

COVID-19 MOH Update

HOT TOPIC, SCENARIOS AND A COMMUNITY PROFILE

APRIL 16, 2020

Outline

1. MOH Update
2. Hot Topic of the Week
3. Scenarios
4. Community Profile
5. 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 15, 2020 (WHO Situation Report – 86)

- 1 914 916 confirmed cases
- 123 010 deaths

The United States is now reporting the highest number of cases, followed by Spain, Italy, Germany, and France.

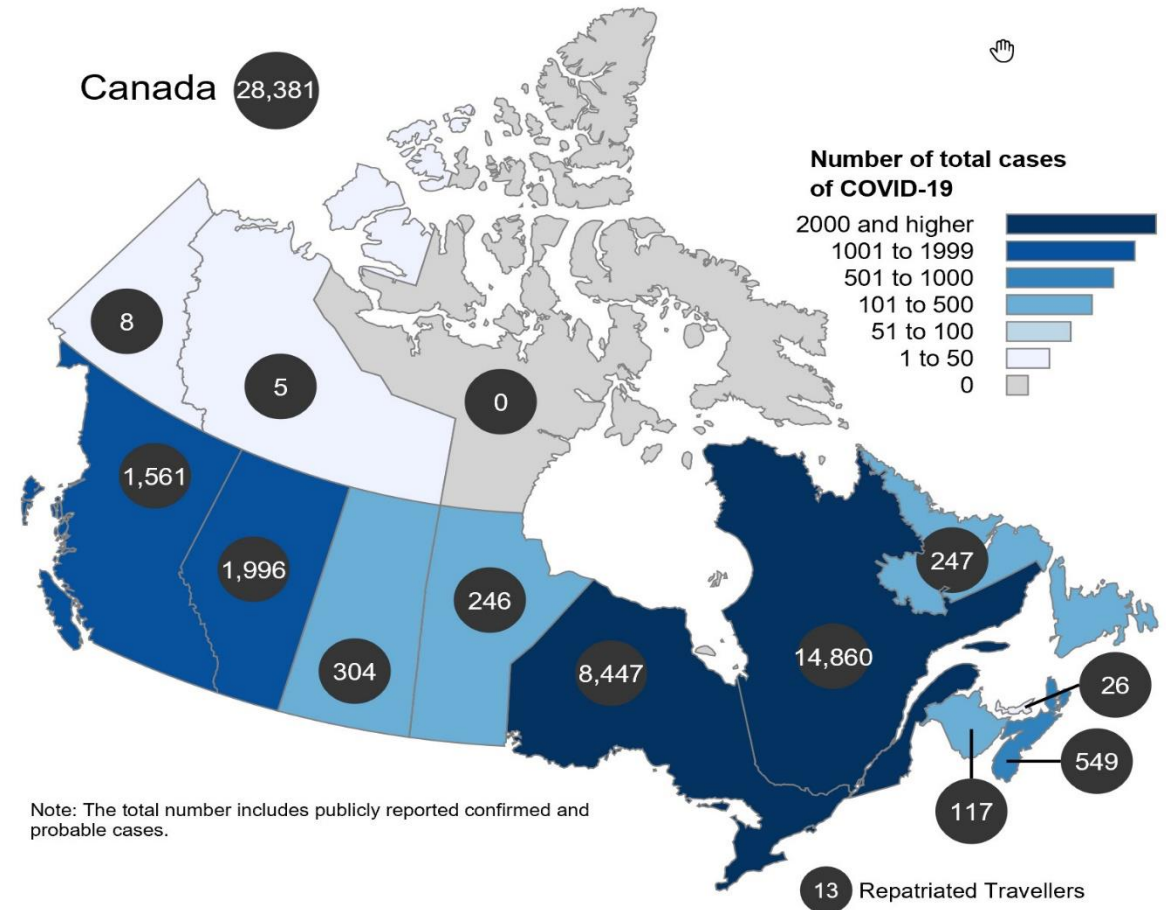
Source: World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
and Public Health Agency of Canada <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Current Situation

The numbers in Canada as of April 15, 2020:

- 28 364 confirmed cases
- 1010 deaths

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



Current Situation

Overview of COVID-19 in Alberta (as of April 15, 2020):



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

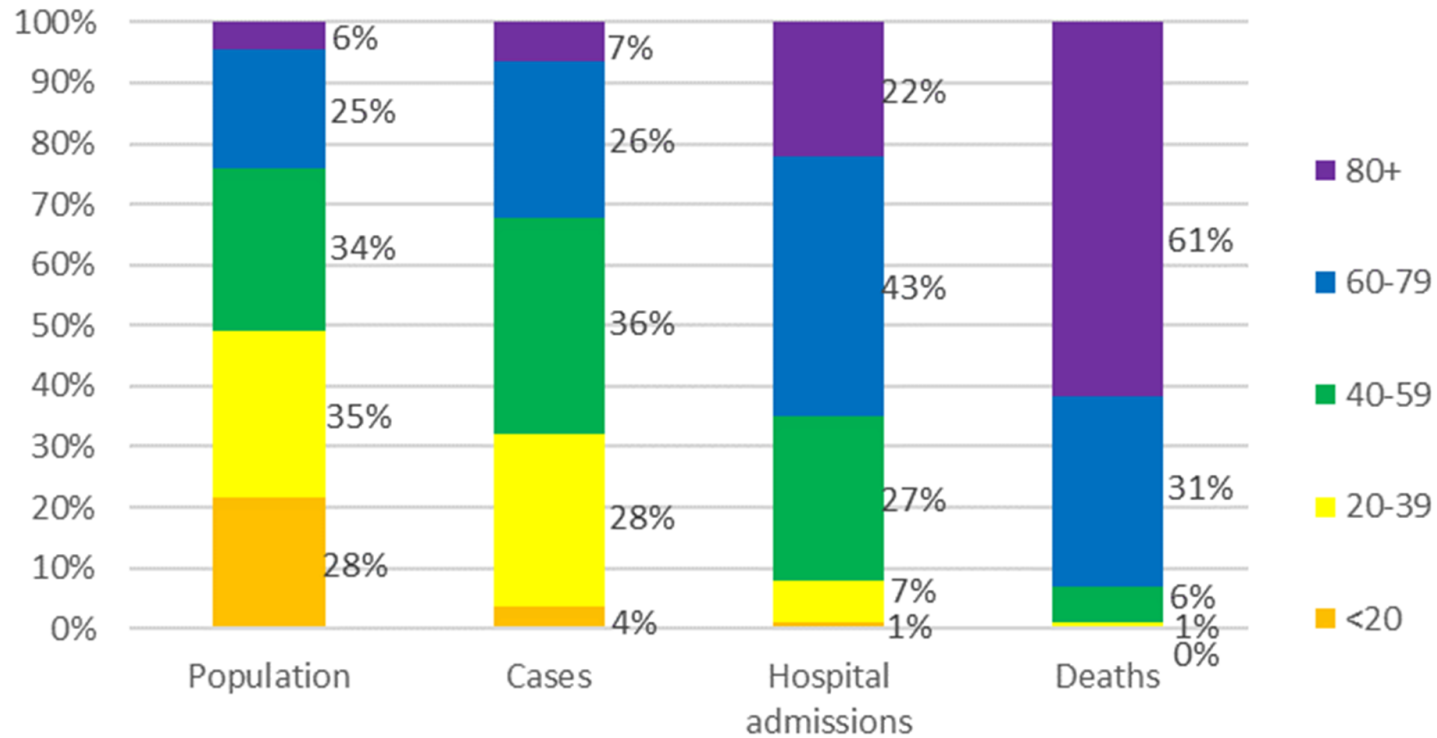
Current Situation

The numbers across Alberta as of April 15, 2020:

