



© 2006 The Authors  
Journal compilation © 2006 Blackwell Publishing Ltd

1

# Framework for Decision Making on Easing Restrictions in NAN Territory

Version: May 20, 2020

Dear NAN Community Members,

Since the WHO declared COVID-19 to be a global pandemic on March 11, 2020, many nations, including our own, have taken dramatic steps to safeguard their citizens and restrict the spread of COVID-19. This has included closing borders, limiting gatherings, and other public health measures.

The next phase in responding to COVID-19 is for communities to plan for the long term. **This pandemic is likely to last for 18-24 months.** Part of this planning includes discussing when and how to ease public health restrictions. We do not know enough about COVID-19 to predict the next 18-24 months of this pandemic. However, communities should prepare for periodic “waves” of the virus, where COVID-19 infections rise and the risks to NAN communities increase.

The Task Team has prepared the following framework to support communities as they begin these discussions. **Please note that our partners and service providers, including Sioux Lookout First Nations Health Authority, and Weeneebayko Area Health Authority, have provided feedback and are committed to reviewing the document on an ongoing basis.** We also welcome feedback from community leadership and members. We anticipate that new versions will be released in the future based on this feedback, and as the COVID-19 situation continues to develop.

**We continue to recommend that communities maintain current public health measures for now.** As the situation develops, communities may—with caution—consider reinstating programs and services and ensuring that COVID-19 precautionary measures such as physical distancing and infection control measures are still in place. Members of the NAN COVID-19 Task Team believe that it will be many weeks before it is safe for communities to re-open. Leadership should discuss this process with their community before making any decisions and consider a phased response. This response will vary between communities and should be tailored to each community’s circumstances. Leaders should continue to ask the Creator for guidance as they work with their communities to plan for and respond to the COVID-19 pandemic.

Yours sincerely,

**The NAN COVID-19 Task Team**



Nishnawbe Aski Nation  
ᑎᑦᑦᑎᑦᑎᑦ ᑎᑦᑎᑦ ᑎᑦᑎᑦ

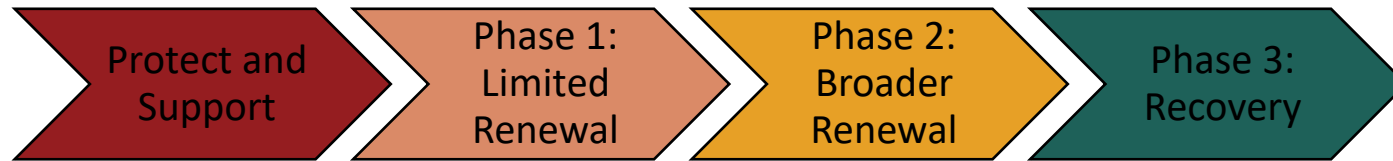
**Send all inquiries regarding COVID-19 to [emergency@nan.ca](mailto:emergency@nan.ca)**

[www.nancovid19.ca](http://www.nancovid19.ca)

## Important Notes

**We recommend that communities maintain current public health measures for now.**

### ***Phases in the Framework for Decision Making on Easing Restrictions in NAN Territory***



### ***Using this Document***

- This document is shared with NAN communities to use as they begin to look towards easing community restrictions related to COVID-19.
- The criteria and actions included in this document are intended as guidance and suggestions; they are *not* prescriptions or regulations that communities must follow.
- *Easing Community Restrictions* refers to easing measures, such as physical distancing (keeping at least 2 metres/6 feet away from anyone outside of your household), mandatory masking, or curfews, that communities have implemented within their own borders to protect and support members currently living in the community. **These measures can reduce the spread of COVID-19 within a community.**
- *Easing Community Access* refers to easing measures, such as closing borders, implementing mandatory self-isolation periods for returning community members, or restricting flights into the community, that communities have taken to restrict who enters the community and how they get here. **These measures can reduce the spread of COVID-19 into a community.**
- Discussions and plans should reflect the infrastructure that currently exists within each community, and factor in items that are outside of community control, such as provincial emergency orders and the policies and procedures of outside service providers.
- This is an evergreen document; guidelines will be adjusted as government recommendations are updated. **Please refer to the References on page 10 and check current government recommendations before finalizing any decisions on easing restrictions.**

### ***Community Discussions***

- Easing community restrictions relies on the whole community continuing to follow appropriate public health measures.
- Communities should consider how these decisions impact all members and the need to protect vulnerable people, such as Elders and members with chronic illnesses like diabetes.
- Easing community restrictions should be done in a phased and careful manner using evidence-based decision making and input and support from community members.



