

20. Guidelines for First Nations Communities

There are 134 First Nations communities in Ontario. Of those, 106 are non-isolated (i.e., road access < 90 km to physician services) and 28 are isolated (i.e., regular flights, no year-round road access, good telephone and radio services).

Of the 160,000 First Nations people in Ontario, about 80,000 live in First Nations communities.

The Province of Ontario, the Government of Canada through First Nations and Inuit Health (FNIH) and the First Nations communities share responsibility for First Nations health services in Ontario:

- FNIH's primary mandate is for First Nations people living in First Nations communities. FNIH provides primary care services (including emergency services) and public health services in remote and isolated areas where there are no provincial services readily available (see map next page).
- First Nations people living outside First Nations communities will have their health needs met, like other Ontarians, by the provincial health care system.
- The relationship between local public health units and First Nations communities varies across Ontario. Some health units have no contact with First Nations communities while others deliver services such as immunization clinics.

FNIH, the provincial government and public health units have been collaborating informally to meet the health needs of First Nations communities; however, they have not clearly defined their roles during a public health emergency.

The Ministry of Health and Long-Term Care (MOHLTC) is working with First Nations and Inuit Health (FNIH) of Health Canada and the Chiefs of Ontario (COO) to develop plans to meet the needs of First Nations communities during an influenza pandemic. This chapter sets out the steps that MOHLTC, FNIH and COO will take to provide First Nations people living in First Nations communities in Ontario with the same access to influenza pandemic-related services, resources and stockpiles as other residents of the province.

20.1 Objectives

- To identify the needs of First Nations communities during an influenza pandemic.
- To identify the roles and responsibilities of the Ontario Ministry of Health and Long-Term Care, First Nations and Inuit Health (FNIH), and First Nations communities in responding to an influenza pandemic.

In the event of an influenza pandemic, the goal is to provide First Nations people living in Ontario with the same access to pandemic-related resources and stockpiles as other residents of the province. For First Nations people living in the 134 First Nations communities in Ontario, the situation will be more complex. Health services in these communities are currently provided by nurses, community health representatives, visiting physicians and nurse practitioners employed by FNIH or the Bands or MOHLTC. In remote areas, people who need hospital care are flown to larger centres where they receive services funded by the MOHLTC.

Figure 20.1: Map of FN/II Health Services



20.2 Planning Assumptions

Because of the rural, remote or isolated nature of First Nations communities:

- services – such as physician visits and transportation (air ambulance) -- will be disrupted during an influenza pandemic, and alternative arrangements will be required
- communities will have to make effective use of available technology (e.g., telephone, video consultations) to access information and care

- timely distribution of antivirals, vaccine and supplies may be an issue.

First Nations people living *outside First Nations communities* will have equitable access to the influenza programs and services in their communities, including education and information, antivirals, vaccine when it becomes available, and assessment and treatment services.

Compared with the general Canadian population, First Nations people have four times the rate of hospital admissions for pneumonia. This reinforces the importance of equitable access to prevention, assessment and treatment

services for First Nations people in Ontario.

20.3 Surveillance

FNIH has developed a surveillance system for influenza-like illness (ILI) in First Nations communities. Sentinel health centres, schools and daycares report cases of influenza or absences due to influenza (see Figures 2 and 3).

FNIH uses this information to monitor influenza activity in all geographic areas where there are First Nations communities. If there is an influenza outbreak in a certain geographic area, FNIH notifies all adjacent communities.

- As part of preparedness planning, FNIH will continue to monitor influenza cases and provide reports to the MOHLTC. FNIH will provide reports with the same frequency as required from the province's public health units.
- The MOHLTC will work with FNIH to provide necessary information about the incidence and prevalence of influenza in neighbouring areas. FNIH will share these data with the First Nations communities in a timely manner.

20.4 Health Human Resources

FNIH is working with the First Nations communities to develop a pandemic health human resources (HHR) plan, and identify nurses and other health professionals who will provide care in the communities during an influenza pandemic. Once the plan is developed, it will be included in this chapter.

