# ISC - Alberta Region COVID-19
## Update for Chiefs: *May 19, 2020*

## Updates

### Extension of the Canada Emergency Wage Subsidy (CEWS):

The Government of Canada will extend the CEWS by an additional 12 weeks to August 29, 2020. CEWS eligibility has been extended to support those employers and workers hardest hit by the COVID-19 pandemic including Indigenous government-owned corporations that are carrying on a business, as well as partnerships where the partners are Indigenous governments and eligible employers. For more information on eligibility and how to apply click here.

### COVID-19 Scams:

The Canadian Centre for Cyber Security (CCCS) has seen an increase in COVID-19 phishing campaigns, some of which impersonate health organizations or Government of Canada websites such as Canada Revenue Agency and the Public Health Agency of Canada. CCCS has worked with industry to take down over 2000 fraudulent websites. Please note that the Government of Canada never uses text messages or instant messaging such as Facebook Messenger or WhatsApp to communicate with Canadians. Highly publicized events such as this pandemic can make individuals and organizations the target of email, telephone and cyber scams. If an individual believes they have encountered a scam message, they are encouraged to report the incident to the Canadian Anti-Fraud Centre at 1-888-495-8501

## Question of the Day

**Q: How can I access operational funding for health surge capacity and isolation supports in my community?**

**A: In order to comprehensively support your pandemic plan and response, FNIHB will be providing COVID-19 health specific funding to address your operational costs in an on-going, needs-based manner. As COVID-19 is likely to require response activities for months to come, as this pandemic evolves, we will work with your Nation to ensure you receive funding to effectively respond to your Nation's needs.**

**Most Nations have submitted funding requests, which we have been reviewing and have started to flow initial allocations to support your operational needs. Our Community Liaison Teams will continue to work with your Health technicians to ensure your funding needs are met as we progress through the various stages of the pandemic. If your Nation has not submitted a funding request yet, please ask your health team to work with their ISC Community Liaison Team to develop a proposal or discuss eligible health funding items.**

## National Information

Canada COVID-19 App and Self-Assessment Tool

Coronavirus (COVID-19) and Indigenous communities

New public health videos on actions you can take to stop the spread of COVID-19 and Physical Distancing

## Alberta Cases:

### as of May 18 3:30 p.m. MST

| | |
|---|---|
| AB Total Confirmed (May 18 – X new cases) | 6,683 |
| AB Recovered Cases | 5,806 |
| Confirmed First Nations On-reserve Cases | 36 |
| On-reserve Recovered Cases | 24 |
| Calgary Zone Confirmed | 4,603 |
| Central Zone Confirmed | 99 |
| Edmonton Zone Confirmed | 518 |
| North Zone Confirmed | 229 |
| South Zone Confirmed | 1210 |
| Unknown Confirmed | 24 |
| Deaths due to COVID-19 | 128 |

*More Alberta case data can be found here*

## Canada Emergency Student Benefit (CESB)

The application period is now open for the CESB. The benefit provides temporary income support to eligible post-secondary students and new graduates who are unable to work or find work this summer due to COVID-19, or are working and are not making over $1000. The CESB will provide $1,250 every four weeks to eligible students, or $2,000 every four weeks to eligible students with disabilities, or those with children or other dependents. More information available here

## Regional Snapshot

| | | |
|---|---|---|
| **6,683** cases | **69%** Calgary Zone | **52%** males |
| **280** Hospitalized ever | **53** ICU ever | **128** deaths |

## Useful Links

### AHS Indigenous People and Communities webpage for COVID-19

- AHS has been working with Indigenous communities and organizations across Alberta to support their COVID-19 responses

### Telehealth Session Thursday:

- There will be a Telehealth Session on May 21st from 1:30 –3:00 PM. Visit the First Nation portal at www.fntn.ca to register. FNIHB staff will be available for questions. Questions can be submitted in advance or at the end of the presentation to VChelp@FNTN.ca

## Regional Contact:

Dean Janvier, Special Leadership Liaison, is available to support information sharing and to assist you in navigating questions or concerns related to COVID-19. He may be reached at Dean.Janvier@gmail.com or 780-545-6655.

