

CORONAVIRUS DISEASE (COVID-19)

Pandemic Planning: Key Considerations to Support Communities to Develop and/or Strengthen their Communicable Disease Emergency Plan (CDE)

May 13, 2020

*Information in this presentation is current as of May 12, 2020



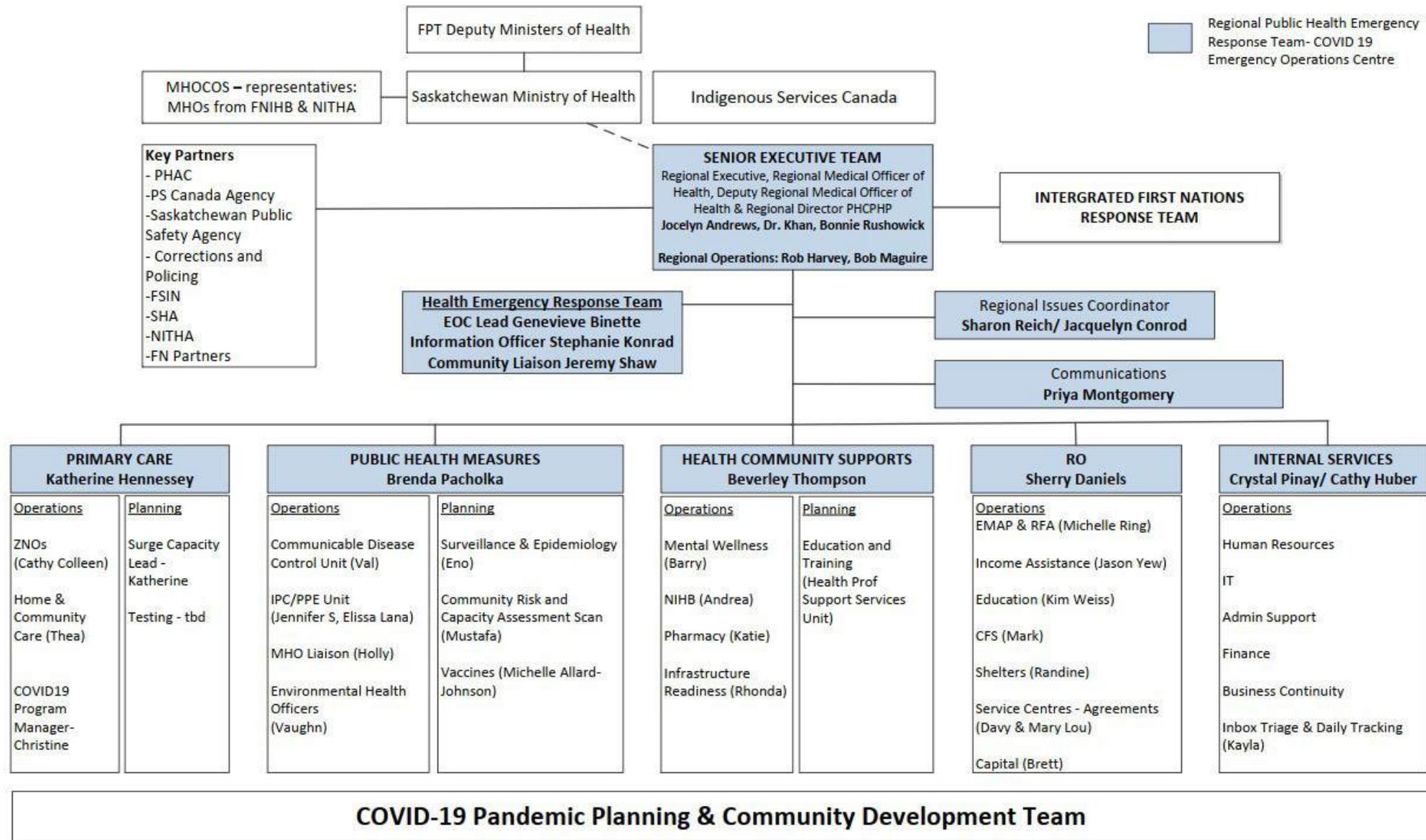
Indigenous Services
Canada

Services aux
Autochtones Canada

Canada



Annex A: ISC-SK Regional Governance Structure during Health Emergency Response COVID 19





Objectives

Train the Trainer Model

- To support community-driven, nation-based pandemic planning initiatives and capacity building

Community Development Principles

Indigenous community development can be effective and sustainable by ensuring:

- initiatives are community-driven and nation-based
- recognition and respect is given for diverse Indigenous cultures, languages and values
- Indigenous community-to-community learning is promoted
- investments are made in capacity building, planning and implementation
- government and partners are flexible, integrated and responsive to the diverse needs and priorities expressed by Indigenous communities

Participants will:

- be comfortable with the information and tools included in the Communicable Disease Emergencies Toolkit
- have sharable knowledge on the COVID19 planning considerations



Outline

- Public Health Act & Authorities
- CDE Planning
- Components of a Communicable Disease Emergency (CDE) Plan
- COVID-19 Funding for Indigenous People in Saskatchewan
- Other Helpful Resources



Public Health Act & Authorities

- The authority to declare a public health emergency rests solely with the Chief Medical Health Officer (MHO) for the Province of Saskatchewan.
- The Public Health Act, 1994 and its regulations are the statutory basis for the reporting, investigation, and control of communicable diseases in Saskatchewan.
- The Chief MHO for the Province of Saskatchewan has designated MHOs who are public health officers within the Saskatchewan Health Authority, the Northern Inter-Tribal Health Authority (NITHA) and Indigenous Services Canada, First Nations and Inuit Health Branch who are responsible for the control of communicable diseases within their jurisdiction.
- Public Health Orders are written by the Chief MHO. The Premier has signed an order pursuant to the provincial State of Emergency directing that all orders of the government and Chief MHO must be followed by all residents of Saskatchewan and that law enforcement agencies in Saskatchewan have the full authority to enforce those orders.



