

Communicable Disease Response Toolkit Guide

for First Nations Health Service Settings



First Nations Health Authority
Health through wellness

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Tools | CD Response Toolkit



Developed by FNHA Communicable Disease and Population and Public Health (CDPPH)
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1 | Communicable Disease Response

This section focuses on:

- Introducing the toolkit
- CD lens and CD emergencies
- Checklists to support planning and response

Introduction

Purpose of this document:

The **Communicable Disease (CD) Response Toolkit for First Nations Health Service Settings** is a guide and set of tools to support community health providers with planning, mitigation, response, and recovery related to communicable disease events.

It can be used to prepare for and respond to communicable disease situations of any scale, whether involving a single case, a family or household, or a widespread event affecting the broader community.

The knowledge and tools provided are intended to **complement your community's [CD Emergency Response Plan](#)**, with the overarching goal of minimizing disease transmission and maintaining continuity of essential health services during CD events at the health centre level.

This guide includes 7 tools to help plan and respond to CD events:

1 | CD Response Capacity Template

4 | IPC Roles & Responsibilities

2 | Priority Members List

5 | PPE Needs & Planning

3 | CD Communications Plan

6 | CD Readiness Checklist

7 | Healing and Recovery Reflection

See the **CD Response Toolkit** for a fillable document that consolidates all the templates to use and adapt as needed for your setting.

These checklists and tools are meant to be living tools - adapt them to reflect your health setting and community's needs, priorities, resources and ways of working together.

Historical context

When considering communicable diseases within First Nation communities, it is essential to understand the historical contexts and lasting impacts of colonialism.

Following settler contact, Indigenous peoples' health declined dramatically. Epidemics caused by new illnesses, such as smallpox, influenza, measles, and whooping cough, had devastating effects on the population. In some cases, the mortality rate in communities was 50-90%, and people who were sick may have otherwise survived if provided with basic care. As so many fell ill to disease, regular food harvest was interrupted, reducing the community's immunity due to a lack of available nutrient-rich food and medicines.

Without written culture, the loss of community members led to the loss of oral knowledge. This, in turn, caused an imbalance in traditional healing systems, and lifestyles. Government policies and laws aimed at enforcing assimilation have created complex and multifaceted inequities for Indigenous peoples. Given this history and its rippling impacts, it is important to understand your accountability towards First Nations communities and to ensure a community-led, health-promoting, illness-preventing approach to communicable disease planning and response.

To learn about BC First Nations history, and health influences, see the [FNHA Our History, Our Health](#) page.

Accountability

It is important to understand how this guide fits within the larger community Communicable Disease Emergency (CDE) plan, and the health team's role and responsibility within it. Recognize you have valuable knowledge, experience, and access to resources to help communities in building response to health events and emergencies. Rely on community values, knowledge, and self-determination to tailor the response to community needs.

Roles and responsibilities of the health team:

- **Contribute to the development, implementation, and upkeep of the Community CDE Response Plan** (the Health Service Setting plan created with this tool and webinars aligns with the larger community CDE Response Plan).
- **Ensure continuity of essential health services** and the development of appropriate supports throughout all phases of a CDE.
- **Collaborate with key partners**, including the Emergency Operations Centre (EOC), community members, and health authorities to exchange knowledge, advise on risks, and share information on how to stay safe.
- **Strengthen and support local efforts** to care for one another, build capacity and reduce the impact of CDE.

Communicable Disease Lens



Applying a communicable disease (CD) lens means:

To consider how a situation, policy, or emergency may affect the spread and prevention of infectious diseases.

It helps us identify opportunities to protect community health during times of disruption or crisis. It prevents additional strain on community members and health services during an already challenging time.

For example:

Extreme heat emergency, community members gather in cooling spaces



Risk of illness in crowded or shared spaces. Preventative actions to consider:

- hand hygiene, access to clean water
- supplying masks
- ensuring people with ongoing health needs are safely accommodated



What is a communicable disease emergency?

