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Overview
Mitigating the impact of COVID-19 on the health and wellbeing of Saskatchewan citizens is an essential part of Saskatchewan’s preparedness plan. The goal in Saskatchewan is to detect cases as early as possible, and delay and minimize spread as long as possible. By doing so, we help maintain the health of our general population. It also ensures that available capacity in emergency rooms and hospital inpatient units, including intensive care units, is sufficient and appropriately used.

A key aspect in detecting cases early and delaying spread – “flattening the curve” – is having community testing/assessment (CTA) sites accessible for citizens who meet COVID-19 testing/assessment criteria: citizen developed fever, cough, and difficulty breathing within 14 days of having travelled outside Canada. Dedicated CTA sites:

- provide better access and quicker diagnosis and treatment guidance for citizens and,
- minimize spread of COVID-19 by keeping citizens with COVID-19 symptoms separated from others until a diagnosis can be confirmed;
- ensure health care providers doing the testing/assessment have personal protective equipment appropriate to the service they are providing.

CTA sites work in collaboration with existing community health services such as 811, family physician clinics and primary health care centres. The Saskatchewan Health Authority (SHA) determines the location of CTA sites based on the phase (see chart below) of the preparedness plan and ongoing assessment of needs across the province.

<table>
<thead>
<tr>
<th>Health System Burden</th>
<th>Example of predicted cases, contact tracing and isolation, hospitalizations critical care requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positives</td>
</tr>
<tr>
<td>Phase 0</td>
<td>0 to 0</td>
</tr>
<tr>
<td>Phase 1</td>
<td>1 to 100</td>
</tr>
<tr>
<td>Phase 2</td>
<td>100 to 300</td>
</tr>
<tr>
<td>Phase 3</td>
<td>300 to 1000</td>
</tr>
<tr>
<td>Phase 4</td>
<td>&gt; 1000</td>
</tr>
<tr>
<td>Recovery</td>
<td></td>
</tr>
</tbody>
</table>

Assumptions: These numbers are estimates and provide initial planning assumptions but may vary throughout the province.

*10 contacts / case
*80% patients can manage at home
*15% patients require hospitalization
*5% patients require ICU
*5% of ICU patients require ECMO
** suggest that local models be adapted based on current capacity

Note: the numbers and assumptions used are based upon epidemiological modeling of known COVID-19 outbreaks.
Epidemiological model and assumptions may change as new local information arises.

**Key Outcomes by Phase**

**Phase 0**
- The CTA sites will flow patient screening and testing away from medical clinics and emergency rooms.
- All residents of Saskatchewan will be able to access COVID-19 testing quickly, even those who do not have a regular family physician.
- Personal Protective Equipment (PPE), appropriate to the testing and assessment procedures being conducted, will be provided to CTA sites from supply chain management (eg. type of PPE will be informed by infection control guidelines).
- Standard work and work standards will be in place within CTA sites for testing and assessment procedures, as well as the transport of specimens to designated laboratory site(s), reporting of test results to citizens receiving testing and for COVID-19 surveillance purposes.
- Citizens will have clear messaging, available through various communication channels (social media, website, etc.) to understand how/when they obtain a referral to a CTA site.
- A clear referral process to CTA sites will be provided to family physician clinics, HealthLine (811), primary health care centres and hospital emergency rooms.

**Phase 1**
- CTA sites are open and operational in the SHA determined locations and meet operational needs
- Determine triggers for Phase 2 as confirmed by the SHA/EOC and Senior MHO
- Determine space/equipment/hours of service/staffing needs if testing volumes and acuity of clientele increases
- Other activities if test site has slow periods of time i.e. phone check ins
- Monitor and respond to psychological safety needs of workers
- Staff stabilization to maintain operations
- Cascading information with updates of situation

**Phase 2**
- Complete plans to accommodate increased testing and assessments for those that are presenting with more severe symptoms including options to optimize workforce, considering all options including outside SHA
- Planning for CTA to transition to Treatment Centers (if applicable)
- Planning for CTA to transition to Assessment Site
- Strict management of supply chain for PPE and other supplies.
- Prepare for next phase. Triggers for Phase 3 are confirmed by SHA/EOC and Senior MHO
- Daily huddles established

**Phase 3**
- Convert test/assessment sites to treatment centers if triggers are met,
Phase 4

- Ongoing HR strategies to manage manpower of healthcare providers and physicians.
- Further rationing of supplies and care
- Maintain core functions and critical
- Implement PPE contingency plan which may include:
  - Use expired stock
  - Access national stockpile supplies

Recovery Phase

- Maintain attention to PPE, buddy system, handwashing standards and audits.
- Provincial and local debrief of phases encountered.
- Ongoing maintenance of pandemic planning with an 18 – 24 month scheduled review.
Roles and Responsibilities

During the COVID-19 pandemic, the Saskatchewan Health Authority (SHA) has a need for health services which exceed the available resources. Health services refer to those services delivered to the public via acute care facilities, long-term care facilities, and health and community service organizations. Assessment sites are being identified as the community access point for all patients within Saskatchewan that are in isolation due to COVID-19, have testing positive for COVID-19, or have COVID-19 like symptoms.

The SHA has lead responsibility for developing assessment sites that will provide an intermediate level of care that patients would receive in a community care facility during COVID-19.

