

COVID-19
EYYOU ISTCHEE

CONTINUING TO PROTECT EYYOU ISTCHEE

PUBLIC HEALTH GUIDING PRINCIPLES

November 2020



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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY



ADAPTING PANDEMIC CONTROL MEASURES BY CHOOSING THE RIGHT PHASE:

SELECTIVE RECONFINEMENT

Like many regions across the globe, Canada, Quebec, and Eeyou Istchee have implemented a number of infection control measures to respond to the COVID-19 pandemic. The overarching goals we, and others, are trying to achieve with these strategies have been to slow down virus transmission in order to reduce illness and deaths associated with COVID-19, to prevent our medical care systems from being overwhelmed, and to minimize the amount of social and economic disruption on communities caused from both the disease and the response to the disease.

Many of the efforts made over the course of 2020 have had success in reducing the overall burden of illness and the effects on healthcare systems compared to what we may otherwise have seen without these measures. Even so, there is widespread agreement that this has been and continues to be difficult. The social costs of the pandemic and the measures used to control it have been tremendous, both from a psychosocial and economic viewpoint. Governments across the world are calling for a balance between control measures and other components of COVID-19 response in order to minimize social distress and long-term socioeconomic damage, while still maximizing the health benefits of the current pandemic response effort.



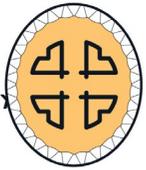
ADAPTING OUR RESPONSE TO BETTER MEET ALL OF OUR GOALS

Unfortunately, we have no tools now to make this virus go away or build immunity to it, only to control it, and maintaining the disease control measures is difficult in many ways. Although there is a lot of effort across the world going into developing potential vaccines, there are still many unknowns and we cannot predict when that might become a reality. Even in best case scenarios, health experts agree that the **relaxation of the infection protection measures currently in place will lead to a resurgence of virus transmission** and a consequent increase in the number of cases and deaths associated with COVID-19.

During the second wave, many jurisdictions have adopted an alert level model to orient decision-making and adopt an approach that could be designated **“selective reconfinement”**. The idea is to allow regions to scale up or scale down measures in a way that best addresses the risk level while minimizing unwanted effects of mass restrictions as seen in the rapid and sweeping “lock-downs” of early in the pandemic. Under this alert level approach, societies designate priorities that include keeping medical services operating, keeping schools open for their incredible benefits to children and youth growing up, and keeping the workforce active, all while protecting those most vulnerable to the virus. When the priorities are clear, it is also clear what elements need to change and adapt during harder times in order to keep these priorities.

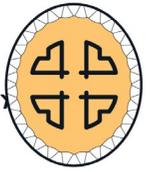
When the risks from the virus increases for our region, we will again have to face **the decision of whether to re-confine the region, to what extent, and when is the right time to take this decision. We will also have to be prepared for the decision of when it is safe to scale back on these measures and how much at each step. We know that these decisions will necessarily have impacts** on both the social costs of restrictions, and the number of COVID-19 cases which will unavoidably occur when some of the restrictions are lifted. The questions we are being faced with then is not whether cases will increase, but rather: **“How many cases of COVID-19 are we able to handle as a population, and what are our social and economic priorities to maintain in the face of potentially increasing infections from this disease?”**

The answers to these questions need to be tailored to our regional reality, based both on our epidemiologic situation and our capacity to buffer the social and economic costs of restrictive measures on the population.



For reference, when the region deconfined, it did so in phases which are illustrated below.

<p>DECONFINEMENT PHASE</p> <p>1</p>	<ul style="list-style-type: none">• Resuming some non-essential health care services• Allowing small scale private gatherings (limiting it to always the same 2 households at a time)• Resuming outdoor activities (staying at your camp, hunting, fishing, etc.) (2 households max as above)
<p>DECONFINEMENT PHASE</p> <p>2</p>	<ul style="list-style-type: none">• Reopening all non-essential local businesses (maintaining physical distancing)• Allowing small scale private gatherings (2 households at a time, but households can change)
<p>DECONFINEMENT PHASE</p> <p>3</p>	<ul style="list-style-type: none">• Reopening personal services and restaurants (maintaining physical distancing)• Reopening daycares and schools• Allowing medium scale private and public gatherings
<p>DECONFINEMENT PHASE</p> <p>4</p>	<ul style="list-style-type: none">• Reopening all other businesses (recreational, entertainment, maintaining physical distancing)• Allowing larger private and public gathering
<p>DECONFINEMENT PHASE</p> <p>5</p>	<ul style="list-style-type: none">• Removing all remaining measures• Resuming all non-essential health care services



GOING FORWARD

We can adapt our approach and make our decisions consistent with our goals and priorities.

