

## COVID-19

### Manitoba Restart Strategy:

#### Understanding the Implications for First Nations Communities

The following list of questions and answers is meant to provide public health information and guidance to First Nations communities as they consider the ongoing and possibly changing risks of COVID-19 transmission in their communities. It is intended to provide assistance as they deliberate on the public health measures they have or are considering putting in place.

**1. What is the province's best guess of what is going to happen to COVID-19 rates after the restart strategy launches on May 4<sup>th</sup>?**

While the province is looking at the experience of other jurisdictions and modelling information, it is unknown exactly how rates will change over time. It is likely that the number of new cases we see each day will go up, and we might see that within about 2-3 weeks given the incubation period (the time from when someone is exposed to the virus until they develop symptoms from it) of COVID-19. This is why there will be three to four weeks between when the first phase starts on May 4<sup>th</sup> and when the next phase starts. It is also why we all need to be aware that if the results aren't favourable towards the end of phase one that there may be a delay in further easing of public health measures or even reintroduction of some public health measures.

The public health measures that remain critical in keeping spread of COVID-19 low during phase one include keeping gatherings to under 10 people, frequent hand hygiene, physical distancing, and staying home as much as possible.

**2. What does this mean for the risk of COVID-19 spreading to First Nations communities in the South?**

The risk to Southern First Nations communities that have road access will depend on the amount of community transmission of COVID-19 in the surrounding areas and how much travel between the community and surrounding areas that there is. Right now, while case numbers are low, the risk in Southern First Nations communities is also low. We will have to pay attention over time to the case numbers and for evidence of community transmission over the coming weeks and months to be able to identify when those risks might be changing.

### **3. What does this mean for the risk of COVID-19 spreading to First Nations communities in the North?**

The risk to Northern First Nations communities that have road access will depend on the amount of community transmission of COVID-19 in the surrounding areas and how much travel between the community and surrounding areas that there is. Right now, while case numbers are very low in the North, the risk in Northern First Nations communities is also low. We will have to pay attention over time to the case numbers and for evidence of community transmission over the coming weeks and months to be able to identify when those risks might be changing.

For fly-in communities the risk is even lower at this time given that there are less opportunities for exposure to COVID-19. Ongoing risk assessments for people coming in to the community such as health care providers will help keep this risk low. Even for people traveling out for medical appointments in Winnipeg right now, overall the risk is low because of low case numbers. This again is something that we will need to monitor over the coming weeks to be able to identify when those risks might be changing.

### **4. How is the province going to monitor the situation and decide on whether there can be further loosening of measures or whether more restrictions need to be put back in place?**

The province will be monitoring a number of different factors which include:

- The number of new cases reported daily.
- The number of people with symptoms presenting for testing and testing capacity.
- The number of people in the hospital and in the ICU and the number of available hospital beds and ICU beds.
- The presence of any outbreaks in vulnerable settings such as personal care homes.
- The capacity of the public health workforce to identify cases, contacts, and carry out the appropriate public health management including isolation.

These factors will be used to inform the public health advice that will guide future action.

## **5. What factors should communities consider when deciding whether to lift their own travel bans or lockdowns?**

Communities should consider the same type of information that the province will be monitoring and the recommendations or guidance that is provided by provincial, regional and/ or FNIH public health. The public reporting of the number of cases by region will be important in assessing the risk that might be related to regional travel. When the combination of case numbers, hospitalizations, calls to Health Links or in person visits for symptoms that could be COVID-19 are all low, then the risk of being exposed to COVID-19 by traveling out of the community is also low.

It is also important to consider the risks and the downsides of lockdowns. In many settings worsening mental health has been reported from isolation and lack of connection with friends, family or other loved ones. People may struggle to access services and supplies. There have been reported increases in intimate partner and family violence. Loosening restrictions when the risk of COVID-19 is low, while continuing to stress the importance of physical distancing and hand hygiene, can help lower some of those other risks to health and well-being.

## **6. What is the role of testing in guiding the restart strategy?**

Testing people who have symptoms that could be from COVID-19 (including fever, new or worsening cough, shortness of breath, sore throat, muscle aches, runny nose, diarrhea, loss of taste or smell) is a really important part of the restart strategy. We want to have testing as widely available as possible so that we are able to find new cases if they appear.

Finding cases means that public health can follow up promptly with the case and their close contacts and provide instructions and support needed for isolation. This is critical for limiting the spread of the virus.

## **7. Is there a role for testing people who don't have symptoms?**

Currently testing is available in Manitoba for anyone who has symptoms that could be related to COVID-19. The focus is on testing people with symptoms because this is where the test is most useful. The test is much less reliable at picking up the virus in people who don't have symptoms, and this can lead to a false sense of security if it comes back negative. If someone has had close contact with someone who has COVID-19 and they didn't have symptoms, they would need to self-isolate for 14 days even if they had a negative test.

At this point in time there is a very limited role for testing people who don't have symptoms and only under the guidance of public health in specific circumstances.

Testing criteria and testing methods are continually developing and evolving, so this could change in the future.

**8. How will an increase in testing work? Will Nursing Stations be able to meet an increased demand for testing?**

Currently the number of tests being done in Manitoba, including in Nursing Stations, is below the capacity of what our supplies and labs can do and so yes, the Nursing Stations will be able to meet the demand for more tests than what they are doing now. It is encouraged that people who have symptoms that could be from COVID-19 call their Nursing Station, clinic, or Health Links for instructions on how to go in for testing.

**9. What are the opportunities to increase testing availability in Southern communities with health centers?**

As with other primary care needs, most Southern communities will be working with their RHA partners to facilitate access to testing. Communities that have further distances from RHA sites, have nursing staff that can collect the NP swab, and have a primary care provider such as a physician or nurse practitioner who can be involved may be able to work with FNIHB and provincial or RHA partners to set up a testing option in the community.

