COVID-19 PREPAREDNESS AND RESPONSE PLAN IN FIRST NATIONS COMMUNITIES

Indigenous Services Canada

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Indigenous Services Canada
Services aux Autochtones Canada
Canada

IMPORTANT NOTICE

This document provides a high-level overview of current Indigenous Services Canada (ISC) efforts to support First Nations communities to prevent, contain, and mitigate the COVID-19 pandemic. Given the changing nature of the COVID-19, this document is intended to be an evergreen document, which will be updated as new information becomes available and new opportunities are identified.

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1. Introduction

1.1 Context

Longstanding public health gaps and health disparities between First Nations and non-Indigenous Canadians increase the likelihood and potential severity of a coronavirus disease (COVID-19) outbreak in First Nations communities. These disparities are often exacerbated in remote or fly-in communities, where access to necessary supplies and health care services is limited as compared to non-Indigenous communities.

Factors such as overall poorer health outcomes, higher rates of chronic disease, reduced access to health services, and a lack of infrastructure in communities (e.g., housing, water infrastructure, and medical services) all create significant risks in the face of the current COVID-19 pandemic. In addition, lack of access to safe drinking water and overcrowding remain issues in a number of First Nations communities, which are of particular concern during a virus outbreak as it becomes more difficult to follow best practices, such as self-isolation in overcrowded households.

Despite these difficulties, communities are incredibly resilient and full of solutions and innovative ideas. This is why measures to improve the public health response for First Nations communities need to provide the flexibility to enable communities and their members to address the specific needs identified by their communities in full recognition of their right to self-determination.

1.2 Government Response

The Government of Canada's efforts to address COVID-19 complements and is integrated into the broader pandemic public health and safety measures of the provinces and territories. Indigenous Services Canada (ISC) is working closely with First Nation partners, the Public Health Agency of Canada (PHAC), Health Canada, Public Safety's Government Operations Centre, and other departments, as well as their provincial and territorial counterparts to protect the health and safety of First Nations and support First Nations communities in responding to the public health crisis resulting from COVID-19 (See Annex A: COVID-19 Roles and Responsibilities).

While provinces and territories are generally responsible for the provision of direct healthcare services to Canadians, the Government of Canada is ensuring that well-coordinated and effective measures are in place with associated funding to mitigate COVID-19 impacts in First Nations communities (see Annex B: Funding Supporting COVID-19 Response). As part of these efforts, a Federal/Provincial/Territorial Special Advisory Committee for COVID-19 reports to the Conference of Deputy Ministers of Health and is focussed on the coordination of federal, provincial and territorial preparedness and response across Canada's health sector, for all Canadians, including First Nations, Inuit, and Métis.

1.3 Purpose

This evergreen plan provides a high-level overview of ongoing ISC efforts that are supporting First Nations communities to prevent, contain, and mitigate the COVID-19 pandemic. The plan builds upon and further interprets existing pandemic plans which are currently guiding ISC's COVID-19 efforts, notably the *Influenza Pandemic Planning Considerations in On Reserve First Nations Communities*[1] and

[1] https://www.phac-aspc.gc.ca/cpip-pclcpi/assets/pdf/annex_b-eng.pdf.

applies lessons learned from the 2009 Influenza A (aka H1N1) pandemic (see Annex C: Lessons Learned from H1N1). In doing so, this plan identifies:

- Ongoing ISC-led COVID-19 preparedness and response efforts;
- Specific events or circumstances that prompt federal response actions; and,
- Opportunities for continued participation of First Nations in the mechanisms focussed on coordinating provincial, territorial, and federal emergency response measures.

The following key assumptions and considerations inform ISC's *COVID-19 Preparedness and Response Plan in First Nations Communities*:

- In collaboration with the Public Health Agency of Canada, other federal departments[2], and provinces/territories, ISC will continue to support First Nations governments, organizations, and communities to prepare for, monitor, and respond to COVID-19.
- ISC is working collaboratively at local, regional/provincial, and national levels to ensure response efforts are informed by First Nations needs and priorities to ensure community members are respected, valued, and provided the best possible protection and care.
- ISC is actively working to ensure that public health and health care planning and response efforts are both culturally competent and aligned with provincial guidelines and processes.
- Continued federal efforts are helping to support and activate First Nations community pandemic response plans and complement overarching provincial/territorial response efforts.
- ISC will enhance its contractual arrangements for personal protective equipment (PPE) procurement, storage and shipment, nursing and paramedic surge capacity, and infrastructure.
- When public health response capacity exceeds both local level and ISC capacity, ISC will work with provincial and federal emergency operations centers to coordinate additional "surge" capacity where necessary.
- Where needed, ISC will continue to enhance natural disaster emergency planning and support.

ISC will update this plan as new information becomes available (e.g., distribution mechanisms and immunization campaigns to support the introduction of a vaccine). ISC will also explore opportunities to collaboratively develop a COVID-19 recovery plan to support First Nations in economic recovery, recognizing the potential not only of existing and new First Nations economies but also that of youth who make up the majority of the First Nations population.

1.4 Scope

This plan supports and complements other health-specific and government-wide pandemic planning documents, notably:

- The *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector*.[3] This plan was coordinated by PHAC and applies to federal government institutions that have responsibilities under the *Emergency Management Act*. This plan deals primarily with emergency response matters that are beyond a single department's ability to respond and where a department's activities required interdepartmental coordination.
- The 2009 *Influenza Pandemic Planning Considerations in On Reserve First Nations Communities*[4] published as a companion document to the Canadian Pandemic Influenza Preparedness:

[2] Examples include Correctional Services Canada, Transport Canada, Agriculture and Agri-Food Canada, Natural Resources Canada, Employment Social Development Canada, Finance Canada, Public Services and Procurement Canada, Public Safety of Canada.
[3] https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector.html
[4] https://www.phac-aspc.gc.ca/cpip-pclcpi/assets/pdf/annex_b-eng.pdf.

Planning Guidance for the Health Sector. The purpose of this First Nations On Reserve annex is to provide guidance to pandemic planners, at all levels of government, regarding influenza pandemic considerations in on reserve First Nations communities. The targeted audiences for this Annex are on reserve First Nations community health planners and tribal councils, as well as public health departments, regional health authorities, and the provinces.

- The *Federal/Provincial/Territorial Public Health Response Plan for Biological Events,*[5] which was developed as a response plan for the health sector to facilitate formal coordination of federal/provincial/territorial (F/P/T) responses to public health events that are biological in nature and of a severity, scope, or significance to require a high level F/P/T response.
- The general principles set out in the *Federal Emergency Response Plan*[6] in that it seeks to coordinate responses among departments, but does not replace or infringe on any departmental-specific plan.

2. COVID-19 Risk Management and Response Phases

As part of the broader emergency management services delivered by ISC, the Department has a role in preventing and addressing health emergencies in First Nations communities. In collaboration with other departments and provinces/territories, ISC supports First Nations governments and communities in preparing for, monitoring, and responding to communicable disease emergencies.[7] Due to increased COVID-19 risk factors within many First Nations communities, which increase the likelihood and potential severity of a COVID-19 outbreak, ISC's ongoing efforts are informed by a risk management approach.

Risk management is a systematic approach to setting the best course of action in an uncertain environment by identifying, assessing, acting on and communicating risks. A risk management approach provides a useful framework for ISC's ongoing efforts to address the uncertainties inherent in pandemic planning and response in First Nations communities. Risk management supports the *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector* planning principles of evidence-informed decision-making, proportionality, and flexibility; and a precautionary/protective approach when there is uncertainty early in an event.

2.1 Key System Failure Risks and Mitigation Responses

As health, public health, and emergency response sectors are under stress during a pandemic, it is important that ISC continues to assess key system failures and associated mitigation responses to reduce the risk of harm within First Nations communities. The following chart outlines key potential system risks, mitigation strategies, and key partners ISC may engage to address these risk factors.

Key System Failure Risks	Mitigation Strategies	Partners

[5] https://www.canada.ca/en/public-health/services/emergency-preparedness/public-health-response-plan-biological-events.html
[6] https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/mrgnc-rspns-pln/index-en.aspx
[7] ISC is responsible for public health protection measures and health emergency preparedness for First Nations communities in all provinces with the exception of British Columbia where this responsibility is undertaken by the British Columbia First Nations Health Authority. ISC does not have any direct responsibilities in Territories and in Inuit Nunangat, although ISC has provided surge capacity support, including advisory services, nursing or epidemiological capacity in the past.

Provincial Systems with Limited Capacity to Support Communities	• Work with provinces and communities to identify gaps and strengthen community capacity • Identification of potential alternate measures (e.g., field hospitals)	• First Nations Communities • Regional Health Authorities • Provincial Ministry of Health • Public Services and Procurement Canada (PSPC)
Provincial System Capacity Reduced to Receive Sick Individuals	• Support provincial effort to strengthen Intensive Care Unit capacity • Confirm Referral Protocol • Table Top Planning Session with partners	• Regional Health Authorities • First Nations Health Authority (BC) • Provincial Ministry of Health
Medical Transportation Services and Nursing Transportation Disruption or Shortage	• Review of ISC Air Service Arrangements • Strengthening contract with air service providers • Enhancement of public health protocols • Support regional authorities and decision makers to make the appropriate medical transportation decisions for clients.	• Air Ambulance Services • PSPC • Private Charters • Provincial Ministry of Health • Public Safety/Canadian Armed Forces • First Nations Health Authority (BC)
Local Health Human Resources Capacity	• Expand Nursing and other health professional contracts • Supporting regional and community level HR processes and hiring practices.	• First Nations Communities • PSPC • Nursing Agencies • National Nursing Services Response Center • Provincial Ministry of Health • Public Safety/Canadian Armed Forces • First Nations Health Authority (BC)
Local isolation and examination infrastructure shortage	• Procurement of mobile units • Re-fit of local building (provision of funding) • Procurement and prepositioning of temporary structures (blue-med) • Procurement of supplies and equipment for surge infrastructures • Develop guidance on setting up/managing isolation and triaging/assessment sites	• First Nations Communities • PSPC • Public Safety/Canadian Armed Forces • Public Health Agency of Canada • Doctors without Borders • Canadian Red Cross
Off-Reserve Supports (e.g. High Risk Clients moved closer to acute care facilities)	• Identification of accommodation sites for potential COVID-19 cases • Where provincial sites aren't available, identify supports for other accommodations off-reserve • Coordination of care and associated services, including transportation and food.	• Provincial Ministry of Health • First Nations Communities
Local Social Disruption - Security Challenges	• Funding through the Indigenous Community Support Fund • Funding through Emergency Management support • Outreach to Police services • Mental Wellness Support Services	• First Nations Communities • PSPC • Public Safety/Canadian Armed Forces • First Nations Health Authority (BC)
Availability of PPEs for health workers	• Pre-positioning of PPE for health workers in all communities • Stockpile • Collaboration with provincial health authorities	• First Nations Communities • PHAC • PSPC • First Nations Health Authority (BC)
Natural Disaster Response	• Monitoring Flood and Forest Fire • Emergency Management planning, including alternative plan for evacuation	• First Nations Communities • Public Safety • Provincial Emergency Management • First Nations Health Authority (BC)

2.2 Pandemic Phases and Federal/Community Actions

Building on the previous section, and in support of ISC's risk management approach, the following chart outlines a responsibility framework for possible COVID-19 pandemic phases – from initial detection

somewhere in the world to cases within community to recovery. In doing so, it provides guidance in the advent of a COVID-19 response at both a national and community perspective. Ultimately, active partnership and coordination are essential to ensuring First Nations community members are respected, valued, and provided the best possible protection and care.