Nishnawbe Aski Nation  
ᑎᑦᑦᑎᑦᑎᑦ ᑎᑦᑎᑦ ᑎᑦᑎᑦ

**Send all inquiries regarding COVID-19 to [emergency@nan.ca](mailto:emergency@nan.ca)**

[www.nancovid19.ca](http://www.nancovid19.ca)

## ***Implementing any Plan to Ease Restrictions***

- Community plans for easing community restrictions must be communicated in an open and transparent way.
- Communities should be ready to re-impose public health measures as needed when there are additional waves of COVID-19.
- The suggested criteria on page 5 represents the Task Team's minimum criteria for moving into that phase; the Team recommends that all criteria for a phase be met before the community determines it is appropriate to move into that phase and ease additional restrictions.
- These guidelines are intended to be flexible; communities may determine that one area or sector of its community is safe to move to Phase 1 of a recovery plan, while another should remain in the Protect and Support phase.
- In many communities, schools and hotels have been repurposed for use as Quarantine/Self-Isolation locations during the pandemic. If the community is ready to reopen these locations for their original use, then alternative arrangements for Quarantine/Self-Isolation locations will be needed or plans made to quickly repurpose these locations again if needed.

Additional resources with guidance on self-monitoring and measures that workplaces and schools can take to reduce the risk of COVID-19 are listed on page 10.

**NAN supports the self-determination and autonomy of all First Nation communities. NAN is providing this guidance to share expert advice and to support community discussions, not to replace them.**



Nishnawbe Aski Nation  
ᑭᓄᓐᓂᓐᓂᓐ ᑭᓄᓐ ᑭᓄᓐᓂᓐ

**Send all inquiries regarding COVID-19 to [emergency@nan.ca](mailto:emergency@nan.ca)**

[www.nancovid19.ca](http://www.nancovid19.ca)

