be placed in a single/private room (if possible). They will be required to remain in this room by themselves until their symptom has been resolved and have permission from a primary care provider to fully participate in daily activities.
- Place a sign outside the Brother’s or Sister’s door, that reads “ISOLATION.” Below the sign, post the following instruction for staff to take precaution:
 - Staff must wear a gown, gloves, mask, eye protection, and if available N95 respirator

- The gowns, gloves, masks, and eye protection must be disposed into the garbage bin placed outside the sister's room each time after bringing a meal or providing direct care for the Brother or Sister.
 - If there are multiple Brothers and Sisters that are ill, staff must not go from room to room with the same gown, gloves, masks and eye protection. **They must be changed at all times.**
 - Staff must wash their hands after leaving each of the Brother's or Sister's rooms – please see above for proper hand washing.
- Place a cart outside the room with personal protective equipment: gowns, gloves, masks, and N95 respirators.
 - Place a garbage bin outside the Brother's or Sister's room to dispose of their gowns, gloves, masks, and eye protection.
 - Staff must ensure that the garbage bin is emptied out on a regular basis: after each shift.
- 3. Isolation – multi beds (Double Room)**
- There should be a two-meter separation between beds and a temporary physical barrier such as a curtain or sheet placed in between the two beds.
 - The beds must be rearranged for the Brothers and Sisters to lay head to toe in relation to each other.
 - They will be required to remain in this room by themselves until their symptoms have been resolved and have permission from a primary care provider to fully participate in daily activities.
 - Place a sign outside the Brother's or Sister's door, that reads "ISOLATION." Below the sign, post the following instruction for staff to take precaution:
 - Staff must wear a gown, gloves, mask, eye protection, and N95 respirator
 - The gowns, gloves, masks, and eye protection must be disposed into the garbage bin placed outside the sister's room each time after bringing a meal or providing direct care for the sister.
 - If there are multiple Brothers or Sisters that are ill, staff must not go from room to room with the same gown, gloves, masks and eye protection. They must be changed at all times.
 - Staff must wash their hands after leaving each of the Brother's or Sister's rooms please see above for proper hand washing techniques.
 - Place a cart outside the room with personal protective equipment: gowns, gloves, masks, and N95 respirators.
 - Place a garbage bin outside the Brother's or Sister's room to dispose of their gowns, gloves, masks, and eye protection.
 - Staff must ensure that the garbage bin is emptied out on a regular basis: after each shift.

Guidelines for Environmental Control – Housekeeping, Laundry, Waste

- During a pandemic outbreak, the Brother's or Sister's bathrooms and showers will have to be cleaned and disinfected daily by staff. The recommended solution is 1000 parts per million of available chlorine, usually achieved by a 1 in 5 dilutions of 100% disinfectant bleach (e.g. Clorox Bleach or Javex Bleach).

- Staff will be expected to clean and disinfect common touch surfaces such as telephones, keyboards, handrails, doorknobs, kitchen counters, dishes/cutlery, and refrigerator handle on a daily basis. Please see Cleaning Schedule and procedures in the Cleaning Schedule Section of this report.
- Please wear protective personal equipment such as gowns, gloves, masks, and eye protection when assisting a sister with personal laundry and washing linens.

Reducing Social Mobility

- Avoid close contact with other Brother's and Sisters and staff by standing two (2) meters apart.
 - Please postpone or reschedule an appointment with visitors coming on-premises.
 - Avoid shaking hands or hugging other Brothers or Sisters, staff, and visitors.
 - Talking circles and all group cultural activities, including sweat lodge ceremonies, will be CANCELLED.
 - Please discuss with Brother's or Sister's pharmacy if they can deliver their medication to Naa-nahimiyis or Anderson Lodge.
4. Upon receiving confirmation from a primary caregiver/medical professional, a Brother or Sister is able to participate and resume daily activities, the isolation protocol/steps may be lifted.