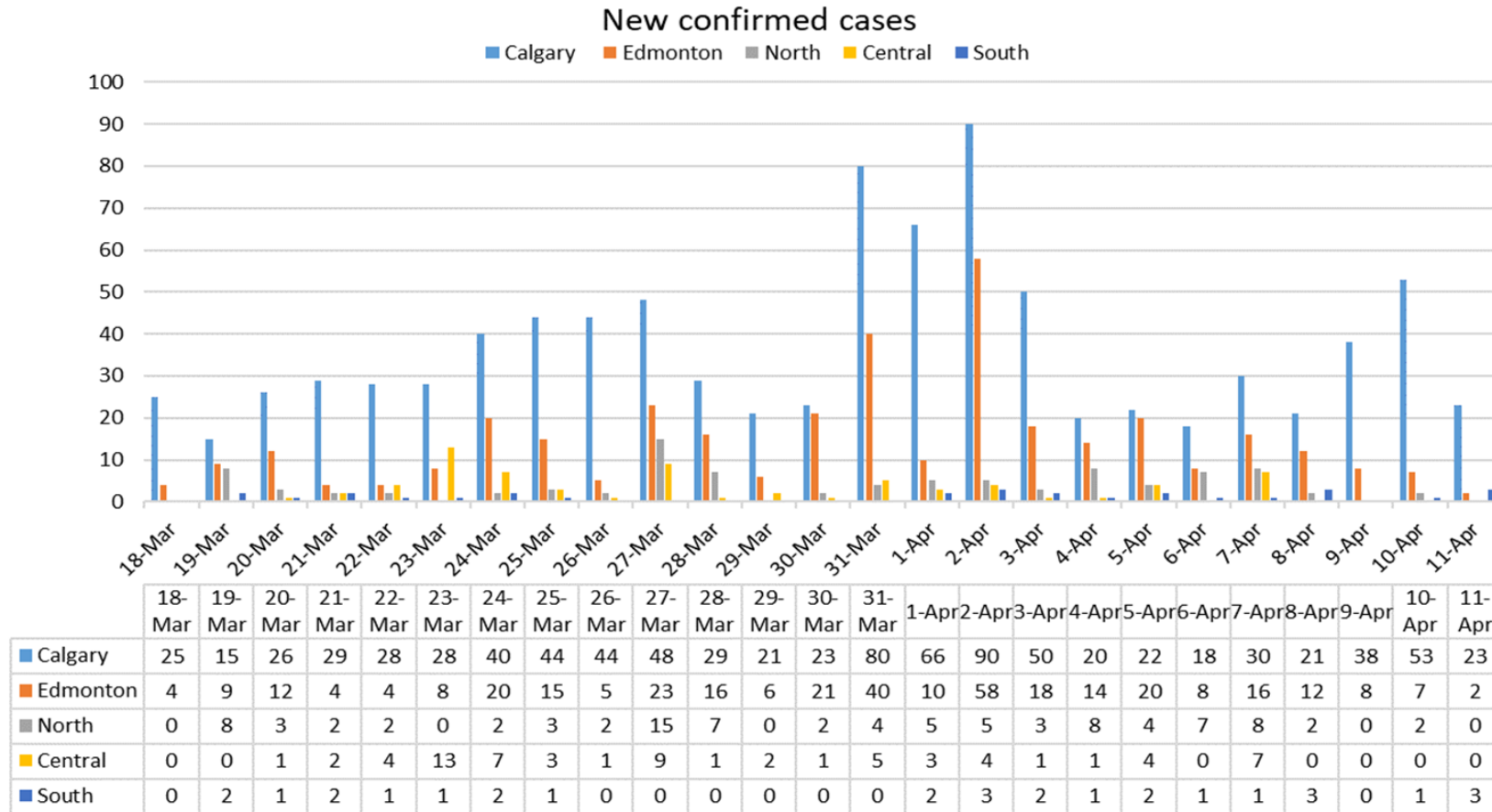
Location	Confirmed Cases	Deaths
Calgary Zone	1,242	33
Edmonton Zone	402	8
Central Zone	74	1
South Zone	36	0
North Zone	107	6
First Nation Communities	0	0
Unknown	9	0
TOTAL	1870	48

Who is at risk of serious illness?

