COVID-19 MOH Update

HOT TOPIC, SCENARIOS AND A COMMUNITY PROFILE

APRIL 9, 2020

Outline

1. MOH Update

2. Hot Topic of the Week: Non-Medical Masks

3. Congregate Living Sites

4. Scenario: Return to Work Guidance for Healthcare Workers

5. Community Profile – Siksika

6. Questions

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, MEDICAL OFFICER OF HEALTH

Current Situation

The global numbers as of April 8, 2020 (WHO Situation Report – 79)
- 1 353 361 confirmed cases
- 79 235 deaths

The United States is now reporting the highest number of cases, followed by Spain, Italy, Germany, and France.
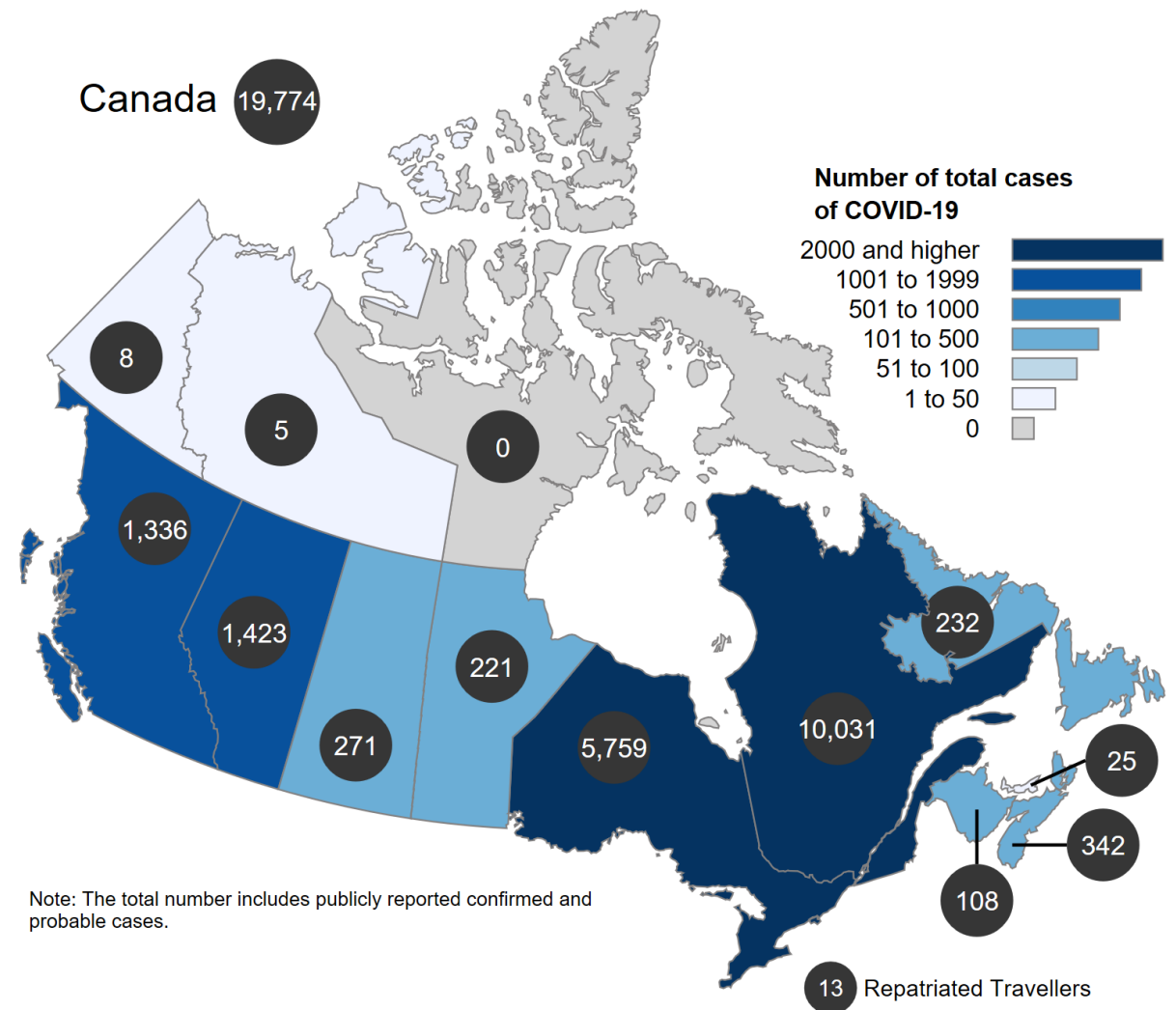
Source: World Health Organization https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/ and Public Health Agency of Canada https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

