

COVID-19 MOH Update

MENTAL HEALTH SUPPORTS, SCENARIOS, AND A COMMUNITY PROFILE

MAY 14, 2020

QUESTIONS: VCHELP@FNTN.CA

Outline

1. MOH Update – Dr. Wadieh Yacoub & Dr. Chris Sarin
2. Mental Health Supports – Jack Kennedy, Director – Non-Insured Health Benefits
2. Scenarios – CDC Team & Dr. Chris Sarin
4. Community Profile – Beaver First Nation
 - Elizabeth Kyplain, Health Director & Public Health Nurse
5. Questions

MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

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Reminder - Privacy

- All information related to an individual who is or was infected with a communicable disease shall be treated as private and confidential
- No information shall be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that individual.

Current Situation (as of May 13)

The **global** numbers:

- 4 170 424 total confirmed cases
- 287 399 deaths

The numbers in **Canada**:

- 72 536 confirmed cases
- 5 337 deaths

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 in Alberta

Overview of COVID-19 in Alberta (as of May 13, 2020):



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

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COVID-19 in First Nations People (all Alberta) – as of May 13

These numbers includes First Nations people living on and off reserve.



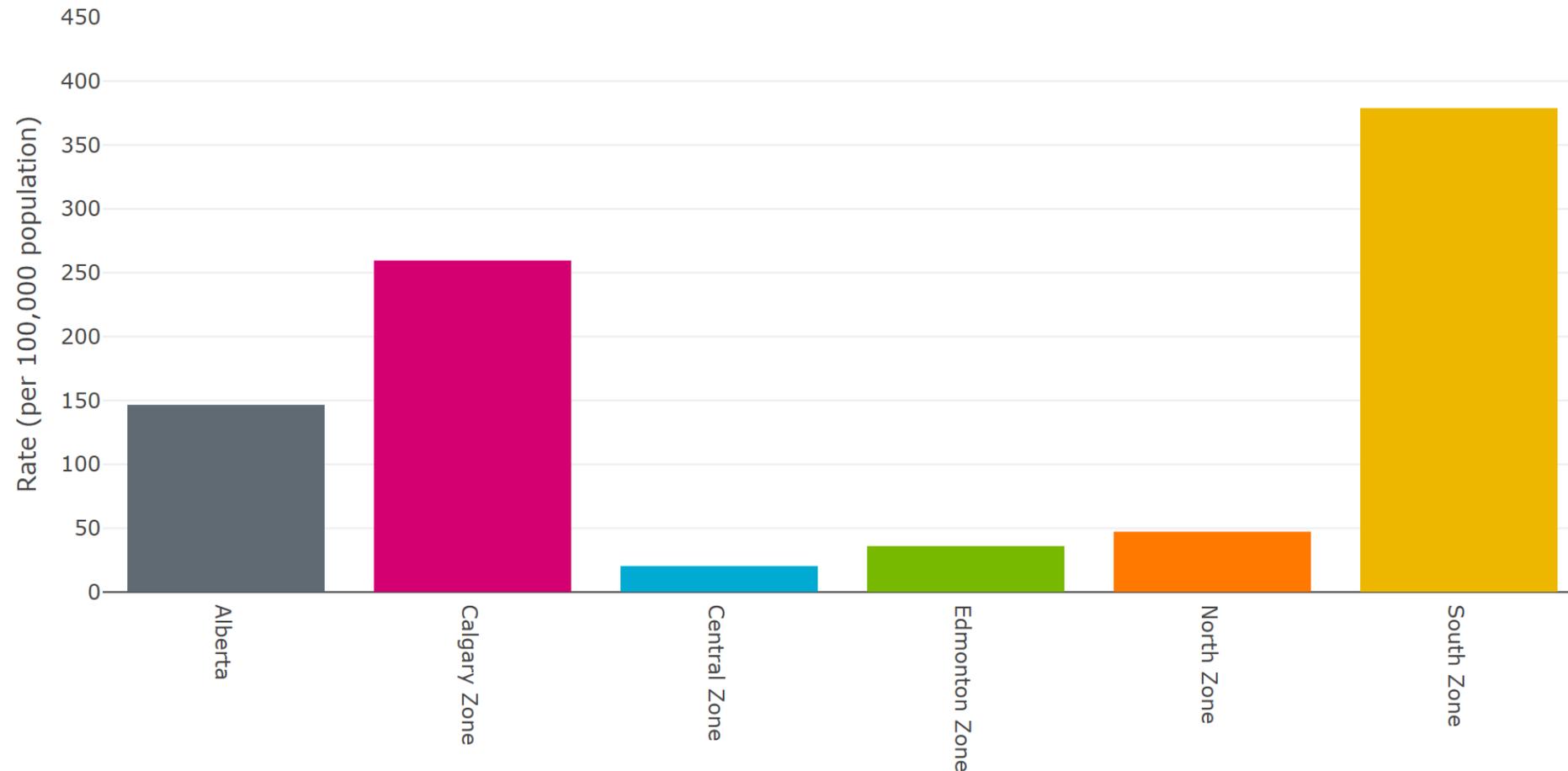
Current Situation

The numbers across Alberta as of May 13, 2020

Location	Total Confirmed Cases	Active Cases	In Hospital	In ICU	Deaths
First Nation Communities	31	11	3 (ever)	2 (ever)	-
Calgary Zone	4 375	990	50	8	84
South Zone	1 170	117	7	1	8
Edmonton Zone	512	61	8	2	12
North Zone	227	21	5	-	15
Central Zone	97	14	-	-	1
Unknown	26	8	-	-	-
TOTAL	6 407	1 211	70	11	120

