COVID-19 MOH Update

SCENARIOS, CANADIAN ANIMAL TASK FORCE AND A COMMUNITY PROFILE

APRIL 30, 2020

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update – Dr. Wadieh Yacoub & Dr. Chris Sarin

2. Scenarios – CDC Team & Dr. Chris Sarin

3. Canadian Animal Task Force – RJ Bailot

4. Community Profile – Stoney Health Services Support Centre – Aaron Khan & Claire Meert

5. Questions

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, MEDICAL OFFICER OF HEALTH

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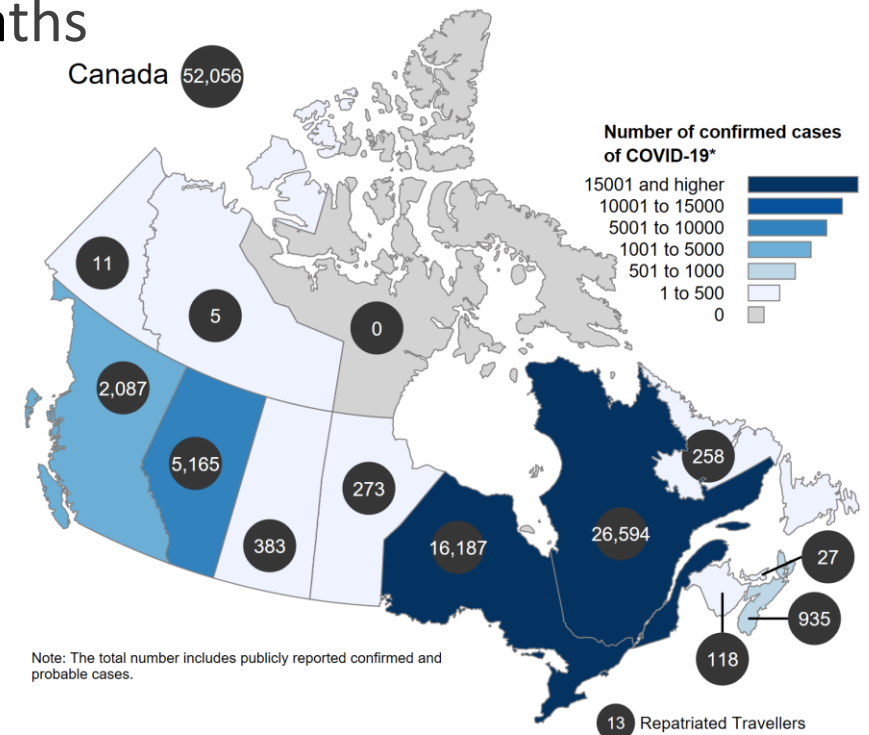
Current Situation (as of April 29)

The **global** numbers:
- 3 018 681 confirmed cases
- 207 973 deaths

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

The numbers in **Canada**:
- 52 056 confirmed cases
- 3 082 deaths

Canada 52,056

Number of confirmed cases of COVID-19*

- 15001 and higher
- 10001 to 15000
- 5001 to 10000
- 1001 to 5000
- 501 to 1000
- 1 to 500
- 0

11
5
0
2,087
5,165
273
383
16,187
26,594
258
27
935
118

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

13 Repatriated Travellers

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Current Situation

Overview of COVID-19 in Alberta (as of April 29, 2020):

