Creating Community Space for COVID-19: Proposal Guidance

Background

Since the start of the pandemic, Indigenous Services Canada (ISC) has been working with communities to ensure they have what they need to prepare for COVID-19 and prevent its spread.

Communities may need to acquire temporary spaces/structures to screen, swab and house residents who need to isolate and cannot safely isolate in their homes, including individuals:

- showing symptoms of COVID-19;
- who have tested positive for COVID-19.
- who may have been exposed to COVID-19;
- who have recently travelled; or
- who belong to high-risk groups such as elders.

Other temporary space may be needed to accommodate health professionals or paraprofessionals deployed to the community.

Note: permanent solutions or solutions that do not fall under the <u>health infrastructure support authority</u> are not eligible for funding (i.e. housing).

Regional teams were put together to support community needs. It comprises national and regional representatives from the Capacity, Infrastructure, and Accountability Division (Capital), Office of Primary Health Care (Primary Care), and Environmental Public Health Office (EPHO). This group supports communities across Canada (Atlantic Region, Quebec, Ontario, Manitoba, Saskatchewan, and Alberta) to identify:

- space needs;
- recommendations for materials, supplies, and services (e.g. sewer, water, electricity);
- processes to acquire movable and temporary structures; and
- processes to respond to proposals in a comprehensive and timely manner.

Proposals from communities with COVID-19 cases, or those located close to communities with COVID-19 cases, will be prioritized as a delay in action could jeopardize human life or pose a serious health risk.

Surge health infrastructure: approaches

Each community will complete and submit a proposal to its ISC regional office to access <u>additional</u> <u>public health support</u>. Once the proposal is reviewed and if it is approved, based on requirements outlined in Appendix A, the regional ISC office will provide the funding through an amendment to the community's existing contribution agreement (the community will own the asset).

If the community requests that the national office procure the structure(s), the national office will collaborate with Public Services and Procurement Canada through a sole-source contract or request for proposals.

A list of specifications has been developed that can be shared with vendors (see Appendix B). These can be modified to meet the needs of each community. Four types of approaches can be considered:

Approach 1: deploy a temporary mobile structure from regional stockpile

The community can deploy a temporary mobile structure from the regional stockpile, if one is available to respond quickly to urgent needs.

Approach 2: retool existing buildings

The community can identify existing buildings, such as community halls, arenas, youth centre, or band offices that can be temporarily re-tooled to support surge health infrastructure needs, if they do not have an urgent need for a temporary mobile structure from the stockpile. Do not select schools or other buildings that may re-open during the pandemic in response to a change in public health guidance. Once the space is re-tooled, it should be dedicated as a public health space.

Approach 3: buy a temporary mobile structure

If no suitable existing building or stockpile structure is available, the next approach is to buy a temporary mobile structure and have it delivered and installed.

Approach 4: rent hotel or other space

Hotel and space rentals are usually not cost-effective, and will not result in communities owning surge infrastructure for future crises. Therefore, proposals to rent will be considered for remote and isolated communities only when all other options have been exhausted.

If possible, costs related to the following should be included as a part of the proposal:

- Site preparation, transportation, and installation;
- Infrastructure supports and wrap-around services, like storage containers, generators, outdoor lighting, fencing, temporary hand washing stations, portable washrooms, or hazardous waste disposal and environmental assessment; and,
- Ongoing operations and maintenance and disassembly.

Note: First Nations funding recipients are responsible for determining their insurance needs.

Ordering primary care equipment and supplies

- 1. The community completes a <u>Master Order Form</u> identifying the proposed equipment and supplies, with a cost breakdown.
- 2. The community submits the form to their regional primary care liaison through their regional office.
- 3. If a regional office or the national office makes an order, a contract will be put in place based on the community's need for supplies and equipment.
- 4. Once the supplies and equipment arrive, the ordering regional or national office will ship them to the community.

After the pandemic

- Mobile structures funded through contribution agreements will belong to the community. These
 structures are a long-term investment that provide the necessary space during the current
 pandemic, and can be used during other communicable disease outbreaks and natural disasters,
 such as floods.
- BluMed units that are purchased by the national office will belong to the Government of Canada.
- The national office is working on determining if and how mobile structures purchased by the national office will be transferred to the community.

If you have any questions, please contact your Regional Office.