Age distribution, Canada, Apr 11

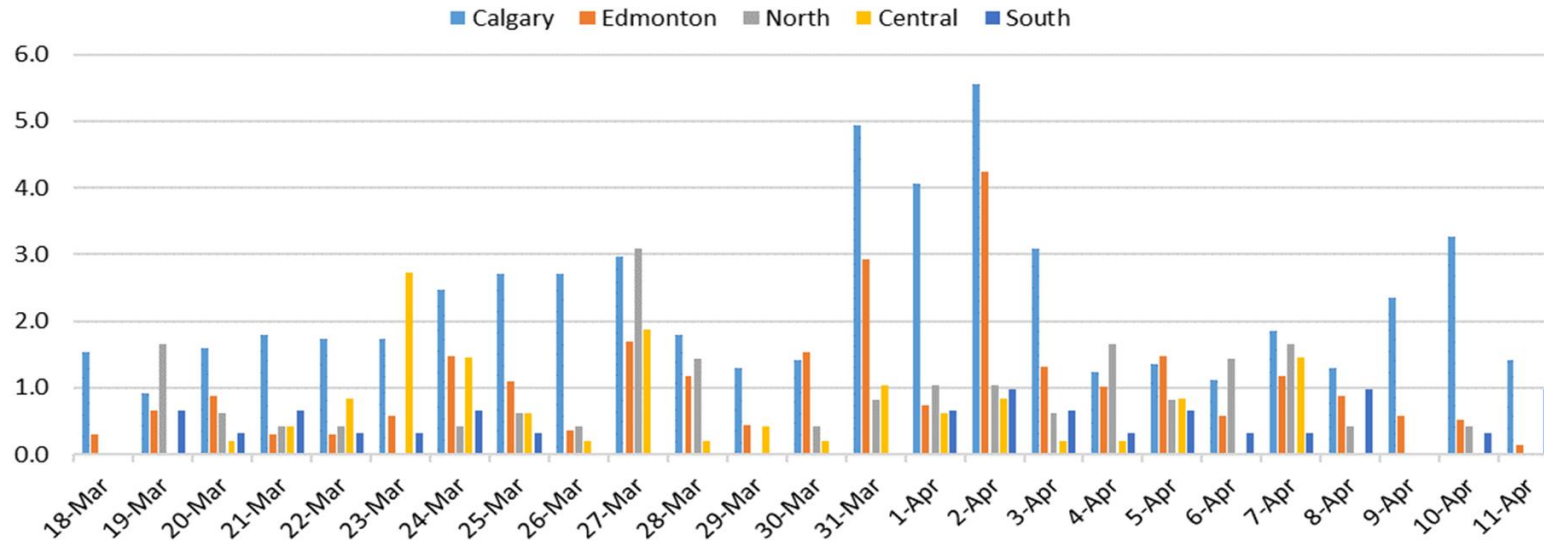


New confirmed cases in AB by Zone



New confirmed cases in AB by Zone / 100,000

New confirmed cases/ 100,000 population



	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	7-Apr	8-Apr	9-Apr	10-Apr	11-Apr
■ Calgary	1.5	0.9	1.6	1.8	1.7	1.7	2.5	2.7	2.7	3.0	1.8	1.3	1.4	4.9	4.1	5.5	3.1	1.2	1.4	1.1	1.8	1.3	2.3	3.3	1.4
■ Edmonton	0.3	0.7	0.9	0.3	0.3	0.6	1.5	1.1	0.4	1.7	1.2	0.4	1.5	2.9	0.7	4.3	1.3	1.0	1.5	0.6	1.2	0.9	0.6	0.5	0.1
■ North	0.0	1.6	0.6	0.4	0.4	0.0	0.4	0.6	0.4	3.1	1.4	0.0	0.4	0.8	1.0	1.0	0.6	1.6	0.8	1.4	1.6	0.4	0.0	0.4	0.0
■ Central	0.0	0.0	0.2	0.4	0.8	2.7	1.5	0.6	0.2	1.9	0.2	0.4	0.2	1.0	0.6	0.8	0.2	0.2	0.8	0.0	1.5	0.0	0.0	0.0	0.0
■ South	0.0	0.7	0.3	0.7	0.3	0.3	0.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.7	1.0	0.7	0.3	0.7	0.3	0.3	1.0	0.0	0.3	1.0

COVID-19 Testing

Alberta has expanded access to laboratory tests to better trace the spread of COVID-19.

