

Guidance on Re-Opening Northern, Remote, Isolated, and Indigenous Communities

June 30, 2020

**Task Group on Guidance on Lifting of Restrictive Public Health Measures
for Northern, Remote, and Isolated Indigenous Communities**

Preface

This document draws upon the April 30, 2020, recommendations from the Public Health Agency of Canada (PHAC) Federal/Provincial/Territorial (F/P/T) Special Advisory Committee (SAC) on COVID-19¹ for *Lifting of Restrictive Public Health Measures*² and provides additional guidance for adapting the recommendations in a northern, remote, isolated and Indigenous³ community context. First Nation, Inuit and Métis National Indigenous Organizations were engaged in the development of this document.

This document is based on currently available scientific evidence and public health assumptions regarding COVID-19 and is subject to change as new information emerges, experience is gained with lifting restrictions in some jurisdictions, or treatment options or vaccines become available. This document should be read in conjunction with relevant F/P/T and local legislations, regulations, policies and guidance (refer to appendix A and B to relevant links at the time of the writing of this document).

To ensure this document is widely distributed, it will be shared with the members of the F/P/T SAC on COVID-19 and the Public Health Working Group on Remote and Isolated Indigenous Communities. The document will also be publically available online on the National Collaborating Centre for Indigenous Health website⁴.

¹ [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

² <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/recommendations-lifting-restrictive-public-health-measures.html>

³ Indigenous peoples is a collective name for the original peoples of North America and their descendants such as First Nations, Inuit, and Métis

⁴ www.nccih.ca

Forward

The Task Group on Guidance on Lifting of Restrictive Public Health Measures for Northern, Remote, and Isolated Indigenous Communities (Task Group) was assembled to provide insight and contextual considerations on the challenges of re-opening these communities given their realities are often different from those in the rest of Canada.

As the Co-chairs of the COVID-19 Public Health Working Group on Remote and Isolated Communities, we would like to express our gratitude to the members of the Task Group for their efforts and for producing this document. These dedicated people volunteered their time and expertise during the COVID-19 pandemic that has already put an extraordinary pressure on those involved with the health care system and Indigenous organizations. Below are the Public Health Working Group on Remote and Isolated Communities member organizations, health authorities and government partners who extend their thanks to the Task Group.

Assembly of First Nations

Council of Yukon First Nations

Dene Nation

Department of National Defence

First Nations Health Authority

*Government of Newfoundland and
Labrador*

Government of Northwest Territories

Government of Nunavut

Government of Yukon

Indigenous Services Canada

Inuit Tapiriit Kanatami

Métis National Council

*National Collaborating Centre for
Indigenous Health*

Northwest Territory Métis Nation

*Nunavik Regional Board of Health and
Social Services*

Public Health Agency of Canada

Co-Chairs of the COVID-19 Public Health Working Group on Remote and Isolated Communities

Kluane Adamek
Yukon Regional Chief,
Co-chair of the Chiefs
Committee on Health,
Assembly of First Nations

Dr. André Corriveau
Public Health Specialist,
Special Consultant to
Indigenous Services Canada

Dr. Tom Wong
Chief Medical Officer of
Public Health,
Indigenous Services Canada

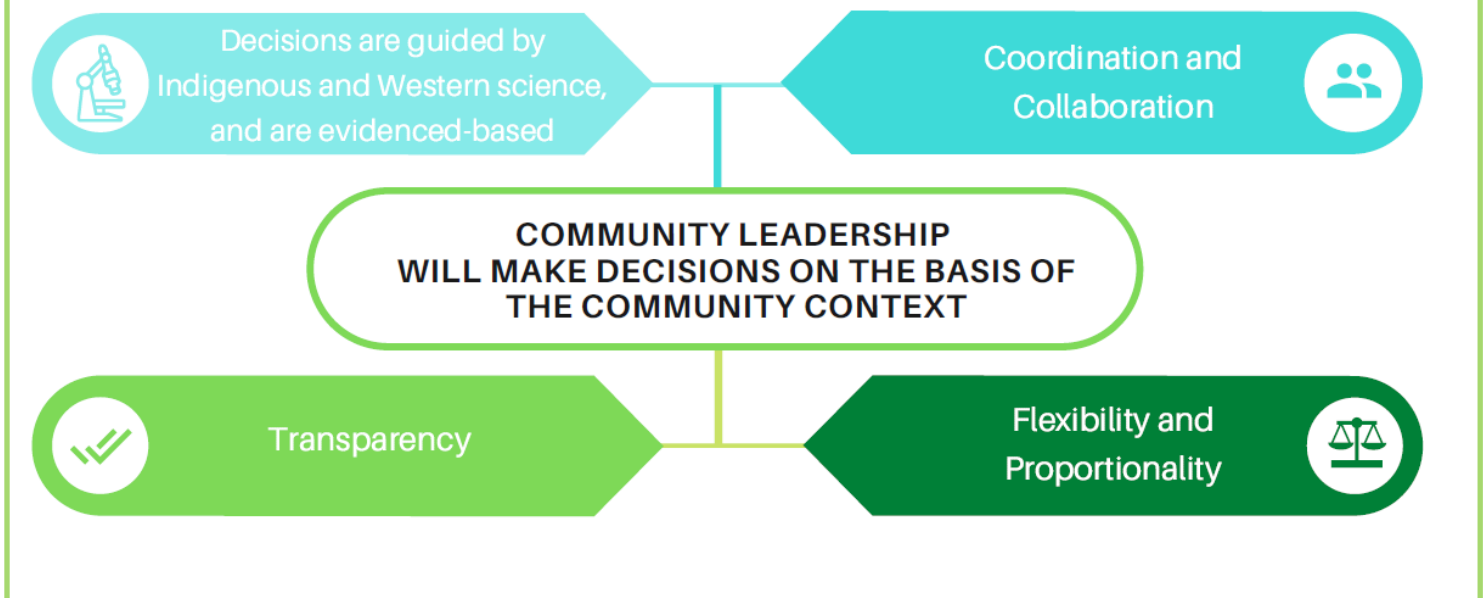
Contents

Preface	i
Forward	ii
Framework for Re-Opening	iii
Introduction	1
Purpose	1
Principles	2
Core Personal Public Health Measures	3
Public Health Measures in a Northern, Remote, Isolated, and Indigenous Communities Context	4
Criteria and Indicators for Re-opening	9
Managing Spread in the Workplace	13
Phased Re-Opening	14
Glossary of Acronyms	17
Annex A: Guidelines and tools for specific settings by province and territory	18
Annex B: Other Useful Links Related to Re-Opening	24
Annex C: Members of the Task Group on Guidance on Lifting of Restrictive Public Health Measures for Northern, Remote, and Isolated Indigenous Communities	26
Annex D: Indigenous Organizations, Committees, and Federal Government Areas Engaged in the Development of this Document	27