5,165 cases	**68%** Calgary Zone	**52%** males
209 hospitalized ever	**49** ICU ever	**87** deaths
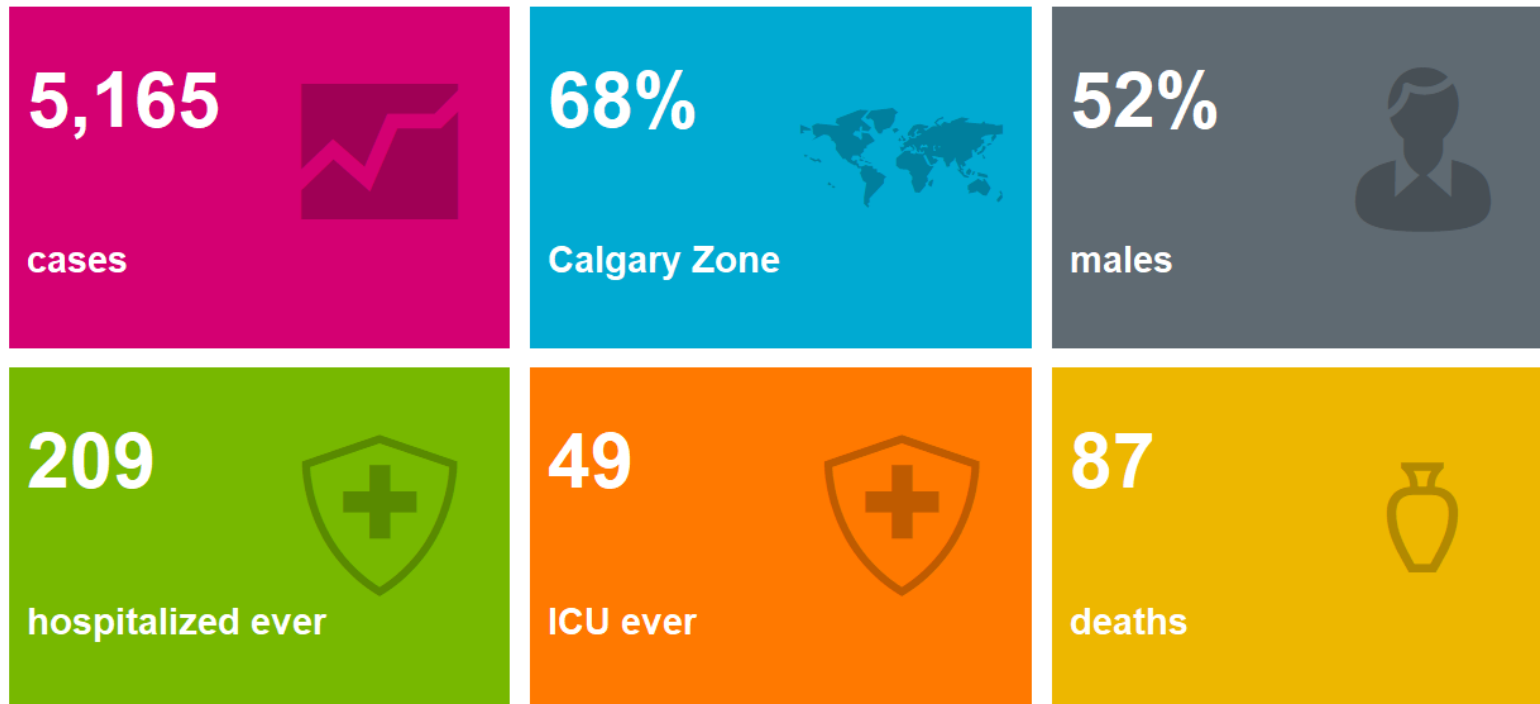
Interactive Alberta data can be found at: https://covid19stats.alberta.ca/

Current Situation

The numbers across Alberta as of April 29, 2020

Location	Total Confirmed Cases	Deaths
First Nation Communities	21	0
Calgary Zone	3 520	57
Edmonton Zone	489	11
South Zone	833	4
North Zone	205	14
Central Zone	84	1
Unknown	34	0
TOTAL	5 165 (1 953 recovered)	87

Updates Orders – Congregate Care Facilities

Guidance on visitation restrictions (Order 14-2020):

◦ Updates to visits from designated essential visitors

◦ Updates to visits in circumstances where a resident is at the end of their life

◦ Outdoor visits are allowed with a designated essential visitor and one other person

Updated operational and outbreak standards for licensed supportive living and long term care facilities (Order 12-2020).

More details can be found at: https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx

Public Health Orders

Reminder – public health orders remain in place, including:

- close contacts of a person who tested positive for COVID-19 are legally required to isolate for 14 days and monitor for symptoms

- people experiencing symptoms to self-isolate for a minimum 10 days or until symptoms resolve, whichever is longer.