QUARANTINE PROCEDURES (TO BE DEVELOPED BY CPRT)

There may come a time when the Public Health Agency or Government will issue Quarantine on one or more of the lodges. More discussion regarding this level will require further research.

Appendix One – References

The following references were used in the development of this planning guide.

Websites

<https://www.canada.ca/en/public-health/services/diseases/coronavirus.html>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources.html>

<https://www.canada.ca/en/public-health.html>

Circle of Eagles Policies and Procedures Manuals

Appendix Two – Coronavirus Basic Information

Symptoms of coronavirus infections¹

Coronavirus infections are common and typically lead to the common cold. Gastrointestinal disease is possible for young infants. Symptoms are usually mild to moderate and can include:

- runny nose
- headache
- cough
- sore throat
- fever
- a general feeling of being unwell

If you get a coronavirus infection

If you have cold-like symptoms, you can help protect others by doing the following:

- stay home while sick
- avoid close contact with others
- cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue in the trash and wash your hands
- clean and disinfect objects and surfaces

How coronavirus infections are diagnosed

Coronavirus infections are diagnosed by a health care provider based on symptoms and laboratory tests. In some cases, travel history may be important.

Coronavirus infection treatment

For now, there is no specific treatments for most people with coronavirus infection. Most people with common coronavirus illness will recover on their own. Your health care provider may recommend steps you can take to relieve symptoms.

Consult your health care provider as soon as possible if you are concerned about your symptoms or have a [travel history to a region](#) where severe coronaviruses are known to occur. The sooner you get treatment, the better your chances are for recovery.

How coronavirus spreads

Human coronaviruses cause infections of the nose, throat and lungs. They are most commonly spread from an infected person through:

- respiratory droplets generated when you cough or sneeze
- close, prolonged personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

¹ Public Health Agency of Canada Website

Current evidence suggests person-to-person spread is efficient when there is close contact.

Preventing coronavirus

At this time, there is no vaccine for COVID-19 or any natural health products that are authorized to protect against it.

If you have travelled to an at-risk area

If you have travelled to Hubei province, China, or Iran in the last 14 days, limit your contact with others for 14 days, starting the day you began your journey to Canada. This means self-isolate and **stay at home**. Contact the [public health authority in your province or territory](#) within 24 hours of arriving in Canada for advice.

If you have COVID-19, reduce contact with others

If you are sick, the following steps will help to reduce contact with others:

- stay at home and self-isolate (unless directed to seek medical care)
 - if you must leave your home, [wear a mask](#) or cover your mouth and nose with tissues, and maintain a **2-metre distance** from others
- avoid individuals in hospitals and long-term care centres, especially older adults and those with chronic conditions or compromised immune systems
- avoid having visitors to your home
- cover your mouth and nose with your arm when coughing and sneezing
- have supplies delivered to your home instead of running errands
 - supplies should be dropped off outside to ensure a 2-metre distance

Being prepared

It is important to know [how you can prepare](#) in case you or a family member become ill.

Hygiene

Proper hygiene can help reduce the risk of infection or spreading infection to others:

- wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food
 - use alcohol-based hand sanitizer if soap and water are not available
- when coughing or sneezing:
 - cough or sneeze into a tissue or the bend of your arm, not your hand
 - dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards
- avoid touching your eyes, nose, or mouth with unwashed hands
- clean the following high-touch surfaces frequently with regular household cleaners or diluted bleach (1-part bleach to 9 parts water):
 - toys
 - toilets
 - phones
 - electronics
 - door handles

- bedside tables
- television remotes

Wearing masks

If you are a healthy individual, the use of a mask is not recommended for preventing the spread of COVID-19.

Wearing a mask when you are not ill may give a false sense of security. There is a potential risk of infection with improper mask use and disposal. They also need to be changed frequently.

However, your health care provider may recommend you wear a mask if you are experiencing symptoms of COVID-19 while you are seeking or waiting for care. In this instance, masks are an appropriate part of infection prevention and control measures. The mask acts as a barrier and helps stop the tiny droplets from spreading you when you cough or sneeze.