Note that the phases are not necessarily linear; for example, not all jurisdictions may find their capacity exceeded and therefore some may not need to invoke that particular response effort.

	Phase	Federal Actions	Community Actions
Preparedness	**COVID-19 human cases detected somewhere in the world (no or limited transmission)**	• Prepare to enhance surveillance with First Nations communities and organizations, with PHAC, and provinces/territories • Gather intelligence from affected areas • Provide relevant updates and communications	• Getting the Community Pandemic Plan ready and adapted • Enhance capacity (HR, Equipment, Training, Plan Activation) • Monitoring and liaising with ISC regional offices
	COVID-19 with sustained human transmission detected somewhere in the world	• Enhanced surveillance at national, regional, and community levels • Gather intelligence from affected areas • Conduct preliminary risk assessments • Exchange information with First Nations national, regional, provincial/territorial, and community partners regarding readiness/preparedness should a case be detected in Canada • Collaborate with PHAC and other federal departments to assess available necessary resources, e.g., PPE supplies • Develop/define common terminology and concepts for pandemic response (isolation centre, essential worker, etc.) • Enhance culturally appropriate prevention messages and other public health measures (hand hygiene, respiratory etiquette, etc.) • Providing on reserve First Nations communities with the resources to plan for the COVID-19 pandemic, which include educational materials and training opportunities, as well as identification of any additional resources needed to respond should an outbreak occur (i.e. additional PPE, different medical equipment). Early action will help create a sense of control/ease potential panic.	

	Phase	Federal Actions	Community Actions

Response Level 1	**COVID-19 (with sustained human transmission) first detected in Canada**	• Continue above activities.
		• Activation of health emergency response protocols with partners
		• Assist First Nations communities and organizations to prepare and respond, including:
		  ○ pandemic planning and exercises;
		  ○ improved community capacity to quickly diagnose cases;
		  ○ knowledge mobilization/training support;
		  ○ increased collaboration with provincial and territorial governments; and,
		  ○ access to essential resources and supplies (PPE, testing/swabs, etc.)
		• Share information on epidemiological and clinical characteristics to inform population-specific risk assessments
		• Provide clinical guidelines and public health advice (PPE guidelines/safe use, information on home isolation, etc.)
		• Highlight successes and share community response stories
		• Promote personal health measures for individuals/health providers
		• Share information and training to support response, including public service announcements in First Nations languages on topics such as physical distancing
		• Initiate regular communication between national office, regions, and communities on risk and response
		• Assess potential funding and human resource needs to reduce the potential impact in First Nations communities
		• Assess and initiate government-wide coordination to look at communities that may be particularly susceptible to key unintended risk factors associated with pandemic response efforts, notably food security, transportation continuity, and potential impacts on rural and remote communities
		• Focus on the essential: remove pressure to communities by lengthening deadlines, allowing greater flexibility for funding/reporting, and reducing administrative demands
		• Explore Business Continuity Measures to ensure at regional and national levels to ensure critical coordinated services, supports, and other assistance are available to First Nations communities as needed.
		• Identify potential system weaknesses and failures (consistent with Section 2.1)
			• Continue preparedness efforts (e.g., pandemic planning and exercises and increased collaboration with provinces/territories)
			• Activate measures preventing propagation and exposure
			• Public Health communication toward population
			• Engagement of leadership and health professionals
			• Clinical decisions to swab individuals presenting to a health centre or nursing station is based on provincial protocol. If this protocol is not followed, swabs may not be processed in the provincial lab.
			• Monitoring
			• Public health advice to leadership and support to community to enforce public health measures and manage impact
			• Identify community-based isolation options
			• Review of equipment and supplies available at the community level for assessment and management

	Phase	Federal Actions	Community Actions
Response Level 2	**COVID-19 detected in First Nations Community**	• Continue above activities • Support care of cases/support physical isolation in communities • Provide surge capacity or targeted funding to maintain essential health services • Provide process for structural and equipment procurement required for triage, assessment, management and isolation • Work with P/Ts to identify isolation housing options outside of remote or isolated communities for elderly and those with underlying medical conditions with mild COVID-19 symptoms • Identify additional public health measures (e.g., encourage postponing elections) as appropriate • Conduct ongoing surveillance, monitoring, and epidemiological analysis (e.g., regional and national risk dashboards) to inform escalation of public health measures • Provide relevant public and health sector communications • Assess need for supportive emergency, pharmacy, social services, and culturally-based activities • Assess need and potential solution with province for transportation of increased number of severely affected people by air-ambulance • Highlight successes and share community response stories	• Identification, isolation of the case(s) and medical assessment • Contact tracing and testing based on provincial protocols • Consider isolation housing options close to hospital settings outside remote or isolated communities for elderly and those with underlying medical conditions with mild COVID-19 symptoms • Management and monitoring of low risk individuals when appropriate • Stabilization of affected individual when required • Transportation to hospital setting when medically required • Traceability of contacts • Ongoing monitoring of equipment/supplies requirement public health advice to leadership
Response Level 3	**COVID-19 begins to spread in First Nations Community**	• Continue above activities • Prioritization or triage of services as needed • Enhance supportive care of cases • Further escalation of surge capacity to maintain essential health services within community and potentially outside community • Work with individually impacted communities to specifically identify immediate infrastructure needs including re-tooling and procuring mobile infrastructures • Facilitate housing options outside communities for vulnerable individuals exposed or affected by COVID-19 outbreak in a community • Provide guidance regarding Environmental Public Health and Primary Care requirements at triage/assessment/management/isolation sites • Work to resolve transportation issues for vulnerable individuals outside the community exposed or affected by COVID-19 (other than air ambulance)	• Continuation of above activities • Activate alternative isolation (alternate location, infrastructure) based on community plan • Consider broader preventive evacuation: Transportation of elderly and those with underlying medical conditions affected by or exposed to COVID-19 to alternate location closed to hospital setting. • Increase testing • Management of fatalities • Provide mental health support to community and health care professionals • Assist community to address the impacts via emergency management; request support via Emergency Operations Centre

	Phase	Federal Actions	Community Actions
Response Level 4	**Burden state exceeds available capacity**	• Continue above activities where possible • Escalate surge capacity further to maintain essential health services within and outside the community • Prioritize or triage services as needed • Initiate planning process with region regarding potential request for provincial support and/or mobilisation of additional resources such as Red Cross, Department of National Defence (DND), and Canadian Rangers • Identify enhanced security/enforcement measures and enhanced communication with the broader public health measures	• Continuation of above activities • Request for emergency assistance through provincial emergency management supports – Provincial Emergency Operations Centre • Mobilise additional resources such as Red Cross, DND, Canadian Rangers, etc.
Monitoring & Preparation	**The pandemic wave wanes and demand for service falls to more normal levels**	• Prepare for a resurgence • Replenish supplies as needed in anticipation of another wave • Evaluate response and revision of plans as required • Conduct surveillance to detect possible resurgence • Assess the psychosocial impact on the population (e.g. workforce resiliency, mental wellness, resiliency, social cohesion) of the first wave	• Storage of infrastructure • Inventory of equipment and supplies • Debriefing between local health author and health care professional • Pandemic plan review • Mental health strategy for healing
	Second or subsequent COVID-19 wave arrives	• Continue Response Levels 2, 3 & 4 • Treatment and management of cases • Ongoing surveillance to monitor COVID-19 activity, and efforts to support physical isolation and treatment, as required	
Recovery	**COVID-19 pandemic is over and normal activities resume**	• Collection of best practices and completion of pandemic “lessons learned” report to inform future pandemics • Evaluate response and revise of plans as required • Return to more normal operations	
If pandemic vaccine is available for administration		• Development of a vaccine strategy • Work together to administer vaccine as quickly as possible • Work with provinces/territories to monitor vaccine uptake, safety, and effectiveness	

3. Key Components of a COVID-19 Preparedness and Response Plan

This section provides a high-level overview of the major components of an ISC COVID-19 preparedness and response plan for First Nations communities in the provinces where ISC delivers primary care services or where such services have been transferred to the First Nation.[8]

These activities are highly variable and informed by factors such as community profile (e.g., size, remoteness, etc.), existing capacity or resources in the community or region, and the availability of provincial services. These responses may include facilitating or providing access to care, medication, or other supplies as well as supporting with information and public health communications (see Annex D: Community COVID-19 Response Case Examples; and, Annex E: List of National and Regional Contacts).

3.1 Preparedness

ISC-led Efforts

ISC will continue to assist First Nations communities in the provinces to ensure the following:

- Emergency preparedness plans/community plans in First Nations communities are continually updated and are in place in the majority of communities. Training and tabletop exercises have and will continue to be funded. Specific policies and procedures to respond to emergencies are in place and/or being updated in communities, at regional and national levels.
- Existing Health Emergency Management Coordinator (HEMC) positions are in place. ISC has prepared surge capacity response plans related to workforce and service delivery. The Chief Nursing Officer in close collaboration with the Regional Directors of Nursing has prepared a nursing specific response plan that includes the possible requirement for cross registration between provinces for registered nurses and other health professionals if required.
- Weekly communication (at a minimum) with Regional HEMCs and Regional Medical Officers is taking place to discuss regional preparedness activities and supplemental efforts that are needed to respond. In BC, weekly calls are held with the First Nations Health Authority (FNHA) to ensure timely information sharing and decision making.
- Knowledge mobilization and training support is a priority and supported via funding First Nations organizations in the provinces or through ISC regional offices in the provinces. All regions have participated in annual PPE training and have access to a toolkit which is designed to create or improve community pandemic plans; webinars and other information has been provided to community workers on the current COVID-19 situation, routine infection prevention/control, and public health measures.
- Frequent meetings between Health Directors, Medical Health Officers, and Directors of Nursing to discuss pandemic preparedness and procedures.