Framework for Re-Opening Northern, Remote, Isolated, and Indigenous Communities

PRINCIPLES FOR RE-OPENING



CRITERIA AND INDICATORS FOR RE-OPENING



Communities are engaged and empowered to adjust to the new normal

- Communications strategy in place



COVID-19 transmission is controlled

- Number of cases, hospitalizations, intensive care admissions and deaths per day
- Reproduction number, absolute and relative changes in cases, hospitalizations and deaths



Sufficient health system and public health capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating the vast majority of cases, irrespective of severity and origin

- Testing capacity
- Resources to trace contacts
- Ability to isolate all cases
- Ability to quarantine all contacts



Incidence of new cases should be maintained at a level that the health system can manage including substantial clinical care capacity to respond to surges

- Critical care capacity
- Availability of personal protective equipment



Outbreak risks in high-vulnerability settings are minimized

- Number, size, and status of outbreaks and cases in high vulnerability settings



Workplace preventive measures are established

- Availability of guidance for workers and employees to prevent transmission of COVID-19 in the workplace
- Number of workplace outbreaks



Risks of imported cases are managed

- Number of travel-related cases

Introduction

The Task Group on Guidance on Lifting of Restrictive Public Health Measures for Northern, Remote, and Isolated Indigenous Communities (Task Group) was set up by the COVID-19 Public Health Working Group on Remote and Isolated Communities for the purpose of providing insight on the challenges of re-opening these communities given their realities are often different from those in the rest of Canada. The Task Group members (listed in appendix C) hope that these recommendations may be of use by Indigenous communities and the Working Group members in their respective spheres of influence to promote and implement safe re-openings that respect the decision of community leaders. First Nation, Inuit and Métis National Indigenous Organizations and Indigenous Services Canada were also engaged in the development of this document (listed in appendix D).

Purpose

The Public Health Agency of Canada (PHAC) has developed a guidance document to navigate a “new normal”⁵, in transitioning to living safely with COVID-19 until an effective vaccine and/or therapeutics are discovered and available. The document includes helpful, practical guidance on gradually lifting restrictive public health measures, highlighting a pan-Canadian approach. However, the realities for First Nations, Inuit, and Métis peoples in Canada are often very different from those in the rest of Canada and require special focus.

This document is intended to provide First Nations, Inuit, and Métis leadership and governments with guidance and support in the planning and decision-making around the safe re-opening of their communities. It is not meant to be prescriptive nor directive, but rather to serve as a potential tool for decision-making. This document will be updated according to ongoing input from Indigenous partners and may be utilized and/or adapted for various planning purposes.

While the PHAC document serves as the foundation for this guidance document, in particular the components of evidence-based public health guidance, this document is intended to reflect the unique realities, cultures, and lived experiences of First Nations, Inuit, and Métis peoples in Canada. This document primarily focuses on guidance to re-open northern, remote, isolated, and Indigenous communities, but also speaks to the context for First Nations, Inuit, and Métis peoples outside of their home communities. While this document focuses on re-opening and relaxing public health measures, the guidance and recommendations can also be used as part of community planning to re-implement measures in the event of community outbreaks and/or for widespread resurgence of COVID-19 (i.e. ‘second wave’).

⁵ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/lifting-public-health-measures.html>

Principles

The framework for re-opening is guided by the same principles⁶ that underpin Canada's pandemic response activities and decision-making, recognizing the inherent self-determination of First Nations, Inuit, and Métis peoples:

Community leadership will make decisions on the basis of the community context

Provinces and territories may adopt different strategies, but ultimately communities will decide what is best for them, based on their unique local circumstances. Communities work with public health officials and relevant representational organizations to assess the risks and benefits of relaxing public health measures. Circumstances such as a community's geographic location (e.g. remoteness), regional epidemiology of disease, access to health care and other resources, population demographics, infrastructure, funding, internet access and connectivity, living conditions (e.g. housing, access to clean water), prevalence of community members who are at a higher risk due to underlying medical conditions, and cultural context are all important considerations when making decisions to relax or re-implement restrictive public health measures.

Decisions are guided by Indigenous and Western science, and are evidence-based

Decisions to ease and/or reinstate measures should be based on current public health situations as advised by public health officials and local Indigenous health professionals. Decisions will also be guided by Indigenous ways of knowing and doing, Indigenous perspectives, and historical knowledge.

Coordination and Collaboration

Strong coordination and collaboration between First Nations, Inuit, Métis, municipal, provincial, territorial, and federal governments and leadership is key to ongoing success. Communities are at the centre of the multi-sectoral coordination and collaboration required for re-opening, including all levels of government, representational organizations, education systems, industry, public health officials, health care systems, and other support organizations. Governments agree to support the continuation of supply chains across borders to maintain economic activity, access to protective equipment, and food security for all Canadians. Governments will continue to share information about challenges and opportunities. Indigenous communities may move forward with re-opening at different times and in potentially different ways than the provinces and territories, and so it will be important to maintain the coordination and collaboration that has taken place throughout the pandemic (e.g. consistent guidance on occupational health and safety requirements). Of note, some communities straddle the Canada-United States border and/or

⁶ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/ethics-framework-guide-use-response-covid-19-pandemic.html#a2>

provincial/territorial borders and so experience unique jurisdictional issues in which strong coordination and collaboration will be especially important.

Transparency

Data and information sharing and data ownership, in a way that protects personal privacy and does not lend to stigma, is critical to understanding the situation for Indigenous communities and peoples across Canada and is essential to informing efforts to re-open community services and segments of the economy. Data specific to First Nations, Inuit, and Métis is key to understanding the different impacts COVID-19 and public health measures may have on these communities.

Flexibility and Proportionality

Public health measures are intended to be flexible and based on community needs and strengths; as well as consider the proportional risks to public health, noting that these risks will change over time. This includes information on risks around the disease and health of all Canadians, as well as social and economic benefits to them. It also includes local and sectoral contexts (e.g. different workplaces, educational institutions, household compositions, and social and cultural activities). It is recognized that there will be differences within jurisdictions on approaches taken and that measures may need to be re-imposed if the understanding of the risks to public health changes.

Core Personal Public Health Measures

With no targeted therapies or vaccine available, core personal public health measures are fundamental in order to control the spread of the virus in the long-term. The following core personal public health practices are highly encouraged throughout all steps of the COVID-19 response:

- Staying informed, being prepared, and following public health advice, as well as adapting advice to community context and needs
- Promoting good hygiene practices and other infection prevention and control measures (hand hygiene, avoid touching face, respiratory etiquette - coughing into your arm, or tissue that is thrown out immediately after, disinfect frequently touched surfaces)
- Maintaining physical distancing as much as possible when outside of the home (i.e. from non-household members)
- Increasing environmental cleaning of one's personal environment
- Staying at home and away from others if feeling ill or symptomatic (i.e. not going to school/work and following jurisdictional/community/local public health advice)
- Staying at home as much as possible if at high risk of severe illness (i.e. older age or underlying health condition)
- Wearing a medical mask, or if not available a non-medical mask (NMM) or cloth face covering, if experiencing symptoms, and/or if you will be in close contact with others and/or going out to access medical care
- Considering the use of NMM in situations where physical distancing cannot be maintained
- Reducing personal non-essential travel

- Following jurisdictional/community/local, provincial, territorial, and federal travel restrictions

A culturally appropriate community communications plan related to the re-opening strategy will be helpful to engage and raise awareness among community members regarding their role to help reduce the risk of community transmission and protect members who may be at a higher risk for adverse outcomes associated with COVID-19. By adopting the public health practices outlined in the communications plan, community members will contribute to reducing the risks associated with re-opening throughout each phase of the re-opening strategy.