When we move between alert levels and scale up and down our social contact, our goals and priorities will guide us. You will notice in our document, that we continue to use numbered phases to refer to different levels of alert.

This is in recognition of the distinctiveness of Eeyou Istchee, within Quebec, and to avoid confusion between the provincial COVID 19 strategy and our pandemic approach.

EEYOU ISTCHEE COVID-19 TRANSMISSION PROFILE

Our region has been very successful at keeping COVID-19 transmission under control. Indeed, even during the second wave, we have reported only a few sporadic cases, most of which were acquired outside our region (either internationally or from Montreal). This is the result of prompt case detection and management, diligent contact tracing, and the general population's resilient compliance with protective measures.

The virus transmission profile of our region is very different than that of other regions in Québec, with many southern regions (such as Laval, Montréal, Montérégie and Québec city) still characterized by "widespread community transmission", now classified as a "red alert level". The introduction of the Mandatory Self-Isolation Law (MSIL) to contain the transmission potential of any infections that may be brought into the region by people travelling to a higher risk area has been a key element to keeping our regional transmission fairly low.

Also, strict measures concerning workers from outside our region, that included mandatory self-isolation, creation of worker bubbles and COVID management plans, have been key to our success in controlling transmission.



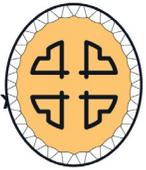
ADAPTING OUR APPROACH

GOALS, ALERT LEVELS, & CRITERIA: What do we want to achieve? What will it mean on the ground? When should we take those steps?

The experience from other countries suggests that in many aspects, moving between different levels of confinement smoothly is more complex compared with the early pandemic response when drastic restrictive measures were introduced quickly and across sectors. Scaling up and down the response according to the changes in risk level must be organized, based on a good understanding of the local transmission profile, of what needs to be achieved by each scale up or scale down, as well as on sound predictions of both public health and health care services capacity. Re-confining is also not a straight-line back to “lock down.” The advances in scientific understanding of COVID-19 transmission, our knowledge, equipment and expertise to manage outbreaks, and the application of the MSIL are all major factors in how we will select the right phase to reach our goals at different risk levels.

We ground our approach in our pandemic plan. The goals of this plan are as follows:

-  **Limit COVID-19 virus transmission within Eeyou Istchee**
-  **Prevent illness and death from COVID-19 for people in Eeyou Istchee**
-  **Ensure access to health care services in all communities**
-  **Prevent and limit social disruptions associated with the pandemic**



How will we use these goals to guide us?

Regardless of what alert phase we are in, these goals must guide our actions. To that end, in a general sense, here is what we hope to achieve when we are in phases 1, 2, 3, and 4 respectively.

PHASE	WHEN WE ARE IN PHASE 4, IT MEANS:
	<ul style="list-style-type: none">→ The risk to our region is low. There are no active cases in our region and very few affecting Cree people outside our region.→ With some adjustments, the guidelines resemble phase 4 in the original deconfinement plan.→ People are restricting their physical contacts to about 60% of normal (outside their household), and taking precautions like wearing a mask, physical distancing, washing their hands frequently, etc.→ People are able to access full health services that may be delivered in a modified way to reduce contact.→ People are able to go to school, daycare, and work, as well as take part in important social activities such as weddings, funerals, and ceremonies.→ People feel generally safe and connected with each other and are able to be out and active.



PHASE

3

WHEN WE ARE IN PHASE 3, IT MEANS:

- There is some risk, but it can be controlled. There may be a few cases in our region that were acquired outside the region, or there may be significant outbreaks in neighboring regions, but the situation is under control and there are no signs of community transmission in Eeyou Istchee.
- With some adjustments, the guidelines resemble phase 3 in the original deconfinement plan.
- People are restricting their contact to about 40% of normal (outside their household), and taking precautions like wearing a mask, physical distancing, washing their hands frequently, etc.
- People are generally able to get full health services that may be delivered in a modified way to reduce contact and travel needs. Some elective appointments may be reduced both at local CMCs and for medical travel outside the region, especially to areas of risk.
- People are encouraged to reduce unnecessary travel to other regions.
- People are able to take part in important social activities such as weddings, funerals, and ceremonies, although these may be modified to reduce risk.
- Even though stress and worry may be elevated, people are able to cope effectively, and be active.



