

Service resumption during the COVID-19 pandemic

Planning Guide for First Nations in Saskatchewan

Indigenous Services Canada
Saskatchewan Region

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Services aux
Autochtones Canada

Canada

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Section 1: Introduction

Communities in Saskatchewan are already in various stages of re-opening and resuming essential services that were restricted in response to the first wave of novel coronavirus (COVID-19) infections.

The purpose of this guide is to support First Nations to develop or strengthen their initial re-opening and service resumption plans as well as support ongoing public health measures and service delivery decisions in a variety of potential future transmission scenarios.

This guide provides First Nations in Saskatchewan with public health guidance for the **re-opening of communities and the re-starting of operations**. This means transitioning operations to a “new normal” that protects the health and safety of workers, community members and visitors. This is crucial to protect public health and the integrity of health and emergency services in an era where the threat of infection and a second wave is still very prevalent.

Public health guidance in this document comes from the Province of Saskatchewan’s Re-Open Saskatchewan plan, The Saskatchewan Health Authority (SHA), Indigenous Services Canada (ISC), the Public Health Agency of Canada (PHAC) and a number of Indigenous and non-Indigenous institutions and technical working groups.

This strategic guidance is intended to support discussions and decision-making at a community level, recognizing:

- First Nations have an inherent right to self-determination and decision-making in their communities;
- public health emergency response is a collaborative effort between First Nations in Saskatchewan, their agencies, Indigenous Services Canada and other emergency response partners and;
- there is no one-size-fits-all approach that will can address the needs and priorities of all unique and varied lived-experiences and circumstances.

Indigenous Services Canada – Saskatchewan Region (ISC-SK) recommends communities consider this guidance when making decisions on public health measures, such as re-opening and service resumption plans.

Ethics and guiding principles

[Indigenous Services Canada's COVID-19 Preparedness and Response Plan in First Nations Communities](#) underpins the department's activities and relationships with Indigenous communities during pandemic response activities at a national and regional level.

Indigenous Services Canada – Saskatchewan Region (ISC-SK) supports First Nations partners in Saskatchewan in their pandemic planning, preparedness and response activities. In the context of public health decision-making, ISC-SK considers Public Health Agency of Canada's [COVID-19 Ethical Framework](#) while respectfully integrating the distinct Indigenous ethical frameworks, cultural values, principles and priorities that are the foundation of decision-making in communities and Nations.

Section 2: Strategic Guidance for Communities and Nations

This section provides information to support communities in their discussions and decision-making for lifting and enacting public health measures.

Re-opening and service resumption: protecting workers and the public

Community re-opening and service resumption are separate but interrelated pandemic response activities that will transition communities to the “new normal” through the application of **core public health measures**.

Re-opening refers to the plans and decisions of Chief and Council on when, why and how to lift (or re-enact) individual and community-level public health measures.

Re-opening plans will generally define what conditions will trigger changes to restrictions and requirements such as community access restrictions, the size of allowable gatherings, self-isolation requirements and physical distancing requirements. Plans may also identify when and how specific businesses, facilities and services can operate.

Service resumption is part of the implementation of a re-opening plan. Service resumption is the collective planning, decision-making and implementation of operational plans for businesses, facilities and services in a COVID-19 environment. The goal of service resumption is to re-establish operations in a way that reduces the potential for transmission of COVID-19 and protects the health and safety of workers, clients and the public.

Re-opening and service resumption in First Nations in Saskatchewan

The Chief and Council, supported by their teams, are responsible for re-opening and service resumption decisions in a community.

Support teams may vary by community/task and include Elders, the First Nation’s **management** responsible for implementing re-opening and service resumption decisions (e.g. Health Directors, Education Directors, and facility managers), **emergency response (pandemic) leads** and/or other professionals and community members.

Where necessary, communities should seek public health advice or other support from public health and primary health providers through their Tribal Councils, the Northern Inter-Tribal Health Authority (NITHA) or ISC. For example, communities may seek guidance from their Medical Health Officer (MHO), Environmental Public Health Officer (EPHO), primary care or other program managers. Communities may also choose to engage with other governmental or non-governmental partners throughout the process.

Because re-opening and service resumption activities are closely connected, Chief and Council, management and emergency response leads should communicate regularly within the community and develop clear links to public health and primary care supports.

Recommendations in this section are based on the **core public health measures** identified by provincial public health orders and public health advice the Province of Saskatchewan (SK), the Saskatchewan Health Authority (SHA), Northern Inter-Tribal Health Authority (NITHA), Indigenous Services Canada (ISC) and the Public Health Agency of Canada (PHAC).

Core Personal Public Health Measures

With no targeted therapies or vaccine available, observing core public health measures in all aspects of life must become the “new normal.”

Adopting public health measures maximizes each community’s ability to minimize transmission of the virus in the long-term while still participating in home, work, community and spiritual activities as much as possible

The following core personal public practices are fundamental to the “new normal”. *Click on the links for additional information.*

- ✓ Staying informed, being prepared and following [public health advice](#).
- ✓ Staying at home and away from others if feeling ill, even if symptoms are mild (e.g., not going to school/work and following public health advice).
- ✓ Maintaining [physical distancing](#) (at least two metres between [non-household members](#)) as much as possible when outside of the home.
- ✓ [Wearing non-medical masks](#) (NMMs) in situations where physical distancing will be difficult or impossible, as long as wearing a mask is safe and feasible.
- ✓ [Practicing good hygiene and other respiratory measures](#) (handwashing, avoid touching face, respiratory etiquette such as coughing into your arm or a tissue that you throw out immediately,
- ✓ Cleaning and disinfecting environmental surfaces, especially high-touch spaces, in workplaces, facilities and at events.

[Cleaning your personal environment\(s\)](#) more thoroughly, more often.

- ✓ Avoiding large gatherings and close personal contact (do not shake hands, hug or kiss).
- ✓ [Getting tested](#), if you are symptomatic or think you may have been exposed to the virus.
- ✓ Staying at home if you have symptoms and limiting trips outside the home if you are at [high risk of severe illness](#).
- ✓ [Wearing a mask](#) if you access medical care (non-medical mask or face covering unless directed otherwise).
- ✓ Reducing non-essential [travel](#).

Chief and Council and community managers who are responsible for re-opening strategies and service resumption should plan to maintain the core public health measures for the foreseeable future (until a vaccine or treatment is found).

To live more safely in the presence of the virus, re-opening plans (including service resumption and communication plans) can encourage everyone in the community to take action in three key areas:

1. Know how to seek testing and care and when to stay home:

- Stay home and keep away from others if you develop symptoms, even if mild.
- Self-monitor and get a test if you think you were exposed or develop symptoms.
- Call Healthline 811 or check with your community health nurse to book a test.

2. Know how to go out safely (only if you have no symptoms or recent exposure)

- Practice physical distancing by keeping 2 metres (6 feet) away from others
- Keep your social circle small and consistent.
- Wash your hands often with soap and water or carry a pocket-sized hand sanitizer.
- Wear a non-medical or cloth mask when physical distancing is difficult and/or where mandatory.

3. Know how to avoid high-risk activities/places:

- Avoid or strictly limit time spent in the **3 Cs**:
 - **Closed spaces** with poor ventilation (e.g. indoors, vehicles).
 - **Crowded places** with large numbers of people gathered; and
 - **Close contact** (e.g. handshakes, hugs or when you can't physically distance)

Social gatherings are high-risk for outbreaks

If one person with COVID-19 attends a gathering or event, it is possible that many people could contract COVID-19 if precautions (public health measures) are not in place and followed.

Gatherings often pose the highest risk for transmission because they expose attendees to one or more of the 3C's. The 3C's can be reduced (but not eliminated) when people gather by implementing the core public health measures. **Limiting the size of the gathering, physical distancing, wearing non-medical masks, handwashing and exclusion of people who have symptoms of COVID-19 are particularly important, especially during seasons when people gather primarily indoors.**

New evidence suggests gatherings with **close contact, singing, loud talking or heavy breathing are especially high risk**. Several large clusters (outbreaks) in Saskatchewan, other parts of Canada and a large outbreak in the Navajo Nation in the US are linked to people attending funerals, sports events and other gatherings.

Chief and Council may choose to include requirements or restrictions for some or all types of gatherings in their re-opening or service resumption plans.

Chief and Council are encouraged to ensure the community's Environmental Public Health Officer (EPHO) and/or Medical Health Officer (MHO) are consulted before holding a large multi-household or multi-workplace gathering or event (e.g. ceremonies, religious observances, funerals, weddings, assemblies, tournaments).

The EPHO and MHO can provide public health advice to Chief and Council and/or event organizers on how to minimize the risk of COVID-19 transmission.

Re-opening: strategic considerations for a phased approach in First Nations

Public health representatives from Indigenous, federal, provincial and territorial governments and organizations defined a core set of criteria to guide decision-making on when and how to transition between public health measures (enact or lift restrictions).

Communities may choose to apply additional criteria and indicators, including economic, social and cultural considerations.

Figure 1: Framework for re-opening northern, remote, isolated and Indigenous communities

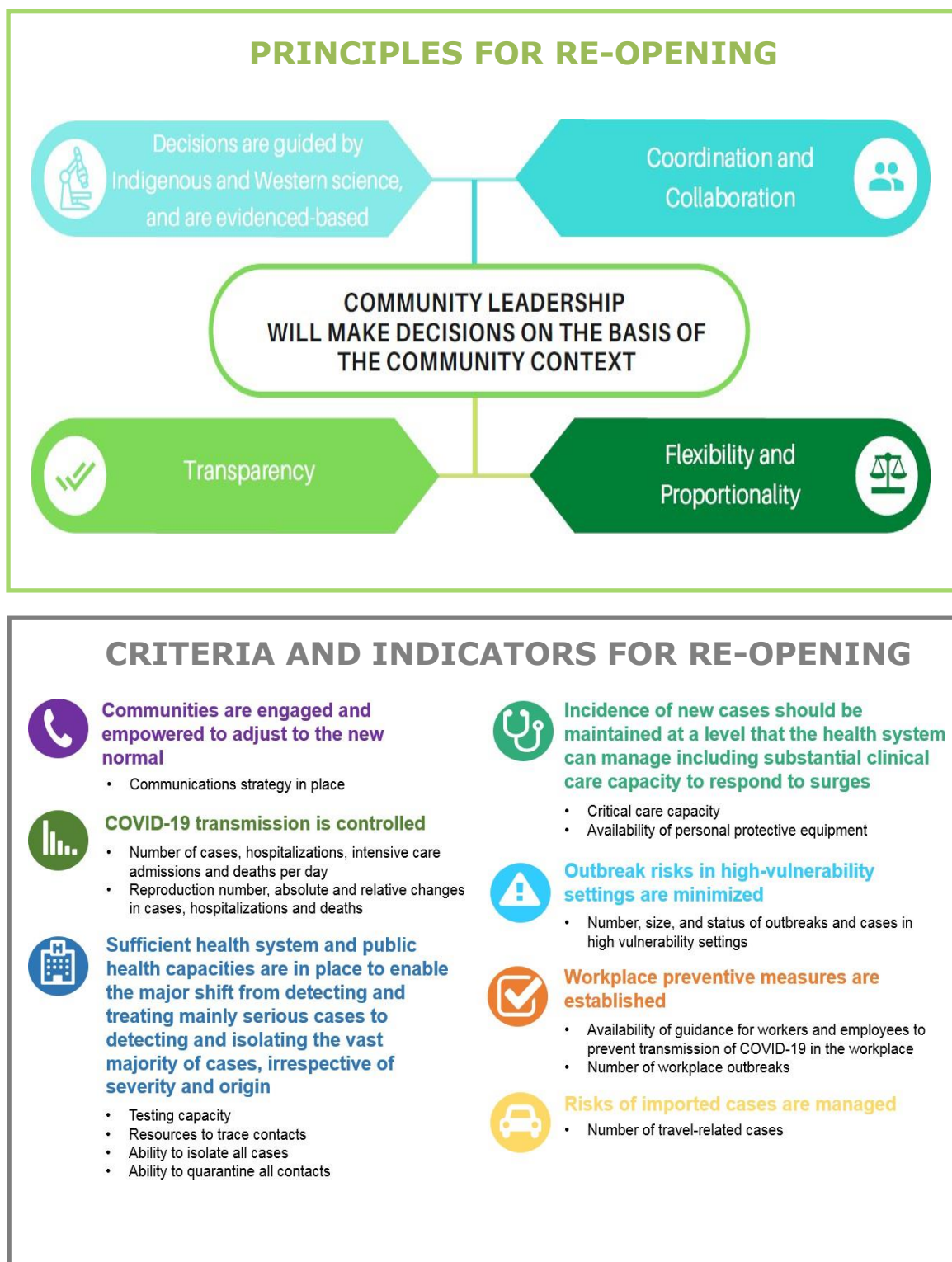


Figure 1 identifies a framework (key principles, criteria and indicators) for [re-opening Northern, Remote, Isolated and Indigenous communities in Canada](#). This framework was developed by a national working group with representation from Indigenous, Northern, remote and isolated communities. ISC-SK further adapted these criteria to support First Nations communities in Saskatchewan in re-opening planning and decision-making. They can be viewed in **Annex A**.