# Preparedness in First Nations communities related to COVID-19

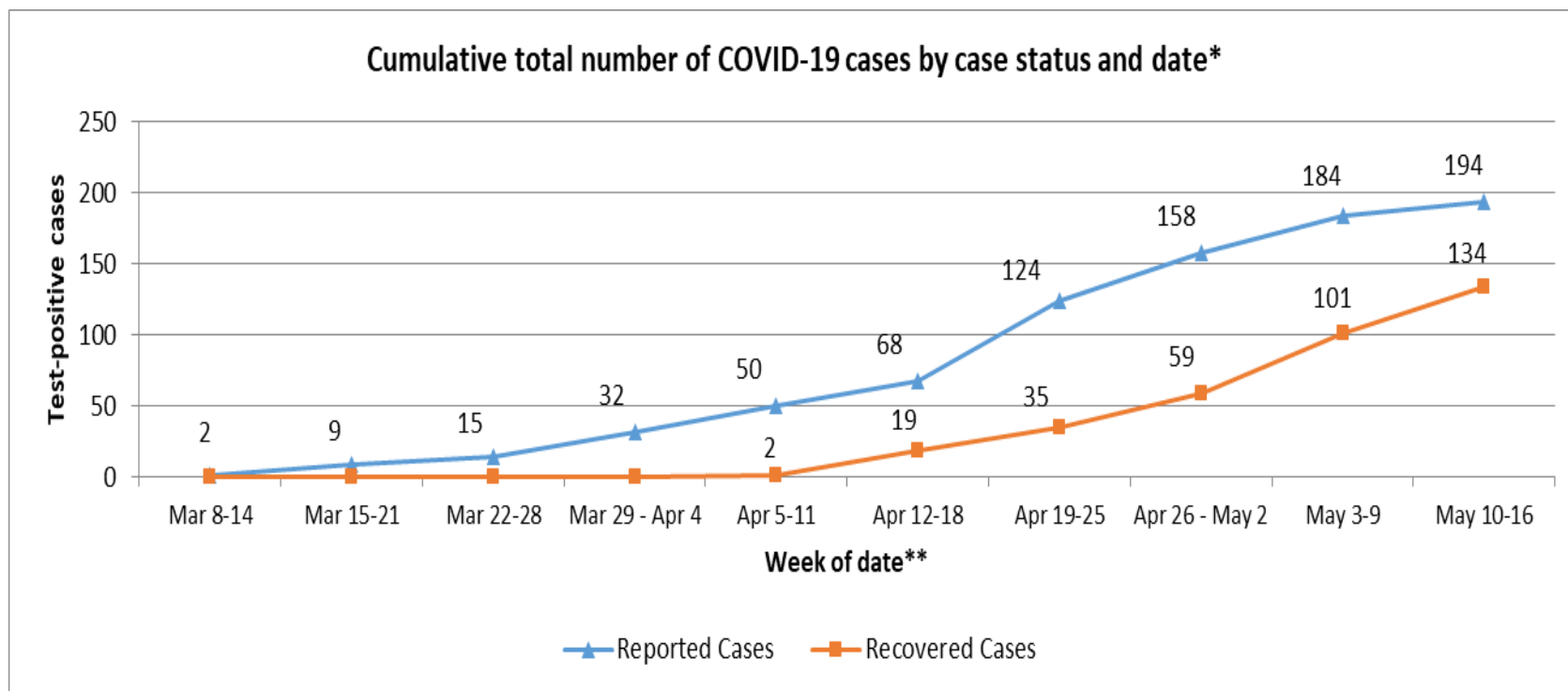**Briefing to AFN CCOH**
**May 19, 2020**

# COVID-19 – Canadian Context

- As of May 18, 2020, 77,306 cases have been confirmed in Canada, with 5,805 deaths. This compares to an estimated 3000 - 4000 influenza-related deaths in Canada each year.

| Province/Territory | Tested Positive | FN Community-Associated | Ever Hospitalized | Deaths | Recovered |
|---|---|---|---|---|---|
| BC | 2428 | 39 | 4 | 1 | 28 |
| AB | 6644 | 35 | 3 | 0 | 24 |
| SK | 592 | 46 | 3 | 0 | 17 |
| MB | 278 | 0 | | | |
| ON | 22 957 | 42 | 6 | 2 | 36 |
| QC | 42 920 | 32 | 2 | 0 | 29 |
| NB | 120 | 0 | | | |
| NS | 1 040 | 0 | | | |
| NL | 260 | 0 | | | |
| PEI | 27 | 0 | | | |
| YT | 11 | No specific FN breakdown | | | |
| NWT | 5 | No specific FN breakdown | | | |
| NU | | No specific FN breakdown | | | |