[8] Health programs and services for Indigenous peoples in the Territories are delivered in the context of a complex and dynamic health system in each territory. In contrast service delivery for Provincial First Nations, there is one universal health care system in each territory that provides services for all territorial residents, including Indigenous people under the responsibility of the Territorial governments. As a result, addressing COVID-19 is the responsibility of Territorial governments with Territorial public health systems leading the response across Indigenous and non-Indigenous communities.

- Public Health Agency of Canada guidelines on measures communities can take, physical distancing, school and daycare closures and mass gatherings, including for remote and isolated settings are shared.

Coordination with other Departments

ISC is working with other government departments to support a whole of government approach where appropriate and necessary, such as:

- Working with the Public Safety Government Operations Centre, through the Federal Emergency Response Plan and Government of Canada COVID-19 Response Plan, to identify emerging issues and demands in provinces, territories, and northern and remote communities; and,
- Collaborating with Transport Canada and Agriculture and Agri-Food Canada on ensuring continued access to food supply and other essential goods and services.

In addition, should provinces/territories, First Nations, and municipalities no longer have the capacity and resources to manage the emergency within their own capacities and resources, provinces/territories may seek federal assistance. Two key areas where federal assistance can be provided under exceptional circumstances are:

- the Royal Canadian Mounted Police (RCMP) providing support on the enforcement of certain community and border closures; and,
- the Canadian Armed Forces readying thousands of troops and capabilities for potential responses across Canada (e.g., personnel for natural disaster/emergency response, transportation, infrastructure, and logistics capabilities), including the northern and remote communities.

3.2 Health Human Resources Surge Capacity

In order to address the needs specific to the COVID-19 pandemic, ISC has established surge response to address specific needs in First Nation communities. ISC has brought together a dedicated team to establish a health surge capacity response to the COVID-19 pandemic, as part of a departmental-wide response. Surge capacity may include but is not limited to additional capacity related to: delivering primary health care services, continuing community-based programs (e.g., First Nations Home and Community Care program and Environmental Public Health); and, supporting a more frequent cleaning schedule for health facilities and/or additional security requirements. Alternate methods for health care delivery need to be considered, especially when surge demands begin to exhaust current resources (e.g., use of the National Nursing contract or paramedic contracts).

Health Human Resources

A care process map has been developed for Nursing Stations and health centres across the provinces offering testing that has been shared with regional offices and transferred First Nations communities (see Annex F: Proposed Care Process for COVID-19). Directives have been issued for: (1) self-screening for COVID-19 of all healthcare professionals *prior to* assignment into First Nations communities; (2) healthcare professionals self-screening for COVID-19 symptoms and exposure *during* assignment in First Nations communities; and, (3) the suspension of non-critical services in First Nations communities.

Early projections for remote and isolated nursing station surge requirements have been estimated and will continue to be re-evaluated throughout the pandemic.

ISC has put in place several internal measures to address surge capacity needs including:

- Expanding all existing national nursing contracts to increase the number of nurses available to serve ISC-operated and transferred communities,[9] as well as increasing the scope and volume of the nursing resources that can be accessed (including licensed and registered practical nurses). New contracts are being put in place to expand the complement of frontline resources to include paramedics.
- A national nursing response centre was established to triage and respond to any nurse expressing an interest to work for ISC-First Nations and Inuit Health Branch (FNIHB) within 24 hours.
- Measures have been taken with applicable authorities to address current barriers to staffing requirements.
- Registered nurse regulatory bodies in all jurisdictions have capacity for an expedited emergency licensure (temporary or special license class). ISC's National Office will assist nurses in applying for emergency licensure, and nurses will be reimbursed for all expenses.
- Securing surge capacity for security services in nursing stations.
- Private transportation has been mapped out and secured to account for redirections or termination of commercial transportation.
- Work with external partners to deploy additional supports for virtual care or deployment into communities including physicians, pharmacists, and other health professionals. This includes mental health services.
- Increased funding for telemedicine and virtual health care providers.

Personal Protective Equipment (PPE)

The Public Health Agency of Canada houses the National Emergency Strategic Stockpile (NESS) to provide emergency supplies to provinces/territories (P/Ts) when requested. In a case where P/Ts cannot supply the required resources, they can request surge resources from the NESS. First Nations communities are included within per capita allocations of provincial/territorial stockpiles overseen through the Federal/Provincial/Territorial (F/P/T) Special Advisory Committee and Logistical Advisory Committee (see Annex G: Federal Governance Model).

ISC holds direct responsibility to ensure its employees in the 51 nursing stations and health centres with treatment have access to sufficient PPE in the event of a health emergency, as stipulated in the *Canada Labour Code*. In British Columbia, the FNHA is responsible for ensuring access to sufficient PPE in the event of a health emergency. Generally, they have been able to secure PPE from the Province, although they can request PPE from ISC-FNIHB if there is delay in PPE orders from the province. Beyond ISC-FNIHB's direct responsibility, First Nation communities can request PPE for the provision of health care in the event of a health emergency through the ISC-FNIHB Regional office.

PPE provided via the ISC PPE stockpile is for health services that are functioning in the community. Health services included are:

- COVID-19 testing and management of severe cases until they are transferred out of community;
- Residential care facilities in the community;
- Essential health services being offered by primary care, home care, and public health;
- Health facility security staff;
- Ground medical transportation;
- Family care givers;

[9] Transferred communities are First Nations communities that manage primary care and/or public health services.

- Those who may be handling or caring for the deceased;
- First responders (band police, firefighters, and paramedics) who interact with suspected or confirmed COVID-19 cases;
- Testing; and,
- Long-term care facilities.

Communities should work closely with their regional office or the FNHA in BC to submit one request for all health services in the community and ensure that supplies sent are distributed amongst all health service providers. PPE is allocated to each health service and according to the assumptions made about PPE use per patient/client interaction. For communities who choose to procure supplies on their own, it is recommended that regional PPE leads support communities in reviewing suppliers of PPE to ensure the procurement of PPE that is compliant and up to standards.[10]

3.3 Testing

COVID-19 is detected by swabbing individuals using supplies (swabs and requisitions) provided by provincial health systems, or under special circumstances by ISC. Provincial laboratories test the swab sample and return the results to the health practitioner who is either authorized or has provided authorization for professionals to order the swab.

All ISC operated primary care (nursing stations) and many health centres have the capacity to collect swabs. Regions must follow provincial regulations and guidelines related to testing. Training resources are available. ISC has access to swabs from the National Microbiology Laboratory (NML), which are distributed directly to ISC Regional Offices for First Nations communities, including First Nations communities or health authorities who wish to administer the test. ISC has created a tool to collect data from regions (by community), including availability of testing, swab supply, and the number of swabs collected.

With potential point-of-care test kits being approved in Canada, ISC works with the NML, P/Ts, the FNHA in BC and First Nations to facilitate access in First Nations communities, particularly in remote and isolated communities to ensure more rapid testing results.

3.4 Infrastructure/Space

In order to prepare for potential outbreaks in communities, ISC is working directly with First Nations communities on tailored solutions that would meet assessed health infrastructure needs. The process is to identify whether communities are able to re-tool existing community space (e.g. schools or band offices) or require mobile structures to respond to the outbreak. This includes determining the type of space needed (along with necessary equipment and supplies), which has been categorized into the following: (1) medical units for pre-screening/triage; (2) isolation units; and, (3) accommodation units.

[10] See guidance provided: https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/covid19-personal-protective-equipment.html

If existing community space is not feasible, the procurement of new mobile structures is being sought through regional vendors and jointly-led by ISC National and Regional Offices. Funding requests are being assessed on a case-by-case basis. In all cases, First Nations communities are encouraged to work with ISC regional offices prior to purchasing mobile structures, equipment or supplies.

This immediate response provides special attention to remote and isolated First Nations communities given their unique vulnerability to the pandemic. Ongoing discussions with non-remote/isolated communities are also taking place concurrently.

When mobile structures are required, ISC has developed specifications and standards for the procurement of new spaces with Public Services and Procurement Canada and has also created a list of possible vendors with alternative mobile infrastructure options to facilitate regions and communities in determining the type of space to procure. ISC is also monitoring P/T efforts to secure additional spaces.

ISC-FNIHB proactively procured bulk orders of mobile structures and these assets are being stored in larger regional hubs to prepare for possible future deployment to communities based on outbreaks. For example, ISC has partnered with Norway House Cree Nation to purchase 23 BluMed Response Systems intended to support expanded pre-screening and triage. These units will be placed in hubs in Manitoba and Ontario to be rapidly deployed into remote communities based on the progression of the pandemic. ISC-FNIHB is working closely with regions to identify needs on an ongoing basis and continues community-by-community engagement to assess feasibility of re-tooling existing spaces or whether new mobile structures are required. ISC is also making efforts to support First Nations-owned companies and employ First Nations for delivery and installation where possible.

Primary level of engagement with communities is occurring directly with ISC Regional Offices to ensure that a community-by-community approach is occurring to respond to needs identified. Furthermore, tripartite work with First Nations and some provinces is underway to ensure acute care access, including Intensive Care Unit surge capacity within hospitals or Requests for Assistance to the Canadian Armed Forces.

3.5 Public Health Measures

Public health measures are non-pharmaceutical interventions that can be taken by individuals and communities to help prevent, control or mitigate COVID-19. Public health measures range from actions taken by individuals (e.g., hand hygiene, self-isolation) to actions taken in community settings (e.g., increased cleaning of common surfaces) to those that require extensive community preparation (e.g., pro-active school closures). The purpose of these measures is to:

- Reduce transmission of COVID-19, thereby helping to reduce the overall size of the outbreak and the number of severely ill cases and deaths; and,
- Slow the rate of transmission in order to reduce the peak burden on the health care system until the virus has stopped circulating globally or a vaccine has been developed.

ISC is focused on sharing information, training, and increasing capacity to support the response, including public service announcements in First Nations languages. Examples of key public health measures include:

- Promoting personal health measures for individuals and health providers, including:
    - Stop smoking and/or vaping;
    - Healthy eating through the Canada Food Guide;

- Physical activity;
- Control lung disease;
- Control blood pressure;
- Manage cardiopulmonary diseases;
- Control diabetes;
- Reduce weight;
- Ensure pneumonia and influenza immunizations are up to date, if indicated.

- Promoting public health measures for individuals and health providers, including:
  - Practicing hand and respiratory hygiene/cough etiquette;
  - Following quarantine and self-isolation procedures, when indicated;
    - Self-isolation of 14 days after travel to an affected area and avoiding non-essential travel in/out of communities;
    - Not working while symptomatic, especially in the case of health workers;
    - Limit contact with people at higher risk of complications (e.g. elderly people, those with underlying medical conditions);
    - Requiring the daily self-screening of health service providers, and testing prior to returning to communities where recommended;
  - Frequent cleaning and disinfecting, particularly of high-touch surfaces, to prevent the spread of disease;
  - Physical distancing (i.e. avoiding crowds and gatherings, minimizing the size of funerals);
  - Closing of schools, non-essential businesses, and entertainment;
  - Teleworking where possible;
  - Providing training of community workers and health providers on infection prevention and control;
  - Funding communities and service providers to increase their capacity for infection prevention and control, including First Nations-run schools, boarding homes, family violence shelters and Friendship Centres;
  - Promote on-the-land activities, while ensuring physical distancing and avoiding gatherings, to address food insecurity and mental wellbeing; and,
  - Supporting police or security capacity in-community to support physical isolation measures as a priority.