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Rate of COVID-19 cases (per 100,000 population) in Alberta and by zone



Expansion of COVID-19 Testing Criteria

Testing is now available to:

- any person exhibiting symptoms of COVID-19
 - Fever, Cough, Shortness of breath or difficulty breathing, Runny nose, Stuffy nose, Sore throat, Painful swallowing, Headache, Chills, Muscle or joint aches, Feeling unwell in general (or new fatigue or severe exhaustion), Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite), Loss of sense of smell or taste, Conjunctivitis (pink eye)
- asymptomatic close contacts of confirmed COVID-19 cases
- asymptomatic workers and residents at outbreak sites
- asymptomatic Calgary Zone residents who work outside the home (until May 17, 2020)

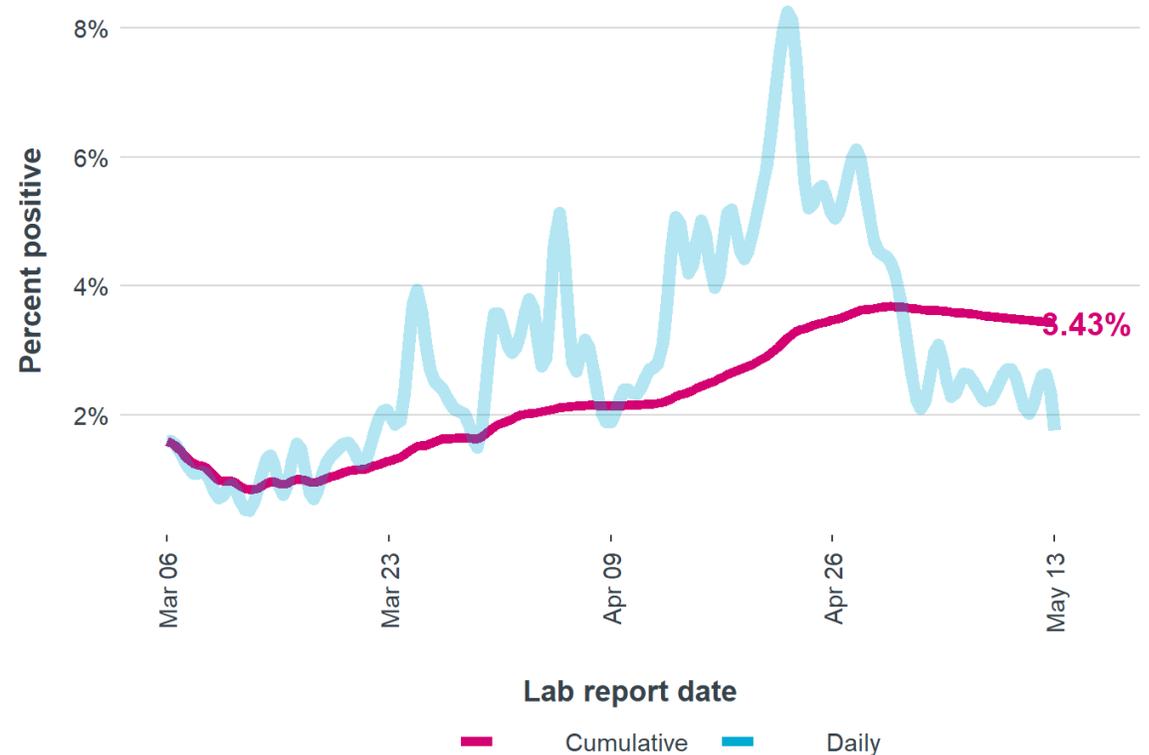
Online self assessment: <https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

COVID-19 Testing

As of May 13, 181 624 people have been tested in Alberta.

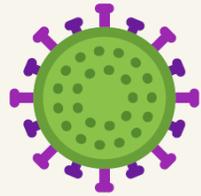
Calgary Zone has completed 45% of the tests.

Overall provincial trend continues to increase for the percentage of positive tests. Related to increased testing and outbreaks that have been occurring in select facilities.



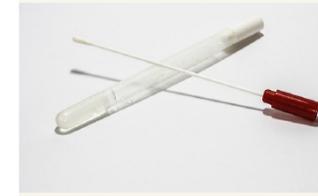
Cumulative and daily test positivity rate for COVID-19 in Alberta.

COVID-19 Testing Data: First Nations Communities in Alberta (as of May 13)



Number of communities doing testing

40



Number of swabs in stock

4788



Number swab samples collected to date

1503



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

1119

Reminder – Confirmed Case Notification Process

A member of the FNIHB-AB Medical Officer of Health (MOH) team is informed of the positive test result directly by the provincial lab or Alberta Health Services Zone MOH.

The FNIHB-AB MOH informs the FNIHB-AB Communicable Disease Control (CDC) team of the positive case.

The FNIHB-AB CDC team immediately notifies the Nation's Community Health nursing team.

The client is informed of the positive test by the Nation's public health team or by a primary health care provider, whoever ordered the COVID-19 test.

The ISC-AB Executive Team will inform the Nation's leadership that a case has been confirmed in the community while ensuring that health information **privacy guidelines are respected**.

Source: Novel coronavirus (COVID-19): Notification and Follow-Up Process for a Confirmed Case

<http://www.onehealth.ca/ab/ABCovid-19>

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Alberta's Relaunch Strategy

With increased infection prevention and control measures to minimize the risk of increased transmission of infections, some businesses and facilities can start to resume operations today (May 14) in all areas except the cities of Calgary and Brooks.