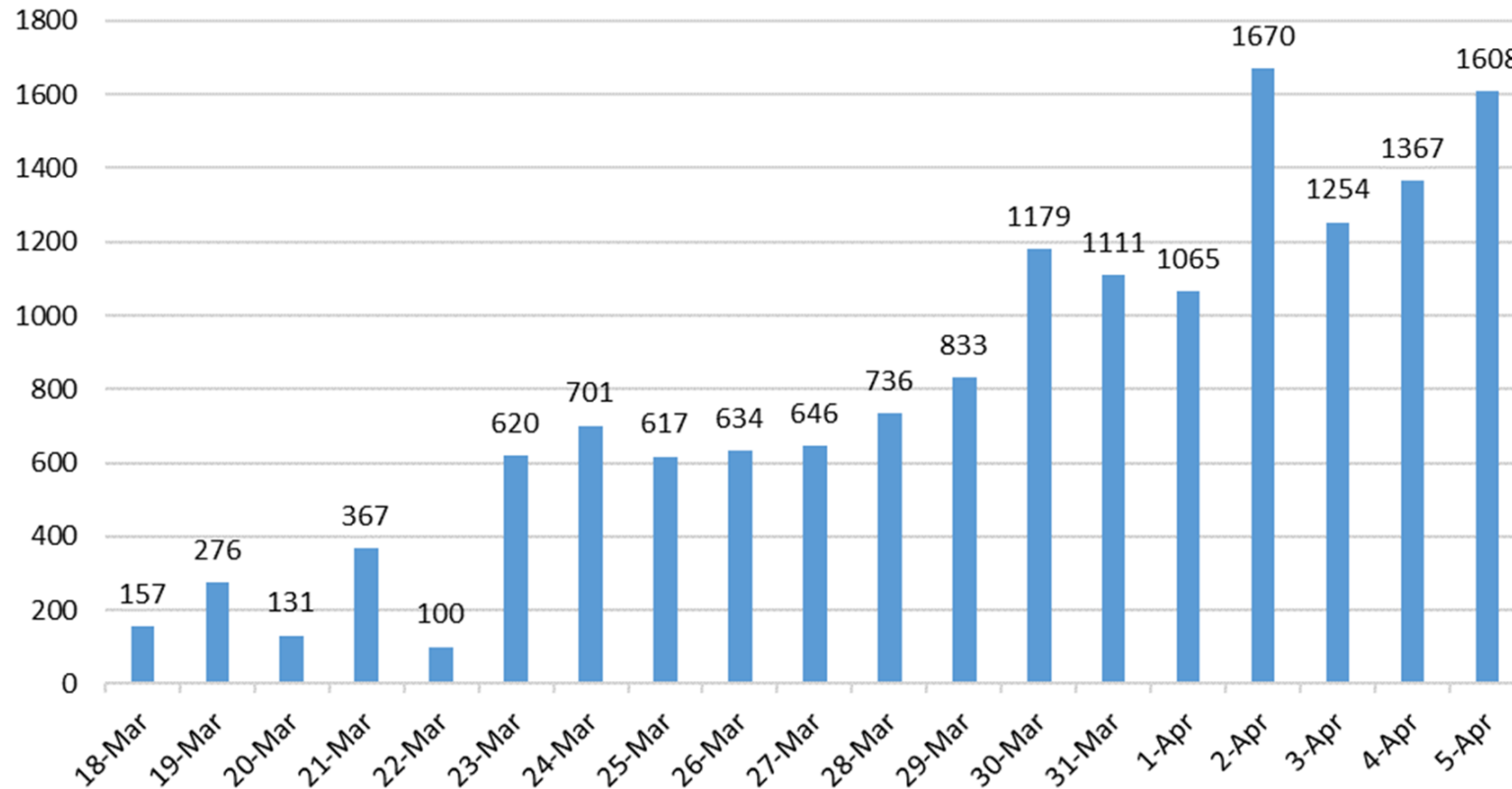# Current Situation

The numbers in Canada as of April 9, 2020:

- 19 774 confirmed cases
- 404 deaths

Source: PHAC https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

Canada 19,774

Number of total cases of COVID-19

2000 and higher
1001 to 1999
501 to 1000
101 to 500
51 to 100
1 to 50
0

8

5

0

1,336

1,423

271

221

5,759

10,031

232

25

342

108

Note: The total number includes publicly reported confirmed and probable cases.

13 Repatriated Travellers
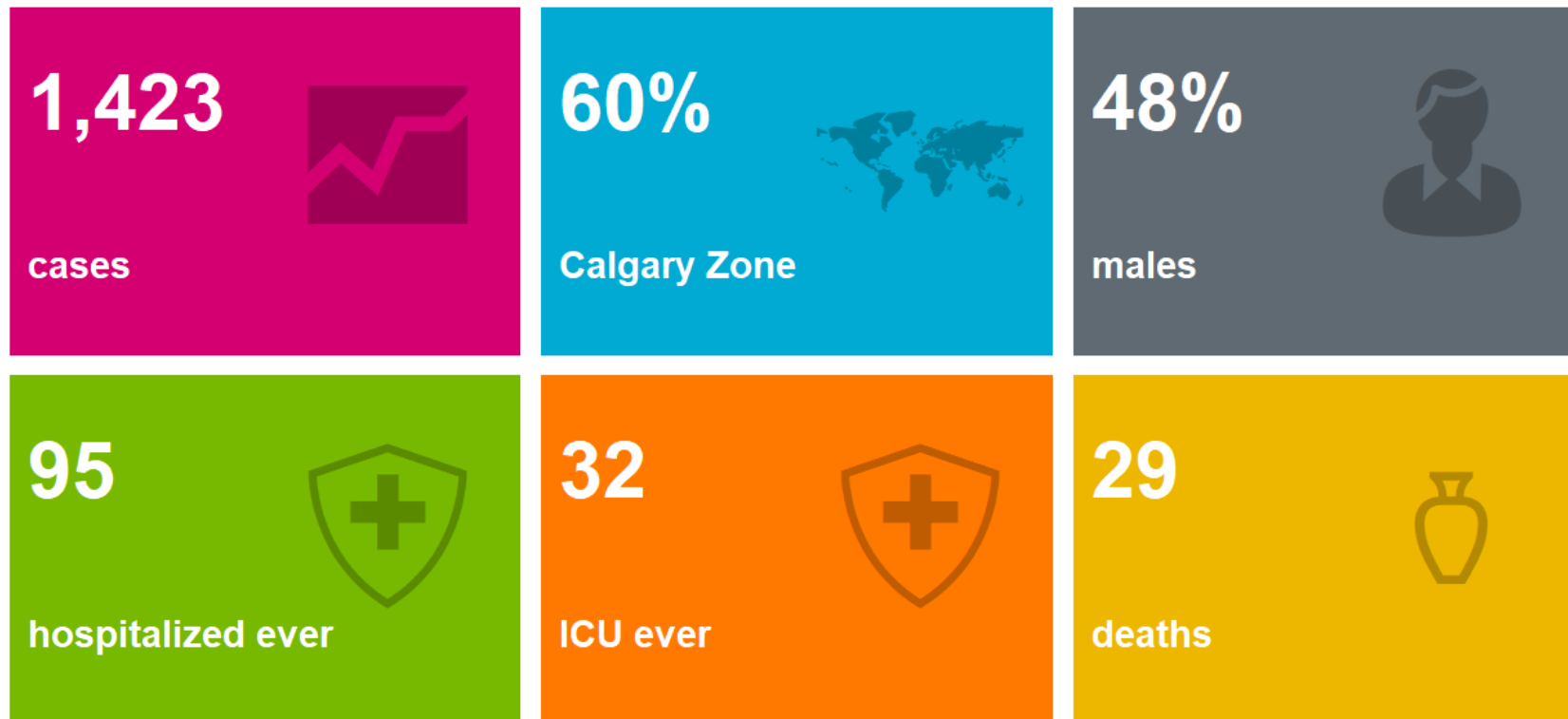
COVID-19 Cases in Canada

Newly diagnosed cases in Canada

The number of illnesses in Canada is continuing to increase and has not yet peaked.