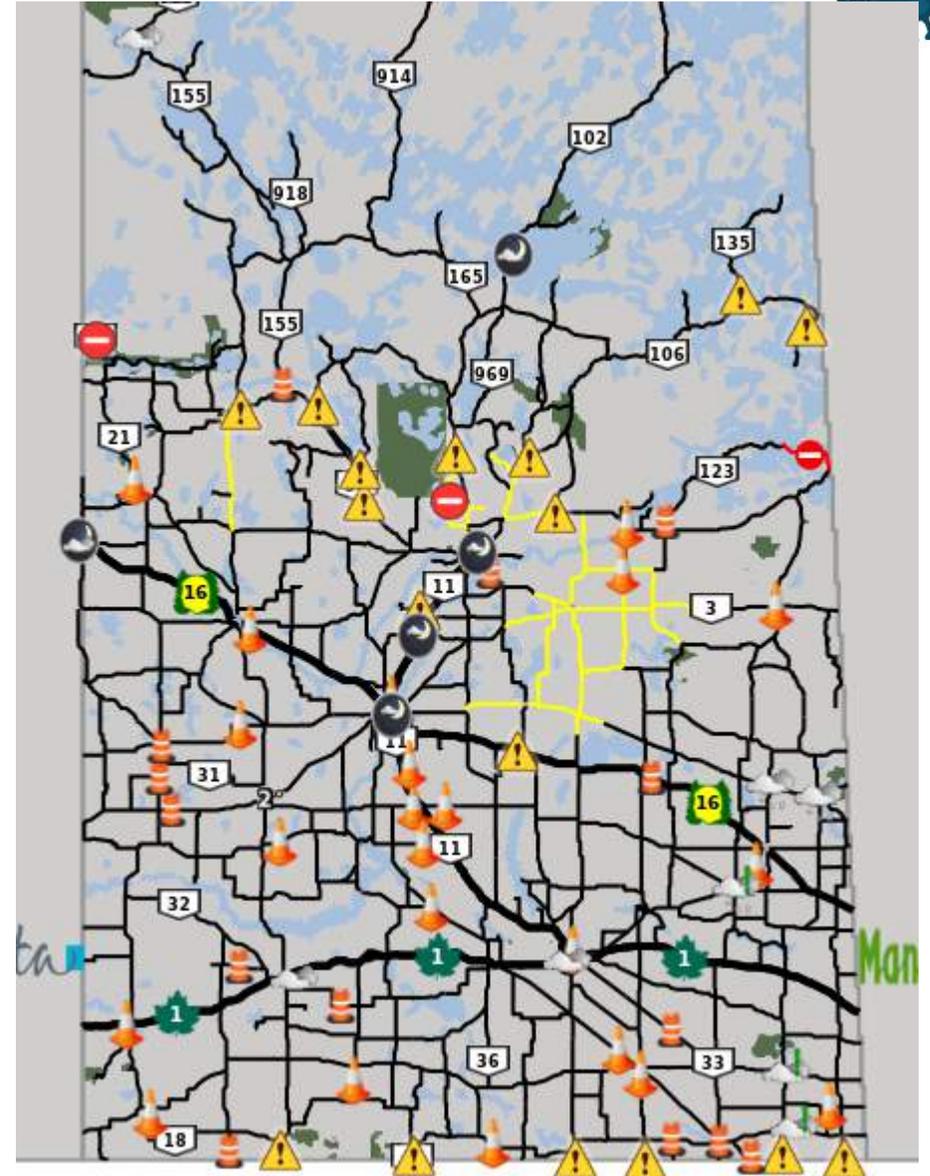
Public Health Updates

- The province placed Meadow Lake Hospital in outbreak status on May 6. The Lloydminster hospital remains in outbreak status
 - Key emergency department, emergency surgical and obstetrical services remain available at Lloydminster and Meadow Lake Hospital and the province is reminding the public to access emergency and obstetrical services at Lloydminster Hospital when required
- Outbreak at Victoria Hospital in Prince Albert declared over on May 7
- A single case of COVID-19 in a patient or staff can trigger outbreak status in facilities such as hospitals
- A declaration of an outbreak is not necessarily an indicator of risk to the public but is used by Public Health to mobilize and coordinate response to control further spread
- Province is now posting public information on the status of outbreaks in facilities and municipalities on their website (saskatchewan.ca/coronavirus)

La Loche area

- On May 6, new Public Health Order (PHO) specific to the Northern Saskatchewan Administration District **removed** the travel exemptions for La Ronge and Stony Rapids
- Highway Hotline Map has up-to-date information on check-points:

<https://hotline.gov.sk.ca/map.html>





Purpose of a Communicable Disease Emergency (CDE) Plan

To minimize the impact of a CDE by helping the community

- Prevent/Mitigate, Prepare for, respond to, and recover from a CDE
- Ensure a coordinated response to a CDE
- Preserve the health and well-being of community members and staff
- Sustain essential operations





The Communicable Disease Emergency (CDE) Plan Includes:

- Roles and responsibilities of the community, and regional/provincial /federal health partners;
- The decision-making process to activate and deactivate the Plan;
- A process for decision-making during an emergency;
- Key elements of communicable disease emergency preparedness and response.



Responsibilities - Community

Effective pandemic management in First Nations communities relies upon collaboration between the Medical Health Officer, community health sector, Chief and Council, and the community as a whole.

The principle role of **First Nations communities** is to support health centre personnel in their efforts to respond to the health related aspects of an outbreak and to manage the non-medical aspects of pandemic impact on the community (i.e. maintain essential operations while majority of workforce may be ill).



Responsibilities - Community

- Develop and maintain a pandemic response plan as an Annex to Emergency Preparedness Plan (utilize ISC-SK Region Pandemic Plan Template) and according to accreditation requirements where applicable
- Establish and maintain a pandemic emergency response committee
- Identify and solicit community volunteers in advance of a pandemic
- Plan for local security and enforcement measures
- Plan for expanded local transportation needs for residents and supplies
- Plan to locate and set-up additional facilities for use by health personnel as required including mass vaccination site; vaccine storage site and alternate treatment facilities
- Plan for mass body storage/disposal (all-season)
- With support from ISC-SK Region, coordinate with the Saskatchewan Health Authority (SHA) during a pandemic
- Ensure provision of community's essential needs (e.g., food, water, power)
- Declare a local emergency if required



Responsibilities - Provincial

Saskatchewan Ministry of Health

- is the lead for directing the province-wide health sector response to all communicable disease outbreaks, including pandemics. ***Within the Ministry of Health, the Chief Medical Health Officer has overall responsibility for activating/deactivating the provincial pandemic plan and coordinating the response.***

Saskatchewan Public Safety Agency

- works with municipalities and organizations to assist with the development of emergency plans.

The Saskatchewan Health Authority (SHA)

- is responsible for the delivery of health care services within the province. During a pandemic outbreak, the SHA is responsible for implementing and supporting local and regional health system responses.
- For most First Nations communities, *medical care* is provided by adjacent SHA facilities or private physician offices. This will not change during a pandemic.
- However, for *public health interventions*, Regional MHOs are responsible for off-reserve populations, while the ISC-SK and NITHA MHOs are responsible for on-reserve populations.



Responsibilities - Federal

Public Health Agency of Canada (PHAC)

- responsible for public health, infectious and chronic disease prevention and emergency preparedness and response for Canadians both domestically and abroad

Indigenous Services Canada, First Nations and Inuit Health Branch

- responsible for the national coordination and support to First Nation communities in public health emergencies, including infectious disease outbreaks.
- responsible for ensuring health services are available and accessible to on-reserve First Nations communities.

Indigenous Services Canada, Regional Operations

- works collaboratively with First Nations, other federal departments and agencies, provinces and territories to protect the health and safety of First Nations.



Responsibilities – FNIHB SK

The goals of ISC-SK public health emergency response planning are to:

- Minimize serious illness and overall deaths in Saskatchewan First Nations communities.
- Prevent risk of spread of disease to others in order to limit the number of people impacted.
- Minimizes societal disruption in Saskatchewan First Nations communities before, during, and as a result of a public health emergency.

ISC-FNIHB SK is responsible for directing the public health pandemic response in on-reserve First Nations communities within their jurisdiction; sharing information and resources with NITHA. ***Within ISC-SK, the Regional Medical Health Officer has overall responsibility for activating and deactivating the ISC-SK Public Health Emergency Plan.***

Responsibilities - NITHA

- NITHA has public health oversight and authority for all First Nation Communities within their jurisdiction.
- They provide third level services to 33 First Nation Communities.





