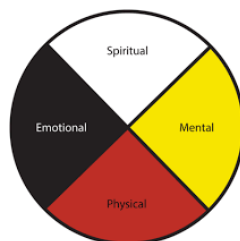


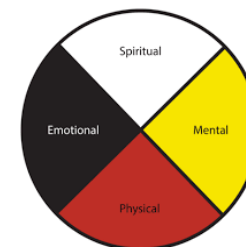
Monday, March 8, 2021



Tuesday, March 9, 2021



Wednesday, March 10, 2021



Sessions via ZOOM

**Choose to Challenge
Women's Workshop**

*Session 1 @ 2PM, Session 2 @ 7PM
Register with Amanda*

7PM—9PM via ZOOM

**ILR—Learn Moose Cree “L” Dialect
Beginner's Crash Course Mondays**
Register with Culture



Town Run



7PM—9PM via ZOOM

ILR—Learn Moose Cree “L” Dialect
Register with Culture



Thursday, March 11, 2021

6:30 PM via ZOOM

Snack & Yak

Register with Amanda

Friday, March 12, 2021

BINGO #'s Drawn

(As of Mar. 4, 2021) Playing for ONE-LINE

LEGEND				
	NUMBERS DRAWN THIS WEEK			
	NUMBERS DRAWN PREVIOUSLY			
B	I	N	G	O
1	16	31	46	61
2	17	32	47	62
3	18	33	48	63
4	19	34	49	64
5	20	35	50	65
6	21	36	51	66
7	22	37	52	67
8	23	38	53	68
9	24	39	54	69
10	25	40	55	70
11	26	41	56	71
12	27	42	57	72
13	28	43	58	73
14	29	44	59	74
15	30	45	60	75

Saturday, March 13, 2021



Good
Morning

Wishing you
a wonderful
Saturday

Wishing you
a wonderful
Saturday

Sunday, March 14, 2021

Reminder:
Set your clocks ahead
by 1 Hour at 2 AM



For the week of the
March 8 - 14, 2021

**Winter Hours
Monday - Friday
8:30 AM - 4:30 PM**

Please **PRE-REGISTER** and **WEAR A FACE MASK** for the interesting/interactive programs, activities and events offered in our community.

Eagle Moor

The eagle and other birds of talons are the first to return, signifying a new cycle of life.

Participation and feedback for Activities/Events/Programs are encouraged and greatly appreciated. Submit feedback to Tracy Martin via tracy.martin@cityofhouston.org

(705)-864-0200 or
healthcarecoordinator@chapleaucreehealth.ca



Presents

Vaccine Q & A Session

Guest Speaker Brenda Stankiewicz from
Public Health Sudbury & Districts

Thursday, March 4th, 2021

Time: 6:00 PM

To join online please use the ZOOM ID below

Meeting ID: **747 874 9140**

Passcode: **Health**

To join by phone:

Call Toll-Free: **1(204) 272-7920**

Supported by:



Public Health
Santé publique
SUDBURY & DISTRICTS



MAAMWESYING
NORTH SHORE COMMUNITY HEALTH SERVICES INC.



Chapleau Cree First Nation

COVID-19 Vaccine Update

When are we getting the COVID-19 Vaccine in our community?

Chapleau Cree First Nation received their 1st allocation of Moderna vaccines for our Elders Lodge on February 9th. The Elders Lodge will receive their 2nd dose on March 9th.

Chapleau Cree First Nation will receive another shipment of vaccines on March 10th which is identified to target the Indigenous Adult population of 55+ years and older. The community Mass Vaccination Clinic will be held at the Chapleau Cree Band Office by appointment only. Appointments will be coordinated through the Chapleau Cree Health Centre once your completed consent form is received at the Health Centre.

We have been working closely with Public Health Sudbury and District, Maamwesying and community partners to plan a community vaccination program.

COVID-19 vaccine distribution will follow a phase prioritization. Vaccine rollout phases will be continuous and overlapping. Ontario is currently in Phase 1 of their Vaccine Distribution: Phased Prioritization Plan. This Phase will be from December 2020 to March 2021.

As we move forward into the next priority Phase 1 the following populations will be targeted:

- Adults 80 years of age and older
- Staff, residents, caregivers in retirement homes and other congregate care settings for seniors (example: assisted living).
- Healthcare workers identified as high priority level in the Ministry of Health's Guidance on Healthcare Worker Prioritization
- All Indigenous adults (55+) who missed out on the vaccine due to shortage of vaccine
- Adult recipients of chronic home care

How do I get my vaccine?

