Nishnawbe Aski Nation
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COVID-19 BULLETIN

NAN CRITICAL PREPAREDNESS READINESS AND RESPONSE ACTIONS FOR COVID-19 TRANSMISSION SCENARIOS

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NAN Critical Preparedness Readiness and Response Actions for COVID-19 Transmission Scenarios (*NAN Critical Preparedness Readiness and Response Actions*) aims to:

- Slow and stop transmission, prevent outbreaks, and delay spread.
- Provide optimized care for all patients, especially the seriously ill.
- Minimize the impact of the epidemic on health systems, social services, and economic activity.

Being able to quickly test for COVID-19 is an essential part of managing and containing COVID-19 outbreaks. However, current access to rapid testing in NAN communities is extremely limited. As rapid testing devices become more accessible, the ability to detect and respond to COVID-19 cases will continue to improve. The turnaround time for these tests can range from two to three days to over a week. Improved testing will allow for increased flexibility in COVID-19 preparedness and response.

It has been demonstrated that COVID-19 transmission from one person to another can be slowed or even stopped. Early actions can save lives and provide more time to:

- Finalize pandemic plans.
- Prepare and strengthen emergency response systems.
- Increase capacity to detect and care for patients.
- Ensure that the space, supplies, and necessary personnel are in place to respond.

Every community should prioritize all essential measures to slow the further spread of COVID-19 and to avoid having their health systems become overwhelmed as a result of needing to care for patients who are seriously ill with COVID-19.

All communities should increase their level of preparedness, alertness and response to identify, manage, and care for cases of COVID-19 if they are detected. Communities should prepare to respond to different public health scenarios, recognizing that there is no one-size-fits-all approach to managing cases and outbreaks of COVID-19. Each community should assess its risk and rapidly implement the necessary measures at the appropriate scale to reduce both COVID-19 transmission and economic, public health, and social impacts.

One of the measures to reduce risk will be travel restrictions to and from the community. Although there are some COVID-19 risks with travelling for any reason, these travel restrictions should not stop people from accessing essential medical care including treatments, diagnostic tests, mental health care and surgeries.

Serious health complications can arise if people do not, or cannot, access essential medical care. Healthcare providers can determine what care is urgent and what can safely be delayed. Keeping communities safe during COVID-19 means more than just focusing on the virus; it also means making sure that community members protect their health by getting the treatment that they need. Communities should adjust and tailor their approach to the local context. Be prepared to respond to all transmission scenarios, following the framework laid out in the *NAN Critical Preparedness Readiness and Response Actions*. Prioritization and focus of resources for each technical area will depend on which transmission scenario your community is managing.

The attached table (Table 1) is meant to be a living document and should be updated by the community as responsible partners and resources are identified and the on-the-ground situation develops.

NAN is working closely with local public health units and the federal and provincial governments to identify roles and responsibilities of each. As these conversations progress, NAN will continue to provide updates so that there is a comprehensive and coordinated approach outlined that takes into consideration both community and regional considerations.