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ISC collects data from FN communities in provinces, but not for FN off-reserve, Metis and Inuit. PTs provide services in those settings and they need to work with Indigenous partners to collect and provide those data. We are enabling FNIGC, COO, Dr. Janet Smylie (Metis Physician scientist), NCCIH etc. to collaborate with FPTs to analyze and model FNMI data.

# COVID-19 Transmission in First Nation Communities

- Total number of reported COVID-19 cases among First Nations Communities in the provinces are: 194 First Nations community test positive cases as of May 18, 2020.

## Cumulative total number of COVID-19 cases by case status and date*

Reported Cases: 2, 9, 15, 32, 50, 68, 124, 158, 184, 194

Recovered Cases: 2, 19, 35, 59, 101, 134

Week of date**

Legend: Reported Cases, Recovered Cases

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# Surveillance

**FN/I/M Alliance – tracking and modelling work:**

- $250K to First Nations Information Governance Centre (FNIGC) to support work of this Alliance.

- ISC-FNIHB has shared de-identified data with FNIGC to start work for on-reserve communities – to be extended to off-reserve FN/I/M populations once data becomes available.

**Assembly Manitoba Chiefs – Manitoba – data sharing agreement:**

- First-of-its-kind agreement with First Nations leaders to track and share COVID-19 data.

- Manitoba started asking patients testing positive for COVID-19 to voluntarily self-identify if they are First Nations, Métis or Inuit starting on April 3, as part of an agreement negotiated between the province and a health committee under the Assembly of Manitoba Chiefs.

- The data will be shared with First Nations leadership in the province to help those governments fight the spread of the disease.

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# National Communications

**Update since May 12th Briefing:**

- **May 11**
  - Joint Ministerial Statement on Nursing Week https://www.canada.ca/en/indigenous-services-canada/news/2020/05/joint-statement-by-the-minister-of-indigenous-services-minister-of-crown-indigenous-relations-and-minister-of-northern-affairs-on-recognizing-contr.html

- **May 13**
  - Joint statement with MN-S and MLTC on Emergency Support for COVID-19 https://www.canada.ca/en/indigenous-services-canada/news/2020/05/government-of-canada-the-meadow-lake-tribal-council-and-metis-nationsaskatchewan-announce-emergency-support-for-covid-19-response-in-northwestern-s.html

- **May 13**
  - Valerie Gideon and Dr. Wong on APTN Nation to Nation https://www.aptnnews.ca/nation-to-nation/even-during-the-pandemic-canada-is-fighting-these-residential-school-survivors-in-court/

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# National Communications cont...

**May 14:**

- Minister Miller Dr. Wong participated in PHAC press conference
- Minister Miller, Valerie Gideon and Dr. Wong – ISC Technical Briefing
- Dr. Evan Adams – ISC's Deputy Medical Officer of Public Health participates in First Nations Health Managers Association Virtual Town Hall
- Ministers Miller and Bennett video greetings to FNHA's Virtual Doctor of the Day press conference
- Valerie Gideon and Dr. Evan Adams participated at Leadership Council Meeting with First Nations Chiefs on COVID-19, in Ontario

**May 15:**

- Valerie Gideon participated at the AFN's Chiefs Committee on Housing Infrastructure and Chiefs Committee on Health Emergency Management Meeting

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# National Communications cont...

**Website:**
- Number of positive cases as well as hospitalizations and deaths in First Nations Communities being posted to ISC's web Monday – Friday.
- PPE information posted Monday – Friday
- Ongoing regular updates to ISC's website as information becomes available
- Epi Curve information to be posted in the coming week for First Nations on Reserve Data

**Social Media:**
- Ongoing social media promotion of COVID-19 related information including:
  - Promotion of animated videos in Indigenous Languages
  - Dr. Wong's Videos
  - Information on Non-Insured Health Benefits extending health benefits for unregistered infants up to 24 months of age
  - National Nursing Week / Indigenous Nurses Day posts

**COVID-19 Email:**
- Information email to be sent out week of May 18th directing to Videos on social media as well as information on ISC's COVID-19 Resources section of its website

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# Personal Protective Equipment Orders

- Since the PPE request process launched February 14, 2020 – summary of requests received to access the ISC-FNIHB stockpiles are below.