Concept of Operations

- Activation of the CDE Plan – by who, when & how will it be activated
- Deactivation of the CDE Plan – who is responsible
 - The public health emergency is declared over by Provincial MOH, and/or
 - Local impact has diminished to a level where normal services may be resumed.
- Emergency Operations Centre
 - A central command centre from where the emergency is managed
 - Helps ensure continuity of operations



Key Components of a CDE Plan

- Preparation and Coordination
- Communication
- Continuity of Health Operations
- Surveillance
- Public Health Measures
- Testing (Laboratory Services)
- Infection, Prevention & Control Measures
- Antiviral Medication & Vaccines
- Infrastructure
- Considerations
- Community Recovery and Resilience

**Lead Person or Group identified for each component



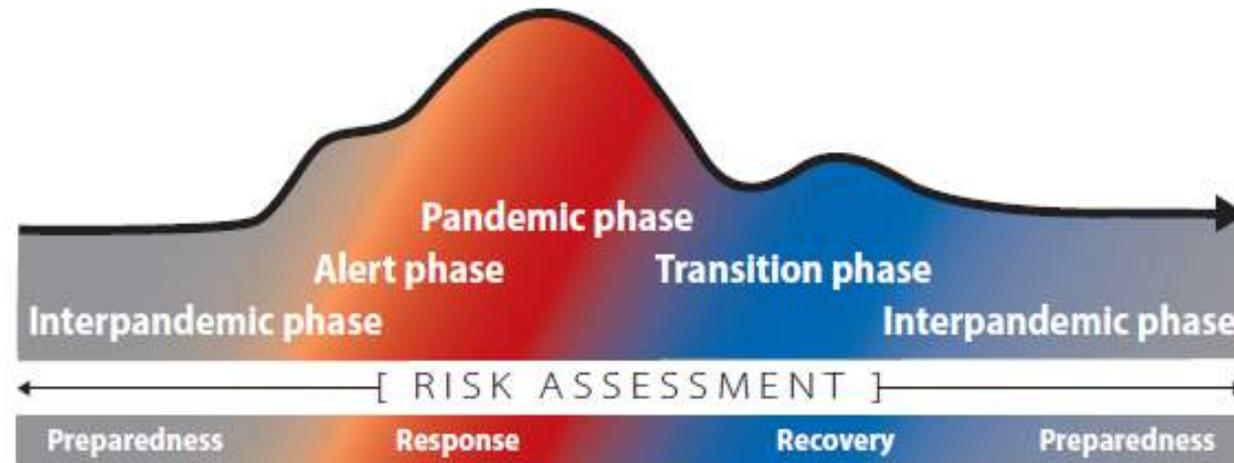
Preparation and Coordination

- Scan of your community
 - Engagement process with health care providers, members of the community, elders, knowledge keepers, other community programs, community leadership, Indigenous organizations and government partners
 - Highlight strengths, challenges, opportunities and gaps



Phases of a CDE Outbreak

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a “global average” of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Figure one shows the World Health Organization’s “Continuum of Pandemic Phases”. The four phases include “interpandemic,” “alert,” “pandemic,” and “transition.” The phases in the continuum also overlap with the stages of the pandemic risk assessment. From left to right, the three stages of the risk assessment include “preparedness,” “response,” and “recovery.”



COVID-19 in Saskatchewan & Canada

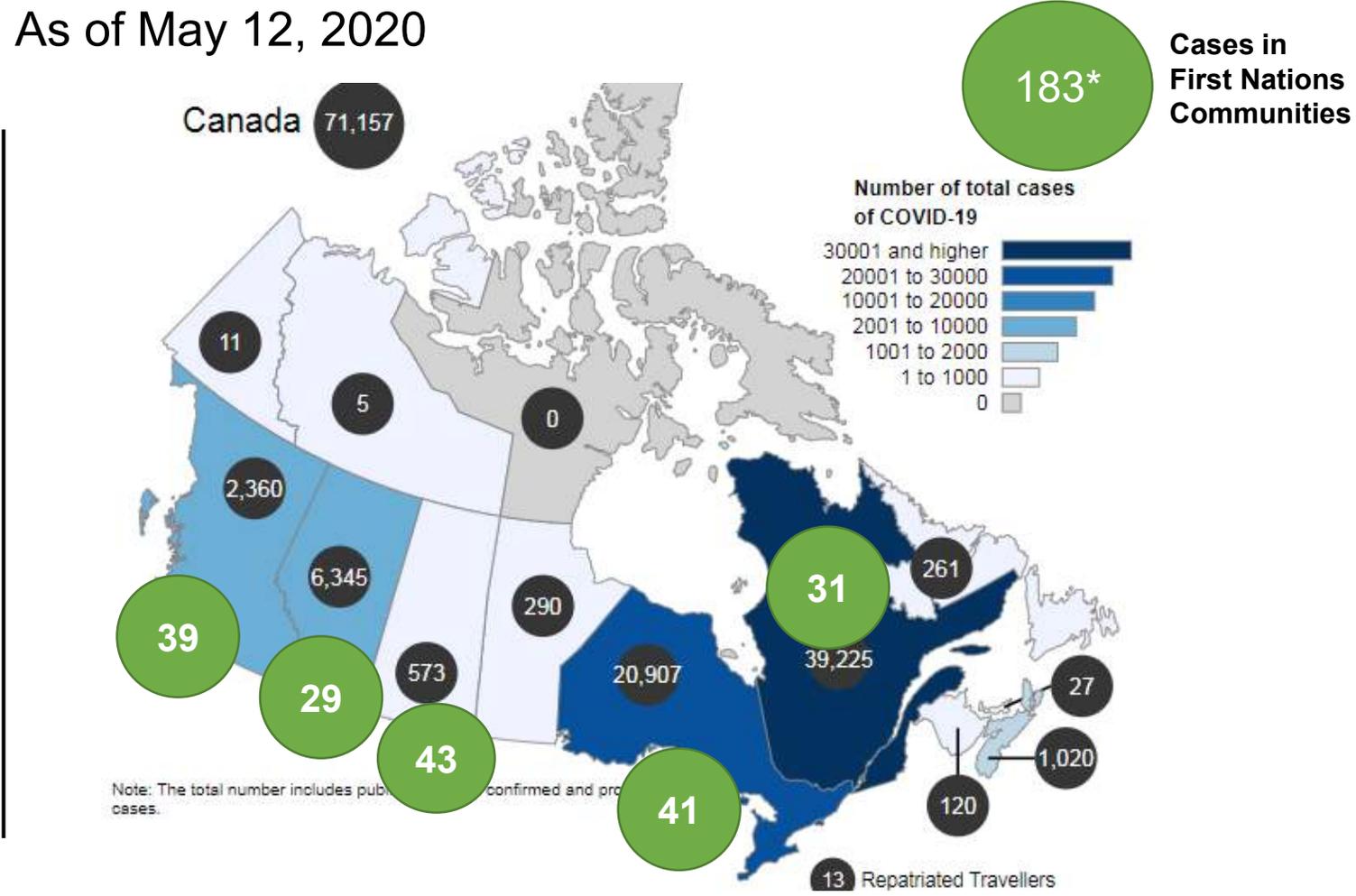
As of May 12, 2020

Saskatchewan:

- As of May 12, 573 cases
 - 193 active, 374 recovered
 - 6 deaths

First Nations Communities:

- As of May 12, 43 cases
 - 28 active, 15 recovered



Source: PHAC (canada.ca/coronavirus for map with provincial data). Cases in First Nations communities overlaid with data from Indigenous Services Canada. Note there is no specific First Nations breakdown in YT, NWT and NU. *Data as of May 11, latest update from ISC website.