Training

MOHLTC and FNIH will collaborate to develop training materials for staff working in First Nations communities, and continue to look for opportunities to share resources, knowledge and experience:

- The MOHLTC is currently developing generic training modules for health care workers across all sectors. FNIH and a First Nations nurse will join the working group, and the modules will be made available to nursing stations, health centres and long term care facilities in First Nations communities. They will also be posted on the web whenever possible.
- The MOHLTC's mandate does not include training; however individual municipalities may be offering training. Health care workers employed in First Nations communities will be given the opportunity to participate in any hands-on training offered by their local public health unit/ municipality, and FNIH and MOHLTC will identify programs available to assist with the cost (e.g., the Nursing Initiative managed by the RNAO, which is part of the province's nursing strategy).
- FNIH has developed clinical guidelines for First Nations nurses, and has shared these with the province.
- The MOHLTC will develop a decision tree for use by Telehealth Ontario staff to ensure that, during a pandemic, individuals are directed to the appropriate setting/ services. This decision tree will be shared with FNIH, COO and the Political Territorial Organizations (PTOs) for use in establishing telehealth services.

Figure 20.2: ILI Surveillance 2006: Health Facility Sites

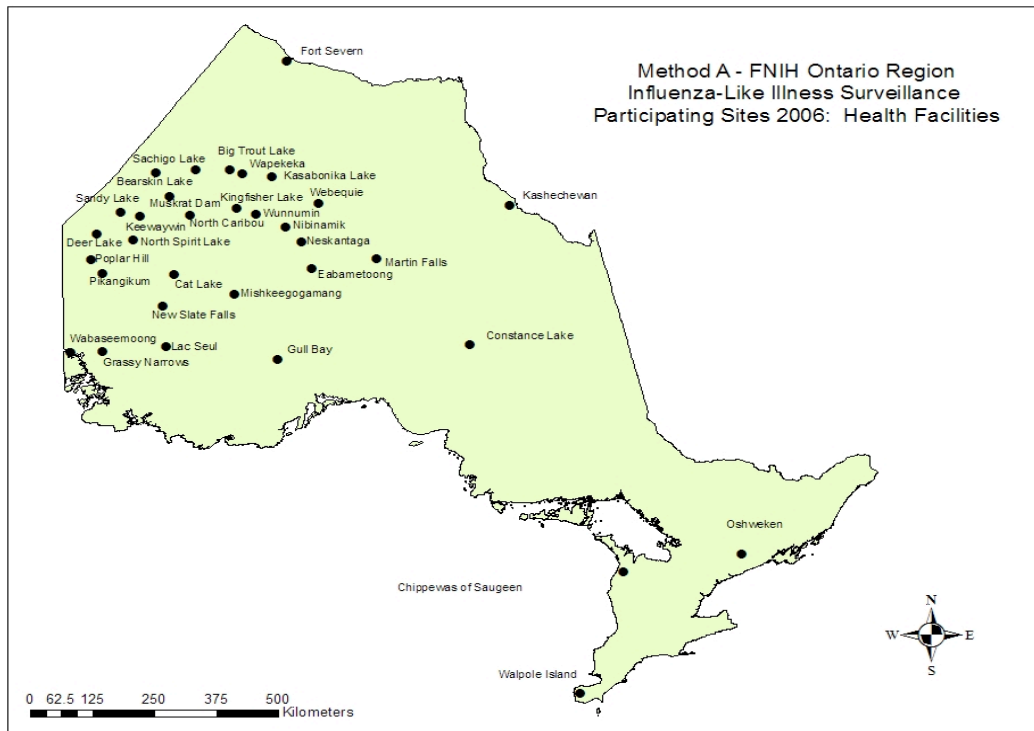
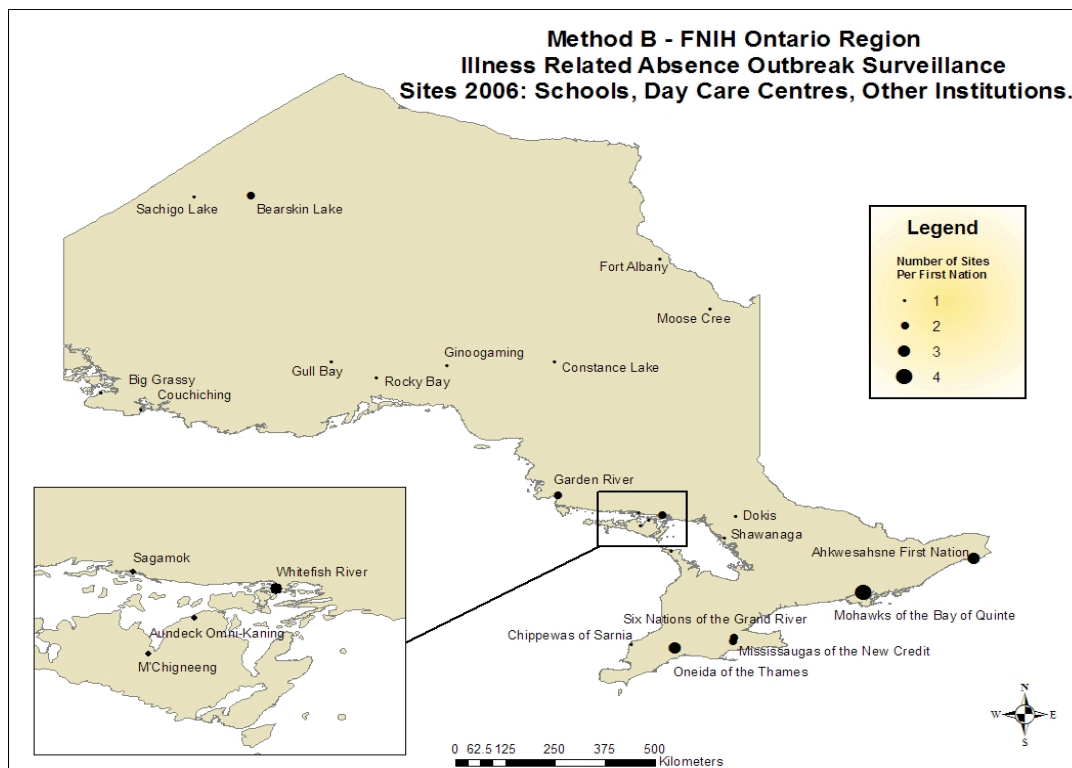