Public Health Measures in a Northern, Remote, Isolated, and Indigenous Communities Context

For Individuals

- **Physical distancing:**

Many community members are implementing personal physical distancing measures to their daily routines and traditional practices. Some have gone out on the land as a physical distancing measure; others are finding ways to adapt cultural ceremonies and events so that they are able to implement physical distancing recommendations. Communities may consider capturing data on the use of culturally relevant and land-based activities during the pandemic to determine whether there has been a change in use, and to capture innovations that might be happening at the community level.

- **Hand hygiene:**

Some households do not have access to water from a tap, which is a barrier to adequate hand hygiene. These households and communities require reliable access to alcohol-based hand sanitizer. Hand hygiene is an important core public health measure to prevent the transmission of COVID-19, and risk mitigation planning must consider hand hygiene in the context of these barriers. Communities should consider what measures are in place for access to clean water and hand sanitizer in communities with a water advisory and/or limited access to supplies (e.g. boil-water advisories, water is trucked in, households are rationing water).

- **Self-isolation and quarantine:**

As many northern, remote, and isolated First Nations, Inuit, and Métis communities experience overcrowded and poor housing conditions, the ability for people to self-isolate when suspected or confirmed to have COVID-19 can be more challenging. Overcrowded housing conditions also contribute to higher risks of transmitting the virus within the household. Community re-opening planning should consider the capacity in the community for members to safely self-isolate if an outbreak occurs. If there is limited capacity in the community, options to increase the availability of safe in-community self-isolation accommodations should be considered such as re-tooling/re-purposing an existing facility or bringing in mobile housing structures. The impacts and risks associated with self-isolation and quarantine should be considered especially for groups who may be more vulnerable,

including those with substance dependencies, mental health challenges, and those who experience domestic violence. Focused risk mitigation efforts should aim to protect these groups, who have intersecting vulnerabilities. Some existing support measures for these groups have been impacted by COVID-19 and subsequently will be affected by re-opening strategies.

For the Community

- **Essential travel:**

Even with restricted travel, some essential activities require travel in and out of the community or region, such as for medical appointments, midwifery/childbirth, food and supply delivery, and for health care personnel and other essential service workers who live outside, but work in First Nations, Inuit, and Métis communities. These scenarios require special considerations in community re-opening planning, taking into account options for self-screening and other public health measures, as well as level of risk related to where essential workers/community members are traveling from.

Over the course of the pandemic, community members who are living outside of the community may wish to return home. Community leadership should plan for these situations and consider protective measures such as screening and isolation guidelines for these members. Further, many community members conduct essential work outside of their communities, and so considerations should be taken for protecting these members and the wider community. Non-essential travel to some isolated regions may require strict isolation for 14 days prior to entry or upon return to a community.

Coordination and collaboration with provincial and municipal governments, Indigenous communities, as well as the Royal Canadian Mounted Police (RCMP) around checkpoints and other measures is also important to support communities around essential travel. Safe transportation for both essential service workers and community members is important to consider, including options for private transportation where needed.

- **Staffing:**

Where northern, remote, and isolated First Nations, Inuit, and Métis communities rely on healthcare providers and other workers travelling from outside communities, it is important to consider risks to public health and measures for reducing these risks, while taking into account the need to maintain a level of service delivery in communities. For example, triggers to re-open services may include the availability and capacity of staff, contingency plans for staff shortages, and surge capacity. Considerations for re-opening may also include the capacity and access to telehealth providers or other remote service delivery options.

The use of specialized staff that possess extensive awareness and experience working with Indigenous people and communities, such as cultural practitioners, should also be considered as a key component to improving the quality of health care provided to First Nations, Inuit, and Métis peoples. Continued efforts to recruit and retain Indigenous health workers is important in ensuring culturally competent and trauma-informed care.

- **Protecting populations who may be at a higher risk of COVID-19 and/or impacts of restrictive public health measures:**

Population risk factors are important considerations around planning for community re-opening. Generally, settings with populations who may be at a higher risk of severe outcomes will have stricter criteria for relaxing protective measures. For example, there have been strict rules implemented in long-term care facilities across the country to protect the older population, understanding that they are at a higher risk due to their age and underlying medical conditions.

Preliminary data⁷ indicates that First Nations children account for a higher proportion of reported COVID-19 cases in First Nations communities than that for the general Canadian children, and the risk is expected to increase as the seasons change and warmer weather increases the tendency to gather. However, as new information is being learned each day about the virus, information related to severity of symptoms in children and types of treatment needed and accessible in communities may also change.

People who have challenges with drug and alcohol dependency are also at increased risk of contracting and having complications from COVID-19, and this can negatively impact the wider community. Some people may increase their drug use in response to stress, which increases risk of overdose, or alternatively, not have access to their drug of choice, which increases the risks associated with withdrawal. During the pandemic, people who use drugs may not have access to their regular support systems and treatment services. These challenges are further associated with domestic and family violence and other impacts on the community.

Gender-based and domestic violence experienced by women and children may increase as a result of self-isolation and physical distancing measures, as well as heightened anxiety and significant financial stress.

Urban Indigenous peoples are also differentially impacted. Often, urban Indigenous peoples will travel back and forth from urban area centres to their communities to access a variety of services and maintain family connections. With provinces, territories, and communities restricting travel and closing borders, urban Indigenous peoples are left without culturally appropriate services and may experience an added sense of isolation.

Other groups that may be at a higher risk, or may be impacted differently, to re-opening measures include sex workers, individuals involved in the justice system, and children in care and their parents who may have limited access to seeing one another.

⁷ Indigenous Services Canada data presented to the Assembly of First Nations Chiefs Committee on Health, May 26th, 2020

Taking stock of community populations who may be at higher risk and the services offered in the community will help to reduce risks of COVID-19 when planning an approach to community re-opening. Identifying any unintended consequences of re-opening for these groups is also important for putting in place responsive measures to mitigate any negative impacts.

A gender-based analysis plus (GBA+) approach encourages thinking about how COVID-19 affects certain groups disproportionately⁸. When planning to relax or re-implement restrictive public health measures, community leadership should consider which groups in the community are impacted by COVID-19 and what these impacts are; how biological, social, economic and cultural factors shape experiences of COVID-19; which community institutions, sectors, and essential services are involved in the response; what barriers are experienced by diverse groups of people in accessing services, and how to mitigate these barriers and negative impacts for various groups.

