

## DRAFT COVID-19 Response Framework for Remote Reserves

This practical information and guidance is designed to reduce the impact of the COVID-19 pandemic on the on-reserve population based on the Covid-19 response framework for homelessness developed by a number of public health professionals, primary care physicians, psychiatrists, addictions medicine specialists (reference). Further information on food and water was added by Norah Whiteway, Community Health at Wasagamack First Nation and Shirley Thompson, University of Manitoba.

Adequate procurement of personal protective equipment (PPE) for emergency workers and community health staff is needed with physical distancing and for family caregivers in a home with someone who is exhibiting symptoms and/or COVID-19 positive.

The key pillars of the Response Framework include:

### **1. Testing:**

All people with a new or increasing cough, shortness of breath, fever, with OR WITHOUT travel history, should be sent to an assessment centre (not the health centre, where routine health visits occur, but a location dedicated to COVID-19 such as one portable at the school, community centre or building adjacent to health centre) for COVID-19 testing, with instructions about self-isolation and management. Refer to the MB Health website and Health Canada

<https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298#chap2>

### **2. Health System/Isolation Shelter System Co-Ordination:**

**Health care system/isolation shelter staff should be involved in planning with chief and council.**

Manitoba Health guidelines for management of COVID-19 with community members.

[https://www.gov.mb.ca/asset\\_library/en/coronavirus//coronavirus\\_selfisolation.pdf](https://www.gov.mb.ca/asset_library/en/coronavirus//coronavirus_selfisolation.pdf)

**Note:** A robust communication system requires 1-2 contact points daily.

### **3. Covid-19 High Risk people (Elders, diabetic patients, etc.) require enhanced physical distancing**

All individuals categorized as high-risk (Elders, adults with chronic illnesses such as diabetes or kidney disease, etc.) need to be prioritized for enhanced physical distancing to protect them from contracting COVID-19. Possibly using teacheridges that are empty and these people should need to be within 2 metres of anyone other than health people.

### **4. Isolation Shelters for Persons Under Investigation for COVID-19**

Isolate people that are suspected to have COVID-19 due to symptoms or exposure. These people need a private room and private bathroom in a separate safe facility if at risk to spread disease. COVID-19 TESTING MUST OCCUR PRIOR TO ADMISSION. With testing, people can be cleared of COVID-19 in 24-48 hrs; without testing, people require 14 days of self-isolation. Health care providers will follow-up with all community members on a daily basis until test results are negative or that individual is transferred off reserve to a health care facility. Health care providers will follow-up with all community members who are tested for COVID-19 on a daily basis until test results are negative or that individual is transferred off reserve to a health care facility.

**Note:** Isolation and COVID-19 shelters requires on-site shelter workers, nursing support 16-24 hrs/day (health support), telemedicine services and peer worker support if treating addiction. Dedicated transportation is needed to ensure no contagion. Transportation vehicle driver, on-site shelter workers, nursing support, peer support workers require PPE equipment (masks, gloves, gowns, soap/water, disinfectant, hand sanitizers).

#### **5. COVID-19+ in Community-Based Shelter Care:**

- Shelters specifically for COVID-19 patients with mild symptoms are required. These facilities will require physical distancing to protect the support workers. These facilities will provide cots within larger rooms, and separate dining and washroom areas. This could be the school or church or community centre or other facility. Only in the rare instance that this individual is able to have their own bedroom and bathroom or if everyone in the home has COVID-19 with mild symptoms should they remain at home. Individuals with severe symptoms of COVID-19, (acute respiratory distress syndrome, delirium, hypoxia) will require immediate transfer to a health care facility (Thompson, The Pas, Winnipeg) for tertiary care.

**6. PRIORITIZE WATER DELIVERY** To prevent COVID-19, people need enough water to wash their hands regularly, which may be limited by their cisterns and barrels. Rationing of water by washing with reused soapy water in a bowl or bucket may spread disease. **RECOMMENDATION:** Employ more people to deliver water, as well as sewage, increasing shifts from 1 to 2 ,e.g., from day and evening shifts with 2 or 3 people on call for each vehicle/shift to ensure efficiency and back-up.

**7. FOOD:** To keep people healthy over the long-term requires an adequate supply of healthy food, particularly local food by:

i. **INCREASE LOCAL FOOD SUPPLIES** through buying equipment and paying for gas dozens of people could be enlisted to fish, snare, trap, hunt and share tood.

ii **STOCKPILE STAPLE DRIED FOODS**

- Rice (15 or 20 pound (lb) bags for each family or 300+)
- Oats and barley for breakfast and soup
- Dried Beans, split peas, split lentils.
- Dried Soup mix
- Baby formula and dried milk
- Hygiene and health products (toilet paper, soap, diapers, etc.).
- Canned fruit and root vegetables

ii. **CREATE AFFORDABLE ACCESS FOR HEALTHY FOODS** (work with Aki Foods, which gets nutrition north subsidy, to provide food for pop-up stores at band office or community centre or school during welfare/pay days and child benefit.

**8. Traditional medicines:** Fund local healers to pick, make and share traditional medicines.

**9. Emergency workers** – enlist and train youth over 18 to help with fishing every day, water delivery and delivering food or other emergency jobs. They are required to use safety precautions (gloves, mask), handwash and to keep a 2 metre physical distance.

**10. Communication** –ensure everyone has access to help to prevent problems (health, abuse, etc.) a phone or check-in visits (with the person staying 2 metres outside or walkie-talkie. If the people stay on the trapline, there are ways to ensure communication with walkie-talkies, radios or satellite phones and visible check-ins every few days with helicopters if out on trapline.