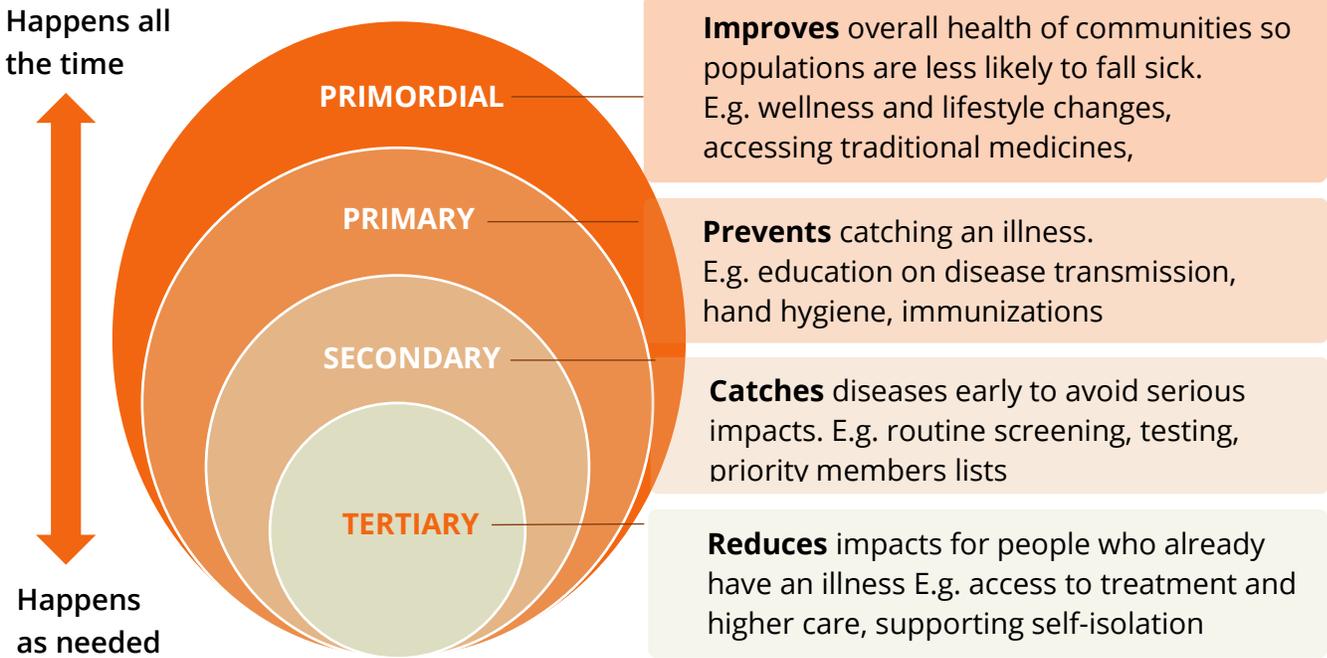
A **Communicable Disease Emergency (CDE)** is an event caused by infectious pathogens that could cause significant illness or death in a population.

A CD event is classified as an emergency when it goes beyond routine response capacity and requires increased coordination and communication.

Ensuring staff and community safety and well-being during a CDE requires understanding the situation and responding in a timely and efficient manner. Through thoughtful collaboration, groundwork, and knowledge of community strengths and needs, protection measures can be facilitated in a safe way alongside community.

Levels of prevention

The **4 levels of prevention measures** is a helpful framework for applying the CD lens, and threading emergency planning and response through it all:



2 | Community Knowledge

This section focuses on:

- Knowledge of the community's capacity and resources
- Identifying people at increased risk
- Knowing who to communicate with

Community knowledge and leadership is foundational to wellness. In CD response planning, knowledge *from* and *about* the community is essential to shaping a response that is both effective and culturally safe. Community knowledge and lived experience guides how people care for one another in times of crisis.

As you develop the community's CD response plan:

- **Recognize inherent rights** and jurisdiction of First Nations Peoples over their communities and territories.
- **Build relationships** that make space for community voices in CD planning.
 - Reflect on existing relationships - how the community comes together, where trust exists, and how to protect those most at risk.
- **Engage in meaningful conversations**, offering health-specific insights while listening to local perspectives.
 - Seek support or training to lead these discussions in partnership with community members.
- **Identify rich knowledge that already exists:**
 - Informal processes and community networks
 - Wisdom from Elders and Knowledge Keepers
 - Lessons from past emergencies (e.g. COVID-19) - recognize what worked well and how community knowledge improved the response.