GUIDELINES FOR EASING RESTRICTIONS AND ACCESS IN NAN FIRST NATIONS				
PHASES	Protect and Support	Phase 1: Limited Renewal	Phase 2: Broader Renewal	Phase 3: Recovery
Easing Community Restrictions				
Key Criteria				
Community Virus Containment	Risk of cases in the community.	No community cases for 4-8 weeks.	No community cases for 2-4 months.	No community cases for 4-6 months.
Health System Capacity	Nursing station/health clinic has limited capacity, limited PPE, and <b>no</b> surge capacity oxygen therapy equipment.	Nursing station/health clinic has some capacity, 14-day supply of PPE, and <b>no</b> surge capacity oxygen therapy equipment.	Nursing station/health clinic has full capacity, 14-day supply of PPE, and <b>no</b> surge capacity oxygen therapy equipment.	Nursing station/health clinic has full capacity, 14-day supply of PPE, and surge capacity oxygen therapy equipment.
Public Health Capacity	Limited test kits, delays in test results, contact tracing process not in place.	Adequate supply of test kits, some delays in test results, contact tracing process developed.	Adequate supply of test kits, no delays in test results, contact tracing process developed and in place.	Adequate supply of test kits, no delays in test results, contact tracing process developed and in place.
Community Readiness	Community pandemic planning and preparation ongoing. A pandemic plan should be finalized before moving to the next stage.	Pandemic plan in place. Minimum one location alternative to the nursing station reserved and set up strictly for COVID-19 response, priority community infrastructure projects identified, organizations involved are informed of community protocols.	Alternative COVID-19 location maintained, essential supplies moving into community, boarding location and contactless food service available to essential workers from outside community, schedule for resuming projects developed.	Alternative COVID-19 location maintained, essential supplies moving into community, boarding location and food service available to all workers from outside community, community projects resume with precautions such as self monitoring or physical distancing.
Easing Community Access				
Key Criteria				
External Virus Containment	Ongoing new cases in urban hubs.	No new cases in urban hubs for 2-4 weeks.	No new cases in ON, MB, or QC for 2-4 weeks.	No new cases in ON, MB, or QC for 2-4 months.
Health System Capacity	Hospitals in urban hubs have <b>limited</b> capacity to effectively respond to potential surges.	Hospitals in urban hubs have <b>sufficient</b> capacity, including access to ventilators, to effectively respond to potential surges.	Hospitals in urban hubs have <b>sufficient</b> capacity, including access to ventilators, to effectively respond to potential surges.	Hospitals in urban hubs have <b>sufficient</b> capacity, including access to ventilators, to effectively respond to potential surges.
Public Health Capacity	Testing backlogs in ON; indications that ON, MB, QC are struggling to track cases (many new daily cases, outbreaks, and/or community spread).	Limited testing backlogs in ON; indications most cases in ON, MB, QC are tracked (no or limited community spread, new daily cases declining).	No testing backlogs in ON; indications most cases in ON, MB, QC are tracked (no new cases or outbreaks).	No testing backlogs in ON; virtually all cases in ON, MB, QC are tracked (no new cases or outbreaks).
Community Readiness	Community pandemic planning and preparation ongoing. A pandemic plan should be finalized before moving to the next stage.	Pandemic plan in place. Minimum one alternative location to the nursing station reserved for COVID-19 response, priority community infrastructure projects identified, organizations involved are informed of community protocols.	Alternative COVID-19 location maintained, essential supplies moving into community, boarding location and contactless food service available to essential outside workers, schedule for resuming projects developed.	Alternative COVID-19 location maintained, essential supplies moving into community, boarding location and food service available to all outside workers, community projects resume with precautions.

A PHASED APPROACH TO REOPENING COMMUNITY PROGRAMS, SERVICES, OPERATIONS and PROJECTS				
PHASES	Protect and Support	Phase 1: Limited Renewal	Phase 2: Broader Renewal	Phase 3: Recovery
COMMUNITY SECTORS	ACTION ITEMS			
<b>Essential Services</b>	All non-essential services closed. Essential services open with limited staffing. Services provided remotely if possible. Enhanced cleaning, sanitization, and PPE practices in place.	Continue enhanced cleaning, sanitization, and PPE practices. Staff return to work provided physical distancing can be maintained and they are not at increased risk of complications from COVID-19. Vulnerable staff continue to work remotely. Develop schedule for non-essential outside services to return to community.	Continue enhanced cleaning, sanitization, and PPE practices. Most staff back at work, with physical distancing measures in place. Vulnerable staff start returning to work. Some non-essential outside services return to community; outside staff must self-monitor.	Begin easing back on cleaning, sanitization, and PPE practices. Physical distancing measures can be relaxed. All staff back to work. All non-essential outside services return to community; outside staff continue to self-monitor.
<b>Public Health</b>	Mandatory physical distancing. Recommend/require use of non-medical masks when physical distancing is impossible. Frequent communication about COVID-19 risks and measures on radio and social media.	Mandatory physical distancing. Recommend use of non-medical masks when physical distancing is impossible. Daily communication about COVID-19 risks and measures on radio and social media.	Recommend physical distancing. Recommend use of non-medical masks when physical distancing is impossible. Communication every 2-3 days about COVID-19 risks and measures on radio and social media.	Recommend physical distancing. Ease back on non-medical mask recommendations. Weekly communication about COVID-19 risks and measures on radio and social media.
<b>Social Events and Gatherings</b>	Social events and gatherings restricted to <5 individuals.	The number of people at social events and gatherings can be further increased, in line with government guidance.	The number of people at social events and gatherings can be further increased, in line with government guidance.	Regular community social programming resumes.
<b>Infrastructure Projects</b>	Construction of infrastructure projects on hold. Project team meetings may occur through tele/videoconference.	Construction of infrastructure projects on hold. Communicate with project teams regarding community protocols on returning to work, contractors/consultants provide COVID-19 Health and Safety policies.	Materials for infrastructure projects resume delivery to community. Project teams develop schedules for returning to work. Site preparation and other work begins by community members.	Outside contractors return to community adhering to precautions (such as self-monitoring or appropriate PPE use) as outlined in community protocols and Health and Safety policies.
<b>Education</b>	Schools remain closed. Teachers available through remote platforms. Home schooling activities available. High school students who normally attend school off-reserve remain home.	Schools remain closed. High school students who normally attend school off-reserve remain home.	Schools may open. Students must maintain physical distancing. Home school activities available for parents who do not want their children in school. High school students who normally attend school off-reserve may leave the community if assurances of safe accommodation are provided.	Schools are open. Students must maintain physical distancing. Schools may operate in shifts to accommodate all students and maintain safety guidelines. On the Land learning activities permitted.