Figure 20.3: ILI Surveillance 2006: Schools, Day Care Centres, Other Institutions



20.5 Antivirals and Vaccine

First Nations people in Ontario are concerned about access to antivirals and vaccine during a pandemic, and want to be sure they have equitable access to government stockpiles.

Antivirals

Ontario is committed to building a large enough stockpile of antivirals by 2008 to treat 25% of the population (i.e., the proportion likely to be sick enough to require treatment) and to provide equitable access to antivirals for anyone in the province who is sick, including First Nations people. If an outbreak occurs before 2008, antivirals will be distributed based on the epidemiology of the disease (i.e., given first to those most likely to suffer complications related to influenza).

The Public Health Agency of Canada is currently developing a national policy on access to antivirals for prophylaxis, which will address the needs of health care workers and other critical infrastructure workers. When that is complete, Ontario will develop a provincial policy, which will apply to all residents of the province, including First Nations people.

In the event of a pandemic:

- First Nations people living outside First Nations communities who become ill will access antivirals in the same way as other people in the province: through Flu Centres and hospitals. The MOHLTC will inform the organizations responsible for distributing/administering antivirals about their legal obligation to provide antivirals to all citizens, including First Nations people. Any communication with health organizations about serving First

Nations people will be shared with FNIH, COO and the Political Territorial Organizations (PTOs).

- First Nations people living in First Nations communities who become ill will access antivirals through their health centres and nursing stations. Ontario will provide antivirals to FNIH, which will be responsible for distributing them to First Nations communities.
- For security reasons, the province will not distribute antivirals until directed to do so by the Chief Medical Officer of Health for Ontario. FNIH will be responsible for working with First Nations communities to develop a secure way to transport, store and distribute antivirals in accordance with provincial policy. The First Nations communities will be responsible for maintaining a secure storage and distribution system for antivirals, for tracking their use, and for monitoring and reporting any adverse reactions.
- Because it may be difficult to distribute antivirals quickly to some isolated First Nations communities (i.e., within the 48 hours required for treatment to be effective), MOHLTC will provide FNIH with a small standing stockpile of antivirals that can be distributed immediately to the appropriate communities. FNIH will be responsible for providing appropriate storage and security for this small stockpile.

Vaccine

It will take four to five months after the pandemic strain is identified to develop a vaccine. Ontario is committed to providing equitable access to influenza

vaccine – once it is developed -- to all residents of the province. The federal government has negotiated an agreement with a manufacturer to deliver enough vaccine to give one dose to the entire population within four months of a vaccine being developed.