- returning international travellers to self-isolate for minimum of 14 days

- no gathering of more than 15 people is allowed in one indoor or outdoor location. People gathered in groups of fewer than 15 people must maintain a distance of 2 metres from one another.

- non-essential businesses are prohibited from offering services in a location accessible to the public.

For the most current list of restrictions, please refer to https://www.alberta.ca/coronavirus-info-for-albertans.aspx

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Approval of commercial accommodations for the purpose of isolation and quarantine

Commercial accommodation includes: hotel, motel or inn, but does not include workcamps

This Directive was issued by the Alberta Chief Medical Officer of Health (Directive D3-2020) on April 23, 2020.

- All commercial accommodations to be used for isolation or quarantine facilities must be approved by the Medical Officer of Health.
- These accommodations will only be approved if they adhere to the *Standards for Commercial Accommodation during COVID-19*
- Consult with your local Environmental Public Health Officer for questions regarding commercial accommodations for purposes of isolation and quarantine.

Reminder - Continuous Masking in Healthcare Settings

To prevent pre-symptomatic and asymptomatic spread, all health care facilities have been advised to adopt the policy of continuous masking for health care workers. This recommendation is consistent with guidance provided by Alberta Health Services and the Public Health Agency of Canada.

AHS guidelines for continuous masking can be found at this link: https://www.albertahealthservices.ca/topics/Page17048.aspx

COVID-19 Testing

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

COVID-19 Testing

As of April 29, **136 511** people have been tested in Alberta.

Calgary Zone has completed **45%** of the tests.

Overall provincial trend has been increasing for the percentage of positive tests. Related to increased testing and outbreaks that have been occurring in select facilities.
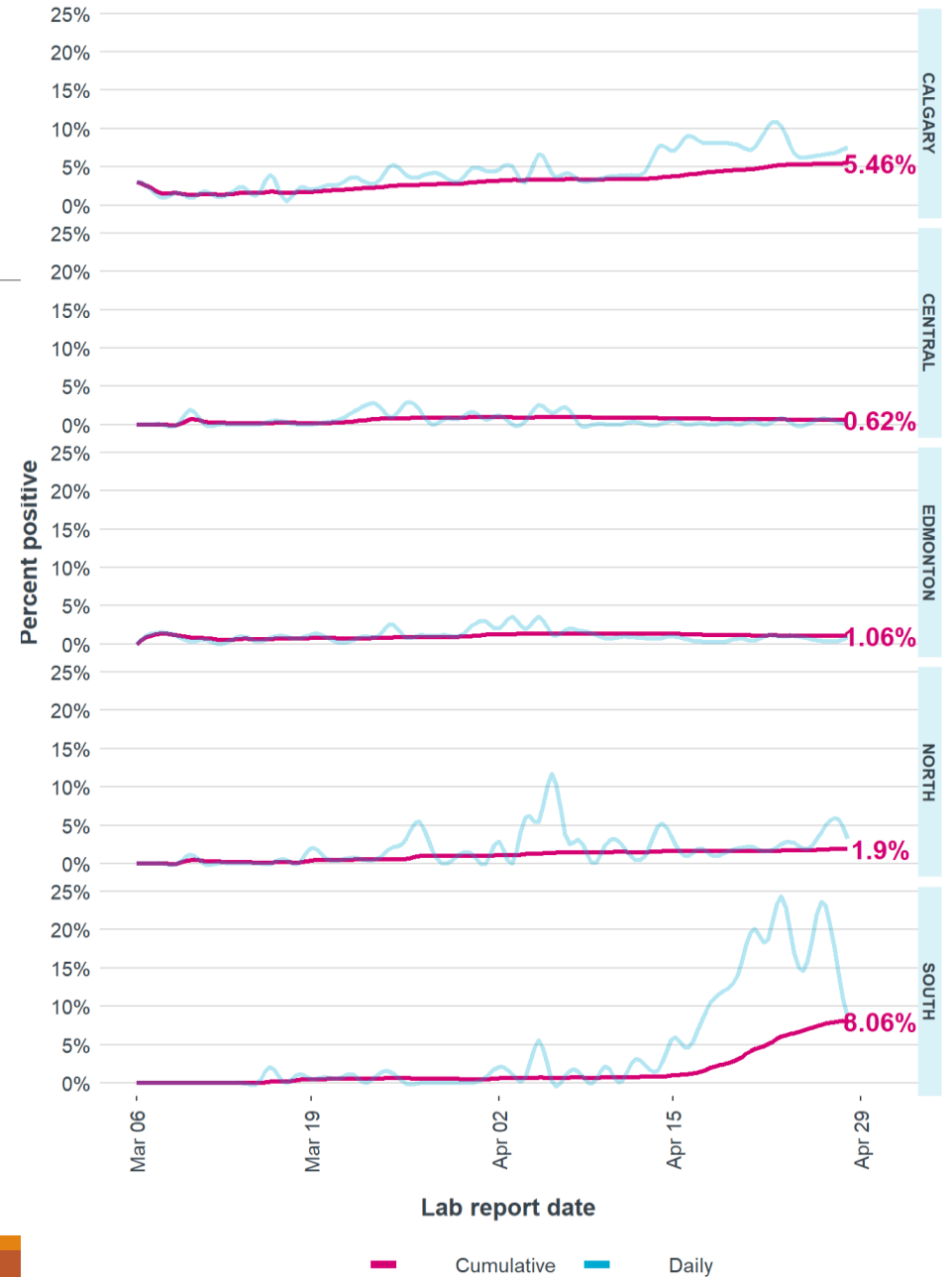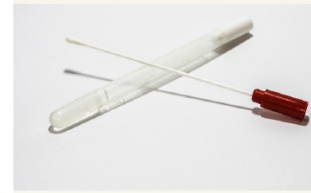
COVID-19 Testing Data: First Nations Communities in Alberta (as of April 29)