We are planning for our vaccine clinics by proactively collecting COVID-19 Vaccine Consent Forms. Please send your completed consent form to reception@chapleaucreehealth.ca or deliver it to the Health Centre in a sealed envelope.

How will the vaccine be distributed?

All COVID-19 vaccines are being administered in Mass Clinics by scheduled appointments only. We will contact you to schedule your appointment once we receive your completed consent forms. The Chapleau Cree First Nation Vaccine Clinic will be located at the Chapleau Cree Band Office basement. When you arrive for your appointment you will go through screening, registration and immunization which will take 15 minutes. You will then be asked to wait for at least 15 minutes in the First Aid area after receiving your vaccine. The entire appointment should take 30 minutes to complete.

In the First Aid area you will be monitored for any adverse reactions. You will receive a snack and post vaccination information. We will also provide you with a Vaccine Immunization Certificate via email or paper copy.

How can I prepare for my appointment?

- Complete the COVID-19 Vaccine Screening and Consent Form ahead of your appointment.
- Arrive on time
- Wear a short sleeve shirt or shirt with easy roll up sleeves (Mass clinic, not private area)
- Wear your mask for the full duration of your appointment
- Have something to eat to prevent feeling faint
- Bring your Ontario Health Card

Want to learn more about the vaccine?

Please see below for additional resources:

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html?gclid=Ci6UzaHxlu8CFVmvxQIdcDAP6Q&gclsrc=ds>

COVID-19 Vaccine Screening and Consent Form

SCREENING AND CONSENT FORM –COVID-19 Vaccine

Version 2.0 – January 23, 2021

Last Name		First Name		Identification (e.g., health card number)	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer				Primary Care Clinician (Family Physician or Nurse Practitioner)	
Home Phone	Mobile Phone	Email Address			
Street Address			City	Province	Postal Code
Date of Birth (month, day, year) ____ / ____ / ____	Age	Is this your first or second dose of the vaccine? <input type="checkbox"/> First <input type="checkbox"/> Second If second, please indicate the date of the first dose: ____ / ____ / ____ (month, day, year)			

Please answer all questions below:

Do you have symptoms of COVID-19 or feel ill today*? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details
Have you previously had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of a COVID mRNA vaccine or to any of its components or its container? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide details
Do you have a suspected hypersensitivity or have you had an immediate allergic reaction (<i>this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing</i>) to:	If yes, please provide details
<ul style="list-style-type: none"> A previous dose of an mRNA COVID-19 vaccine <input type="checkbox"/> No <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> Any components of the mRNA COVID-19 vaccine (including polyethylene glycol [PEG])** <input type="checkbox"/> No <input type="checkbox"/> Yes 	
<ul style="list-style-type: none"> Polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)** <input type="checkbox"/> No <input type="checkbox"/> Yes 	

<p>Have you ever had a severe (e.g. anaphylaxis) or an immediate allergic reaction to any other vaccine or injectable therapy (e.g. intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbates)? <i>(this would include an allergic reaction that occurred within 4 hours that cause hives, swelling, or respiratory distress, including wheezing)</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you ever had a severe allergic reaction (e.g.. anaphylaxis) not related to vaccines or injectable medications – such as allergies to food, pet, venom, environmental, or latex etc.?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you or could you be pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Are you breastfeeding? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have an autoimmune disease?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>Do you have a bleeding disorder or are taking medications that could affect blood clotting (e.g., blood thinners)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

<p>Have you ever felt faint or fainted after a past vaccination or medical procedure?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If yes, please provide details</p>
<p>* Symptoms of COVID-19 can include fever, new onset of cough or worsening of chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of smell or taste, chills, headaches, unexplained tiredness / malaise / muscle aches, nausea / vomiting, diarrhea or abdominal pain, pink eye, or runny nose or nasal congestion without other known cause or, for those over 70 years of age, an unexplained or increased number of falls, acute functional decline, worsening of chronic conditions or delirium</p>	<p>** Polyethylene glycol (PEG) can rarely cause allergic reactions and is found in products such as medications, bowel preparation products for colonoscopy, laxatives, cough syrups, cosmetics, skin creams, medical products used on the skin and during operations, toothpaste, contact lenses and contact lens solution. PEG also can be found in foods or drinks, but is not known to cause allergic reactions from foods or drinks. Polysorbate may also cause allergic reactions because of cross-reactivity with PEG.</p>

Consent to Receive the Vaccine

I have read (or it has been read to me) and I understand the 'COVID-19 Vaccine Information Sheet'

- I have had the opportunity to ask questions and to have them answered to my satisfaction.
- I have had the opportunity to speak with my primary care provider regarding any special considerations that apply to me in respect of the COVID-19 vaccine.