SHA staff will be responsible for efficiently and effectively operating a CTA site. SHA staff will provide assistance to citizens attending a CTA site and typically a nurse will collect the testing sample. Physicians may become part of the CTA staff to conduct assessments. Ministry staff will provide assistance and remove barriers to ensure the successful operation of a CTA site.

CTA is a broad term to describe sites that provide testing for COVID19, assessment services, and or treatment services. These services may be co-located in one facility or may be provided at separate locations depending on the unique community circumstances.

Assumptions

- CTA sites are necessary to detect cases early and delay spread of COVID-19. Hours of operation for each CTA site will be determined by the SHA, based on the phase (chart above) of plan implementation and local assessment of need.
- CTA sites will be operational from phases one to four of the operational plan. The number of sites and locations are based on the SHA’s ongoing assessment of need.
- Personal Protective Equipment (PPE), appropriate to the testing and assessment procedures being conducted, will be provided to CTA sites (e.g. type of PPE will be informed by infection control guidelines).
- A clear referral process to CTA sites will be provided to family physician clinics, 811, primary health care centres and hospital emergency rooms.
- Standard work and work standards will be in place within CTA sites for testing and assessment procedures, as well as the transport of specimens to designated laboratory site(s), reporting of test results to citizens receiving testing, and for COVID-19 surveillance purposes.
- Citizens will have clear messaging, available through various communication channels (social media, website, etc.) to understand how/when they obtain a referral to a CTA site.
- All residents of Saskatchewan will be able to access COVID-19 testing quickly, even those who do not have a regular family physician.
- No AGMP aerosolized procedures will be done within Assessment Centres

Health Care Providers

Staffing for CTA sites will, typically, be drawn from SHA sources.

Required staff will include:

- reception
Requirements for Community Assessment Sites (CTA sites)

Guiding Principles
Assessment sites are a temporary measure to assist with the surge in community clinic capacity required to support patients through the COVID-19 pandemic. These facilities will be utilized to keep the aforementioned patient populations out of private community clinics, urgent care facilities, and SHA emergency departments. The Assessment Sites have been developed in alignment with the following guiding principles:

- Individuals in isolation for confirmed or suspected COVID-19
- Escalating symptoms consistent with COVID-like illness that do not require hospitalization
- Individuals that are demonstrating COVID-like symptoms but require care for comorbid conditions (non-Covid-19 related problems)
- Barriers to accessing primary care due to self-isolation related to Public Health Directives
- Inability to access family physician

Assessment Site Referral Process:
Patient will be referred to the Assessment sites through one of five primary channels. See Appendix H

<table>
<thead>
<tr>
<th>Family Physician or Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>811</td>
</tr>
<tr>
<td>Testing Site Nurse</td>
</tr>
<tr>
<td>Medical Health Officer</td>
</tr>
<tr>
<td>Emergency Department</td>
</tr>
</tbody>
</table>

Assessment Site Patient Profile and Flow
The intent of the patient profile is to describe the types of patients who will be provided care and service at the Assessment Site. During the COVID-19 pandemic, the acuity of patients at Assessment Sites will
primarily be for stable patients who based on telehealth, virtual care, or lack of community family physician, require a physical/hands-on assessment.

- Individuals in isolation for confirmed or suspected COVID-19
- Escalating symptoms consistent with COVID-like illness that do not require hospitalization
- Individuals that are demonstrating COVID-like symptoms but require care for comorbid conditions (non-COVID related problems)
- Barriers to accessing primary care due to self-isolation related to Public Health Directives
- Inability to access family physician

Patient profile of those **inappropriate** for assessment sites and require referral to treatment or tertiary centre:

**Covid-19 or pneumonia concerns:**

- Temp >38C
- Resp Rate >20
- HR >100
- Oxygen Sat <94% (in a patient with no history of COPD etc)
- Severe SOB at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold/pale/clammy/mottled skin
- New confusion
- Difficult to rouse
- Blue lips or face
- Little or no urine output
- Coughing up blood

**Safety netting concerns:**

- Someone living alone, no one to check on them
- Unable to maintain 6-8 glasses of fluid per day

**Other Red Flags/concerning conditions:**

- Neck stiffness
- Non-blanching rash

To demonstrate the relationship and flow into Assessment Site see **Appendix E.**

To support the patient profiles, the following areas will be included within the Assessment Sites:
1. Parking Lot
   - All patients who are accessing an Assessment Site are required to complete the initial admitting process from within their vehicles
   - Patients are provided direction on arrival to facility – this process will be facilitated by a parking lot attendant and nurse assessor via radio (see Appendix E)

2. Main facility (Droplet and Precautions)
   - This area will be the largest area within the facility - it supports patient movement into an assessment room via the use of signage and porter, ensuring no idling within this space (see Appendix E)
   - IPAC Recommendations for Testing/Assessment Centres see Appendix F

3. Assessment Room (Droplet and Precautions)
   - Closed door room that allows for 1:1 assessment of patients by a variety of providers
   - 1 provider at a time in required PPE
   - No charting do within the assessment space
   - IPAC Recommendations for Assessment Rooms see Appendix F

4. Staff Area
   - Separate area for staff charting
   - Separate area for staff breaks that adheres to chairs being places with 2 meters of separation
   - **Staff Management Principles**
     - Monitor and record the health status of all staff on the job, and conduct health monitoring for front-line staff, including monitoring body temperature and respiratory symptoms; help address any psychological and physiological problems that arise with relevant experts.
     - If the staff has any relevant symptoms such as fever, they shall be isolated immediately and screened

5. Clinical and Support Services
   - Plan for access to diagnostic imaging, laboratory medicine, additional diagnostics, and pharmacy
   - Establish supply chain flow

---

**CTA Site Layout:**

Ideally a CTA site is easily accessible to as much of the general population as possible by foot, vehicle and public transport. Sufficient and safe parking must be considered with effective traffic flow.