Number of communities doing testing
39

Number of swabs in stock
3679

Number swab samples collected to date
747

Number of patients seen with COVID-19 like symptoms to date
664

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Spartan COVID-19 Test Kit

Handheld, rapid-testing device for COVID-19, which can confirm test results for the virus in less than one hour. Eliminates the need for swabs to be shipped to the central labs for testing.

UPDATE:

Work continues with the Provincial Lab and Alberta Health.

Lab is carrying out quality assurance on instruments received to date.

Next phase is field validation under a variety of conditions. This phase will likely not occur before mid-May.

Training will be required for the testers.

In the meantime continue to test with available swabs.

Scenarios

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

CDC TEAM - CHRISTINA SMITH, ANDREA WARMAN, BRENT WHITTAL

QUESTIONS: VCHELP@FNTN.CA

Scenario #1

One of our coworkers at the health centre had a runny nose and fever.

The coworker was tested for COVID-19 and then sent home.

The next day, the coworker's test came back positive for COVID-19.

Are we all considered contacts of a case now?

Do we all have to quarantine ourselves?

We need a few questions answered before a decision can be made:

Has the health centre staff been consistently practicing physical distancing?

◦ Staying 6 feet away from other coworkers or clients

Has the health centre staff been continuously masking?

◦ Using a surgical mask whenever they are within 6 feet of a coworker or client?

Has the health centre staff been following good infection prevention and control practices?

◦ Good hand hygiene, using PPE, disinfecting surfaces, etc.

Answer #1

If the health centre staff, including the confirmed case, were practicing physical distancing, continuously masking, and good infection prevention and control practices, the health centre staff would NOT be considered close contacts and would NOT need to be quarantined.

Answer #2

If the health centre staff was NOT practicing physical distancing, continuously masking, or good infection prevention and control practices, the health centre staff WOULD be considered close contacts and WOULD need to be quarantined.

Is your health centre staff practicing physical distancing, continuously masking, and following good infection prevention and control practices?

If you are, it will ensure that healthcare staff continue to be available to provide services.

Scenario #2

You receive two test results positive for COVID-19.

Is this an outbreak?

The disease management guidelines lists two different types of outbreaks:

◦ Congregate living sites outbreak
◦ Community outbreak

Public health disease management guidelines : coronavirus – COVID-19:
https://open.alberta.ca/publications/coronavirus-covid-19

Congregate living site outbreaks

Congregate living sites include: long-term care, nursing homes, group homes, lodges, auxiliary hospitals, shelters, correctional facilities, etc.