Current Situation

Overview of COVID-19 in Alberta (as of April 8, 2020):
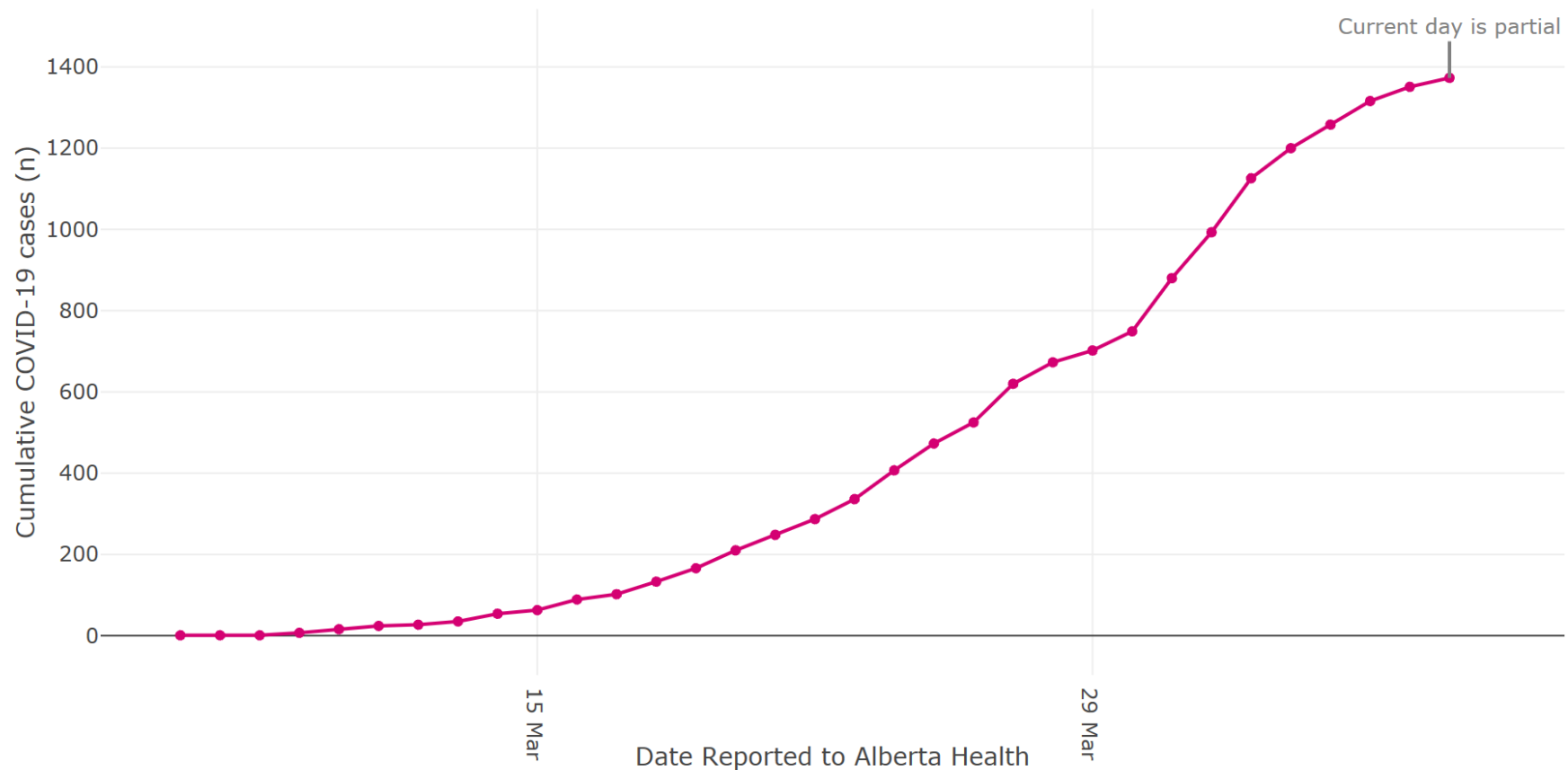
1,423 cases	**60%** Calgary Zone	**48%** males
95 hospitalized ever	**32** ICU ever	**29** deaths

Interactive Alberta data can be found at: https://covid19stats.alberta.ca/

Current Situation

The numbers across Alberta as of April 8, 2020:

Location	Confirmed Cases	Deaths
Calgary Zone	860	20
Edmonton Zone	368	4
Central Zone	72	1
South Zone	26	0
North Zone	95	4
First Nation Communities	0	0
Unknown	2	0
TOTAL	**1423**	**29**

Cumulative COVID-19 cases in Alberta by day (as of April 8, 2020)