3.6 Transportation

Limiting travel can be an effective public health approach, particularly in communities with limited access via road or plane. At the same time, disruptions to regularly scheduled flights can limit the availability of food and essentials as well as essential workers, particularly to remote and northern areas. In response, ISC is focused on supporting health-related transportation of First Nations clients while taking measures to minimize COVID-19 transmission. These efforts include:

- 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 has been terminated or redirected, private transportation is being mapped out for both health human resources, clients through NIHB, and to ensure food supply. This includes organizing regularly scheduled chartered flights to ensure ISC can move personnel and supplies across the country and into First Nation remote communities while

minimizing personnel exposure in order to reduce risks of COVID-19 spread to personnel and communities.

- In the event that community evacuation support would be required, First Nations leadership would make this determination with the P/Ts who have mechanisms in place to support and would lead the evacuation process. If there is insufficient provincial or territorial capacity, the community could submit a federal Request for Assistance (RFA) to Public Safety Canada (see Section 3.8) which identifies the community's needs and requirements for support.

3.7 Food Security

ISC is working with Agriculture and Agri-Food Canada, Health Canada, Employment and Social Development Canada, Transport Canada, Public Safety Canada's Government Operations Centre, Department of National Defense, and Crown-Indigenous Relations and Northern Affairs Canada to address identified risks to food security. Specific to Indigenous Services Canada, assistance is available through regular programs and services. These include:

- Emergency Management Assistance Program;
- Nutrition North Canada Education Initiative;
- Healthy Living Program;
- Healthy Child Development;
- Jordan's Principle; and,
- Urban Programming for Indigenous Peoples.

ISC is monitoring current and emerging food security needs.

3.8 Emergency Response

Emergency Management Assistance Program

Through the Emergency Management Assistance Program (EMAP), ISC supports the health and safety of on reserve First Nations communities in emergency events. This program promotes and provides funding for: emergency preparedness within First Nations communities; emergency response (including evacuation if necessary) during disasters; and remediation of infrastructure and houses after emergencies such as forest fires and floods.

During the COVID-19 pandemic, this program is also being used to support the response efforts for and by First Nations, and the Indigenous Community Support Funding for First Nations is being flowed through this program.

Supporting Requests for Assistance

Provinces/territories, First Nations, and municipalities are responsible to manage responses to emergencies. Should they no longer have the capacity and resources to manage the emergency within their own capacities and resources, P/Ts may seek federal assistance to help them fill gaps to mitigate transmission of COVID-19, and to respond to the emergency. Federal departments and agencies regularly provide direct support as part of their standard operations, and Departments are responsible for determining the threshold for what assistance they are able to provide within the scope of their authorities. When a request exceeds Departmental authorities, the Request for Assistance (RFA) process is invoked to provide a coordinated approach with appropriate approvals (See Annex H: Request for

Assistance Process). Public Safety plays the coordination role in consideration of RFA with the lead Departments, P/Ts and First Nations. In the event that a P/T declares there is no capacity or desire to proceed with the RFA, ISC would prepare and seek the RFA with Public Safety Canada.

Key elements of the RFA Protocol are:

- Public Safety provides a single point of entry for formal RFAs by coordinating with Emergency Management leads in Provinces and Territories through Public Safety Regional Offices or at the national level with the Government Operations Centre (GOC).
- The RFA Secretariat at Public Safety meets regularly; and, on an as required urgent basis. The Secretariat is led by Director General (DG) of the GOC, and is composed of GOC and Canadian Armed Forces personnel with extensive RFA experience.
- GOC will review all RFAs, in consultation with implicated federal partners, and will approve or deny smaller-scale RFAs that require minimal federal resources and are short-term.
- Larger scale RFAs will be escalated to the Deputy Minister Emergency Management Committee for decision, as RFAs must not only be assessed on their own merits, but in consideration of the limited federal resources and the strategic impact on the key cross cutting areas.
- The RFA protocol is not intended to impact regular operations or provision of support to provincial or territorial governments or municipalities by departments within their exiting mandate and authorities. The RFA Protocol comes into effect when there is a request for a department to provide resources that exceeds their authorities or beyond the scope of their regular operations.
- Each department continues to be responsible for leadership in accordance with their mandate.

3.9 Funding Flexibility

ISC is maximizing flexibilities associated with the policy on transfer payments to assist in the rapid and fluid disbursement of funding to communities for both their COVID-19 response and for ongoing operations. ISC has also streamlined, and expanded, its approach to flowing funds related to COVID-19 emergency response for First Nations communities. In doing so, ISC put in place a customized amendment notice mechanism to facilitate recipient approval for funding amendments related to not only the COVID-19 emergency response but also for approval of all amendments to program funding agreements between First Nations communities and ISC and/or Crown Indigenous Relations and Northern Affairs Canada, until such a time as the departments resume normal operations.

4. Surveillance and Data Collection

Surveillance activities are critical to informing public health responses to a pandemic. They support the early detection and description of potential health threats present in Canada, including on reserve First Nations communities. In order to be able to make informed decisions, decision makers and leaders throughout the system need reliable public health data.

Across Canadian jurisdictions, the broader collection, retention and use of personal information in relation to COVID-19 – which is similar to the processes for more than 60 notifiable communicable diseases – is guided by respective provincial and territorial public health legislation to ensure appropriate patient follow-up and public health response. The data collected by Canadian jurisdictions is shared with PHAC, who acts as a custodian to the provincial/territorial data, and informs and supports jurisdictions in their response to public health matters of national importance.

For First Nations, the data that is presently available is primarily community-level data (e.g., # of confirmed cases, # of communities closed to outside traffic, and # communities at risk of fire or flood evacuation); however, individual level data is more difficult to come by given the likelihood that First Nations people will access services off reserve and most P/T systems do not use Indigenous identifiers in their systems. To support COVID-19 response efforts, ISC is continuing to leverage internal information where possible and to support First Nations-led efforts in data analysis, interpretation and modelling (e.g., First Nations Information Governance Centre, BC First Nations Health Authority, and Chiefs of Ontario) in collaboration with PHAC and P/Ts.

4.1 Tracking and Responding to Confirmed COVID-19 Cases

PHAC, provinces, and territories have developed surveillance systems used for influenza to track COVID-19 data (most are adapting their existing surveillance systems for influenza). When ISC is made aware of a laboratory-confirmed, positive case of COVID-19 in a community, ISC officials (e.g., doctors, nurses, and other public health professionals), will work closely with the P/T and regional/local public health authorities to ensure that cases are being managed appropriately. Next steps would be guided by the community's emergency pandemic plan and local public health protocols. In general, ISC priorities would include:

- Ensuring that the affected individual has been informed of their status and of the appropriate steps to take (e.g. self-isolation at home), and has access to medical care as needed.
- Support the community 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.

ISC supports non-transferred communities, in collaboration with the P/T and regional/local public health authorities, to implement immediate measures taken to reduce the chances of further spread, including contact tracing. A team of public health professionals track down everyone who might have been infected by an individual diagnosed with COVID-19 so that they can be assessed and self-isolate themselves for 14 days to stop the potential spread of the virus. These efforts help to facilitate the rapid identification of new cases and to reduce community spread by:

- Identifying and isolating any symptomatic contacts as quickly as possible;
- Reducing the opportunity for transmission to others in the community from those without symptoms or with mild symptoms that may go unnoticed; and,
- Providing contacts with information regarding infection prevention and control measures they should follow, including what to do if they develop symptoms.

It is important to note that throughout this process the privacy of the individual affected is of utmost importance. The identity, health status, and other personal information of the individual affected are only shared as necessary with health care providers. ISC does not share personal information about any individuals.

4.2 ISC Data Collection Efforts

ISC works with its Regions to gather aggregate data for their respective regions on a daily basis. This information is rolled up each day and shared with ISC senior management and the Government Operations Centre. Indicators, by region, that are being monitored through this process include:

Regional Profile:

- On reserve population
- Off reserve population
- # First Nations communities (total)
- # First Nations communities (remote)
- # of ISC nursing stations
- # of communities with COVID-19 testing
- # of communities closed to non-essential traffic
- Urgent updates or concerns
- Upcoming meetings with communities

COVID-19 Activity:

- # First Nations Community Test Positive Cases
- # Hospitalizations
- # Deaths
- # First Nations communities have publically reported COVID-19 cases
- Communities Affected (i.e. communities newly affected, or with newly emerging concerns)

Capacity:

- # of communities that have closed their borders to non-essential traffic
- # communities at risk of fire or flood evacuation
- # communities at risk of critical infrastructure interruption
- # communities at risk of food supply interruption
- # communities where provision of emergency services (fire, police) are at risk
- # communities at risk of losing medical transportation access
- # communities at risk of transportation disruption
- # orders of personal protective equipment (PPE) have been shipped to communities
- # of swabs available in ISC and transferred nursing stations and health centres (collected 2X per week)
- # of swabs collected in ISC and transferred nursing stations and health centres (collected 2X per week)
- Available swabs and testing completed in communities

4.3 Upcoming Data Collection Efforts

ISC is supporting the development of a First Nations-Inuit-Métis-led surveillance and modelling consortium in collaboration with F/P/T partners. This data analysis will help to inform the response to COVID-19 in First Nations communities. ISC will continue to work on the development of interactive maps/dashboards based on data modeling for COVID-19 such as the potential severity of disease to assist with decision-making at the national/regional/community level. Several data sources for modelling COVID-19 (e.g. Synergy in Action, pharmacy data, and swab testing) are being analyzed to obtain as much information as possible to aid in First Nations-led modelling of and preparation for outbreaks.

5. Coordination and Communications with First Nations Organizations and Communities

Weekly meetings are taking place with the Assembly of First Nations (AFN) Chiefs Committee on Health and ISC Executives to ensure that information is being shared in a timely fashion. There are also COVID-19 updates provided to other national First Nations committees, including the National Advisory Committee on Child and Family Services Reform, the Jordan's Principle Operations Committee and the FNHMA. Gender-based analysis plus discussions also occur through the ISC Indigenous Women's Well-Being Advisory Committee. At a national level, updates on the availability and need for PPE and the list of confirmed First Nations COVID-19-positive cases on reserve on the ISC website from Monday-Friday, and daily with the AFN. ISC Regional Operations Sector also provides the AFN with a daily list of Statements of Local Emergencies.

