

COVID-19 Action Plan Template For First Nations Communities

Critical Process # 1: Pre Outbreak Testing For Presence of COVID-19 and Surveillance							
Preferred Practice/Rationale	Individual First Nations Community Considerations	Chiefs of Ontario Action/Advocacy	Ontario Experts Considerations*	Communication Plans	Resources	Request for RNAO Action/Advocacy**	Other Considerations For Your Community
<ul style="list-style-type: none"> • Increase testing capacity for individuals in local communities • Increase COVID testing amongst health and social service providers, especially those deployed from outside community • Increase availability of test kits • Broaden testing criteria to all community members who are symptomatic • Monitor trends in COVID-19 cases via ICES monitoring system • Continue screening beyond pandemic for surveillance 	<ul style="list-style-type: none"> • Review own community pandemic plan • Review testing Guidance Documents (Federal and Provincial) • Determine clinical pathway for testing swabs • Testing criteria for remote and isolated • Identify their own capacity/needs for testing • Complete PPE survey (MOH) and other documents provided by FNIHB • Ensure appropriate PPE's are ordered through Indigenous Service Canada (ICS) • Review data governance agreement with ICES to allow data to be included regionally 	<ul style="list-style-type: none"> • Support Best Practice on Pandemic Planning based on needs of individual communities • Gather Data-Environmental Scan First Nations Pandemic Plans • Identify Guidance Documents which are First Nation specific • Collaborate with University of Western Ontario to produce an environmental scan on First Nation Pandemic Plans in order to inform the development of an overarching Pandemic Plan for First Nations in Ontario. • Re-engage and advocate with ISC for funding support for Chapter 10 revision and updating • COO (Research Sector) to work with ICES to provide surveillance and a model for forecasting; data governance agreements with ICES for consent to use data may require additional political advocacy • Facilitate discussion with the Provincial and Federal government on the allocation of any testing materials to communities • Facilitate awareness of procurement and distribution process for testing materials including current and emerging technologies • RESEARCH: Data governance, GCT#3/KCA consent to use data, use of IRS data • Clarify reporting and data collection process for communities (multiple forms/collection sources) 	<ul style="list-style-type: none"> • Pre-Outbreak Testing: Use of Spartan Cube Test, as soon as available: 1 test per hour with reusable cartridge that can be point of care (Dr. Vanessa Allen, Chief Medical Microbiologist at PHO); test will be ready shortly and in validation phase • Any hospital or community health centre in FN community that sends out lab tests for processing to a regional centre, have access to sufficient <i>Spartan testing</i> (prevent delay in results, increase surveillance) 	<ul style="list-style-type: none"> • Education for community members on the purpose of wide spread testing • Local community (including Elders, Youth and Leadership) mobilization in COVID-19 testing • Engage government to broaden screening requirements • Engage governments in provision of testing kit to Indigenous communities • Support communities involvement in data collection for surveillance 	<ul style="list-style-type: none"> • Provincial resources for clinical and surveillance testing • Educational resources on the purpose of wide spread testing 	<ul style="list-style-type: none"> • Engage Federal and Provincial Government to broaden testing requirements • Engage Federal and Provincial Government for increase in testing kits • Advocate for <i>Spartan Cube Test</i> with partners for priority populations including FN Communities, to support surveillance and outbreak management • Support OCAP compliance for local communities for ownership and access to local data from ICIS 	