An outbreak will be declared if **any one person** (resident or staff member) is confirmed to have COVID-19.

There are specific guidelines for COVID-19 outbreak prevention, control and management in congregate living sites.

Community Outbreak

A community outbreak is declared if there are **5 or more** COVID-19 cases that are linked to a common exposure

It does <u>not</u> include cases linked within the same household.

Community Outbreak (cont'd)

If five individuals tested positive for COVID-19 after attending a church gathering, it would be considered a community outbreak (there was a common exposure).

According to the guidelines, five separate cases without a link to a common exposure is not considered a community outbreak.

Outbreak context in First Nations Communities

FNIHB MOHs are concerned when there is one case of COVID-19 in a First Nation.

The CDC and community health teams work quickly and thoroughly to identify and locate contacts so that they can be tested and quarantined.

FNIHB MOHs have a low threshold for testing in order to identify other cases as quickly as possible.

Outbreak context in First Nations Communities

FNIHB MOHs can modify testing guidelines to ensure cases are identified early.

◦ One example of this is to test symptomatic and asymptomatic close contacts of a case.

When should asymptomatic testing be considered?

◦ In an outbreak context

◦ For close household contacts of a confirmed case

◦ Based on outcomes of initial contact tracing

Thank you for all the work that you are doing in the community.

We are here if you need us.

The CDC Team

Canadian Animal Task Force

R.J. BAILOT, EXECUTIVE DIRECTOR

COVID-19
and Dogs/Cats

RJ Bailot
Executive Director
Canadian Animal Task Force

403-837-7442
executivedirector@cataskforce.org
www.cataskforce.org

ALBERTA
SPAY NEUTER
TASK FORCE

CANADIAN ANIMAL
TASK FORCE

Who is the Canadian Animal Task Force?

CATF Mission:

We partner with communities who request guidance, support, and resources to humanely manage their companion animal population, in order to improve the safety of their community and the well being of the animals.

CATF Vision:

Humans and companion animals live in harmony in communities where compassion, respect and kindness guide their actions.

CANADIAN ANIMAL TASK FORCE

spay, neuter, wellness, educate

helping people, helping animals

Can My Pet Get COVID-19?

- "Infectious disease experts, as well as the Centers for Disease Control and Prevention and World Organisation for Animal Health (OIE), indicate there is currently no evidence to suggest that animals incidentally infected by humans, including pets, play a role in the spread of COVID-19. Human outbreaks are driven by person-to-person contact" *American Veterinary Association*

- Coronaviruses are a large family of viruses. Some cause illness in people, and others cause illness in certain types of animals.

- If someone has tested positive for COVID-19 it is suggested that their pets are also isolated.

CANADIAN ANIMAL TASK FORCE

spay, neuter, wellness, educate

helping people, helping animals

Pet Food Support

- **Provide assistance with dog/cat food for elders or those in financial distress**

- **Provide pet food for those in self-isolation** "*depending on community emergency services programs*"

- **Temporary program to aid partnering communities during the Pandemic**

Re-homing Support and Medical Emergencies

- For those community members looking for help to re-home their pet(s) we will provide supports to do so.

- Includes, dogs, cats, puppies, kittens in addition to other small animals. This also includes animals requiring medical care.

- Call or text 403-837-7442 in case of an emergency or re-homing assistance.

CANADIAN ANIMAL TASK FORCE

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CANADIAN ANIMAL
TASK FORCE

Community COVID-19 Response Profile – Stoney Health Services

AARON KHAN, EXECUTIVE DIRECTOR AND CEO

CLAIRE MEERT, MANAGER OF ADMINISTRATION

QUESTIONS: VCHELP@FNTN.CA

NAKODA EMERGENCY MANAGEMENT COVID – 19 STONEY NAKODA SUPPORT CENTRE

COVID – 19
STONEY NAKODA SUPPORT CENTRE

- **Early March 2020, Nakoda Emergency Management identified the need for a supported isolation centre to support band residents**

- **Early indications of the Covid-19 Pandemic identified particular risks endemic on reserve, such as comorbidities such as high rates of diabetes, hypertension, etc**

