

**COVID-19 Adapted Regional Health Authority- First Nations Health Authority
Communicable Disease Protocol- April 2020**



1.0 COVID-19 Roles, Responsibilities and Activities

1.1 First Nations Health Authority (FNHA)	1.2 Regional Health Authority (RHA)	1.3 First Nations Health Service Organizations (in draft)
Formed under the <i>Society Act</i>	Formed under the <i>Health Authorities Act</i>	
<p>1.1.1 Medical Officers (MOs)</p> <ul style="list-style-type: none"> MOs are physicians, with both clinical and public health training Do not have OIC-appointed MHO status No <i>legal</i> authority and responsibility for receiving CD lab reports, making case determinations, and directing the appropriate CD management Can assist MHOs, Communities and FNHA health staff in carrying out RHA MHO-directed case follow-up activities as needed and requested 	<p>1.2.1 Medical Health Officers (MHOs)</p> <ul style="list-style-type: none"> MHOs are physicians, with both clinical and public health training Have Order-in-Council (OIC) appointments Have the <i>legal</i> authority and responsibility for receiving CD lab reports, making case determinations, and directing the appropriate CD management This applies to all BC residents, including First Nations people on or off-reserve. The RHA MHO has specific statutory responsibilities to determine public health threats and to direct the response to local public health threats that FNHA staff and FNHSO CHNs should carry out¹. Any logistical barriers should be discussed with the FNHA MO and FNHA Manager. <p>(Reference: <i>BC Public Health Act</i>; CD Regulation; Provincial Health Officer Standard for MHOs).</p>	<p>1.3.1 First Nations Health Service Organizations (FNHSOs)</p> <ul style="list-style-type: none"> Where the FNHSO has an RN, that Nurse supports CD follow-up for Community members, in accordance with staffing levels and capacity FNHSOs may also have support from a physician, nurse practitioner or remote certified nurse with the ability to do COVID-19 testing. Shipping processes and supplies may require support to implement.

¹ As per BCCDC Communicable Disease Control Manual (April 2011).

1.1.4 FNHA CD Population & Public Health (CDPPH) CDC Nurse Team	1.1.5 RHA CD Nurses and staff	1.1.6 First Nations Health Service Organizations (FNHSOs)
<ul style="list-style-type: none"> Centrally based in Vancouver Provide CD consultation, education, training and resources to health staff working within communities Collaborate and liaise within FNHA and with RHA colleagues to support CD follow-up within communities Promotion of cultural safety, First Nations decision-making and control, and fostering meaningful collaboration and partnership with communities and RHA support follow-up Consultative resource to FNHSO health staff in community to carry out follow-up as directed by the RHA 	<ul style="list-style-type: none"> Under the direction of the OIC MHO, the RHA CD nurses and staff coordinate CD follow-up and reporting within an RHA This applies to all RHA residents, including First Nations people on or off-reserve Follow-up and reporting completed as per BCCDC guidelines and RHA processes Collaborate with FNHSO CHNs to complete follow-up within community 	<ul style="list-style-type: none"> 203 Communities Multiple models of health service delivery, funding levels for health services based on Community membership, types of services offered

2.0 Who is made aware of confirmed (lab-test positive) cases of COVID-19?

- 2.1 Laboratory reports of all reportable CDs (including COVID-19) are sent to the RHA MHOs and Communicable Disease (CD) staff for follow-up, including testing completed by Health Care staff in a FNHSO, or FNHA-staffed health care service location.
- 2.2 RHA public health staff conducting follow-up may become aware, in the course of their interview, that the case is an individual living in a First Nations community, or that a person living off-reserve receives services in a First Nations community, or has contacts within a First Nations community requiring follow up.
- 2.3 If RHA staff become aware of a confirmed case or significant case contacts in a First Nations Community, FNHA staff (CDPPH team (cdmgmt@fnha.ca, email monitored between 830-430, 7 days a week), Medical Officer-1-877-376-0691) should be informed as soon as possible (within 24 hours).
- 2.4 If required to co-ordinate CD management, the RHA CD staff will organize and chair a collaborative teleconference. Participants may include, based on nature of the situation and capacity:
 - RHA MHO and CD staff
 - FNHA Medical Officer, FNHA CDC Team representative
 - Local FNHSO health staff directly involved in case management
 - Other RHA partners or external stakeholders within the circle of care as appropriate

3.0 Verbal Reports of Respiratory Illness

Verbal or written reports of unconfirmed COVID-19 (symptomatic respiratory illness) in one or more individuals may be reported from a variety of sources, including public health or primary care teams both in a First Nations community and off-reserve.