![Figure 1 - Sample Layout of a CTA Site](image-url)
Arrange the following Points of Contact in a one-way flow:

1. Admission (begins in facility parking lot - recording of details, security, infection prevention and control, etc.).
2. Waiting area (could continue in vehicle in parking lot, provision of information, infection prevention and control, security, etc.).
3. Pre-assessment (could continue in vehicle in parking lot, measuring and recording of vital signs, etc.).
4. Assessment by a health care provider.
5. Diagnostic tests (site specific)
6. Referral (home, to hospital, provision of information, community pharmacy, diagnostics, etc.).
7. Transfer to hospital setting (referral SHA COVID-19 pathway process/communication, by own means, ground or air ambulance, etc.).
8. PPE disposal (infection prevention and control).

**Overall Assessment Site Planning and Logistics**

It is recommended that the focus of planning should most importantly be based on anticipated patient flows while also considering other key operational supports and overall safety and security objectives. Consideration to converting to treatment centers should be part of the planning.

Specific plans for circulation routes which maximize separation of patients, staff, support services, and traffic should be developed for each specific site.

It is recommended a detailed site specific signage package for both exterior site and interior of facility signage be developed to provide clear direction to patients and staff.
Primary Clinical Areas

It is anticipated the clinical functional areas that are typically included in an Assessment site are as follows:

- Parking Lot
- Testing/Assessment/Treatment Area (Droplet and Precautions Zone)

Parking Lot:

Patients are anticipated to arrive at the Assessment site in a private vehicle. A designated entrance to the parking lot should be identified and parking for patients should be identified and allows ease of access for providers to vehicles and for patients into the facility.

There should be appropriate staff available to meet, and provide direction to patients as they arrive. There also is recommended to be designated security personnel to provide control and response when required to risk incidents.

Only patients will be allowed into the Assessment site. If the patient is a child, one parent or caregiver may attend with the child.

Consideration must also be made to provide access to the site for ambulance personnel in the event of transfer to the acute care center.

Clinical and support teams will need to review and confirm the processes to be implemented at Assessment sites.

Assessment/Treatment Area

It is recommended that stand alone sites will maintain capacity for COVID-19 testing.

It is recommended a designated area for clinical staff/physicians and required supplies to be contained within the testing and assessment areas.

It is anticipated that this area would follow droplet/contact precaution PPE guidelines. Appropriate PPE for staff and patients to be determined in consultation with Infection Prevention and Control.

In treatment sites there may be preference for open areas to allow good visibility from nurse/physician work areas to have sight lines to patient groupings (i.e. IV therapies). Potential need for some temporary partitioning within patient areas for privacy and or treatment needs.

Consideration should be given to the provision of virtual care.

Clinical Team Areas:

Organization of workstations for charting and other equipment, to be flexible, allowing for distribution to best support patient care.
Consideration must be made to minimize the provider flow into individual patient rooms. Consider having staff available outside the room to bring any necessary supplies/equipment to the provider.

**Assessment Room Required Equipment:**
For Assessment Centre, the following will be required. It is worth noting that a number of items will increase with demand. Although we are suggesting to start the assessment centre with small numbers initially, the following request will be conservative.

- Stretcher – per room
- Stethoscope – per room
- BP Cuff – per room
- Pulse Oximeter – per room
- Glucometer – site specific volume
- Thermometer – per room
- Sharps Container – per room, restroom, and with MedCart
- Dirty Linen Cart – per room
- Supply Cart – shared between rooms (external to assessment rooms)
  - See Appendix D: PPE Supply Chain Order Form
- Wheelchairs
- IV Therapy Recliners in shared IV therapy space (2 meter distance between recliners) to be considered for treatment site

**Staff Area**

It is recommended a separate entrance for staff only be designated for Assessment sites.

The following specific areas within the staff area are anticipated:

- Change room
- Lockers
- Staff only washrooms
- Staff room for meals
- Rest areas

It is recommended that dedicated PPE stations and hand wash sinks be located at staff area entrance to allow staff to clean hands upon entry and exit of staff area.

Staff are encouraged to change into/out of work clothes upon arrival and when leaving the site

**Clinical Support Services**

It is recommended that local consideration be given to how clinical support services will be accessed. Work with IHICC partners to identify the appropriate referral sites for diagnostic and laboratory medicine services.
All sites where testing is done require a Laboratory Licence. Pre-existing clinics, hospitals, and SHA official physical testing sites have already obtained a licence. If standing-up a new site please see Appendix I, for licence application.

The transportation of specimens requires a Transportation of Dangerous Goods Training certificate. See Appendix J, for instructions on how to access online training.

It is anticipated the scope of on-site laboratory medicine services may include:

- COVID 19 Swab
- Phlebotomy

Onsite refrigeration for specimen collection

**Pharmacy:**

It is recommended that the site have a stock of medications as outlined in Appendix C

Assess the need for onsite refrigeration for medications.

