



First Nations and Inuit Health Branch Directive		Cultural Continuity and Safety Considerations for First Nations Patients as it relates to setting up and operating isolation sites	
Effective: 20/04/2020		Applies To:	<input type="checkbox"/> Governing Body Leadership & Operations <input checked="" type="checkbox"/> Programs & Services <input type="checkbox"/> Client, Family & Community
Revision :	Sheet : 1 of 4		
Approval Date: 24/04/2020			
Approval Authority: Dr. Wong, Chief Medical Officer, Public Health			

Purpose:

The guidance will contribute to cultural continuity and safety for First Nation patients while in isolation¹.

Audience:

The guidance is intended for use by organizations and entities supporting the set-up and operation of isolation sites, such as Indigenous Services Canada, the Department of National Defense, and the Red Cross.

Overarching Principle:

First Nations need to be active participants in the conversation at all steps in a bilateral process.

Considerations:

For First Nations people, mandatory isolation due to COVID-19 may trigger re-traumatization based on the history of forced removals as part of the Indian Residential School System, Tuberculosis (TB) treatment in TB sanatoria and Indian Hospitals, the Sixties Scoop and ongoing Child Welfare cases, as well as recent and recurring evacuations resulting from natural disasters.

The Indian Residential School System removed up to 150,000 First Nation, Inuit and Métis children from their homes, families, and communities with the goal of assimilation. These government-run boarding schools had communal sleeping quarters where privacy, safety, and comfort were often absent, cultural practices were forbidden, and limited contact with family members was permitted.

The TB epidemic in the 1950s resulted in forced evacuations of thousands of affected individuals to sanatoria or segregated Indian Hospitals, displacing them from their families and

¹ Isolation is required when someone is sick with symptoms of COVID-19 and has been told by a health care provider or public health authority to separate themselves from others, including from the people with whom they live, to the greatest extent possible. The purpose of isolation is to prevent the spread of COVID-19 to others. Isolation sites may be required for situations in which individuals are required to isolate but are unable to do so at home.

communities, often for years at a time. Family members, even children, died and were buried without their relatives being told. Similar to the Indian Residential School System, Indian Hospitals housed Indigenous children in communal quarters with limited to no contact with family members. Additionally, these hospitals were not transparent about the medical treatments and procedures, creating potential fear and mistrust of hospital-like situations. The TB epidemic claimed thousands of lives in Residential schools as well, where overcrowding and malnutrition intensified the spread of the disease.

Indigenous children continued to be placed in unsafe institutional settings through the Sixties Scoop. This time period refers to the non-consensual mass removal of Indigenous children from their families and communities where they were placed into the government-run child welfare system. Despite regulations changing in the eighties, Indigenous children continue to be disproportionately represented in the child welfare system. Similar to other government-run institutions, overcrowding, malnutrition, and denial of cultural supports were persistent. In the COVID-19 response, First Nations people who have experienced these conditions in the child welfare system may experience additional stress when asked to be in an isolation site.

Across Canada, many First Nation communities are located in areas prone to flooding and wildfires, requiring community-wide evacuations in response to these natural disasters. These events are stressful for individuals and families for many reasons including sudden and long-term disruptions from daily life, racism experienced in host communities and cities while evacuated, inability to participate in cultural/spiritual practices, a lack of social and mental health supports, and a disruption of regular access to healthcare, among other stressors. Experiences such as these will impact the way First Nations people respond to COVID-19 measures as a collective, as communities, and as individuals.

In addition, there is the potential for new traumas related to isolating First Nations from their communities and families, and limiting their ability to practice their respective cultural and/or spiritual activities. They may also be dealing with stress and/or grief resulting from potential deaths of Elders, knowledge-carriers, and family members.