Examples of some business and facilities that can resume include:

- Places of worship and funeral services, if they follow specific guidance
- Daycares and out-of-school care with limits on occupancy.
- Public seating in food facilities at 50% capacity
- The resumption of some scheduled, non-urgent surgeries will continue gradually.
- Regulated health professions are permitted to offer services as long as they continue to follow approved guidelines set by their professional colleges.

Guidance documents for these facilities can be found on the Alberta Biz Connect website:

<https://www.alberta.ca/biz-connect.aspx>

Alberta's Relaunch Strategy

Still not permitted in stage one:

- Gatherings of more than 15 people unless otherwise identified in [public health orders](#) or [guidance](#).
- Gatherings of 15 people or fewer must follow personal distancing and other public health guidelines.
- Arts and culture festivals, major sporting events and concerts, all of which involve close physical contact.
- Movie theatres, theatres, pools, recreation centres, arenas, spas, gyms and nightclubs will remain closed.
- Services offered by allied health disciplines like acupuncture and massage therapy.
- Visitors to patients at health-care facilities will continue to be limited; however, outdoor visits are allowed with a designated essential visitor and one other person (a group of up to three people, including the resident), where space permits. However, physical distancing must be practised and all visitors must wear a mask or some other form of face covering.
- In-school classes for kindergarten to Grade 12 students.

Relaunch Considerations

Principles:

- Relaunch is a work in progress
- The pandemic is still ongoing
- Alignment with the cautious provincial approach in Alberta
 - Alberta's Relaunch Strategy - <https://www.alberta.ca/alberta-relaunch-strategy.aspx>
- Variable staging and timing in different communities

Relaunch Considerations

Potential indicators for your communities:

- Current data (disease incidence, hospitalizations)
- Testing capacity
- Staff readiness to follow up on any identified cases and their contacts
- Support for people who test positive (isolation spaces); leadership direction based on local situational evidence
- Ability to protect the Long Term Care / Elders Lodge clients
- Workplace measures in place

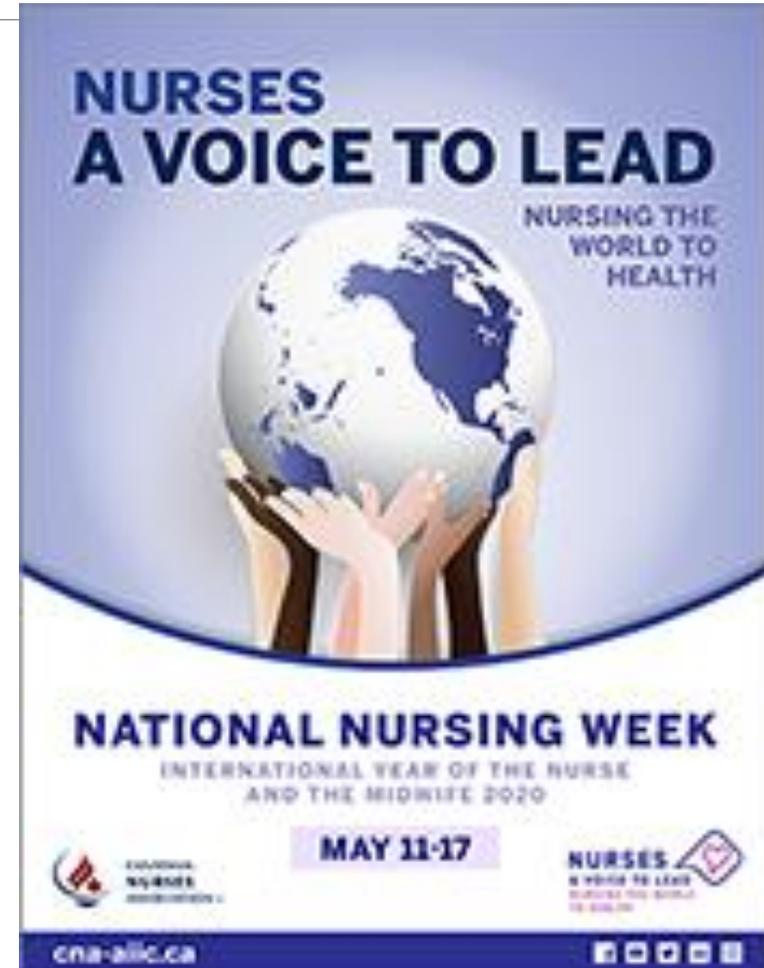
Relaunch Considerations

Potential indicators for your communities (cont'd):

- The available response plan in the event of a local outbreak
- Any re-opening health or other services (eg. dental) are following their own regulatory bodies (eg. Alberta Dental association or College), guidelines for infection prevention and control and public health measures
- Essential services availability
- Available healthy employees to return to work
- Facility readiness to resume work from an IPC point of view/inspection by EPHOs
- Additional indicators to consider

National Nursing Week 2020

Thank you to all of our nurses for their hard work and dedication during these trying times!



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Mental Health Supports

JACK KENNEDY, DIRECTOR – NON-INSURED HEALTH BENEFITS

QUESTIONS: VCHELP@FNTN.CA

COVID-19 Stress Management

TIPS TO TAKE CARE OF YOUR MENTAL HEALTH

- Get information from reliable resources, such as Canada.ca/coronavirus.
- Stay informed but follow news coverage about COVID-19 in moderation. Take breaks from watching, reading, or listening to news stories.
- Take care of your body. Try to eat healthy, well-balanced meals, exercise regularly and get plenty of sleep.

COVID-19 Stress Management continued

- Stay connected. Talk to friends and family about your feelings and concerns.
- Maintain healthy relationships and respect other people's feelings and decisions.
- Show support and empathy to those dealing with difficult situations.
- Identify what is in your control and try and direct your energy towards what most worries you within your control.