Work with local pharmacy partners to establish filling prescriptions for Assessment site patients

**Support Services**

**Patient Registration:**

Registration processes, including whether paperless or hard copy registration will be implemented, work area and equipment needs to be determined

**Supply Chain:**

It is recommended a separate entrance for Supply chain and other service deliveries be designated at the Assessment Site

Specific temporary storage needs will need to be reviewed and determined on a site basis. Bulk storage, requirements for oxygen tanks and other items are anticipated.

**Environmental Services:**

Specific areas for clean and soiled rooms need to be identified. Operational processes, equipment and supply needs to be reviewed and confirmed on a site-specific basis
Infrastructure Requirements

Mechanical:

Based on site needs a review by infection prevention and control practitioners to consider:

- Required ventilation and air exchanges
- Determine any required air filtering
- Determine overall approach to maximize directional air flow at existing facilities
- Review of temperature control for heating and cooling

A site-specific Fire Code review and fire plan is required for each site

Further review of site-specific requirements for washrooms is required to be completed for each site, which includes the following considerations:

- Specific washrooms identified for patients
- Designated existing or temporary accessible washroom facilities for patients in wheelchairs or have poor mobility
- Both self-contained washroom facilities and individual portable washrooms can be considered for interior or exterior of facility to augment any exiting washroom areas at exiting sites.

Electrical:

Determine any required adjustments to provide required electrical infrastructure

EHealth/Information Technology:

A detailed review by eHealth/Information technology is to be completed for each site to review such areas as:

- Must have fibre access to facility
- There will be a combination of wired and wireless connectivity required. A site assessment is required to determine an overall design
- Review and confirm operational needs for each program area to determine computer, printer, fax, phone and other related equipment needs
- Support needs for any paperless operational processes.

Information Technology Required Equipment:

- Each site will be assigned a generic email by digital health to facilitate information flow
- At least 1 MFP (larger centers may need 2)
- Computers*
- Phones*
- Data lines*
Information Flow:
The SHA shall have information sheets and algorithms to direct referral processes, care instructions, etc. The information should cover:

- citizen self care;
- care by family member;
- home isolation;
- how to recognize worsening symptoms;
- when to seek medical attention;
- who to contact and appropriate contact information; and
- how to protect family members.

Information sheets are available at Saskatchewan.ca/covid19.

CTA Information Gathering and Reporting:

- The Area Operation Leads decide on a standard tool to be utilized across the SHA
- Data entry capacity is assessed to determine if data entry capacity needs to be redirected or additional data entry resources are required
- Depending on data entry capacity, the hardcopy forms be entered into the Survey Monkey form that has been developed to support the surveillance and reporting for the CTA Sites.

Conceptual Model for Assessment/Treatment Centres

CTA Site Capacity:
SHA will consider the projected volume of patients for each of its CTA sites:

- On average testing/assessment is likely to take approximately 15-20 minutes.
- One health care provider is likely to be able to test/assess 4-5 patients per hour.
- The time for the health care provider to test/assess can be reduced by ensuring appropriate personnel are available for administrative work.

Triggers for CTA Site Activation:
The triggers for activation of a CTA site are based on the phase of the SHA’s operational plan, and takes into consideration the following:

- Epidemiology of disease progression patterns;
- Pressures on family physician/primary health clinics and emergency rooms (calls, appointments, ER visits); and,
- Increased call volumes to 811, the HealthLine.
**Infection Prevention and Control (IPAC):**

The role of a CTA site is to test citizens with symptoms and travel history that may suggest possible COVID-19. Infection prevention and control are vital. Each CTA site should be physically arranged to prevent crossing paths of flow. Ideally a one-way flow for citizens should be maintained, with an exit that is separate from the entry and appropriate area for disposal of used PPE.

**CTA Booking Process:**

Appointment booking for all assessment sites is done via telephone in advance of the appointment. At present these Assessment sites do not follow a drop in clinic model.

A nurse or clerk will contact the patient that requires an appointment using a standardized script. See Appendix G.

The patient will be booked into the individual Assessment Centre’s appointment log.

**CTA Site Process:**

1. **Citizens**

   Upon arrival, advise all citizens to wash hands or use alcohol based hand sanitizers, tissues and tissue disposal areas.

   Arrange the seating area so that citizens are not face to face with one another and are approximately one metre from other citizens.

   All citizens who are showing obvious signs of COVID-19 shall be requested to wear a surgical/procedural mask on admission. Inform citizens to wash hands before and after removal of the mask and ensure masks are removed only in approved areas. If citizens who are showing obvious signs of COVID-19 cannot/will not wear a surgical/procedural mask, it is recommended the citizen be maintained in isolation or in an area that is at least two meters from traffic and other citizens. This may include waiting in their vehicle outside CTA Site.

2. **Staff Personal Protective Equipment (PPE)**

   In order to determine what PPE is required when providing care to a citizen who is a suspect case for COVID-19, it is recommended that the following PPE supplies be utilized at a CTA Site:

   - Masks
   - Eye protection/face shields
   - Gloves
   - Gowns

   **NOTE:** Clean PPE is required for each new citizen contact. Washing hands before and after removal is required. Appropriate disposal is required.
Increased exposure, such as a health care provider who assesses more than two or more obviously symptomatic citizens per day, or who are taking numerous nasopharyngeal swabs, may increase the risk for transmission. As per the POC Risk Assessment, a mask and additional PPE may be required.

For additional information on staff safety, refer to Annex N: Occupational Health & Safety.

3. Employee Training

All employees require training to protocols and functions including limitations of the CTA site. Staff are expected to work at the top of their scope of practice.

