







Joint Statement on the Need for Ongoing Vigilance by NAN First Nation Leadership & Community Members during the COVID-19 Pandemic

April 15, 2021

As Physicians, Nurse Practitioners, and Nurses who serve NAN First Nations, we are very concerned about the current COVID-19 situation and the risks that it poses to communities. Highly transmissible Variants of Concern (VOCs) have emerged that increase the risk of ICU admission or death due to COVID-19, especially for those who have not been vaccinated. These variants are infecting the younger population more than earlier forms of the virus, putting youth, as well as Elders, at risk of experiencing serious effects from the virus.

These VOCs have been identified in several service hubs for Northern communities, including Dryden, Thunder Bay, Kenora, Sioux Lookout, and Timmins with the highest concentration in southern Ontario. With more VOCs in urban hubs, it is very likely these variants will also appear in First Nations.

Community spread of COVID-19 involving VOCs could be devastating. Accessing health care has always been difficult in the North, and the assumption that serious cases of COVID-19 in Northern communities could be moved to hospitals in the south may no longer be possible as the third wave overwhelms Intensive Care Unit capacity across the province and the country.

To respond to this immediate threat, we are making the following recommendations to community leadership:

- 1. **Review and strengthen protocols around travel into and out of your community.**Some essential travel must continue during this pandemic, including travel for necessary medical care. However, travel for non-essential reasons should be avoided.
 Protocols that reduce the risk of travel bringing COVID-19 to the community include requiring returning community members to be tested both when they return and again 5-7 days later, and requiring them to self-isolate for 14 days, regardless of their test results.
- Develop and implement community protocols for the detection of Variants of Concern.
 If a Variant of Concern is detected in a First Nation, it is recommended that these protocols include both an immediate lockdown of the community and the implementation of a stay-athome order, especially if there is any uncertainty about potential exposure outside of the case's immediate household.
- 3. Communicate public health measures to your membership & ask that they be followed. Some travel-related cases in First Nations spread because people did not follow public health measures, especially physical distancing and mask wearing. We understand that pandemic fatigue is setting in. Furthermore, many community members have received both shots of the COVID-19 vaccine and may think that the threat of the pandemic is over. However, now is not the time for anyone to let down their guard. Children under the age of 18 could not be vaccinated, and many members were either unable to or chose not to receive the vaccine. To protect everyone in the community, these public health measures must remain in place for now.

We are also making the following recommendations to all community members:

- 1. Avoid all non-essential travel.
- 2. **If you must travel, strictly follow all community protocols when you return.** It is especially important that you follow the self-isolation requirements. This can be difficult, but it is the best way you can help keep your community safe.

- 3. Continue to follow all recommended public health measures, and <u>especially</u> avoid close contact, crowds, and closed spaces with people outside of your household. Other key public health measures to follow:
 - Maintain physical distancing.
 - Practice frequent hand washing or sanitizing.
 - Wear close-fitting, 3-layer masks in public where physical distancing cannot be maintained.
- 4. **If you have not received the COVID-19 vaccine, consider getting it.** Contact your community's nurse-in-charge or the health clinic if you wish to be vaccinated.

Some of these measures will be difficult, but your safety, and the safety of your family and community is most important now. Community members who are struggling will require kindness and support. Let friends and family know they can reach out to NAN Hope which is available 24/7 at 1-844-NAN-HOPE or nanhope.ca to help. Counselling in all three NAN dialects is available, as well as traditional and Christian counsellors.

With the success of Operation Remote Immunity and more vaccines rolling out across the province, we are getting closer to the end of this pandemic. There will be a time when people will be able to celebrate again in large gatherings and travel to see family again, but right now the situation in Ontario is too dangerous to move away from the measures that have kept communities safe. We encourage all community members to remain strong and continue to fight this virus with the courage, determination, and dedication that has distinguished the Nishnawbe Aski First Nations' and organizations' response to COVID-19 so far.

Signed,

Mae Katt, NP

Chair, Nishnawbe Aski Nation COVID-19 Task Team

Lynne Innes, NP

Chief Executive Officer and President, Weeneebayko Area Health Authority

Janet Gordon, RN

Chief Operating Officer, Sioux Lookout First Nations Health Authority

Dr. Claudette Chase

Family Physician, Sioux Lookout First Nations Health Authority

Dr. Michael Kirlew

Community Physician, Weeneebayko Area Health Authority

Dr. Llovd Douglas

Public Health Physician, Sioux Lookout First Nations Health Authority

Dr. Catherine Golding

Physician, Matawa Health Co-operative

Dr. Terri Farrell

Medical Director, Sioux Lookout First Nations Health Authority