Communication - Community

Establish a communication plan addressing:

Community Members

1. Access to Essential Health Services (on & off reserve)
 - Health Centre/Health Station closures/access
 - Services being offered & how to access
2. Access to Essential Services
 - Water
 - Food
 - Power
3. Community's Responses to Current Situation
 - Community restrictions (road blocks, curfews, lock-down, etc)
 - Public Health Measures – hand washing, social distancing
 - Where people can go to find further information

- Identify multiple avenues for communication (posters, social media, radio, etc.)
- Establish these processes



Communication - Community

Health Care Staff

- Essential Health Services Delivery & Restrictions
- Health Centre restrictions
- Community restrictions for Health Care Staff
- Local Provincial Health Services
 - Access to services, restrictions (reduced hours at lab, primary care clinics, etc)

Essential Services Staff

- Process to safely continue services

Non-Essential Services Staff

- Information regarding income assistance programs

RCMP or Policing

- Providing information about implementing check-points, restricting access to communities, implementing bi-laws related to COVID-19 etc



Communication - Provincial

Saskatchewan Public Safety Agency

- The provincial coordination of services and communication during an emergency rests with the Saskatchewan Public Safety Agency
 - Chair of the Provincial Emergency Operations Centre
 - Daily Situational Reports
 - Non Health Inquiry Line 1-855-559-5502

Establish communication with local SHA entities regarding:

- Access/restrictions to health care services
 - Primary Care Clinics
 - Hospitals
 - Dialysis Centres
 - Cancer Clinic
- Physician Offices

SHA DAILY
ROUNDS

COVID-19 Response Update
May 11, 2020





Communication - Federal

Community Leadership

- Communication with ISC SK Region &/or NITHA
 - Weekly All-Chiefs Calls
 - Weekly Health Director Calls with FNIHB & NITHA MHOs
 - Semi-Weekly COVID-19 Update Bulletin to First Nations SK
 - Capital/Infrastructure
 - Regional Health Emergency Response Team
 - Non-Insured Health Benefits
- National Communication
 - If you want to know more about what ISC is doing to support planning, preparedness, and responses to COVID-19, you can access the following video or visit the website at the following links:

Indigenous Awareness Resources

(available in multiple Indigenous languages)

- ❖ Domestic violence during the COVID-19 pandemic | [When Staying Home is Not Safe](#)
- ❖ Alcohol Use | [Risk Mitigation Strategies During a Pandemic](#)
- ❖ Resource for Health Professionals | [COVID-19 Information for Health Professionals](#) [COVID-19 Social Media Content for Indigenous Communities](#)

Website:

English: <https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298>

Video:

English: <https://www.youtube.com/watch?v=71fFRFQn2VA&feature=youtu.be>



Current Communication

With ISC/NITHA

- Community Health Nursing
 - Weekly calls with South Central Nurse Managers/Nurses
 - Regional Nursing Network Calls
- Home & Community Care
 - Weekly calls with FSIN Home Care Working Group
- 2 Public Health jurisdictions for SK First Nations:
 1. COVID-19 FNIHB SK (SAC/ISC) (sac.covid-19fnihb.sk.isc@canada.ca) for those Nations within South Central SK under Dr. Khan
 2. NITHA EOC nithaeoc@nitha.com for those Nations within MLTC, PBCN, PAGC, LLRIC under Dr. Ndubuka

FSIN

- Emergency Management Toll-Free Information and Resource Line - **1 (888)833-8885** Open from 9:00 am to 9:00 pm daily as a point of contact for Saskatchewan First Nations for any non-medical advice and supports to their members.



Continuity of Health Operations

- Identify your essential/critical human resources
- Surge Capacity – Nursing, Security, Taxi Drivers
- Mandatory Programs
- Prioritization of Other Health Services
- Mental Health Supports



Federal Surge Capacity Support

- The role of FNIHB/NITHA is to assist in situations where the capacity at the First Nations level becomes strained and local resources are no longer able to manage. The response to a crisis may occur in several ways:
- Additional financial resources for nursing activities may be approved
- Additional nursing human resources may be deployed by FNIHB to assist
- If provincial human resources have been exhausted, a national request may be made for mutual aid in order to bring nurses from out of province to support required activities

Flow of Nursing Resource Acquisition





Federal Surge Capacity Support

ISC Mutual Aid Agreement in place for nursing

Nursing services are provided, either through direct service delivery or funding arrangements with First Nation organizations, on reserves in Saskatchewan.

The core programs relate to:

- Primary care/treatment services (in “Nursing Stations” in the north)
- Immunization
- Communicable Disease follow up
- Pre and Postnatal Care



Rangers

- **Canadian Rangers:** Have been made available to assist with the COVID-19 pandemic
- Communities can activate existing rangers in their communities to support with approved tasks
- If there are no rangers and/or all existing local and provincial resources have been exhausted, the Government of Saskatchewan will make a Request for Federal Assistance.

Tasks Approved

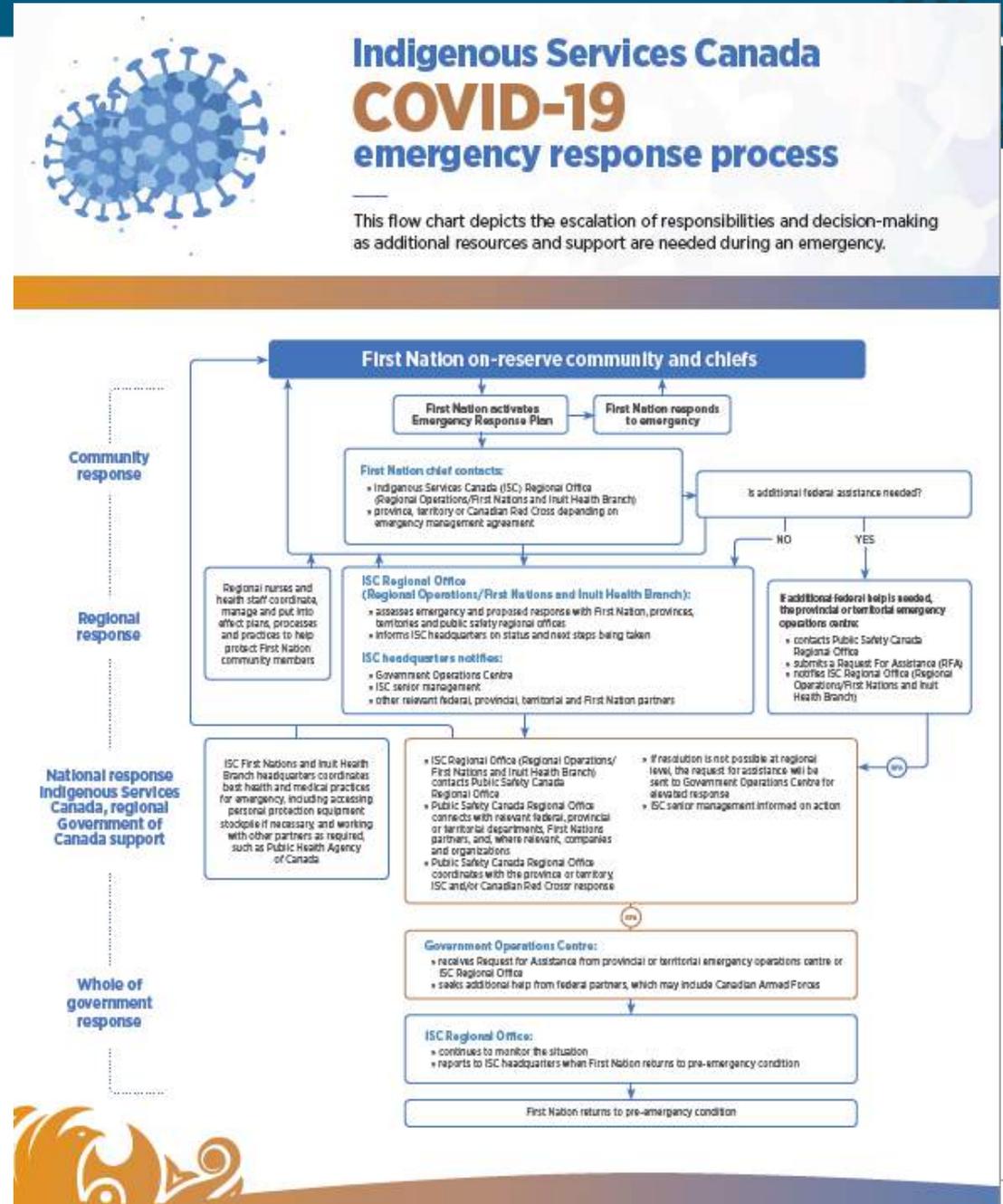
- Community wellness checks;
- Assistance verifying and supporting at-risk individuals or families;
- Assistance with the monitoring of critical infrastructure;
- Transport and distribution of local supplies;
- Support to local community and territorial COVID-19 awareness programs;
- Gathering data on community posture/disposition relative to the COVID-19 crisis;
- Assistance loading, transportation and unloading of humanitarian assistance goods related to COVID-19; and
- Assistance to local health authorities (must be provided appropriate PPE) such as:
 - Direction to isolation centers;
 - Assistance with the setup/function of remote clinics; and
 - Acting as “runners” to distribute information.

