

MAINTAINING HEALTH & SAFETY WHILE WORKING IN COMMUNITIES: COVID-19 UPDATE

Firelight has established a Coronavirus Incident Team in place for all matters related to COVID-19. This team is led by an emergency response practitioner with 20 years of experience and is based on principles of incident command systems (ICS). Our team implemented an Incident Action Plan that identified priority principles to guide the continuation of our business during the pandemic. These principles are:

1. Protecting elders (our own, our clients', and our community's);
2. Hygienic practices, including social distancing and health monitoring;
3. Figuring out what work we can do to keep our client's priorities moving forward;
4. Normalize our work and working environment by supporting new ways of doing work, including remote work and work from home.

The health and well-being of elders, community members and staff has been the first priority in the development of the work plan for all studies. Additionally, it is important that the research completed as part of this Study meets the high standards required by each Nation we work with, to defend the community's rights and interests. Given these requirements, Firelight proposes an approach that limits in-person contact throughout all stages of the Study but maintains a rigorous approach to data collection, analysis and reporting. This approach allows us to include vital knowledge and guidance from community elders and knowledge holders while minimizing the risk of exposure to COVID19.

Community meetings will be conducted virtually. Firelight has utilized online video conferences, as well as teleconferences, virtual focus groups and a combination of multiple methods to engage community members in virtual spaces since restrictions on gathering were implemented. Firelight will work with community staff and leadership to ensure that the format for all virtual community meetings are appropriate for the needs of the community and are respectful of culture and protocols.

All mapping interviews will be conducted remotely for this Study using remote direct-to-digital methods that have been developed by Firelight senior research staff. Training for the Community Coordinator and community members will be conducted remotely, using training methods and online platforms that have been successfully utilized by Firelight training and capacity building staff.



Firelight staff will also provide support in developing hygienic practices for any community space used for conducting interviews. While interviews can be readily completed remotely using videoconferencing software, field verification would require Firelight researchers and participants to travel in-person to complete site visits.

Firelight staff would only travel on lands if the following conditions are met:

- Community leadership invite Firelight staff. Recognizing that communities have a mandate to look after the health of community members, Firelight researchers will only travel in-person if invited to do so by the community.
- Provincial and local health guidelines allow for this type of outdoor work to be completed at that time.
- Staff travelling have completed a two-week period of self-monitoring prior to travel (self-monitoring form available on request).
- A joint risk assessment exercise is undertaken by the community and Firelight staff prior to travel to outline the potential risks involved with travel and identify ways in which these risks can be managed in a field safety plan. This will include an analysis of both the nature of the work to be completed and the means of travel. Each of the potential risks will be discussed in detail prior to travel, along with the degree to which each risk can be managed. The community and Firelight can then jointly determine whether or not travel should go ahead and under what conditions. Questions to be considered as part of this risk assessment will include (but not be limited to) the following:
 - What are the current levels of COVID-19 in the origin and destination of travel?
 - Can the work be completed remotely to the same level of quality?
 - Have staff completed the required two weeks of self-monitoring prior to travel?
 - Have others in staff members' household experienced any COVID-19 symptoms within the two weeks prior to travel?
 - Have staff travelled elsewhere in the two weeks prior to travel?
 - Have staff been maintaining social distance in the two weeks prior to travel?
 - Will work be conducted outdoors?
 - What tools, machinery, and equipment will staff come into contact with during the course of their work?
 - Can work be conducted while maintaining physical distance from others?
 - Will staff be working in close quarters with people indoors or sharing a vehicle?
 - Will staff be working with vulnerable individuals?
 - Will staff be taking flights or other forms of public transport in order to reach their destination?
 - What personal protective equipment can be used to reduce the risk?



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This approach can be revised and updated through conversation with community staff and leadership as the pandemic continues to evolve and health authorities issue updated guidance.



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