Communities can analyze these criteria and indicators to help determine if a change in public health measures is warranted in their community. Community leaders may obtain advice or data from their health, education, economic development, community services, communications, infrastructure and pandemic leads as appropriate.

Communities can also obtain advice or support from ISC-SK or NITHA to identify, analyze and interpret evidence for re-opening decisions.

Communities may also wish to consult the following additional resources:

- [Guidance on re-opening northern, remote, isolated and Indigenous communities](#)
- [Community-based measures to mitigate the spread of COVID-19 in Canada](#)
- [Guidance for a strategic approach to lifting public health measures](#)

Re-opening: considerations for all communities in Saskatchewan

[The Re-Open Saskatchewan plan](#) defines the re-opening strategy for the Province of Saskatchewan as a whole.

The Province uses criteria and indicators similar to those discussed earlier in this section to define which activities, businesses and services can operate in the province and under what conditions. The plan has [five phases](#) that define:

- Restrictions on the size of public and private gatherings.
- Restrictions and recommendations on non-essential travel.
- Isolation requirements for individuals identified by a Medical Health Officer as having COVID-19 or a close contact to someone with COVID-19.
- Isolation or monitoring requirements for individuals who are household members or close contacts of a person or persons with COVID-19.
- Isolation or monitoring requirements for individuals or essential workers who travelled internationally.

- Visitor restrictions and screening policies for special care homes, hospitals, personal care homes and group homes.
- Allowable businesses and activities and their operational requirements to prevent transmission of COVID-19.

Because the Re-Open Saskatchewan Plan reflects the current state of COVID-19 risks and readiness in Saskatchewan, ISC recommends Chief and Council align their community re-open plans to meet or exceed the public health requirements and restrictions under the [current phase of the Re-Open Saskatchewan plan](#).

When a First Nation examines their re-opening indicators and identifies increased local transmission risk, vulnerabilities or other readiness gaps, Chief and Council may choose to take a slower or more cautious approach to re-opening and resuming services.

Examples of risks and readiness gaps may include large vulnerable populations, high COVID-19 activity in or near community, challenges with compliance with public health measures, housing shortages, remote or isolated location.

Conversely, Nations may place unique cultural, economic or social value on certain activities and increase their priority for re-opening or resumption. In these cases, communities are urged to adapt activities to include as many of the core public health measures as possible to conduct them as safely as possible.

Re-opening: more considerations for public health measures

These considerations may assist Chief and Council and First Nations' managers in planning for community-wide implementation and adoption of public health measures. Some of these considerations and challenges interconnect with service resumption efforts.

Physical distancing:

Keeping two metres distance between non-household members remains a critical public health measure, even as other restrictions lift.

Chief and Council and management should plan for a range of re-opening scenarios and service resumption plans should be adaptable to those scenarios.

Many community members will continue to implement personal physical distancing measures in their daily routines and cultural practices. Chief and council and their support teams may also consider how to empower community members (including workers, customers and clients) when they are tired of (or opposed to) physical distancing.

Hand hygiene:

Washing hands correctly is an important core public health measure to prevent the transmission of COVID-19.

Risk mitigation planning must consider availability of soap and water, alcohol-based sanitizer (minimum 60% alcohol active ingredient) or temporary handwashing solutions for settings where there are barriers to handwashing due to supply disruptions, “do not use” advisories, lack of access to water from a tap (e.g. homes, facilities, outdoor events). [Handwashing with soap and water is safe when under a boil water advisory or do not consume advisory.](#)

Self-isolation and quarantine:

In planning for community re-opening, consider the capacity within the community to safely self-isolate if an outbreak occurs and identify additional infrastructure needs.

Re-opening plans should also consider the potential impact on service operations in facilities earmarked for isolation (e.g. schools).

The ability for people to [self-isolate when suspected](#) or [confirmed of having COVID-19](#) is more difficult for people and communities with inadequate housing conditions. Some housing conditions also contribute to a higher transmissibility of the virus in the household and community.

The health and wellness impacts and risks associated with self-isolation and quarantine should be considered, especially for groups who may be more vulnerable (e.g. people with substance abuse disorders, people living with mental health challenges, people living in congregate living settings and those who experience domestic violence).

Isolation plans should consider how to protect these groups, especially those who have multiple vulnerabilities. Some existing support measures (e.g. treatment centres, mental health services) for these groups were impacted by COVID-19 and subsequently additional or adapted services may need to be considered in re-opening and resumption strategies.

ISC supports retooling of existing facilities or the procurement of portable structures to support isolation needs.

In addition, the Non-Insured Health Benefits (NIHB) program, along with provincial partners, can support with urban isolation needs in special circumstances. The MHO will work with the community and the cases/contacts to ensure they can safely isolate while ensuring cultural continuity is supported.

Communities who want to know more about isolation options should contact their EPHO or the ISC-SK generic inbox (aadnc.skemergency.aadnc@canada.ca) for advice and information on available support.

Virtual care options:

Communities should examine [potential technologies](#) to facilitate virtual care.

[Virtual care options have expanded](#) in Saskatchewan, providing an important method for facilitating access to care while promoting physical distancing and reducing the risk of spreading COVID-19.

Essential and non-essential travel:

Communities may consider a number of travel-related public health measures for a number of risk scenarios. These may range from strict travel restrictions to voluntary screening and compliance.

Travel (border) restrictions are an effective intervention for communities to prevent and mitigate outbreaks of the virus that causes COVID-19. In general, perimeter security measures should match the level of risk identified in a community and the nearby areas and consider operational requirements and potential impacts on the community.

For example, **even with restricted travel, some essential activities require travel in and out of the community**, such as accessing medical appointments, emergency medical care, midwifery/childbirth, food and supply delivery, medical appointments, food and supply delivery.

Health care personnel and other essential service workers who live outside but work in First Nations communities must adhere to public health measures during essential activities; this is imperative to keeping communities safe.

As restrictions lift, friends and relatives from other communities may wish to visit the community or participate in activities. Community members who may have temporarily relocated out of the community due to the pandemic may wish to return home. Community members may travel to other communities for family, recreation and shopping. These scenarios require special consideration in planning for community re-openings.

When border screening or restrictions are in effect, potential strategies to protect public health may include:

- symptom and exposure risk questionnaires
- temperature screening
- maintaining a list of travelers in and out of the community to support contact tracing

- providing education or information
- connecting symptomatic individuals with appropriate supports and/or
- restrictions based on the level of risk related to where essential workers/community members/visitors are traveling from.

Some remote and isolated communities may decide to require isolation (with or without testing) prior to entry, after arrival, or upon return to a community for essential and/or non-essential travelers.

Communities may consider coordination and communication with provincial and municipal governments, other Indigenous communities, as well as the Royal Canadian Mounted Police (RCMP) around community security and checkpoints that protect public health.

The Province of Saskatchewan publishes travel-related advice, requirements or restrictions [here](#). This includes latest information on travel restrictions within the province, interprovincial travel and international travel. The province also provides information on recent flights to/from Saskatchewan where passengers could have been exposed to COVID-19.

Note that perimeter security expenses related to public health are currently eligible expenses under the ISC Community Guide. For more information or to submit an application, contact ISC-SK through the generic inbox (aadnc.skemergency.aadnc@canada.ca)

Staffing:

Considerations on re-opening services include the availability and capacity of health staff, contingency plans for staff shortages, and surge capacity.

Many First Nations communities rely on health care providers and other workers travelling from outside communities and re-opening plans should consider risk to public health, and measures for reducing these risks, taking into account the need to maintain a level of service delivered in communities.

ISC has a robust screening protocol for employees who visit communities and has developed guidelines for outside health and essential services workers who travel to First Nations during the pandemic. Communities who want to learn more about existing health care worker screening policies or these guidelines can contact the corresponding FNIHB-SK program lead (e.g. oral health, nursing, environmental health) or contact the ISC-SK generic inbox (see below).

First Nations are encouraged to develop a primary care surge capacity plan. For advice on surge capacity planning and available support, contact the ISC-SK generic inbox (aadnc.skemergency.aadnc@canada.ca).

Protecting community members who may be at a higher risk:

Risk factors are important considerations when planning for community re-opening.

Generally, settings with community members who may be at a higher risk (e.g., Elders and/or those with underlying or chronic conditions) will have stricter criteria for relaxing protective measures, as the risks of infection are greater.

For example, there have been strict rules implemented at long-term care facilities across the country to protect the older population, understanding that they may be at a higher risk due to their age and underlying medical conditions.

During re-opening planning, community leaders may choose to take stock of vulnerable community members and the services in the community to reduce their risk (e.g. grocery delivery, check-ins, home care services). Comparing vulnerability to assets can inform phases of a re-opening plan or trigger the need to provide additional services. Keep in mind that **if infections rise in younger, healthier groups (which evidence shows is common as restrictions lift) they can still easily transmit the virus to older and more vulnerable people.**

Communication:

A culturally appropriate community communications plan, when included in a re-opening strategy, plays an important role in supporting a community's re-opening and service resumption goals.

A communications plan can help **ensure community members are engaged and aware of public health information and the actions they can take to protect themselves and others.**

Chief and Council and their management teams should integrate community-wide pandemic communications plans with those of critical services like schools, health clinics and essential workplaces. **Information channels most often used by community members (e.g. a community Facebook group/page or radio station) and facilities/workplaces (message boards, email lists, phone trees) can work together to notify and empower community members with important information.**

An example of integrated communications planning might define when or how a school or health centre can relay announcements on community-wide channels (e.g. radio, door-to-door, community Facebook page). First Nations could also define a process where Chief and Council relay important community alerts (e.g. new border restrictions, outbreak or mass testing information, school closure) to facilities and businesses in the First Nation or in nearby communities (e.g. nearby schools, municipal offices, news media) as appropriate.

The communication plan may also consider the communication needs of different ages, locations, etc. Plans should consider the needs of anyone who does not have consistent access to phone or the internet. In these cases, communities may consider how to use existing signage (e.g. school electronic signs, community signs, TV message boards) or door-to-door campaigns to reach their members.

First Nations in SK are encouraged to review existing pandemic communication plans to enable high quality, trusted and timely public health communications. These plans may also include how to monitor, assess and relay important information from ISC or Indigenous, provincial and federal public health partners.

A variety of high-quality digital health promotion and risk communication tools and resources can be found in the “For Community” section of www.skfn.ca/coronavirus.

Personal Protective Equipment (PPE):

Communities should take stock of PPE and other medical supplies available in their communities to ensure that services that are re-opening have access to required PPE. ISC-SK monitors health-related PPE inventories for low and critical stock levels related to pandemic activities.