Testing is now available to **any person exhibiting symptoms of COVID-19** including cough, fever, shortness of breath, runny nose or sore throat.

To determine if you need to be tested and next steps, complete the:

- AHS Online COVID-19 Assessment, or
 - <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>
- AHS Online Assessment for Healthcare and Shelter Workers, Enforcement Personnel and First Responders.
 - <https://myhealth.alberta.ca/Journey/COVID-19/Pages/HWAssessLanding.aspx>

Updated Public Health Order - Congregate Living Health Facilities

April 10 - Updated requirements (CMOH Order 10-2020) have been established for licensed supportive living, long-term care facilities and service providers licensed under the Mental Health Services Protection Act, including:

- Designated supportive living and long-term care staff are limited to **working within one single health care facility**.
- All healthcare workers providing direct resident care or working in resident care areas must **wear a surgical/procedure mask continuously**, at all times and in all areas of the workplace if they are either involved in direct resident contact or cannot maintain adequate physical distancing from resident and co-workers.
- Amendments have been made to the Outbreak Standards

Details can be found at: <https://open.alberta.ca/publications/cmoh-order-10-2020-2020-covid-19-response>

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-masking-home-care-congregate.pdf>

Public Health Orders - Congregate Living Health Facilities

Previously announced restrictions remain in place for these facilities:

- 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>

Continuous Masking in Healthcare Settings

Emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19.

The Public Health Agency of Canada (PHAC) has issued updated recommendations that healthcare workers should mask when providing direct care to prevent transmission to patients and to their coworkers.

AHS has developed guidelines for continuous masking in all healthcare settings.

These guidelines can be found on the AHS website:

<https://www.albertahealthservices.ca/topics/Page17048.aspx>

Continuous Masking in Healthcare Settings

Masking of HCW providing direct patient care or working in patient care areas in both health facilities and community settings:

- HCW should wear a surgical/procedure mask continuously, at all times and in all areas of their workplace if they are involved in direct patient contact or cannot maintain adequate social distancing from patients and co-workers.

Masking for healthcare workers who do not work in patient care areas or have direct patient contact:

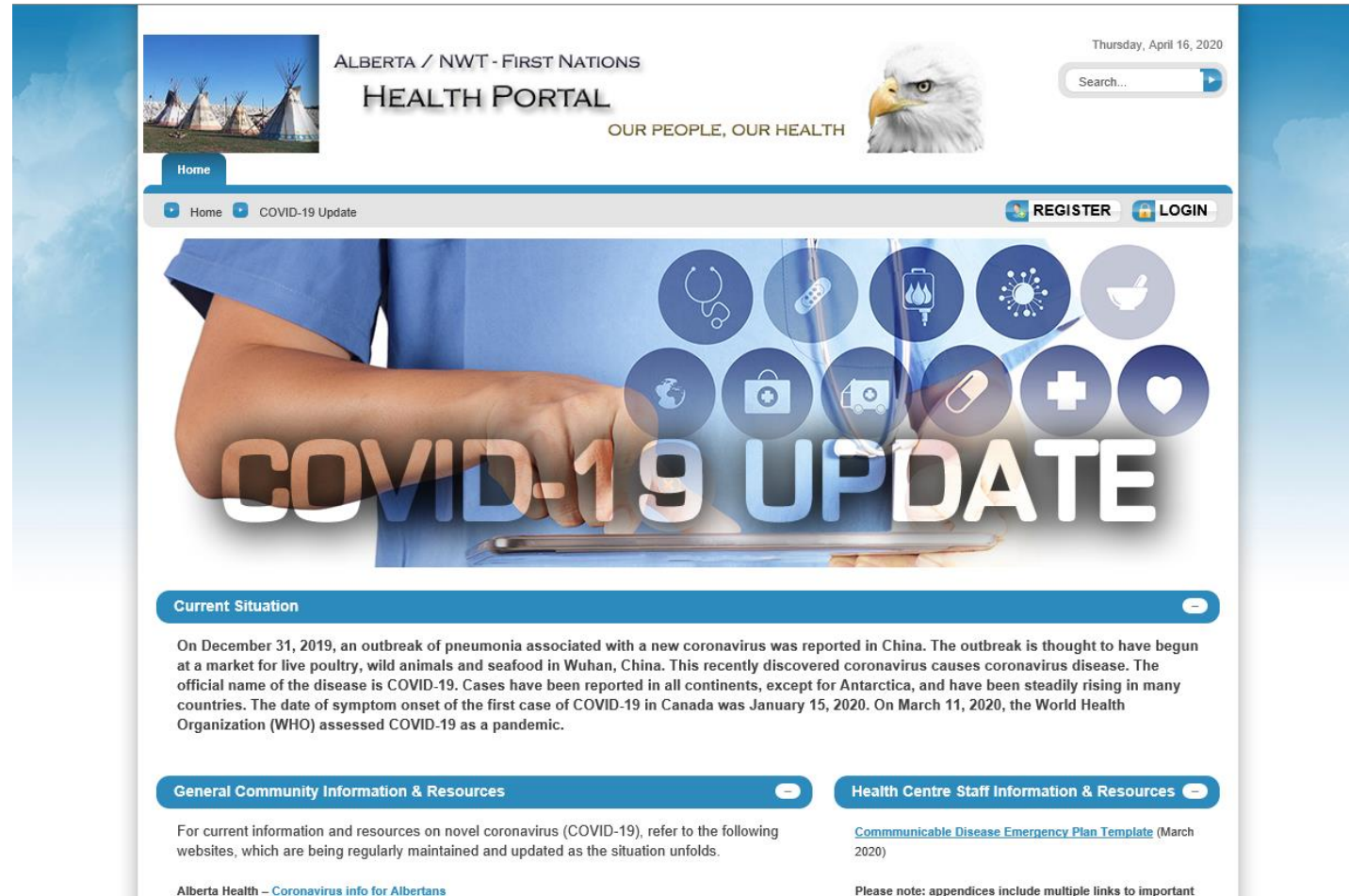
- All staff who can perform their duties from home should do so to preserve PPE.
- Individuals whose function must be performed in person do not need to wear a mask but should practice social distancing.
- Masking is required if social distancing cannot be maintained or if entry into patient care areas is required.

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
- Daily Chief's Bulletin
- 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>

OneHealth COVID-19 Website



The screenshot shows the homepage of the Alberta/NWT First Nations Health Portal. The header includes the date "Thursday, April 16, 2020" and a search bar. The main navigation bar contains "Home" and "COVID-19 Update" (selected), along with "REGISTER" and "LOGIN" buttons. The central banner features a healthcare worker in blue scrubs holding a tablet, with the text "COVID-19 UPDATE" overlaid. Above the text are several circular icons representing medical and health concepts. Below the banner are three expandable sections: "Current Situation", "General Community Information & Resources", and "Health Centre Staff Information & Resources".

ALBERTA / NWT - FIRST NATIONS
HEALTH PORTAL
OUR PEOPLE, OUR HEALTH

Thursday, April 16, 2020

Search...

Home COVID-19 Update REGISTER LOGIN

COVID-19 UPDATE

Current Situation

On December 31, 2019, an outbreak of pneumonia associated with a new coronavirus was reported in China. The outbreak is thought to have begun at a market for live poultry, wild animals and seafood in Wuhan, China. This recently discovered coronavirus causes coronavirus disease. The official name of the disease is COVID-19. Cases have been reported in all continents, except for Antarctica, and have been steadily rising in many countries. The date of symptom onset of the first case of COVID-19 in Canada was January 15, 2020. On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic.

General Community Information & Resources

For current information and resources on novel coronavirus (COVID-19), refer to the following websites, which are being regularly maintained and updated as the situation unfolds.