- **Working collaboratively with two consultants, a dedicated site was selected and prepared**

COVID – 19
STONEY NAKODA SUPPORT CENTRE Purpose

To serve as the primary location for assisted self isolation and quarantine for residents who have tested positive for Covid-19. The Support Centre is NOT a medical facility, it is intended to provide a supportive location for band residents who are not able to self isolate in their own homes

To stop or slow down transmission of COVID-19 among individuals who are living on reserve

NAKODA EMERGENCY MANAGEMENT

COVID – 19 STONEY NAKODA SUPPORT CENTRE Process

❖ **The Support Centre site at the Morley Community School, was identified by a team of staff and consultants. As the primary use of the site is a school, it is of primary importance that the school site be treated with respect and consideration for the future return to use as a school**

❖ **The school site has 4 "pods", each with 4 classrooms Phase 1 will support up to eight individuals who have tested positive with Covid-19 (one person in each classroom). Phase 2 is focused on up to 24 people (3/classroom) in the Support Centre system who have tested positive for Covid-19.**

COVID – 19
STONEY NAKODA SUPPORT CENTRE Process

❖ **The classrooms were emptied and disinfected. Once supplies were received the school was set up**

❖ **Lists of supplies and resources were developed and sent to Logistics**
  - ❖ **Cots, blankets, pillows, hygiene kits**
  - ❖ **Privacy curtains**
  - ❖ **Portable showers**
  - ❖ **Laundry facilities**
  - ❖ **Food service supplies**
  - ❖ **Registration – laptops**
  - ❖ **signage**

NAKODA EMERGENCY MANAGEMENT

COVID – 19
STONEY NAKODA SUPPORT CENTRE
Signage

MUST BE ACCOMPANIED BY SECURITY TO EXIT

STONEY NAKODA SUPPORT CENTRE

NAKODA EMERGENCY MANAGEMENT

STAFF ONLY

STONEY NAKODA SUPPORT CENTRE

NAKODA EMERGENCY MANAGEMENT

STOP

STONEY NAKODA SUPPORT CENTRE

NAKODA EMERGENCY MANAGEMENT

STONEY NAKODA SUPPORT CENTRE

RESTRICTED ACCESS

NO VISITORS

NAKODA EMERGENCY MANAGEMENT

PLEASE DO NOT LEAVE THE ROOM.
PLEASE DO NOT OPEN YOUR DOOR.
NO VISITORS WILL BE ALLOWED.
NO ILLEGAL DRUGS ALLOWED.
NO ALCOHOL ALLOWED.

• The only time you can open your door or leave your room is when YOU and THE STAFF have planned for this.
• When you leave your room you must wear your mask
• Please do NOT come into the hallway, please remain in your room at the doorway.
• Once the staff have indicated that it is safe to do so, you may leave the room to use the washroom or shower or use the designated smoking area
• DO NOT SMOKE IN YOUR ROOM

TO CALL SOMEONE for your any of your questions or concerns:

• Please call the FRONT DESK for any questions or concerns.
• Pick up the phone in your room and dial : 403-881-2186
• Tell the FRONT DESK what you need and they will try to help you.
• If they cannot help you, they will have someone call you back as soon as possible to help you.

STONEY NAKODA SUPPORT CENTRE

NAKODA EMERGENCY MANAGEMENT

NAKODA EMERGENCY MANAGEMENT

COVID – 19
STONEY NAKODA SUPPORT CENTRE
Admission Criteria

- **Individuals who are confirmed infected with COVID-19**
- **Individuals without risks for severe COVID-19 including being older than 55, previously diagnosed with heart disease, lung disease, or diabetes**
- **Individuals with mild or non-existent respiratory symptoms**
- **Individuals without specific risks for challenges in complying with routine quarantine requirements including high risk mental health comorbidities, significant cognitive or behavioural impairments or active substance use disorder**

NAKODA EMERGENCY MANAGEMENT

D LAING, MA

COVID – 19
STONEY NAKODA SUPPORT CENTRE
Admission Process

- **Stoney Health identifies resident with positive Covid-19 test eligible for Support Centre**