- **Personal Protective Equipment (PPE):**

Northern, remote, and isolated First Nations, Inuit and Métis communities may also want to take stock of supplies and equipment available in their communities to ensure that services that are re-opening have access to required personal protective equipment (PPE) as necessary, including those services who previously did not require PPE and may be newly in need.

Prior to re-opening or expanding service delivery, there should be adequate, reliable, and sustainable access to PPE. Specific PPE needs will depend on the nature of services, the ability to implement administrative and engineering controls, and individualized point-of-care risk assessments. Community health leadership should review provincial/territorial guidance on PPE conservation methods, and ensure personnel are trained and knowledgeable in the appropriate selection and use of PPE.

- **Public Health and Social Measures:**

Throughout the pandemic, First Nations, Inuit, and Métis communities have implemented both small and large scale community-based public health and social measures such as geographical area quarantines, restricting movement in and out of community, and closure of businesses. However, as provinces and territories begin to lift their measures, existing community-based measure may become more restrictive than those imposed by provinces and territories. A community-level risk assessment to introduce, adapt, and/or lift community-based public health and social measures may be useful to balance the benefits, both social and economic, and the potential harms of adjusting these measures so as to not jeopardize the health of the community.

⁸ Women and Gender Equality Canada. *Top 10 Questions for Doing a GBA+ in the Context of COVID-19*.

- **Mental Wellness:**

Isolation and quarantine measures that are implemented during the COVID-19 pandemic can affect mental wellness. As public health measures start easing, it may also bring increased or renewed anxiety and stress to people. Considerations for mental wellness and traditional supports for community members in this transition period may help the community heal through these challenging times. Communities may wish to consider what supports and resources are currently available and how they may respond to concerns associated with re-opening. Those people who must travel outside of community and then are required to isolate for an extended period of time are likely to experience increased anxiety and stress, and may require additional mental wellness supports. Those with substance use and addiction challenges may need additional supports as services re-open. Added challenges may also exist in northern, remote and isolated communities such as flood and forest fire seasons should also be taken into consideration. Supporting family wellness, ensuring access to essential medication and mental health supports, and access to cultural supports and other counselling for potential grief and loss, family violence, and experienced racism is essential.

- **Communications Plan:**

Communities may consider a communications plan to inform community members, nearby communities, relevant industries, and provincial/territorial governments of the community's approach to re-opening to ensure early awareness and consistent messaging.

- **Unintended consequences:**

The current public health and lockdown measures were initiated by public health officials to interrupt transmission of the virus and to "flatten the curve". While these measures have been successful, there have been unintended consequences that may not be fully realized yet. Any decisions around re-opening must take into account these potential unintended consequences, such as economic impacts, a potential increase in infection and mortality rates, impacts on other health services and industries, as well as community and personal preferences.

Considerations for Various Service Areas and Settings

In addition to the general considerations outlined above, relevant federal, provincial, and territorial regulations, policies, and guidance may also be helpful when planning community re-opening and determining triggers for relaxing and/or re-implementing public health measures. A scan has been conducted to identify existing guidance documents in each province and territory, organized by various service areas/settings (*Annex A*), and other useful links with guidance related to re-opening (*Annex B*).

Communities are encouraged to develop and/or review re-opening plans specific to implicated service areas, as the planning needs will vary and there may be opportunities for collaboration. Service areas may include, but are not limited to:

- Health Services (primary care, home and community care, public health, environmental public health, residential care, mental health, crisis counselling, addiction services, etc.)
- Community Services (supportive housing, shelters, transportation, homemaking, respite care, food hampers, child and family services, etc.)
- School and child care settings (both within and outside of First Nations, Inuit, and Métis communities)
- Workplace settings (both within and outside of First Nations, Inuit, and Métis communities)
- Public gatherings
- Cultural ceremonies/gatherings and funeral services
- Transportation to and from northern, remote, and isolated communities

Criteria and Indicators for Re-opening

To help inform community decisions on readiness to lift or loosen various restrictive public health measures, the following are a set of data- and evidence-driven criteria and indicators. These criteria and indicators may also be used by each community in collaboration with public health officials to assess the need for re-introduction of specific measures in the event of localized and/or widespread resurgence of COVID-19.

Criteria: Communities are engaged and empowered to adjust to the new normal

Indicators:

- Communications strategy in place

Considerations for First Nations, Inuit, and Métis Communities:

- Communication strategies should be flexible and build off existing networks established in the community and the region, and may also consider new modes of communication if there are technological limitations within the community.
- Leadership may want to consider targeted communications to groups who may be at a higher risk within their communities (i.e. Elders, those with underlying health conditions, residential care).
- Considerations for the translation of materials for community members; and also, the option for developing targeted messages for different segments of the community (i.e. Elders and youth).
- Considerations for balancing personal privacy and the need to protect the health and safety of the community in an approach that does not lend to stigma.

Criteria: COVID-19 transmission is controlled

Indicators:

- Number of cases, hospitalizations, intensive care unit (ICU) admissions and deaths per day

- Reproduction number, absolute and relative changes in cases, hospitalizations and deaths

Considerations for First Nations, Inuit, and Métis Communities:

- Availability of indicator data that is relevant to the community beyond regional data, such as rates in nearby communities and closest cities providing hospital care and other higher levels of care to Indigenous community members.
- For First Nations on-reserve communities, this information is available through Regional Medical Officers and other public health officials.
- Regional/provincial/territorial public health officials should also be strongly encouraged to work with and take into consideration the unique realities in Indigenous communities.
- Awareness of outbreaks in nearby locations/industries/hospital/referral centres as soon as cases arise and before mitigation processes are enacted.
- Where applicable, availability of these indicators in the Indigenous language(s) relevant to specific communities.

Criteria: The incidence of new cases should be maintained at a level that the health system can manage including substantial clinical care capacity to respond to surges

Indicators:

- Critical care capacity
- Availability of PPE

Considerations for First Nations, Inuit, and Métis Communities:

- In deciding on re-opening measures, communities may want to consider the state of health care capacity, both in their community and also in the nearest hospital or referral centre.
- Communities should continue to engage with provincial and territorial governments to access their PPE stockpiles. If unable to access through provinces or territories or other suppliers, Indigenous Services Canada is able to provide PPE to communities for health services.

Criteria: Sufficient health system and public health capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating the vast majority of cases, irrespective of severity and origin.

Indicators:

- Testing capacity
- Resources to trace contacts
- Ability to isolate all cases
- Ability to quarantine all contacts

Considerations for First Nations, Inuit, and Métis Communities:

- Reliable and approved point-of-care testing to be accessible in or near communities to ensure timely access to testing results, when available in Canada.
- Improved pathways to laboratory testing until performance of point-of-care testing is well established.
- Resources for testing and contact tracing should be scalable and surge capacity readily available. Consider training additional testing staff and contact tracers who may not normally do this work but are familiar with the community.
- Alternate housing for isolation of cases in the community or for quarantine of contacts should be in place in order to reduce further transmission if the community experiences a surge in cases upon re-opening.
- Close collaboration with the Non-Insured Health Benefits (NIHB) program is important, as this program provides medical transportation in and out of northern, remote, and isolated Indigenous communities to access health services.