Risks of getting coronavirus

The public health risk associated with COVID-19 for Canada is low and generally low for Canadian travellers but will vary depending on the destination.

The Government of Canada recommends that Canadians **avoid non-essential travel to [China](#) and [northern Italy](#)**.

Canada also recommends that Canadians **avoid all travel to the province of Hubei** due to very strict travel and movement restrictions imposed by Chinese authorities to limit the spread of COVID-19.

The Government of Canada recommends that Canadians **avoid all travel to [Iran](#)** due to travel restrictions imposed following the spread of COVID-19.

In addition, all travellers should refer to the latest [travel health advice](#) and [travel advisories](#) for the most up-to-date information on the risk of coronavirus in your travel destination.

Public health risk is continually reassessed as new information becomes available.

Products shipped from China

Coronaviruses generally do not survive on surfaces after being contaminated. The risk of spread from products shipped over a period of days or weeks at room temperature is **very low**.

There is no known risk of coronaviruses entering Canada on parcels or packages coming from affected regions in China.

APPENDIX THREE – DIFFERENT LEVELS OF ISOLATION²

This was taken from the Government of Canada's website.

Social distancing

Social distancing measures are approaches taken to minimize close contact with others in the community and include: quarantine and self-isolation at the individual level as well as other community based approaches (e.g. avoiding crowding, school measures and closures, workplace measures and closures, public/mass gathering cancellations) which are further described in the section titled [community-based measures](#) below.

Social distancing measures are likely to have secondary consequences for individuals, families and communities, such as loss of income, an elevated need for support services, and potentially reduced availability of certain services. Some measures require extensive preparation and engagement across sectors. During a pandemic of lesser severity, the infection control benefits of implementing some community measures (e.g., proactive school closures) may not be offset by the cost and societal disruption caused by these measures.

Whenever public health authorities impose restrictions on individual freedoms, the intervention should be proportional to the magnitude of the threat. This principle of 'least restrictive means' should always be a consideration when enacting social distancing measures. The CPIP Public Health Measures Annex outlines the [ethical considerations](#) with respect to the selection and use of PHMs in a pandemic. [Footnoteii](#)

It is crucial that individuals follow quarantine and self-isolation recommendations properly to prevent transmission of COVID-19 to others in the home setting or in the community. It is recommended that all individuals in the community plan ahead by maintaining a supply of essential medications, home supplies and extra non-perishable food in the event they require voluntary quarantine or self-isolation.

Isolation

- **Isolation** is recommended for a symptomatic individual that is suspected of having, or known to have, COVID-19. They are directed by PHA to isolate themselves in the home-setting and avoid contact with others until PHA has advised that they are no longer considered contagious. Isolation includes:
 - Not going out of the home setting. This includes school, work, or other public areas
 - Not using public transportation (e.g. buses, subways, taxis)
 - Identifying a "buddy" to check on and do errands for each another, especially for those who live alone or at high risk for developing complications. [Footnote1](#)
 - Having supplies delivered home instead of running errands (supplies should be left on the front door or at least a 2 metre distance maintained between people)
 - If leaving the home setting cannot be avoided (e.g. to go to a medical appointment), wear a mask (if not available, cover mouth and nose with tissues) and maintain a 2

² <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>

metre distance from others. The health care facility should be informed in advance that the person may be infectious.

Voluntary Home Quarantine (self-isolation)

- **Voluntary home quarantine ("self-isolation")** is recommended for an asymptomatic person, when they have a [high risk of exposure](#) to the virus that causes COVID-19, (i.e., through close contact with a symptomatic person or their body fluids). They are asked to self-isolate in the home-setting to avoid contact with others in order to prevent transmission of the virus at the earliest stage of illness (i.e., should they develop COVID-19).
- **Protective self-separation** is recommended for a person who is at high-risk for severe illness from COVID-19 [Footnote1](#) (e.g., older adults, those with chronic underlying medical conditions or immunocompromised) when the virus is circulating in their community.
- **Voluntary avoidance of crowded places** is recommended for a person who is asymptomatic and who is considered to have had a [medium risk of exposure](#) to the virus that causes COVID-19. This involves avoiding crowded public spaces and places where rapid self-isolation upon onset of symptoms may not be feasible. Examples of these settings include mass gatherings, such as concerts and sporting events; not including hospitals (for HCWs) and schools.

