

# WHITESAND FIRST NATION

P.O. Box 68 \* ARMSTRONG, ONTARIO \* P0T 1A0

PHONE 807-583-2177 & 807-583-2238

FAX 807-583-2170

## BAND COUNCIL RESOLUTION

Chronological No. 2020-04-09-1
File Reference No. COVID

Note: The words "from our Band Funds" "capital" or "revenue", whichever is the case, must appear in all resolutions requesting expenditures from band funds.

The Council of the Whitesand First Nation, Ontario	Cash Free Balance
	Capital Account    \$
Date of duly convened meeting April 9, 2020	Revenue Account    \$

**WHEREAS:** Chief and Council of Whitesand First Nation are an elected body to represent the membership of Whitesand First Nation pursuant to the *Indian Act*, R.S.C. 1985, c. I-5, as amended;

**AND WHEREAS:** The World Health Organization has declared the COVID-19 outbreak a pandemic;

**AND WHEREAS:** It is the duty of Chief and Council to ensure the health and safety of all of its membership;

**AND WHEREAS:** Medical experts have determined that COVID-19 is especially deadly to the elderly or those with compromised immune systems;

**AND WHEREAS:** On March 18, 2020 Chief Gustafson declared a state of emergency regarding the COVID-19 for Whitesand First Nation;

**AND WHEREAS:** On April 1, 2020 Chief and Council passed BCR # 2020-04-01-01

**AND WHEREAS:** On April 8, 2020 Lac des Isles Mine disclosed that a worker onsite between March 29 and April 4, 2020 had tested positive for COVID-19

**AND WHEREAS:** On April 9, 2020 Chief and Council were informed of possible COVID-19 exposure to Whitesand First Nation reserve members through a band member who had been to the community

Quorum Four (4) Chief

Councillor  Councillor

Councillor  Councillor \_\_\_\_\_

Councillor \_\_\_\_\_ Councillor \_\_\_\_\_

FOR DEPARTMENTAL USE ONLY					
Expenditure	Authority (Indian Act Section)	Source of Funds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue	Expenditure	Authority (Indian Act Section)	Source of Funds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue
Recommending Officer			Recommending Officer		
Signature _____ Date _____			Signature _____ Date _____		
Approving Officer			Approving Officer		
Signature _____ Date _____			Signature _____ Date _____		



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**THEREFORE BE IT RESOLVED:**

1. Effectively April 11, 2020 at 12:01 AM immediately all Whitesand First Nation members residing on reserve are to quarantine their household for 14 days;
2. Residents are only to leave their property for:
  - a. Essential medical appointments and medical emergencies are to advise the Whitesand Health Office 583-2671 of the need to leave their home or
  - b. For employment purposes and must report to security when leaving and returning to the reserve. People deemed essential workers will be identified on a list or
  - c. For the purpose of hunting and fishing. People are to report to the Health Office when they are departing and check in upon their return;
3. Residents are to report any symptoms of ill health to the Whitesand Health Office 583-2671 during the day and afterhours at 807-357-5060;
4. Residents are to stop at check points when leaving and returning to Whitesand First Nation Reserve 190 and comply with directions given by security;
5. During the 14-day quarantine Chief and Council will ensure that community members will have access to basic food needs and childcare supplies.

**THEREFORE BE IT RESOLVED:**

1. The conditions and resolutions of this BCR are in addition to the conditions and resolutions of BCR #2020-04-01-01.
2. Effective immediately all Whitesand First Nation members residing on reserve are to quarantine their household for 14 days.
3. Only residents of Whitesand First Nation or an essential services worker, such as medical personnel, food delivery or any delivery of utilities, or Dilico Anishinaabek Family Care workers may enter the Reserve.

Quorum Four (4)

Chief \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

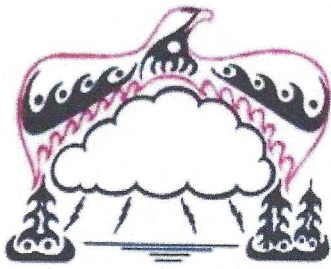
Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

FOR DEPARTMENTAL USE ONLY					
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Recommending Officer			Recommending Officer		
Signature _____		Date _____	Signature _____		Date _____
Approving Officer			Approving Officer		
Signature _____		Date _____	Signature _____		Date _____





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4. Residents and non-residents providing essential services MUST stop at check points when leaving and returning to the Reserve and comply with directions given by security.
5. Only residents that have left the Reserve for the reasons under section 2 above may re-enter the Reserve and must check in at the check points and follow all directions given by security.
6. Any resident who has left the Reserve for any other reason is not allowed to enter the Reserve until resolution of leadership.
7. Any resident failing to follow the above directions and enters or re-enters the Reserve in contravention of this BCR may be charged by the Ontario Provincial Police for trespassing and/or removed from the community for the duration of the lockdown by further BCR.
8. All membership shall follow the above measures immediately.

Quorum **Four (4)** \_\_\_\_\_

Chief \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

Councillor \_\_\_\_\_

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_____ Signature                      Date			_____ Signature                      Date		
Approving Officer			Approving Officer		
_____ Signature                      Date			_____ Signature                      Date		