New confirmed cases in AB by Zone

New confirmed cases

	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr	6-Apr
Calgary	25	15	26	29	28	28	40	44	44	48	29	21	23	80	66	90	50	31	23	20
Edmonton	4	9	12	4	4	8	20	15	5	23	16	6	21	40	10	58	18	14	25	8
North	0	8	3	2	2	0	2	3	2	15	7	0	2	4	5	5	3	11	4	6
Central	0	0	1	2	4	13	7	3	1	9	1	2	1	5	3	4	1	1	4	0
South	0	2	1	2	1	1	2	1	0	0	0	0	0	0	2	3	2	1	2	1
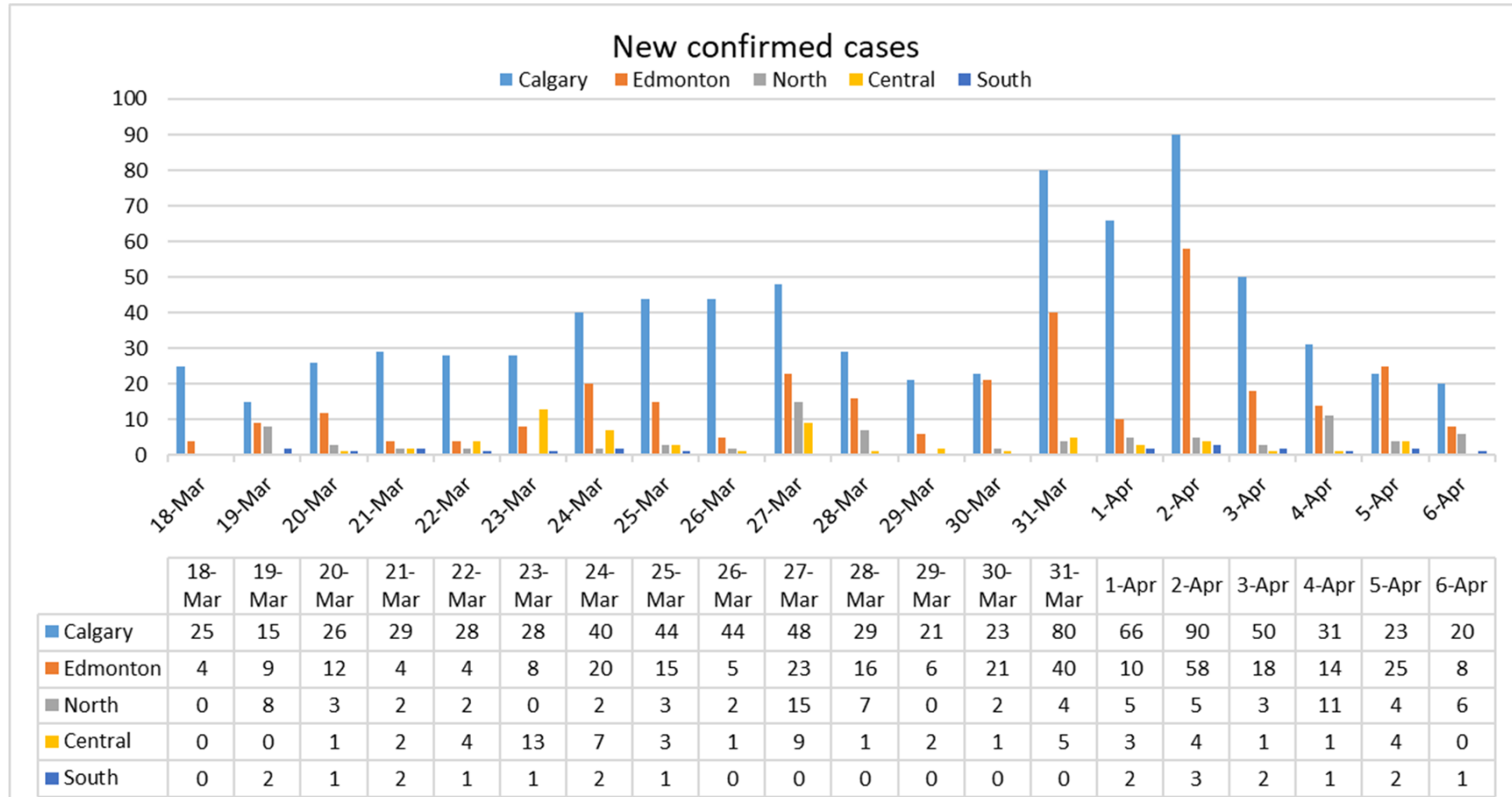
New COVID-19 cases in Alberta by route of suspected acquisition

