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COVID-19 UPDATE

Guidance for health professionals considering travel to First Nations Communities to provide services

Last Revised/Effective Date: June 5, 2020

Target Audience: Community leadership, employers of health professionals, and health professionals.

Health professionals include, but are not limited to, nurses, environmental public health officers, mental wellness workers, dentists, and oral health care workers.

Background:

The COVID-19 global pandemic is an unprecedented situation that continues to evolve. First Nations and Indigenous Services Canada (ISC) is faced with numerous challenges in the safe delivery of health services in First Nations communities. ISC is committed to working continuously with communities, staff and service delivery partners to ensure access to needed health services for community members, while minimizing risks.

Many First Nations communities are vulnerable to infectious disease outbreaks, a result of social, environmental and economic factors such as inadequate housing, food insecurity, and pre-existing health conditions. The remoteness and isolation of some communities may serve as a barrier to prevent importation of the COVID-19 virus. However, if introduction of the virus occurs, a serious outbreak can quickly develop. The threats from an outbreak in a remote community can be disproportionate to the size of the community. Many First Nations communities have adopted strategies to prevent the introduction of COVID-19, e.g., by restricting all non-essential travel in and out of the community.

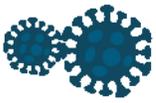
The risks to a community from health professionals travelling into the community to provide services may vary depending on: the nature of the service; client vulnerability; ability to implement risk mitigation strategies (e.g. infection prevention and control practices); and the incidence of COVID-19 in the area where the health professional comes from. These risks should be weighed against the risk of clients being exposed to the virus during travel out of community or at their final destination to receive these services.

FNIHB has implemented Directives for Nurses and Environmental Public Health Officers employed by ISC. However, First Nation communities, particularly those that are remote and isolated, often receive health services from other local, regional, provincial or private health organizations that have historically provided in-person services.

Purpose:

This guidance is intended to provide general advice to First Nation communities, employers of health professionals, and health professionals travelling into First Nations communities, to help minimize risks of COVID-19 transmission. This guidance is not intended to address all situations and communities are encouraged to assess and consider all potential risks and factors unique to their needs and circumstances.



**Procedures:**

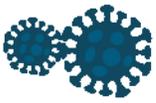
- The **community** and **health professionals** should use alternate service delivery approaches whenever possible, before considering in-person delivery.

See ANNEX A: Guidance for Communities and Health Professionals Considering Travel to Communities to Provide Services – Decision Tree.

- **Decisions should be risk informed.** Please refer to the Public Health Agency of Canada's *Risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic* <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>
- Decisions should be based on current public health situations and community specific considerations, as advised by local public health authorities.
- All health professionals and their employers are responsible for:
 - ensuring **occupational health and safety practices** are followed and ensuring **infection prevention and control practices** within their workplace/context align with local public health authority recommendations;
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms/provincial-territorial-resources-covid-19.html>
 - being familiar with, and abiding by, the **applicable Federal/Provincial/Territorial and professional college/regulatory body** requirements and any additional **community requirements** governing service provision.
- In addition, health professionals should always **self-screen** before going into communities. This includes prior to travel and during their visit in First Nations communities. If they have symptoms, they should **not** go into First Nations communities.
- ISC has shared the following Directives with ISC and First Nations Health Authority Directors of Nursing.:
 - *UPDATED Healthcare Professional Self- Screening of COVID-19 Symptoms and Exposure During Assignment in First Nations Communities*
 - *UPDATED Self-Screening for COVID-19 of All Healthcare Professionals Prior to Assignment into First Nations Communities*

If not provided along with guidance, the above Directives are available through the Regional Nursing offices.

- While in the community and in the workplace, **all health professionals** should limit their contact with community members and others (e.g., contractors and other health providers) and maintain physical distancing of 2 meters (6 feet). Where physical distancing is not practicable, a non-medical mask must be worn. While in the workplace, continue to use appropriate PPE for the task being conducted. Carry an adequate supply of PPE.



ANNEX A

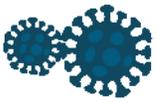
**Guidance for health professionals considering travel to First Nations
Communities to provide services – DECISION TREE****IMPORTANT CONSIDERATIONS:**

Air travel: A person who cannot self-isolate for 14 days prior to travel CANNOT use the ISC Collaborative Air Response Endeavour (ISC CARE) regularly scheduled charters for essential service providers. Guidance in this regard is available through ISC CARE.

Sickness while in community: Health professionals should establish a self-isolation plan with communities in case they become ill while in the community.

In determining whether to make available in-person services by travelling into a First Nation or Inuit community, the following points should be considered:

1. Do Provincial/Territorial regulations (e.g., re-opening plans) allow providers to carry out in-person services?
 - If YES, go to step 2.
 - If NO, in-person services cannot be provided. Provide services by virtual means or have client travel for urgent/essential, or non-essential services as permitted by local public health authority.
2. Can required services be provided by virtual means at this time?
 - If YES, virtual services should be used.
 - If NO, then go to step 3.
3. Is the number of clients and the urgency of in-person services at this time such that a provider travelling IN is preferable to clients travelling OUT to services (e.g., cost effectiveness, availability/willingness of provider to provide such services, multiple clients travelling out instead of one health professional travelling in)? Consider travel risk and implications for clients travelling OUT to services.
 - If YES, go the step 4.
 - If NO, consider having clients who need such services, travel out instead.
4. Does the Provincial/Territorial health professional college, regulatory body, or association have any recommendations or guidelines pertaining to provision of in-person health services and/or risk mitigation strategies? Further, can these requirements be met/adhered to in the facilities available to the provider in the service location? NOTE: It is health professionals and their employers' responsibility to be aware of such recommendations or guidelines.
 - If such recommendations would PERMIT the provider to travel to provide in-person services, then move to step 5.
 - If they DO NOT permit the provider to travel, then find telehealth alternatives or have client travel OUT to access services.



5. Did the health professional travel outside of the province or territory in the last 14 days?

- If YES, go to step 9.
- If **NO**, go to step 6.

6. Did the health professional travel to or reside in a community or geographic area with a known **outbreak** in the last 14 days, where they were likely exposed to a case or a close contact?

- If YES, go to step 9.
- If **NO**, go to step 7.

7. Has the health professional been exposed to COVID19 in the workplace in the last 14 days?

- If YES, go to step 9. Health professional would also still need to consider step 8 should further risk assessment be required.
- If **NO**, go to step 8.

In general, an **outbreak** can be defined as the occurrence of disease in excess of what would normally be expected in a defined community, geographic area and time interval. In practical terms, two or more cases of COVID-19 that can be epidemiologically linked to one another (i.e., associated by time and/or place and/or exposure) constitute an outbreak.

8. Will the health professional require an overnight in the community?

- If YES, go to step 9.
- If **NO**, go to step 11.

9. Can the health professional self-isolate for 14 days prior to travel in the community?

- Yes then go to step 11.
- **NO**, move to step 10.

10. Provide information to community leadership about the risks and benefits of allowing the health professional to enter the community without an isolation period.

- If the community **AGREES** to provider travel **IN** to the community, go to step 11.
- If the community **DOES NOT** agree to provider travel in, then find other means to offer these services or have clients travel **OUT**.

11. Does the community have a “lock down” Band Council Resolution (BCR) in effect that would prevent the provider from travelling into the community?

- If YES, and the community has weighed the risks and agreed to allow the provider into the community then a BCR should be requested verifying this agreement.
- If NO, make travel arrangements with community’s agreement.