Daily calls are also hosted by ISC Regional Offices with First Nations leaders. ISC is further supporting the network of Regional Medical Officers, Directors of Nursing, the National Health Emergency Network, and the Communicable Disease Emergency Working Group with First Nations partners. In the territories, ISC Northern Region provides secretariat support for a weekly meeting of the COVID-19 Public Health Working Group on Remote and Isolated Communities, which includes territorial government and First Nations representation from Yukon and Northwest Territories, and three subcommittees. There is a weekly touch base with FNHA, the ISC BC Regional Office and ISC-FNIHB. This meeting allows a timely flow of information, and provides a single window for the partners to share information and raise issues.

While ongoing communications with trusted source information is essential to the effectiveness of ISC's response to the COVID-19 pandemic, some main features of the communications plan are:

- Developing and disseminating communication messaging via an ISC COVID-19 single window approach to networks of networks.
- Generic ISC COVID-19 email (sac.dcmtdemandesaction-cdcdactionrequests.isc@canada.ca).
- ISC website content aligned with PHAC public health guidelines.
- Public Service Announcements in multiple Indigenous languages.
- Videos on overall ISC COVID-19 response, specific public health measures and COVID-19 Economic Response Plan individual benefits.
- Regional office and Regional Medical Officers have regular meetings, teleconferences, bulletins and sharing of provincial and territorial communiques with Chiefs, health directors, health workers and other partners.
- Multilateral calls with partners at the national and regional levels.
- Virtual townhalls/webinars with partners such as the FNHMA.
- Development of pamphlets for nurses and patients with general information and links to PHAC, the World Health Organization, etc.
- Social media presence.
- Training material, resources, and support for front-line providers.
- Occupational health and safety information line for First Nations employers.

Annex A: COVID-19 Roles and Responsibilities

This annex describes the responsibilities of the various levels of government in the planning for and response to the coronavirus disease (COVID-19) pandemic in First Nations communities.

Indigenous Services Canada (ISC)

First Nations and Inuit Health Branch

ISC's regional health emergency management coordinators, communicable disease coordinators, Chief Nursing Officer, Regional Directors of Nursing, Regional Executives, Regional Medical Officers, and regional emergency management lead work with First Nations communities in support of public health emergency preparedness and response activities in the provinces.

In preparing for and responding to the threat of the COVID-19 pandemic in an on reserve First Nations community, ISC is responsible for the following:

- Working closely with regional and national First Nations organizations to ensure that health services and supports are available and accessible for on reserve First Nations communities.
- Representing and raising awareness of the pandemic planning needs of on reserve First Nations communities at national and provincial levels.
- Providing on reserve First Nations communities with the resources to plan and respond to the COVID-19 pandemic, which include educational materials and training opportunities. Examples include:
    - Training on procedures on taking care of yourself when diagnosed with COVID-19;
    - Taking care of a loved one diagnosed with COVID-19; and,
    - Protecting yourself and your community from COVID-19.
- Providing information and guidance, based on guidelines developed by the Public Health Agency of Canada (PHAC) and/or the provinces, to health care workers providing services in on reserve First Nations communities.
- Ensuring mechanisms are in place to facilitate collaboration and communication amongst all parties, including First Nations communities, First Nations regional and national partners, provinces/territories (P/Ts), PHAC, and other government departments.
- Working closely with First Nations communities to advise on and support the development and testing of their COVID-19 pandemic plans.
- Facilitating access to personal protective equipment (PPE) for health care workers and support staff assisting in the delivery of health care services.
- Clarifying protocols with P/T systems regarding testing, reporting, and access to care.
- Developing clear guidance, guidelines, and/or parameters, wherever possible, to support First Nations communities to access federal and provincial/territorial funding.

In support of these responsibilities, Budget 2019 provided $79.9 million over 5 years for health emergency preparedness in on reserve First Nations communities. A regionally approved allocation strategy was used for the distribution of these funds according to three streams:

- Health Emergency Preparedness: Contribution funding to support community-led health emergency preparedness activities whereby First Nation communities and/or First Nation organizations are funded through existing or new contribution agreements;
- Capacity Building: Contribution funding to support increased capacity in First Nations, Tribal Councils, and First Nations National or Regional Organizations to prepare for and mitigate emergencies and health-related emergencies; and,
- Knowledge Mobilization: Through knowledge transfer and exchange activities, First Nation communities can share and leverage lessons learned and best practices around public health emergency management, preparedness and mitigation which will ultimately strengthen the overall resilience of communities.

ISC is a funding partner and can offer secondary level support for self-governing First Nations, and First Nations in the territories. In British Columbia, the BC *Tripartite Framework Agreement in First Nations Health Governance (2011)* created a new province-wide First Nations Health Authority (FNHA) to take over the design, delivery and management of the First Nations health programs, services and staff in BC. This led to a full transfer of federal regional operations in 2013 to the FNHA, so that ISC-First Nations and Inuit Health Branch does not have a regional presence in BC. The FNHA is also responsible for public health and health emergency management.

With respect to First Nations living away from their communities, ISC supports access to essential medically required services through the Non-Insured Health Benefits Program (NIHB), Indian Residential Schools Resolution Health Support Program, and Jordan's Principle.

Regional Operations Branch

The Regional Operations Branch coordinates the emergency management funding mechanisms and supports the coordination between communities, P/Ts (in partnership with Crown Indigenous Relations and Northern Affairs), other government departments and the Government Operations Centre in regards to emergency management.

Through Emergency Management Assistance Program (EMAP), ISC supports the health and safety of on reserve First Nations communities in emergency events for the Government of Canada. This program promotes and provides funding for:

- Emergency preparedness within First Nations communities;
- Emergency response (including evacuation if necessary) during disasters; and,
- Remediation of infrastructure and houses after emergencies such as forest fires and floods.

During the COVID-19 pandemic, this program is also being used to support the response efforts for and by First Nations, and the Indigenous Community Support Funding for First Nations is being flowed through this program. The objectives of EMAP are to:

- Protect the health and safety of First Nations members and their infrastructure from natural or accidental hazards,
- Assist in the remediation of critical infrastructure and community assets impacted by emergency events through timely assessment of emergency management needs and facilitation of an appropriate emergency response from emergency management partners, stakeholders, other areas within the department or Government of Canada,
- Support communities in search and recovery activities for lost persons, and,

- Support communities in their response pandemic situation, such as COVID-19, along with other government departments, other levels of government and relevant stakeholders.

First Nations Communities

Community leadership and health care providers in on reserve First Nations communities are on the front line in the COVID-19 pandemic and play an essential role in the effective planning for and delivery of health care services. In preparing for and responding to the threat of the COVID-19 pandemic in a First Nations community, First Nations leadership, health managers and health care providers are responsible for developing, testing, and regularly updating a community pandemic plan in collaboration with the appropriate partners and stakeholders. The community-level pandemic plan should be incorporated into already existing emergency response plans.

A holistic approach, with culture as foundation and considering the mental wellness impacts of a pandemic, is encouraged as part of the community pandemic plan. First Nations communities also collaborate with the federal government as well as P/T local and regional health authorities to ensure that all the elements of the community pandemic plan are complementary in order to facilitate their execution during the COVID-19 pandemic. During a global and national pandemic, coordination of resources and capacity is essential to ensure that these can be prioritized when and where needed without undue delay.

First Nations communities in the provinces will identify funding, human resources and other additional supports, such as infrastructure, required to activate their plan. Wherever possible, ISC will receive these requests and liaise with provincial or territorial entities as may be required to ensure that community needs are met. In the territories, pandemic coordination and primary health care is the responsibility of the territorial governments. In this regard, ISC works closely with First Nations partners and territorial governments to share information to prepare for, and respond to COVID-19 and to ensure that any gaps in funding to respond to COVID-19 are addressed.

Public Health Agency of Canada

PHAC works closely with the provinces and territories to improve the health of Canadians. PHAC is responsible for addressing public health emergencies and infectious disease outbreaks in Canada. It works with international and other national health authorities and stakeholders to ensure that there is clarity of roles and responsibilities and sound decision-making processes. It enables an integrated federal and national health pandemic preparedness that is effective and efficient providing linkages and coordination with provinces and territories, as well as with non-governmental and professional health organizations.

In preparing for and responding to the threat of the COVID-19 pandemic in a First Nation community or any other Canadian community, PHAC is responsible for the following:

- Supporting coordination, cooperation and partnerships among the various levels of government and other stakeholders.
- Leading the development of a coordinated pan-Canadian communications strategy; and working with ISC and First Nations organizations in the development of culturally-appropriate communication messages and materials for First Nations.
- As the national focal point for Canada, communicating with provinces and territories, other government departments, other countries and the World Health Organization about public

health events occurring in Canada and around the world, in particular those which have become public health emergencies of international concern.
- Coordinating a national surveillance and modelling strategy[11].
- Coordinating requests from provincial and territorial governments for PPE and supplies in cases of emergency through the National Emergency Stockpile System and in cases of bulk procurement through the Logistics Advisory Committee.

Provinces and Territories

Provinces work collaboratively with ISC, other federal departments and on reserve First Nations communities during the development of provincial COVID-19 pandemic plans to define roles and responsibilities and coordinate efforts in the management of the COVID-19 pandemic in on reserve First Nations communities.

Health programs and services for First Nations in the territories are delivered in the context of a complex and dynamic health system in each territory. In contrast to provincial First Nations, there is one universal health care system in each territory that provides services for all territorial residents, including First Nations under the responsibility of the territorial governments. As a result, addressing COVID-19 is the responsibility of territorial governments with territorial public health systems leading the response across First Nations and non-First Nations communities.

In a territorial context, the Yukon Government and the Government of the Northwest Territories play the lead role with respect to pandemic preparedness and response. As such, the bilateral relationship between First Nations and the territorial governments is crucial to addressing community needs. Although federal departments offer expertise and supports as required, First Nations in the territories should first contact appropriate authorities within the territorial governments for support and questions related to COVID-19.

In preparing for and responding to the threat of the COVID-19 pandemic in a First Nations community, P/Ts, including their regional health authorities, are responsible for integrating First Nations needs and adapting their plans to account for these needs (e.g. jurisdictional issues, remoteness of communities, and access to care challenges) into provincial, territorial and/or regional health authorities' plans.

It is recognized that an integrated, collaborative approach is essential and that First Nations leaders must be part of that ongoing work. ISC is actively engaged with PHAC, Health Canada, P/T health authorities, and, other key stakeholders to ensure that the needs and considerations of First Nations communities are reflected in overall federal/provincial/territorial (F/P/T) preparedness and response activities to public health emergencies.

A F/P/T Special Advisory Committee for COVID-19 reports to the Conference of Deputy Ministers of Health and is focussed on the coordination of F/P/T preparedness and response across Canada's health sector, for all Canadians, including First Nations, Inuit, and Métis.