At the beginning of each shift, CTA employees should be screened for COVID-19. If signs and symptoms of COVID-19 are present the employee should be sent home to self isolate.

The application and removal of all PPE requires appropriate training.

Inform employees of daily/regular updates on the COVID-19 epidemiology and other issues within the SHA.

Health Care Worker (HCW) education will include the following:
- Standardization of infection control precautions;
- PPE fit testing updates;
- Review of donning and doffing procedures with initiation buddy system process;
- Screening process;
- NP swab work standard/process;
- Packing and shipping of specimen samples; and
- Environmental cleaning.

**Emergency Preparedness – Patient Decompensation:**

If patient collapses:

- Maintain PPE and proper protection procedures
- Call for help/have another staff member call 911
- Stay with patient, provide support (KEEP PATIENTS MASK ON)
- If patient has no pulse, have a fellow staff member get AED
- **NO BAG MASK OR VENTILATION OR CPR** – as we do not have the ability to protect ourselves nor other patients against aerosolizing generating procedures, we do not expect any ACLS protocols or ventilation to be provided to patients
- Place AED on pts chest
- Follow AED prompts (shocks only)- could do CPR if providers comfortable and pt low risk for COVID19, however this is extremely unlikely at any assessment center
- Await EMS
- If EMS plans to provide bag mask support to a patient, it must be provided outside, or the area must be cleared of all other patients/staff (have everyone return to their vehicles/leave the building)
* Bag mask ventilation is considered a high risk for aerosolizing Sars-Cov-2. Can only be done with everyone in room wearing N95s and people in room should be minimized!

**CPR alone is considered intermediate risk for Aerosolizing Sars-Cov-2. We are waiting for further guidelines on this, but currently CPR without an N95 mask is NOT recommended.
Appendix A: CTA Site Checklist for SHA:

- establish capabilities for CTA site operation:
  - depth of functions; and
  - assessment, treatment, community care, and referral processes.

- establish trigger points for when CTA sites will open, heighten operations, and cease.

- determine hours of operation.

- plan/prepare public education and communication on how/when/where to access CTA sites.

- determine number and type of staff required to operate at all stages (preparation, opening, peak, and closure).

- ensure adequate stocks of supplies (i.e. testing supplies, PPE).

- ensure connections and communications with lab, x-ray and pharmacies.

- review security needs and processes for activation.

- review surveillance protocols.

- assess equipment needs (refer to Appendix II – Equipment/Supply List Sample).
### Appendix B: Equipment/Supply List – Sample

Volumes will be dependent on the size of the site and the number of Assessment rooms at the site

<table>
<thead>
<tr>
<th>Administration</th>
<th>Infection Control</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stationary, files&lt;br&gt;desks and chairs, cabinet for files/papers, etc.</td>
<td>Sufficient PPE: stock on hand to match the anticipated demand with 10% buffer or in times of shortage, 5% buffer&lt;br&gt;Information re: donning/doffing</td>
<td>Large Equipment:&lt;br&gt;Stretcher, wheelchair, thermometers, stethoscopes, sphygmometer, pulse oximeter, auroscopes, torches, glucometer&lt;br&gt;AED&lt;br&gt;Dividers for privacy</td>
</tr>
<tr>
<td>Sufficient quantity of forms:&lt;br&gt;• Record number of cases – appointment booking sheet&lt;br&gt;• Referral&lt;br&gt;• PPE ordering&lt;br&gt;• Laboratory&lt;br&gt;• Rosters and hours worked</td>
<td>Hand and cough hygiene materials</td>
<td>Supplies:&lt;br&gt;Testing swabs&lt;br&gt;Syringes needles, sharps container, IV sets, fluids, etc. – (depending on location and distance from referral center)&lt;br&gt;*see supply list from Regina Appendix D</td>
</tr>
<tr>
<td>Sufficient quantity of information sheets:&lt;br&gt;• Citizens returning home&lt;br&gt;• Information for families&lt;br&gt;• Information for referred patients</td>
<td>PPE disposal facilities</td>
<td>Transport media, transport packaging, etc.</td>
</tr>
<tr>
<td>Communication/IT: phones, faxes, printer, scanner, label maker, computers, internet connection</td>
<td>Sterilization requirements?</td>
<td>Emergency medicines (all other required medicines)&lt;br&gt;*see attached pharmacy stock order from Regina and Med cupboard list from Regina. Appendix C&lt;br&gt;Oxygen</td>
</tr>
<tr>
<td>*dependent on anticipated volumes and if this is an SHA site or note&lt;br&gt;*paper vs electronic - what risks are associated with each?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff personal support requirements</td>
<td>Disinfectants and cleaning materials</td>
<td>Linen: Use of disposable products?</td>
</tr>
<tr>
<td>Coffee/tea/water requirements</td>
<td>Waste disposal</td>
<td>Dirty linen cart for each room</td>
</tr>
</tbody>
</table>
Appendix C: Assessment Centre Medication Stock

Covid-19 Assessment Site
SHIP TO: BMHC
Wellness Centre
North Battleford, Saskatchewan

When ordering please send fax to 446-6580. For inquiries call 446-6590.

