# **9.10 APPENDIX J: Communicable Disease Emergency Community After-Action Review Template**

The purpose of this template is to facilitate the process of completing an after-action review within your community. Processes, activities, and decisions made during the communicable disease emergency (CDE) response should be documented here for future reference. The response should be evaluated to see what went well, what could be done differently, and what the outcome was. This template helps ensure that lessons learned from the real-life event are captured and remain available to inform CDE plan revisions and future CDE responses.

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| --- | --- | --- |
| Community Name | Date of Review | Report Prepared by |
|  |  |  |

**Overview of CDE:**

1. What was the communicable disease, and how was it identified as an emergency?

1. Did your community have test positive cases of the communicable disease?

**If yes:**

* 1. On what date was the first case reported?
  2. How many cases of the communicable disease were reported?
  3. How many deaths were reported?

1. Did your community declare a state of emergency? If yes, record the date that your community declared a state of emergency.
2. Did your community implement perimeter security/border controls? If yes, record the dates that these controls were in place.

**COMMUNITY RESPONSE**

This community response table is a template to be used to assess your communicable disease emergency response. Each column has a specific purpose. List all the relevant response activities in column A (Primary Response Actions), adding as many subsections as necessary. The content for columns B (Successes) and C (Challenges/Areas for Improvement) will come from an assessment of the response actions listed in column A.

The table has been further separated into numbered rows of categories (e.g. preparedness, human resource capacity, etc.) and, where relevant, subcategories have been input into Column A. Please note that the subcategories listed in Column A are not meant to be exhaustive, and may not be relevant to your response. You are encouraged to adapt the table as necessary to meet the needs of your community and reflect your response.

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| --- | --- | --- |
| **A: Primary Response Actions** | **B: Successes** | **C: Challenges/Areas for Improvement** |
| 1. **Preparedness**  * In preparing for, monitoring, and responding to communicable disease emergencies. | | |
| *Community CDE/pandemic plan* |  |  |
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| 1. **Human Resource Capacity**  * The ability to meet the needs of the CDE response with existing human resource capacity, and/or bring in human resource surge capacity if required. | | |
| *Adequacy of staffing and clarity of roles and responsibilities (including additional mental health services/therapist)* |  |  |
| *Securing surge capacity services* |  |  |
| 1. **Training**  * Training on PPE, routine infection prevention/control, and public health measures to support response. | | |
| *Training for healthcare professionals* |  |  |
| *Training for non-healthcare professionals providing essential services (i.e. security, custodial staff)* |  |  |
| Training for mental health workers providing services virtually to staff and community members. |  |  |
| 1. **Surveillance and Data Collection**  * Activities that support the early detection and description of potential health threats present in Canada. This includes the collection of epidemiological and virological features of the disease (e.g. morbidity mortality, incubation period, mode of transmission) | | |
| *Tracking and responding to confirmed COVID-19 cases* |  |  |
| *Data collection and reporting (Including delayed health procedures, domestic violence and child neglect).* |  |  |
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| 1. **Testing and Case Management**  * Procedures to support testing, contact tracing, and case management for those who test positive | | |
| *Testing materials and training for staff to provide testing* |  |  |
| *Contact tracing procedures* |  |  |
| *Case management and support for those who test positive* |  |  |
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| 1. **Equipment**  * Surge medical equipment used for nursing stations, medical centers and temporary structures. * Personal protective equipment used to provide a barrier to help prevent potential exposure to infectious disease. | | |
| *Access to (ordering/receiving) medical-grade personal protective equipment* |  |  |
| *Access to non-medical personal protective equipment (e.g. cloth masks)* |  |  |
| *Medical equipment (i.e. testing devices)* |  |  |
| *Worker response equipment (i.e. vehicles, cell phone, computers, reliable high speed Internet )* |  |  |
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| 1. **Infrastructure and Space**  * Existing, purchased, or re-tooled structures required for triage assessment, management and isolation | | |
| *Community nursing stations and health centres* |  |  |
| *Isolation centres* |  |  |
| *Medical units for pre-screening/triage* |  |  |
| *Accommodation units/Alternate housing* |  |  |
| *Housing conditions (increase/reduce spread of virus, prevent spread for future pandemics)* |  |  |
| 1. **Communications**  * Regular communications regarding updated information on communicable disease developments and potential implications | | |
| *… with Chief and Council* |  |  |
| *… with regional and/or provincial public health* |  |  |
| *… with FNIHB* |  |  |
| *….with local services* |  |  |
| 1. **Public Health Measures**  * Non-pharmaceutical interventions that can be taken by individuals and communities to help prevent, control or mitigate communicable diseases and communications regarding these measures. | | |
| *Information about public health measures for individuals (i.e. public service announcements, information sharing)* |  |  |
| *Public health information for health providers (i.e. training, guidance documents)* |  |  |
|  |  |  |
| 1. **Health and Social Supports**  * The mitigation of: food security risks, substance use issues, family violence, overcrowding, mental wellness | | |
| *Access to traditional health, medicines, and healing practices* |  |  |
|  |  |  |
| 1. **Continuation of Essential Services**  * Practical actions to reorganize and safely maintain access to high-quality, essential health services in the pandemic context | | |
| *Business continuity plans/measures* |  |  |
| *Emergency management services for natural/weather related disasters (e.g. floods, tornados, power outages)* |  |  |
| *Primary health care and health protection services (identify which services are essential i.e. home and community care, pre-natal, environmental public health, etc.)* |  |  |
| *Management of health facilities while ensuring staff’s mental wellbeing.* |  |  |
| 1. **Reopening Plan**  * Plans on the gradual re-opening of businesses, services, and community spaces in alignment with jurisdictional public health frameworks and community risk-assessments | | |
| *Additional supports for populations at higher risk for infection (e.g. elders)* |  |  |
| *Public health measures in workplaces and community organizations* |  |  |
| *Public health measures for the re-opening of schools, daycares, etc.* |  |  |

**LESSONS LEARNED, PRIORITY AREAS, NEXT STEPS**

1. What are the priority areas that require improvement or increased support in order to facilitate a more effective response to future CDE?
2. What impact did the pandemic have on health services available within your community?
3. What are the primary lessons learned from your CDE response?
4. Will you revise your CDE plan based on this response? In what ways?
5. What actions are underway to improve future CDE responses?