Capacity

A CD event often exceeds the capacity of local health systems, particularly in remote and isolated communities. During such events, communities may face increased demand for health services and require additional human, financial, and material resources.

The below **four S categories** can be used to help understand, strengthen and reflect on your community's CD response capacity.

1. Staff



Ensure staff are supported, retained, and operating at full capacity, with plans in place for backup and surge support.

Examples:

- Determine staff immunization certification status and scope of practice.
- Understand community immunization coverage rates.
- Prepare for mass immunization clinics.
- Establish agreements with neighboring communities or regional health authorities for resource sharing.

2. Supplies



Maintain a reliable supply chain for essential materials, such as cleaning supplies, PPE, testing kits, and immunization materials.

Examples:

- Secure contracts with suppliers
- Know who to contact for emergency procurement and logistical support.
- Determine pathway for ordering vaccines on a regular and urgent need schedule.

3. Spaces



Assess the strengths and limitations of current health infrastructure and develop backup plans as needed.

Contact the Infection Prevention and Consultation (IPC) team for support in developing an **Infection Prevention Risk Mitigation and Management Plan** at ipc@fnha.ca.

4. Services



Ensure continuation of essential programs by adapting, pausing, or rescheduling services to manage staff capacity and meet urgent needs.

Examples:

- Shift services to outreach, telephone, or virtual formats.
- Pause or postpone non-essential services to reallocate staff capacity.
- Provide essential services to community members with identified health needs

TOOL

CD Response Capacity Template:

To help understand, strengthen and reflect on your community's CDE response capacity.

Priority Community Members List

To get ready for emergencies, like disease outbreaks, extreme weather, or fire and flood evacuations, it's important to plan how the health team will continue providing care. One helpful tool is a **priority community members list** so you're better prepared to respond quickly and provide the right level of care to people who need extra support. This list can be used proactively to create a care plan and share knowledge to help reduce future impacts and build community resilience.

To create your own priority community members list, follow these 3 steps:

1. Identify Risk Factors

Ask: ***What factors may increase someone's vulnerability during an emergency?***

Examples include:

- Chronic medical conditions or immunocompromised status
- Elders, pregnant people, infants under 1 year
- People who use substances or experience mental illness
- Unstable housing or limited access to clean drinking water
- Those with mobility or transportation challenges

2. Identify Support Measures

Ask: ***What supports can reduce these risks?***

Examples include:

- Regular health check-ins and health education
- Access to PPE, early vaccination or treatment
- Water delivery, cooling stations, firewood, heaters
- Evacuation planning and transportation

3. Identify Community Members

Ask: ***Who may need help, and in what situations?***

Use existing relationships and tools to identify community members:

- Home care lists
- Charting systems
- Ask community members to self-identify
- Outreach

Whenever possible, connect with the community member or their circle of care about their emergency plan and keep notes about their care needs before an event occurs. Involving individuals along with their families and care circles as active contributors in emergency planning helps ensure that responses are both effective and inclusive.

Priority Community Members List:

To identify which community members are at increased risk and how to care for them during a CD event or other emergency.

Communication

Connect with health partners during a CD event

During a CD event or emergency, health partners such as your Regional Health Authority (RHA), the First Nations Health Authority (FNHA), and your community's Emergency Operations Centre (EOC) will often share important updates about the disease, public health measures, and available supports.

- **Build and maintain strong relationships** with these partners before and during emergencies.
- **Know who to connect with** - and how to work together - to support a coordinated response that centers community values.

Respect privacy and confidentiality

Managing communicable disease communications can sometimes involve sensitive information.

- **Respect client privacy** by only sharing information within the appropriate circle of care.
- **Avoid sharing any identifying details** in community updates or when responding to calls from community members.
- **Seek advice** from leadership as necessary.