A PHASED APPROACH TO REOPENING COMMUNITY PROGRAMS, SERVICES, OPERATIONS and PROJECTS				
PHASES	Protect and Support	Phase 1: Limited Renewal	Phase 2: Broader Renewal	Phase 3: Recovery
COMMUNITY SECTORS	ACTION ITEMS			
<b>Non-Essential Health Services (Physical Therapy, Kinesiology, Foot Care, non-emergency Oral Health, etc.)</b>	All non-essential services closed. All appointments are cancelled; the process for rebooking appointments once it is safe to do so will be communicated to the affected patients.	Some non-essential services resume, provided physical distancing can be maintained and staff are not at increased risk of complications from COVID-19. Vulnerable staff continue to work remotely. Patients whose appointments were cancelled during Protect and Support phase are prioritized for rebooking as services resume.	All non-essential services have resumed, with most staff back at work, provided physical distancing can be maintained. All appointments cancelled during Protect and Support phase have been rescheduled. Continue enhanced cleaning, sanitization, and PPE practices. Some non-essential outside services return to community; outside staff must self-monitor.	Begin easing back on cleaning, sanitization, and PPE practices. Physical distancing measures can be relaxed. All staff back to work. All non-essential outside services return to community; outside staff continue to self-monitor. All appointments cancelled during previous phases have been completed and new appointments are being booked.
<b>Child and Family Services</b>	CFS office open with limited staffing. Services provided remotely as much as possible. Enhanced cleaning, sanitization, and PPE practices in place. Refer to CFS EPT Guidelines provided by NAN. Consult with FNCFS Agency.	Continue enhanced cleaning, sanitization, and PPE practices. Some staff return to work, vulnerable staff continue to work remotely. Develop schedule for outside services to return to community. Refer to CFS EPT Guidelines provided by NAN. Consult with FNCFS Agency.	Continue enhanced cleaning, sanitization, and PPE practices. Most staff back to work. Vulnerable staff start returning to work. Some outside services return to community; outside staff must self-monitor. Develop schedule for CFS to begin regular in person services. Refer to CFS EPT Guidelines provided by NAN. Consult with FNCFS Agency.	Begin easing back on cleaning, sanitization, and PPE practices. All staff back to work. Staff conduct regular services. All outside services return to community; outside staff continue to self-monitor. Consult with FNCFS Agency.
<b>Vulnerable Populations</b>	Enhance cleaning/sanitization procedures for locations that house/ or service vulnerable populations. Provide additional PPE for workers that are caring for or working with vulnerable populations. Develop and implement alternative delivery models for services and necessities.	Maintain enhanced cleaning/sanitization procedures for locations that house/ or service vulnerable populations. Continue to provide additional PPE for workers that are caring for or working with vulnerable populations. Maintain alternative delivery models for services and necessities.	Maintain enhanced cleaning/sanitization procedures for locations that house/ or service vulnerable populations. Continue to provide additional PPE for workers that are caring for or working with vulnerable populations. Maintain alternative delivery models for services and necessities.	Ease back on enhanced cleaning/sanitization procedures for locations that house/ or service vulnerable populations. Workers who are caring for or working with vulnerable populations no longer require additional PPE. Phase back traditional delivery models for services and necessities.
<b>Community Centres and Sports Facilities</b>	All community centres and sports facilities closed.	Community centres and sports facilities open with limited hours, and capacity restricted in line with government guidance and to support physical distancing measures. Enhanced cleaning practices and hand sanitizer in place.	Community centres and sports facilities open with limited hours, and capacity restricted in line with government guidance and to support physical distancing measures. Enhanced cleaning practices and hand sanitizer in place.	All community centres and sports facilities open with regular hours.

