HEALTH SYSTEM READINESS FOR COVID-19: Vulnerable Populations

ASIS in a Box

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Saskatchewan Health Authority

saskatchewan.ca/COVID19
Assisted Self-Isolation Sites

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1. **PURPOSE/CONTEXT**

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.

This document describes an approach for isolating and containing COVID-19 amongst vulnerable populations through the establishment of coordinated and standardized **assisted self-isolation sites (ASIS)** across the province. A proactive approach to supporting those experiencing homelessness and needing isolation support, and planning for potential surges that may arise from such populations, is crucial to a comprehensive public health approach. An outbreak in these populations has high potential to overwhelm community and acute health care settings.

Anticipating and mitigating surge requires proactive identification of symptomatic persons with facilitation of testing for all such persons and appropriate isolation options, as well as ongoing surveillance in emergency shelter facilities, drop-in sites, and other community environments to identify risk of community spread and reassure clients and staff of shelter safety. Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. Environments such as emergency shelters, multi-family residences, crowded living conditions, and “couch surfing” place individuals in close proximity with one another, making it impossible to follow physical distancing recommendations, and creating more opportunities for a single positive case to spread infection to many.

A significant number of individuals do not have the resources to follow the public health advice of physical distancing, hand hygiene, and self-isolation if required. Persons experiencing homelessness do not have capacity for self-isolation. As such, they will face a significant burden of mortality and morbidity. COVID-19 mitigation strategies, such as self-isolation and physical distancing, have resulted in reductions or closing of support services such as emergency shelters and food banks. Understandably, the virus is not the top of the priority list for individuals who don’t know where their next meal is coming from or where they’ll sleep at night.

As part of the COVID-19 pandemic planning, the SHA in partnership with the Ministry of Social Services (MSS), the Saskatchewan Public Safety Agency (SPSA), the Canadian Red Cross (CRC), the Ministry of Health, municipalities, First Nations and Métis leaders and organizations, and many other community partners are developing and implementing proactive approaches to support self-isolation for those experiencing homelessness. Prince Albert, Regina, and Saskatoon have developed processes to support a hotel/motel initiative with Regina and Saskatoon having used this process to support numerous individuals. Prince Albert, while prepared with documentation to support their hotel/motel site, has not often needed to use the processes to date. Some other examples of plans that are in place include:

- North Battleford has been quick to set up committees and coalitions at the local level so local government and community-based organizations can share information and be informed of the needs of vulnerable individual;
- Lloydminster has developed a client support tree including resources and a work standard;
- Nipawin has developed a plan through the Oasis Community Centre Co-operative; and,
- prior to their outbreak, the Northern Village of LaLoche had been holding emergency planning meetings to support vulnerable populations.

This document is intended to complement what already exists as the processes with SPSA, MSS, CRC, MoH in providing SHA organizational direction on consistent and standard approaches to setting up and operationalizing ASIS, and describes additional considerations that may have relevance to local implementation. It incorporates recommendations from work groups in key topic areas (such as harm reduction approaches and transportation), and learnings from current initiatives and other provinces’ and jurisdictions’ efforts.
Here is a high-level overview of the approach:

- Plans for ASIS will be established throughout the province, aligned with municipal emergency (pandemic) preparedness plans activated by the local Emergency Measures Organizations (EMO) and working with the Saskatchewan Public Safety Agency. Specific facilities will be determined locally and could include hotels, schools, churches, etc.

- Upon qualification to the ASIS initiative, a detailed and thorough screening and assessment of the individual occurs to determine the most appropriate location for placement, as well as their necessary supports. Potential options for individuals may include community-based care (i.e., with friend or relative), ASIS, or an acute care facility. Considerations include a variety of factors such as the individual’s medical complexity (regarding COVID-19 related symptoms and pre-existing conditions), their cognitive capacity, addictions-related and mental health concerns, and flight risk.

- Assessment can be facilitated through virtual means (e.g., phone, Telehealth) locally during regular business hours or might be via an on-call rotation of physicians who are contracted and can cover services provincially after-hours and/or on weekends. Ideally those who cover this service rotation would be experienced in working with and managing vulnerable/homeless persons as well as addictions medicine.

- Once determined that an ASIS is the destination, processes would be put in place to securely transport persons with an on-boarding process as well as assuring that hallways and pathways are clear for the individual’s arrival. A standardized intake will take place as soon as possible by the multidisciplinary team either virtually or in-person.

- The intensity of support will be determined by the overall assessment of the multi-disciplinary team. Regular contact each day is essential. The immediate medical and social needs for the individual will be addressed, and discharge planning will begin immediately upon admission. Every effort will be made to support the individual in not being released back into homelessness.

- Individuals who threaten to leave the ASIS cannot be forced to stay against their will. If attempts to mitigate and/or de-escalate concerns are unsuccessful, then measures will be put into place in collaboration with the oversight of a Medical Health Officer. As a last resort, the individual could be transferred to a secure isolation site (SIS), a locked facility in which persons who have been issued a detention order under the public health act are detained.