Criteria: Outbreak risks in high-vulnerability settings are minimized**Indicators:**

- Number, size, and status of outbreaks and cases in high vulnerability settings

Considerations for First Nations, Inuit and Métis Communities:

- Consideration of types of services delivered in community (e.g. long-term care home or senior's residence, women's or homeless shelter, addiction in-patient treatment facilities).
- Consideration of housing conditions and infrastructure (e.g. housing shortage, overcrowded housing conditions, access to clean water).
- Consideration of community demographics (e.g. number of Elders).
- Processes and procedures in place for timely detection and response to outbreaks in high-vulnerability settings.

Criteria: Workplace preventive measures are established**Indicators:**

- Availability of guidance for workers and employees to prevent transmission of COVID-19 in the workplace
- Number of workplace outbreaks

Considerations for First Nations, Inuit, and Métis Communities:

- Encourage that industries who conduct business within an Indigenous community or within close proximity to a community, or employ a high number of Indigenous peoples, to share their re-opening plans and protective measures with community leadership.

- Consideration of the ability of local businesses to safely enact and train personnel on preventative measures such as physical distancing, physical barriers, etc.
- Consideration of high-risk work camp settings associated with resource extraction work common for residents of remote communities.

Criteria: Risks of imported cases are managed

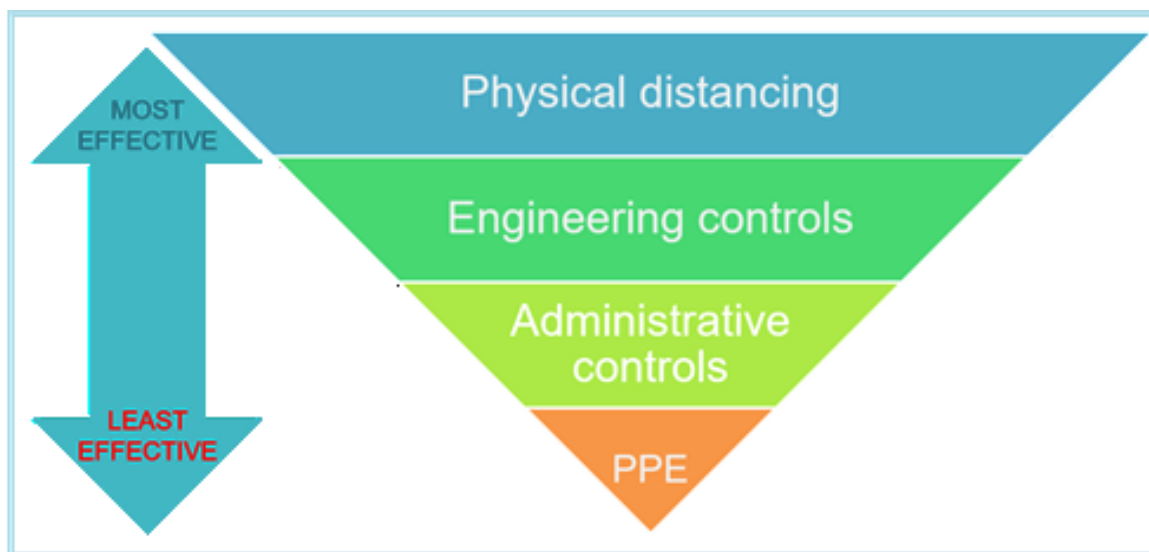
Indicators:

- Number of travel-related cases

Considerations for First Nations, Inuit and Métis Communities:

- Depending on decisions made by leadership, community border control may continue, even if regional or federal border control relaxes.
- Communities should remain vigilant and determine how and when they will re-open their borders and formulate an approach based on their risk assessments and the context in their community and surrounding area. Communities should be properly equipped with tools and information in order to make informed risk assessments and decisions.
- Consideration may be given how to support essential workers that need to travel in and out of the community, and how to support community members that work outside of the community.
- Individuals returning from a worksite, correctional facility, hospital, long-term care facility, or a geographic location with an outbreak need to quarantine for 14 days from last contact with that outbreak location/site upon entry or ideally before entering the community. Community leadership should consider isolation capacity in and outside the community and how these members may be best supported.
- Considerations may be given for off-reserve or outside-community members wishing to return to their home community, and also for individuals returning to community who may not have a permanent address.
- Those who have had contact with someone who has tested positive, is presumptive of having COVID-19, or under investigation of COVID-19 need to quarantine for 14 days from last contact upon entry or ideally before entering the community.
- A person who has tested positive, is presumptive of having COVID-19, or under investigation of COVID-19 need to isolate for 14 days before entering the community, if supported in surrounding municipality; otherwise, a safe plan for isolation in community should be laid out.

Managing Spread in the Workplace



In the context of COVID-19, physical distancing and effective hand and respiratory hygiene are the most effective strategies. This means, wherever possible, minimizing worker presence at the worksite and keeping workers at least 2 meters apart when they are present; and encouraging adequate hygiene practices. The application of the hierarchy of controls is a recognized approach to controlling the spread of COVID-19 in the workplace⁹. It includes physical distancing, engineering and administrative controls, and PPE, which will vary depending on the workplace setting and conditions.

Examples of engineering controls include physical barriers (e.g. high-walled cubicles, plexiglass/transparent barriers/shower curtains), limiting the need to touch common surfaces (e.g. placing paper towel near faucets, propping open doors, use of no-touch waste baskets with disposable liners), and ventilation (e.g. adjusting heating, ventilation, and air conditioning systems or opening windows).

Examples of administrative controls include implementing staggered work hours, placing appropriate signage and messaging around a workplace, and having electronic meetings instead of in-person.

PPE controls are the lowest and last level of the hierarchy and should not be relied on as a stand-alone control method, but rather used as a last step in concert with the controls above it, if needed. Communities may also want to track workplace outbreaks as an indicator of the effectiveness of implementation of these measures over time, and to support decisions to adjust measures if needed.

⁹ [https://www.ccohs.ca/bestpractice/resources/1089-COVID-19---Hierarchy-of-Controls-\(1\).pdf](https://www.ccohs.ca/bestpractice/resources/1089-COVID-19---Hierarchy-of-Controls-(1).pdf)

Phased Re-Opening

Indigenous community leadership may wish to consider a phased approach to re-opening or restarting activities in the community, considering the criteria listed above. It is important to consider the context of how the community interacts within the relevant larger jurisdictional re-opening approaches of provinces and territories and in nearby communities. PHAC has developed a set of areas of suggested activities that may be considered in the first phase of reopening, described below. These particular activities have been identified for the following reasons: their interconnectedness with other measures (e.g. work and childcare); feasibility of physical distancing and required conditions; seasonality; need to reduce unintended consequences of restrictive measures and ability to decrease societal disruption; and stimulate economic activity.