- Current assessment of requests – 24 hours / request to storage facility to retrieve and package / shipment to community 2 – 7 days.

- Note – The FNIHB emergency stockpile is for the provision of health care on reserve (including for home and community care workers and family care givers).

| Overview of PPE request status as of May 18, 2020 | | | |
|---|---|---|---|
| Region | Requests Received | Being Processed at MTE | Shipped | Delivered |
| Atlantic | 105 | 0 | 4 | 101 |
| Quebec | 63 | 0 | 12 | 51 |
| Ontario | 200 | 3 | 21 | 176 |
| Manitoba | 191 | 1 | 28 | 162 |
| Saskatchewan | 72 | 0 | 1 | 71 |
| NITHA | 60 | 0 | 0 | 60 |
| Alberta | 90 | 0 | 3 | 87 |
| BCFNHA | 325 | 0 | 0 | 325 |
| Yukon | 1 | 0 | 0 | 1 |
| National | 35 | 0 | 9 | 26 |
| Total | 822 | 4 | 78 | 740 |

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- For FNHA PPE Requests - 5 requests are from ISC, and 320 are from the Province of BC.
- National PPE requests – ad hoc PPE requests for orgs not able to access PT stockpiles

# Re-Opening Strategy Discussion

Early plans in many provinces have suggested areas that may be the first to reopen.

If communities wish to do open some or all of these suggested areas, what is resources, materials or guidance are necessary to support the reopening of:

**Some non-essential businesses**

**Day care and education settings/camps**

**Other outdoor activities/ recreation (i.e. sports, on the land activities)**

**Non-urgent health care services**

**Critical cultural ceremonies**

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# Criteria for Assessing Readiness to Reopen (1 & 2)

| Criteria | Indicator | Adaptation considered for a First Nations community context |
|---|---|---|
| 1. COVID-19 transmission is controlled | 1.1: Number of cases, hospitalizations, ICU admissions and deaths per day<br>1.2: Reproduction number, absolute and relative changes in cases, hospitalizations and deaths | This information is available through Regional Medical Officers, and the ISC website.<br><br>Regional Medical Officers can help collect this data, and they can help in interpreting data for people who do not have a medical background in epidemiology (as is the case for most decision makers on the front lines in Canada).<br><br>Awareness of outbreaks in nearby locations/industries/hospital |
| 2. The incidence of new cases should be maintained at a level that the health system can manage including substantial clinical care capacity to respond to surges. | 2.1: Critical care capacity<br>2.2: Availability of PPE | In deciding on re-opening measures, communities may want to consider the state of health care capacity, both in their community and also in the nearest hospital.<br><br>PPE should be supplied by the respective P/T. In cases where a community does not have the supplies required to meet needs, ISC maintains a stockpile of PPE that can be accessed for the delivery of health services on reserve; and, on an ad-hoc basis where other communities are not able to access PT stockpiles. |

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# Criteria for Assessing Readiness to Reopen (3, 4 & 5)

| Criteria | Indicator | Adaptation considered for a First Nations community context |
|---|---|---|
| 3. Sufficient health system and public health capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating the vast majority of cases, irrespective of severity and origin. | 3.1: Testing capacity<br>3.2: Resources to trace contacts<br>3.3: Ability to isolate all cases<br>3.4: Ability to quarantine all contacts | Point of Care testing to be available to or near communities, to ensure timely access to testing results. |
| 4 Outbreak risks in high-vulnerability settings are minimized | 4.1: Number, size, and status of outbreaks in high vulnerability settings | Consideration of types of services delivered in community (i.e. community has a long-term care home, women's or homeless shelter; community has a housing shortage; community has a high number of Elders) |
| 5. Workplace preventive measures are established | 5.1: Availability of guidance for workers and employees to prevent transmission of COVID-19 in the workplace<br>5.2: Number of workplace outbreaks | Consideration of ability of local businesses to enact physical distancing, physical barriers, etc. |