Although PPE supplies have gradually improved since the beginning of the pandemic, some supplies may still be difficult to obtain for some purposes (e.g. N95 masks for dental services). Where PPE will be required to protect workers, communities should also consider PPE training for staff and determine policies around [when, where and how to use PPE](#). This can help minimize the need for PPE while protecting healthcare workers and others from exposure to the COVID-19 virus in healthcare settings. This will also assist in protecting and conserving supplies for healthcare workers and others providing direct care to clients.

Saskatchewan First Nations can obtain PPE through a number of channels depending on the type of worker(s) who will use the PPE, availability in the supply chain and the provisions of emergency stockpiles.

Health related PPE is reserved for: health care professionals and support staff (e.g. nurses, long-term care staff, COVID-19 testing staff), clients of primary health, public health and home care services and workers in direct support of health services operating directly in the community (e.g. workers who handle the deceased, medical transport drivers, security for health facilities and first responders).

Non-health related PPE is for all other purposes (e.g. security checkpoints, the First Nation’s office and field employees, retail, grocery, hospitality and other private-sector employees).

The process for obtaining PPE is described below. Please note that this is current as of September 2020 and could be subject to change.

For all types of PPE, First Nations should first attempt to purchase PPE through their regular suppliers, including approved First Nations vendors. If this is not successful:

Health related PPE requests should be submitted to the ISC generic inbox (aadnc.skemergency.aadnc@canada.ca), where ISC staff will work with your PPE lead to determine needs and submit an order. ISC will forward the order to the Province of Saskatchewan's stockpile followed by the FNIHB National Stockpile, if necessary.

Non-health related PPE requests can be submitted to the ISC generic inbox if not available through regular suppliers.

Testing and contact tracing:

Testing and contact tracing are essential to detect, slow down or stop the spread of the virus in the community

Testing is the only way to can confirm if someone currently has COVID-19. In re-opening, testing will show **if, where** and **how much** the virus is spreading in the community and surrounding area. Testing is key to:

- detect and isolate people who have COVID-19
- follow up with close contacts of those who test positive
- inform the public health actions to take, including enacting or lifting public health measures
- stop the spread of the virus and prevent outbreaks.

It is important to understand and communicate with community members that a **COVID-19 test can only detect infection with the virus today: a test does not prevent infection tomorrow.**

Ongoing self-monitoring/ self-screening and following public health measures are still very important for everyone because some people with COVID-19 will have no symptoms ("asymptomatic carriers") and therefore may not know they are ill. People who have recovered from COVID-19 should still take precautions because there is not clear evidence that a single infection will consistently result in lasting immunity.

Contact tracing is essential to slow down or stop the spread of the virus in the community. Once someone is confirmed to have COVID-19, public health officials will interview them to identify who they had contact with when they were likely contagious. Public health officials will track down these contacts and tell them they may have been exposed so they can get tested or the support they need.

School re-openings, flu season and a return to indoor environments will likely place multiple pressures on health services and pandemic response in the fall season. FNIHB, NITHA, the SHA and the provincial laboratory are building capacity for a variety of COVID-19 scenarios.

*Chief and Council along with their management team(s) are encouraged to **assess their readiness** to conduct and promote routine testing in their community (including workplaces, schools, etc.) in multiple scenarios as appropriate to their context and sustainability of resources.*

In all phases of re-opening, communities and facilities should promote testing for those who:

- are symptomatic (even with mild symptoms)*
- visited an area of high COVID-19 activity or traveled outside the province*
- could have been exposed to COVID-19 in a private or public space or mass gathering*
- are vulnerable to serious illness (e.g. Elders) or higher risk of exposure (e.g. kids at school, health care workers)*

COVID-19 tests are currently available through Healthline 811 or at First Nations testing sites to anyone who requests one. Reliance on Healthline 811 may prevent or delay testing uptake in populations who face barriers to accessing tests through that service (e.g. wait times and delays, no phone, feel unsafe, inconvenient, etc.).

***Re-opening planning may include an assessment of immediate and potential testing needs and capacity**, especially as schools, health services and other activities resume. Communities are encouraged to plan for and address any immediate and/or potential gaps in local testing capacity and uptake.*

*Note that **mass testing campaigns (e.g. community-wide, school, workplace) would be conducted in consultation with the MHOs**. The decision threshold (trigger) may differ by communities based on several factors including community dynamic, population, social determinants, remoteness, level of COVID-19 activity etc.*

Mental Health and Wellness:

Isolation and self-isolation measures that are implemented during the COVID-19 pandemic can affect mental health and wellness.

As the public health measures start easing, it may also bring anxiety and stress to people. Considerations for mental wellness supports for community members in this transition period may help the community heal through these challenging times. See Section 3 for more information on Mental Health and Wellness.

Setting Specific Considerations:

In addition to the general considerations outlined above, additional considerations may also be helpful when planning re-opening of a First Nation and help determine triggers for relaxing and/or re-implementing public health measures.

SK First Nations may need to consider public health measures for a number of other facilities, service areas and settings. The following is a brief list of potential settings and considerations.

- Community Services, such as supportive housing, transportation, respite services, supportive food providers, etc.
- Workplace settings, both within and outside of First Nations communities
- Public gatherings
- On-Reserve Businesses
- Health Services (primary care, home and community care, public health, nursing, environmental public health, residential care, etc.)
 - Infection prevention and control measures, including retrofits
 - Scheduling
 - Individuals who may be at a higher risk
 - Monitoring/surveillance
 - Training and refresher courses
 - Policies for home visits or travel
 - Assessing risks that may be associated with remoteness; as well as taking stock of community strengths to support this work
 - Inventory of medical supplies (e.g., cleaners, disinfectants, hand hygiene products, PPE) and equipment across the communities
- Nursing station/ health centre preparedness
 - Availability and layout of space (physical distancing, waiting area, etc.)
 - Signage and communication
 - Routine scheduled cleaning and disinfection of high risk zones
 - Areas identified to safely put on and remove PPE
- School and child care settings, both within and outside of First Nations communities
 - Availability and layout of space (physical distancing, classrooms, buses etc.)
 - Screening, exclusion and case identification procedures

- Routine scheduled cleaning and disinfection of high risk zones
- Communication and notification systems
- Contingency plans and triggers for closures
- Equity, family and student supports (e.g. meals programs, mental health services)
- Distance learning options
- Procedures and accommodations for staff and students with vulnerabilities
- Needs and concerns of parents (e.g. safety, ability to return to work, preference for home learning).

ISC-SK and the NITHA are collaborating with the First Nations education sector to support safer re-opening of schools. An evergreen Q and A document on how to re-open schools more safely was developed through this work and can be obtained through your Education Director/administrator or by contacting Kim Weiss, Manager of Education at ISC-SK Regional Operations (kimberly.weiss@canada.ca).

Section 3: Mental Health Recovery Plan & Resources

As re-opening efforts progress, communities may experience a surge in demand for services from individuals and families for whom the pandemic has created a new need for mental health support. Individuals who already struggled with mental health and addictions challenges may also need additional support.

During the pandemic, community members may experience new, worsening or relapsed mental health symptoms due to stress, burnout, family challenges and violence, interruption of routines and healthy coping mechanisms, or disconnection from support networks.

Since the onset of the COVID-19 pandemic in Saskatchewan, there has been a shift to adapt and develop creative approaches for mental health and addictions services and supports. For example, there has been a gradual uptake in the telehealth delivery model and [provincial](#) and [national](#) support lines.

As the need to physically distance remains in place for the foreseeable future, higher levels of anxiety and depression are being reported along with increased substance use and family violence. For many, the pandemic has compounded intergenerational and contemporary traumas that result from colonization, Indian residential schools, day schools and the 60s scoop.

Mental health considerations will also be crucial during phases of re-opening and business resumption. Employees may be returning to work with new or worsening mental health symptoms or experience mental distress. Triggers in the workplace may include anxiety or fear of returning to work (or children returning to education settings), unresolved child or Elder care demands, new family dynamics, facing backlogs of unfinished work, reduced productivity due to COVID-19 protocols, etc. Essential services workers (e.g. emergency management coordinators, security, health workers, Chief and Council, etc) may face serious risk of burnout due to the demands of responding to COVID-19.

As we move to a phase of mental health recovery, these challenges may require new or renewed focus on:

- postvention services for grief support and trauma informed care
- prevention and early intervention;
- facilitating access to care; and
- a clear communication strategy to mitigate adverse impacts.

All the plans and priorities referenced below are intended to be delivered in accordance with provincial health directives and Chief and Council.

Priorities for Mental Health Recovery

Meet immediate mental health and wellness needs

Adapt current services and engage those needing support through increased outreach in multiple settings – home, work, school etc.

- Work with First Nations Treatment and Healing Centres to determine how to resume residential services or adapt service offerings. Explore plans that support continued virtual after-care to program graduates.
- Determine when Aboriginal Head Start, early learning and child care services can resume, including an outreach component where possible.
- Work with [Indian Residential School Resolution Health Support Program](#) (IRS RHSP) to continue to provide in person or virtual counseling and traditional supports.
- Support resiliency building in community and within First Nations through connection to cultural and spiritual practices and ceremony.
- Promote staying connected to friends and family through land lines, mobile phones, and computers and face-to-face visits, while respecting physical distancing.
- Ongoing community-based mental health and addiction services, with an option of in-person appointments, including services provided by Traditional Healers and Knowledge Keepers.
- Provide community-based outreach to individuals viewed as more at-risk, including youth and Elders. Consider enrolling community volunteers and peer community supports who can assist with providing support and friendly visiting - virtual or in-person - to those in need.
- Keep up with new information and research on Indigenous health and wellness during the pandemic, including [these podcasts](#) from the National Collaborating Centre for Indigenous Health and [this set of resources](#) from Morning Star Health Laboratory.

Facilitate access to care

Connect people with available resources.

- **Twelve mental health teams provide culturally grounded mental health support to First Nations in Saskatchewan.** These teams are discussed in more detail later in this section of the report.
- All First Nation communities and individuals can access mental health counselling supports through the Non-Insured Health Benefits program (NIHB). Mental health counselling benefits are available to registered individuals who wish to access

one-on-one counselling, including counselling via telehealth. Support is also available for communities that wish to utilize mental health therapists to provide counselling supports within the community for individuals and groups on a short-term basis. Some communities in Saskatchewan are funded directly to deliver the mental health counselling benefit at the community level, through locally employed mental health therapists. The NIHB mental health counselling benefit is accessible 24 hours a day, 7 days a week, through calling 1-866-885-3933.

- Contact NIHB Saskatchewan office for a list of approved mental health services and providers, including information on counselling via telehealth (Call 1-866-885-3933, email sac.sasknihb_inquiries.isc@canada.ca for client, public inquiries; email sac.nihb-skverification-ssna-skverification.isc@canada.ca for provider inquiries)
- Confirm referral pathways for mental health and addiction services for adults and services for both victims and perpetrators; see links below or visit [Saskatchewan 211 online](#) or dial or text 211.
- Respectively reach out to those who need support and connect them with spiritual and counseling supports regionally, provincially or nationally.
- Refer youth and adults who are experiencing mild to moderate anxiety and depression to supports [through the SHA](#); support may also be available through [Jordan's Principle](#).
- Recognizing that the pandemic may exacerbate existing mental health and addiction issues, support individuals to connect with detox, treatment, mobile response teams or regional mental health and addiction services.

Ensure a specific focus on coordinated suicide prevention action:

Include a specific focus on suicide prevention and life promotion.

- Embrace First Nations-led efforts like the [Federation of Sovereign Indigenous Nations' Suicide Prevention Strategy](#)
- Confirm clear pathways for crisis intervention support for individuals with suicidal thoughts through community, regional and provincial pathways. For immediate concerns call 911.
- Engage youth with [services, apps and practices](#) that offer help and healing and connection to culture during these uncertain times.
- Implement innovative outreach models that identify and support people at risk.
- Consider supporting Elder and youth mentoring relationships who can then provide wellness support to their peers.
- Promote availability of [provincial](#) and [national](#) crisis lines.
- Support locally developed prevention and postvention approaches for suicide that are informed by the success of others ([wise practices](#)).