PHASE

2

WHEN WE ARE IN PHASE 2, IT MEANS:

- There is a sizable risk. There are many cases in our region, there could be signs of community transmission occurring, or very high risk from outbreaks in other regions that we have not applied the MSIL to.
- With some adjustments, the guidelines resemble phase 2 in the original deconfinement plan.
- People have very limited in-person contact with others outside their household (e.g. a two-household bubble) and all interactions take place with precautions such as wearing a mask, physical distancing, washing hands frequently, etc.
- People are able to get time-sensitive medical services but medical travel outside the region is limited, especially to areas of risk. There is a re-focus on tele-medicine. Elective appointments are somewhat reduced and follow-up visits spaced out as much as possible.
- Gatherings are significantly reduced in size.
- People are encouraged to reduce unnecessary travel to within the region.
- Testing and screening are intensified.
- People are still able to go to work, school, and daycare but some of these may be adapted (e.g. online learning, teleworking).
- Even though stress and anxiety may be elevated, people feel like they can cope with the pandemic pressures, and are still encouraged to be active especially outdoors.
- Crisis services are reinforced and we ensure that basic needs like housing and food are met.

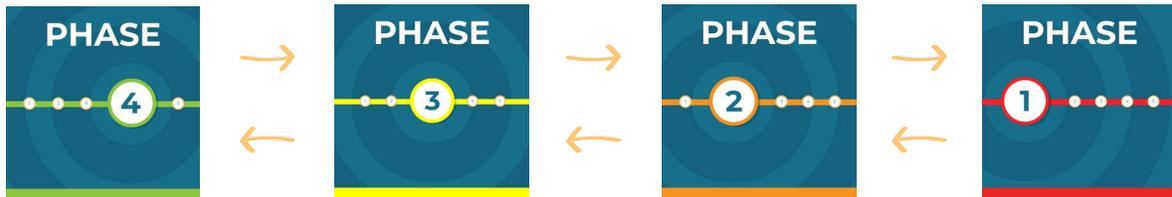


PHASE

1

WHEN WE ARE IN PHASE 1, IT MEANS:

- There is a high risk in our region, with limited or loss of control. There is evidence of community transmission in our region. Medical services could be compromised if the case load is very high.
- The guidelines have some aspects of lockdown (e.g. people have no in-person contact with people outside their household (other than needed contact with essential workers like nurse, grocery store clerk, etc.). Any essential interactions outside of the household take place with precautions like wearing a mask, physical distancing, washing your hands frequently, etc.
- There are possible closures of some public places except for essential services.
- People are able to get urgent medical services but medical travel outside the region is limited, especially to areas of risk. There is a re-focus on tele-medicine.
- Gatherings are prohibited and most social activities are virtual or postponed.
- Travel within the region and to other regions is restricted to essential reasons.
- Testing and screening are intensified.
- Work, school, and daycare services are modified (e.g. online classes) but essential services are maintained.
- Ensuring psychological and wellness support are key to reduce crises. People should be encouraged to remain active, especially outdoors.
- Crisis services are reinforced and we ensure that basic needs like housing and food are met.



HOW ARE WE GOING TO DECIDE WHEN TO MOVE FROM ONE PHASE TO THE NEXT?

We will always have to choose the phase according to our goals and our risk level. To do so, we will carefully monitor the daily number of reported cases and other important indicators of risk level, both within Eeyou Istchee and in the areas it is connected to (e.g. the province and other regions). These factors will inform decisions regarding the pace at which the disease control measures should be scaled up or down.

Adjustments will need to consider the 1-2 disease incubation periods (i.e. 14-28 days) to see if outbreaks and other risk situations have been contained or not. The decision to increase an alert level is not taken by looking at only one criterion, but by looking at these as flags to ask ourselves – when we see this flag, we need to check “Are we really still in the right phase for our goals, or do we need to change to a different level of alert.” When we see many flags, and we haven’t changed the phase we are in, we need to really ask ourselves why not. Some of those factors are about the situation internal to the region, and others are based on what is happening in the province and especially in neighboring regions to Eeyou Istchee.