Vaccine requires a cold chain storage system. At the current time, First Nations communities receive their vaccine supplies either directly from their local public health unit (i.e., communities in the South and Thunder Bay Zones) or from a nearby hospital, which receives its supplies either from a local health unit or the government pharmacy (i.e., Sioux Lookout). Depending on the distance, vaccine is either transported in vaccine bags with ice packs or in hard coolers with ice packs and temperature indicators. In the First Nations communities, vaccine is stored in refrigerators located in the health centres or nursing stations, and refrigerator temperatures are monitored daily and recorded in a log book.

During an influenza pandemic, the same supply and distribution chains and procedures will be used because they provide the necessary cold storage system as well as the experience to distribute and manage a vaccine program.

When a vaccine becomes available:

- First Nations people living outside First Nations communities will access vaccine through the same sites as other people in the province (e.g., public health units, community immunization clinics). The MOHLTC will work with local public health units to educate public health staff about their legal obligation to provide vaccine to all citizens, including First Nations people. Any communication with public health units about serving

First Nations people will be shared with FNIH, COO and the PTOs.

- Local public health units/hospitals will be responsible for distributing vaccine in a timely way to First Nations communities. The supplies that health units/hospitals receive will take into account the needs of First Nations communities.
- Staff at the First Nations health centres will be responsible for maintaining cold storage, administering vaccine in their communities, and maintaining immunization records, including reporting any adverse event, according to FNIH's current vaccine distribution policies and procedures (see *Immunization Protocol*, First Nations and Inuit Health Branch Ontario Region, Health Canada, Chapter 4.).

Antivirals and Vaccines for the Mohawks of Akwesasne

The Mohawks of Akwesasne are in a unique situation because their community covers an area that includes part of Ontario, Quebec and upper New York State. The community's health centre is located in Quebec.

The goal of pandemic planning is to ensure that the Mohawks of Akwesasne have equitable, timely access to antivirals and vaccine during a pandemic. To be able to provide pandemic health services effectively and efficiently, the Mohawks of Akwesasne have requested that Ontario be responsible for distributing antivirals and vaccine for the entire community. Representatives of the MOHLTC, FNIH, the Quebec Ministry of Health and the Mohawk Government will meet to discuss this request and determine the most

effective way to supply and distribute antivirals and vaccine for this community.

For more information on antivirals and vaccine, see Chapter #9.

20.6 Supplies and Equipment Stockpiles

First Nations health centres will follow the same policies and procedures as other organizations in Ontario for stockpiling supplies of personal protective and other medical equipment, which is:

- FNIH is responsible for ensuring the health centres in First Nations communities have and maintain an initial four-week stockpile of masks, eye protection, gowns, gloves and other equipment.
- the Ministry of Health and Long-Term Care is responsible for maintaining an additional four-week stockpile of masks, eye protection, gowns, gloves and other equipment that will be available to First Nations communities. This will provide an adequate supply for the first wave (i.e., six to eight weeks) of the pandemic, in case of any disruption in traditional supply chains.

MOHLTC and FNIH will work together to develop a plan for distributing supplies to First Nations communities during a pandemic.

Note: OHPIP covers supplies stockpiling for the health system only; it does not include supplies that may be required for workers providing critical infrastructure services (e.g., power, transportation). This will be the responsibility of other provincial ministries and federal departments.

20.7 Influenza Centres/Alternate Care Sites

Ontario communities are planning to establish Influenza Centres/alternate care sites that will provide primary assessment and treatment services for people with influenza symptoms, and reduce the pressure on primary care physicians and hospitals.

- First Nations people living outside First Nations communities will have the same access to Flu Centres as other residents of their communities. The MOHLTC will establish guidelines for Flu Centre policies and procedures, which will require organizations to make it explicit that First Nations people have the same right to services as other citizens of Ontario. Training programs for Flu Centre staff will address issues of access to service for First Nations people, stigma and discrimination.
- The guidelines for Flu Centre policies and procedures will be shared with FNIH, COO and the PTOs. Statements from the Chief Medical Officer of Health for Ontario about where people are to go for care issued during a pandemic will also be shared with FNIH, COO and the PTOs.
- FNIH is working with First Nations communities to identify sites for Flu Centres, such as schools and community centres. The communities are looking at ways to work together to establish shared sites that will make the best use of limited resources.
- Ontario has not yet identified the funding source for equipment/ infrastructure for the Flu Centres. The MOHLTC and FNIH will meet with Indian and Northern Affairs Canada

(INAC) to resolve supply / infrastructure issues.

