



Communicable Disease Emergency- Maskwacis Health Services Incident Command



Maskwacis Health Services enacted the Communicable Disease Emergency- Incident Command (CDE-IC) Center as of March 14, 2020.

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EXECUTIVE SUMMARY

Situation Summary:

- 18,000+ residents in Maskwacis occupying 2000 homes which averages 9 residents per home; many homes are between 15-20 residents which is a normal living situation on the 4 Nations of Maskwacis, with the occasional extreme overcrowding of up to 30 residents per home.
- Population of both Wetaskiwin and Ponoka is 19,884 and both communities have hospitals, whereas Maskwacis does not have a hospital and has 18,000 residents.
- Ponoka General Hospital, which is one of our neighboring hospitals to Maskwacis, will not be a COVID positive treatment hospital.
- Chronic conditions like diabetes, hypertension, cardiovascular disease, cancer, autoimmune disorders and respiratory disorders are prevalent in First Nations communities with an estimate of up to 50% of our population being affected with one of these diseases; which we know makes them more vulnerable to adverse outcomes requiring hospitalization and/or ICU should they contract COVID-19.
- Residents of Maskwacis rely upon Ponoka and Wetaskiwin for their healthcare needs. If we do not successfully quarantine in Maskwacis, we anticipate infection rates of over 50%. This would mean more than 9,000 infected individuals. Estimates suggest that 10% may require hospitalization and 5% will be life-threatening infections. The demand on our healthcare system will rapidly overwhelm the resources we have in place.
- While the CDE-IC team works to set up isolation centers, the main health center (Maskwacis Health Services) has over 145 staff, most of whom have patient contact on a daily basis and cannot safely distance from co-workers requiring PPE according to AHS guidelines for continuous PPE.
- CDE-IC Isolation Centers can house up to 200 individuals and staffing will be 24/7, all requiring appropriate PPE as well.
- Currently our PPE supply will not last our main health center (Maskwacis Health Services) more than 6 days, let alone if we start to run the isolation sites.
- If we were running all of our isolation sites, then we could operate them for 6 hrs based on 202 beds.



ISOLATION CENTERS- 3 SITES ON RESERVE

Status: One site operational. Second site opening mid-April 2020. Third site end of April 2020.

For: Asymptomatic isolation centers planned to protect the vulnerable and Elderly knowledge keepers of the community when a confirmed COVID-19 positive case is identified within their home.

Why: Due to overcrowding and inability to safely self-isolate in the home, we are providing sites for medically fragile and vulnerable Elders to safely self-isolate outside of the home for the required duration in one of our sites.

Situation Summary

- Maskwacis Health Services (MHS) has coordinated with the Four Nations of Maskwacis to operate three isolation centers in the community.
- These centers will be used to safely isolate asymptomatic medically vulnerable community members from a COVID-19 positive home, reducing their risk of contracting COVID-19.
- Those who have been deemed vulnerable, in line with AHS guidelines, include our Elders/knowledge keepers (65+yrs old) and those who are chronically ill.
- Healthy isolation is our best means of protecting these vulnerable community members, as leaving them in homes with infected individuals places them at a higher risk. Once a community member has been confirmed positive for COVID-19, our team will work to extract vulnerable persons from the home and safely house them in isolation centers.
- Currently, MHS is in the process of opening three sites for healthy isolation: two sites in local schools and one within an ATCO-supplied trailer compound.
- Operating under the AHS model of Quarantine-in-Home, our community has a limited capacity to safely contain the spread of COVID-19. This is due to the overcrowding of homes in conjunction with heightened vulnerability to infection due to risk factors such as addiction, obesity, diabetes, and immune disorders.



The capacities for these sites are as follows

Site 1

Location: Ehpewapahk Alternate School (Ermineskin Cree Nation)

Capacity: 12 patients, 12 Additional Caregivers

Operational as of: April 6

Site 2

Location: Nipisihkopahk Secondary School (Samson Cree Nation)

Capacity: 41 Patients, 41 Additional Support Caregivers

Operational as of: April 15

Site 3

Location: Bear Park (Ermineskin Cree Nation)

Capacity: 46 Patients

Operational as of: April 30