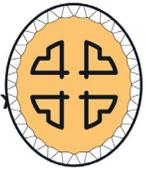
When one flag is raised, it will cause us to assess whether it is advisable to change phases.



The table below presents the factors taken into consideration to understand how risky and how in control the situation may be:

INTERNAL FACTORS IN EEYOU ISTCHEE

<p>PHASE</p>	<p>PHASE</p>	<p>PHASE</p>	<p>PHASE</p>
<p>No cases in region</p> <p>No or few moderate-high-risk contacts</p> <p>WIICHIHIITUWIN sites outside of region: Few sporadic Cree cases</p> <p>Contact tracing and testing capacity are able to keep up with the demand and complete investigations quickly</p>	<p>Few sporadic cases acquired from outside the region</p> <p>Some moderate-high-risk contacts</p> <p>A case that impacts a community setting (e.g. school, charter fight or CMC)</p> <p>WIICHIHIITUWIN sites outside of region: Several Cree cases active</p> <p>Contact tracing and testing capacity are able to keep up with the demand and complete investigations quickly</p>	<p>Greater numbers of sporadic cases in region.</p> <p>Signs the cases were acquired in the region but a clear link can be found to another case in the region</p> <p>Moderate-high-risk contacts in the region</p> <p>At least one case that impacts a community setting with a vulnerable population e.g. MSDC, Elder's Lodge</p> <p>WIICHIHIITUWIN sites outside of region: Significant outbreak of Cree cases</p> <p>There are some delays on case investigations, contact tracing and testing because of increased demand</p> <p>Testing may not be available in a timely fashion for all moderate or high-risk contacts</p>	<p>Sustained Community transmission in region</p> <p>Outbreak in a community</p> <p>Very high numbers of moderate-high-risk contacts in the region</p> <p>There are significant delays on investigations and testing because of increased demand</p> <p>Testing may not be available in a timely fashion for all moderate or high-risk contacts</p>



EXTERNAL FACTORS IN THE PROVINCE



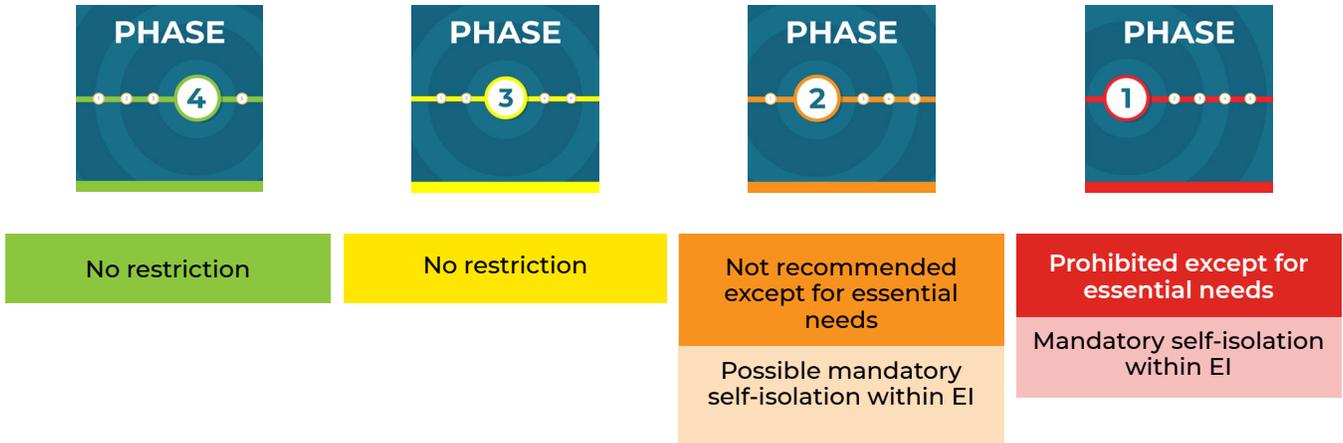
<p>Overall province risk level green or yellow</p>	<p>Overall province risk level "orange"</p>	<p>Overall province risk level "red"</p>	<p>This decision will be based on our internal conditions in EI</p>
<p>MSIL is applied to any region risk yellow and above</p>	<p>Neighbouring regions (2/8/10/17) are yellow or orange</p> <p>Outbreaks in medical referral centres (Val D'Or; MUHC etc)</p>	<p>Neighbouring regions (2, 8, 10, 17) are red</p>	<p>and not on the risk posed from the provincial or national context</p>

What does this mean for our families and communities?