Newly diagnosed cases in Alberta

|	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr
unknown contact	3	3	4	9	5	7	14	7	5	17	5	5	8	28	14	16	17	12	13
known contact	14	11	18	14	12	15	31	30	31	42	32	14	18	51	46	67	39	41	43
travel	15	19	22	14	22	27	28	29	16	37	16	10	24	50	52	44	17	8	3
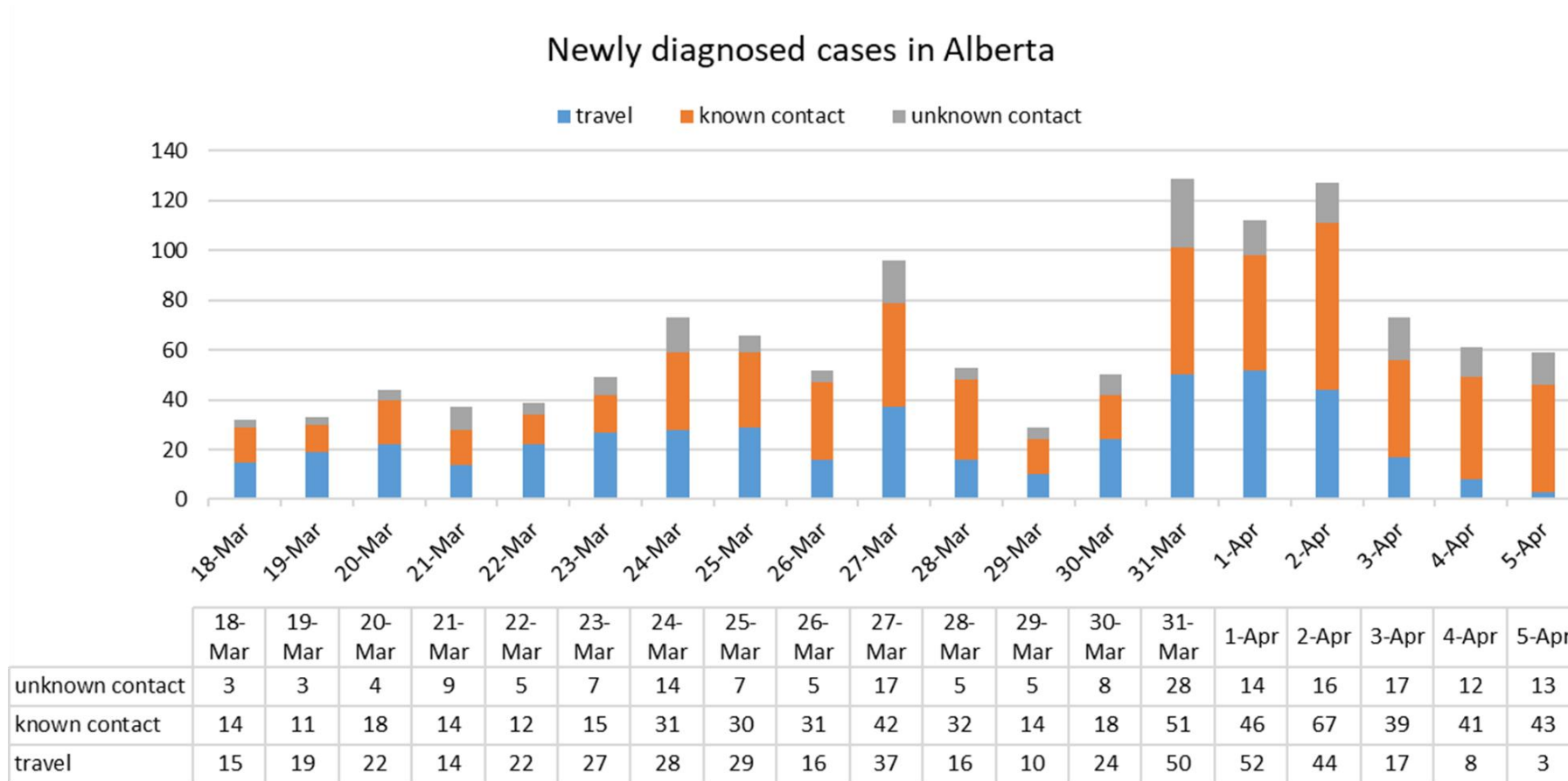
Reported cases in Canada by route of suspected acquisition