TABLE 1: NAN CRITICAL PREPAREDNESS READINESS AND RESPONSE ACTIONS FOR COVID-19 TRANSMISSION SCENARIOS

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Transmission Scenario	No reported cases.	One or more cases from travels or locally acquired.	Entire households infected. Linked to local transmission.	Inability to trace case origin through chains of transmission.
Primary Goal	Prevent virus from entering the community.	Stop further transmission and prevent spread.	Stop further transmission and prevent spread.	Slow transmission, reduce case numbers, end community outbreak.
Priority Areas of Work				
Community Response	Develop/update pandemic and business continuity plans. – Establish partnerships early and complete risk assessment. – Include considerations for funeral and bereavement practices (see *Care for Deceased Persons* below). – Include contingency plans for extreme weather recovery. Identify pandemic planning team, incident management system (IMS) structure, roles and responsibilities and receive emergency management (EM) training. Limit non-essential travel through the implementation of a non-essential community travel ban. Ensure adequate supplies of food and water in community. Identify cross-trained staff to backfill essential roles.	Activate pandemic plan. Implement public health measures, consider curfews. Declaration of emergency at the community level. Re-deploy cross-trained staff to backfill essential roles.	Scale up emergency response: – Strict enforcement of public health measures. – Implement curfews. – Ban social gatherings of five or more. Maintain essential worker staffing pool.	Scale up emergency response measures. – Strict enforcement of public health measures. – Enforce curfews. – Ban on social gatherings outside of immediate households.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Public Health Guidelines	Hand hygiene, cough/sneeze etiquette, physical distancing. Mandatory 14-day isolation on return to community. If symptoms of COVID-19 develop during this isolation period, that person should be tested and remain in isolation for another 10 days from the date that the symptoms started. Implement airport and community checkpoint screening processes. Enhanced cleaning and sanitization procedures. Consider use of non-medical masks/face shields in indoor or outdoor spaces where physical distancing is not possible. All individuals present within the community (members and non-members) should self-monitor for COVID-19 symptoms.	Hand hygiene, cough/sneeze etiquette, physical distancing. Mandatory 14-day isolation on return to community. If symptoms of COVID-19 develop during this isolation period, that person should be tested and remain in isolation for another 10 days from the date that the symptoms started. Implement airport and community checkpoint screening processes. Enhanced cleaning and sanitization procedures. Recommend use of non-medical masks/face shields in indoor or outdoor spaces where physical distancing is not possible. All individuals present within the community (members and non-members) should self-monitor for COVID-19 symptoms.	Hand hygiene, cough/sneeze etiquette, physical distancing. Mandatory 14-day isolation on return to community. If symptoms of COVID-19 develop during this isolation period, that person should be tested and remain in isolation for another 10 days from the date that the symptoms started. Implement airport and community checkpoint screening processes. Enhanced cleaning and sanitization procedures. Require use of non-medical masks/face shields in indoor or outdoor spaces where physical distancing is not possible. All individuals present within the community (members and non-members) should self-monitor for COVID-19 symptoms.	Hand hygiene, cough/sneeze etiquette, physical distancing. Mandatory 14-day isolation on return to community If symptoms of COVID-19 develop during this isolation period, that person should be tested and remain in isolation for another 10 days from the date that the symptoms started. Implement airport and community checkpoint screening processes. Enhanced cleaning and sanitization procedures. Require use of non-medical masks/face shields in indoor or outdoor spaces where physical distancing is not possible. All individuals present within the community (members and non-members) should self-monitor for COVID-19 symptoms.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Communication	Educate and actively communicate with the community membership using approved Public Health messaging. – Consider how information is shared with the community and by whom. – Communication with certain groups, such as Elders, should be given special considerations – Include social media in community messaging. Identify a communications lead within the IMS structure to manage messaging and ensure accuracy. Develop a protocol for managing incoming and outgoing communications.	Educate and actively communicate with the community membership using approved Public Health messaging. Communications lead continues to manage incoming and outgoing flow of information.	Educate and actively communicate with the community membership using approved Public Health messaging. Communications lead continues to manage incoming and outgoing flow of information.	Educate and actively communicate with the community membership using approved Public Health messaging. Communications lead continues to manage incoming and outgoing flow of information.
Case Identification, Contact Tracing, and Surveillance	Monitor for new cases and clusters. Train and engage community members for contact tracing. Define roles and responsibilities of contact tracing team.	Enhance active case finding, contact tracing, and surveillance.	Intensify active case finding, contact tracing, and surveillance.	Continue active case finding and surveillance; contact tracing may no longer be possible/applicable.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Testing	Test all individuals with COVID-19 symptoms or contacts of confirmed cases. Test Elders and vulnerable patients/people with atypical symptoms. Share the messaging that all community members should continue to follow public health measures despite negative test results, especially any mandatory 10 or 14-day self-isolation periods. Share education on the limits of testing, such as that it is just a snapshot in time. Advocate for rapid testing instrument and training for testing staff.	Test all individuals with COVID-19 symptoms or contacts of confirmed cases. Community testing for contacts of confirmed cases. Share the messaging that all community members should continue to follow public health measures despite negative test results, especially any mandatory 10 or 14-day self-isolation periods. Share education on the limits of testing, such as that it is just a snapshot in time. Install testing instrument and ensure adequate resources to provide rapid testing. Use rapid testing instrument to test close contacts of confirmed cases.	Test all individuals with COVID-19 symptoms or contacts of confirmed cases. Community testing for individuals in contact with cases and clusters. Share the messaging that all community members should continue to follow public health measures despite negative test results, especially any mandatory 10 or 14-day self-isolation periods. Share education on the limits of testing, such as that it is just a snapshot in time. Continue to test close contacts and symptomatic individuals using rapid test. Work with National Microbiological Laboratory (NML) and Health Authorities to increase rapid testing capacity in community.	