☐ **I consent to receiving the vaccine**

Acknowledgement of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example,

- it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the *Health Protection and Promotion Act*. And
- it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

The information will be stored in a health record system under the custody and control of the Ministry of Health.

Where a Clinic Site is administered by a hospital, the hospital will collect, use and disclose your information as an agent of the Ministry of Health.

☐ **I acknowledge that I have read and understand the above statement.**

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments and to provide you with proof of vaccination). If you consent to receiving these follow up communications by email or text/SMS, please indicate this using the boxes below.

I consent to receiving follow-up communications:

☐ **by email** ☐ **by text/SMS**

Consent to Being Contacted About Research Studies

Many research studies will be conducted in respect of COVID-19 vaccines.

You have the option of consenting to be contacted by researchers about participation in COVID-19 vaccine related research studies. If you consent to be contacted, your personal health information will be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the COVID-19 vaccine.

If you consent to be contacted about research studies, and then change your mind, you may withdraw your consent at any time by contacting the Ministry of Health at Vaccine@ontario.ca.

I consent to be contacted about COVID-19 vaccine related research studies:

☐ **by email** ☐ **by text/SMS** ☐ **by phone** ☐ **by mail**

☐ **I do not consent to be contacted about COVID-19 related research studies:**

Signature	Print Name	Date of Signature

If signing for someone other than yourself, indicate your relationship to that other person:

☐ If signing for someone other than myself, I confirm that I am the parent / legal guardian or substitute decision maker.

Specific Issues re: Long-Term Care Homes Act, 2007

The resident's consent to receive the vaccine may be withdrawn or revoked at any time.

Statement respecting section 83 of the Act:

Please note the following legal protection:

Every licensee of a long-term care home shall ensure that no person is told or led to believe that a prospective resident will be refused admission or that a resident will be discharged from the home because,

- (a) a document has not been signed;
- (b) an agreement has been voided; or
- (c) a consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked.

FOR CLINIC USE ONLY					
Agent	COVID-19	Product Name	Lot #		Dose
Anatomical Site	<input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid		Route	Intramuscular	Dose #
Date Given	____ / ____ / ____ (m/d/yyyy)		Time Given	____ : ____ am pm	AEFI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Given By (Name, Designation)		Location	Authorized By		
Reason for Immunization	<input type="checkbox"/> Healthcare worker <input type="checkbox"/> Healthcare worker: LTC Home <input type="checkbox"/> Healthcare worker: Retirement Home <input type="checkbox"/> LTC Home: Resident <input type="checkbox"/> Retirement Home: Resident <input type="checkbox"/> Advanced age: community dwelling <input type="checkbox"/> Other employees in acute care, LTC, RHs <input type="checkbox"/> Indigenous community <input type="checkbox"/> Chronic conditions				
Reason Immunizations Not Given	Healthcare provider: <input type="checkbox"/> Determines immunization is contraindicated <input type="checkbox"/> Recommends immunization but no consent received <input type="checkbox"/> Determines that immunization will be temporarily deferred				
Your dose 2 of 2 is scheduled for:		____ / ____ / ____ (m/d/yyyy) ____ : ____ am pm			

Congratulations to our
Heart Health Promotion
Winners!!



1st - Allan Dupuis



2nd - Tanya Cachagee



3rd - Chase Cachagee

Thank you to everyone who participated.



CHOOSE TO CHALLENGE

WOMEN'S WORKSHOP

WORKSHOP SESSIONS FOR WOMEN IN HONOUR OF "INTERNATIONAL WOMENS DAY"

Join us from your home through zoom for a time of personal growth, goal setting, self-care & artistic activity.

Monday March 8th, 2021 - Session 1 2:00pm-Session 2 7:00pm

Please Contact Amanda Domingue @ 705-864-0200 ext 206



When you register for this workshop you will receive the following workshop package

Hoodie, Mask, Bag, 3 self-care items
artistic activity supplies

**For further information or to register, please contact
Amanda Domingue @ 705-864-0200 ext 206**

"A challenged world is an alert world and from challenge comes change. So, let us all choose to challenge."

R E V I S E D

Snack & Yak

March **11**, 2021

6:30 PM via Zoom

Procedure:

Email Amanda at

programfacilitator@chapleaucreehealth.ca

before March 4th at Noon.