FNIHB Mental Health Supports

Agenda:

- Mental Health Counselling supports (Non-Insured Health Benefits)
- Mental Wellness programming
- Other available resources

Mental Health Counselling

- MHC services provided by NIHB and IRS are intended to provide professional counselling services to complement other supports comprising the mental health continuum framework.
- In order to provide support through NIHB/IRS, providers must be registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province.
- Eligible providers must enroll with the program in order to bill directly.

Urgent MHC supports

- Following the announcement of the global pandemic, the College of Alberta Psychologists posted a recommendation that services be provided by telepsychology.
- NIHB completed a callout to registered providers to gauge their willingness to provide telepsychology and their availability. A list was created which allows us to receive calls and arrange for ongoing telepsychology sessions on short notice.
- Individuals eligible for NIHB/IRS can contact the regional office at our toll-free number (1-800-232-7301) Monday to Friday between 8am and 4pm and we will assist you in arranging for your first session.

MHC-Fee For Service

- Health Directors interested in finding/recruiting their own professional counselling can reach out to our office to request a copy of the Mental Health Provider list. Please contact Doris Shannon at doris.shannon@Canada.ca
- Individual sessions can be billed directly to the program.
- As an exception during the pandemic, if there is appropriate demand to justify a full day session for a nation, and if the professional counsellor is willing to provide the service, NIHB is willing to support full day sessions (7.5 hours). This is the equivalent to a MHC contract, but allows for services to be provided much faster than setting up a legal contract.

MHC - Contracts

- Require documentation from the community (letter of support) and the provider (proposal for service provision)
- Contract created for X number of service days. Contract may include travel support.
- Contracts are created through a different government office and may take 6-10 weeks.
- **Providers currently under contract should be continuing to provide services through either telepsychology or in-person service provision. As per above, the regulatory bodies have recommended telepsychology at this time. Additional hours through Fee For Service can also be arranged.**

MHC in Contribution Agreement

- Nations or Tribal Councils with MHC in their CA may determine which method of service delivery is most appropriate for their members (face to face or telepsychology).
- As always, if demonstrated utilization within policy exceeds the funding allocation, the regional office can be contacted to increase the funding following a review.
- Partners interested in transferring MHC into their CA can contact our office sac.aqcc-qacc.isc@canada.ca for details. Please note the timeline for transfer is typically 3 months plus.

In Community Service Provision

- ISC is committed to working with communities, staff and service delivery partners to ensure access to needed health services for community members while minimizing the risks.
- In order for In Community Service Provision to take place, the following is required:
 - Service provision must meet the requirements and standards of the provincial regulatory body.
 - Professional mental health counsellor must be willing to provide the service.
 - Leadership in community or for the Tribal Council must agree to the service provision.
 - Client must agree to the face to face service provision.

In Community Service Provision (continued)

- If the regulatory body and professional are willing to provide service in the community, the First Nation or Tribal Council will need to consider the risks associated with this service provision.
- The risk to a community may vary depending on the type of the service (e.g. direct care with close and prolonged personal contact or no direct personal contact), client risk, risk of not providing the service, risk mitigation strategies implemented by the service provider, and risk in travelling out of the community.
- ISC's Chief Medical Officer of Public Health recommends that: **All health care professionals** self-monitor for symptoms of COVID-19, this includes prior to travel and while in First Nations communities.
- As per above, the final decision is with the First Nation (or Tribal Council) and the individual.

Mental Wellness Programs

- Mental Wellness programs are a key component of the [First Nations Mental Wellness Continuum Framework](#).
- During the pandemic, our FN partners are encouraged to revisit their work plans to determine how the funding can be best used to support the needs of their nation(s). If you have a revised work plan for approval or have questions about programming during the pandemic, please contact your Program Manager. If you are unsure as to who that is, you can contact the Director, Kimberley Loh to redirect you

Mental Wellness Programs Continued

- Mental Wellness Crisis Response Teams were shut down initially to respect travel restrictions and prevent the spread of COVID-19. The Mental Wellness Unit will be monitoring the situation in region as restrictions are lifted, and working with our partners to determine the way forward.

- With respect to assisting individuals actively facing addictions, while the NNADAP treatment facilities have closed across the country, ISC-Alberta Region continues to facilitate referrals to the Alberta provincial treatment centres. For assistance with this process please contact the regional office directly at 780-495-2345. It is important to note that there are active waitlists for provincial treatment centres, some of which have a mandatory 2 week quarantine period prior to actively engaging in the treatment phase.

Traditional Healer Funding

- Funding is available to all First Nations in Alberta, either through a contribution agreement or through their Tribal Council.
- Traditional Healer funding is intended to provide support for culturally appropriate approaches for healing services for individuals, families, and groups of community members*.
- Traditional approaches may include dialogue, ceremonies, prayers and traditional teachings (there is no requirement to share this information with NIHB or FNIHB). The Nation and identified traditional healers and elders could determine what approaches are appropriate in the context of COVID.

Additional Mental Health Supports

- The [Hope for Wellness Helpline](#) is available 24 hours a day, 7 days a week and offers:
 - Counselling
 - Crisis interventionCall toll-free at 1-855-242-3310 or connect to the online chat at [hopeforwellness.ca](https://www.hopeforwellness.ca).

- Kids Help Phone 1-800-668-6868

- Text4Hope (Text **COVID19HOPE** to **393939** to subscribe)
 - <https://www.albertahealthservices.ca/topics/Page17019.aspx>

- Help in Tough Times
 - <https://www.albertahealthservices.ca/amh/Page16759.aspx>

Additional Mental Health Supports (Cont.)

