



COVID-19 Regional Response Team Operational Supports Available

Contact Tracing and Case Management

SLFNHA's Preventing Infectious Diseases nurses will be reaching out to Nurses in Charge and Health Directors to establish community Preventing Infectious Diseases management teams to support case and contact management. These teams will involve the physicians, nurses, health director, and community health workers working together to support case management and contact tracing for COVID-19. Our nurses will work with the Nurse and Health director to identify who is on the team, define roles and responsibilities of team members, and provide training on how to do contact tracing, and establish a clear process for what happens when a case presents.

PPE and Cleaning training

SLFNHA will be posting powerpoints with videos on our website with instructions around PPE and cleaning. We also have a guidance document on PPE use, instruction cards for PPE, and cleaning checklists. We can put any/all of these on USBs and send to the community if internet is an issue. We can also provide virtual training (i.e. Zoom or OTN) on PPE and training.

Pandemic Plans

SLFNHA's CRRT can review your pandemic plan and provide input into how to strengthen your pandemic plan.

Emergency Operations

SLFNHA can support in any area of emergency operations or your pandemic plan. We can help in developing an incident command structure which is a framework or organizational structure to respond to COVID-19 and can also be used for other incidents. It includes components such as Operations, Logistics, etc, that is relevant to the community to ensure appropriate response to COVID-19. We can also explain SLFNHA's response structure (our IMS structure) and our Action plan and how it could link to community structure. For example, we could put your logistics person in direct contact with our logistics person, or your public health operations person in direct contact with ours, etc. We can talk about our SLFNHA response plan and how we plan to support communities throughout the pandemic. We can walk through an action plan checklist for different case scenarios (i.e. no cases, sporadic cases, cluster of cases, community-spread) to help you prepare to adjust your response based on risk.

Alternate Care sites

These refer to assessment, quarantine, and isolation sites. We can assess the functionality of these centres by referring to the WHO and Doctors without Borders technical guidance on re-purposing buildings to ensure minimum standards are met for items such as adequate ventilation, fire safety, water and sewage, electricity, etc. This could help you in narrowing down your options of which building to use. We can review floor plans and asset condition reports (if provided by the community/tribal council tech services) to ensure there are no deficiencies in the buildings being repurposed (e.g. some buildings may have HVAC issues, need windows replaced, minor electrical or



Sioux Lookout
First Nations
Health Authority

plumbing work, etc.). We can provide recommendations around the furniture and finishes used in these centres, such as dividers, are according to minimum requirements e.g. using plastic, not cloth material, no seams, no crevices, etc. We can provide guidance on IPAC requirements and operational considerations. We would look to work in-line with Tribal Council's technical services department to provide support together in this area.

Connect to other training and resources

SLFNHA can connect you to other organizations or people who can provide trainings and help coordinate (I.e. link with ISC EHOs to offer food safety training, link with Commissionaire's office to provide security training). If no trainings or technical support are available to meet the needs, SLFNHA may be able to develop additional trainings to fill gaps if there are no existing training or technical expertise resources available.

If an in-person trip is determined, we can connect to ISC or the Tribal Council Director of Nursing and bring them in person to work with nurses on their preparedness. This may include walking through the nursing station to ensure they have a screening process and clear "hot/dirty" and "cold/clean" areas with proper flow of patients to ensure that no patients that are suspected of COVID-19 come into contact with patients there for other reasons. This will depend on whether this preparedness work is already done or not and may not be needed.

Delivery Methods

Most support can be provided virtually. We can provide virtual support through videos, teleconferences, Zoom, or OTN.

We can also provide support in person options. This is especially helpful, but not required, for alternate care sites. We would charter a flight into the community for a day-trip via Skycare or community's required airline. We can do follow-up trips if possible. Teleconferences will be needed before for planning and after for follow-up. A report for each trip will be compiled and returned to the community pandemic planning team and Chief.

Travel Protocol

Due to the number of communities we need to support, we are unable to have our staff self-isolate for 14 days before entering the community. We will also be doing day trips, so we will not be able to self-isolate in the community for 14 days. We recognize the Band Council Resolutions in place and will not come into the community unless supported by the Chief in Council.

All personnel who travel will be respectful of public health guidelines. They will self-monitor for symptoms and will not travel if they have any signs or symptoms of COVID-19. SLFNHA personnel will answer a self-screening questionnaire within 24 hours of the trip to ensure we are not presenting a risk to communities. If staff attend from ISC or the Tribal Council they will follow their own travel protocol (ISC has self-screening requirement as well, we will clarify Tribal Council protocols prior to the trip). We will limit our number of people travelling to 5-7 people and only those needed to support the trip or who are being trained to provide the services. Personnel will bring hand sanitizer with them and use it frequently throughout the trip, including before getting into a community vehicle. Personnel will wear



Sioux Lookout
First Nations
Health Authority

masks while on the plane as per airline requirements. If requested by the community, personnel will wear masks for the duration of the trip except when eating or drinking. Personnel will maintain at least 6ft of distance from each other and community members, whenever possible.