A PHASED APPROACH TO REOPENING COMMUNITY PROGRAMS, SERVICES, OPERATIONS and PROJECTS				
PHASES	Protect and Support	Phase 1: Limited Renewal	Phase 2: Broader Renewal	Phase 3: Recovery
COMMUNITY SECTORS	ACTION ITEMS			
<b>Food Services</b>	Food services restricted to preparing food for vulnerable populations. Enhance cleaning/sanitization procedures. All staff required to wear gloves and masks.	Food service outlets can seat the maximum number of customers allowed by government guidance or that can be accommodated while maintaining physical distancing. Maintain enhanced cleaning/sanitization procedures. All staff required to wear gloves and masks.	Food service outlets can increase the number of seated customers as outlined by government guidance or that can be accommodated while maintaining physical distancing. Maintain enhanced cleaning/sanitization procedures. All staff required to wear gloves and masks.	All food services open. No restrictions on the number of people they can serve, provided physical distancing can be maintained. Ease back on cleaning schedule. Staff required to wear gloves; masks recommended but not required.
<b>Mental Health and Substance Use</b>	Only tele-mental health services provided if no providers in community. Provide messaging around the risks of withdrawal and overdose. Work with nursing and other health care staff to understand care available for people going through withdrawal and whether harm reduction supplies can be offered. Assess availability of naloxone kits; order additional kits if needed and provide virtual Naloxone training if possible.	Some mental health providers allowed in community; must self-monitor. Travel outside of community allowed for some mental health appointments. Increase messaging around the risks of withdrawal and overdose. Reach out to Elders and other high-risk populations to assess Mental Health needs. Restock naloxone kits if needed; offer training on naloxone kit use.	All mental health providers allowed in community with requirements to self-monitor. Travel outside of community allowed for all mental health appointments. Maintain messaging around the risks of withdrawal and overdose. Work with Elders and other high-risk populations to address Mental Health needs. Restock naloxone kits if needed; offer refresher naloxone training.	All mental health providers allowed in community; must self-monitor. Travel outside of community allowed for all mental health appointments. Maintain messaging around the risks of withdrawal and overdose. Continue to assess and work with Elders and other high-risk populations to address Mental Health needs. Restock naloxone kits if needed; offer refresher naloxone training.
<b>Domestic Travel</b>	Follow community travel restrictions. All individuals in a high-risk group and/or individuals who have recently returned from travel must self-isolate. Travelers must wear mask/face covering to travel by air.	Travel permitted for medical appointments out of the community and for health care providers traveling into the community. Guidelines on physical distancing, face coverings/masks, and sanitation must be followed. All individuals must follow self-isolation guidelines when returning to community. Follow community travel restrictions and government travel regulations in place.	Travel permitted for medical appointments and/or for other reasons both in to and out of the community with support from community leadership. Individuals must follow self-isolation guidelines when returning to community. Follow government travel regulations in place.	Reinstate passenger travel to NAN communities and follow government travel regulations in place.