- COVID-19 Book for Children
 - https://660919d3-b85b-43c3-a3ad-3de6a9d37099.filesusr.com/ugd/64c685_319c5acf38d34604b537ac9fae37fc80.pdf
- Helping Children Cope with Stress During the 2019-nCoV Outbreak (WHO)
 - https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2
- World Health Organization Healthy Parenting
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/healthy-parenting>

Additional Mental Health Supports (Cont.)

Family Violence Resources

- <https://www.alberta.ca/family-violence-prevention-resources.aspx>

Coping with Stress During the 2019-nCoV Outbreak (WHO)

- https://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a_2

Psychological First Aid After a Disaster or Emergency (AHS)

- <https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-prov-mhpi-pfa-after-a-disaster.pdf>

Scenarios

DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

CDC TEAM - CHRISTINA SMITH, ANDREA WARMAN, BRENT WHITTAL

QUESTIONS: VCHELP@FNTN.CA

Scenario #1

A Community Health Nurse is notified of a Covid-19 positive case.

Public health follow-up occurs urgently.

The case developed symptoms of cough, fever, and mild shortness of breath two days ago.

She is 53 years old and has diabetes and high blood pressure.

What follow-up is required?

Answer

Public health follow up

- Public health follow up goal is to support isolation of the case, identification and follow-up of contacts, and to complete the reporting.

and

Clinical follow up

- Clinical follow up is to monitor for worsening symptoms and to intervene when required. The intervention would generally be EMS or urgent referral for clinical assessment.

These functions often overlap in First Nations communities.

Discussion

AHS and the PCNs have put in supports to assist with clinical follow up. The different zones vary in the ability to access these supports. Local physicians are very commonly involved.

Discussion

The risk factors for severe disease are being studied. Risk factors for severe disease can include:

- Older adults (>65 years)
- People with medical conditions like high blood pressure, diabetes, heart disease, cancer and lung disease
- People with weakened immune systems from a medical treatment
- Severe obesity
- Smoking

Anyone may progress to severe disease. Worsening shortness of breath is a key sign.

Calgary Zone uses a standard pathway with guiding questions

- Presumed/Confirmed COVID-19 Positive Primary Care Pathway:
https://www.specialistlink.ca/files/CZ_COVID_Pathway_April30_2020.pdf

Discussion

Many people are afraid of hospitalization and the potential for admission to ICU.

There is a high standard of care in Alberta and a high capacity to manage the critically ill. People can and do recover from severe disease.

In the community those individuals with worsening conditions need to be transported to hospital at the earliest sign of severe disease - low threshold.

Scenario #2

Joe's sore throat and fever started on May 5.

He called the health centre the following day, May 6. He was told to isolate himself and to come in the following day for a COVID-19 test.

Joe went to the health centre drive thru testing site on May 7 and a throat swab was done.

On May 8, the nurse told Joe that his test came back positive.

When Joe has completed his isolation period, does that mean he is recovered?

Discussion

First, we'll calculate Joe's isolation period.

Then, we'll calculate Joe's recovery date.

Finally, we'll see if they are the same.

Joe's Isolation Period

To calculate the **isolation period** for a symptomatic individual who tested positive for COVID-19:

“Onset of symptom date” + 10 days

Things to keep in mind:

- The “onset of symptom date” is always “Day 0” (it is not counted as one of the isolation days)
- There must be 10 full days of isolation

Joe's Isolation Period

Joe's Symptom Onset Date (Counted as Day 0)	Joe's Specimen Collection Date	Reported Positive	To calculate the isolation period (The symptom onset date + 10 days)	Last Day of Isolation
May 5	May 7	May 8	May 5 + 10 days	May 15

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23

Joe's isolation period starts on May 5 and his last day of isolation is May 15. He is no longer on isolation on May 16.

So, if Joe's last day of isolation is May 15 does that mean he is recovered on May 15?

Let's calculation Joe's recovered date.

To calculate the **recovered date** for a symptomatic individual who tested positive for COVID-19:

“Specimen Collection Date” + 14 days of recovery

Things to keep in mind:

- The “specimen collection date” is always “Day 0” (it is not counted as one of the recovery days)
- There must be 14 full days between the specimen collection date and the recovered date

Joe's Symptom Onset Date (Counted as Day 0)	Joe's Specimen Collection Date	Reported Positive	To calculate the recovery days (The specimen collection date + 14 recovery days)	Recovered Date
May 5	May 7	May 8	May 7 + 14 days	May 22

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23

On May 16, Joe was no longer on isolation

On May 22, Joe was considered recovered

For Joe, the day that he was no longer on isolation and his recovered date are not the same.

Two other scenarios for recovered dates:

- Asymptomatic cases
 - 14 days from specimen collection date
- Hospitalized cases
 - 10 days from the discharge date

-
- CHNs will hear the recovered number on updates
 - Nurses do not need to determine the recovered date
 - It is automatically calculated and is used for surveillance purposes

