



CONSIDERATIONS FOR SLFNHA COMMUNITIES ON EASING PUBLIC HEALTH RESTRICTIONS FOR COVID-19

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INTRODUCTION:

Even though we have seen very few cases of COVID-19 in First Nations in Sioux Lookout area, as long as there are cases of COVID-19 in places that community members travel to (or visitors come from) then there is a risk of COVID-19 being introduced into communities. This means that communities need to make sure that they are prepared at any time for a case of COVID-19 to appear. While communities discuss what public health restrictions to ease, please consider the following recommendations:

1. COMMUNITY PREPAREDNESS

- Ensure that your community pandemic plan is kept up to date (e.g. up to date contact information for team members, etc.)
- Continue having the community pandemic response team meet on a regular basis (e.g. weekly) to ensure that everyone is kept up to date
- Train your pandemic response team on the Incident Management System (IMS) – a way to organize people in responding to emergencies
- Be prepared to re-start public health restrictions on short notice if COVID-19 cases start to go up in the region
- Identify and prepare self-isolation and isolation accommodations/centres, including resources needed (e.g. disinfection supplies, linens, etc.), that could be up and running within 24 hours if needed
- Periodically have a “mock lock-down” to ensure that community members remain prepared

2. PUBLIC HEALTH CAPACITY

- Ensure that a clear pathway has been agreed on in terms of communication for newly reported COVID-19 cases and communicate this to SLFNHA
- Continue to support community-health workers in training on public health
- Support the development of the Preventing Infectious Diseases team (a collaboration between SLFNHA, nursing stations and Health Directors)
- Maintain an inventory of personal protective equipment available for front-line community health workers (e.g. home care workers, DOT workers, medical drivers, etc.)
- Ensure that there is a 14-day supply of personal protective equipment kept in storage for front-line community health workers in the event an outbreak occurs
- Ensure that there is ongoing easy access to testing for COVID – continue to work to address issues around stigma, etc.
- Continue to promote the key health messages of wash your hands, cover your cough/sneeze, and stay home if sick
- Ensure a supply of addiction withdrawal management in the event of an outbreak/lockdown

3. HEALTH CARE CAPACITY

- Ensure that the nursing station has a plan to maintain oxygen therapy equipment needed
- Ensure that the nursing station has a 14-day supply of personal protective equipment kept in storage for nursing station staff in the event an outbreak occurs
- Encourage ongoing communication and collaboration between community health nurses, the Health Director, and the community physician



EASING RESTRICTIONS RELATED TO COMMUNITY ACCESS

GOAL: Preventing COVID from getting into the community.

THINGS TO CONSIDER:

Although these are probably the hardest restrictions to continue, they are actually the most important way that COVID has been prevented in First Nations in Sioux Lookout area. By preventing the virus from entering the community, leadership is preventing any possible spread within the community.

RECOMMENDATIONS:

1. Screening at community airports/entry points
 - Many communities have implemented screening of all passengers disembarking from airplanes at the airport. Sometimes the screening is done by nurses, but many times it is done by community-based staff. **We recommend that this action continue until there is no longer COVID identified in Ontario.**

2. Directions to community members to self-isolate for 14 days
 - We recognize that this is a very challenging issue for many communities. If there have been no cases of COVID identified in the areas that people are travelling from, then the risk to communities is low (although not zero).
 - Communities could consider stepping down these directions, such as:
 - o If returning from a place with no COVID cases in last 14 days – person directed to “self-monitor” for 14 days
 - o If returning from a place with COVID cases in last 14 days – person directed to “self-isolate” for 14 days

3. External contractors (e.g. construction)
 - Many communities face the difficult decision whether to proceed or cancel key construction projects this summer. We recognize that public health risk is one factor in the decision-making.
 - There continue to be outbreaks of COVID associated with certain work locations (mostly in factories but also in the mining and construction sector) which highlights the potential risks of having a large number of construction workers gather and live together in a small space.
 - If your community hosts external construction workers, consider the following:
 - o Ask contracted services to self-isolate for 14 days on arrival in the community. Many contractors might ask to be paid for this time, however, making this approach not possible.
 - o If the above is not possible, ask contracted services to self-isolate for 14 days before travelling to the community and then travelling by Charter flight to the community
 - o Apply strict public health measures to the contracted services:
 - Ask them not to interact with community members – this includes not going to public places (such as the grocery store), etc.
 - Provide their accommodation in locations away from busy areas of the community

Note: Many Chiefs have asked whether contractors could be tested on arrival in the community and then asked to self-isolate until their test comes back negative. Logistically, this is possible. However, a negative test on arrival at the community does not guarantee that someone does not have COVID if they are travelling from an area that continues to see COVID cases. The risk is low but not zero.



4. External service providers that provide client care (e.g. mental health)
 - In most cases, it is not possible to ask these service providers to self-isolate on arrival in the community. In addition, the providers may not be able to fully self-isolate for 14 days before coming to the community.
 - Speak with the providers to see how services could be adapted (e.g. during a counselling session people are seated 6ft apart, etc.)

*For other questions related to testing for COVID-19, see the most recent **Sioux Lookout area First Nations Testing Strategy**.*



EASING COMMUNITY RESTRICTIONS

GOAL: Preventing COVID from spreading within the community

THINGS TO CONSIDER:

As long as there have been no cases of COVID identified in the community within the last 28 days, and there are strict measures related to entering the community (e.g. screening and self-monitoring/ self-isolation for 14 days), the risk of COVID spreading within the community itself is quite low.

RECOMMENDATIONS:

Below is a list of recently asked questions related to “opening up” communities. There will be other settings that communities may have questions about and can contact SLFNHA directly for additional public health guidance.

1. Letting different households spend more time together
 - Consider having 2-3 households “buddy” where they agree to spend time with each other but not with others. This would only apply if no one in the households had left the community in the last 14 days.
2. Grocery shopping
 - Continued disinfection of high touch surfaces
 - Physical distancing in the store (e.g. mark out spots for people to stand when waiting at the cashier)
 - Consider dedicated shopping times for elders or other vulnerable people
 - Community members entering the store could wear non-medical masks
3. Sports activities
 - In general, outdoor sports are lower risk than indoor sports
 - Consider starting sports such as baseball which can still support physical distancing
4. Church services
 - If possible, hold services outside with seating options spaced apart
 - Consider holding multiple services so that fewer people attend at one time and physical distancing can be supported/maintained
5. Funerals/wakes
 - If possible, hold services outside with seating options spaced apart
 - Look at ways to spread out people attending a visitation or wake and ensure that there is hand sanitizer available and people don’t touch surfaces
6. Community restaurants/food options
 - Start take-out options
7. Beaches/campfires
 - Encourage people from different households to stay 6 feet apart



REMINDERS:

1. There are differences between directions to self-monitor, self-isolate (quarantine), and isolate.

SELF-MONITOR – when someone is asked to check for signs or symptoms of COVID daily or twice daily.

SELF-ISOLATE (QUARANTINE) – when someone who does NOT have symptoms but has been exposed to COVID-19 is asked to stay away from other people to prevent spreading infection.

ISOLATE – when someone who has symptoms and has been exposed to COVID-19 OR has been confirmed to have COVID-19 is asked to stay away from other people to prevent spreading infection.