Mandatory Quarantine

- **Mandatory quarantine** is the imposed separation or restriction of movement of individuals, groups or communities, for a defined period of time and in a location determined by the PHA. As local circumstances will vary across Canada and within regions, quarantine may be used to contain, delay or mitigate COVID-19, although its effectiveness once there is widespread community transmission is unknown. An individual in mandatory quarantine is asymptomatic but may have been exposed to the virus causing COVID-19. A decision to implement mandatory quarantine requires careful consideration of the safety of the individual/group/community, the anticipated effectiveness, feasibility and implications.

Self-monitoring

Self-monitoring is implemented when individuals are potentially exposed to the virus and includes monitoring for the occurrence of symptoms compatible with COVID-19. If symptoms develop, the individual should follow the recommended public health actions regarding convalescing at home versus seeking medical care, depending on severity of symptoms and the presence of underlying medical conditions.

Use of masks

Masks should be used by a symptomatic individual, if available, to provide a physical barrier that may help to prevent the transmission of the virus by blocking the dispersion of large particle respiratory droplets propelled by coughing, sneezing and talking. A face mask should always be combined with

other measures such as respiratory etiquette and hand hygiene. They can be worn by people suspected or confirmed of having COVID-19 when in close contact with other people in the home-setting or if they must leave the home-setting for medical attention.

The use of a mask by a healthy person who is providing direct care for a person with COVID-19 should always be combined with eye protection and gloves and other droplet/contact prevention measures including hand hygiene and environmental cleaning. Refer to [Case and Contact Management Guidance](#) for additional advice.

There is no evidence on the usefulness of face masks worn by healthy/asymptomatic persons as a mitigation measure, therefore it is not recommended. [Footnotev](#) Globally masks are in short supply and the current demand for masks cannot be met; therefore, appropriate use of face masks should be encouraged. [Footnotevi](#)

Community-based measures

Community-based measures are actions taken by planners, administrators, and employers to protect groups, employees and the population. The measures outlined below are relevant to all non-health care settings and aim to reduce transmission within the community settings such as workplaces, schools, public transportation, communal living settings, spiritual and cultural settings, community centres and other places where people gather such as shopping centres, camps and entertainment facilities. These measures will always be layered with personal protective measures described above.

Guidance developed for [acute health settings is available](#) [Footnotevii](#) and can be applied to any setting where healthcare is being provided.

Many of these community-based actions require extensive preparation and engagement across sectors, and secondary consequences (e.g. financial implications, interruptions in social supports, reduction in services, societal disruptions) may be anticipated and should be considered in planning. The implementation of some public health measures may be more disruptive (e.g., school closures) and their use should be based on a [risk assessment](#) [Footnoteviii](#) in collaboration with local authorities, which may result in jurisdictional variations across Canada. These measures are usually associated with pandemics of moderate to high impact given their societal and economic costs. As much as possible, a harmonized pan-Canadian approach should be taken. It is recognized that some individuals, groups, or communities may adopt or decline to adopt measures that are inconsistent with public health advice or are based on cultural norms (e.g., healthy individuals wearing masks). PHAs should reinforce the rationale for the recommendations, avoid stigmatization [Footnoteix](#) of these groups or communities, and plan communications and stakeholder outreach accordingly.