Share community updates in an accessible way

When communicating with the broader community:

- **Tailor messaging to reflect the unique context**, values, and needs of each community.
- **Collaborate with community leaders and knowledge holders** to co-create messages that resonate.
- Ensure messages are:
 - **accessible, timely, relevant, and easy to understand.**
 - **culturally safe** and reflect traditional and Western knowledge systems
 - **relational and person-centered** - acknowledges uncertainty, respects community values, and fosters trust.

CD Communications Plan:

To plan communications to partners and community during a CD event, including what needs to be shared, who shares it, and how.

3 | Health Knowledge

This section focuses on:

- How illnesses spread
- How we can protect people and provide care safely
- Infection prevention measures

Health knowledge is rooted in respect, care, and trust. Nurses and healthcare professionals bring scientific knowledge to their work, but they also draw on many ways of being, knowing, and doing that are equally meaningful. Honoring both Indigenous and Western knowledge systems strengthens our collective ability to care for one another.

Two-Eyed Seeing

As Mi'kmaq Elder Albert Marshall teaches through the concept of *Etuaptmumk*, or **Two-Eyed Seeing**, we are invited “to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together to benefit all.” This approach reminds us that no single perspective holds all the answers—and that working together, with humility and openness, leads to better outcomes.

In the context of CD planning and response, health knowledge includes using evidence-based practices to share information about infection, transmission, and response. While some of this knowledge is technical and specific, many core principles apply across different situations.

Health knowledge also means understanding how systems work - how community, regional, and provincial teams intersect, and where gaps may exist. Recognizing these connections helps us plan more effectively and advocate for the supports our communities need.

By weaving together traditional knowledge, lived experience, and clinical expertise, we can build a more responsive, respectful, and resilient approach to health - one that reflects the strengths of the people and places we serve.

Partnerships in Public Health

Strong partnerships are essential for supporting a robust and coordinated health response. It's important to know each organization's role and situate yourself within the larger ecosystem of health care. In BC, several partners play key roles in CD events:

- **BC Ministry of Health** partners with provincial, regional, and First Nations health authorities to deliver timely, quality care across the province.
- **The Provincial Health Officer (PHO)** and their office are responsible for monitoring the health of the population and offering independent, evidence-based advice to government and public health leaders.
- **The BC Centre for Disease Control (BCCDC)**, under the Provincial Health Services Agency (PHSA), supports provincial surveillance and provides guidance and standards for CD prevention and response.
- **Regional Health Authorities (RHAs)** (i.e. Island Health, Vancouver Coastal, Fraser Health, Interior Health and Northern Health) are legally responsible for following up on reportable diseases within their jurisdiction, including in First Nations communities in their region. Their CD teams work under the guidance of the Medical Health Officer, and BCCDC CD Manual, to conduct case and contact follow up, and collaborate with community nurses.
- **The First Nations Health Authority (FNHA)**, in partnership with First Nations communities across BC, plays a vital role in raising community needs in all areas of response and provides support and resources to communities.
 - Within CD planning and response, FNHA's **CD Nursing Team, Health Emergency Management (HEM) Team, and Environmental Public Health Services** offer guidance, coordination, and support.
- **Community Health Nurses and Health Directors** are key partners in delivering culturally safe, community-led CD services. They collaborate with FNHA and health authorities to ensure responsive, wraparound care tailored to local needs.

By working together, we can ensure that responses to CD events are effective and rooted in trust, respect, and the strengths of all knowledge systems.

Communicable Disease Specific Response

Reportable communicable diseases in BC

Under the Public Health Act, certain communicable diseases are designated as *reportable* and are tracked by RHAs. RHAs are responsible for surveillance and follow-up actions such as case and contact management.

Some diseases require specific notification or reporting pathways depending on the type of disease, e.g. TB, Sexually Transmitted and Blood Borne Infections (STBBIs), water-borne or food-

borne illnesses may have specialized teams that ensure appropriate and coordinated care. This means Community Health Nurses (CHNs) may need to collaborate not only with the regional CD Unit, but also with other specialized public health teams to support a comprehensive and community-centered response.