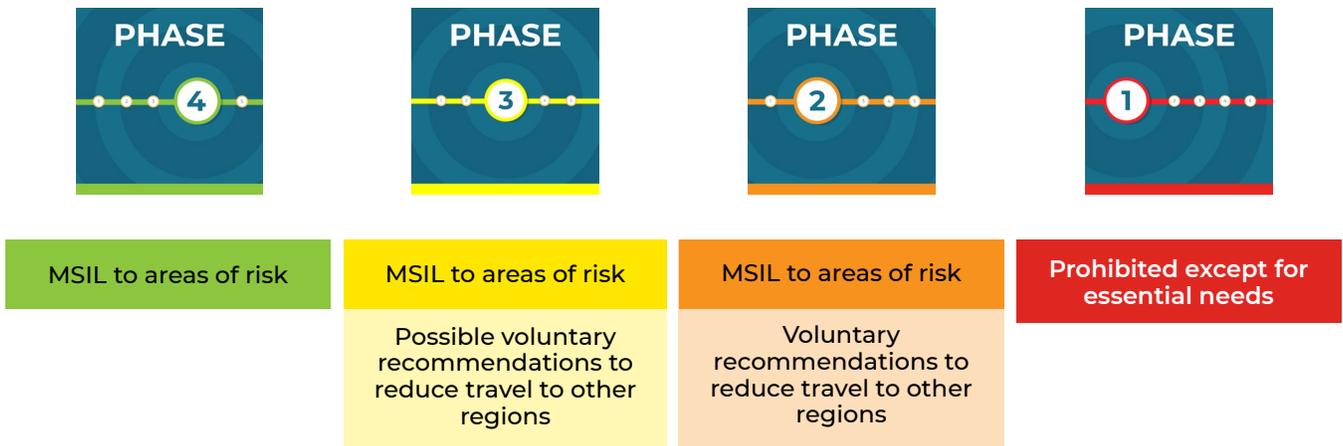
The following guidelines represent the operational recommendations for each phase. These will also be re-visited and are subject to change as we move through the second and potentially subsequent waves of the pandemic:



INTER-COMMUNITY TRAVEL (INSIDE OF EYYOU ISTCHEE)