**10. If people are being tested in a facility outside of the community and needs support to self-isolate, how will the appropriate person in the community be notified so that they can provide assistance?**

There is not a process in place to notify a community if one of their members makes arrangements directly with the RHA to be tested for COVID-19. Whenever someone presents with symptoms for testing they are provided with general information about self-isolation. If the person is developing these symptoms after being in close contact with someone with COVID-19 public health would already be involved with the person and can provide the support needed.

Your community might proactively provide members with information about community planning or options for self-isolation and contact information for how to access this support if it's needed. You might consider providing this information to your RHA partners so that they can provide it to people from your community who go there to get tested. You also might consider providing it to organizations like FNHSSM, AMC, MKO

and SCO who have websites and apps to share information about COVID-19 with community members.

MKO: [info@mkonorth.com](mailto:info@mkonorth.com) SCO: [info@scoinc.mb.ca](mailto:info@scoinc.mb.ca)

AMC: [info@manitobachiefs.com](mailto:info@manitobachiefs.com) FNHSSM: [covid19@fnhssm.com](mailto:covid19@fnhssm.com)

**11. What information will community leaders have access to in order to guide their decisions about public health measures at the community level?**

In addition to the provincial and regional information that is referred to above in questions 4 and 5, there has been a significant amount of work done under the guidance and leadership of the Health Information Research Governance Committee and First Nations Health and Social Secretariat team members to ensure that First Nations specific information is available.

Following all relevant privacy standards, we will have available regular reports on the numbers of cases in First Nations at the provincial, regional and Tribal Council level, information about testing volumes and sites, number of hospitalizations and ICU admissions, and number of contacts of cases.

Community leaders will be able to use this information in consulting with public health partners to make decisions about public health measures at the community level.

**12. What opportunities will there be for Northern community leaders to have input into the decision-making about when to lift the travel restriction for the North?**

Input into the public health recommendations regarding the Northern travel restriction could be given during the daily meetings between community leaders and ISC. There is a regular meeting between Senior Leadership of the Manitoba First Nations COVID-19 Coordinated Response Team, Shared Health, FNIHB, Manitoba Health, and the University of Manitoba Rady Faculty of Health Sciences, and community input could also be discussed there.

There may also be opportunities for direct communication between political leaders.

**13. Under the current Public Health Order, what travel is permitted for Northern residents?**

Northern residents can travel within Manitoba without the requirement to self-isolate after travel, but this should be limited to essential travel only. Some communities have

enacted other travel restrictions, however these are not part of the provincial public health order.

Travel outside of the province isn't restricted, however people do need to self-isolate for 14 days when returning from out of province travel.

**14. If someone from the North travels below the 53<sup>rd</sup>, do they need to self-isolate for 14 days when they return to the North?**

There is no Public Health Order to self-isolate following travel within Manitoba, even if the travel was for medical reasons. People who do need to travel should be diligent with physical distancing and hand hygiene during and after travel. Anyone who develops symptoms should call their local health facility for instructions about testing and self-isolation.

Some communities have asked that their members self-isolate following travel outside of the community and this has been an effective part of preventing COVID-19 spread in First Nations communities in Manitoba. Community leaders are encouraged to work with provincial/ regional/ FNIH Public Health in deciding whether such restrictions should continue, and if not when they might need to be implemented again.

**15. What factors should be considered by community leaders when they are deciding whether or not their community members should be required to self-isolate if they travel outside of the community and then return?**

The same type of factors that will guide decisions about travel restrictions and the restart strategy that are listed in questions 4 and 5 can also inform decisions about self-isolation for asymptomatic people who are returning from travel. The risk of bringing COVID-19 into the community through travel that would be mitigated by requiring travelers to self-isolate has to be balanced with the risks of self-isolation which can include, among other things, impacts to mental health, impacts to family well-being or care-taking roles, and impacts to ability to work.

When travel is to surrounding regions or areas where the risk of exposure to COVID-19 is low, self-monitoring with diligent hand hygiene and physical distancing may be sufficient. These decisions can be made in consultation with provincial/ regional/ FNIH Public Health.

## **16. What is self-monitoring? When is self-monitoring more appropriate than self-isolation after travel outside of the community?**

Self-monitoring involves the person taking their temperature twice daily and monitoring for other symptoms of COVID-19 such as cough, fever, and shortness of breath for 14 days. People who are self-monitoring do not need to self-isolate in the home, but should stay home as much as possible. If someone is self-monitoring and develops any symptoms they should call the health facility in the community and be provided instructions on how to be tested.

Self-monitoring can be more appropriate for people who have traveled within the North or to other parts of Manitoba where currently the risk of exposure to COVID-19 is lower than it is for travel outside of Manitoba. The decision about requiring community members who have traveled outside of the community to self-monitor instead of self-isolate can be made in consultation with provincial/ regional/ FNIH Public Health.

## **17. What supports are going to be available to communities that need help if/ when COVID-19 enters and is spreading in the community?**

Supports are available through the FNIH Public Health Regional Office and may also be available through Tribal Councils. In addition, the Manitoba First Nations COVID-19 Coordinated Response Team has been working collaboratively with provincial, federal, and university partners to develop enhanced supports for First Nations communities when the local capacity is stretched by COVID-19 public health or primary care needs. More information about these supports will be coming soon.

Indigenous Services Canada (ISC) – First Nation Inuit Health Branch (FNIHB) COVID-19 email: [sac.covid-19fnihbmb.isc@canada.ca](mailto:sac.covid-19fnihbmb.isc@canada.ca)