COVID-19-prevention measures in First Nations communities

What we’ve learned so far about associated risks and benefits

Many First Nations community leaders in British Columbia (BC) have requested a summary of the possible risks and benefits associated with different COVID-19-prevention measures available to First Nations communities in BC.

This summary may help guide and support those leaders in decision-making when COVID-19 cases occur in their communities.

This document is informed by the experiences of public health workers serving First Nations people in BC throughout the pandemic over the past year. As well, it is curated in part from a larger document created by Northern Health and the FNHA’s Northern Region.

We offer this in the spirit of humility and friendship, and hope you will find it helpful in making decisions you feel are right for your community.

Because the COVID-19 pandemic arrived so quickly and unexpectedly, we have all had to adjust and decide on the best responses. We have learned some hard lessons since the pandemic started. Some of the consequences and situations caused by public health measures include increased isolation and loneliness, mental health challenges, domestic violence, substance use, and expressions of racism, as well as loss of services and income.

We are concerned about all of these things, and will continue our work to support First Nations communities in BC in each of these areas. Please see our website for information about resources and supports available to you. And, as always, please report any incidences of racism you may experience in the health care system—or as a result of the pandemic—to the FNHA’s Quality Care and Safety Office.

In addition to protecting the confidentiality of all confirmed cases and close contacts, and advocating on behalf of community members when they experience discrimination in the health care system or stigma from other community members, there are several other possible measures community leaders can take.

These measures may lead to significant unintended situations, or may not be as effective as hoped in preventing COVID-19 transmission. Each measure has potential benefits and harms (pros and cons). The difficult decision of how to balance benefits against harms will depend on the community’s circumstances and values.
WHAT WE HAVE LEARNED SO FAR:

1. MEASURE: PUBLIC ANNOUNCEMENTS
   - Recommendation: Weigh the possible harms/risks and benefits carefully. Some individuals who test positive for COVID-19 may decide to share this information publicly. Others will want to keep it private. In either case, community leaders who become aware of a new case must decide how to communicate about this with the community while protecting individual privacy.
   - Benefits: They can make people more cautious and willing to follow public health guidelines and orders.
   - Harms: Racism from outside the community, lateral violence, stigma, and test avoidance.

   To reduce harms and increase benefits: Ensure individual privacy remains protected. Also, choose messages that are as reassuring as possible about risk to the community and confidentiality of test results. These messages can promote lateral kindness and work to reduce stigma and discrimination, both inside and outside of the community. Support is available for this: the First Nations Health Authority, Health Emergency Management BC and others can provide materials that First Nations can use to communicate information to community members.

2. MEASURE: CHECKPOINTS
   - Recommendation: Weigh the possible harms/risks and benefits carefully.
   - Benefits: Decreased interactions, thus fewer opportunities for COVID-19 transmission.
   - Harms: Possible confrontations and feelings of isolation and loneliness.

   To reduce harms and increase benefits: Checkpoints can be an effective measure when combined with courtesy and respect for privacy. There may be financial assistance available to support this activity. Please contact the First Nations Health Authority at mailto: COVIDneeds@fnha.ca

3. MEASURE: MASS TEMPERATURE CHECKS
   - Recommendation: Do not implement.
   - Harms: False positive results, a false sense of security if a temperature check is normal, and feelings of an invasion of privacy.

   To reduce harms and increase benefits: Ensure good infection-control practices are followed during the screening process, e.g., implement measures to prevent crowding, ensure equipment is properly disinfected, and provide screening staff with barriers or masks where necessary. As well, provide those performing temperature checks with training to use the equipment safely and appropriately. Check for multiple possible symptoms of COVID-19, not just temperature. Ensure people understand what will be done with the information gathered through the screening process, and how their privacy will be protected. Use the opportunity to also provide other information on how people can prevent COVID-19. Provide a pathway to assessment and testing if people with fever or other symptoms are detected.
4. MEASURE: MASS TESTING OF ASYMPOTOMATIC PEOPLE

- **Impact on COVID-19 prevention:** Low.
- **Recommendation:** Do not implement.
- **Benefits:** In a very high-risk setting, where there is specific reason to believe that undiagnosed cases are contributing to ongoing transmission risk, testing of asymptomatic people may be deemed beneficial and recommended by a Medical Health Officer. This is expected to be a rare circumstance.
- **Harms:** Detects few cases, results in false positives or inconclusive results, uses scarce health resources, and provides a false sense of security.

To reduce harms and increase benefits: Only use this measure if recommended by a Medical Health Officer, e.g., during an outbreak in a long-term care facility, where residents are very vulnerable to complications and people may not be able to report their symptoms accurately. In this case, true positive results are more likely, and more useful. In nearly all other circumstances, testing people without symptoms has very little benefit.