Alberta Health – [Coronavirus info for Albertans](#)

Health Centre Staff Information & Resources

[Communicable Disease Emergency Plan Template](#) (March 2020)

Please note: appendices include multiple links to important

Handling of the Deceased and Funeral Guidance During COVID-19

AMANDA ROBITAILLE, ENVIRONMENTAL PUBLIC HEALTH OFFICER

Risk of COVID-19 Infection and PPE

- The risk of transmission of COVID-19 from handling the body of a deceased person is low, however proper infection prevention and control practices should still be followed.
- The safety and well-being of everyone who tends to the body should be the first priority.
- Before attending to a body, ensure that the necessary hand hygiene and personal protective equipment (PPE) supplies are available
 - Handwashing supplies include: soap, running water, paper towels, hand sanitizer (optional)
 - PPE supplies may include: disposable gloves, impermeable apron, fluid resistant surgical mask, or eye protection such as a face shield or goggles.

PPE Recommendations:

OCME Summary of transmission-based precautions (TBPs): Personal protective equipment (PPE) for care of deceased during COVID-19 pandemic

PPE	Low risk Procedures* - admission of deceased - preparation for viewing - release of deceased	Medium risk Procedures** - rolling deceased - undressing deceased - significant manual handling	High risk Procedures - autopsy - other invasive procedures
Disposable gloves	yes	yes	yes
Disposable plastic apron	yes	yes	yes
Disposable gown	no	no	yes
Fluid-resistant (Type IIR) surgical mask (FRSM)	yes	yes	no
Filtering face piece (class 3) (FFP3) respirator	no	no	yes
Disposable eye protection	yes	yes	yes

*If procedure likely to cause droplet contact, use medium risk procedure

**If procedure likely to generate aerosols, use high risk procedure

Handling of the Body

- If a person is suspected or confirmed to have died from COVID-19, the immediate family can view the body, but should be discouraged from direct physical contact.
- Whenever possible, regular body transportation services should be used. Preparation and transport by others should only be done during extenuating circumstances.
- Before having any contact with the body, individuals must wash their hands and don the appropriate personal protective equipment.
- Keep the movement and handling of the body to a minimum.
- If prolonged storage is required, the body should be kept below 4°C

Preparing the Body for Transport

1. Perform hand hygiene and don PPE.
 2. Carefully wrap the body, taking care to prevent the spread of body fluids.
 3. Disinfect the outside of the wrapping.
 4. Remove PPE and perform hand hygiene
 5. The wrapped body can be now be moved using nitrile gloves only.
- The morgue or funeral home will follow their own guidelines for further handling and preparation of the body
 - Once the body has been removed the space and the belongings of the deceased should be decontaminated using proper environmental cleaning and laundering practices.

Handling of the Body in a Community Setting

- The dignity of the deceased, their cultural, spiritual, and religious traditions, and their families should be respected at all times. A person who suspected or confirmed to have died from COVID-19 may be buried or cremated.
- In some circumstances, family and friends may be involved with preparing the body for transport, viewing, or burial in the community setting.
 - Individuals should wear gloves for any contact with the body. Do not kiss the body.
 - For any activity that may involve contact with bodily fluids, facial protection should be worn.
 - Hands should be thoroughly washed with soap and water after preparations.
 - Clothing worn to prepare the body should be immediately removed and washed after the procedure, or an apron or gown should be worn.

Handling of the Body in a Community Setting

- Those tasked with moving the body (ex: placing the body in the grave, on the funeral pyre, etc.), should wear gloves. Hands should be washed with soap and water after removal of the gloves once the task is complete.
- Children, elderly, immunocompromised and other vulnerable individuals should not be involved in preparing or transporting the body.

Guidance for Gatherings, Viewings or Services

- These practices should be followed regardless of the cause of death
- Whenever possible, postpone any physical gatherings
- Consider excluding children, elderly, immunocompromised and other vulnerable individuals from the gathering.
- Anyone experiencing symptoms of COVID-19 must not attend.
- The gathering space must be sufficient to allow for mandated physical distancing of 2 metres.
 - Limit number of people to less than 15, and only if strict physical distancing can be achieved (includes outdoor gatherings)
 - Consider staggering arrival/departure times of attendees

Guidance for Gatherings, Viewings or Services

- There should be no direct contact with the body.
- There should be no direct contact between attendees and any sharing of objects should be avoided.
- Preparing and providing food is discouraged.
 - If food is provided, it should be pre-packaged and follow general food safety precautions.