INTER REGIONAL TRAVEL





DAYCARES

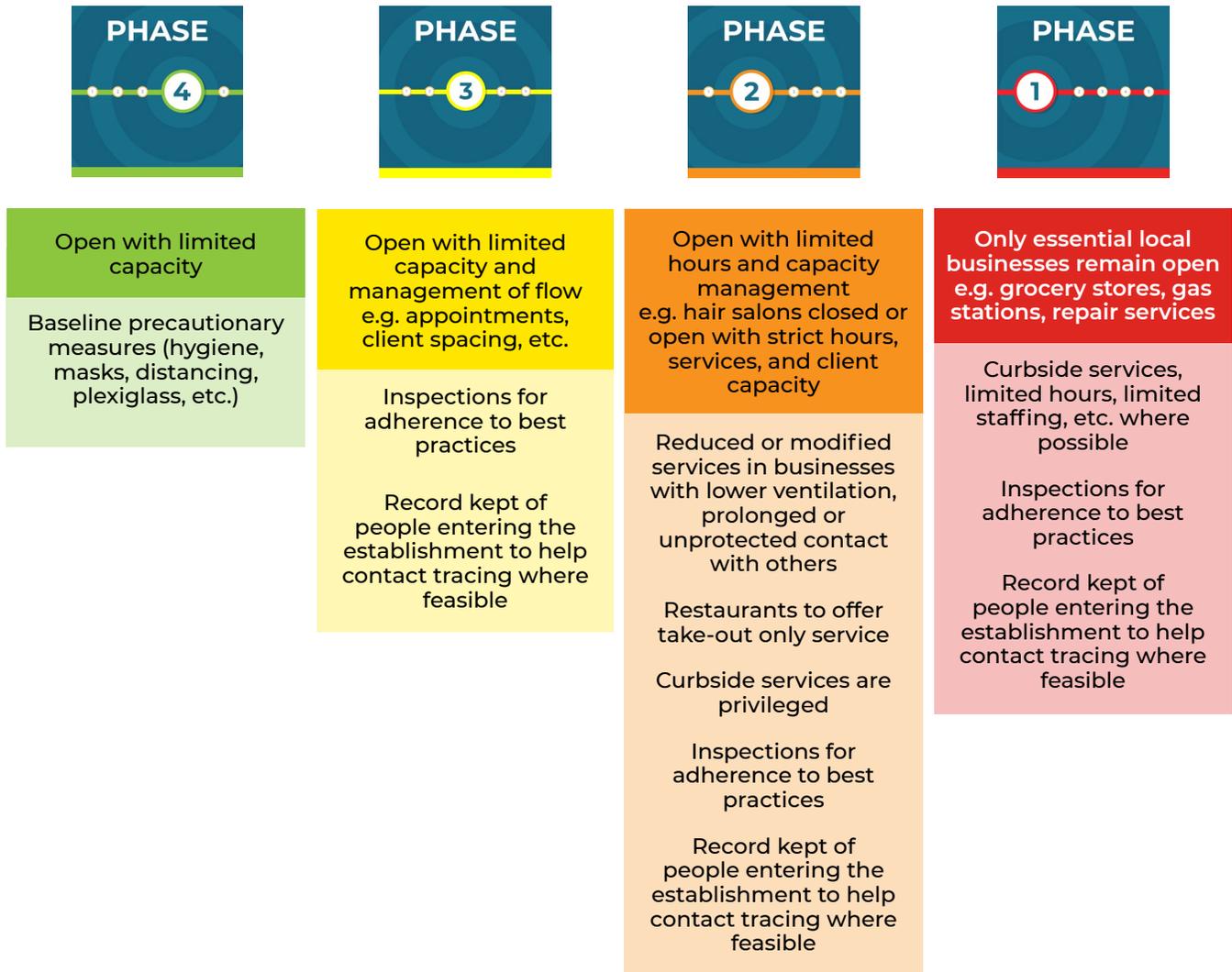
PHASE 4	PHASE 3	PHASE 2	PHASE 1
Full capacity	Full capacity	Reduced capacity	Childcare is only available for essential service providers with precautionary measures in place
<p>Precautionary measures in place (hygiene, masks, distancing, etc. as appropriate in context)</p> <p>Daily health questionnaire</p> <p>Staff and children who are ill not permitted</p>	<p>Precautionary measures in place</p> <p>Daily health questionnaire</p> <p>Staff and children who are ill are not permitted</p>	<p>Precautionary measures in place</p> <p>Child care prioritized to children of parents who cannot offer care at home</p> <p>Daily health questionnaire</p> <p>Staff and children who are ill not permitted</p>	<p>Daily health questionnaire</p> <p>Staff and children who are ill are not permitted</p>

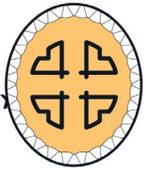
MEDICAL SERVICES

PHASE 4	PHASE 3	PHASE 2	PHASE 1
Full health services with some modifications to minimize physical contact	Full health services in region with modifications for universal precautions	Time sensitive health services maintained	Urgent services only*
<p>Telemedicine when possible</p> <p>Reduced travel to areas of risk via modified services/selection of referral site</p> <p>Enhanced psychosocial support</p>	<p>Somewhat reduced elective services in local CMCs</p> <p>Reduced elective travel for services outside of the region, and especially to areas of risk</p> <p>Telemedicine when possible</p> <p>Enhanced psychosocial support</p>	<p>Elective follow-ups spread further apart in time and reduced in-person medical services</p> <p>Additional services by telemedicine</p> <p>Enhanced psychosocial support</p>	<p>Medication by delivery only</p> <p>Enhanced psychosocial support, including additional crisis supports</p> <p>* including life threatening, critical, and essential services that cannot wait</p>



BUSINESSES, STORES AND BOUTIQUES





PRIVATE INDOOR/OUTDOOR GATHERINGS

PHASE 4	PHASE 3	PHASE 2	PHASE 1
<p>Indoor gathering:</p> <p>50 people maximum</p>	<p>Indoor gathering:</p> <p>3 households and 25 people maximum</p>	<p>Indoor gathering:</p> <p>2 households maximum as a bubble (same two households all the time, no overlap with another bubble)</p>	<p>No indoor or outdoors private gatherings with people who are not members of the immediate household*</p> <p>Except when required for essential services (e.g. Essential training for emergency services)</p> <p>*A person living alone may join the bubble of another single household</p>
<p>Outdoor gathering:</p> <p>150 people maximum</p>	<p>Outdoor gathering:</p> <p>10 households and 75 people maximum</p>	<p>Outdoor gathering:</p> <p>2 households maximum</p>	

ACTIVITIES ORGANIZED IN A PUBLIC SETTING (CHURCH SERVICES, MARRIAGES, WORKSHOPS, COMMUNITY CENTRE, ETC.)