Avoiding crowding

Measures taken to reduce the amount of time individuals spend in large crowds or in crowded spaces can be effective to reduce the transmission of COVID-19 in a community. It is recognized that while this intervention may reduce the viral transmission, some measures (e.g. closing public transit) could also have significant impact on societal function and compliance may be challenging. Restrictions on non-essential gatherings could pose a barrier to accessing group support and personal freedoms (e.g.,

cancelling church services, closing community centres). It may also have cultural or religious implications (e.g. funerals, religious services, weddings). The feasibility of avoiding crowds is uncertain as crowding occurs in large cities daily (e.g. public transportation, subways, airports, shopping centres, movie theatres). Discretionary gatherings, like churches and theatres, might be left to individual groups, rather than PHAs. Refer to [mass gatherings](#), which provides advice related to mass gathering events in the context of COVID-19.

Factors to consider when making decisions:

- The likelihood that people will comply with crowd avoidance;
- People who are suspected or confirmed of having COVID-19 who are self-isolating, should isolate in the home setting and not go out in public;
- People who are self-monitoring for symptoms (see section above) should always avoid crowded settings (e.g. sporting events, concerts, airplanes, subway) and places where rapid self-isolation may not be feasible should symptoms develop;
- When in crowded settings, people should practice personal protective measures (e.g., frequent hand hygiene, avoid touching eyes/nose/mouth);
- Employers/businesses could consider implementing staggered work hours to reduce crowding on public transit during peak commuting hours and in large workplaces during normal work day hours;
- Voluntary quarantine of a community can be considered based on the local epidemiologic and social assessment of the situation;
- If public transportation is shut down, transportation alternatives may need to be considered for emergency medical services or medical treatments (dialysis, chemotherapy), as well as for critical infrastructure workers.

Appendix Five – COELS Coronavirus Preparedness Work plan

Objective	Key tasks/activities	Person(s) Responsible	Date Due	Status / Outcome
Increase the level of knowledge of staff, Brothers and Sisters regarding the Co-vid virus.	<p>Get some basic information –</p> <ul style="list-style-type: none"> Follow up and ensure that everyone understands what the co-vid virus is, what it can do and what we can do to minimize risk of contracting. How do people contract the virus? Wash your hands posters. Signs for the bathrooms. Signs for the front of the houses. Send out regular emails and updates as they happen. Encourage all staff to be part of the Facebook page. DO NOT CREATE PANIC. Increasing stress levels will be a breeding ground for the virus. Proper way to sanitize the facilities. Cleaning schedule and review. If you are sick, do not come to work, stay home. Bring an extra bag in case you have to do a double shift. Purell - sanitize, sanitize, sanitize. Educating the staff on alcohol smell 	Merv, Barb, Greg	Friday the 13 th ,	
Increase Prevention Activities	<p>Prepare info kits for COELS.</p> <p>Board – send out a notice on what COELS is doing to address the Pandemic.</p> <p>Kim Louie – contact Kim Louie to come and do information sessions regarding the virus within the few days. Monday or Tuesday.</p> <p>Staff –</p> <ul style="list-style-type: none"> implementing strict cleaning schedules. Wiping down and disinfecting the houses at least one times per day. Sanitizing the common areas. Mandatory hand washing. 			

	Brothers <ul style="list-style-type: none"> Hand out individual kits which includes, purell, hand sanitizer, soap, basic info on the virus, protecting themselves while in the community. 			
	Brothers and Sisters communications plan will include avoiding any further group meetings, most information will now be placed in their individual files.			
	Hand sanitizer, soaps, Kleenex samples, wipes, bottles,			
Increase level of readiness to address Co-vid in our lodges.	Preparing for the worst. Employees get sick. Brothers get sick.			
	<ul style="list-style-type: none"> Contact CDC and see if there is a policy on how to address Contact Insurance company to see if covers this pandemic. Contact EI, to see what government is doing regarding staff who get sick. 			
Shopping for food,	14 days of quarantine, 20 meals per day, canned foods, bulk canned foods, soups, different types, Non-perishable foods, Beans, Canned spaghetti, Canned chilis,			







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