Meeting ID: **306 708 5721**

Passcode: **Health**

Ingredients and grocery bag will be dropped off
before the event.



MOCCASIN TRAIL CHALLENGE

WALKING CHALLENGE BEGINS:

MARCH 15, 2021

Weekly Prizes available!

- **Pre- Registration is MANDATORY (No late registration)**
- **Open to all CCFN Band and Community Members of all Ages**
- **FREE REGISTRATION PACKAGE**

Each participant will receive a walking log to write down their steps.

Grand Prize – Complete 300,000 steps in 6 weeks

Second Prize – Complete 200,000 steps in 6 weeks

Third Prize – Complete 100,000 steps in 6 weeks

To register- Please email or call Amanda via

(705) 864-0200 or programfacilitator@chapleaucreehealth.ca

Please remember to include your shirt size.

Deadline to register is March 8, 2021

MEN'S EVENT

THE POWER OF POSITIVITY TOWARDS OURSELVES AND OTHERS

MARCH 15TH, 2021

7:00PM

IRON

SHARPENS

IRON

MAR
15th

JOIN US FOR A

MOTIVATIONAL ZOOM WORKSHOP THAT INCLUDES AN AMAZING WORKSHOP PACKAGE:
HOODIE, MASK, SELF-CARE ITEMS, WORKSHEET & ARTISTIC SUPPLIES.

TO REGISTER PLEASE CONTACT AMANDA DOMINIQUE @ 705-864-0200 EXT 206

7:00 PM via Zoom

REVIEWSED



COOKBOOK RECIPE SUBMISSION AND RAFFLE

From the heart
of your home

There is no shame in shortcuts especially on weekdays. Semi-homemade recipes count, too. Bring on the boxed mixes, canned goods, and frozen veggies if you cannot use fresh. Looking for breakfast, lunch, dinner, appetizers, desserts, snacks, beverages, etc.

February 1st -
March 25th, 2021

Email recipes to
culture@chapleaucree.ca
before the deadline to be eligible to
win one of three amazing prizes.

While there is a maximum of ten (10) tickets per person, we gladly welcome you to submit as many recipes as you would like.

In the event of duplicates, selected recipes will be added to the CCFN Cookbook, 2nd Edition.

SUBMISSION DEADLINE

March 25th, 2021 at 12:00 PM

Email recipes to **culture@chapleaucree.ca**

or mail to

Cultural Coordinator
400-801 Fox Lake RD
Chapleau, ON, P0M 1K0

PRIZES/GIFT CARDS

Randomly Drawn

One (1) Grand Prize

Cookware Set, Approx. Value \$1,000.00

One (1) Regular Prize

Stand Mixer, Approx. Value \$500.00

One (1) Small Prize

Keurig Coffee Machine, Approx. Value \$250.00

RULES

- One (1) ticket per recipe to a max of ten (10) tickets per person.
- Tickets entered into raffle upon receipt of clear recipe with accompanying recipe origin or author and submitter's telephone number.
- Photos of recipe's product and author are encouraged.
- Winning raffle tickets will be drawn on March 31st, 2021 at 12:00 PM.
- Open to all Chapleau Cree Community and Band Members only.
- All ages can submit.
- Raffle winners will be notified by email, mail or phone.
- Raffle winners failing to respond and claim their prize will forfeit their prize after one (1) week. All prizes unclaimed after one (1) week will be re-drawn and a new winner will be declared.

future design school

\$10,000 Youth Prize

DEADLINE March 29, 2021

Future Design School has recently launched [The Audrey Prize](#), a new philanthropic initiative geared toward youth in Canada, ages 16-30.

Our mission is to equip young people with the resources to **address a language-based challenge they want to solve in their community**, awarding \$10,000 toward building and implementing the winning proposal.

Given the importance of the protection for Indigenous languages, I thought this would be a great opportunity for youth in your community to engage in creative problem solving and make an impact.

PROPOSAL CRITERIA

Proposals will be judged based on identifying and demonstrating a deep understanding of a language-based challenge in the candidates' local community.

Proposals will be judged based on how well they:

- Identify community language challenge and demonstrate a deep understanding of that issue
- Develop an understanding of the people/users in the community
- Focus on meaningful community connections and consultation
- Identify the opportunities that solving this issue has for the community

Proposals will be accepted via the Google Form, video, etc.

Proposal submissions can be made from February 2, 2021 - March 29, 2021.

Successful candidates will be notified on April 12, 2021 and will be invited to participate in the Audrey Wearn Language Prize Design Sprint on May 4, 2021

<https://www.audreyprize.com/call-for-proposals>