



March 14, 2020

Dear Chief and Health Director:

As part of COVID-19 pandemic preparedness, the Regional Office is doing a quick environmental scan on the readiness of community pandemic/communicable disease emergencies plans as well as other key items. The feedback we are requesting from you will identify gaps in communicable disease emergency preparedness planning.

Please complete the table below by indicating a yes or no response for each item. **Please return by Friday March 20<sup>th</sup> or as soon as possible.** Thank you.

**Community Name:** \_\_\_\_\_

Item	Response	Comments
Does your community currently have a Health Director?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Recent emergency experience (e.g. evacuation, floods etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does an emergency management plan exist?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Last used or reviewed:
Does a pandemic plan exist?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Last used or reviewed:
Is there an emergency management committee or team established?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does community have other First Responders – fire, paramedics, security?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is there a long-term care facility, treatment centre or other health facilities?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please list:



Item	Response	Comments
Is there signage posted in all public buildings directing people to do hand hygiene, practice cough hygiene, and stay home if sick?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does your community require any infection prevention and control signage?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does your community have a school or large facility that could be utilized as an emergency triage or isolation facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is your First Nation School (s) or Child Care Centre(s) currently open or closed?	OPENED <input type="checkbox"/> CLOSED <input type="checkbox"/>	If closed what date will they reopen:
Is there engagement with the local Public Health Unit and/or health authority for support?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
What is the distance to nearest acute care hospital?	KM	Estimated travel time by land or air: Hrs

Any other comments:

Please return your completed Community Readiness Assessment by email at [sac.covid-19fnihbontario.isc@canada.ca](mailto:sac.covid-19fnihbontario.isc@canada.ca) or by fax (613) 948-9253.