[11] https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/using-data-modelling-inform-eng.pdf

Annex B: Funding Supporting COVID-19 Response

In order to further support First Nations in preparing for and responding to COVID-19, the Government of Canada recently announced several funding tracks through which First Nations communities can access resources (https://www.canada.ca/en/department-finance/economic-response-plan.html). In addition, there are a number of Indigenous specific funding streams. These are described below, and more information can be found at https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298.

$305 million for a new Indigenous Community Support Fund

This funding will help Indigenous communities to address their unique priorities and needs such as support for elders, food insecurity, educational and other support for children, mental health assistance and emergency response services.

Through this fund, $290 million has been allocated to First Nations, Inuit and Métis communities. Communities identified jointly by Indigenous Services Canada and the National Indigenous Organizations do not need to apply, as they will receive a formula-based funding allocation.

The remaining $15 million will be available for regional and urban Indigenous organizations supporting their members living away from their communities, and to regional organizations such as Friendship Centres. A call for proposals for the regional and urban Indigenous organizations fund was launched on April 6, 2020, and closed on April 13, 2020. For more information, please visit: https://www.sac-isc.gc.ca/eng/1585928331845/1585928356443.

Additional Funding to Activate Pandemic Responses

In addition to existing funding at the community level and existing demand-driven programs such as Non Insured Health Benefits and Jordan's Principle, funding for community public health needs can be submitted to ISC's First Nations and Inuit Health Branch offices in each of the regions.

Funding applications can be for measures including but not limited to:

- Identified needs to update and/or activate pandemic plans;
- Public health and primary health care capacity to respond to the COVID-19 outbreak;
- Align response efforts with public health evidence;
- Address immediate needs in the short term.

A community guide[12] has been developed to assist First Nations with accessing these funds.

Support for Indigenous businesses

On April 18, 2020, the Prime Minister announced up to $306.8 million in funding to help small and medium-sized Indigenous businesses, and to support Aboriginal Financial Institutions (AFIs) that offer financing to these businesses.

[12] https://www.sac-isc.gc.ca/eng/1584819394157/1584819418553

The funding will allow for short-term, interest-free loans and non-repayable contributions through AFIs, which offer financing and business support services to First Nations, Inuit, and Métis businesses. These measures will help 6,000 Indigenous-owned businesses get through these difficult times.

Support for women's shelters and sexual assault centres

Up to $50 million will be provided to women's shelters and sexual assault centres across Canada to help with their capacity to manage or prevent an outbreak in their facilities.

This funding includes up to $10 million to be provided to ISC's network of 46 emergency shelters on reserve and in Yukon to support Indigenous women and children fleeing violence.

Enhancing the Reaching Home initiative

Employment and Social Development Canada also has $157.5 million for the Reaching Home initiative to support people across Canada experiencing homelessness during the COVID-19 outbreak.

This support can help address needs such as purchasing beds and physical barriers for social distancing and securing accommodation to reduce overcrowding in shelters.

Shelters and other non-profit organizations can apply for funding here: https://www.canada.ca/en/employment-social-development/services/funding/homeless.html.

Federal Funding for Territorial Governments and Communities

ISC is working with Crown-Indigenous Relations and Northern Affairs Canada and other federal departments to maximize flexibilities and to support the rapid and fluid disbursement of funding to territorial governments and communities for both their COVID-19 response and for ongoing funding arrangements.

To date, federal funding and support for a COVID-19 response for First Nations in the territories has been provided through a number of fronts:

- Directly to First Nations communities through the Indigenous Community Support Fund;
- Re-profiled from territorial governments to supplement critical needs such as on-the-land programing;
- Private sector support, where the Government of Canada, in partnership with Suncor Energy, has provided 40,000 N95 masks to Yukon, Nunavut and the Northwest Territories in an effort to help stop the spread of COVID-19;
- With support provided to territorial governments through the $500 million COVID-19 Response Fund as well as territorial requests for supplies through the National Emergency Stockpile System coordinated by PHAC;
- Transfer of $72.6 million to the governments of Yukon, Northwest Territories, and Nunavut to support their COVID-19 health and social services preparations and response;
- Up to $17.3 million to the governments of Yukon, Northwest Territories, and Nunavut to support northern air carriers;
- $15 million available in non-repayable support for businesses in the territories to help address the impacts of COVID-19; and,

- Provision of an additional $25 million 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.

ISC will continue to work in partnership with other federal departments to seek funds as demand grows and the COVID-19 pandemic evolves.

Support for First Nations Students

As part of the COVID-19 Economic Response Plan, on April 22, the Government announced a number of measures expanding student and youth programming, including $75.2 million to provide additional distinctions-based support to First Nations, Inuit and Métis Nation post-secondary students.

Funding is intended for students to address the disruption to their current studies by purchasing laptops, upgrading wireless access and purchasing other required technology to support their current studies as post-secondary institutions pivot toward online learning. These tools will enable students to finish their current year, and pursue additional courses of study over the spring term, as post-secondary institutions are expected to offer courses on-line until it is safe to resume in-person classes. In addition, these funds will enable students to meet their immediate basic needs for housing, food and other expenses, when there are fewer opportunities to earn supplemental income through part-time jobs. Funding will help offset the need for increased purchases of sanitizers, soap, cleaning supplies, and elevated grocery costs. These investments will also allow First Nations partners to increase other supports to post-secondary students, including elder guidance and culturally-appropriate wrap-around supports as needed.

Annex C: Lessons Learned from H1N1

Based on the areas of improvement identified during H1N1, the key priorities for ISC-FNIHB to lead or be engaged in are listed below, including these have been addressed for COVID-19 Response.

First Nations and Inuit Health Branch Report on Lessons Learned from H1N1	
Lesson Learned	**COVID-19 Response**
Clarification of roles: The scope of the H1N1 response engaged a number of federal partners and a number of areas within the branch. However, there was a lack of clarity in regard to the roles and responsibilities. Additional work is needed to clarify the roles of the different players within FNIHB and its regions and with our partners responding to a public health emergency. **PHAC**: While the role of PHAC's national office is clear, participants felt that the roles of the PHAC regional offices and the health portfolio's Emergency Preparedness and Response (EPR) coordinators were unclear. Participants reported that there was duplication of reporting from both PHAC regional and national office. Participants also questioned if there was value added by the health portfolio EPR coordinators for on reserve First Nations communities during the H1N1 pandemic influenza. **INAC**: Similarly, the role of INAC regional offices in the H1N1 response was unclear. **FNIHB**: While FNIH Communicable Disease Emergency coordinators have led in preparing communities for a pandemic, in several regions their role appeared unclear during the pandemic. Although they had the necessary knowledge they were not always utilized by regional Senior Management or sitting at the appropriate tables in the region.	**PHAC**: Federal Governance Model established – see Annex G in this document to learn more about this model. Having ISC participate in this Model helps to reduce duplication of work and to clarify roles and responsibilities. **INAC**: In 2017, ISC and CIRNA were created and FNIHB merged with ISC. This has helped to connect the relevant departmental leads, for example, in education, emergency management and communications for COVID-19 response. **FNIHB**: in Budget 2019, funding was announced to create Regional Health Emergency Management Coordinators and community emergency coordinators, which has led to the support of COVID-19 response. This is in addition to Regional Communicable Disease Emergency Coordinators and Regional Medical Officers of Health. Weekly calls hosted by FNIHB HQ with Communicable Disease Emergency, Health Emergency Management Coordinators and Regional Medical Officers of Health to address questions and coordinate efforts with the communities and the provinces.
Financial MOU on roles and responsibilities: The signing of the Memorandum of Understanding (MOU) on roles and responsibilities was an effective strategy in ensuring that the provinces were aware of their roles and responsibilities with regard to on reserve First Nations, and that First Nations were considered in provincial planning efforts, especially as they related to antivirals and vaccines. However, clarification of financial responsibilities is still required and therefore, all parties need to continue to work towards signing of the financial MOU on roles and responsibilities.	ISC participates at various F/P/T tables, including the Special Advisory Committee for COVID-19 Response, as well as the Logistical Advisory Committee for PPE. PHAC and ISC have established a quarterly Director General level meeting to review emerging emergency management needs and priorities. PHAC and ISC working to finalize an MOU on roles and responsibilities – target Summer 2020.
Index of Severity: Pandemic assumptions that guided planning at all levels of government were based on a moderate/severe strain, and therefore existing pandemic plans did not account for different levels of severity (i.e., mild, moderate, severe). The emergence of H1N1, a relatively mild virus, highlighted that parts of the plans were not applicable as they only pertained to a more severe strain. Therefore, plans need to be updated to reflect different levels of severity. A F/P/T table would be best positioned to lead the development of an index of severity (i.e. mild, moderate, severe) and FNIHB should be engaged in this process.	Budget 2019 committed $79.86 million over five years and $16.98 million ongoing to establish coordinated Health Emergency Management services to support emergency preparedness and mitigation initiatives. • Supporting community-led health emergency preparedness activities – including creating and revising community heath and/or pandemic plans.

	• Supporting increased capacity in First Nations communities, Tribal Councils and First Nations organizations to be prepared for natural disasters and health emergencies – including direct funding to support the staffing of community Health Emergency Management Coordinators. • Supporting knowledge transfer and exchange activities for First Nations communities to share lessons learned and best practices around health emergency management. ISC participates at various F/P/T tables, including the Special Advisory Committee for COVID-19 Response, led by Canada's Chief Public Health Officer and PT Chief Medical Officers of Health.
Licensing: During a public health emergency, the movement of health professionals to more affected jurisdictions is an important element in response efforts. However, changes are required to licensing requirements to facilitate and expedite mobility during a public health emergency. Despite efforts on this issue by PHAC, progress has been slow; FNIHB should continue to support PHAC's efforts in this area and highlight the importance of this work since it has national interests in health human resource capacity.	Analysis conducted at ISC on options regarding jurisdictional Information and Requirements for Temporary Emergency Nursing Licences. To support potential health human resource surge support needs in communities, ISC-employed health human resources may also be able to be redirected to areas of need, using federal indemnity which will allow ISC federal nurses, physicians and other health professionals to work across jurisdictions during the pandemic.
Regions and Programs Branch: At the onset of H1N1, it was affirmed that FNIHB and not the Regions and Programs Branch (RAPB) who was the lead for pandemic planning and response for on reserve First Nations for Health Canada. With the establishment of FNIHB's H1N1 Operational structure, regions began directly reporting to the Senior Medical Advisor of this team. Participants asked that there be a reassessment of the role of RAPB during a public health emergency. They also suggested that this work explore the implications on other FNIHB regional programming.	Regions and Programs Branch are no longer in existence. Regional Offices, both FNIHB and Regional Operations, support COVID-19 operational response activities. At HQ, ISC supports partners and Regions in developing guidance, exploring options for surge capacity, developing national communications, accessing funds announced, etc.
Redefining "community isolation": Remote and isolated communities were declared a priority for immunizations by the Special Advisory Committee, arrangements were made for prepositioning antivirals, and guidelines tailored for remote and isolated communities were developed. However, without a clear definition, applied consistently across the country, as well as a focus on geographic parameters, several regions felt that some communities were indeed isolated but were not prioritized because of the definition. 'Remote and isolated' should be redefined in operational terms that pertain to access to health services. This process should engage PHAC, INAC and the provinces.	Once a vaccine becomes available, ISC will work through the F/P/T Special Advisory Committee on COVID-19 on vaccine prioritization to meet the needs of Indigenous communities.
Business Continuity: Even with very low rates of absenteeism, the level of employee effort required for the FNIHB and the regional response to H1N1 would not have been sustainable if H1N1 had been a more severe virus. A review of business continuity plans is required to ensure the ability to respond to a severe pandemic should absenteeism rates be higher.	A system has been established for the annual review of business continuity plans at ISC-FNIHB. In addition, at the start of COVID-19 response ramp up in Canada, ISC reassessed plans and addressed potential gaps, planning for continuity in essential program and service delivery. This included additional Information Technology (IT) supports for employees working from home, such as increased network access.
Collaboration with INAC: Given that the H1N1 pandemic demonstrated that First Nations were at increased risk of severe outcomes of the disease, FNIHB and FNIHB regions need to increase and strengthen collaboration between First Nations leadership, Health Canada and INAC to address the determinants of health (e.g., access to	In 2017, ISC and CIRNA were created and FNIHB merged with ISC. This has helped to connect the relevant departmental leads, for example, in education, emergency management and communications for COVID-19 response.