Support the well-being of health, emergency and community workers:

Promote wellness of workers and provide training to meet the changing service delivery needs.

- [Critical Incident Stress Management Teams](#) (peer support for first responders in Saskatchewan).
- Indian Residential School (IRS) Crisis Line (24 hours; 1-866-925-4419)
- [Healthcare worker mental health support line](#) (1-833-233-3314)
- Share [mental health services and information](#) from Indigenous Services Canada.
- FNIHB-SK offers mental health practice supports to community health professionals and can deliver training in mental health first aid, suicide prevention, grief and loss and take-home naloxone training. For more information, contact Jaclyn Lemieux Health Professional Supports Services (jaclyn.lemieux@canada.ca or call 306-564-9120).

Communicate clearly

Support wellness and through communication strategies that inform community members and provide consistent messaging.

- Undertake clear, concise and sustained communication across a range of digital platforms related to wellness, help seeking and caring for each other.
- Focus on resiliency and drawing on Indigenous strengths to stay connected and well.
- Explain thoughts and behaviours that indicate a need for additional support and provide clear guidance on where help can be found e.g., direct links to supports and services.
- Respectful and clear communication between jurisdictions regarding services to our partners.
- Information on the role of communication in change management is provided in Annex D.

Mental Wellness Teams for Saskatchewan First Nations

Twelve (12) Mental Wellness Teams support communities across Saskatchewan.

Mental Wellness Teams are community-based, client-centred, multi-disciplinary teams that provides a variety of culturally safe mental health and addictions services and supports to First Nations and Inuit communities. They incorporate traditional, cultural, and mainstream clinical approaches to mental wellness services and build on existing community supports.

Each team serves a number of communities and include a variety of community-based and clinical professionals depending on the location and availability of professionals and the needs of the communities. Examples of professionals include Clinical Psychologists, Psychiatrists, registered Social Workers, Child Psychologist and examples of para-professionals include Coordinators, Elders, Spiritual Advisors, Outreach and Aftercare Counsellors, Recreation Therapists, Youth Counsellors, Justice Workers and Mental Health and Addictions educators within regional health systems.

Each team usually serves between 2 and 10 communities that are geographically remote or isolated and in urgent need of community based mental wellness services. The teams have the ability to provide direct clinical services, trauma informed care, land based healing and treatment, early intervention and screening, aftercare, and care coordination.

The teams align with the principles of the First Nations Mental Wellness Continuum Framework (FNMWCF):

- improving access
- linking with existing services
- bringing together community
- cultural and clinical approaches to care and services
- providing culturally competent care
- being responsive to communities
- building capacity, tailored to specific community and regional contexts

More information on each of the Mental Wellness teams including a map and contact information can be found in Annex B.

Additional Mental Health and Wellness Resources

Additional Workplace Resources

- [Balancing Work-Life Expectations During COVID-19](#) – Thunderbird Partnership Foundation fact sheet on supporting worker wellness
- [Mental Wellness During COVID-19 for Health Professionals](#) – First Peoples Wellness Circle information sheet on sustaining worker and volunteer wellbeing.
- [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#) (WHO) – These mental health messages target different groups to support for mental and psychosocial well-being during COVID-19 outbreak.
- Canadian Centre for Occupational Health and Safety [Mental Health Resources](#).
- [Wellness for Health Care Providers fact sheets](#) (Center for American Indian Health, USA)

Additional Mental Wellness Resources

- First Nations and Inuit Hope for Wellness Help Line 1-855-242-3310, Online chat available at: www.hopeforwellness.ca
- Wellness Together Canada Portal <https://ca.portal.gs/>
- Help from [Domestic Violence Victim Services Programs](#)

- Battlefords Victim Services Phone: (306) 446-1551
- Family Service Regina Phone: (306) 757-6675
- Family Service Saskatoon Phone: (306) 244-0127
- [COVID-19 resources on mental health, addictions and trauma-informed](#) care (Thunderbird Partnership)
- [Mental Health Commission of Canada](#) (MHCC) main page
- [Mental Health First Aid Psychosis Guidelines](#) (MHCC)
- [Tip sheet: Social Connection in the Era of Physical Distancing](#) (MHCC)
- [COVID-19 and mental health posters, tip sheets, webinars, etc.](#) (MHCC)
- [Canadian Mental Health Association](#) (CMHA) main page
- [Edu-Therapy Solutions: Grief resolution training and resources.](#)
- Centre for Addiction and Mental Health (CAMH): [Coping with Loss and Grief](#)
- eMentalHealth: [So you want to be happy? The Secret to Mental Wellness and Happiness.](#)
- [Schizophrenia Society of Saskatchewan](#) (SSS) main page
- [Handbook for Users of Mental Health Services](#) (SSS)

Section 4: Planning for Service Resumption

Health facilities, offices and businesses need to develop safety measures for service resumption that protect workers, visitors, clients and the public.

The goal is to develop the “new normal” for operating in a COVID-19 environment and not to return to the pre-COVID-19 work environment.

When service resumption plans align with provincial and federal legislation, regulations and guidelines, communities can integrate their plans seamlessly with those of their partners, suppliers, contractors and service providers.

Key Service Resumption Objectives and Considerations

- Align with the First Nations’ re-opening plan.
- Keep COVID-19 transmission as low as possible during Service Resumption.
- Support a phased-approach plan over weeks and months to de-escalate and resume health services and programs.
- Incorporate and comply with public health and worker safety requirements where applicable, including the Re-Open Saskatchewan guidelines and other applicable laws, regulations and policies.

For the purpose of this document, guidance is focused on the standards for ‘Health professionals’ and ‘Offices’. First Nations can choose to apply this general approach to facilities and services that operate in their territory.

Saskatchewan Context

Service resumption requirements under the Re-Open Saskatchewan plan are identified through [the plan’s guidelines](#).

As discussed in previous section(s), the Re-Open Saskatchewan plan defines what businesses, activities and services can operate in the province and how they must adapt their operations to protect the health and wellness of **workers** and the **public**.

The plan for lifting restrictions and resuming services in Saskatchewan uses a [five-phased](#) approach.

Some guidelines apply broadly (e.g. environmental cleaning, masking, PPE) while other guidelines give specific operational requirements for each industry, activity or service that resumes.

A set of [general guidelines for workplaces](#) are also included in the Re-Open Saskatchewan Plan which describe basic requirements, cleaning and PPE, and worker health/wellness.

There are more than 35 guidelines in the Re-Open Saskatchewan plan.

Because the Province of Saskatchewan adds and changes guidelines regularly, please access them through the [Re-Open Saskatchewan Plan guidelines page](#).

Communities should plan for the core public health measures (e.g., physical distancing, gathering size limits, masking) to be in place in Saskatchewan for the foreseeable future (i.e. until a vaccine or effective treatment is found).

Workplace Health and Safety

In general, Chief and Council along with managers and human resources professionals will determine how to protect the health and safety of their workers.

ISC recommends that, at minimum, service resumption plans address workplace health and safety by following the [general guidelines for workplaces](#) in the Re-Open Saskatchewan plan.

In addition to the requirements in the Re-Open Saskatchewan Plan, ISC recommends service resumption plans align with any Occupational Health and Safety (OHS) programs or requirements that apply in a given business, service or facility.

Information on COVID-19 and federally-regulated workplaces can be found through the [Labour Program, Employment and Social Development Canada](#) or through its toll free number at 1-800-641-4049.

Information on COVID-19 and provincially-regulated workplaces can be found through the [Saskatchewan Ministry of Labour Relations and Workplace Safety](#).

The Canadian Council on Occupational Safety and Health has also developed a series of [helpful tip sheets](#) and [other resources for OHS](#) during service resumption. These resources cover both specific industries and general topics.

Health services accreditation context:

Accreditation is a tool used to build capacity and prepare First Nations organizations to plan, manage and deliver their own health services.

Accredited organizations meet national standards of excellence at the same level as any other provincial health organization.

The process of accreditation ensures communities are meeting high quality health standards and continuously making improvements to enhance health service delivery. As part of accreditation, organizations have pandemic preparedness and service delivery plans, policies and protocols already in-place.

During service resumption, accredited organizations can draw on and/or build upon existing resources, as appropriate, to deliver high-quality services in the context of COVID-19. Those resources may include disaster/emergency/pandemic plans, governance standards and policies and procedures for personal protective equipment, disposal of hazardous waste policies, client/staff safety protocols, facility maintenance/security checklists to ensure efficient and effective decision-making.

In Saskatchewan, there are 56 First Nation health organizations engaged in accreditation of which 45 are accredited and 11 are in progress. The organizations engaged in accreditation include community health centres and National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Solvent Addiction Program (YSAP) Treatment Centres.

For more information or resources to support accreditation, please contact ISC-FNIHB SK Regional Accreditation Manager at Lana.Davies@canada.ca.

Accreditation Canada has a number of [standards and toolkits to assist with service resumption in accredited environments](#), which require sign-up but are currently (as of August 2020) offered free of charge.

Managing Spread in the Workplace

Emerging evidence shows that COVID-19 is spread most often through close person-to-person contact when a person inhales the virus through respiratory droplets.

Reducing exposure to respiratory droplets is how physical distancing (and other measures that reduce close contact) work to preventing transmission of COVID-19.

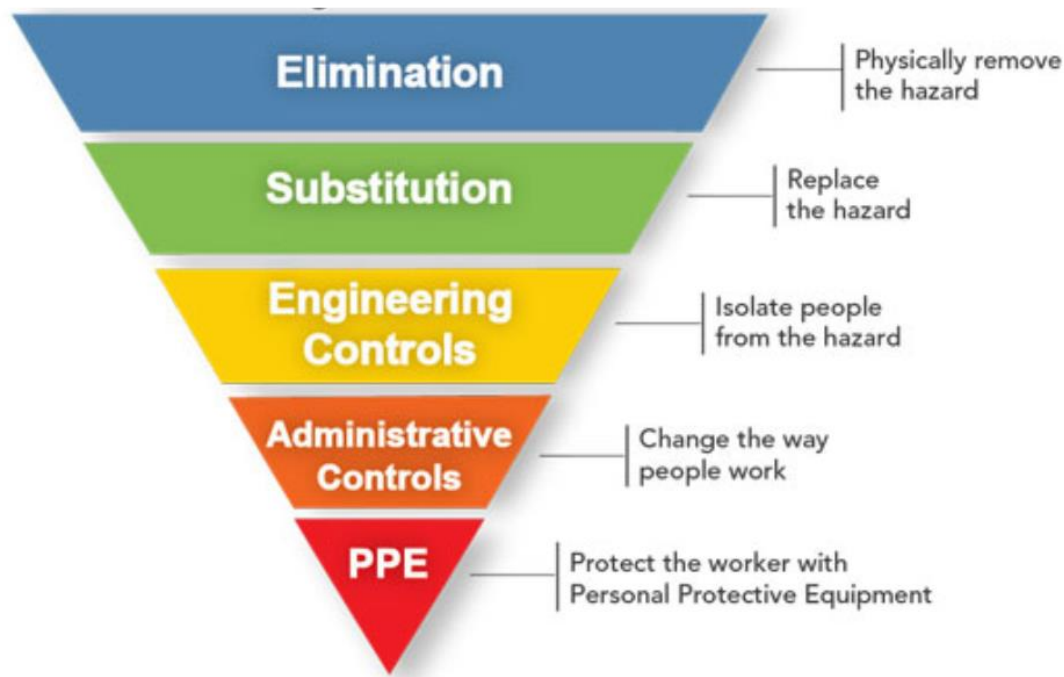
The virus can also spread when a person touches a contaminated surface and then touches their face, eyes, nose, etc.

In the workplace, COVID-19 hazards should be managed using a [hierarchy of controls approach](#) (see Figure 2). How to apply these approaches as part of a comprehensive planning process is described in the next section, under “Assessing risk and developing a workplace-specific plan.” Where possible, communities may also want to monitor workplace outbreaks as an indicator of the effectiveness of implementation of these measures over time and to adjust measures if needed.