<table>
<thead>
<tr>
<th>BDM Code #</th>
<th>WARD STOCK ITEM</th>
<th>Stock Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACET325</td>
<td>Acetaminophen Tab 325 mg</td>
<td>100</td>
</tr>
<tr>
<td>ACET32L</td>
<td>Acetaminophen Liquid 32mg/mL (100 mL)</td>
<td>2</td>
</tr>
<tr>
<td>DIME50</td>
<td>dimenhydrinate Tab 50 mg</td>
<td>10</td>
</tr>
<tr>
<td>DIME50I</td>
<td>dimenhydrinate Inj 50 mg/mL (1 mL)</td>
<td>3</td>
</tr>
<tr>
<td>DIME3L</td>
<td>dimenhydrinate syrup 3mg/mL (75mL)</td>
<td>1</td>
</tr>
<tr>
<td>DIFH25C</td>
<td>diphenhydramine Cap 25 mg</td>
<td>10</td>
</tr>
<tr>
<td>DIFH50I</td>
<td>diphenhydramine Inj 50 mg/mL (1 mL)</td>
<td>3</td>
</tr>
<tr>
<td>DIFH1.25L</td>
<td>diphenhydramine Liquid 1.25mg/mL (100mL)</td>
<td>1</td>
</tr>
<tr>
<td>IBUP200</td>
<td>Ibuprofen Tab 200 mg</td>
<td>100</td>
</tr>
<tr>
<td>IBUP20L</td>
<td>Ibuprofen Suspension 20mg/mL (120 mL)</td>
<td>2</td>
</tr>
<tr>
<td>NSSA</td>
<td>Saline Nasal Spray 0.9% (30 mL)</td>
<td>1</td>
</tr>
<tr>
<td>TETRAG</td>
<td>Tetracaine gel 4% (1.5G) (Ametop)</td>
<td>5</td>
</tr>
</tbody>
</table>

Please add any additional requests below:

If needed, please order Adult or Child Aerochambers through Materials Management.

Updated March 2020
# Appendix D: Assessment Centre Supply Chain Order Form

## Inventory Requisition - COVID-19 Test Centre- Main Stores: (LOCATION) (fax) 9-306-***.***

**COVID-19 Test Centre**

**Contact:** Phone 306-  

**Order Days:**

**Date:** _____________________

**Deliver to:** Note: Please fax before ****

<table>
<thead>
<tr>
<th>SKU#</th>
<th>Description</th>
<th>Unit of Issue</th>
<th>Quantity Ordered</th>
<th>Quantity Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gloves XS</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gloves S</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gloves M</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gloves L</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gloves XL</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yellow gown</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procedure mask (ear loop)</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mask visor (ear loop)</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Swab UTM</td>
<td>Each</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biotest kit bag</td>
<td>Box</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wipe Accel Intervention Surface Cleaner</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand sanitizer</td>
<td>Each</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand Sanitizer Foam 1200ml</td>
<td>Each</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Printer paper 8 1/2 x 11 in.</td>
<td>Case</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Patient Flow – Sample

Assessment Site Flow Chart COVID 19 Version 4 March 30

Admin Support
Admin Support
Parking Lot and restrooms
Nurse Assessor
Doctor/MD/PhD
Nurse Navigator/ Admin
Roster/TSW
Document Support Staff

Assessment Site Replication Package
Appendix F: IPAC Recommendations

COVID-19 SITE TESTING LOCATIONS
The following guidance is provided to help SHA’s COVID-19 Infection Prevention & Control Practitioners in planning and setting up their local site testing locations.

1. Setup
   During site evaluation, consider:
   • Flow - specifically clean and dirty zones
   • Spatial separation – patient to public areas to staff areas
   • Appropriate furniture and materials within the space
     o All nonessential and porous items to be removed from the area at risk of contamination
   • Available areas that would be suitable to store and access clean supplies (i.e., PPE etc.) and dirty holding (i.e., waste etc.)

   Entrance/Exit:
   • Alcohol Based Hand Rub (ABHR) dispensers and mask holder are placed as close to the entrance as possible. Place laminated signage directing clients entering to perform hand hygiene and put on a mask.
   • Immediately upon entry into the facility, clients should be directed (using visual cues like posters in addition to verbally instructed) to perform hand hygiene and put on a mask
     o Provide the patient and accompanying caregiver mask
   • Garbage receptacle available for the client and caregiver to discard their masks
   • Waiting area
     o Place chairs 2 meters apart

Clinic room
   • Waste receptacle to be strategically placed within the space
   • ABHR placed in close proximity to the garbage receptacle
   • ABHR available outside clinic room where PPE is to be donned

2. Cleaning & Disinfection
   • Environmental Services to use hospital-approved cleaning and disinfecting products
   • All high touch surfaces should be disinfected twice daily
     o Many locations currently doing a lunch-hour clean and one either at the end of the day or first thing in the morning prior to opening to clients
     o High touch surfaces include doorknobs and light switches etc.
   • Disinfect high touch areas within clinic room (specifically client chair and table) after every client
   • If reusing equipment, disinfect between clients
   • Facility as a whole (including all washrooms) should be thoroughly cleaned at the end of EACH day (or prior to opening the doors to the facility the next morning)
   • Ensure frequent waste removal occurs and that waste does not overflow.