- **Stoney Health transport resident to the Support Centre**

- **Staff at the Centre admit and register client (who must be wearing a mask)**

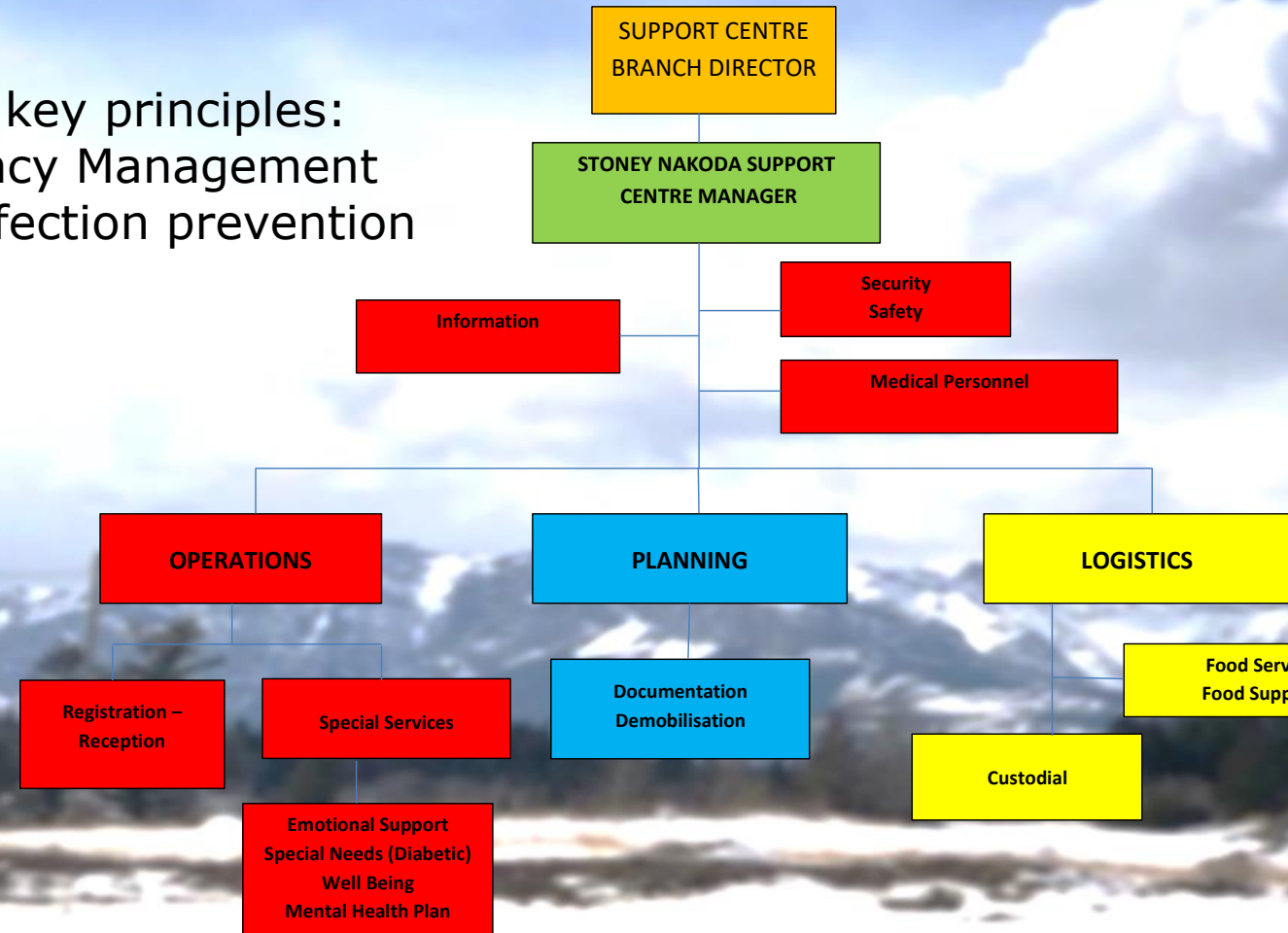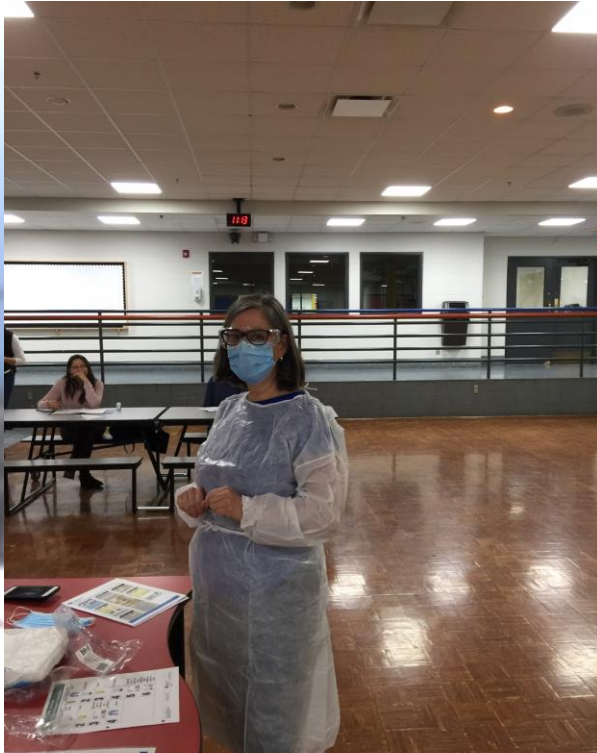- **Client assigned a room and bed and accompanied by Manager to room**