If testing capacity insufficient prioritize testing for: – People at risk of developing severe disease. – Symptomatic health workers. – The first symptomatic individuals in a closed setting (e.g. overcrowded houses). Share the messaging that all community members should continue to follow public health measures despite negative test results, especially any mandatory 10 or 14-day self-isolation periods. Share education on the limits of testing, such as that it is just a snapshot in time. Continue to test priority individuals using rapid test. Work with NML and Health Authorities to increase rapid testing capacity in community.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Infection Prevention and Control	Train nursing and community health staff on COVID-19-specific infection prevention. Develop a tracking and auditing mechanism for personal protective equipment (PPE). Develop a community PPE protocol. Order additional PPE. Ensure 14-day supply of PPE.	Train nursing and community health staff on COVID-19-specific infection prevention. Track and audit PPE use. Educate community membership on proper PPE protocol. Ensure 14-day supply of PPE maintained.	Train nursing and community health staff on COVID-19-specific infection prevention. Track and audit PPE use. Educate community membership on proper PPE protocol. Ensure 14-day supply of PPE maintained.	Train nursing and community health staff on COVID-19-specific infection prevention. Track and audit PPE use. Educate community membership on proper PPE protocol. Ensure 14-day supply of PPE maintained.
Health Infrastructure	All patients can be treated at nursing station. Prepare nursing stations for isolation (if possible), patient flow, enhanced cleaning, etc. Identify and prepare additional locations for COVID-19 care/isolation within existing infrastructure, including places for overflow and self-isolation. Identify and prepare quarantine location in community.	Nursing station near capacity. Patients with COVID-19 may require medivac to regional center. Additional medivac supports required. Continue preparation and/or complete additional locations for COVID-19 care/isolation. Maintain quarantine location in community.	Nursing station at capacity. Additional locations for COVID-19 care/isolation in use. Operational supports are a necessity. Additional medivac supports required. Maintain quarantine location in community.	Nursing station and community infrastructure for COVID-19 care approaching capacity. Additional operational support/relief will be required. Additional cases sent to regional centers with surge capacity. Maintain quarantine location in community.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
COVID-19 Assessment and Care	Set up screening and triage at all health care access points. Prepare to care for COVID-19 positive patients; ensure protocol in place for treating patients if medivacs are delayed or unavailable due to weather or other reasons. - Health care providers should be prepared to have to treat very sick patients in the community for some time and have the necessary critical care support in place. Set up COVID-19 hotline and referral system. Develop list of community members at highest risk of complications from COVID-19 to inform future evacuation planning.	Screen and triage at all health care access points. Care for suspected and confirmed patients according to clinical protocols. Set up isolation facilities. Have necessary critical care support in place to treat very sick patients in the community if medivacs are delayed or unavailable.	Screen and triage at all health care access points. Care for suspected and confirmed patients according to clinical protocols. Evacuate people exposed to COVID-19 who are at high risk of complications. Demand additional critical care support to treat very sick patients in the community if medivacs are delayed or unavailable.	Screen and triage at all health care access points. Care for suspected and confirmed patients according to clinical protocols. Prepare family and community for grief and bereavement care.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Care for Deceased Persons	Ensure procedures and supplies in place for safe handling of the deceased, including additional PPE. Develop community guidelines for funeral and bereavement practices (including deaths unrelated to COVID). - All gatherings, including funerals, are a risk for COVID-19 transmission. - Measures should be put in place to minimize the risk of transmission, including limits on the number of mourners and how to respectfully - Community pandemic teams can provide guidance on the appropriate number of mourners considering community context. Develop plan for repatriating those deceased outside of community. Enforcing public health measures at funerals can be traumatizing for community members; consider plans to support their mental health and healing, or to minimize this trauma (through using outside crisis support).	Follow procedures for safe handling of the deceased Follow pandemic team guidance and community guidelines for funeral and bereavement practices. Ensure appropriate supply of PPE. Develop surge plan. Implement repatriation plan.	Follow procedures for safe handling of the deceased Strictly limit the number of mourners at funerals. Enforce public health measures. Ensure appropriate supply of PPE. Implement surge plan.	Follow procedures for safe handling of the deceased Ensure appropriate supply of PPE. Consider restricting funeral and burial services entirely, or further limits to the number of mourners. Scale up surge plan.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Health Care Capacity	Receive initial supply of oxygen therapy equipment. In cases of delayed transport from the community, nurses may require additional training in oxygen therapy. Develop surge plan, including considerations for medivac capacity. Identify community health workers who could support the clinical response to COVID-19 and begin training. Inventory critical supplies every week.	Demand additional health staff support from Indigenous Services Canada-First Nations and Inuit Health Branch (ISC/FNIHB), including infrastructure solutions for housing them. Receive additional oxygen therapy equipment. Implement surge plan. Community health workers are trained and can begin supporting COVID-19 response. Inventory critical supplies every day. Reorder and restock as needed.	Additional health staff arrive in community. Scale up surge plan. Identify and set up palliative care sites. Inventory critical supplies every day. Reorder and restock as needed.	Regional health centres provide surge capacity. Inventory critical supplies every day. Reorder and restock as needed.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Maintaining Safe Pathways to Medical Care	Develop a community protocol to ensure that community members can continue to access essential medical care, including protocols for escorts.* Protocols should consider the COVID-19 case levels in the communities where they are accessing health care. Assess COVID-19 risk in all urban hubs.	Follow protocol developed for community members to access essential medical care, including escorts. Assess COVID-19 risk in all urban hubs.	Implement a testing protocol for community members who must travel for medical purposes. Continue to follow protocol developed to access essential medical care; see if escorts from the receiving community can be used. Assess COVID-19 risk in all urban hubs.	Implement a testing protocol for community members who must travel for medical purposes. Continue to follow protocol developed to access essential medical care; see if escorts from the receiving community can be used. Assess COVID-19 risk in all urban hubs.

* Communities served by the Sioux Lookout First Nations Health Authority (SLFNHA) can consider using the *Public Health Guidance on Travel Restrictions for Safe Pathways to and from Communities for Care* that SLFNHA Public Health Physician Dr. John Guilfoyle has prepared.