For all workplace hazards, the best way to reduce risk to workers is to **eliminate the hazard** entirely. With COVID-19, full elimination is very difficult; only measures that keep

workers (or the public) away from the workplace completely can eliminate risk. Examples of these measures include virtual working and offering virtual services. However, many workplaces require some or all employees (or the public) to be present in the workplace some or all of the time. This increases the opportunity for close person-to-person contact, especially as service resumption continues. In this cases, some exposure can be eliminated by excluding unnecessary visitors as well as all people with symptoms or a confirmed COVID-19 test from the premises.

Figure 2: The Hierarchy of Controls (Source: [CCOHS, 2020](#))



The next best way to reduce risk in a workplace is through **engineering controls** as putting up physical barriers (e.g., plexiglass) and improving ventilation. Engineering controls can promote physical distancing through re-orienting furniture or workstations to keep workers 2m apart.

Administrative controls are the next best way to protect workers from COVID-19. These include the policies and protocols that eliminate or reduce exposure to the hazard. These include scheduling appointments, cohorting of staff by area or time slot, limiting access to certain areas, vehicles or contact with certain surfaces (e.g. tools), education and training. A key administrative control in the workplace is requiring physical distancing, which can be achieved through a combination of engineering controls, policies, designating one-way travel in hallways, limiting or eliminating waiting rooms, occupancy limits for stairs, elevators, meeting rooms, bathrooms, enacting signage, etc.

Non-medical masks (NMMs) (paper or fabric) are not PPE (i.e. they do not protect the worker). However, NMMs can soak up respiratory droplets and prevent their release into

the nearby environment. Therefore when used collectively, NMMs can reduce the overall risk of exposure. Requiring NMM is an administrative control, along with proper hand washing and physical distancing.

PPE, while helpful in reducing transmissions, is less effective than other measures in protecting workers and clients (i.e. the last step after all other measures have been exhausted). Please see the graphic below for a visual representation.

Health services (including primary care, home care, health support and first responders) will have specific requirements for medical-grade masks, respirators and other PPE that has been certified to meet quality standards to protect workers. To learn more about the difference between grades of masks, see [this tip sheet](#).

Service Resumption – General Process Elements and Steps

In First Nations, the decision on when and how to resume services will be made by Chief and Council, supported by their team(s).

Resumption of services must incorporate the new COVID-19 public and workplace safety measures identified by the Re-Open Saskatchewan plan, the Saskatchewan Health Authority, and/or the Government of Canada.

Overall process and steps

The essential elements and overall process to guide service resumption are as follows:

1. Provincial or federal public health officer implements approach for services re-opening and set minimum workplace safety requirements.
2. Review approach and/or orders in context of data and information (e.g., on current health situation and the current/likely future COVID-19 impacts).
3. Chief and Council, supported by their teams, review public health approach and orders with relevant public health officers, and set framework and schedule for resumption of services.
4. Identified work areas that are set to resume services perform risk assessments and develop safety plans that meet specific COVID-19 requirements. These assessments will entail working with relevant areas such as Human Resources (managers and supervisors, health and safety teams, Human Resource professionals), health services (such as Health Directors, nursing, emergency management coordinators, EPHOs, etc.) and other representatives as needed.
5. COVID-19 Re-opening/service resumption plans are posted on websites and in offices as appropriate, and any required or relevant training is provided to all community members, workers, etc. as relevant.
6. Modifications made to workplaces, implementing required physical distancing and engineering controls.

7. Employers procure appropriate safety and personal protective equipment and train staff to use them.
8. Communications personnel to develop and release/promote communication packages to notify relevant partners and stakeholders (staff, community members, services partners, etc.) on upcoming resumption of services and the new safety measures in place to protect them and staff from COVID-19. Recognize there will be anxiety for people in returning. Communicate confidentially and transparently. Listen and ask for feedback regularly.
9. Services resume under close monitoring and quality improvements are made if required.
10. Initiate graduated services resumption; continuously assess and revise components of the work environment and new safety measures.
11. Weekly communications to staff on overall work/progress/planning.
12. Direct messaging to teams/staff as individual plans are developed, reviewed, completed and schedules are set for service resumption.

Planning to resume non-essential FNIHB-provided services are underway. While FNIHB will determine when these services can resume broadly, the decision to resume those services in a First Nation will require approval by the Chief and Council.

Services that are not delivered by FNIHB directly (e.g. delivered through a contribution agreement or NIHB service contract) can be resumed as decided by the First Nation and the provider, where applicable.

Assessing risk and developing a workplace-specific plan:

ISC-SK recommends that each business, service or facility that is resuming operations defines all policies, guidelines, and procedures that will be in-place to reduce the risk of COVID-19 transmission.

The following table outlines potential considerations for offices and health facilities. **Additional safety planning guidance for Health Professionals/Facilities is provided in Annex C.**

Health professionals and services	Offices
<ul style="list-style-type: none"> • General and specific protocols for health professionals • Infection prevention and control, including hand hygiene and respiratory etiquette; • Cleaning and disinfection; • Personal protective equipment • Modify staff areas and work flow • Scheduling appointments and communicating with clients • Reception and waiting area • Provision of health services • Preparing for next appointment/end of day • Documentation and training • Accreditation, if applicable 	<ul style="list-style-type: none"> • Building access • Workplace operations • Work stations • Communal spaces • Outside visitors • Deliveries • Transportation • Elevator use

Employers should engage frontline workers, joint health and safety committees, and supervisors in identifying protocols for their workplace. You do not need a formal plan in place to begin operation as long as the health and safety of workers and the public is protected, but it is very good practice to develop it. The following steps are adapted from a [guide by Worksafe BC](#), but can help guide planning in any context.

1. Assess the risk at your workplace

Employers must assess their workplaces to identify places when, where and how the risk of transmission could be introduced.

This process should involve frontline workers, supervisors, and joint health and safety committees and/or worker representatives, where applicable. Employers should continue to assess the workplace after operations resume (monitor) to ensure risks are identified and managed.

Identify areas where there may be risks, either through close physical proximity, crowded rooms with poor ventilation or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk. To understand the risk at your workplace, consider the following questions:

- Where do people congregate, such as break rooms or meeting rooms?
- What job tasks or processes require workers to come into close proximity with one another or members of the public?

- What surfaces are touched often, such as doorknobs, elevator buttons, light switches, equipment, and shared tools?
- What tools, machinery, and equipment do people come into contact with in the course of their work?
- For field employees, who will they have contact with, in what setting, and what are the available adaptations to reduce risk to the worker and the client/public?

Checklist:

- Frontline workers, supervisors, (and the joint health and safety committee or worker health and safety representative, if applicable) have been involved.
- Areas where people gather (such as break rooms, production lines, and meeting rooms) have been identified.
- Job tasks and processes where workers are close to one another and/or members of the public have been identified. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs).
- Surfaces that people touch often - such as doorknobs, elevator buttons and light switches - have been identified.
- Tools, machinery, and equipment that workers share while working have been identified.

2. Implement measures to reduce the risk

Select and implement protocols to minimize the risks of transmission.

Look to the following for information, input, and guidance:

- Review the [Workplace Safety Information in the Re-Open Saskatchewan plan](#) and apply those guidelines, as they apply.
- Review the nearly 40 general (PPE, disinfection, guidelines) and specific (e.g. businesses, activities, events) guidelines [in the Re-Open Saskatchewan Plan](#) to determine whether any are relevant to your situation. Guidance for additional sectors will be posted as they become available. If protocols are developed specific to a sector, implement these to the extent that they are applicable to the risks at the workplace.
- Frontline workers, supervisors, and the joint health and safety committee (or worker representative), as applicable.
- [Orders, guidance, and notices](#) issued by the provincial health officer and relevant to your industry.
- Health and safety association or other professional and industry associations.

Key guidance on re-opening and service resumption:

The Public Health Agency of Canada and other key organizations have released a number of guidance documents to support re-opening and service resumption in specific health and non-health contexts. These include:

- [Advice for essential retailers during the COVID-19 pandemic](#)
- [Guidance for workplaces and businesses operating during COVID-19](#)
- [Risk mitigation tool for child and youth settings operating during the COVID-19 pandemic](#)
- [Risk mitigation tool for outdoor recreation spaces and activities operating during the COVID-19 pandemic.](#)
- [Advice on how to reduce risks at cultural and religious gatherings.](#)
- [Advice on how to reduce the risks for community gathering spaces.](#)
- [Guidance for road transportation workers and passengers.](#)
- [Guidance for providers of services for people experiencing homelessness in the context of COVID-19.](#)
- [Guidance on installation of a shield or enclosure system intended to protect a school bus driver from exposure to COVID-19.](#)
- [Public health guidance for schools \(K-12\) and childcare programs \(COVID-19\)](#)

Reducing the risk of person-to-person transmission

Wherever possible, use the protocol that offers the highest level of protection. Consider second, third, or fourth levels if the first level is not practical. Employers might need to use more than one level of protection to deal with a risk — for example, physical distancing and masks.

- **First level protection (elimination):** Use policies and procedures to limit the number of people in workplace at any one time and exclude people who have symptoms or are confirmed to have COVID-19.
- **Second level protection (engineering controls):** If employers cannot always maintain physical distancing, barriers may be a benefit in some areas (e.g., reception or service counters). Improving air circulation and providing dedicated rooms for interaction with clients or the public can also reduce risk. Arrange physical spaces to ensure physical distancing.
- **Third level protection (administrative controls):** Establish rules and guidelines, such as hand hygiene, cleaning protocols, ensuring workers do not share tools, and implementing one-way traffic, doors or walkways. Implement protocols to keep workers at least two metres (six feet) from others.
- **Fourth level protection (PPE):** If the first three levels of protection are not enough to control the risks, workers and customers may need to use non-medical masks or PPE. PPE should not be used as the only control measure. It should always be used in combination with other measures.

Approaches that employ multiple levels of protection:

Physical distancing and cohorting:

- Consider reducing the overall number of workers at the workplace at one time. This may be done by implementing work-from-home schedules or re-scheduling some work tasks.
- Maintain a distance of two metres (six feet) between workers and others wherever possible, by revising work schedules, organizing work tasks, and employing the use of dollies or other aids for work tasks that would typically be done by more than one person.
- Consider creating pods of workers who work together exclusively to minimize the risk of broad transmission throughout the workplace.
- Implement measures to ensure workers can maintain a distance of two metres when serving or working with or near members of the public.

Hand hygiene & Cleaning and Disinfection

- Provide adequate hand-washing facilities on site for all workers and ensure the location is visible and easily accessed. Develop policies around when workers must wash their hands, including upon arriving for work, before and after rest, food or bathroom breaks, after handling cash or other materials, before and after handling common tools and equipment.
- Implement a cleaning protocol for all common areas and surfaces, including washrooms, equipment, tools, common tables, desks, light switches, and door handles. Ensure those engaged in cleaning have adequate training and materials.
- Remove any unnecessary tools or equipment that may elevate the risk of transmission, including items like coffee makers and shared utensils and plates.

3. Develop policies

Develop the necessary policies to manage the workplace. Policies may address who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

Service resumption policies should ensure that workers and others showing symptoms of COVID-19 are excluded from the workplace (with the exception of primary health services). In Saskatchewan, this includes:

- Anyone who has had symptoms of COVID-19. Symptoms include fever, chills, new or worsening cough, shortness of breath, loss of smell or taste, overwhelming fatigue, sore throat, and new muscle aches or headache.
- Anyone directed by Public Health to self-isolate, including symptomatic people who have a negative test.

- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case (these people must [self-isolate for 14 days and monitor](#) for symptoms).
- You may wish to ask workers to complete the temperature screening and/or a screening questionnaire.

Workplaces should also ensure the following:

- Implement screening at the beginning of each shift for staff, that includes temperature, symptom assessment, etc. A screening tool example can be found [here](#). Health-facility screening tools can be found [here](#).
- Develop and implement policy that staff are to stay home when sick.
- Visitors are prohibited or limited in the workplace.
- First Aid attendants are available and their training is up-to-date.
- There are [working alone](#) and [work from home](#) policies in place (if needed).
- Workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace.
- An appropriate [violence prevention program](#) is in place.