appropriate housing, mitigation of overcrowding, access to clean water, etc.). FNIHB and FNIHB regions will also need to support INAC in ensuring the integration of pandemic plans into emergency preparedness plans.	
Protocol to expedite approval processes: The establishment of organizational structures helped to minimize the different levels of approval. However, this still remained a challenge in different areas, including media requests and in the development of guidance documents. A protocol should be developed by senior management to identify the circumstances of when an approval process can be fast tracked.	Approval process established in Directorate responsible for management of COVID at HQ. Approval pathways – should additional funds be made available, surge capacity across regions, etc. at FNIHB Senior Management Committee; or, expedited at the recommendation of Program to Senior ADM
Organizational structures: Organizational structures described in regional pandemic plans were modified to reflect the realities and local conditions. In some regions, several processes were used in succession. However, some regions have still not finalized their organizational structures. Regional efforts are required to assess the structures put in place and to finalize a structure where there is none.	All Regions quickly put in place their Emergency Operations Centres.
External Communications: Early on there was a lack of clarity within the health portfolio with regards to who was responsible for what and how information was being coordinated and shared. While this was improved in wave 2, FNIHB's response to the media was reactive and the media directed the tone and type of information that was reported. There were also challenges in getting information to respond to media requests in a timely manner and approval processes were lengthy. When possible, local issues need to be communicated to headquarters promptly in order to pre-empt hot issues/stories in the media. Due to these challenges, there were several successes that should have been showcased but were not.	PHAC is the federal lead for communications during a health emergency where there is national interest or where the emergency crosses jurisdictions. A departmental email specific for COVID-19 was set up to communicate up-to-date information to First Nations communities, and partners, e.g., updated public health guidance; how to access funding supports, etc. Single window communication structure established within FNIHB's Communicable Disease Control Division to national Indigenous partners, networks of Regional Medical Officers, Nursing Leadership, Regional Communicable Disease Emergency Coordinators and Regional Health Emergency Coordinators, who have been engaging with local First Nation leaders, Health Directors, front line workers and provincial health departments. Dedicated Communications lead for COVID-19 established within ISC and FNIHB specifically. Regular briefings to partners, including AFN's Chiefs Committee on Health; ITK's Inuit Public Health Task Group, the National Association of Friendship Centres and the Métis.
Regional Medical Officers of Health: In regions where provincial authorities have been delegated to Regional Medical Officers of Health, concern was expressed over not being able to talk to the media directly, despite having the legal responsibility as Medical Officers of Health. This concern was echoed by the FNIHB Medical Officers that are not provincially designated Medical Officers of Health. It is recommended that a protocol be established allowing Medical Officers to talk to the media during a public health emergency.	Regional Medical Officers of Health, along with other identified Departmental Officials are media trained and identified as spokespeople, supported by the ISC Science Integrity Policy. For example, regular briefings to APTN news at national level, as well as regular media interviews at the Regional level have taken place during the COVID-19 pandemic.
H1N1 Lessons Learned – Standing Committee Report: Canada's Response to the 2009 H1N1 Influenza Pandemic	
Lesson Learned	**Response Since H1N1 & COVID-19 Response**
The committee therefore recommends that Health Canada's FNIHB work collaboratively with INAC as well as PHAC to identify and address the conditions particular to on reserve First Nations and Inuit communities such as	Since H1N1, a number of investments have been made to address overcrowding and access to clean drinking water, e.g., the Government of Canada is working to lift all long-term drinking water advisories on public systems on First

overcrowding and poor access to clean water that make them vulnerable to communicable diseases, including pandemic influenza, and that this collaboration include measures to improve public health infrastructure	Nations reserves by March 2021. Budget 2019 dedicated an additional $739 million over five years, to support ongoing efforts to eliminate and prevent long-term drinking water advisories. The Government of Canada is co-developing and implementing distinctions based Indigenous housing strategies with First Nations, Inuit and Métis Nation (FN/I/M) partners. Budget 2017 and 2018 invested: • $600 million over three years for First Nations housing; • $500 million over 10 years for Métis Nation housing; and • $640 million over 10 years to address Inuit Nunangat housing needs. This funding and approach, premised on Indigenous-led housing delivery, is a significant step towards addressing the housing needs in Indigenous communities.
The committee therefore recommends that Health Canada and PHAC consider including, in future revisions of the Canadian Pandemic Influenza Plan for the Health Sector, appropriate parameters and improved reporting systems for surveillance, data collection and analysis, as well as centralized collection of best practices for Aboriginal groups	ISC participates at the Canadian Pandemic Influenza Planning Committee, led by PHAC, and feeds into discussions, drafting and revisions of associated pandemic planning documents. PHAC developed a COVID-19 case reporting tool, that included information related to FN/I/M ancestry and residence (on reserve or off reserve), as a guide to P/Ts for their consideration of use. PHAC and P/Ts have developed surveillance systems used for influenza to track COVID-19 data (most have adapted their existing surveillance systems for influenza). When ISC is made aware of a laboratory-confirmed, positive case of COVID-19 in a community, ISC officials (e.g., doctors, nurses, and other public health professionals), work closely with the P/T and regional/local public health authorities to ensure that cases are being managed appropriately. Next steps would be guided by the community's emergency pandemic plan and local public health protocols.
The committee therefore recommends that Health Canada's FNIHB and PHAC initiate discussions with PT governments and representatives from First Nations and Inuit organizations and communities with a view to clarifying the federal government's role in a public health emergency	ISC participates at the Canadian Pandemic Influenza Planning Committee, led by PHAC, and feeds into discussions, drafting and revisions of associated pandemic planning documents. ISC participates at various F/P/T tables, including the Special Advisory Committee for COVID-19 Response, led by Canada's Chief Public Health Officer and PT Chief Medical Officers of Health. Regular briefings to partners, including AFN's Chiefs Committee on Health; ITK's Inuit Public Health Task Group, National Association of Friendship Centres, the Metis and the BC FNHA.

Annex D: Community COVID-19 Response Case Examples

	Scenario 1: Small Community (less than 500 people)	Scenario 2: Mid-Size Community (500-1,000)	Scenario 3 – Large Community (more than 1,000)
Assumptions	• Due to small community size, more external support maybe required in the event of an outbreak • Communities may need support to continue care in community • Pandemic planning has modeled a three-phased approach: triage, assessment, and treatment for cases of COVID-19 in communities that do not have year-round road access • Modelling has assessed needs that will be required: temporary structures, cots, office supplies, PPE, etc. • In small, isolated communities, supply chain issues may be more apparent and need to be monitored more closely	• Larger number of health care providers may delay need for surge capacity • Urban centres may be more accessible • Interruption to services in community less likely than in smaller communities, but still needs to be monitored • Community may have access to better connectivity, which would allow for more telehealth and distance delivery • Greater access to community spaces that could be repurposed	• Interruption of necessary community services less likely • Existing health care infrastructure likely stable • May have existing connections to P/T health system that are formalized • Community may have access to better connectivity, which would allow for more telehealth and distance delivery • Managing spread may be more challenging due to larger population size; emphasis on prevention • Depending on size/location, community could act as a prepositioning site for supplies and infrastructure (e.g. temp. medical assessment structure)
Capacity to continue ongoing Medical Services	• Proactive increased staffing prior to outbreak and identifying healthcare worker surge capacity to add onto and relieve existing support (emergency contracts, resource database) • Process map in case of outbreak: triage, assessment, treatment • Associated needs (i.e. temporary structures, extra beds) • Need to ensure medevac access for members with serious symptoms • PPE stockpile for replenishment of inventory	• Health care worker surge capacity (emergency contracts, resource database), including physician access (e.g. telehealth) • Process map in case of outbreak: triage, assessment, treatment ○ Associated needs (i.e. temporary structures, extra beds) • Support from referral centre to assess and order medevac • PPE stockpile for replenishment of inventory	• Delayed need for healthcare worker surge capacity, access to interdisciplinary capacity including physician services • Virtual care services to limit need for external providers on-site • Support to maintain communication with nearest P/T health facility for cases requiring hospitalization • Process map in case of outbreak: triage, assessment, treatment • PPE replenishment – can act as prepositioning for neighboring communities in supplies and temporary structures
Provide Current Information to Community	• Inter-sectoral team to reach all community areas (education, social, etc.) • Guidance documents developed by ISC, based on most up-to-date scientific information	• Task Team with professional expertise across sectors • Guidance documents developed by ISC, based on most up-to-date scientific information • Support for point-of-care testing	• Emergency Ops Team/Centre • Guidance documents developed by ISC, based on most up-to-date scientific information • Support for point-of-care testing
Security	• Security services surge capacity contract • Support/protocols for implementing checkpoints to manage who is entering and leaving community	• ISC can link to DND and to Public Safety to support FN/community policing • Support/protocols for implementing checkpoints to manage who is entering and leaving community	• Support/protocols for implementing checkpoints to manage who is entering and leaving community • Community size may make monitoring/management more difficult, especially if closer to an urban centre