Where the verbal report is received by the FNHA CD Nurse staff or Medical Officer a brief screening assessment is done to see if it meets the BCCDC guidelines case definitions for COVID-19. If yes, FNHA will advise follow-up with #811 or emergency care as appropriate, and notify RHA CD staff if indicated.

4.0 Background:

Principles and Goals – in creation of FNHA, the Tripartite Agreement states: *“A new Health Governance Structure that avoids the creation of separate and parallel First Nation and non-First Nation health systems and in which First Nations will plan, design, manage and deliver certain health programs and services in British Columbia and undertake other health and wellness-related functions”.*

- a. The FNHA Senior Medical Officers (MOs), CD Population and Public Health (CDPPH) CD Control (CDC) Nurses, Environmental Health Officers (EHOs) and First Nations Health Service Organization (FNHSO) health staff are essential parts of the public health team and system in BC and part of the circle of care for First Nations people and communities.
- b. In BC, the public health team and system work in collaboration to ensure continuity of care for First Nations people and communities; the various roles are complementary to each other.
- c. All individuals living in First Nations communities in BC have access to the same high-quality CDC service as the rest of the BC population.
- d. Create no duplication or unnecessary redundancy in effort
- e. Recognize the BC *Public Health Act* and CD Regulation legislative authority and the PHO standard, and the authority/responsibility of Order-in-Council (OIC) RHA-MHOs.
- f. Recognize that the Tripartite Agreement establishes First Nations self-determination in all health and public health matters in First Nations communities.
- g. Build public health capacity and strengthen CD knowledge in First Nations communities.
- h. Ensure reciprocal accountability and effective communication among all parties in this protocol and First Nations communities.
- i. Ensure cultural safety and humility within the BC public health system for First Nations people and communities.

5.0 Definitions:

The following definitions are for the purposes of this protocol:

CD Case: For the purposes of this protocol, meets BC case definitions for reportable conditions as per the BCCDC guidelines. Hereto referred to as ‘Case.’

CHN: Community Health Nurse located and working within one or more First Nation communities.

First Nations: First Nations (Indian) people may be “status” (registered) or non-status Indians as defined under the Indian Act and/or may self-identify as First Nations.

First Nations Community: First Nations Community refers to the geographical boundaries of a First Nations Band or ‘on-reserve’. Hereto referred as ‘Community.’

Individual living on-reserve: A First Nations or non-First Nations individual living within a First Nations Community. Hereto referred to as ‘Individual.’

Reports of Unconfirmed Communicable Disease: Verbal or written reports of unconfirmed CD (symptomatic illness) in one or more individuals may be reported from a variety of sources, including public health or primary care teams both in-community and off-reserve.

Circle of Care: This concept can also be described as 'continuum of care.' The persons participating in activities related to, the provision of health care for the individual whose personal health information is being shared. Health care providers can share information with another health care provider who is also giving treatment. The health care providers in this case would be part of the 'circle of care' because they are allowed to view personal health information that is relevant to care and treatment. Political and Administrative leadership in and outside of Health Organizations do not fall within the circle of care.

First Nations Health Service Organization (FNHSO): A legal entity that employs health staff to deliver services to member First Nations. Multiple organizational variations exist and in BC, FNHSOs provide service to First Nations who hold an agreement with FNHA. If the community has a CHN who is familiar with CD case management, he/she will support case management and contact tracing this work. If the community does not have a CHN, the CHN is not available, or the CHN is not familiar with CD management, Regional Health Authority CD nurse will do the case management and follow-up. The FNHA CD team, FNHA Nursing Practice Consultants and FNHA Regional Nurse Manager are always available to support case management and follow-up, and are not permitted to share information outside of the circle of care.