Specific conditions for the lifting of the restrictive measures have been recommended for each of the five first step activities. These conditions or modifications help to reduce the spread by limiting contact intensity and number of contacts. Meeting the following conditions will increase the ability to mitigate the risks associated with lifting measures. Based on the seven criteria and indicators discussed above, communities may consider beginning with the following five activities below to lifting the restrictive public health measures:

A) Some non-essential businesses able to open

- Core personal public health measures supported to the greatest extent possible (e.g. provide hand hygiene stations, doors propped open, no-touch waste containers with a disposable liner)
- Maintain physical distancing whenever possible (e.g. telework when possible, signage, floor markings, appropriate spacing of restaurant tables)
- Efforts are made to prevent the entry of sick individuals (e.g. signage about not entering if symptomatic at entrance to business or when booking appointment)
- Employ physical barriers (e.g. plexiglass at checkout) and other engineering controls (e.g. increasing ventilation)
- Increase environmental cleaning (e.g. frequency of cleaning/disinfecting high-touch surfaces)
- Offer special options for persons at high-risk of severe illness (e.g. online/phone ordering, curbside pick-up, special hours)
- Use of self-assessment and/or self-isolation plan forms

B) Daycare and education settings/camps to operate/open

- Where possible, maintain the provision of online learning as an option for students with conditions that place them at higher risk of severe illness from COVID-19 (e.g. immune-compromised). Consider virtual connectivity capacity and what can be implemented in the short and intermediate periods.
- Staff and students/campers at higher risk of severe illness should remain at home
- Core personal public health measures supported to the greatest extent possible (e.g. provide hygiene education, supervised hand hygiene)

- Screening of all staff and students/campers
- Maintain physical distancing as much as possible (e.g. separation of desks, no assemblies, no high-contact sports, limit extracurricular activities)
- Environmental cleaning (e.g. increase the frequency of cleaning/disinfecting high-touch surfaces)
- Non-medical masks may be considered; however, they are not recommended for children less than 2 years of age

C) Additional outdoor activities/recreation to resume

- Core personal public health measures supported to the greatest extent possible (e.g. staying at home and away from others if symptomatic/feeling ill)
- Maintain physical distancing between non-household members and/or those you do not have close contact (within 2 metres) on a daily basis when participating in outdoor recreation (e.g. picnics, camping)
- No large gatherings, even outdoors
- Sports – allow only those that can maintain physical distancing (e.g. low/no contact, separation on sidelines)
- Equipment – no sharing of equipment or use of common equipment unless cleaned between use, including playground structures
- Individual, or those activities that maintain physical distancing, and on the land activities are encouraged to support wellness (i.e. harvesting, fishing, etc.)

D) Non-urgent health care services to resume

- Core personal public health measures supported to the greatest extent possible (e.g. provide hand hygiene supplies, no-touch waste containers with a disposable liner)
- Physical distancing measures in place (e.g. tele-medicine, no waiting in waiting room, call in from car)
- Scheduling to protect patients at higher risk of severe illness (e.g. certain days, beginning of day)
- Environmental cleaning (e.g. increase frequency of cleaning/disinfecting high-touch surfaces, between patients)

E) Small critical cultural ceremonies (such as funerals) to take place

- Core personal public health measures supported to the greatest extent possible (e.g. provide hand hygiene supplies, non-medical masks, no-touch waste containers with a plastic liner)
- Encourage that symptomatic/ill and persons at higher risk of severe illness should not attend
- Consider options to maintain physical distancing (e.g. avoid handshakes, hugging, kissing between non-household members and/or those you have close contact (within 2 meters)) on a daily basis, virtual options to record or livestream the ceremony

- Adjust or limit the size of gatherings (e.g. according to the available space, restriction on those allowed indoors and outdoors)
- Encourage not serving receptions or buffet meals
- If serving single-serving food or refreshments, practice good hand hygiene
- Ceremonies with physical distancing should be held outdoors when possible

Glossary of Acronyms

F/P/T	Federal/Provincial/Territorial
ICU	Intensive care unit
ISC	Indigenous Services Canada
NMM	Non-medical mask
PHAC	Public Health Agency of Canada
PPE	Personal protective equipment
SAC	Special Advisory Committee

Annex A: Guidelines and tools for specific settings by province and territory

Disclaimer: Links to other internet sites are for information only. Care has been taken in providing these links as useful reference resources, but they do not encompass all relevant information that may be available. The information is considered to be true and correct at the date of this report, but changes in circumstances after the time of this report may impact on the accuracy of the information.

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Province									
		BC	AB	SASK	MB	ON	QC	NB	NL	NS	PEI
Re-Opening Plan	<ul style="list-style-type: none"> Communities will decide what is best for them, given the circumstances of their community Communities will work with public health officials and relevant representational organizations to assess the risks and benefits of relaxing public health measure Community's geographic location, regional epidemiology of disease, access to health care resources, demographics, living conditions, prevalence of underlying medical conditions 	BC's Restart Plan	Alberta's Relaunch Strategy	Re-Open Saskatchewan Plan	Restoring Safe Services Together: Manitoba's Phased Approach	Reopening Ontario	Gradual resumption of activities under the COVID-19-related pause	NB's recovery plan	COVID-19 Alert Level System	Preparing to reopen Nova Scotia	Renew PEI Together
Primary Care and Public Health	<ul style="list-style-type: none"> Patient care and management Staffing considerations, HCP availability, self-screening practices Essential versus non-essential services – using a phased approach Supplies, equipment, and PPE Medication access Need for flu and pneumococcal vaccine Public health activities and immunization Lab/GeneXpert capacity Risk assessment and risk mitigation measures Capacity for telehealth, virtual appointments 	First Responders – March 18, 2020 (PDF, 654KB) Essential Service Workers Return to Work After Travel - March 16, 2020 (PDF, 658KB) Essential Workers Returning to BC - April 10, 2020 (PDF, 296KB) COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation	Resuming non-urgent surgeries and allied health services	Medical Professionals Guidelines	Latest operational updates for health care providers	Guidance for the Health Sector Resources for health care professionals		First Responders: Police and Fire Primary Care Providers	Public Health Guidance for All Alert Levels	Re-Opening Guidance for Regulated and Non-Regulated Health Care Professionals	Management & Control