Tasks Not Authorized

- Assistance to law enforcement in any form;
- Support to movement of ill/confirmed COVID-19 cases in communities;
- Support to wellness of ill/confirmed COVID-19 cases in communities;
- Support to isolation or containment of individuals; and
- Movement from one community to another.

Flowchart: ISC COVID-19 Emergency Response Process

- Highlights the steps First Nations Chiefs and Councils can follow to get support to respond to on-reserve COVID-19 emergencies
- Additional information can be found online at: <https://www.sac-isc.gc.ca/eng/1588774572676/1588774767387>





Health Services

- Mandatory Programs (essential services only)
 - Communicable Disease follow-up
 - Immunization
 - Pre and Postnatal Care
 - Home & Community Care
- Prioritization of Other Health Programs



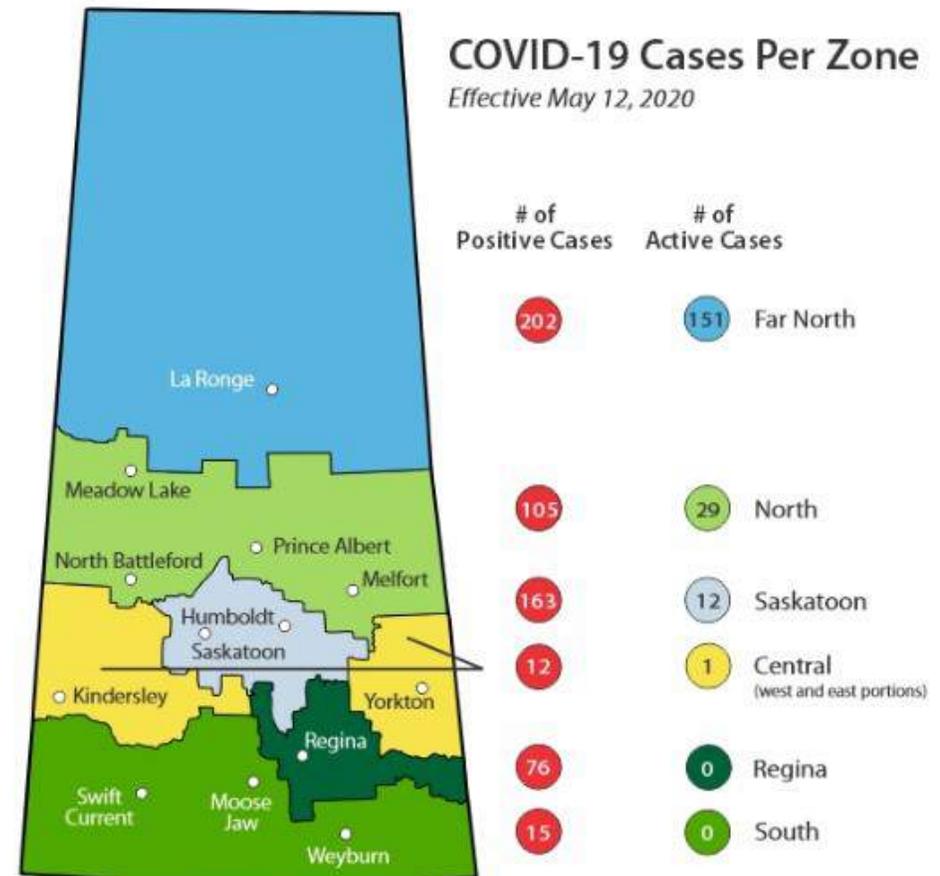
Mandatory Screening

- Self-screen for symptoms and record temperature twice daily
 - recommended for all Health Care Workers (mandatory for ISC staff)
- Clients entering a Health Clinic/Nursing Station should be screened, including a temperature check



Surveillance - General

- Updates on current situation
 - Weekly calls with MHO
 - All Chiefs Calls
 - Semi-weekly COVID-19 Update Bulletin (emailed to Chiefs)
- Saskatchewan Health Authority
www.saskatchewan.ca/coronavirus
- Public Health Agency of Canada
www.canada.ca/coronavirus





Surveillance – Cases Identified

- Positive results reported to MHO, and quickly relayed to Community Health Nurses (CHNs)
- CHN to support case management, contact tracing, and reporting back to Communicable Disease Team in respective region
- MHO will provide outreach to the Chief or other community leader(s) to inform them that there is a confirmed case in their community without disclosing personal information.
 - This allows the Chief and other community leaders, along with health experts to, take action as required according to their own protocols or emergency pandemic plan. ISC officials will also discuss what other support the community may need at this time.



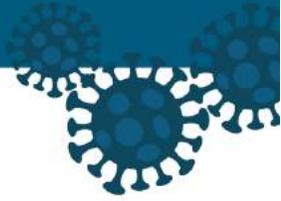
Current Public Health Measures

- **Main concepts: Test, Trace, Isolate**
 - Led by FNIHB SK and NITHA CDC Teams together with the nurses on the ground
- **General Infection Prevention and Control**
 - E.g. frequent hand washing, cough & sneeze etiquette, physical distancing, staying home when sick...
- **Public Health Orders**
 - **Latest PHOs include:**
 - Gatherings <10 ppl, mandatory self-isolation of cases, contacts & international travellers, restrictions on movement of staff between facilities unless unable to maintain adequate staffing, daily screening & continuous masking of the healthcare workforce in patient areas, health screening of non-staff members including a temperature check prior to entry into the facility
 - Restrictions to travel to/from the Northern SK Administration District
 - **Applies to all residents of Saskatchewan**
- **Non-compliance**
 - A 24 hour phone line (1-855-559-5502) has been launched for those who wish to report an alleged violation of the order. Police will work with Public Health to investigate reports. EPHO/PHI work with SHA to provide education & public health advice.