Probable exposure setting of COVID-19 cases (n=10 355) in Canada as of April 8, 2020
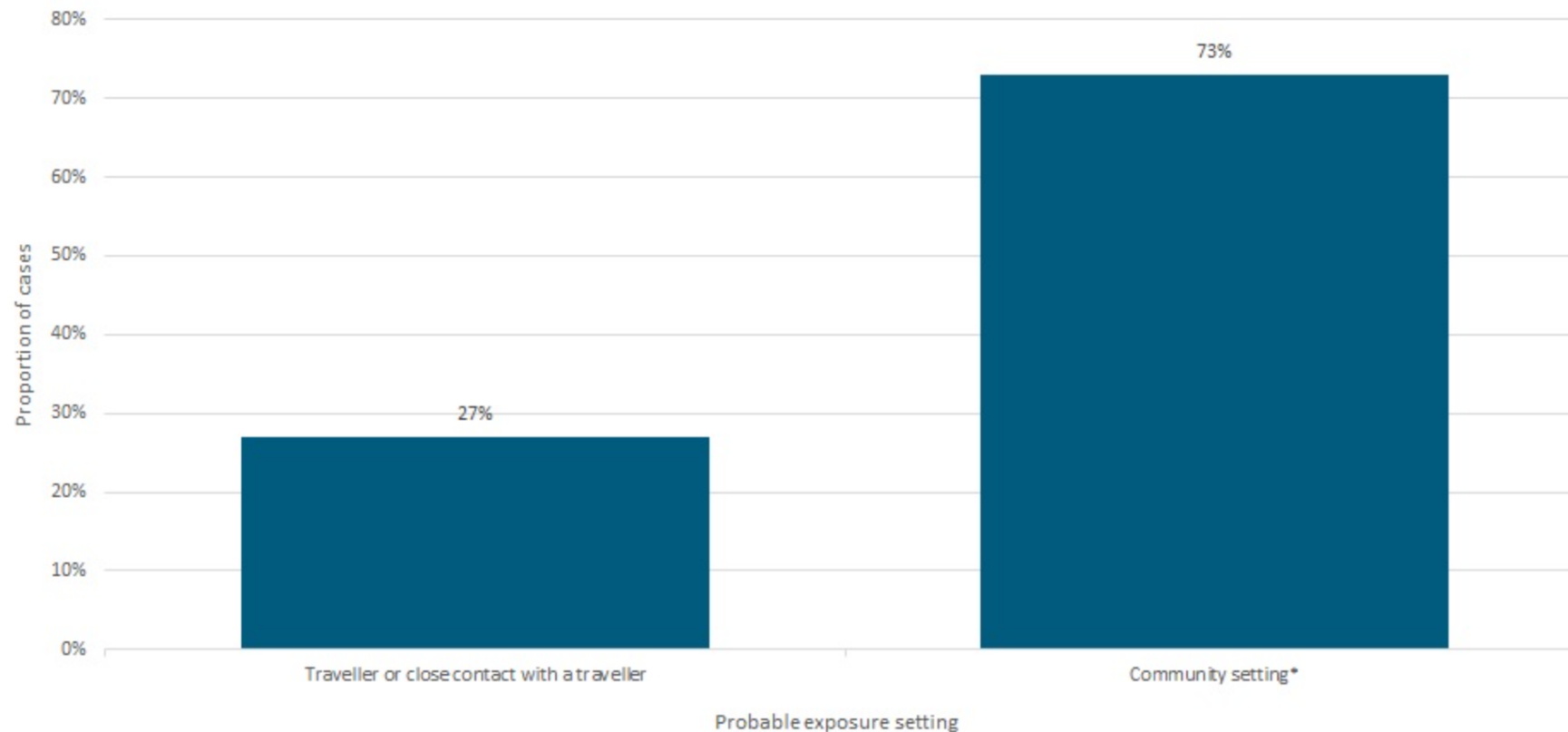
Total hospitalizations, ICU admissions and deaths (ever) among COVID-19 cases in Alberta by age group
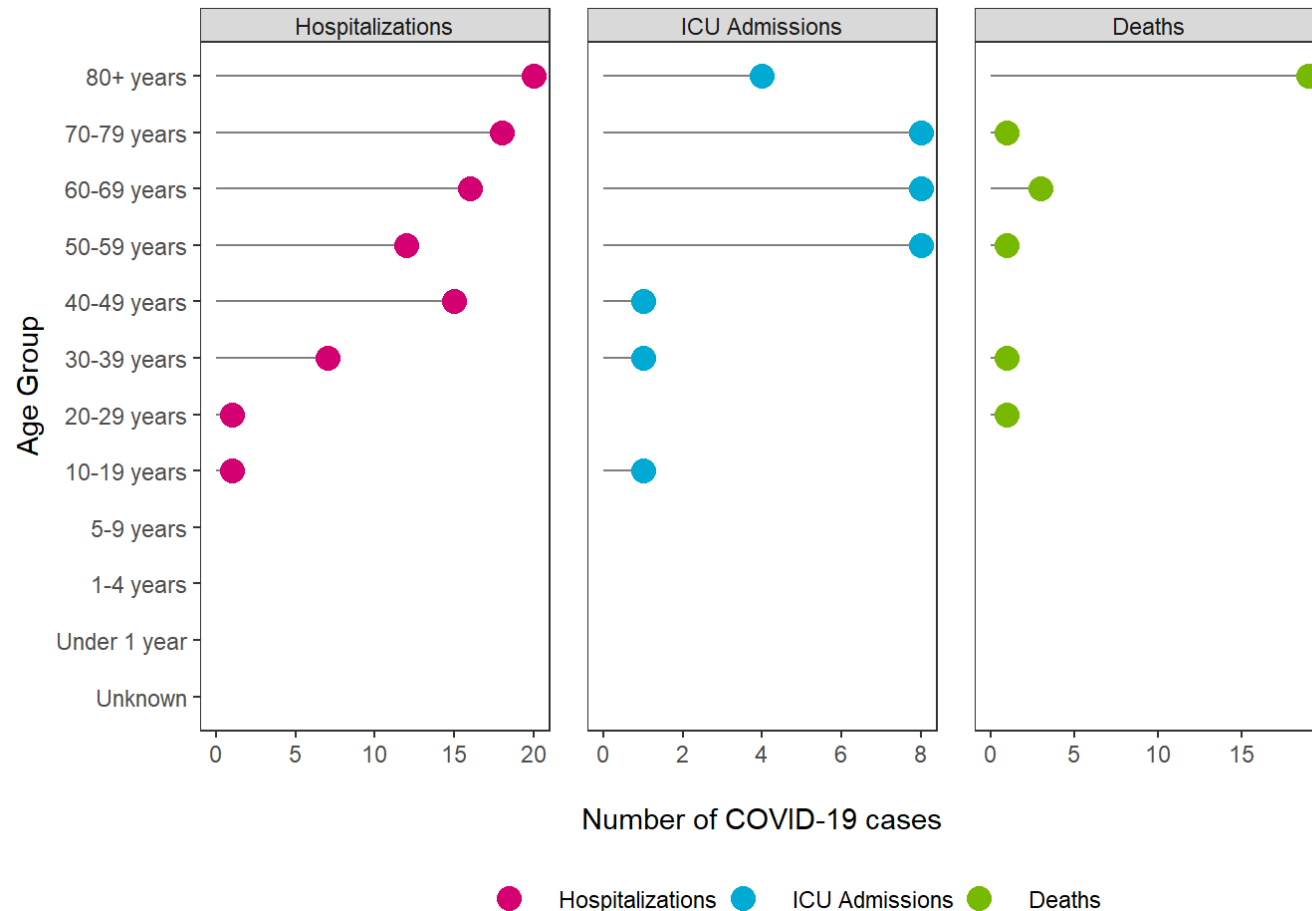
Public Health Orders - Congregate Living Health Facilities

As a result of ongoing outbreaks occurring in continuing care facilities in Alberta, strict restrictions are in place for health care facilities under **CMOH Order 09-2020**

◦ To prevent the spread of respiratory viruses, including COVID-19, among seniors and vulnerable groups, no visitors are allowed entry to these facilities, except for visits:

  ◦ when a resident is dying

  ◦ where, in rare situations, the resident's care needs cannot be met without their assistance

◦ Updated operational standards have also been implemented for these types of facilities.

Further information can be found at https://open.alberta.ca/publications/cmoh-order-09-2020-2020-covid-19-response

Public Health Orders - Congregate Living Health Facilities

New **outbreak standards** are in place for congregate health facilities. These outbreaks standards must be adhered to as per **CMOH Order 08-2020**.

These new outbreak standards can be found at: https://open.alberta.ca/publications/cmoh-order-08-2020-2020-covid-19-response

Additional Public Health Orders

- Mandatory 14-day self-isolation for returning international travellers or close contacts of people with confirmed COVID-19.

- Mandatory 10-day self-isolation for people with symptoms that are not related to a pre-existing illness or health condition: cough, fever, shortness of breath, runny nose or sore throat.

- Restrictions on mass gathering and businesses.

To protect health and safety, public health orders can be legally-enforced and fines issued for violations.

Details on Public Health Orders can be viewed at:
https://www.alberta.ca/coronavirus-info-for-albertans.aspx#statement

COVID-19 Testing

Symptomatic individuals already being prioritized for testing, include:

- those hospitalized with respiratory illness,
- Continuing Care residents, and healthcare workers and physicians working in Health facilities,
- Home Care, Primary Care, DI and Lab, medical specialty clinics,
- Continuing Care and Supportive Living, EMS,
- pharmacists and pharmacy technicians in clinical settings..