Appendix A: Required information in proposals

Retooling of existing community space that will not re-open during pandemic	Deployment of mobile structure from stockpile	Purchase, delivery, installation of mobile structure	Rental of hotel or other space
 ✓ Community name ✓ Population size ✓ Fly-in or road access ✓ Purpose of the space (screening/triage, isolation or accommodation) ✓ Approved by community leadership ✓ Reasonable cost proposal ✓ The space will not re-open during pandemic (schools should not be re-tooled) ✓ Capacity of the space (number of occupants) ✓ Dimensions of rooms ✓ Equipment included ✓ Hard or soft walls ✓ If the community has been previously funded for surge infrastructure (retooled or mobile structure) for the same purpose, it is in use at full capacity 	 ✓ Community name ✓ Population size ✓ Fly-in or road access ✓ Purpose of the space (screening/triage, isolation or accommodation) ✓ Number of units requested ✓ Approved by community leadership ✓ Reasonable cost proposal ✓ No suitable community spaces are available for retooling ✓ The structure being requested is available in the regional stockpile ✓ Costs for infrastructure supports have been examined 	 ✓ Community name ✓ Population size ✓ Fly-in or road access ✓ Purpose of the space (screening/triage, isolation or accommodation) ✓ Number of units requested ✓ Approved by community leadership ✓ Reasonable cost proposal ✓ No suitable community spaces are available for retooling ✓ If the community has been funded previously for surge infrastructure (retool or mobile structure) for the same purpose, it is already in use at its full capacity ✓ Regional stockpile has been depleted of all structures, or that specific type of structure (i.e. for screening/triage, isolation, or accommodation) is no longer available ✓ The community is not part of an aggregate stockpile solution or the type of structure (i.e. for screening/triage, isolation, or accommodation) is no longer available in the stockpile ✓ Costs to prep a site, transport, and install a mobile unit in the community and infrastructure support costs have been examined 	 ✓ Community name ✓ Population size ✓ Purpose of the space (screening/triage, isolation, or accommodation) ✓ Approved by community leadership ✓ Reasonable cost proposal ✓ Remote or isolated community ✓ All other surge infrastructure options have been exhausted

Appendix B: Specifications

These specifications are provided only as guidance, and can be tailored to meet the community's needs.

Mobile units for pre-screening/triage:

- be easily and quickly deployable to remote and isolated communities;
- be packaged to allow transportation by air cargo on a small aircraft (Twin Otter), or by truck;
- be quick and easy to assemble, but strong enough to provide clinical space year-round;
- be able to withstand extreme weather conditions, including blizzards, snow load, heavy rainfall, temperatures as low as -50°, and wind gusts;
- be large enough to accommodate cots for 8 to 10 clients, allowing 6 feet of distance between patients and staff;
- have a rigid floor with a high-traffic, non-absorbent, non-slip surface, or a heavy-duty non-slip easily cleaned vinyl floor (to ensure conditions are as close to sterile as possible);
- have its own available power, e.g. electric or diesel, AND be able to connect to on-site power grid and supply 1000 watts to equipment;
- be equipped with indoor lighting, and HVAC;
- be equipped with plumbing, and include one washroom with toilet and sink;
- include potable and/or wastewater tanks, as necessary;
- be installable on slightly uneven ground, including on concrete, an asphalt parking lot or raw dirt;
- be equipped with an access ramp at entry and exit points;
- be relocatable for multi-use application.

Mobile isolation unit (accommodation style):

- have a floor plan allowing at least 6 feet of distance between clients and staff;
- be easily and quickly deployable to remote and isolated communities for long-term residence;
- be packaged to allow transportation by air cargo on a small aircraft (Twin Otter) or by truck.
- include at least:
 - 3 bedrooms with beds and bed frames;
 - o a furnished kitchen, including stove, refrigerator, and potable water sink; and
 - 1 or more bathrooms equipped with toilet, sink, and shower;
- be equipped with HVAC;
- have any type of floor with a high-traffic, non-absorbent, non-slip surface (carpet is not acceptable);
- · have lighting in each room;
- be able to connect to on-site power grid and supply all electrical appliances and lighting;
- be equipped with plumbing to support kitchen and washroom;
- include potable and/or wastewater tanks, as necessary;
- be able to withstand extreme weather conditions, including blizzards, snow load, heavy rainfall, temperatures as low as -50°, and wind gusts;
- be installable on slightly uneven ground, including on concrete, an asphalt parking lot or raw dirt;

be equipped with an access ramp at entry and exit points.

Mobile accommodation units:

- have a floor plan allowing at least 6 feet of distance between clients and staff;
- be easily and quickly deployable to remote and isolated communities for long-term residence:
- be packaged to allow transportation by air cargo on a small aircraft (Twin Otter) or by truck.
- include at least:
 - 3 bedrooms with beds and bed frames;
 - o a furnished kitchen, including stove, refrigerator, and potable water sink; and
 - o 1 or more bathrooms equipped with toilet, sink, and shower;
 - o 1 communal area with table and couch, and
 - o Laundry, including washer and dryer;
- be equipped with HVAC;
- have any type of floor with a high-traffic, non-absorbent, non-slip surface (carpet is not acceptable);
- · have lighting in each room;
- be able to connect to on-site power grid and supply all electrical appliances and lighting;
- be equipped with plumbing to support kitchen and washroom;
- include potable and/or wastewater tanks, as necessary;
- be able to withstand extreme weather conditions, including blizzards, snow load, heavy rainfall, temperatures as low as -50°, and wind gusts;
- be installable on slightly uneven ground, including on concrete, an asphalt parking lot or raw dirt;
- be equipped with an access ramp at entry and exit points.