Community COVID-19 Response Profile – Beaver First Nation

ELIZABETH KYPLAIN, HEALTH DIRECTOR & PUBLIC HEALTH NURSE

QUESTIONS: VCHELP@FNTN.CA

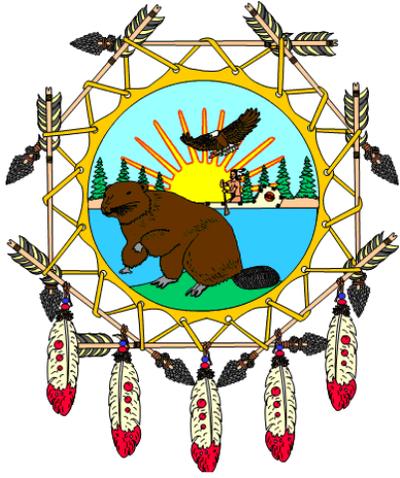
Beaver First Nation

COVID-19 Pandemic Planning and Response for Community Members

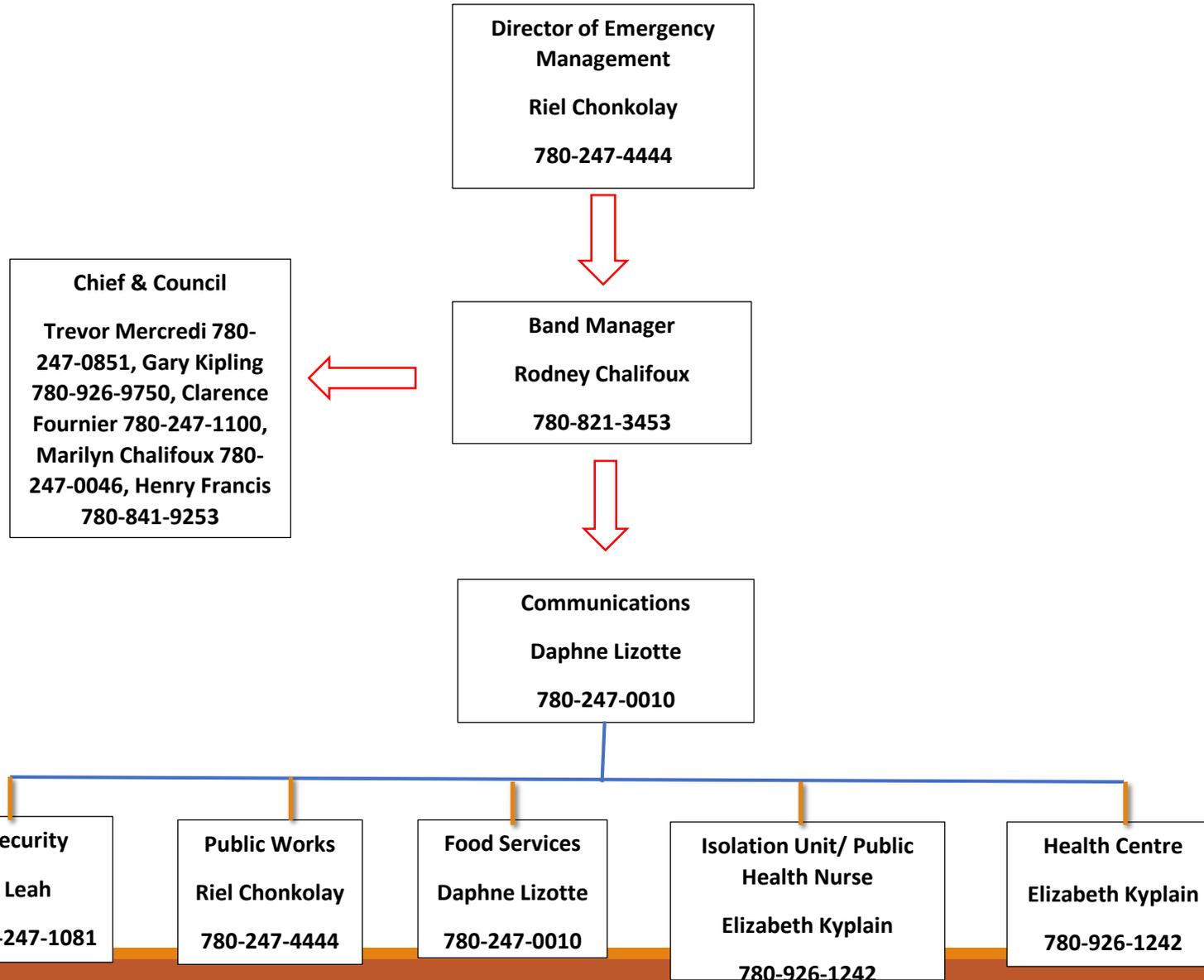
First Nations Telehealth Session

Presented: May 14, 2020





EMERGENCY RESPONSE PLAN PROCESS





Beaver First Nation

BFN Isolation Facility – retrofit camp purchased in 2018

The facility has the following amenities:

- Wi-Fi and VOIP calling capacity (currently in place)
- 26 person capacity, 13 self-contained rooms – most rooms have 2 single beds
- Laundry facility
- Commercial kitchen
- 4 separate entrances - each area can be sealed off for access or to limit access
- Bathroom facility with 8 individual toilets



Beaver First Nation



- Camp cook living quarters (if needed)
- Common room with TV and programming (only for staff)
- Biohazard – sharps disposal if needed by patient
- Food storage facility (freezers and fridge and cooler)
- Camp has power, water tank (1000 litre), sewer and garbage haul.
- 2500 square feet in size



Beaver First Nation



Community isolation centre/camp



Front Entrance

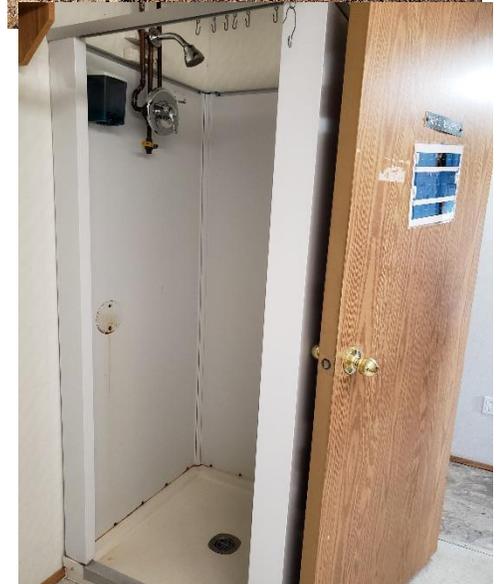
QUESTIONS: VCHELP@FNTN.CA



Beaver First Nation

Isolation Facility - Amenities...Continued

- Connected to an approved sewage system and a suitable waste management plan in place
- Supplied with potable water – recent water sample shows satisfactory result
- Functional smoke alarms between each sleeping room
- Well maintained four shower facilities
- Have a suitable number of toilets to meet the need of users.
- Washrooms will be designated to for symptomatic clients