Anyone among these groups should complete AHS' online assessment tool for healthcare workers, enforcement and first responders.

COVID-19 Testing

Priority testing for COVID-19 has been expanded to include any members of the following groups (if experiencing symptoms consistent with COVID-19):

- Group home workers and shelter workers
- First responders, including firefighters
- Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers
- Correctional facility staff, working in provincial or federal facilities

In addition, any Albertan aged 65 years old or older who has fever, cough, shortness of breath, runny nose or sore throat, will also be eligible for testing and should complete the AHS online COVID-19 Self-Assessment tool for the public.

COVID-19 Testing

In addition:
- any First Nations community resident with COVID-19 symptoms is to be tested

Sources of Information

View only trusted sources of information, such as:

- Weekly bulletin from the Office of the Senior Medical Officer of Health – emailed every Friday
- One Health website - www.onehealth.ca/ab/ABCovid-19
- Alberta Health – https://www.alberta.ca/covid-19-information.aspx
- Alberta Health Services- https://www.albertahealthservices.ca/topics/Page16944.aspx
- Public Health Agency of Canada - https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html
- Indigenous Services Canada – https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298
- World Health Organization - https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Hot Topic: Non-Medical Masks

DR. CHRIS SARIN, MEDICAL OFFICER OF HEALTH

What we know

COVID-19 is a respiratory illness caused by a novel coronavirus most commonly spread from an infected person through:

- respiratory droplets generated when you cough or sneeze: droplets > ~10 micron, cough/sneeze, falling within ~2 metre, exposure to eyes, nose, mouth.

- close, prolonged personal contact, such as touching or shaking hands

- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

From symptomatic individuals only?

Most transmission is from symptomatic people to others in close contact through respiratory droplets or by contact with contaminated surfaces

It is possible that COVID-19 infected individuals could transmit the virus before significant symptoms develop. This is called pre-symptomatic transmission.

There is also evidence that some infected people who never develop symptoms are also able to transmit the virus. This is called asymptomatic transmission.

We do not know how much of a role pre-symptomatic and asymptomatic transmission play in driving this epidemic at this time—but we know that it is occurring among those with close contact or in close physical settings.

Source: Dr. S Hodgins & PHAC https://www.canada.ca/en/public-health/news/2020/04/ccmoh-communication-use-of-non-medical-masks-or-facial-coverings-by-the-public.html

Prevention of Spread

Information on COVID-19 and how it spreads continues to grow.

Evidence of asymptomatic or pre-symptomatic transmission points to the importance of everyone, even those who feel fine, following the proven methods of preventing transmission.

To prevent transmission of COVID-19 here is what we know is <u>proven</u>:
◦ Staying home as much as possible
◦ Physical distancing
◦ Washing your hands
◦ Protecting the most vulnerable from infection and exposure to others
◦ Covering your cough with tissues or your sleeve

It is critical that these measures continue.

Use of non-medical masks in the community

Wearing a non-medical mask, such as a homemade cloth mask, is an <u>additional</u> measure people can take to protect others around them, even if they have no symptoms.

Can prevent spread of infectious droplets from an infected person to someone else and can prevent potential contamination of the immediate environment.

Currently there is no evidence that wearing a mask by healthy persons in the community can protect the person wearing it from becoming infected with COVID-19 – it protects the people around them.

Medical masks, including surgical, medical procedure face masks and respirators (like N95 masks), must be kept for health care workers and others providing direct care to COVID-19 patients.

Non-Medical Masks

Face coverings should only be used **in addition** to other steps to protect yourself and others from COVID-19, including:

- ◦ practicing physical distancing
- ◦ washing hands often with soap and water for at least 20 seconds
- ◦ covering coughs and sneezes with a tissue or your elbow
- ◦ avoiding touching your face with unwashed hands
- ◦ avoiding travel
- ◦ watching for COVID-19 symptoms: cough, fever, shortness of breath, runny nose or sore throat

Just like covering your mouth with a tissue or your elbow, face coverings are another way to cover your mouth and nose to prevent respiratory droplets from contaminating other people or surfaces.

Wearing a mask may also stop you from touching your nose and mouth.

Non-Medical Masks

If people choose to use a non-medical face mask:

◦ they must wash their hands immediately before putting it on and immediately after taking it off (in addition to practicing good hand hygiene while wearing it)

◦ the mask must not be shared with others

Non-Medical Masks

If face coverings are worn they should:
- fit well (non-gaping)
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction

Non-Medical Masks

Face masks can become contaminated on the outside, or when touched by hands. When wearing a mask, the following precautions must be taken:

- avoid touching your face mask while using it
- change a cloth mask as soon as it gets damp or soiled
- put it directly into the washing machine or a bag that can be emptied into the washing machine and then disposed of
  - cloth masks can be laundered with other items using a hot cycle, and then dried thoroughly.
- non-medical masks that cannot be washed should be discarded and replaced as soon as they get damp, soiled or crumpled
- dispose of masks properly in a lined garbage bin
- don't leave discarded masks in shopping carts, on the ground, etc.

Non-Medical Masks

Cloth face coverings should not be placed on:

- young children under age 2,
- anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

Non-Medical Masks

Non-medical masks alone will <u>not</u> prevent the spread of COVID-19.

The more important steps people can take to prevent the spread of infection continue to be:

◦ consistent adherence to good hygiene such as proper hand washing

◦ following all public health orders - https://www.alberta.ca/coronavirus-info-for-albertans.aspx

◦ staying home whenever possible and practicing physical distancing when you need to go out

Non-Medical Masks

Further information can be found at the following websites:
- Alberta Health-Help Prevent the Spread: https://www.alberta.ca/prevent-the-spread.aspx#p25621s2
- Alberta Health Chief Medical Health Officer April 6 Update: https://www.alberta.ca/release.cfm?xID=70015320DDF94-C4C0-C084-147F2EEE49D2EDA0
- Public Health Agency of Canada COVID-19 Prevention & Risks: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html
- US CDC Cloth Face Covers https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
- WHO https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

New Reporting and Outbreak Standards for Congregate Care Facilities

SIMON SIHOTA, REGIONAL ENVIRONMENTAL PUBLIC HEALTH MANAGER

Purpose & Intent

Individuals over 60 years of age, those with pre-existing health conditions, and those with substance abuse concerns who may have underlying health conditions, are the most at risk of severe symptoms from COVID-19, especially when they live in close contact as is the case with congregate settings.