A PHASED APPROACH TO REOPENING COMMUNITY PROGRAMS, SERVICES, OPERATIONS and PROJECTS				
PHASES	Protect and Support	Phase 1: Limited Renewal	Phase 2: Broader Renewal	Phase 3: Recovery
COMMUNITY SECTORS	ACTION ITEMS			
<b>Community Businesses</b>	All non-essential businesses closed. Essential businesses opened but with reduced capacity. Hand sanitizer available at all essential businesses. Install plexiglass shields if possible. Require cashiers and stockers to wash or sanitize their hands frequently.	Allow some non-essential businesses to open with reduced capacity. Essential businesses opened but with reduced capacity. Hand sanitizer available at all businesses. Install plexiglass shields if possible. Require cashiers and stockers to wash or sanitize their hands frequently.	Allow all non-essential businesses to open with reduced capacity. Ease some capacity restrictions on essential businesses. Hand sanitizer available at all businesses. Install plexiglass shields if possible. Require cashiers and stockers to wash or sanitize their hands frequently.	All businesses open with normal capacity. Hand sanitizer available at all businesses. Install plexiglass shields if possible. Continue to emphasize the importance of frequent hand washing or sanitizing to cashiers and stockers.
<b>Weddings, Funerals, Religious Services and Traditional Ceremonies</b>	Services and ceremonies restricted; Elders, knowledge keepers, ministers, and priests can perform ceremonies without gatherings. Weddings postponed if possible, restricted to <5 guests if not. Funerals restricted to <10 mourners. Funeral homes may have enacted additional restrictions; mourners should call ahead to confirm.	Continue to postpone weddings if possible. Services, ceremonies, and weddings restricted in line with government guidance and to support physical distancing measures. Funerals restricted to in line with government guidance and to support physical distancing measures. Gatherings should record contact details.	Guidance to postpone weddings no longer needed. Services, ceremonies, and weddings restricted in line with government guidance and to support physical distancing measures. Funerals restricted to in line with government guidance and to support physical distancing measures. Gatherings should record contact details.	All ceremonies and services proceed as normal. Organizers encouraged to limit gathering size to what can support physical distancing. Gatherings should record contact details.
<b>Accommodations</b>	All accommodation facilities closed. Visitors have limited to no entry into community, private accommodations are prohibited.	Some mental health providers and other healthcare workers allowed to stay at accommodation facility. Enhanced cleaning/sanitation procedures required. All staff and guests required to wear masks and frequently wash or sanitize their hands. Visitors have limited to no entry into community, private accommodations restricted to family only and allowed only if there is adequate, separate space to accommodate the maximum number of people allowed by government guidance while maintaining physical distancing.	Additional guests allowed to stay at accommodation facility. Maintain enhanced cleaning/sanitation procedures. All staff and guests required to wear masks and wash or sanitize their hands. Visitors have limited entry into community, private accommodations allowed only if there is adequate, separate space to accommodate the maximum number of people allowed by government guidance while maintaining physical distancing.	All guests allowed to stay at accommodation facility. Regular cleaning/sanitation schedule. Staff required to frequently wash or sanitize their hands; masks recommended but not required. Visitors have regular entry into community, private accommodations allowed.

## Appendix: Additional Resources

WHO Guidance for Workplaces (<https://www.who.int/publications-detail/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19>)  
WHO Guidance for Schools (<https://www.who.int/publications-detail/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>)  
NAN COVID-19 Updates and Resources (<https://nancovid19.ca/>)  
Thunder Bay Health Unit Guidance on Self-Monitoring for Symptoms (<https://www.tbdhu.com/selfmonitoring>)

## References

### Canada

Government of Canada COVID-19 Webpage (<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>)  
Travel Restrictions, Exemptions and Advice: (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>)  
Canada's Response: (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html>)

### Ontario

A Framework for Reopening our Province (<https://files.ontario.ca/mof-framework-for-reopening-our-province-en-2020-04-27.pdf>)  
Ontario COVID-19 Webpage (<https://covid-19.ontario.ca/>)  
Ontario COVID-19 Guidance for the Health Care Sector  
([http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx))

### Other

BC Restart Plan (<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>)  
United States Center for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)  
WHO Coronavirus disease (COVID-19) advice for the public (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>)  
3 step Framework for a CoviSafe Australia (<https://www.health.gov.au/resources/publications/3-step-framework-for-a-covisafe-australia>)



Nishnawbe Aski Nation  
ᑎᑦᑭᑦᑎᑦᑭᑦ ᑎᑦᑭᑦᑎᑦᑭᑦ

Send all inquiries regarding COVID-19 to [emergency@nan.ca](mailto:emergency@nan.ca)

[www.nancovid19.ca](http://www.nancovid19.ca)