Policies and procedures should be developed to address workers who may start to feel ill at work and include the following:

- Workers who develop or have symptoms should their manager or supervisor, even with mild symptoms.
- Sick workers should wash or sanitize their hands, be provided with a mask, and be isolated.
- Ask the worker to go straight home. The worker should consult Saskatchewan Healthline (call 811) or contact their regular health providers for further guidance related to testing and self-isolation.
- If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
- Clean and disinfect any surfaces that the ill worker has come into contact with according to the protocols required for your industry.

4. Develop communication plans and training

Ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

Potential considerations:

- Have a training plan to ensure everyone is trained in workplace policies and procedures. All workers have received the policies for staying home when sick.

- Have posted signage at the workplace, including occupancy limits and effective hygiene practices. [See [handwashing signage](#) here]. [Healthcare facility signage](#) can be found on this page.
- Consider hand sanitizing stations, and physical distancing markers and signage, in high traffic areas.
- Have posted signage at the main entrance indicating who is restricted from entering the premises, including [visitors](#) and [workers](#) with symptoms.
- Supervisors are been trained to monitor workers and the workplace to ensure policies and procedures are followed.
- Additional guidance for managers on responsive communication with employees who are experiencing change is provided in Annex D.

5. Enhanced Plans for Service Resumption

When steps one through four are complete, individual service lines are ready for resumption. These additional higher-level planning considerations may further enhance safety.

Potential considerations:

- Continued full-time teleworking where possible.
- Alternate scheduling - staff members can alternate work days between home and the office so that there is only one worker present at a time.
- Staggered starting times - to reduce traffic flow in elevators and stairways and to provide the option for staff members to commute during non-peak periods.
- Online meetings - so that staff members do not have to come in to an office or boardroom.

Once decisions have been made on these higher-level planning issues, individual staff schedules can be set and services can resume.

6. Monitor your workplace and update your plans as necessary

Things may change. If new areas of concern are identified or if it seems like something is not working, take steps to update the COVID-19 policies and procedures. Involve workers in this process.

Have a plan in place to monitor risks. Make changes to policies and procedures as necessary:

- Ensure workers know who to go to with health and safety concerns.
- Ensure that workers can raise safety concerns. This may be through a worker health and safety representative or a joint health and safety committee.

Employers with fewer than nine workers must also have a way for workers to raise health and safety concerns at the workplace. Work with these committees and workers to resolve any identified safety issues.

- When resolving safety issues, involve joint health and safety committees or worker health and safety representatives (or, in smaller workplaces, other workers).

7. Assess and address risks from resuming operations

If the workplace has not been operating for a period of time during the COVID-19 pandemic, it may be necessary to manage new risks arising from re-starting services.

Consider the following:

- Have employers had any staff turnover, or are workers being required to change or adapt job roles, or to use new equipment? Consider training or new worker orientation.
- Will workers need time or training to refresh their skills after having been out of the workplace?
- Have employers changed anything about the way the organization operates, such as the equipment you use or the products you create?
- Are there any processes required for start-up that might introduce risks? Consider the impact of re-starting machinery, tools and equipment, HVAC systems, water lines, inspections for pests or clearing systems and lines of product that may have been left when the service was closed. Safe re-opening of public facilities such as schools may require an environmental public health inspection and therefore should occur in consultation with the community's EPHO.

Section 5: After-Action Reporting and Wrap-up

The after-action review process is a critical part of the cycle of emergency management. It serves to provide a quality improvement process for First Nations communities and response partners in relation to the COVID-19 response activities.

The process also serves to recognize the efforts of those involved in the COVID-19 response activities while avoiding the placement of blame on individuals and organizations.

The after-action review process consists of the analysis of all documentation relating to an event including:

- Plans, procedures, guidelines and policies.
- Debriefs from individuals, communities and other organizations.
- Documentation from emergency event logging systems (e.g., daily situation reports, resource request registrar).
- Reports on successes, challenges, and opportunities, and recommendations.
- Plans for improvement.

The after-action review process for COVID-19 should include a full assessment of response documentation as well as debriefing processes with key individuals, communities and other organizations.

For the purposes of this document, the term “after-action review” includes the process of collecting information, analyzing information, and providing reports on the entirety of the analysis. The “debrief” process solely involves the collection of information, which will include information on successes, challenges and recommendations as provided by debrief participants.

Annex A: Example of community re-opening criteria (7) for First Nations in Saskatchewan

Criteria (Indicator also provided as a key question).	Indicator The information that helps answer key questions	Adaptation considered for a First Nations community context
<p>1. COVID-19 transmission is controlled in community and surrounding area(s).</p> <p>(What is the current rate of transmission?)</p> <p>How well is it controlled in the community and surrounding areas?)</p>	<p>1.1: Rates of cases, hospitalizations, ICU admissions and deaths</p> <p>1.2: Number of recovered and active cases</p> <p>1.3: Effective Reproductive number and other epidemiological metrics.</p>	<p>1.1 and 1.2 This information is available and updated daily online at: www.saskatchewan.ca/coronavirus. First Nations On-Reserve data is available through the Regional Medical Officers and ISC-SK communications with partners.</p> <p>1.3 The SHA calculates the effective reproductive number for the Saskatchewan (and at times for specific regions) on a weekly basis. (<i>The effective reproductive number is a measure of how quickly the virus is spreading.</i>) Other metrics will be shared when they are available and applicable.</p>
<p>2. The rate of new cases is maintained at a level that the health system can manage including clinical care capacity to respond to surges.</p> <p>(Are there enough critical healthcare services available now and in case of a surge?)</p>	<p>2.1: Critical care capacity</p> <p>2.2: Availability of PPE</p>	<p>2.1 For re-opening, Nations may want to consider the state of critical care capacity in their community (if applicable) and the nearest hospital. Information on these indicators (e.g. hospital and ICU bed occupancy and capacity, ventilator availability) are collected or under development by the SHA. ISC-SK will share this information when it is available.</p> <p>2.2 PPE supplies and ordering info is discussed in Section 3.</p>

Criteria <u>(Indicator also provided as a key question).</u>	Indicator The information that helps answer key questions	Adaptation considered for a First Nations community context
<p>3. Sufficient health system and public health capacities are in place to continue to support detecting and isolating cases.</p> <p>(Is there enough health and public health capacity to support testing, tracing and isolating cases? How sustainable is it?)</p>	<p>3.1: Testing capacity</p> <p>3.2: # Tests performed</p> <p>3.3: Resources to trace contacts</p> <p>3.4: Infrastructure projects to support isolation of cases and contacts in community.</p>	<p>3.1 Testing is available to all individuals through the nearest testing site or in the First Nation. In addition, rapid point of care testing (i.e. GeneXpert) is available in some rural and remote communities to ensure timely access to testing results.</p> <p>3.2 Testing counts are available online at www.saskatchewan.ca/coronavirus</p> <p>3.3 and 3.4 ISC has mobile testing units for surge capacity and can provide nurses to support in the event of a surge in cases. Communities who need advice or support for testing, isolation or nursing surge capacity should contact the generic inbox (aadnc.skemergency.aadnc@canada.ca).</p>
<p>4 Outbreak risks in high-vulnerability settings are minimized.</p> <p>(Are the most vulnerable adequately protected?)</p>	<p>4.1: Number, size, and status of outbreaks in high vulnerability settings</p>	<p>4.1 Consider in re-opening decisions:</p> <ul style="list-style-type: none"> the types of services delivered in each Nation (i.e. community has a long-term care home, women's or homeless shelter If community has a housing shortage; If community has a high number of Elders; If processes and procedures are in place for timely detection and response to outbreaks in high-vulnerability settings <p>The Ministry of Health reports on the status of outbreaks in municipalities and health facilities online in the "Latest Updates" section of www.saskatchewan.ca/coronavirus. The MHOs will also relay relevant information on outbreaks in the province and within communities as appropriate.</p>

Criteria <u>(Indicator also provided as a key question).</u>	Indicator The information that helps answer key questions	Adaptation considered for a First Nations community context
<p>5. Workplace preventive measures are established.</p> <p>(Have risk assessments been done and included into risk mitigation plans such as, service resumption plans?)</p>	<p>5.1: Guidance for workers and employees to prevent transmission of COVID-19 in the workplace is available</p> <p>5.2: Number of workplace outbreaks</p>	<p>Consider ability of local businesses to:</p> <ul style="list-style-type: none"> • prevent individuals with symptoms from entering premises (e.g., signage about not entering if symptomatic at entrance) • support hand hygiene practices, tissues/wastebaskets • maintain physical distancing (e.g., signage, floor markings, spacing of tables/chairs), • install retrofits such as physical barriers (e.g., plexiglass screens) • perform increased environmental cleaning (e.g., increase frequency of high touch surfaces), and; • offer options for services (e.g., online/phone ordering, curbside pick-up) <p>Encourage 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.</p> <p>Guidance on resuming services in businesses and workplaces is provided in The Re-Open Saskatchewan plan and a number of additional workplace risk mitigation guidelines are discussed and listed in Section Four.</p> <p>The Ministry of Health reports some workplace outbreaks and updates on the status of outbreaks online at saskatchewan.ca/coronavirus</p>
<p>6. Risks of imported cases are managed</p> <p>(What measures are in place to minimize the risk of imported cases, while protecting essential services or other important factors such as employment, family, cultural, health, economic factors?)</p>	<p>6.1: Number of travel-related cases (including travel outside of Canada and travel outside of Saskatchewan)</p>	<p>Depending on decisions made by Chief and Council, community border control may continue. Communities should remain vigilant and determine how and when to open, close or restrict their borders and formulate an approach based on their risk assessments and the context in their Nation and surrounding area.</p> <p>Consider how to manage essential workers that may need to come in to the First Nation from outside, or how to support community members that work outside of the community.</p> <p>Individuals returning from a worksite, correctional facility, hospital, long-term care facility, geographic location with outbreaks will need to self-monitor and may need to self-isolate based on the level of exposure.</p> <p>Information on the number of travel-acquired cases for the province is online at Saskatchewan.ca/coronavirus. For data specific to First Nations on reserve, relevant information will be reported through regular ISC-SK communication and engagement channels.</p>

Criteria <u>(Indicator also provided as a key question).</u>	Indicator The information that helps answer key questions	Adaptation considered for a First Nations community context
<p>7. Communities are engaged and empowered to adjust to the new normal</p> <p>(How much capacity exists to communicate within the community about COVID-19 precautions, informed choices and/or communicate changes in public health advice? How able (or willing) are community members to take appropriate action(s)?)</p>	<p>7.1: Communications strategy in place</p>	<p>Communities should be ready to communicate about rapid changes to public health advice to enable community members to take appropriate action together.</p> <p>Communication strategies should be flexible, and build on existing emergency notification practices and use formal and informal networks already trusted and established in the community.</p> <p>Chief and Council may want to consider different strategies to reach groups who may be at a higher risk within their communities (i.e. Elders, those with underlying health conditions, residential care).</p> <p>Consider pre-planning targeted messages for different segments of the community (i.e. Elders and youth).</p> <p>Consider for the translation of materials for community members.</p> <p>Communication practices should balance the need for personal privacy and the need to protect the health and safety of the community in an approach that minimizes potential for stigma and follows applicable privacy laws and policies.</p>

Annex B: Saskatchewan Mental Wellness Teams Info Sheet

A Mental Wellness Team is a community-based, client-centred, multi-disciplinary team that provides a variety of culturally safe mental health and addictions services and supports to First Nations and Inuit communities.

Each team incorporates traditional, cultural and mainstream clinical approaches to mental wellness services and were built on existing community supports. They enhance the continuum of care from prevention to after-care.

The Mental Wellness Team approach is designed to complement and support efforts that are currently in place in First Nations communities.