List of Reportable Communicable Diseases: http://www.bccdc.ca/resource-gallery/Documents/Reporting_communicable_diseases_list.pdf

More information about reportable communicable disease response: BCCDC Communicable Disease Control Manual: [Communicable Disease Control Manual](#)

CHN follow-up on a reportable CD

When a community member reports symptoms that could be a reportable illness, it's important for CHNs to understand the steps to take that protect the community and prevent further transmission.

Here is an outline of the key steps in the follow-up process:

- 1 Identify case**

Review the disease-specific case definition outlined in the BCCDC Communicable Disease Manual – Chapter 1 (CD), 4 (Tuberculosis) or 5 (Sexually Transmitted Infections). Confirm whether the individual meets the criteria for a reportable disease.
- 2 Notify appropriate group, if CD is reportable**

Contact CDmgmt@fnha.ca for the *Communicable Disease Control Guide* to help identify who you need to report an illness to or for additional support. For example:

 - For reportable diseases, notify the RHA CD Unit.
 - For TB connect with FNHA teams (FNHATB@fnha.ca)
 - For food/water borne, vector or animal transmitted infections, connect with FNHA EHO regional teams.

*For all reporting pathways, check the region-specific **Communicable Disease Control Guide**.*

- 3 Case and contact management**

Work in partnership with the CD Unit to determine appropriate next steps for managing the case and identify any contacts. These may include further testing, treatment, immunoprophylaxis, education, and isolation measures.
- 4 Complete documentation**

Confirm with the CD Unit who will complete and submit the Case Report Form to BCCDC. Ensure documentation is entered into the client's medical record (electronic or paper).

For your regional specific *Communicable Disease Control Guide*, including a CD Notification Decision Buddy, and the Steps of Case and Contact Management, contact cdmgmt@fnha.ca

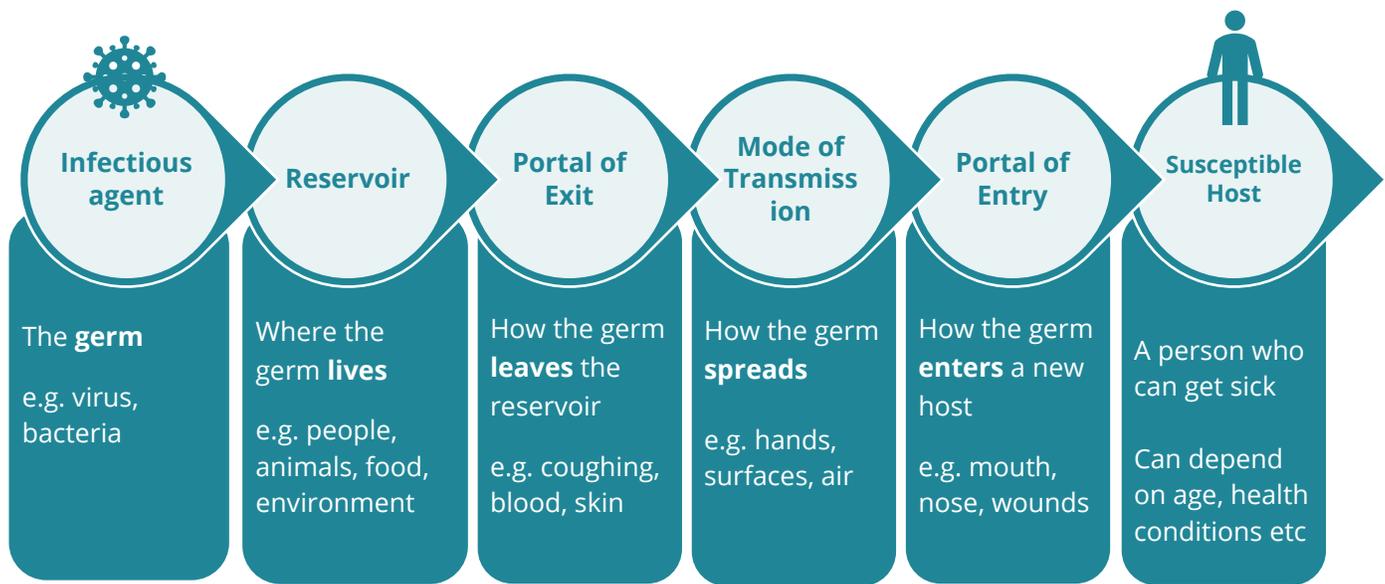
Infection Prevention

Infection prevention is a vital part of everyday health practice—and becomes even more important during communicable disease emergencies. It's about more than protocols; it's about protecting one another through thoughtful, informed care.