Testing

- Laboratory-based surveillance is an important part of monitoring communicable disease activity
- Testing for COVID-19
 - Saskatchewan has a very liberal testing policy, requiring only one symptom or in certain scenarios no symptoms
 - The latest testing guidelines can be found only at saskatchewan.ca/coronavirus
 - Some First Nations communities & other locations will be or have received rapid test kits (e.g. GeneXpert)
 - Rapid point of care testing are not meant to replace traditional PCR tests, but rather support when there are challenges in accessing testing or long turn around times
- Testing Sites
 - As of April 27, 54 testing sites throughout the province (includes testing sites on reserve). All require a referral.
 - ISC/NITHA and transferred nurses trained on testing



Anti-Viral Medication & Vaccines

- Currently no antivirals or vaccines for COVID-19
- FNIHB Mass Immunization Plan
 - An immunization clinic guide is intended to be a resource for all levels (communities, Nurse Managers, Regional staff) to assist in the planning and delivery of vaccines to a large group of people within a short period of time
- Updates and discussions on these topics will be provided to Nurse Managers as these options advance



Personal Protective Equipment (PPE): Proper Use

- Routine healthcare PPE includes:
 - Gloves, procedure masks, face shields/eye protection, gowns and N95*
 - For COVID-19, N95s are only required for specific medical procedures performed by trained healthcare professionals
 - Medical-grade PPE should be distributed to the workforce facing the greatest risk of transmission or exposure to organisms that may cause infection or disease
- Higher level controls such as physical distancing, staying home when you are ill, hand hygiene, and daily cleaning and disinfection are more effective in preventing transmission and exposures to illness and disease. It is important not to underestimate the role these practices have on reducing infection risks, whether at home, at work or in the community.



PPE Procurement

- The focus for FNIHB/NITHA for PPE is supporting health services
- If unable to obtain PPE from regular procurement channels (vendors, F/P/T) requests for PPE can be submitted to: aadnc.skemergency.aandc@canada.ca. Our team will reach out and work with each specific community/TC to process the request.
- NITHA coordinates the PPE procurement requests of all of its member communities. Requests are to be submitted directly to: nithaeoc@nitha.com
- Request to Health Directors/Nurse Managers to provide weekly updates on health sector PPE inventory in order to ensure an adequate supply of PPE and the continuation of health services.
- If remote and isolated community confirms any cases, they should immediately request additional PPE.
- Procurement of \$2.2M of PPE to support community essential service providers for 74 First Nations is being coordinated through FSIN.



Caution: Vendors during COVID-19

- ISC is aware vendors are approaching communities with products/services for prevention, treatment and/or testing of COVID-19. It's important to exercise due diligence when approached by vendors.
- It's important to ensure vendors' products meet quality assurance standards as well as align with current public health guidelines.
- Individuals can report vendors making false claims to Health Canada:
<https://health.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/problem-reporting/health-product-complaint-form-0317.html>



Clinic Cleaning Procedures

- Environmental Public Health Officers will have up-to-date information regarding clinic cleaning procedures, as well as training available for environmental staff
- Contact the appropriate EPHO (FNIHB or Tribal Council) for information



Infrastructure/Re-tooling

- Encouraging all communities to explore existing facilities (e.g. churches, arena or resource centres) to support any needs for:
 - Isolation
 - Surge capacity accommodations
 - Testing
 - Triage/assessment
 - Other identified community needs
- ISC will support funding to retool existing buildings as well as provide rental options to support community needs
- If existing buildings are not available, ISC can help communities procure or fund portable structures to support the needs of the community
- Medical/health related PPE is not included and must be requested separately through the PPE procurement process

As of May 11, 2020

Capital Surge Infrastructure Type	Count
Equipment/Supply Retools	33
Capital Retools	10
Screening/Assessment Structures (BlueMed Tents)	15
Isolation/Accommodation (Modular Units)	20
Storage Units	17
Other (Generators, Portable Showers)	6
Total	101

Isolation

- Recommend **home isolation** where possible
 - Guidelines available for self-isolation
- **Community** isolation sites (retooling of spaces or modular homes)
 - Checklist available to consider
- **Urban isolation**
 - Various options (next slide)

Supplies to have at home when isolating

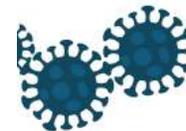
- Medical masks** if available for the case and the caregiver if not available, **non-medical masks or facial covering** (i.e., constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops)
- Eye protection (face shield or goggles) for use by caregiver
- Disposable gloves (do not re-use) for use by caregiver
- Disposable paper towels
- Tissues
- Waste container with plastic liner
- Thermometer
- Over the counter medication to reduce fever (e.g., ibuprofen or acetaminophen)
- Running water
- Hand soap
- Alcohol-based sanitizer containing at least 60% alcohol
- Dish soap
- Regular laundry soap
- Regular household cleaning products
- Hard-surface disinfectant, or if not available, concentrated (5%) liquid bleach and a separate container for dilution
- Alcohol prep wipes or appropriate cleaning products for high-touch electronics



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WE CAN ALL DO OUR
PART IN PREVENTING
THE SPREAD OF
COVID-19. FOR MORE
INFORMATION, VISIT

Canada.ca/coronavirus
or contact
1-833-784-4397





Modular Units

- Temporary isolation/ accommodations
- Included (*current FNIHB supplied):
 - Bedding, dishes, cutlery, toasters, coffee makers
- Not included: PPE, testing/treatment supplies
- Connectivity needs to be arranged (*site selection will be important)

Modular Units



*Also applicable for surge capacity accommodations



Urban Isolation

- NIHB can support with urban isolation when indicated by a medical professional
- Ministry of Social Services has established designated isolation sites for vulnerable populations (e.g. homeless)
- PHAC has also established designated mandatory isolation sites for international travellers

Triage/Assessment/Testing

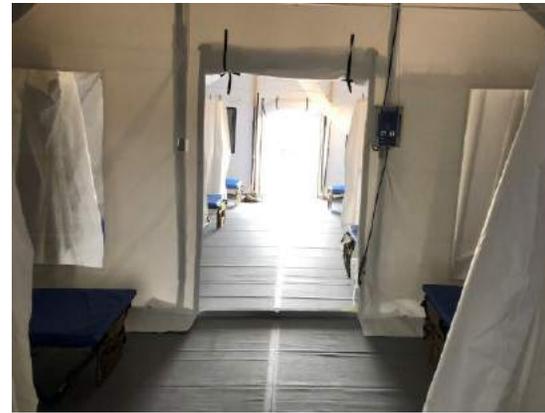
- Can be incorporated into the Health Centres / Nursing Stations
- Retool of existing facilities (arena, resource centres)
 - COVID-19 Infrastructure Toolkit
- Mobile Clinic
 - FNIHB ISC - 2 mobile vans available to provide surge capacity testing on reserve
 - Vans equipped with trained staff, PPE, testing swabs and other necessary supplies
 - Deployment determined in consultation with First Nation community leadership



Alternate portable structures

- BlueMed Tents (*FNIHB procured)
 - Includes 10 beds & privacy curtains
 - No running water

BlueMed Tent – Set Up in Community





Transportation

ISC is focused on supporting medical transportation of First Nations clients while minimizing transmission. This includes:

- Operational guidelines through NIHB to adapt medical transportation policies especially for individuals with higher risk factors to use private modes of transportation.
- Infection prevention and control support for service providers such as boarding homes and medical transportation service providers.
- Where commercial transportation is not available
 - private transportation is being mapped out for health human resources, clients through NIHB, and to ensure food supply.
 - ISC regularly scheduled chartered flights to move personnel and supplies into First Nation remote communities while minimizing risks of COVID-19 transmission.