Guidance for Gatherings, Viewings or Services

- Hand sanitizer should be provided for family and attendees.
- Attendees should be encouraged to thoroughly wash their hands following the event.
- Make provisions for cleaning and sanitizing high touch surfaces during and after the event.

Resources

- Consult your local Environmental Public Health Officer for further information on how to reduce the risk of transmission of COVID-19
- Funeral Services Association of Canada: <https://www.fsac.ca/covid-19>
- Alberta Funeral Services Association: <https://www.afsa.ca/blog>
- Alberta Office of the Chief Medical Examiner: <https://irp-cdn.multiscreensite.com/a17a832e/files/uploaded/OCME-bulletin-funeral-homes%20%282020-03-30%29.pdf>
- World Health Organization: https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf
- National Funeral Directors Association: <https://www.nfda.org/covid-19>
- AB CMOH Order 07-2020: <https://open.alberta.ca/publications/cmoh-order-07-2020-2020-covid-19-response>

Scenarios

CHRISTINA SMITH, CDC NURSE MANAGER

Scenario #1

A member of the health care team is coughing and has a runny nose.
What do you do?

HCW needs to be asked to go home

- Individuals with new onset or exacerbation of COVID-19 like symptoms shall by order be in isolation

Test the HCW for COVID-19

- Testing is now recommended for all who have COVID-19 like symptoms
- Determine if the HCW was exposed to COVID-19 (close contact) or has risk of exposure (meets exposure criteria like travel or contact with an ill traveller) in the past two weeks
- Testing may shorten the HCW's isolation period if the test is negative

Test Results

If test result is negative and there was no exposure to COVID-19

- HCW can stop the isolation and return to work when symptoms resolve

If test result is positive

- Start follow up for a case of COVID-19
- HCW must isolate for 10 days from symptom onset

AND

- HCW may not work at a health care facility until 14 days have passed since symptoms started and symptoms have resolved, whichever is longer.

Reference document: COVID-19 Return to Work Guide for Health Care Workers available at <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-return-to-work-guide-ahs-healthcare-worker.pdf>

Scenario #2

You receive a phone call from a community member worried because her family of 5 all have COVID-19 like symptoms.

Who do you test?

Things to consider:

Number of swabs on hand

- If you have lots of swabs, everyone can be tested. The goal is to test as many individuals as we can to identify cases of COVID-19.

If swabs are limited, you can prioritize:

If swabs are limited, you can prioritize:

- Family members from high risk population in the home
 - Adults 65 years of age and older
 - Residents of congregate care facilities including Long Term Care, Assisted Living, and group homes
 - Home care clients
 - Group home and shelter workers
 - First responders including firefighters
 - Workers involved in COVID-19 enforcement including police officers, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers
 - Correctional facility staff in provincial / federal facilities.
- Family member with severe of illness (fever, cough, shortness of breath or difficulty breathing)

Reference document: COVID-19 Testing and Self-Isolation Criteria available at:

<https://albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf>

Scenario #3

The Nation has a plan to assist individuals in isolation.

Should I provide a list of names of individuals that qualify for the assistance to the program manager?

No, do not provide a list. Things to consider:

- You cannot share medical information.
- Request for assistance should come from the client.
- Health team can provide information to the client on type of assistance available and the program contact information.

Reference documents:

CARNA - <https://nurses.ab.ca/about/what-is-carna/news/news-story/updates-on-novel-coronavirus-covid19>

CLPNA - <https://www.clpna.com/2020/02/alberta-health-updates-for-regulated-health-professionals-on-novel-coronavirus-covid-19/>

Community COVID-19 Response Profile – Maskwacis Health Services

MICHAEL MCKNIGHT, ENVIRONMENTAL
HEALTH MANAGER

Acknowledgments

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Amanda Robitaille, Environmental Public Health Officer

Christina Smith, CDC Nurse Manager

TSAG Telehealth Team

Questions?