One helpful way to understand how illness spreads is through the **chain of infection**. This model shows how germs move from one person to another. Each link in the chain—like the source of infection, the way it spreads, and who is vulnerable—offers a chance to interrupt transmission. When we focus our health centre or station practices on naturally breaking these links, we strengthen our ability to respond and reduce harm.

Each link represents a point where intervention can help stop the spread of illness:

Chain of infection



There are many ways to break the chain of infection. **Routine practices** are the foundation of this work and should be used with every person, in every interaction. These include:

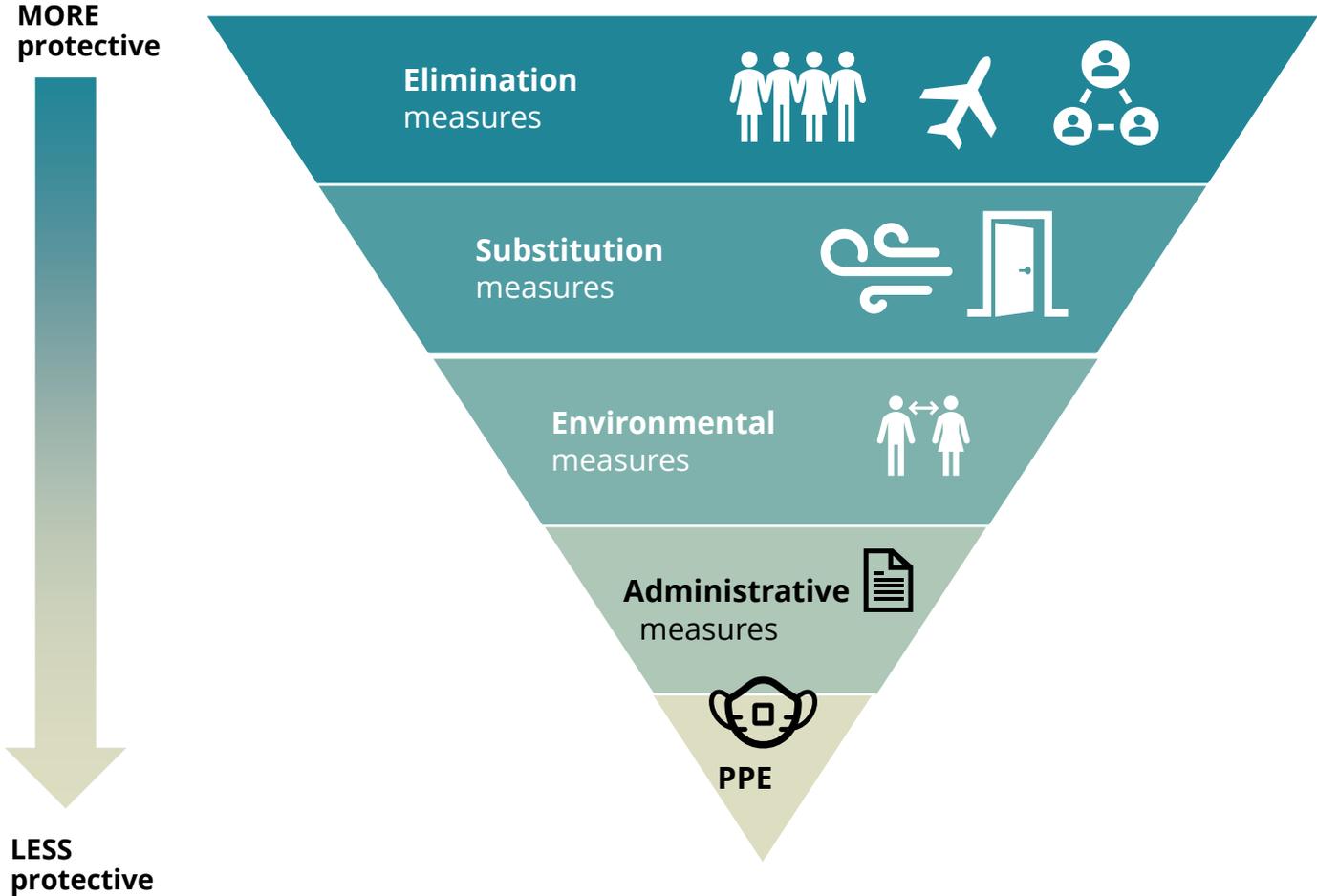
- **Frequent and effective hand hygiene**
- **Point-of-care risk assessments (PCRA)** before each client interaction to help assess risk and choose the right PPE and protective actions
- **Regular cleaning and disinfection** of equipment and shared spaces
- **Appropriate signage when needed** so people are aware of any recommendations prior to entering health facilities if they are sick