3. Personal Protective Equipment

<table>
<thead>
<tr>
<th>Individual/Activity</th>
<th>Type of PPE/Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeter or initial</td>
<td>• Droplet and Contact precautions</td>
</tr>
</tbody>
</table>

Appendix G: Appointment Booking Script

Administrative Booking Script

I’m calling from the Saskatchewan Health Authority Covid assessment and care site. We received a referral from ____________
I have an appointment for you to come at #.##.
Please bring a list of your medications with you.
Please follow the signs into the parking lot. An attendant will direct you. Please stay in your car until a nurse comes to greet you. They will take some information and provide you with a mask.
Only the person being seen will be allowed in the building for care for infection control reasons. (If child is being seen, one parent/guardian will be able to attend.)
Appendix H: Referral Form

Saskatchewan Health Authority

COVID-19 Assessment & Treatment Site

Referral Form
Fax Number 306- (FILL) 
Phone Number 306- (FILL) 

Client is a Health Care Provider
☐ Yes    ☐ No

assessmentsite. (FILL)  @saskhealthauthority.ca

REASON FOR REFERRAL:
☐ Escalating symptoms consistent with COVID positive or COVID like illness

☐ COVID positive or COVID like illness; requires care for co-morbid conditions

☐ Patient isolated per Public Health Directives related to COVID, requires in person assessment for conditions unrelated to COVID

Has a COVID-19 swab been done?
☐ Yes  
☐ No

RELEVANT HISTORY:

Referring From:  ____________________  Phone/Fax:  ____________________

Family Provider:  ____________________

Updated March 28, 2020 09:03

Assessment Site Replication Package

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# Appendix I: Laboratory Licence Application

**Laboratory Licensing**  
Saskatchewan Disease Control Laboratory  
S Research Drive  
Regina, Saskatchewan S4S 0A4  
Phone: (306) 787-3130  
Fax: (306) 787-1525  
Email: LabLicensing@health.gov.sk.ca

APPLICATION/RENEWAL FOR A LICENCE TO OPERATE A MEDICAL LABORATORY  
All sections of the application form are required to be completed prior to submission to the Ministry

<table>
<thead>
<tr>
<th>New Application</th>
<th>Renewal</th>
<th>Licence #</th>
<th>Date of Application/Renewal: MM/DD/YEAR</th>
</tr>
</thead>
</table>

**Laboratory Facility**

- Name of Facility:  
- Telephone #:  
- Street Address:  
- Fax #:  
- City:  
- Postal Code:  
- Email:  

(Mailing Address if different than above):  
- City:  
- Postal Code:  

Regional Health Authority physically located in:  

**Type of Licensee**

- Individual:  
- Corporation:  
- Partnership:  
- Regional Health Authority:  
- Provincial Government:  
- Canadian Blood Services:  
- Hospital:  
- Other (please specify):  

**Licensee Information**

- Name:  
- Telephone #:  
- Mailing Address:  
- Fax #:  
- City:  
- Postal Code:  
- Email:  

*If partnership or corporation - partners or directors:*

- Name:  
- Title or Position:  
- Mailing Address:  
- Telephone #:  
- City:  
- Postal Code:  
- Email:  

- Name:  
- Title or Position:  
- Mailing Address:  
- Telephone #:  
- City:  
- Postal Code:  
- Email:  

- Name:  
- Title or Position:  
- Mailing Address:  
- Telephone #:  
- City:  
- Postal Code:  
- Email:  

Page 1 of 4
Transportation of Dangerous Goods
Training Certificate

<Date of Issue>: Click here to enter a date.

<table>
<thead>
<tr>
<th>Ground Transport</th>
<th>Air Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter a date.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Expenses on:

Trained in the (mark as applicable) the handling/offering for transport/transporting:
- ☐ Classification Class 6.2 and 9
- ☐ Shipping names
- ☐ Use of Schedule 1, 2 and 3
- ☐ Documentation
- ☐ Dangerous good safety marks
- ☐ Means of containment
- ☐ Emergency response assistance plans
- ☐ Reporting requirements for accidental release and imminent accidental release
- ☐ Safe handling and transportation practices and the characteristics of dangerous goods
- ☐ Proper use of equipment used to handle and transport dangerous goods
- ☐ Emergency measures to take to reduce or eliminate danger to the public
- ☐ Air transportation of dangerous goods (ICAO) (IATA)

Employee signature:

Employer signature:

Employer address:
Saskatchewan Health Authority
701 Queen Street, Saskatoon, SK S7K 0M7

Laboratory Controlled Document: Document #: FORM-4061 v#: 2
Applies to former Saskatchewan Health Region area
Instructions for Accessing Online Training in Thinkific

NOTE: Use only Google Chrome or Mozilla Firefox browsers for this training. Internet Explorer is not supported.

After you have logged in successfully for the first time by following the instructions below, you can access this course at https://skhalearninganddevelopment.thinkific.com/courses/TDG-Class-6-2-By-Ground.

Choose the option below that best corresponds with your situation:

Out of Scope SHA with access to MyConnection

If you are an OOS SHA employee and unsure if you have access to MyConnection, please follow instructions for In-Scope SHA 3S Health, eHealth, Saskatchewan Cancer Agency.

1. Log in to MyConnection.
2. Click on MyTraining, which will launch Thinkific in a new tab.
3. Copy the following link, do not click it, and paste it in the url address bar: https://skhalearninganddevelopment.thinkific.com/courses/TDG-Class-6-2-By-Ground
4. Press Enter.
5. The course welcome screen will appear. Click “Enroll for Free.”
6. You will now have access to the course and it will be available in your course list under “My Dashboard.”