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# Criteria for Assessing Readiness to Reopen (6)

| Criteria | Indicator | Adaptation considered for a First Nations community context |
|---|---|---|
| 6. Risks of imported cases are managed | 6.1: Number of travel-related cases | Depending on decisions made by leadership, community border control may continue. Communities should remain vigilant and determine how and when they will re-open their borders and formulate an approach based on their risk assessments and the context in their community and surrounding area.<br><br>Consideration may be given to how to support essential workers that may need to come in to the community from outside, or how to support community members that work outside of the community.<br><br>Individuals returning from a worksite, correctional facility, hospital, long-term care facility, geographic location with outbreaks will need to quarantine for 14 days from last contact with that outbreak location/site upon entry or ideally before entering the community.<br><br>Those who have had contact with someone who has tested positive, is presumptive of having COVID-19, or under investigation of COVID-19 will need to quarantine for 14 days from last contact upon entry, ideally before entering the community.<br><br>A person who has tested positive, is presumptive of having COVID-19, or under investigation of COVID-19 will need to isolate for 14 days before entering the community. |

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# Criteria for Assessing Readiness to Reopen (7)

| Criteria | Indicator | Adaptation considered for a First Nations community context |
|---|---|---|
| 7. Communities are engaged and empowered to adjust to the new normal | 7.1: Communications strategy in place | Communication strategies should be flexible, and build off of existing networks established in the community, and may also consider new modes of communication if there are technological limitations within the community.<br><br>Leadership may want to consider targeted communications to groups who may be at a higher risk within their communities (i.e. Elders, those with underlying health conditions, residential care).<br><br>Considerations for the translation of materials for community members; and also the option for developing targeted messages for different segments of the community (i.e. Elders and youth). |

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**For more information contact:**

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

**Tom Wong, MD, Chief Medical Officer of Public Health**
Tom.wong@canada.ca; 613-797-8710

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# What is InfoPoint?

- InfoPoint is a phone/email "helpful desk".

- InfoPoint is where busy First Nation health managers are provided with links to useful information related to **Covid-19.**

- InfoPoint is a single point of contact for credible and reliable information on **Covid-19.**

- InfoPoint searches out information so you don't have to!

# Why InfoPoint?

In response to **COVID-19**, First Nations health managers need access to reliable and trustworthy information.

First Nation health managers often have too much on their plate and want credible sources of information now.

*"We've heard from First Nations health managers and our membership that there is a pressing need for this kind of information sharing. We want health managers to know that we are here to help."*

Marion Crowe CEO, FNHMA

First Nations Health Managers Association

# How did InfoPoint start?

- In April, we started the research to set up a phone line to help provide information related to COVID-19 to FN health managers.

- FNHMA realized that we could provide more than just a list of documents – by working directly with you, we could tailor the information so it really meets your Covid-19 knowledge needs.

- FNHMA explored options - and after 3.5 weeks (of very long  days - 7 days a week) InfoPoint was born!

# What's been the uptake so far?

- Day 1 (Monday May 11) – we received one email (and it was from a person offering us information) ♡

- Day 2 ⟶ slowly building, more requests coming in.

- Examples of requests:
  - Seeking appropriate contract tracing education
  - Looking for policies on ethics and confidentiality that reflect virtual services
  - How to manage fear in staff who don't want to come to work
  - Need information for addictions workers

# Initial feedback on InfoPoint

- Initial post-InfoPoint surveys show:
  - 100% were very satisfied with their InfoPoint experience
  - 75% would come back for more information (25% "maybe" would)
  - 100% would recommend InfoPoint to a colleague

  Based on 4 responses.
  It's early days…But we'll take it. ☺

# Next steps for InfoPoint

- Continuing to build up the database with credible resources

- Establishing more relationships with outside organizations for information-sharing

- Spreading the word about InfoPoint

- Monitoring all resources to ensure quality

First Nations Health Managers Association

# Give InfoPoint a try!

## Call:

# 1-855-446- 2719

## Email:

# InfoPoint@fnhma.ca

# Thank you!

## Marion Crowe, CFNHM, CAFM, CAPA

### CEO, FNHMA

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