Maintain Necessary infrastructure	• Smaller communities may be more vulnerable to other service disruption • Support/plan for ongoing water services, including water delivery if required • Monitoring of food supply chain to ensure ongoing access and alternatives for private vs. commercial transportation	• Monitoring food supply chain and ensuring water/waste water systems in community remain operational, including through the use of the Circuit Rider Training Program, and supporting alternatives to commercial transportation to ensure transportation remains available	• Overtime/relief workers • Household subsidies/supports for food or education
Mitigate Further Spread	• PPE for community members caring for people with infection or other essential community workers (social workers, tradespeople entering homes etc.) • Messaging on physical distancing and other protocols, close the community to non-essential travel • Band Council Resolutions (BCRs) limiting numbers at gatherings or implementing curfews • Offering isolation space within community (ready to move trailers, retrofit spaces) • Serological and vaccine strategy	• PPE for community members caring for people with infection • Messaging on physical distancing, closing the community to non-essential travel, etc. • BCRs limiting numbers at gatherings or implementing curfews • Offering isolation space within community (ready to move trailers, retrofit spaces)	• Emphasis on prevention and proactive public health measures • PPE for community members caring for people with infection • Messaging on physical distancing and other protocols, closing the community to non-essential travel • BCRs limiting numbers at gatherings or implementing curfews • Offering isolation space within community (retrofit spaces)

Annex E: List of National and Regional Contacts

National Contacts (ISC-FNIHB)

Valerie Gideon, Senior ADM
valerie.gideon@canada.ca
613-219-4104

Keith Conn, ADM Regional Operations
keith.conn@canada.ca
613-712-5262

Dr. Tom Wong, Chief Medical Officer of Public Health
tom.wong@canada.ca
613-797-8710

Robin Buckland, Chief Nursing Officer of Primary Health Care
robin.buckland@canada.ca
613-219-8151

Regional Medical Officers

British Columbia
Dr. Evan Adams, First Nations Health Authority
Evan.Adams@fnha.ca
604-831-4898

Alberta
Dr. Wadieh Yacoub, Indigenous Services Canada
wadieh.yacoub@canada.ca

Saskatchewan
Dr. Ibrahim Khan, Indigenous Services Canada
Ibrahim.khan@canada.ca
306-564-9175

Manitoba
Dr. Michael Routledge, Indigenous Services Canada
Michael.routledge@canada.ca
204-984-8924

Quebec
Richard Budgell, Indigenous Services Canada
Richard.budgell@canada.ca
514-283-4774

Atlantic
Dr. Eilish Cleary, Indigenous Services Canada
Eilish.cleary@canada.ca
506-249-5713

Yukon, Northwest Territoires, and Nunavut
Louis Dumulon, Indigenous Services Canada
Louis.Dumulon@canada.ca
613-818-8459

Northern Inter Tribal Health Authority
Dr. Ndubuka, Northern Inter Tribal Health Authority
nndubuka@nitha.com
306-953-5021

Ontario
Dr. Maurica Maher, Indigenous Services Canada
Maurica.maher@canada.ca
1-833-978-2335

Directors of Nursing

Alberta
Pamela Miller
Pamela.miller@canada.ca
780-495-5437

Saskatchewan
Katherine Hennessy
katherine.hennessy@canada.ca
306 564 9206

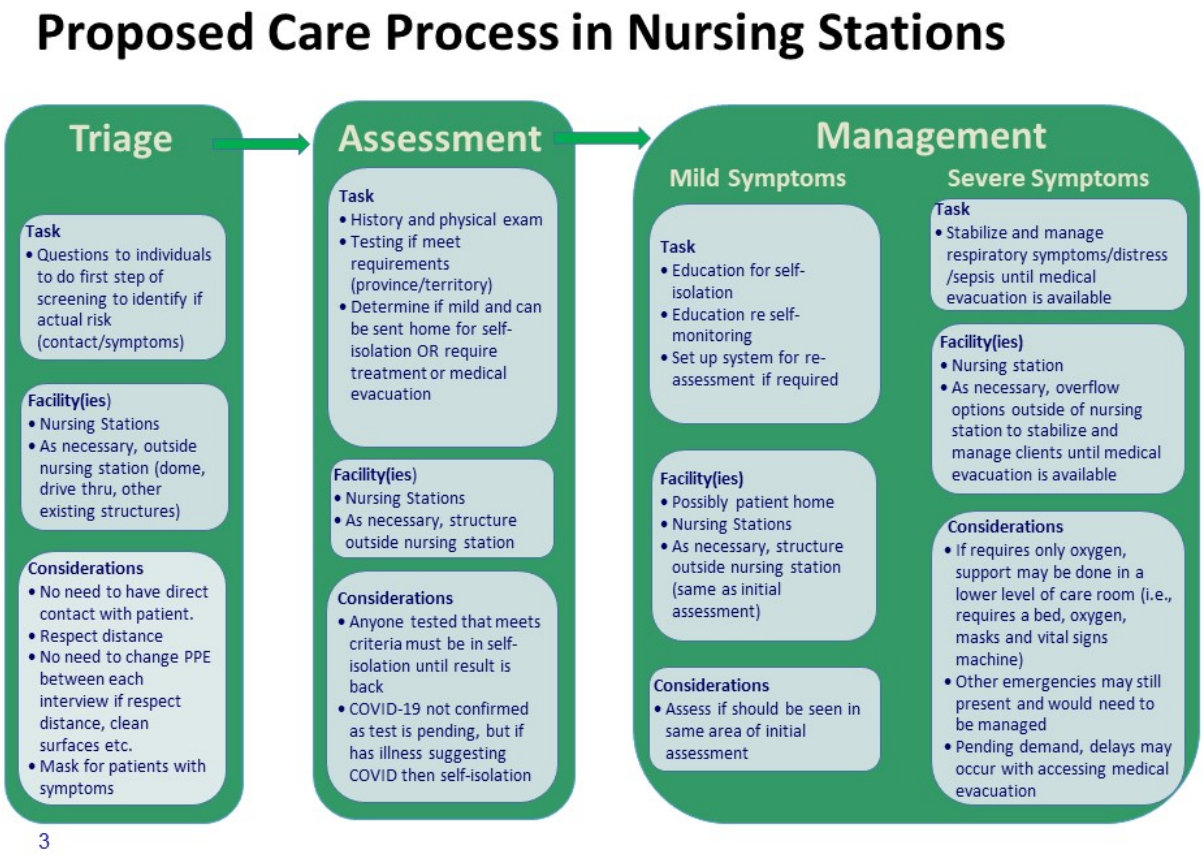
Manitoba
Jennifer MacGillivray,
204-983-4319
jennifer.macgillivrayl@hc-sc.gc.ca

Ontario Region
Shari Glenn
613-952-6023
shari.glenn@canada.ca

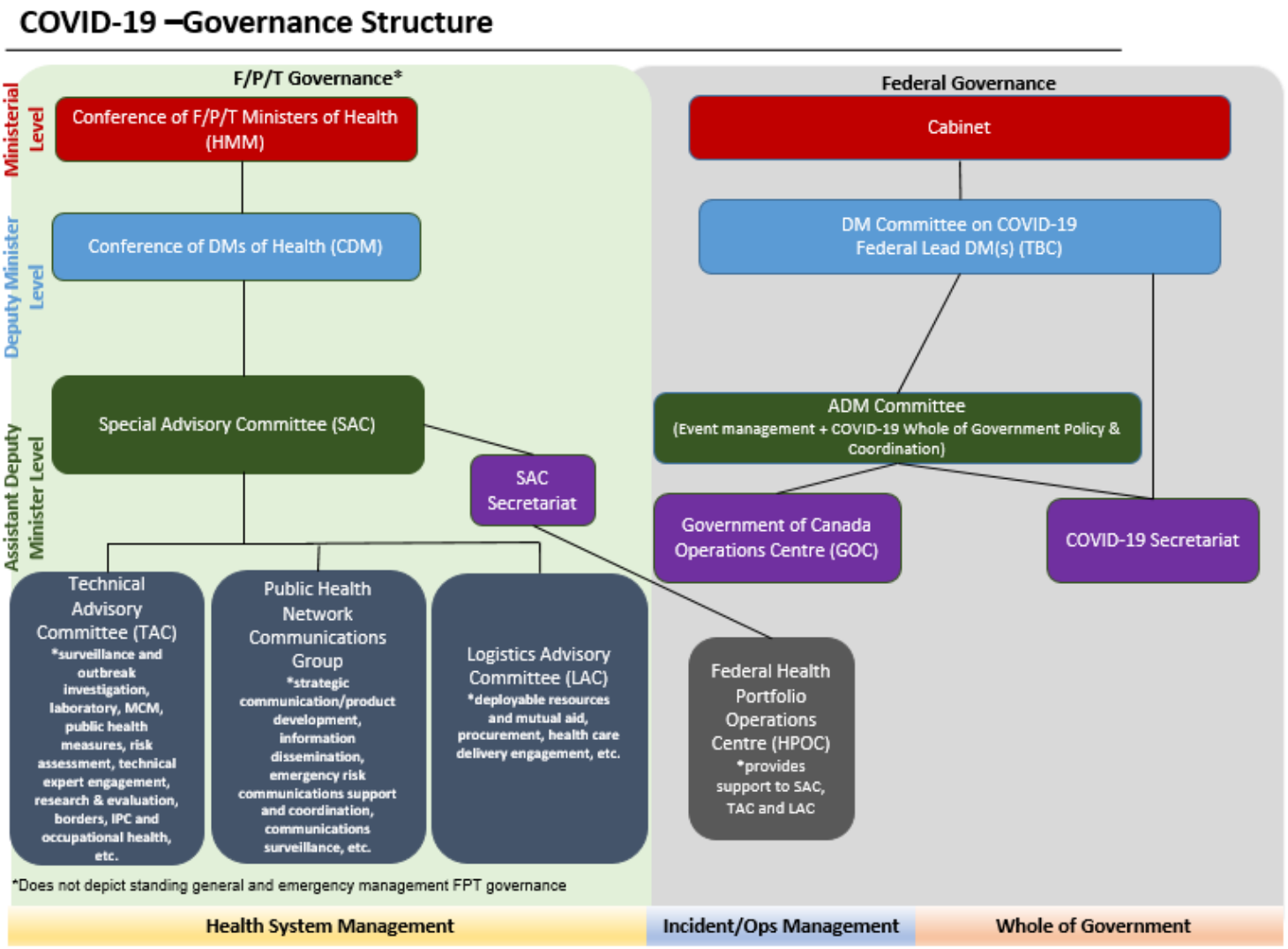
Québec
Valérie Bérard
514-283-4795
Valerie.berard@canada.ca

Atlantic Region
Charmaine McPherson
902-430-8165
charmaine.mcpherson@canada.ca

Annex F: Proposed Care Process for COVID-19



Annex G: Federal Governance Model



Annex H: Request for Assistance Process