Saskatchewan's Mental Wellness Teams include:

1. **White Raven Healing Centre** | This center is located within the File Hills Qu'Appelle catchment area and has been operational since 2007 serving 14 communities. White Raven encourages open communication with all individuals, families and communities. Their primary focus is to provide traditional and conventional therapeutic counselling designed to address the legacy of inter-generational impacts of residential schools and unresolved trauma and family violence.
2. **Athabasca Health Authority** | Athabasca Health Authority provides mental health and addictions services to three First Nations communities: Black Lake, Lac La Ronge and Hatchet Lake. The health authority operates under a unique model of health service delivery that provides both federally funded and provincially funded health services to all jurisdictions across the Athabasca Basin, including on and off reserve. Access to services is a challenge due to geographic remoteness and high cost of travel. Their vision is to provide enhanced mental health and addictions services to Saskatchewan's three most northern isolated communities through an improved service delivery model with a holistic approach for patients.
3. **Prince Albert Grand Council Health and Social Development** | Prince Albert Grand Council has focused its Mental Wellness Team's activities on four communities, two of which are semi-isolated communities. The communities' total population is 5,159 and this team is able to provide services to all Prince Albert Grand Council communities in times of crisis. Through its holistic wellness center, Prince Albert Grand Council provides counselling and addictions services, both in

the communities and at the centre which is its base of operations. Prince Albert Grand Council provides community based wellness programs and services to the entire population, including violence reduction. This team's vision is to strengthen and build upon their current work to support holistic and strength- based practices and programming to address gaps in communities, promote good mental health and reduce the stigma associated with mental health and addictions.

4. **Onion Lake Cree Nation** | Onion Lake Cree Nation is an independent First Nation whose Mental Wellness Team partners and supports four other independent First Nations to serve a total population of 8,937. This team works to enhance mental health and addictions capacity and services through a public health lens, while mentoring smaller partnering communities to enhance their services. Onion Lake Cree Nation Community healing and wellness provides a variety of culturally safe mental health and addictions services and supports First Nations and other groups who are residents in their communities. Onion Lake Cree Nation supports an integrated approach to service delivery (multi-jurisdictional and multi-sectoral) and is the regional lead on many initiatives related to joint training and capacity development. Their philosophy focuses on a holistic approach to healing and wellness, educating, training, developing and implementing programs for the community, while incorporating traditional and contemporary philosophy based on the values of respect, kindness, caring and integrity.

5. **Meadow Lake Tribal Council** | This team serves nine communities to provide client- centered mental health programming that integrates the best of mainstream therapeutic techniques with traditional First Nations healing practices. This team builds on Meadow Lake's existing crisis response team and was established to expand community capacity to immediately respond to crisis in communities.

6. **Battle River Treaty 6 Health Council** | Serving six communities, this team reconfigured their National Native Alcohol and Drug Abuse Program to broaden the scope of services in both mental health and addictions. They now offer both mental health and addictions counselling for community members ages ten years and up, with a small compliment of staff, and have also added cultural facilitation in their wellness programming. This team has an exceptional working relationship with the Regional Health Authority and some of their program staff are immersed in the Regional Health Authority to support First Nations clients.

7. **Saskatoon Tribal Council** | Serving six communities, this team regularly consults with Saskatoon Tribal Council member communities to determine their needs and provide activities in support of holistic wellness. Centrally located, this team provides immediate support to evacuees and clients sent to trauma centres for health related concerns.

8. **Yorkton Tribal Council** | Serving six communities, three of which have high risk populations, this team aims to provide support that is community-based, flexible and multi-disciplinary. The goal is to provide client-centred, strength-based comprehensive mental health and addictions care throughout the lifespan of clients and offer a full continuum of care while supporting communities and responding to crisis when required.
9. **Lac La Ronge Indian Band** | This team provides client-centred, strength-based comprehensive mental health and addictions care throughout the lifespan of clients and offer a full continuum of care while supporting communities and responding to crisis when required.
10. **Peter Ballantyne Cree Nation** | This team provides client-centred, strength-based comprehensive mental health and addictions care throughout the lifespan of clients and offer a full continuum of care while supporting communities and responding to crisis when required.
11. **Touchwood Agency Tribal Council** | This team is under development and will serve four communities. The goal is to provide client-centred, strength-based comprehensive mental health and addictions care throughout the lifespan of clients and offer a full continuum of care while supporting communities and responding to crisis when required.
12. **Agency Chiefs Tribal Council** | This team is under development and will serve four communities. The goal is to provide client-centred, strength-based comprehensive mental health and addictions care throughout the lifespan of clients and offer a full continuum of care while supporting communities and responding to crisis when required.

For more information on Mental Wellness Teams, please call:

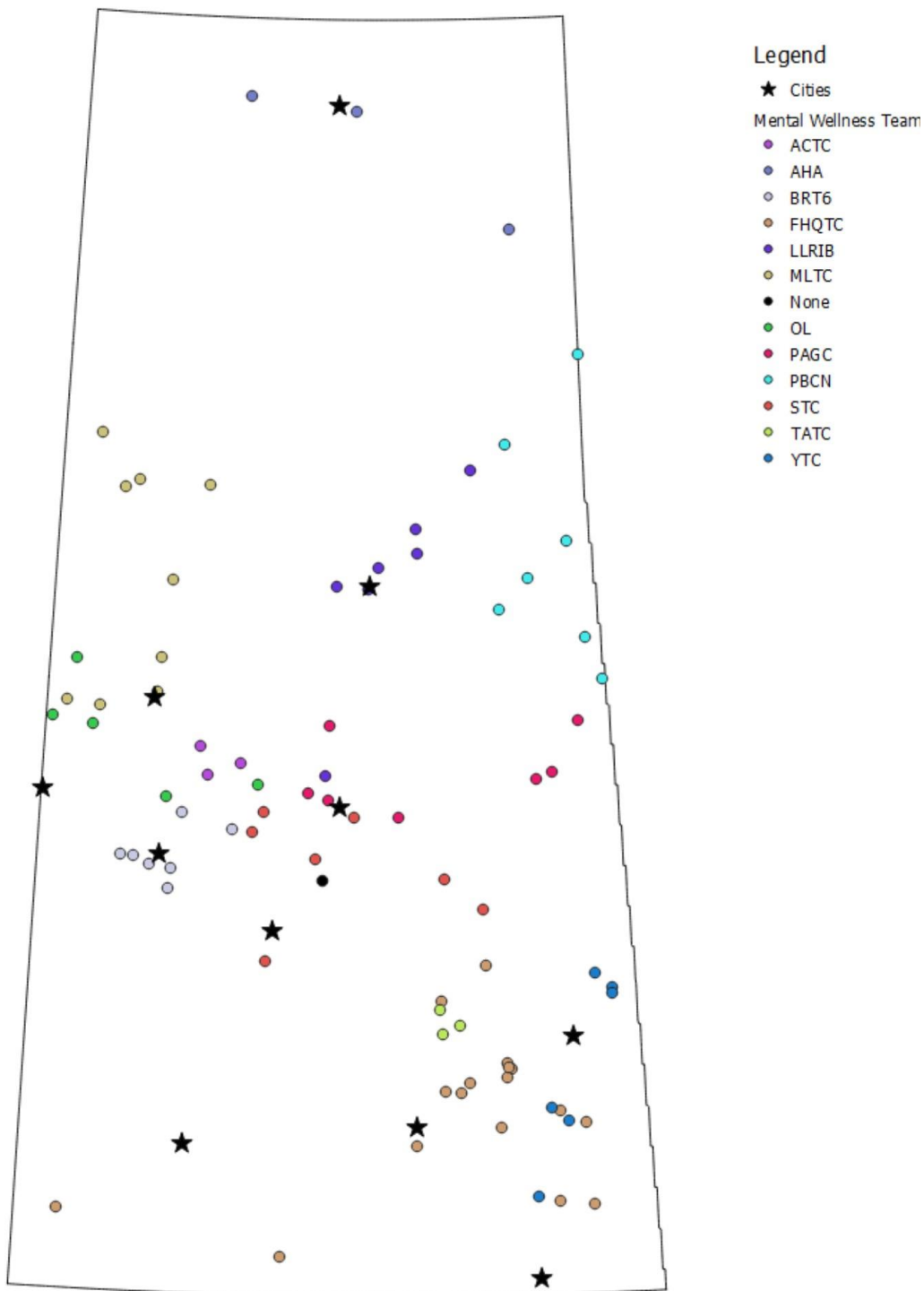
Dawn Sinclair

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Indigenous Services Canada

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Mental Wellness Teams

Date: Feb 12, 20



Annex C: Health professionals: specific information

These protocols provide guidance to health professionals. Regulated healthcare professionals have additional obligations around clinical care prescribed by their regulatory body.

Health professional employers may also benefit from reviewing protocols for in-person counselling and office spaces. Employers must also ensure they are abiding by any relevant orders, notices, or guidance issued by the provincial health officer and the health authority relevant to their workplace.

Resources on the Saskatchewan First Nations COVID-19 Portal

The Saskatchewan First Nations COVID-19 portal lists critical service resumption documents for health settings, including key links to resources from the Saskatchewan Health Authority and the Public Health Agency of Canada. This includes resources such as:

- Guidance on re-opening medical and health clinics
- FAQs for health care workers on family and support people (visitors)
- Family and support person (visitor) screening tool
- Health care facility: posters for staff, clients and visitors
- Guidance for health care facilities
- Health care facility signs
- COVID-19 guidance for long term care facilities and nursing homes in Indigenous communities
- COVID-19 guidance for health care sector

Safety plan protocols for health professionals

Health Facilities should also refer to the [Medical Professionals Guidelines](#) in the Re-Open Saskatchewan Plan.

The following section also includes some links to Worksafe BC Protocols (such as [this Protocol for Health Professions](#)) for general information only.

Hygiene, cleaning, and disinfection

- Ensure adequate hand washing facilities are available, and provide alcohol-based hand sanitizers approved by Health Canada (Drug Identification Number (DIN) or Natural Product Number (NPN) number) with minimum 60% alcohol active ingredient.

- Encourage staff and clients to practice hand hygiene upon entering and exiting the clinic.
- Identify all common areas (e.g., washrooms, lunchrooms) and high contact surfaces (e.g., door handles, stair rails). Develop and implement a cleaning and disinfection schedule and associated procedures.
- Ensure shared equipment and facilities (e.g., telephones, computers, washrooms and laundry rooms) receive increased cleaning and sanitizing.
- Develop and implement protocols for cleaning and disinfecting treatment areas and equipment to prevent surface transmission between clients.
- Provide staff training to ensure safe handling and effective application of cleaning products.

Modify staff areas and work flow

- Work remotely whenever possible.
- Develop and enforce policy that staff are to stay home when sick.
- Hold staff meetings virtually through use of teleconference or online meeting technology.
- Where in-person meetings are required, ensure staff members are positioned at least two metres apart.
- If work in the office/clinic is required, consider staggering start times or developing alternating schedules to reduce the number of people in the workplace at a given time.
- To minimize the close contact between workers, consider creating teams or groupings of health professionals and schedule them to work together regularly.
- Prioritize the work that needs to occur at the workplace for you to offer your services.
- Arrange staff rooms and break rooms to adhere to physical distancing guidelines.
- Consider staggered break times to reduce the number of workers gathering during breaks.
- Minimize the shared use of workstations and equipment where possible.
- Consider implementing the requirement for staff to have dedicated work clothes and shoes. Provide a place for staff to safely store their street clothes while working and change in/out of clothes to prevent cross-contamination upon entry and exit from facility.
- Consider adjusting the general ventilation such as increasing the amount of outdoor air used by the system. Maintain the indoor air temperature and humidity at comfortable levels for building occupants.
- Additional considerations for offices (e.g. workstations, building access, visitors) can be noted in this [Worksafe BC protocol](#).

Scheduling appointments and communicating with clients

- Determine how many clients can be within the clinic at a given time while maintaining at least two metres of physical distance. Do not book appointments above this number.
- In order to accommodate physical distancing, appointment times may need to be staggered.
- When speaking with clients during scheduling and appointment reminders, ask clients to:
 - Reschedule if they become sick, are placed on self-isolation, or have travelled out of the country within the last 14 days.
 - Attend appointments alone where possible, and not bring friends or children.
- Where possible, email the client any forms that need to be filled out so clients can complete them prior to arriving at the clinic.
- Clinics with a website should consider posting information on modifications made to the location and appointment visit procedures.