Measures of protection

During CD events, we all have a role to play in keeping each other safe. There are many ways to reduce the spread of illness, and when we layer these protective measures together, we create stronger, more resilient communities.

The following types of protection are listed from most to least protective. While each has value on its own, using a combination of them provides the greatest impact.

Infection Prevention and Control (IPC) Measures of Protection



Elimination Measures: removing the risk of exposure or infection at the source. E.g., hand hygiene, immunization, and staying home when sick.

Substitution Measures: replacing the risk of infection with safer alternatives. E.g. Replacing in-person health education sessions with virtual or outdoor gatherings

Environmental Measures: changes to physical spaces to reduce the spread of germs.
E.g. Moving services outdoors, ventilation, physical barriers, cleaning and disinfection routines

Administrative Measures: policies and procedures that support safe practices.
E.g. Screening for symptoms and risk factors, sick leave and remote work policies, staff training and clear communication about safety protocols

Personal Protective Equipment (PPE): provides a final layer of physical protection
E.g. Masks, gloves, gowns, and eye protection, N95 respirators based on clinical assessment

TOOLS

Infection Prevention Roles & Responsibilities:

Determine roles and responsibilities within your team to implement infection prevention measures.

PPE Needs & Planning:

Determine PPE needs, responsibilities and education

4 | Collective Knowledge

This section focuses:

- Community supports and cultural safety
- Partners and practices that support CDE response
- Learning from our collective experiences

Readiness Check

Preparing for communicable disease event means bringing together community knowledge, health expertise, and collective wellness.

The CD Readiness checklist is an overall summary and collection of knowledge to support planning before an emergency happens. This tool helps teams stay prepared, responsive, and aligned with public health guidance, enabling safer care for community members and effective coordination with local, regional, and provincial partners.

TOOL

CD Readiness Checklist:

Check your readiness to ensure your team can respond effectively to a CD event.

Honouring Community Strengths

Health is interconnected

Communicable disease emergencies have both direct and ripple effects on communities, intersecting with existing challenges such as mental health, substance use, and the social determinants of health. Because these factors are often amplified during crises, it is important to account for them in planning and response.

Staying flexible and adapting plans as new information, resources, and community guidance emerge helps support a self-determined community response.

Learning from our collective experiences

Community-led responses are just as vital as policies and supports from systems. It was clear during the COVID-19 pandemic that the ways communities came together - through mutual aid, cultural practices, and collective care - are powerful and often instinctive. These responses may not always be formally documented, but hold deep wisdom and strength.

As we move forward, these learnings will continue to guide us through future CD emergencies, as well as wildfires, floods, and extreme weather events. By honoring this knowledge, we can strengthen our response to crises, continue to care for one another respectfully, and develop responses that resonate with the community and build resilience.