In Scope SHA, 3S Health, eHealth, Saskatchewan Cancer Agency

1. Click on this link, or copy it into your internet browser: http://skhalearninganddevelopment.thinkific.com/users/sign_in.
2. Click “Forgot Password.”
3. Enter your SHA, 3S Health, eHealth, or Saskatchewan Cancer Agency email address.
4. You will receive an email from Thinkific notifying you to change your password. Open the link in another tab in Chrome or Firefox.
5. Change your password and keep it in a safe place where you will be able to find it.
6. You should now be logged in to Thinkific.
7. Copy and paste this link into your browser: https://skhalearninganddevelopment.thinkific.com/courses/TDG-Class-6-2-By-Ground.
8. The course welcome screen will appear. Click “Enroll for Free.”
9. You will now have access to the course and it will be available in your course list under “My Dashboard.”
**Appendix K.1: Staff Support Assessment & Morning Huddle**

<table>
<thead>
<tr>
<th>WORK STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: COVID-19- Documents to Support Staff</td>
</tr>
<tr>
<td>Role performing Activity: Site/Clinic Lead</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
<th>Department/Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Owner:</th>
<th>Date Prepared: March 22, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Revision:</th>
<th>Date Approved:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Policies/Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Work Standard Summary:** Facilitation of morning huddle for all staff.

<table>
<thead>
<tr>
<th>Essential Tasks:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1. Welcome: Introductions to identify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Lead</td>
</tr>
<tr>
<td>Names of staff and their role (site lead, clinical lead, clinical staff, nurse assessor, client navigator, room navigator, registration clerk, file clerk)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Review COVID updates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria changes (if any)</td>
</tr>
<tr>
<td>Status</td>
</tr>
<tr>
<td>Discuss Sign In/Out sheet</td>
</tr>
<tr>
<td>Discuss Signature sheet</td>
</tr>
<tr>
<td>Allow for questions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Review Safety incorporating each of the “Patient and Environmental Safety Trackers.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE</td>
</tr>
<tr>
<td>Clean vs. Dirty</td>
</tr>
<tr>
<td>Hand hygiene</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Review swabbing techniques for anyone needing orientation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NP</td>
</tr>
<tr>
<td>Throat and nares</td>
</tr>
<tr>
<td>Wash face Sheila between clients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Allow for staff questions or concerns.</th>
</tr>
</thead>
</table>

Assessment Site Replication Package
### Appendix K.2: Staff Support Assessment & End of Shift Huddle

<table>
<thead>
<tr>
<th>Location:</th>
<th>Department/Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Owner:</td>
<td>Date Prepared: March 22, 2020</td>
</tr>
<tr>
<td>Last Revision:</td>
<td>Date Approved:</td>
</tr>
<tr>
<td>Related Policies/Documentation</td>
<td></td>
</tr>
</tbody>
</table>

**Work Standard Summary:** Facilitation of end of shift huddle for all staff.

**Essential Tasks:**

1. Summary of day
   - What went well
   - What could we do differently
   - What do we need for tomorrow (supplies etc.)?
   - Any questions?
COVID-19 SUPPORT SIGN IN/OUT SHEET (ASSESSMENT & CARE SITE)

DATE: __________________________

<table>
<thead>
<tr>
<th>Name (Please Print)</th>
<th>Designation</th>
<th>Time In</th>
<th>Time Out</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Jane Doe</td>
<td>RN</td>
<td>0800</td>
<td>1830</td>
<td>JD</td>
</tr>
</tbody>
</table>
Roles and Responsibilities for Assessment Site – March 22, 2020

Registration Clerk

- Receives referrals from fax and email.
- Adds referrals to data spreadsheet.
- Phones clients to book appointments and enters the appointments into the excel document used for booking.
- Ensures paperwork goes to telephone clinician as per referral form.

File Clerk

- Gathers referrals from the follow up basket and ensures it is tracked on the referral spreadsheet.
- Responsible for faxing family physicians and other parties who require communication regarding client appointment.
- Filing paperwork and clipping files to existing paperwork
- The registration clerk and file clerk work together to ensure that follow up is recorded for client and then the information flows to the correct follow up care provider.

Porter 1 (Information Flow)

- Meets client at the door, ensures infection control standards are met.
- Porter gathers all file information from Nurse assessor and brings it to clinic room.
- Porter walks client to clinic room.

Porter B (Runner)

- Manage lab specimens.
- Porter can notify phlebotomist etc, as required by physician.
- Cleaning treatment rooms in between clients.
- Retrieving all paperwork from clinic room, and bringing them to the clerical area and into the “requires filing” or “follow up” basket.

Nurse Assessor

- Nurse assessor watches for clients in the parking lot (stay in car/lawn chair)
- Nurse attends to client vehicle and asks what client is there for
- Nurse assessor has the daily schedule and the documentation template and will begin the documentation template out.
- Nurse assessor radios porter 1 to communicate regarding client’s arrival
Licensed Practical Nurse

- Responsible for retrieving medications, treatments and vital signs for clients during initial assessment; prior to NP or GP assessment

RN Navigator

- Reviews all charts and determines, ensures chart information is complete.
- Appropriately actions all follow up requested.
- Delegates actions to appropriate team members.
- Ensures lab requisitions are picked up in a timely manner.

Phlebotomy

- Completes blood draws in clinic room when requested.

Site Lead

- Oversees processes, staffing
- Troubleshoots with team members, connects with other team members as needed.

Administrative Lead/Navigation Lead

- Oversees file clerk, flow and data management of assessment site

Clinical Lead

- Oversees clinical flow and processes for optimal client care.
- Troubleshoots clinical issues as required.