Remote First Nations communities experience elevated accidental trauma rates, with significant public health consequences. In these settings, prehospital care is complicated by factors including geographical isolation, lack of local paramedical services, and limited access to appropriate first aid and patient transport training.

**PURPOSE**

The goal of this program is to develop a collaborative process to deliver and evaluate a culturally and locally specific first aid education program in a remote First Nations community.

**ABOUT THE COMMUNITY**

Sachigo Lake First Nation is a remote community in northern Ontario, population 400. Like nearly thirty other remote First Nations communities, Sachigo Lake is accessible only by air, or by a temporary ice road during winter months. Medical services are provided through a local nursing station and a visiting physician. Secondary and tertiary care is provided through Sioux Lookout, Thunder Bay and Winnipeg. Resuscitation times for critical patients are seldom less than two hours.

**BACKGROUND**

In Association With

In Collaboration With

SACHIGO LAKE FIRST NATION

**DESIGN & METHODS**

**PHASE I / site visit / May 2010**

Researchers and collaborators participated in a three-day visit to Sachigo Lake First Nation. Researchers and organizers met with community stakeholders involved in governance, health care and first aid response. These community members discussed their needs in addressing the emergencies in and around Sachigo Lake that they encounter on a regular basis. Community members provided input on research processes, practices and analysis.

**REFERENCES**


**MAIN FINDINGS**

Through a collaborative approach, community specific first aid training programs can be developed and delivered in partnership with the people and settings they are designed to serve. This project and its community-specific approach provides an example of engagement with a remote community for first response skill development, knowledge translation and exchange.