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Province									
		BC	AB	SASK	MB	ON	QC	NB	NL	NS	PEI
	<ul style="list-style-type: none"> Access to specialities (modalities available: telehealth, travel etc.) Layout/ zone of activities in temporary care structures PPE training and compliance Space capacity for services Implications in remote and isolated communities 	Framework – March 25, 2020 (PDF, 848KB)									
Home and Community Care	<ul style="list-style-type: none"> Essential versus non-essential services – using a phased approach Staffing considerations, HCP availability, self-screening practices Homemaking and respite services Supplies, equipment, and PPE Capacity for telehealth, virtual visits HCC clients at temporary isolation sites Overcrowded housing and environmental considerations 	Emergency Response Centres - April 16, 2020 (PDF, 592KB) Assisted Living Resident Operators – March 20, 2020 (PDF, 158KB) Self-Isolation for Multi-Generational Households - April 4, 2020 (PDF, 425KB)	PPE Guidelines in Health Care Settings	Personal Care Services Guidelines	Home-Based Child Care Providers, Youth Facilities and Community Organizations	Long Term Care Homes Long-Term Care Home / Retirement Homes Resources	Home Childcare	Staff in Child Residential Centres (Group Homes) Workers who provide in-Home Services (NonPersonal Care) Adult Residential Facilities	Expansion of Household Bubble	Re-Opening Guidance for Regulated and Non-Regulated Health Care Professionals	
Non-essential health services (social, mental health, addictions services, optometry, dental, etc.)	<ul style="list-style-type: none"> Essential versus non-essential services – using a phased approach Staffing considerations, HCP availability, self-screening practices Risk assessment and risk mitigation measures Protection for higher risk clients Implications in remote and isolated communities 	Social Service Providers - April 4, 2020 (PDF, 355KB)	Non Essential Health Services		THERAPEUTIC OR HEALTH CARE BUSINESSES	Indigenous communities and homeless shelters		NB's recovery plan	Public Health Guidance for All Alert Levels.	Re-Opening Guidance for Regulated and Non-Regulated Health Care Professionals	Self-Isolation for Essential Workers
Schools	<ul style="list-style-type: none"> Risk assessment and risk mitigation measures Considerations for staff and students Considerations for building and environment Capacity for online learning and using technology Access to reliable internet services Considerations for attending school off-reserve Implications in remote and isolated communities 	PH Guidance for K-12 Schools – May 19, 2020 (PDF, 350KB) Reopening our Schools	Guidance for preschools	Graduation Guidelines	Response Planning for K-12 Learning	COVID-19: Support for students and parents	Schools	Daycare	Public Health Guidance for All Alert Levels.	COVID-19: education and childcare	Students and Parents FAQ

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Province									
		BC	AB	SASK	MB	ON	QC	NB	NL	NS	PEI
Businesses, restaurants, recreation spaces, and public buildings	<ul style="list-style-type: none"> Using a phased approach Workplace risk assessment and risk mitigation strategies Employee illness policies Guidance for employers and workers Considerations for Environmental Public Health Officers – need guidance for inspections prior to re-opening Protection for vulnerable populations Working in locations off-reserve 	Industrial Camps – April 28, 2020 (PDF, 463KB) Construction Sites – March 22, 2020 (PDF, 512KB) Manufacturing – March 25, 2020 (PDF, 515KB) Mining and Smelting – March 25, 2020 (PDF, 517KB) Hotel Sector - April 28, 2020 (PDF, 422KB) Retail Food and Grocery Stores - April 25, 2020 (PDF, 472KB) Food and Beverage - March 27, 2020 (PDF, 255KB) Farms and Farm Workers - April 6, 2020 (PDF, 325KB)	Golf Course Operators Business Owners Vulnerable population (Homeless Shelters) Disability Service Providers Managers and Operators of Industrial Work Camps	Golf Course Guidelines Environmental Cleaning and Disinfection Guidelines Appropriate Use of PPE Guidelines Cloth Mask Guidelines Delivery and Mail Guidelines Transportation Guidelines Drive-In or Remote Worship Guidelines Workplace Food and Accommodations (including Work Camps) Guidelines Hotels and Motels With Guests Self-Isolating in Rooms Guidelines Grocery Store Guidelines Clothing and Retail Guidelines Greenhouse and Landscaping Guidelines	OUTDOOR RECREATION FACILITIES AND GOLF COURSES GOVERNMENT OFFICES RETAIL BUSINESSES RESTAURANTS - PATIO/WALK-UP SERVICES HAIR STYLISTS/BARBERS MUSEUMS, GALLERIES AND LIBRARIES	COVID-19: Support for businesses	Workplace Manufacturing Sector Construction Sector Retail Mining Public Transit	COVID-19: Health and safety measures for workplaces Public health measures for businesses, educational institutions, organizations and service providers	Information Sheets for Businesses and Workplaces	Workplace Health and Safety Business and service restrictions	Retail Operations Guidelines Food Premises Guidance Farms and Temporary Foreign Workers Guidance Read the guidelines for essential workers from out of province
Public gatherings, funerals, and spaces for traditional	<ul style="list-style-type: none"> Cultural considerations Implications in remote and isolated communities 	Faith-Based Organizations - March 31, 2020 (PDF, 293KB)	Restrictions on gatherings COVID-19 information:	Places of Worship Guidelines	PUBLIC GATHERINGS		Cultural sector	NB's recovery plan	Public Health Guidance for All Alert Levels.	Workplace Health and Safety Business and service restrictions	Gatherings Guidance Worship Services Guidance

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Province									
		BC	AB	SASK	MB	ON	QC	NB	NL	NS	PEI
ceremonies and cultural practices			guidance for places of worship GUIDANCE FOR FUNERAL HOMES Singing in Public/Gatherings								
Outdoor activities (hunting, fishing, camp, sports)	<ul style="list-style-type: none"> Cultural considerations Considerations for remote and isolated Implications for food security 		Guidance on outdoor activities Guidance for outdoor shooting ranges Guidance for hunting and fishing lodges, camps and outfitters	Outdoor Individual Recreation Guidelines Parks and Campground Guidelines Boat Launch guidelines for access to boat launches in provincial parks Fishing guidelines for fishing in provincial parks	PARKS, CAMPGROUNDS, YURTS AND VACATION CABINS DAY CAMPS	seasonal campground requirements	Resumption of outdoor sports and leisure activities	NB's recovery plan	Recreational Hunting, Fishing and Boating	Outdoor Activities	Gatherings Guidance Organized Recreational Activities and Team Sports Guidance
Daycare/Child care settings	<ul style="list-style-type: none"> On- and off-reserve considerations Guidance for staff and families 		Child care during COVID-19 Guidance for daycare, out of school care (child care)	Child and Youth Day Camp Guidelines Child Care Facilities Guidelines		COVID-19: reopening child care centres	Day Camps and summer camps Childcare	NB's recovery plan	COVID-19 Education and Child Care Information	COVID-19: education and childcare	Day Camp Guidance Unlicensed Child Care Centres Directive

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Territory		
		Yukon	Northwest Territories	Nunavut
Re-Opening Plan	<ul style="list-style-type: none"> Communities will decide what is best for them, given the circumstances of their community Communities will work with public health officials and relevant representational organizations to assess the risks and benefits of relaxing public health measure 	Summary of Yukon's plan for lifting COVID-19 restrictions	Emerging Wisely – Path to Eased Public Health Restrictions	Nunavut's Path: moving forward during COVID-19