NIHB Saskatchewan Regional Office: 1-866-885-3933



Food Security

- 'Food Security during COVID-19' toolkit – being developed by 'SK Registered Dietitians Working with First Nations' working group, with support of ISC Regional Nutritionist
- Several food security and COVID-19 resources have also been completed, including a recipe book that uses basic ingredients, which has been now shared widely
- ISC - FNIHB - identified 15 communities at risk of possible food supply interruption

'At risk' for Food Supply Interruption

Communities with 0-2 stores within a 32km radius may be at risk for food supply interruption

- Funding under EMAP and ICSF can be utilized to address food security issues in all First Nation communities.
- Breakfast Club of Canada has approved funding for several First Nations in Saskatchewan.
- Requests for food supplies can be submitted to Ag Canada and/or Farm Credit Canada for funding consideration.



Mental Health Supports

Saskatchewan's 12 Mental Wellness Teams

- community-driven teams made up of health professionals and paraprofessionals
- align with the principles of the First Nations Mental Wellness Continuum Framework (FNMWCF)
 - improving access
 - linking with existing services
 - bringing together community
 - cultural and clinical approaches to care and services
 - providing culturally competent care
 - being responsive to communities
 - building capacity, tailored to specific community and regional contexts
- have the ability to provide direct clinical services, trauma informed care, land based healing and treatment, early intervention and screening, aftercare, and care coordination for individuals
- link and leverage additional services provided through the provincial and territorial systems



Mental Health Supports

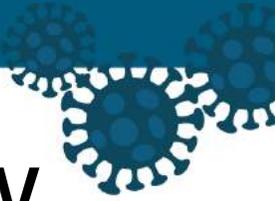
- The **First Nations Hope for Wellness Hotline** is available to First Nations & Inuit clients who need support, it is 24/7 and support is available in multiple Indigenous languages.
- The **Hope for Wellness Help Line** can be accessed by phone at 1 855 242-3310 or through the new online chat at: www.hopeforwellness.ca
- **NIHB mental health counselling** benefits are also available and can be accessed remotely so clients can receive counselling supports over the phone. If individuals have questions on how to access NIHB mental health supports they can contact our toll free line at 1-866-885-3933.
- **Occupational & Critical Incident Stress Management** services for nurses working in First Nations communities. OCISM is specialized for emergency service workers – such as nurses – whose needs are different than those of the general population. Available 24 hours a day, seven days a week. Call 1-800-268-7708 or email OCISN_Nurses-GSPIC_inf@hc-sc.gc.ca
- **Wellness Together Canada** – New mental health and substance use support portal www.ca/portal.gs



Re-Open Saskatchewan Plan

- Phase 1 began May 4
- An updated 'Re-open Saskatchewan' plan released May 1
 - Further guidelines and information:
 - Guidelines for drive-in or remote worship; Information for retail stores; Additional clarification for golf course operators and greenhouse operators; Guidance on outdoor individual recreation activities; Information about parks, campgrounds and fishing access
 - Lloydminster began Phase 1 on Monday May 11
- Phase 2 begins May 19:
 - Re-opening of retail businesses and select personal services that were previously not deemed allowable
 - The size restrictions of public and private gatherings will remain at a maximum of 10 people
 - A full list of retail businesses is included in the Re-Open Saskatchewan plan, along with guidance, protocols, and physical distancing measures that allowable businesses and services are required to observe

Considerations for a Transition to a “New Normal”



- This plan does not mean the COVID-19 pandemic is over.
- It signals a transition to a “new normal” where testing, contact tracing, infection control and physical distancing will be MORE important, not less.
- Each community will have their own approach to finding that balance and re-defining ways to achieve a new “normal.”
- May mean re-applying greater restrictions at times to prevent or address outbreaks
- Continued use of prevention and control measures (i.e. cleaning, hand-washing etiquette, self-isolation, etc.)

Transition to 'New Normal': Overarching principles for planning & engagement



Principles for Reopening

- **Community leadership** will make the decision on the basis of the community's needs.
- Decisions are **guided by science, and evidence-based**.
- **Coordination and collaboration** across all governments is critical for success.
- Public health measures are intended to be **flexible**, to meet community needs, and **proportional** to public health risk.

Gradual adjustments of measures should:

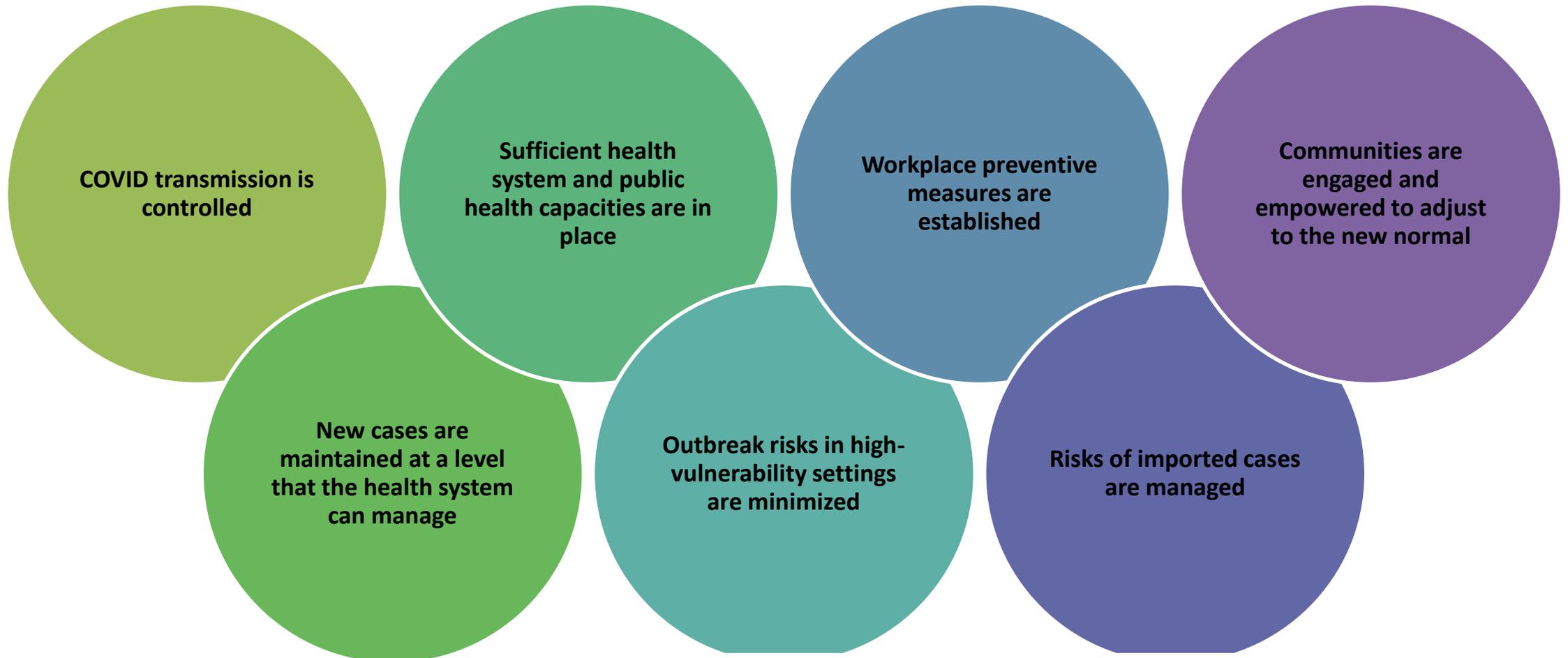
- Be culturally grounded, strengths-based and include First Nations ways of knowing and traditional practices beyond federal and provincial/territorial public health models;
- Include consideration of risk associated with remoteness, higher incidence of co-morbidities, limited access to health care;
- Take account of neighbouring health system capacities (i.e. clinics, hospitals);
- Take a gradual and step-wise approach that is flexible, sensitive to triggers, and able to rapidly respond to epidemiological changes;
- Be mindful of any outbreaks in neighbouring communities/industry work sites; and
- Ensure leadership is informed of considerations relevant to their community when assessing criteria before and when planning for adjusting measures.