Reception

- [Post signage](#) at the entrance of the clinic and within the clinic to assist with communicating expectations, such as [hand hygiene](#), physical distancing, [respiratory etiquette](#), reporting illness or travel history, [occupancy limits](#) and no entry if unwell or in self-isolation
- Consider placing lines on the floor to mark a two-metre distance from the reception desk.
- Consider use of a transparent barrier, such as a plexiglass shield around reception desk, when there is insufficient space to maintain a two-metre distance between staff and clients.
- Screen all clients when they check in for their appointment. Ask them if they have symptoms associated with COVID-19, have been advised to self-isolate, or have travelled outside of Canada within the last 14 days. If a client responds “yes” to these questions, ask them to leave and re-schedule the appointment when deemed clinically appropriate. Screening tools can be found on [this page](#).
- During transactions, if possible, limit the exchange of papers such as receipts.

Waiting area

- Arrange the waiting area in a way that allows at least two metres of physical distance between each client. Consider removing extra chairs and coffee tables from the area to support this.
- Remove unnecessary items and offerings such as magazines, toys, candy, and beverages. Use disposable cups or single use items where necessary.

- Instruct clients to arrive no more than five minutes before their expected appointment. Consider having clients wait in their vehicle, where possible.
- Where room size or layout presents challenges to physical distancing, consider alternative approaches, such as asking clients not to enter the clinic until they receive a text message or phone call to advise that their appointment can start.

Transportation

- Annex E of this document provides a quick guide on COVID-19 risk management for medical transportation.
- In-depth guidance regarding medical transportation can be found in the *NIHB Medical Transportation and Hygiene for Medical Drivers and Medical Van Operators during COVID-19 Pandemic* guidance document. To obtain this document send a request to sac.sasknihb_inquiries.isc@canada.ca.

Provision of health services

Regulated professionals may have additional obligations around clinical care prescribed by their professional college. Professionals and health managers should monitor for new requirements set by their professional colleges.

- Conduct appointments virtually where clinically appropriate.
- Conduct a point-of-care assessment for risk of COVID-19 for every client interaction.
- Health services should not be performed clients who are ill or symptomatic, if that is clinically appropriate.
- When possible, the health professional should position themselves at least two metres from the client.
- Consider treating only one client at a time to minimize risks associated with moving between two or more patients.
- Where shared treatment areas exist, ensure clients are positioned at least two metres apart. Clean and disinfected share equipment between uses by clients.
- Wherever possible, workers should use their own products. If products are shared, they must be cleaned and disinfected between uses.
- Practice effective hand hygiene after each client by washing hands with soap and water or using an alcohol-based hand sanitizer approved by Health Canada (DIN or NPN number).
- Where feasible, health professionals should avoid sharing equipment or treatment rooms. Treatment rooms should be allocated to a single health professional per shift.

Preparing for next appointment/end of day

- Call and pre-screen clients a day before their appointment to promote self-screening and minimize disruption from cancellations.
- Ensure waiting and treatment areas and equipment are cleaned and disinfected to prevent surface transmission between clients.
- Commonly touched surfaces and shared equipment must be cleaned and disinfected after contact between individuals, even when not visibly soiled.

Documentation and training: considerations for health managers and administrators

- Provide your staff information on the risk of exposure to COVID-19 and the signs and symptoms of the disease.
- Provide instructions to workers on methods for maintaining physical distance, such as not greeting others by hugging or shaking hands.
- Train your staff on changes to work policies, practices, and procedures due to the COVID-19 pandemic. Keep records of that training.
- Workers must be trained on donning, using, and doffing PPE. See information regarding use of PPE on [this page](#).
- Provide up-to-date information on public health officer orders and guidance. Consider daily safety meetings with staff to disseminate any new information. Document these meetings.
- Train your staff on how to report an exposure to COVID-19.
- Ensure a process is in place for workers to report concerns and for employers to address them, and that worker representatives or joint health and safety committees are in place where required.
- Keep training records for staff. Examples of training records may include:
 - Donning, using, and doffing personal protective equipment.
 - Training on safe work procedures.
 - N95 respirator fit testing (where applicable).
- Consider accreditation requirements or standards, if applicable.

For more information

The information on this page is based on current recommendations and may change. For the latest guidance, please see the health information from the [Government of Canada](#) and the latest news from the [Government of Saskatchewan](#).

Annex D: Communication and change management¹

As service resumption progresses managers may be required to communicate more often and with more detail. As such, it is important that managers ensure that employees are hearing the same message, understand service resumption strategies and how their work and behaviours will be impacted.

Most businesses and organizations that have been impacted by the pandemic have put in place strategies to communicate with employees working from home or have intermittent access to email and other IT systems. In addition, many managers have been communicating with their employees by way of telephone or personal emails to convey key information.

Managers should keep in mind that when people are under stress, their ability to process information is reduced by 80%.

This stress in turn causes:

- Difficulty hearing, understanding and remembering information.
- Understanding information at four grades below their education level.
- Reacting to perceived threats rather than to reality.

In communicating to their teams, managers should make the effort to:

- Communicate often.
- Support changes with a positive, yet realistic attitude.
 - Do raise concerns to the level above you.
 - Do not criticize the proposed change to the level below you.
- Be concise/consistent/use simple language.
- Be honest about what is/is not known.

¹ This section is adapted with permission from P.Sarran-Persad, D.Clark, K.Mendonca (Berkeley University of California – Staff Learning and Development). Change Management Toolkit - Tips, Tools, and Techniques for Leading a Successful Change Initiative. https://hr.berkeley.edu/sites/default/files/change_management_toolkit.pdf

- Show caring and empathy.
- Listen more than talk; acknowledge feelings.
- Be aware of tone, e.g. pronouns (“we” NOT “you”).
- Provide opportunity for dialogue; ask for input and feedback (to ensure commitment to the proposed change).
 - Ask... “What additional information do you need?”
 - Ask... “How can we best set you up for success?”

Understanding Communications through the Kubler-Ross Change Process Model:

The following information is provided in this service resumption guide as a resource; it is not intended to replace the communication or change management approaches of Nations which are rooted in their culture or ways of knowing.

Many individuals tend to go through similar emotional journey whether they perceive the change as a positive (something they’ve chosen) or as negative (something that has been thrust upon them). They must go through each of the stages in order to let go of the past and move forward.

The Elizabeth Kubler-Ross’ Grief Cycle Model (1969) was originally used to explain an individual’s bereavement journey, but can also be used to explain the emotional responses people experience during other forms of change. The model is divided into five phases – Denial, Anger, Bargaining, Depression and Acceptance.

While the journey appears sequential, in real life people move through the stages at different rates. Some individuals go through the stages in a rather linear fashion. Employees may move right through the resistance parts of the journey, moving rather quickly straight to acceptance. Others may get stuck for a period of time at a particular stage. They have trouble “letting go” causing them to get stalled along the way. When multiple changes are staggered or simultaneously occur in an organization during a short period of time, it is not uncommon for an individual to revert back to an earlier stage as the next wave of change hits.

The following chart was developed by the University of California, Berkeley, and provides an amended version of the Kubler-Ross Model as it applies to employees going through a change process. Managers can check in with their employees regularly and determine which approaches can best support their staff.

Denial Stage: A temporary defense that gives us time to absorb news of change before moving on to other stages. It is the initial stage of numbness and shock. We don't want to believe that the change is happening.		
You See: <ul style="list-style-type: none"> • Indifference • Disbelief • Going through the motions • Avoidance /Withdrawal 	You Hear: <ul style="list-style-type: none"> • Silence • "It's OK" • "It will never happen" • "It won't affect me" • "All we need to do is..." 	Strategies: <ul style="list-style-type: none"> • Provide frequent, consistent information about the change; explain what to expect and actions to adjust • Clarify what is changing and what is not • Place change in broader context • Address rumors and misinformation; confront without threatening
Resistance: When we realize that the change is real and will affect us our denial usually turns to anger.		
You See: <ul style="list-style-type: none"> • Anger/Hostility • Complaining • Glorifying Past • Skepticism • Accidents • Lack of concentration 	You Hear: <ul style="list-style-type: none"> • It's unfair" • "It doesn't make sense" • "I'm leaving" • Asking for more detail 	Strategies: <ul style="list-style-type: none"> • Acknowledge and legitimize feelings, don't justify the need for change now • Clarify case for change • When old issues resurface, don't choke or punish them • Give more information about the change; tell people where they stand • Establish firm expectations • Determine knowledge/skill gaps to prepare for the change • Provide exposure and opportunity to influence participation

Testing Stage: This is a natural reaction of those who are experiencing change. It's an attempt to postpone what is inevitable.		
You See: <ul style="list-style-type: none"> • Exploring options • Risk-taking • Tentativeness • Impatience • Activity without Focus 	You Hear: <ul style="list-style-type: none"> • Enthusiasm • Optimism • "I've got an idea" • "Let's try..." • "What if..." 	Strategies: <ul style="list-style-type: none"> • Focus on short-term goals and priorities • Encourage personal stock-taking and goal setting, and exploring options • Encourage risk-taking • Encourage new skills to be acquired • Reinforce desired behaviors • Celebrate successes and endings • Provide opportunities for participation and contribution • Acknowledge efforts and the struggle
Acceptance Stage: As people realize that fighting the change is not going to make it go away they move into a stage of acceptance.		
You See: <ul style="list-style-type: none"> • Acceptance of the change • Future orientation • Initiative • Self-efficacy • Confidence 	You Hear: <ul style="list-style-type: none"> • "How can I contribute?" • "Let's get on with it" • "We can do it even better" • "I'm prepared whatever comes up" 	Strategies: <ul style="list-style-type: none"> • Provide guidance, support, and recognition • Provide frequent feedback on progress • Establish "performance levers" to sustain new behavior • Provide leadership: less information, more inspiration • Be careful not to overload or burnout • Enroll as advocate to assist others

Annex E: Medical Transportation

In-depth guidance regarding medical transportation can be found in the [NIHB Medical Transportation and Hygiene for Medical Drivers and Medical Van Operators during COVID-19 Pandemic](#). If you require this document please email sac.sasknihb_inquiries.isc@canada.ca

Below is a quick guide as to best practices made previously in this document as it relates to medical transportation.

Elimination	<ul style="list-style-type: none"> Whenever possible, community members seeking medical care for COVID-19 should transport themselves in vehicles with no passengers 	Hand Washing. Physical Distancing, use of Non-medical masks
Substitution		
Engineering Controls	<ul style="list-style-type: none"> Installing physical barriers Travel with windows open or use the vehicle's vents for fresh air circulation The passenger should sit as far away as possible from the driver. The bigger the vehicle, the better, to allow distancing. Vans are better than cars since they allow for better distancing between the passenger and driver. 	
Administrative Controls	<ul style="list-style-type: none"> NIHB Medical Transportation and Hygiene for Medical Drivers and Medical Van Operators during COVID-19 Pandemic Identifying a specific vehicle for COVID specific travel Use of non-medical face coverings Follow cleaning and disinfection procedures every time. Especially commonly touched surfaces such as door handles, handrails, seatbelt buckles after each trip. 	
PPE	<ul style="list-style-type: none"> Proper use of Gloves, Gowns and medical masks as required 	

* All those involved in the transportation system are encouraged to continue monitoring and abiding by public health authorities' Coronavirus (COVID-19) recommendations.

References Used:

1. [CDC](#) - Considerations for Non-emergency Vehicle Transportation for Tribal Communities During COVID-19
2. FNIHB - NIHB Medical Transportation and Hygiene for Medical Drivers and Medical Van Operators during COVID-19 Pandemic
3. [PHAC](#) - Practices for the Use of Masks, Face Coverings and Gloves for Transportation Workers and Passengers in the Road Transportation System.