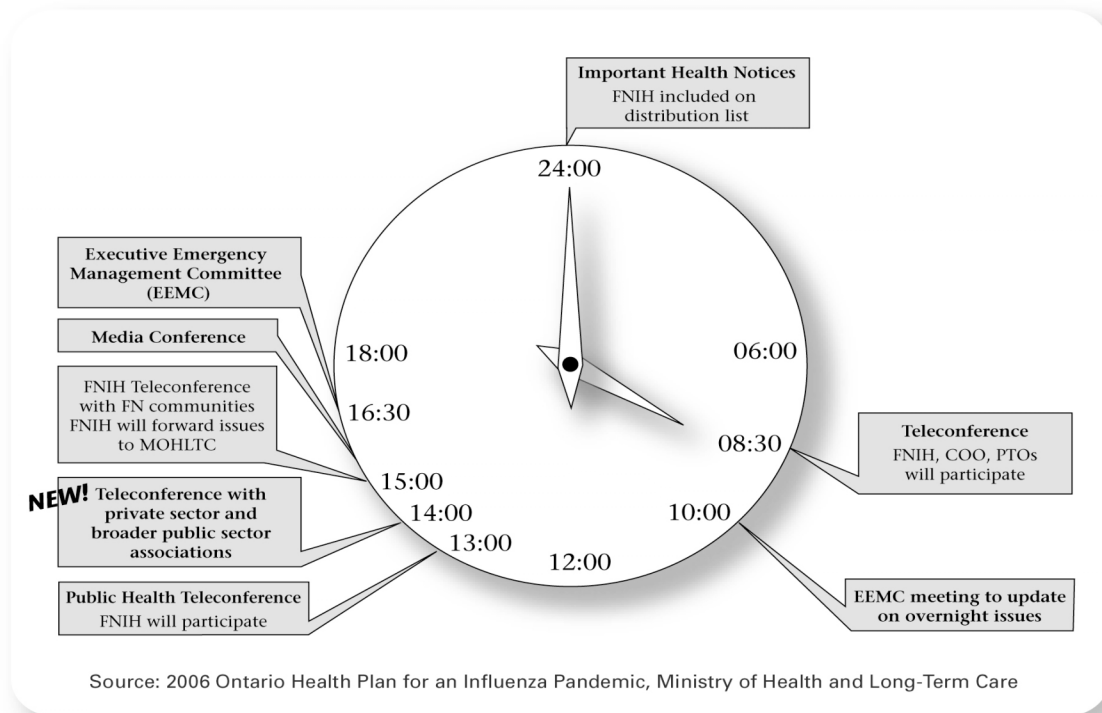
20.8 Communications

First Nations communities in Ontario will have the same access to information as other communities in the province, and be part of the MOHLTC information cycle, pictured in Figure 4. (For more detailed information about communications and the information cycle, see Chapter 12.)

- FNIH will be included on the distribution list for Important Health Notices issued by the MOHLTC at 2400 h. FNIH will distribute relevant information to the COO and PTOs which, in turn, will disseminate information to the communities. Important Health Notices will also be available on the MOHLTC web site.

- FNIH, COO and the PTOs will participate in the 0830 h videoconference / teleconference with the MOHLTC and all health stakeholders.
- At 1300 h, FNIH will participate in the Public Health teleconference with the province.
- FNIH will hold a teleconference with COO and PTOs at 1500 h. FNIH and PTOs will collectively document any concerns, issues and recommendations identified by First Nations communities on a predetermined form. FNIH will forward the form to MOHLTC. In addition, FNIH will be assigned a contact person in the Ministry of Health and Long-Term Care Emergency Operations Centre.

Figure 20.4: First Nations Participation in Pandemic Information Cycle



20.9 Transportation

First Nations communities are highly dependent on land and air ambulances to transport ill patients from remote communities to hospitals in larger centres. At the current time, 60% of aid evacuations in Ontario are people coming from remote northern communities. Both air and land ambulance services are likely to be disrupted during a pandemic. First Nations communities are also highly dependent on air services to transport supplies into communities.

To meet First Nations communities' need for transportation services during a pandemic:

- FNIH will pay for the cost of taxis or other transportation services within the First Nations communities.
- MOHLTC is now working with the province's Emergency Services, including ambulance services, to develop a plan to maintain critical services during a pandemic. This plan will include steps to be taken to meet the needs of First Nations communities.
- FNIH will negotiate contracts with independent local airlines and pilots to transport supplies and personnel during a pandemic.