5. MEASURE: SUSPENSION OF SCHOOL SERVICES

- **Impact on COVID-19 prevention:** Low.
- **Recommendation:** Do not implement.
- **Harms:** Problems with virtual education, lost benefits such as social contact and programs, and an unanticipated need for child care. There may also be increased transmission risk: If children are not in school, they may instead gather in less-supervised settings, where safety measures are not reinforced as well, and transmission risks are higher. Most COVID-19 transmission in BC happens in private homes and social gatherings, not in schools.

To reduce harms and increase benefits: Use this measure only as a last resort during an outbreak occurring in the school, if other public health and infection control measures have not been sufficient to control transmission in the school. If a school does close, ensure other measures are in place to continue children's education, provide nutritional support where necessary, and monitor and support the health and well-being of children at risk of mental health issues or maltreatment. The FNHA's Environmental Public Health Services team (environmental.health@fnha.ca) can review back-to-school plans, if desired.

6. MEASURE: RESTRICTIONS ON MOVEMENT AND GATHERING

- **Impact on COVID-19 prevention:** High.
- **Recommendation:** Everyone in BC is currently under a public health order to find alternative ways to gather safely, and to postpone events, even funerals and weddings.
- **Benefits:** Greatly reduced risk of transmission of COVID-19.
- **Harms:** Loss of social connection, mental health issues, loneliness, and impacts on cultural activities and knowledge keeping.

To reduce risks and increase benefits: Virtual visits, gatherings, and events are the best thing we can do right now to stay connected. For more information on event planning, please refer to the BC Centre for Disease Control.
7. MEASURE: SELF-ISOLATION FOLLOWING TRAVEL OUTSIDE THE COMMUNITY

- Recommendation: Follow public health orders, i.e., all travellers arriving from outside of Canada are already required by federal law to self-isolate and monitor symptoms for 14 days. First Nations community leaders might also decide to require 14-day self-isolation periods for people entering or returning to the community, following travel to other parts of BC or Canada.
- Benefits: Moderately reduced risk of transmission of COVID-19.
- Harms: Loss of income, isolation, and reduced access to essential services.

To reduce harms and increase benefits: Allow essential service providers to visit, and allow community members to leave and return when they need to seek essential services outside of the community, without having to self-isolate upon their return. (A shorter travel period generally means lower risk of exposure to COVID-19.) Ensure that exemptions for these purposes are easy to obtain (e.g., honour system). Alternatively, find other ways to ensure that people on self-isolation can receive essentials like food, medical needs, and cultural supports during their isolation period. For example, home delivery.

Ensure community members have access to and are aware of contact numbers for mental health supports, crisis lines, Elders, and women’s shelters.

Assistance is available through the community’s Health Director, First Nations Health Authority, Health Emergency Management BC and others. To find out about self-isolation supports that you may be eligible for, call 1-888-305-1505 between 8:30 a.m. to 4:30 p.m. seven days per week and the FNHA Health Benefits Isolation Support team can help you.

8. MEASURE: RESTRICTING TRAVEL IN OR OUT OF THE COMMUNITY

- Recommendation: Do not implement.
- Harms: Loss of income, isolation, and reduced essential services.

To reduce harms and increase benefits: Allow essential service providers to visit, and allow community members to leave and return when they need to seek essential services outside of the community. Ensure that exemptions for these purposes are easy to obtain (e.g., honour system). Consider applying restrictions only to non-resident visitors, and allowing community residents to come and go freely, regardless of purpose.

9. MEASURE: CURFEWS

- Recommendation: Do not implement.
- Harms: Loneliness and conflicts over compliance. Also, it is important to ensure people can spend time outdoors, and some can only do this in the evenings.

To reduce harms and increase benefits: Limit large indoor gatherings in a more targeted way, such as temporarily closing restaurants or bars, without limiting people’s ability to go outdoors.
10. MEASURE: STAY-AT-HOME/SHelter-IN-PLACE REQUIREMENTS

- **Impact on COVID-19 prevention**: Moderate.
- **Recommendation**: This may be an option depending on the situation in your community.
- **Benefits**: Fewer interactions, thus fewer opportunities for COVID-19 transmission.
- **Harms**: Loneliness, domestic violence, and conflict.

To reduce harms and increase benefits: This measure should be limited to as brief a period as possible, and only in the most high-risk situations. For example, where there is specific reason to believe that recent exposure to COVID-19 cases is very widespread (e.g., for 14 days after a large gathering that an individual who tested positive for COVID-19 attended), and testing is unavailable or results are delayed.

Provide exemptions to allow people to seek necessary services such as health care or food, or provide home delivery.

Ensure community members have access to and are aware of contact numbers for mental health supports, crisis lines, Elders, and women’s shelters.

Provide innovative, physically distanced opportunities for community gatherings and maintaining of cultural and spiritual traditions.

**NOTE**: “lockdown” does not appear in this list, because there is not a shared definition of this term. Different people may use this term to refer to several of the above.