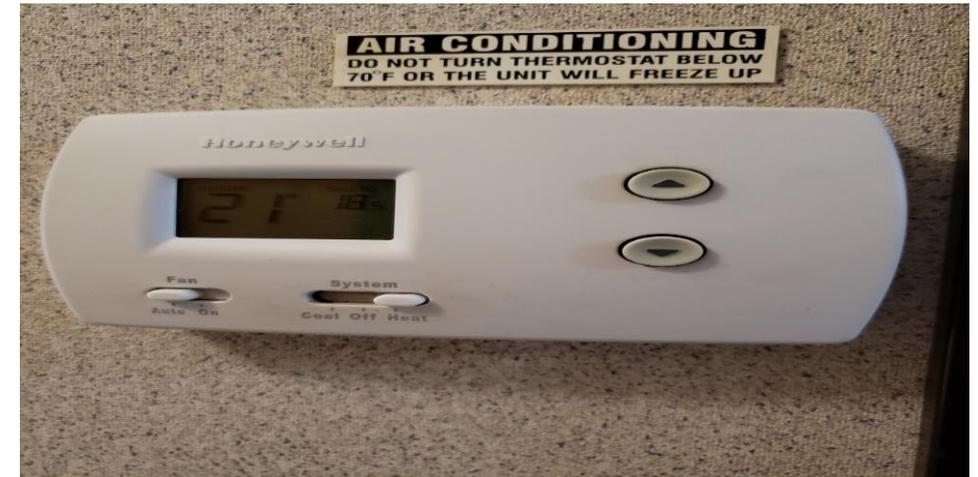




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Isolation Facility - Amenities... Continued

- First Aid Kits, equipped with supplies
- Heating system is maintained in all areas of the facility
- Emergency exit routes equipped with signage throughout the facility





BEAVER FIRST NATION

Laundry procedures for patient/cleaning staff:

- The cleaning staff will be required to don mask, gown and gloves
- Bedding and personal clothing will be done 1x per week by the cleaning staff or as frequently as required
- During day 5 of isolation the patient will sanitize their hands and place their laundry and bedding into bags provided and place in a bag lined receptacle outside their door.
- The cleaning staff will pick up the laundry on that date by 3 pm and will open the double bagged items and place into washer and laundry detergent being careful not to touch any of the items.
- Return laundry to be placed outside patient door prior to 8 pm



Clean Linen Storage



Laundry Facility



Beaver First Nation

On-Site Food Facility - Amenities

- Commercial Fume & Vapor Extractor System
- Commercial cooking range/Gas Stoves
- Commercial 3-compartment Sink
- Hot Food Holding Equipment
- Refrigerators and cold holding – temperature maintained
- Dry goods storage room
- Designated Hand wash station
- Kitchen is equipped with all cooking utensils such as mixer, cutting board etc.
- Single use disposable utensils to serve food to the clients





Beaver First Nation



Bathroom facility with 8 individual toilets & hand wash basins

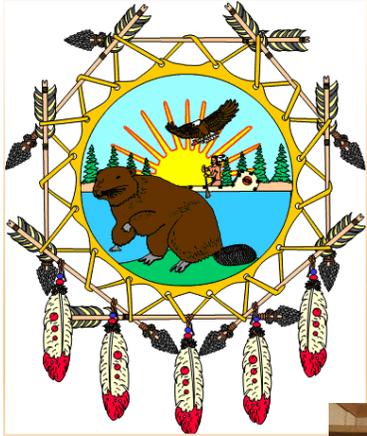
QUESTIONS: VCHelp@FNTN.ca



Beaver First Nation

Isolation Room

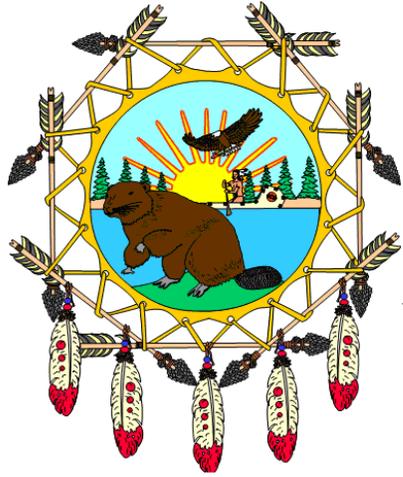




Beaver First Nation

Isolation RoomContinued



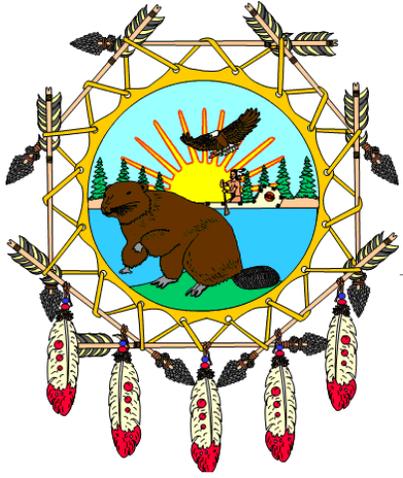


Beaver First Nation

Each Isolation Room is equipped with:

- Sanitization supplies
- Personal protective equipment (masks, gloves, gowns)
- Garbage and laundry receptacles
- Bedding and towels
- Personal hygiene
- Snacks (diabetic or allergy dietary supplement)





Beaver First Nation

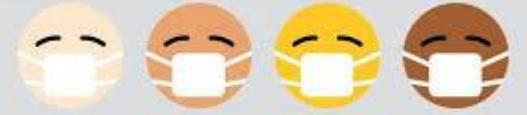


Each Isolation Room is equipped with.....Continued

- Water
- Binder with information on COVID-19 and isolation/sanitization procedures
- Thermometer
- Window and ability to open for fresh air
- Schedule for designated times for meals and physical exercise
- Entertainment (disposable)
- Wi-Fi capability to visit family and loved ones using apps or facetime
- Sharps disposal if needed

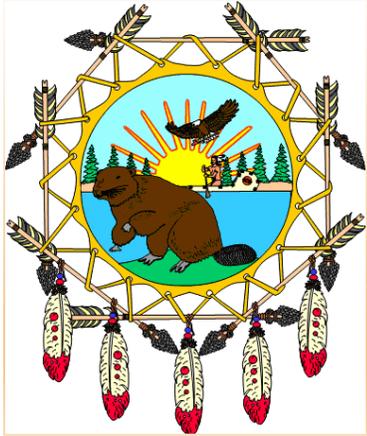


Beaver First Nation



Resources for Patient care and support

- Primary caregiver who will remain in the residence and who is not at high risk for complications from disease
- Someone to assist the patient to conduct banking activities
- Essential shopping
- Social diversion (e.g., television, radio, internet access, reading materials)
- Masks, tissues, hand hygiene products
- Binder with procedures, rules, and fire escape plan.

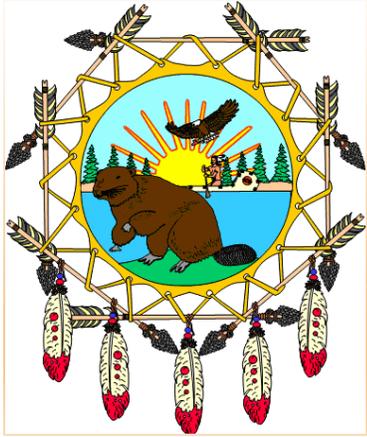


Beaver First Nation



Infection Control Measures:

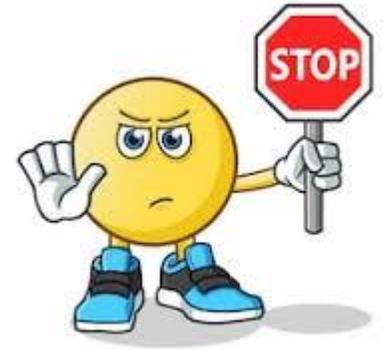
- Education, PPE and sanitization protocol will be provided to the isolation centre staff
- Clients will be transported by designated driver in a designated vehicle
- Food will be prepared, stored, served to the clients by designated/certified food handler.
- Designated housekeeper will clean & disinfect all common touch surfaces with strong bleach solution once every 4 hours or as required
- Client bedding will be washed as frequently as required



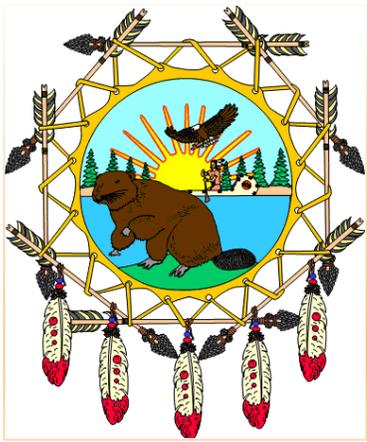
Beaver First Nation

Infection Control Measures.....Continued

- No visitor nor any public will be given access to the camp
- Illness surveillance measures will be maintained within the facility and facility staff will be provided education on what signs and symptoms to look for
- Infection control signage such as hand washing and self reporting etc are posted throughout the facility



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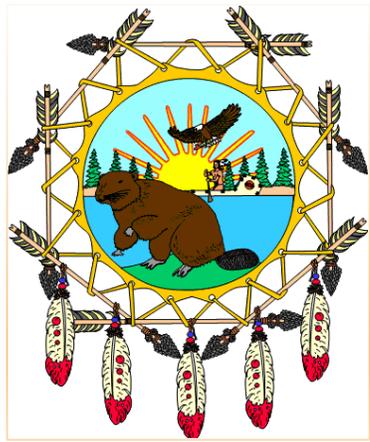


Beaver First Nation



Discharge room cleaning procedure:

- Cleaning staff must be in full PPE, treat the room as if infected and the entire room must be washed, and cleaned with appropriate cleaners.
- All surfaces, walls, doors, door knobs, bedding, flooring, and light fixtures will be cleaned.
- All leftover food/snacks in the room will be disposed.
- Disinfect the binder and all laminated health information provided to patient.
- Air out the room for minimum 72 hours prior to accepting another case in the room.
- After the 72 hour period, the room can be restocked for snacks, other entertainment (books, word searches etc), prepare bedding and sanitize any surfaces that may be touched.



Beaver First Nation



QUESTIONS: VCHELP@FNTN.CA

Interested in presenting your community's COVID- 19 response/experience?

PLEASE LET US KNOW!

EMAIL: VCHelp@fntn.ca OR SAC.CDEMergenciesAB-URgencesMTAB.ISC@Canada.ca

Acknowledgments

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Questions?

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