Adapted from ISC, Dr. Wong & Valerie Gideon, AFN Briefing

Criteria for Assessing Readiness to Reopen



The Public Health Agency of Canada has developed a set of seven criteria that can be used to assess when a community is ready to begin a phased reopening

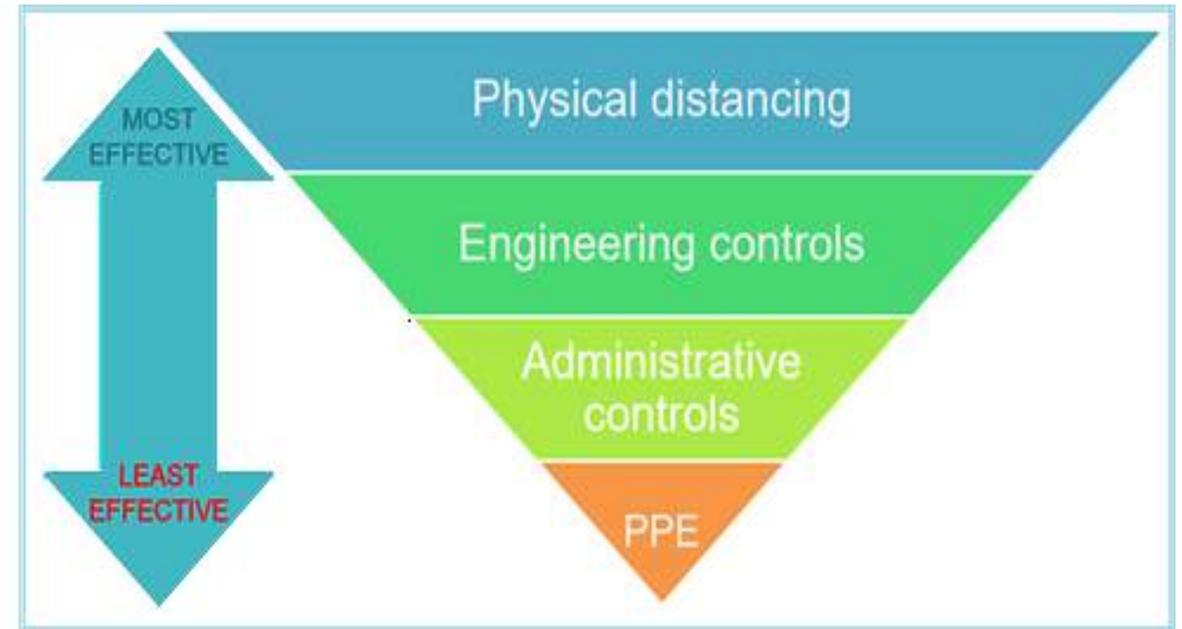


Adapted from ISC, Dr. Wong & Valerie Gideon, AFN Briefing

Phased Re-opening

Based on an assessment of the seven criteria listed, First Nations leadership can consider stage re-opening or restarting activities in the community

- Some non-essential businesses able to open
- Daycare and education settings/camps to operate/open
- Additional outdoor activities/ recreation to resume
- Non-urgent health care services to resume





Public Health Measures: Specific considerations for First Nations communities

- **Hand hygiene**
 - Reliable access to water in a household
 - Access to alcohol-based hand sanitizer outside of a household
- **Physical distancing**
 - Routine/traditional ways of living
 - Ways to adjust cultural ceremonies, events, and on the land activities as deemed appropriate by each community
- **Self-isolation and quarantine**
 - Overcrowding and housing condition
- **Essential travel**
 - Medical appointments, both inside and outside the community
 - Supply chain/food
 - Essential workers coming from outside
 - Community members leaving for work outside community

Recovery & Evaluation of CDE Response

- When the Federal Minister of Health declares the end of the pandemic the SK Chief MHO will notify the FNIHB & NITHA MHOs
- FNIHB & NITHA MHOs will immediately advise communities and Tribal Councils so they can activate their plans for a gradual resumption of usual activities
- Once the emergency is over, it will be important for communities to recognize the losses, celebrate the community's resilience and begin the healing process.
 - Ideally all activities and decisions made should be documented in near real-time
- It will also be important to evaluate the COVID19 response, record lessons learned and capture revisions in the local and Tribal Council level CDE Plans.

Recovery Planning Considerations

- ❖ Mental Health and wellness programs
- ❖ Cultural knowledge programs
- ❖ Children and youth programs

Justice Institute of BC Aboriginal
Disaster Resilience Planning
<https://adrp.jibc.ca>



COVID-19 Funding for Indigenous People in Saskatchewan

- Indigenous Community Support Fund (\$305M nationally)
 - For unique community priorities and needs such as emergency response services, mental health assistance, educational and other support for children, food security, support for elders
- Support for Indigenous Businesses (\$306.8M nationally)
- Support for women's shelters and sexual assault centres (\$50M nationally)
- Enhancing the Reaching Home Initiative (\$157.5M nationally)
 - To support people across Canada experiencing homelessness during the COVID-19 outbreak
- Support for First Nations Students
 - \$75.2M for additional distinction-based supports to First Nations, Inuit and Metis Nation post-secondary student
- \$26M Immediate Needs Housing Resources
- Other:
 - \$25M to Nutrition North Canada to increase subsidies so families can afford much-needed nutritious food and personal hygiene products as well as the Harvesters Support Grant to increase access to traditional foods and alleviate high costs associated with traditional hunting and harvesting activities.



Income Assistance and Assisted Living

- ISC is committed to maintaining all essential services, including ensuring that payments to Income Assistance Clients and Assisted Living Service Caregivers continue in a timely manner. Additional financial support may be provided for:
 - Purchase of additional food items, cleaning supplies and toiletries;
 - Work from home supports for staff (computers, phones, etc);
 - Additional human resources as some staff members will not be able to respond to calls due to personal situations arising; and
 - Safety and wellness supplies and supports for workers.
- A questionnaire was sent to all Income Assistance Administrators on the impact of the Pandemic on the Income Assistance Program
- Guidance document shared on Canada Emergency Response Benefit (CERB) and Income Assistance Clients



First Nations Child and Family Services

- National temporary measure to ensure First Nations youth who reach the age or majority or are past the age of majority but in special care arrangements receive extended coverage to September 30, 2020
- Expanded eligibility of expenses related to COVID-19 which may include:
 - Temporary lodging;
 - Equipment to support teleworking staff deemed essential;
 - Supplies and supports to ensure safety of workers;
 - Supplies for children (baby formula, wipes etc);
 - Supports for prevention and cultural workers to modify their services to support families and avert crisis;
 - Child care for services providers/caregivers;
 - Communication expenses such as translation;
 - Emergency food support for families at risk; and
 - Interim emergency assistance to First Nations to assist them with their planning (specific to COVID-19 impacts on children and families)



- *Recognizing the increased demand globally and across Canada for surge health capacity and supplies, we encourage communities to take a **collaborative and coordinated approach to organizing surge capacity and procuring supplies** wherever possible with neighboring communities, local public health authorities or through Tribal Councils.*



Other Resources

Resources referenced in this deck, as well as other resources to support SK First Nation communities with CDE and COVID-19 pandemic planning and response will be made available when the new information portal is available.

Contact Information for Further Support



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Miigwetc / Thank you / Merci