PHASE 4	PHASE 3	PHASE 2	PHASE 1
<p>Subject to private indoor and outdoor gathering restrictions</p> <p>Adequate ventilation required if indoors</p>	<p>Subject to private indoor and outdoor gathering size restrictions</p> <p>Adequate ventilation required if indoors</p> <p>Attendance registry of people present</p>	<p>Subject to private indoor and outdoor gathering size restrictions</p> <p>Adequate ventilation required if indoors</p> <p>Attendance registry of people present</p>	<p>No indoors or outdoors gatherings</p>



FUNERALS

PHASE 4	PHASE 3	PHASE 2	PHASE 1
Permitted indoors in large and well-ventilated locations	Permitted indoors in large and well-ventilated locations	Permitted indoors with reduced number of people in specific large and well-ventilated locations	Permitted outdoors or with limited number of people
Permitted outdoors	Permitted outdoors	Permitted outdoors	Funeral Protocol applies
Subject to private indoor and outdoor gathering size restrictions	Subject to private indoor and outdoor gathering size restrictions	Funeral Protocol applies	Public Health will support families with guidance
Funeral Protocol applies	Funeral Protocol applies	Public Health will support families with guidance	Attendance registry of people present
	Attendance registry of people present	Attendance registry of people present	

SPORTS/RECREATION

PHASE 4	PHASE 3	PHASE 2	PHASE 1
Indoor and outdoor private gathering size restrictions apply	Indoor and outdoor private gathering size restrictions apply	Only activities or individual sports that allow proper physical distancing in well-ventilated areas are permitted	Individual outdoor sports or recreation that allows proper physical distancing is permitted
Permitted indoors in large and well-ventilated locations	Permitted indoors in large and well-ventilated locations	Indoor and outdoor private gathering size restrictions apply	Physical distancing of 2 metres (6 feet) must be respected at all times
	Attendance registry of people present	Precautionary measures in place (hygiene, masks, distancing, etc. as appropriate in context)	Outdoor activities with only other members of the same immediate household are permitted
		Attendance registry of people present	



ISOLATION HOUSING UNIT PLAN



As per community emergency response dwelling list



As per community emergency response dwelling list



Sufficient alternative lodging to isolate/quarantine all cases and contacts in communities



Increased alternative lodging to isolate/quarantine all cases and contacts in communities

CURFEW



According to MSIL

SCHOOLS



The Cree School Board has a comprehensive plan, involving action phases aligned with these phases. The recommendations are consistent with the guidelines above.
It is available at eeyoueducation.ca



Restrictions which should remain in place throughout the pandemic

A number of long-term measures and restrictions should remain in place until the end of the pandemic:

- ✔ Recommendations against non-essential international and interprovincial travel;
- ✔ Mandatory self-isolation following international travel, exposure to COVID-19, or a positive COVID-19 test;
- ✔ Large public gatherings remain prohibited;
- ✔ Individuals should continue working from home if they can do so effectively;
- ✔ Physical distancing must be maintained wherever possible;
- ✔ People must stay at home and self-isolate when they are sick with Covid-19 like symptoms;
- ✔ Vulnerable individuals, such as Elders and those with underlying health conditions, should continue to exercise caution and minimize high-risk exposures, such as public outings;
- ✔ Precautionary measures in place (hygiene, masks, physical distancing, plexiglass, etc. as appropriate in context);
- ✔ Enhanced cleaning and disinfection should take place in workplaces, public spaces and recreational facilities.



Sources

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Considerations in adjusting public health and social measures in the context of COVID-19: interim guidance, 16 April 2020. World Health Organization.

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An overview of current social distancing measures and required evidence for determining optimal time for relaxing such measures.

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Rapid Audit of Contact Tracing for COVID-19 in New Zealand

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Map of COVID-19 alert levels by region

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+ <https://files.ontario.ca/mof-framework-for-reopening-our-province-en-2020-04-27.pdf>