Community Connections

CHNs play a key role in weaving together prevention, preparedness, and connection. Many opportunities for building resilience and capacity begin with everyday conversations and relationships. Some ways to support this work include:

- **Connect preparedness to existing community practices:** Link CD readiness to other community preparedness activities such as traditional food workshops for dehydrating, canning, and smoking foods.
- **Facilitate land-based sharing:** Create opportunities to be on the land, exchange knowledge about health, food and medicine, including oral histories and the many ways of dealing with illness and emergencies.
- **Bridge CDE planning with climate action:** Tie emergency planning to community conversations about climate change and protecting the environment. Uplift existing grassroots initiatives wherever possible.

To ensure the information you share is accurate, relevant and trusted, CHNs can also:

- **Collaborate with local leaders:** Meet regularly with the EOC and community leaders to identify needs and strengthen response capacity together.
- **Build relationships with health partners:** Develop relationships with RHAs and CD units so you can build comfort in collaboration and sharing knowledge.

Healing and Recovery

Coming together after a CD event

As a CD event begins to resolve, it's important to create space for reflection, healing, and reconnection. Hosting a debriefing session with the full health team and community partners is a meaningful way to recognize what was lost, celebrate the resilience that carried everyone through, and begin the process of recovery. During this time, the focus should be on the health and wellness of both staff and community members. Consider the following actions:



Reflect

Hold space for listening:

Acknowledge the exhaustion, mistrust, and emotional toll that may still linger. Create a safe space for people to share their experiences.

Review and reflect: Evaluate the response activities with compassion and honesty. Frame this as a learning opportunity, not a critique.

- What worked well?
- What could be strengthened?



Recover

Offer supports for healing:

Provide access to cultural, spiritual, and mental health supports. This might include time on the land, access to Elders, or wellness-focused gatherings.

Integrate cultural practices:

In collaboration with community leaders, Elders, and Knowledge Keepers, include ceremony and traditional ways of healing into the process.



Resume

Update the CD

Response Plan: After community consultation, revise the plan to reflect lessons learned and new insights.

Resume with care:

Restart programs and services in a way that reflects current community needs and capacity.

These actions don't need to happen in a set order or linear sequence. Move through them in a way that feels right for your team, depending on the people involved, your community's context and the nature of the CD event. Add to or revise these actions as needed.

TOOL

Healing and Recovery Reflection Tool:

To help teams reflect on the physical, emotional and spiritual impacts of the CD event, support recovery, and resume with care.

Contacts and References

FNHA contacts

Advance Care, Chronic Conditions, End of Life: CDSI@fnha.ca

Communicable Disease (Emergency): cdmgt@fnha.ca

Clinical Informatics Systems: clinical.informatics@fnha.ca

COVID-19 Testing and PPE: covid19needs@fnha.ca

Environmental Health Officer: environmental.health@fnha.ca

Emergencies after hours: Phone: 1-844-666-0711 Email: ephs.afterhours@fnha.ca

Harm Reduction: harmreduction@fnha.ca

Health Emergency Management Team: HEM@fnha.ca

Immunization: Immunize@fnha.ca

Infection Prevention Consultation Services: IPC@fnha.ca

Maternal Child Health: mchnursing@fnha.ca

Mental Health & Wellness: MHNursing@fnha.ca

Sexually Transmitted & Blood Borne Infection: STBBI@fnha.ca

Tuberculosis: fnhaTB@fnha.ca

References

FNHA - [Our Health, Our History](#), [CDE Response Plan Guide](#), [Social Consequence of Covid-19 and Climate Change on Indigenous Food Security and Food Sovereignty](#), [Regional COVID-19 Reports "Connecting to Culture: Sustaining our Wellness"](#)

BCCDC - [Reportable diseases](#), [point of care risk assessment](#), [donning and doffing PPE](#), [posters for infection prevention and control](#)

[Gathering Space](#) - Communicable disease (response support and contacts) immunization support, infection prevention and control support (education, recommendations, and policies).

WorkSafeBC - [Communicable disease prevention guides for employers](#)

Prepared BC - [Guides for individual preparedness during emergencies](#)

ISC - [After Action Report](#)



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