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Territory		
		Yukon	Northwest Territories	Nunavut
	<ul style="list-style-type: none"> Community's geographic location, regional epidemiology of disease, access to health care resources, demographics, living conditions, prevalence of underlying medical conditions 			
Primary Care and Public Health	<ul style="list-style-type: none"> Patient care and management Staffing considerations, HCP availability, self-screening practices Essential versus non-essential services – using a phased approach Supplies, equipment, and PPE Medication access Need for flu and pneumococcal vaccine Public health activities and immunization Lab/GeneXpert capacity Risk assessment and risk mitigation measures Capacity for telehealth, virtual appointments Access to specialties (modalities available: telehealth, travel etc.) Layout/ zone of activities in temporary care structures PPE training and compliance Space capacity for services Implications in remote and isolated communities 	Direction and guidelines for the delivery of critical, essential and other services in response to COVID-19 Find information for health professionals	Social Distancing for Essential Workers	COVID-19 Department of Health Services update PROTOCOL Critical Employees and Isolation
Home and Community Care	<ul style="list-style-type: none"> Essential versus non-essential services – using a phased approach Staffing considerations, HCP availability, self-screening practices Homemaking and respite services Supplies, equipment, and PPE Capacity for telehealth, virtual visits HCC clients at temporary isolation sites Overcrowded housing and environmental considerations 	Find information for health professionals	Care in the home for people with COVID-19: Advice for Caregivers	COVID-19 Department of Community and Government Services services update
Non-essential health services (social, mental health, addictions services, optometry, dental, etc.)	<ul style="list-style-type: none"> Essential versus non-essential services – using a phased approach Staffing considerations, HCP availability, self-screening practices Risk assessment and risk mitigation measures Protection for higher risk clients Implications in remote and isolated communities 	Recommended Practices and Personal Protective Equipment (PPE) for Medical Clinics/Outpatient Facilities – Interim Guidance 24/4/20	Essential workers entering the NWT	COVID-19 Department of Family Services update
Schools	<ul style="list-style-type: none"> Risk assessment and risk mitigation measures Considerations for staff and students Considerations for building and environment Capacity for online learning and using technology Access to reliable internet services Considerations for attending school off-reserve Implications in remote and isolated communities 	Information for public school students and families	Child Care, School and Learning	COVID-19 Department of Education Services update
Businesses, restaurants, recreation spaces, and public buildings	<ul style="list-style-type: none"> Using a phased approach Workplace risk assessment and risk mitigation strategies Employee illness policies Guidance for employers and workers Considerations for Environmental Public Health Officers – need guidance for inspections prior to re-opening Protection for vulnerable populations Working in locations off-reserve 	Retail businesses Operating businesses, services and events Commercial mushroom harvest limited to Yukon residents Food vending vehicles Retail food and grocery stores Farmers' markets and sales of locally grown/produced food Construction sites Taxi and ride sharing Personal service establishment Reopening food premises guidelines	Emerging Wisely for Business Business + Work	COVID-19 Department of Economic Development and Transportation services update COVID-19 Department of Finance services update

Setting/Service	Considerations Specific to Indigenous Communities (in addition to basic principles)	Guidelines by Territory		
		Yukon	Northwest Territories	Nunavut
Public gatherings, funerals, and spaces for traditional ceremonies and cultural practices	<ul style="list-style-type: none">• Cultural considerations• Implications in remote and isolated communities	Funerals and death care services: COVID-19 guidelines Faith-based services guidelines: COVID-19	Gatherings and Events Health Advice for Gatherings Protocol for Funerals and Burials during COVID -19 Pandemic Relaxing Phase 1	
Outdoor activities (hunting, fishing, camp, sports)	<ul style="list-style-type: none">• Cultural considerations• Considerations for remote and isolated• Implications for food security	Sport and recreation guidelines: COVID-19 Parks and campgrounds: COVID-19 updates Camping on public land during COVID-19	Getting out on the Land Running Day Camps During COVID-19	
Daycare/Child care settings	<ul style="list-style-type: none">• On- and off-reserve considerations• Guidance for staff and families	Child care centres and family day homes Summer day camp guidelines: COVID-19	Child Care, School and Learning	Child Care Facility Guidelines for Re-opening June 1, 2020

Annex B: Other Useful Links Related to Re-Opening

Disclaimer: Links to other internet sites are for information only. Care has been taken in providing these links as useful reference resources, but they do not encompass all relevant information that may be available. The information is considered to be true and correct at the date of this report, but changes in circumstances after the time of this report may impact on the accuracy of the information.

- [Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada](#)

For Communities

- [Risk mitigation tool for outdoor recreation spaces and activities operating during the COVID-19 pandemic](#)
- [Guidance for a strategic approach to lifting restrictive public health measures](#)
- [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada](#)
- [A framework for risk assessment and mitigation in community settings during the COVID-19 pandemic](#)
- [Use of non-medical cloth masks or face coverings in community settings](#)
- [First Nations of Quebec and Labrador – Practical Guide to Deconfinement in a Pandemic Context for the First Nations Communities and Organizations](#)
- [Cree Board of Health and Social Services of James Bay – Eeyou Istchee Deconfinement](#)

For Children and Youth

- [Risk mitigation tool for child and youth settings operating during the COVID-19 pandemic](#)

For Businesses

- [Risk mitigation tool for workplaces/businesses operating during the COVID-19 pandemic](#)
- [Advice for essential retailers during COVID-19 pandemic](#)

- [Canadian Centre for Occupational Health and Safety](#)
- [COVID-19 resources for Canada's natural resources sectors](#)

Annex C: Members of the Task Group on Guidance on Lifting of Restrictive Public Health Measures for Northern, Remote, and Isolated Indigenous Communities

Chair

Marilee A. Nowgesic

Canadian Indigenous Nurses Association

Members

Addie Pryce

Assembly of First Nations

Minda Richardson

Assembly of First Nations

Deborah Van Dyk

Inuit Tapiriit Kanatami

Melissa Hardisty-Beaverho

Liidlii Kue First Nation

Dr. Nnamdi Ndubuka

Northern Inter-Tribal Health Authority

Dr. Maureen Baikie

Nunatsiavut Government

Dr. Deb Meness

Thunderbird Partnership Foundation

Kate Turner

Thunderbird Partnership Foundation

Shirley Bourdouleix

Indigenous Services Canada

Marie-Elaine Delvin

Indigenous Services Canada

Laura Mitchell

Indigenous Services Canada

Kate Tompson

Indigenous Services Canada

Pamela Wolfe-Roberge

Indigenous Services Canada

Dr. Tom Wong

Indigenous Services Canada

Secretariat

Louis Dumulon

Indigenous Services Canada

Alisar Ibrahim

Indigenous Services Canada

Nicholas Vetvutanapibul

Indigenous Services Canada

Annex D: Indigenous Organizations, Committees, and Federal Government Areas Engaged in the Development of this Document

Assembly of First Nations Chiefs Committee on Health

Assembly of First Nations Chiefs Committee on Housing and Infrastructure

Assembly of First Nations Taskforce

Les Femmes Michif Otipemisiwak Women of the Métis Nation

Manitoba Métis Federation

Métis National Council

Métis Nation Alberta

Métis Nation British Columbia

Métis Nation Ontario

Métis Nation Saskatchewan

First Nations Inuit Health Branch's (FNIHB) Indigenous Women's Wellbeing Advisory Committee

Indigenous Services Canada-FNIHB Gender-Based Analysis Lead