Setting-up an Isolation Site:

- As an initial step, a relationship must be established with Chief and Council to assess and develop community appropriate options and opportunities.
- Ensure the relationship with Chief and Council is sustained and fostered throughout and involve them as partners, as appropriate, to ensure community needs and desires are being met.
- Whenever possible, set up a COVID-19 isolation site directly *within* the community to keep patients close to support networks such as family and Elders.
- Seek guidance from and include Chief and Council and other community leadership (i.e. Elders, youth leaders, identified community liaisons) in the process of setting up the isolation site.
 - Chief and Council can assist in identifying Elder(s) and youth leaders.
 - Ensure the isolation site is appropriately equipped to address community needs (i.e. mental health, existing medical conditions, trauma, energy sources, etc.).
 - Determine whether the community has an existing emergency response or pandemic plan that can support carrying out these activities.

- Liaise early with First Nations leadership in the community to ensure culturally appropriate mental health services and supports are available, including problematic substance use counselling and wellness checks and confirm any additional supports with Chief and Council (e.g. Mental Wellness Teams).
- Involve community leadership (including Elders, as appropriate) with an opportunity to inform the physical set-up of the space, while ensuring their advice respects provincial/territorial public restrictions of large gatherings, maintains physical distancing of at least 2 metres and meet the needs of health care providers:
 - Ensure the site does not replicate the look and feel of an Indian Residential School or Indian Hospital (lack of personal belongings, etc.);
 - Ensure there is a quiet space for patients to speak with mental health, spiritual, etc, supporters privately; and
 - Ensure the site allows for the continuation of traditional, spiritual and cultural practices, wherever possible.
- Ensure the reliable availability of potable water and healthy foods, and seek guidance from community leadership on how to ensure traditional diets can be adhered to and accessible.
- Provide information to community members about the isolation site in a clear, jargon-free, timely and transparent manner.
- Some community members may exclusively read or understand their Indigenous language. Work with the community leadership to ensure the information is accessible in the local language, e.g. communication between patients and health care providers supported by local translators and signage in the local language, as well as French and/or English.

Operating an Isolation Site:

- Provide access to telephones and/or the internet to allow community members to maintain connectivity and connection to their social and cultural networks e.g. friends and family, traditional wellness practices, storytelling, etc.
- Ensure patients have a way of communicating with individuals within the community who are not in isolation and may be assisting them in easing anxiety that may arise related to:
 - care and support for their children and seniors;
 - care and support for pets and/or livestock;
 - protection and safety of their home;
 - food insecurity upon return to the home due to the inability to care for gardens; spoiled food; and/or the inability to purchase groceries; and
 - safe discharge planning.
- Support clear, transparent and ongoing communication between community members in isolation and their leadership, health care providers, provincial/territorial leadership, etc.
 - Consider providing a clearly laid out plan of the isolation process to each individual in the language of their choice including timelines, procedures, resources, access to personal protective equipment and testing, and reassurance.
- Liaise with community leadership to ensure the site offers a collaborative approach to addressing medical needs that includes traditional and western approaches.
- Where possible, allow for the safe use of traditional medicines, as per the guidance from Elders and knowledge carriers.
- Liaise with First Nations leadership in the community to ensure culturally appropriate mental health services and supports are available, including problematic substance use

counselling and wellness checks and confirm any additional supports with Chief and Council (e.g. Mental Wellness Teams).

- Encourage community members to continue accessing existing supports they are entitled to (e.g. financial resources, child care, etc.)
- Ensure culturally safe care is provided, which includes kindness and consideration for and from all service providers, patients, families, and communities.
- Ensure access to family and community supports through online, phone, or in-person sessions with appropriate distancing and in-line with available resources.
- Support those staying in the isolation site by encouraging them to have mementos from home, photos of loved ones, and spiritual and cultural belongings that provide comfort. Follow any protocols that are shared for sacred or cultural items which may be brought into the isolation shelter/center (e.g. not touching someone else's medicines or sacred items).
- Provide patients with the Hope for Wellness Help Line information which provides immediate counselling and crisis intervention to all Indigenous people across Canada 24 hours a day, 7 days a week.
 - Patients can call toll-free at 1-855-242-3310 or connect to the online chat at hopeforwellness.ca.
 - At discharge, ensure patients are provided with information related to the mental wellness supports available to them once they have returned home.