NAKODA EMERGENCY MANAGEMENT

D LAING, MA

COVID – 19
STONEY NAKODICSA SUPPORT CENTRE
Operations - Staffing

The staffing model developed encompassed some key principles:
❖ An ICS structure to fit seamlessly with Emergency Management
❖ Careful training of all support staff, including Infection prevention
And Control, PPE, Registration training, etc

SUPPORT CENTRE BRANCH DIRECTOR

STONEY NAKODA SUPPORT CENTRE MANAGER

Information

Security Safety

Medical Personnel

OPERATIONS

PLANNING

LOGISTICS

Registration – Reception

Special Services

Documentation Demobilisation

Food Serv
Food Supp

Custodial

Emotional Support
Special Needs (Diabetic)
Well Being
Mental Health Plan

NAKODA EMERGENCY MANAGEMENT

COVID – 19 STONEY NAKODA SUPPORT CENTRE Operations

DAILY LIVING
- ❖ At door delivery of basic hygiene items, towels, etc
- ❖ Laundry services available
- ❖ Designated smoking area
- ❖ Television and telephone in each room

NURSING CARE
- ❖ Daily check ins, temperature checks
- ❖ Monitoring of medications
- ❖ If symptoms worsen transport to hospital via EMS

D.LAING, MA

NAKODA EMERGENCY MANAGEMENT

COVID – 19
STONEY NAKODA SUPPORT CENTRE
Operations

FOOD SERVICES
- ❖ At door delivery of daily meals
- ❖ Dietician designs meals
- ❖ Meal service provided by Casino/Hotel, delivered to the Support Centre
- ❖ Daily snacks available

D.LAING, MA

NAKODA EMERGENCY MANAGEMENT

COVID – 19
STONEY NAKODA SUPPORT CENTRE
Challenges

STAFFING:
- ❖ Fear was a difficult challenge as many were afraid to work at the Support Centre for fear of contracting the virus

FACILTY
- ❖ The use of a school is not ideal as many had concerns about infection control once the Support Centre is closed
- ❖ The school did not have showers, so external facilities had to be provided

BUDGET
- ❖ It is very difficult to budget for extraordinary expenses, including staffing

Acknowledgments

Dr. Wadieh Yacoub, Senior Medical Officer of Health

Dr. Chris Sarin, Deputy Medical Officer of Health

Christina Smith, CDC Nurse Manager

Andrea Warman, TB Program coordinator

Brent Whittal, CDC Nurse

R.J. Bailot, Executive Director - Canadian Animal Task Force

Aaron Khan, Executive Director & CEO – Stoney Health Services

Claire Meert, Manager of Administration – Stoney Health Services

TSAG Telehealth Team (Michelle Hoeber, Brooke Hames and team)

Questions?

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