Purpose & Intent

The intent of these standards is to help ensure that those living and working in congregate settings where there is a suspected, probable or confirmed COVID-19 outbreak are kept as physically safe as possible, mitigating the risk of further spread of COVID-19 within and between sites.

AHS Coordinated COVID-19 Response is available to all congregate settings. They must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support.

These standards set expectations for any site that has identified a resident or staff member who is reporting a suspected, probable or confirmed COVID-19 outbreak.

Key Information

1. Chief Medical Officer of Health Order for Congregate Living Facilities

2. Updated symptoms for COVID-19

3. Updated definitions for suspected, probable and confirmed COVID-19 outbreaks

4. Requirements for immediate reporting and immediate control measures.

Detailed information and action requirements are contained in Appendix A of the CMOH Order 08-2020

https://open.alberta.ca/publications/cmoh-order-08-2020-2020-covid-19-response Appendix A

CMOH Order 08-2020

On April 2, The Chief Medical Officer of Health (CMOH) for the Province of Alberta issued an Order under the Public Health Act (08-2020)to reduce the impact of the COVID-19 public health emergency, specifically for those who may be more vulnerable.

The Order is effective immediately, and applies to all operators and service providers in particular congregate facilities.

Examples of Congregate health facilities include all hospitals, nursing homes designated supportive living and long term care facilities, elders lodges and facilities in which residential addictions treatment services are offered.

https://open.alberta.ca/publications/cmoh-order-08-2020-2020-covid-19-response

Updated symptoms of COVID-19 that require immediate action

With the recent addition of the <u>inclusion of diarrhea and vomiting</u> as symptoms of concern for residents/clients, the symptoms to watch for are onset of new illness including:

o   Cough, OR

o   Fever (over 38 degrees Celsius), OR

o   Shortness of breath, OR

o   Sore throat, OR

o   Runny nose, OR

o   Diarrhea, OR (symptom is for clients/residents in congregate settings only)

o   Vomiting (symptom is for clients/residents in congregate settings only)

https://open.alberta.ca/publications/cmoh-order-08-2020-2020-covid-19-response Appendix A

Outbreak Definitions (for congregate living facilities)

1. **A suspected** COVID-19 outbreak is defined as:
   a. <u>One resident or staff member</u> who exhibit any of the symptoms of COVID-19

2. **A probable** COVID-19 outbreak is defined as:
   a. <u>Two or more individuals (staff or residents)</u> who are linked with each other who exhibit any of the symptoms of COVID-19

   b. Individuals who are linked means they have a connection to each other (e.g. share a room, dine at the same table, received care from the same staff member, etc.)

3. **A confirmed** COVID-19 outbreak is defined as any of the following:
   a. <u>Any one individual</u> confirmed to have COVID-19, including:
      i. Any resident who is confirmed to have COVID-19
      ii. Any staff member who is confirmed to have COVID-19

   https://open.alberta.ca/publications/cmoh-order-08-2020-2020-covid-19-response Appendix A

Required Actions

In the event of an outbreak/case (suspected, probable or confirmed as per previous slides) the operator/ facility must;

1. Contact the AHS Coordinated Response line <u>as soon as there is a case suspected at</u>

1-844-343-0971 (toll free)

2. Operators must review and implement the AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites (COVID-19 specific Document)

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-outbreak-management-congregate-guidelines.pdf

In addition the operator/facility must review and implement the AHS Guidelines for Outbreak Prevention, Management and Control in Supportive Living and Home Living Sites (main document).

https://www.albertahealthservices.ca/assets/healthinfo/hi-dis-flu-care-and-treat-guidelines.pdf

Required Actions

3. Implement immediate control measures (such as isolation of the resident or staff) to limit further spread as outlined in the standards and guidelines (links below).

https://open.alberta.ca/publications/cmoh-order-08-2020-2020-covid-19-response   Appendix A

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-outbreak-management-congregate-guidelines.pdf

https://www.albertahealthservices.ca/assets/healthinfo/hi-dis-flu-care-and-treat-guidelines.pdf

The calling of the AHS Coordinated Response line will trigger notification to the FNIHB MOH and CDC, as well as several other important steps to support the facility in its outbreak response and control strategies.

Scenarios

RETURN TO WORK GUIDANCE FOR HEALTH CARE WORKERS

DR. CHRIS SARIN, MEDICAL OFFICER OF HEALTH

Return to Work Guidance for Health Care Workers

Scenario #1

A nurse is at work on April 6 and he develops symptoms of a sore throat. He leaves work and returns home. He completes the online assessment for healthcare workers and is advised to get tested. A test is completed on April 7. Results are received on April 9 and are positive for COVID-19. Symptoms continue to be mild and he is symptom free on April 16. When is he able to return to work?

Return to Work Guidance for Health Care Workers

Scenario #2

A nurse develops symptoms on the evening of April 2. She does not attend work on April 3. She completes the online assessment for healthcare workers and is advised to get tested. A test is completed on April 4. Results are received on April 6 and are negative for COVID-19. Symptoms reside on April 10. When is she able to return to work?

Return to Work Guidance for Health Care Workers

Scenario #3

A nurse develops mild symptoms. She remains home from work and completes the online assessment for healthcare workers. The assessment indicates that testing is not required. When can she return to work?

Community COVID-19 Response Profile

SIKSIKA –TOM LITTLECHILD, FIRE MARSHALL

Acknowledgments

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Geraldine Sawyer, Environmental Public Health Officer

Questions?