Critical Process # 2: Self-Isolation, Cohorting of Probable & Confirmed COVID-19 Cases & Physical Distancing for the Community							
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<ul style="list-style-type: none"> Mandatory Self-Isolation for suspected and confirmed cases (staff and community members) Mandatory Self-Isolation of those in contact with positive case (staff and community members) Mandatory self isolation for any nurse who has not self isolated for 14 days coming into the community. Maintain adherence to provincial guidelines re: gatherings, physical distance, gatherings, when not in self-isolation 	<ul style="list-style-type: none"> Policing and enforcement of physical distancing policies through Band Council Resolution Location of isolation units Disclosure of positive cases Contact tracing Strengthen relationships with Public Health Units to support communication between local Chief and Council Individual communities aware of number of health care staff necessary to provide case support to confirmed cases Individual communities aware of own medical transportation needs Determine needs and order PPE for auxiliary staff in community (i.e. airport, community workers, day care, etc.) Determine cultural protocols for inclusion of traditional medicines to support those with illness Cultural protocols for care of deceased to include public health protective measures with Elder guidance Determine methods to managing alternate morgue/burial protocols Determine space available and order necessary supplies 	<ul style="list-style-type: none"> Provide links to Public Health guidance documents re: self-isolation and quarantine for confirmed cases Advocate for supplies and PPE for those caring for a patient at home (including a preparedness Kit list) Provide guidance documents on water advisories and safety for cleaning and hand washing Provide summary document on different type of masks (i.e. Home-Made, Surgical and N95) and associated use. Share guidance documents for funeral and burial services from FNIHB and MOH, and Thunderbird Partnership 	<ul style="list-style-type: none"> <i>Spartan Cube Test</i> use will allow communities to self-isolate only COVID positive cases and not PUI (Person Under Investigation) Provision of supportive care and observation for COVID positive cases, if required hospital care not immediate <p>Cohorting:</p> <ul style="list-style-type: none"> PUI Cases with no <i>Spartan Cube Test</i> & can't self-isolate: Repurpose of community spaces not being actively used (i.e. schools, recreation centres, etc) COVID Positive cases: Repurpose community spaces in sufficient capacity (estimate approximately 10% of population of community at any given time) to support community isolation of positive COVID cases and support high quality nurse led supportive care <p>Morgues:</p> <ul style="list-style-type: none"> Physical infrastructure assets should be used for living only (i.e. PUIs or COVID positive cases) - not for morgues Refrigerated trucks should be deployed wherever these are possible, unless other remaining space is available (Note: This can be a challenge for remote communities (i.e. fly in) that have challenge to equipment – need to consider alternative solutions for these communities) 	<ul style="list-style-type: none"> Local community and leadership support for mandatory self-isolation Education on requirements of self-isolation 	<ul style="list-style-type: none"> Documents re: supporting COVID cases (i.e. isolation) 	<ul style="list-style-type: none"> Support connection to experts re: actions re: probable and positive cases Advocate for <i>Spartan Cube Test</i> with partners for priority populations including FN Communities, to support surveillance and outbreak management 	

Critical Process # 3: Robust Case and Contact Tracing							
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<ul style="list-style-type: none"> Robust case and contact tracing on any COVID cases in communities Data collection for surveillance re: contact tracing and positive or probable cases 	<ul style="list-style-type: none"> Work with designated Public Health Unit in case and contact tracing Work with Ontario Regional Chief political staff in household mapping Determine process, capacity and training for community workers Community to develop data collection and consent for disclosure forms 	<ul style="list-style-type: none"> Political advocacy with ISC and IAO to support local response (STAT) teams; Capacity, training, travel, accommodations etc. Leadership Council Motion to Review Resolution 11-06 First Nations Emergency Preparedness (SCA) and determine if it meets needs or if mandate to be revised COO research sector actively involved with ICES re contact tracing and disclosure at community level Community education on testing and contract tracing to increase awareness and behavior change utilizing community local media (i.e. public service announcements, letters, etc) PANTHR – advocate for inclusion of data re: vulnerable communities and social determinants (e.g. race, ethnicity and income) to advocate appropriate understanding of the impacts of COVID and the implications of this 	<ul style="list-style-type: none"> <i>Spartan Cube Test</i> use will expedite outbreak investigations to confirm COVID positive cases Creation of local <i>regional outbreak response teams</i> (allows specialization, rapid response under Indigenous led teams) Provide <i>Indigenous led regional response teams</i> proper training and experienced personnel 	<ul style="list-style-type: none"> Local community and leadership support for contact tracing Community Education on testing for contact tracing and surveillance (i.e. FN health managers, community Elders/Youth, local community media (PSA), local letters) – RNAO can help create message for PSA if need) *** urgent need – Doris to help draft messages to send to COO to message 	<ul style="list-style-type: none"> Provincial resources for case and contact tracing Education resources to understand the value of testing for contact tracing and surveillance 	<ul style="list-style-type: none"> Support connections to experts to support case and contact tracing Support connections to experienced nursing staff to create or support training of <i>local regional outbreak response teams</i> Support connection to human and technological resources and to track contact tracing, positive and probable case Advocacy for inclusion of PANTHR to include data collection re: vulnerable communities (e.g. race, ethnicity and income). 	

Critical Process # 4: Personal Protective Equipment (PPE) & Universal Masking							
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<ul style="list-style-type: none"> Mandatory use of surgical masks for all front-line health and social service providers Mandatory use of complete PPE for all health care providers caring for COVID positive cases Mandatory use of masks for members of the community who are confirmed or probable COVID positive cases 	<ul style="list-style-type: none"> Community and conjugate settings to and review best practice guidelines on the use of PPEs and encourage heightened use of universal masking practices Policing/enforcement of use of masks and guidance for disposal of used equipment to be determined by community leadership and BCR if needed. 	<ul style="list-style-type: none"> Clarification of procurement process for provision of PPE through ISC/MOH Share available and current guidance documents for universal access and use of PPE including masks for FN remote communities Provision of information on use, creating, cleaning and care of homemade masks 	<ul style="list-style-type: none"> Ensure proper access of PPE 	<ul style="list-style-type: none"> Engage government to increase and ease of access to PPE Education to health care workers and members of the community regarding PPE 	<ul style="list-style-type: none"> Resources for use of PPE for health and social service providers Support access to education materials for community and health-care providers for donning and doffing masks and gloves Access to central OH PPE coordinator 	<ul style="list-style-type: none"> Advocacy to government and media for increase PPE, especially masks for Indigenous Communities Streamlined process developed for urgent and on-going requests for PPE Support expedited shipment for PPE to local communities 	

Critical Process # 5: Health Human Resource (HHR) Surge Capacity							
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<ul style="list-style-type: none"> • Increase in surge capacity to have sufficient human health resources to support communities • Health resources to support screening/testing, case surveillance, contact tracing, caring for positive cases, etc. • NPs and RNs to work full time in one setting • NPs and RNs to have expertise in supporting local Communities 	<ul style="list-style-type: none"> • Work with FNIHB Director of Nursing to request additional nursing staff • C&C to complete template First Nations Community Guide Annex • Interview and provide community support for temporary staff 	<ul style="list-style-type: none"> • Facilitate discussions between RNAO VIA nurse program and FNIHB, with community health directors/PTO-IFN Health Directors. 	<ul style="list-style-type: none"> • Focus on HHR on preventative measures vs. acute care to save more lives. Focusing on this will save more lives vs. increasing acute care (e.g. hospital) staffing • Most work needs to go into effective social distancing, isolation and rapid testing, rather than direct patient care. • Focus on HHR to have Nurse led supportive care for cohorted groups - this will have the most significant impact on survival and quality of life (this is controversial, as it prioritizes prevention and support over curative interventions) • Given the recommendation is for the community to focus on prevention, work with the 'mainstream system' to take responsibility for acute care, if needed. 	<ul style="list-style-type: none"> • Engage local communities to identify current human health resource (i.e. primary care, mental health/substance use) • Engage communities to identify surge capacity needs (i.e. number and type of professional & knowledge and skill) 	<ul style="list-style-type: none"> • VIANurse program • Connection to virtual technology to support nursing access, where necessary 	<ul style="list-style-type: none"> • Access to VIANurse for NP and RN with knowledge and skills to support with Indigenous communities • Advocate for increase NP with experience supporting Indigenous communities 	

***Notes from Experts:** For more resources that are transferable to FN context please refer to <http://cnh3.ca/resources/> Tim Richter, CEO of CAEH with whom our CNH3 network is affiliated has large FN focus and suspect he would support developing similar resources page if there was interest.

****Examples of request for advocacy and action:** Connecting with experts in the field; Escalating issues with Federal and/or Provincial Government; Escalating issues via media; Increased social media presence; Advocacy through joint submissions/letters; Supporting Health Resources through [VIANurse](#), etc.