- Socially vulnerable people entering and being discharged from ASIS are experiencing many challenges with respect to the social determinants of health and impacts from COVID-19 public health measures. In discharge planning from ASIS, it is important to be aware of these effects and to work collaboratively with community partners to understand local realities and work going on to address and mitigate these impacts.

In the spirit of “locally delivered, provincially strengthened”, Saskatchewan’s ASIS will reflect local flexibility and tailoring where needed, and provincial standardization and coordination where needed. Documents pertinent to provincial standards are shared as appendices in this document, whereas a more complete inventory of documents to support local considerations is available in an electronic inventory on Sharepoint (COVID-19 EOC/SHA Planning folder).
2. **GUIDING PRINCIPLES**

- Our model of care includes the medical, social, psychological and spiritual needs of individuals, from admission to ASIS/SIS to facilitating supports in the community following discharge.
- Spirituality and ceremonies have sustained First Nations and Métis people for many generations and will continue to do so. It is important that we continue our high regard for all spiritual and cultural ceremonies and always think about them in a positive way. In this time of COVID-19, it is best that people ask their spiritual leaders how to proceed.
- We will apply a person-centered, culturally responsive, trauma informed approach:
  - Meet people where they are at.
  - Respect the individual’s nationality, culture, age, sex, political and religious beliefs.
- Value the client’s right to confidentiality, privacy, dignity and respect.
- We will apply a pragmatic harm reduction approach:
  - Substance use is a complex, multifaceted phenomenon that encompasses a continuum of behaviours.
  - Non-judgmental, non-coercive, low barrier provision of services and resources is essential to people who use substances in order to assist them in reducing harm.
  - Poverty, mental health, addictions, discrimination, and social isolation affect both people’s vulnerability to and capacity for effectively dealing with substance-related harm.
- Our focus is on virus containment and disease control during self-isolation in the ASIS. We will provide as much support as possible to enable the person to complete the self-isolation.
- We will build on existing strengths and relationships.
- We will do our best to support self-isolation options as close to people’s home communities as possible.
- We will adjust as we go and be nimble in our response to the pandemic.
- Services will be locally delivered and provincially strengthened.
- Our “provincial standard” will be relevant across the province, or it will be included as a “local consideration” with references to learnings, tools, standard work, etc. available from the active ASIS.

3. **CARE PATHWAY AND APPROACH TO ASIS**

   Individuals who do not have personal and financial means to self-isolate, as per Public Health Orders, have generally been presenting or been identified up until now through health care settings (including Emergency Departments, medical clinics, and testing centres) and through emergency shelters or other community settings. In recognition that “hidden homelessness” represents more than these paths, the COVID-19 community care pathway (https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/clinical-practice-resources/covid-19-pathway) includes activities to seek out and systematically screen for symptoms and/or exposure to others who are diagnosed with COVID-19. Individuals who are required to isolate and do not have the support financially and the social means to safely and effectively do so are then referred to the vulnerable populations care pathway (see graphic on the next page).
Aligned with the COVID-19 community care pathway, the key elements of the approach to ASIS form the basis for the provincial standards and local considerations:

- **Working with emergency shelters, drop-in centres and other community partners** to provide them with general information and guidance regarding COVID-19 (e.g., staff and client information re: transmission, risks, testing, transportation), and to plan and implement together reliable processes to ensure screening, testing, isolation, and follow-up of symptomatic individuals. This would also include engaging them in processes for active case finding, monitoring, and surveillance. Identifying early community transmission in the homeless population is critical to helping to ensure timely deployment of additional resources, as required.

- **Providing appropriate systems and supports for persons requiring isolation, as per Public Health Orders**, because they are:
  - pending COVID-19 testing or results,
  - OR are confirmed COVID-19 positive,
  - OR are requiring isolation support due to ongoing high-risk symptoms despite negative testing results,
  - OR are identified as close contacts of those confirmed with COVID-19.

A multi-disciplinary team assessment determines the appropriate care plan and location for the individual (i.e., with a friend or relative, an ASIS, an acute care facility). Discharge planning, including relevant community and housing supports, is initiated shortly after an individual arrives at an ASIS.

- **Taking a pragmatic approach to harm reduction**. Given the primary goal of retention, accommodations must be made to allow for a variety of behaviours and lifestyles that would not otherwise be considered acceptable in traditional healthcare facilities.
4. PROVINCIAL STANDARDS AND LOCAL CONSIDERATIONS

4a. Emergency shelters, drop-in centres and other community partners

Provincial Standard

• Work with community partners to develop an inventory of what services are being provided (or not) to those experiencing homelessness; know where people experiencing homelessness are, where they gather. See inventory for example of Regina’s Environmental Scan on Emergency Shelters.

• Support partner education and awareness re: COVID, vulnerable populations COVID care pathway, access to ASIS once known. See inventory for examples of education and awareness resources.

• Facilitate transportation of individuals between sites (see “transportation” section).

Local Considerations

• Involve local agencies from the beginning of the process to ensure standardization and partnership.

• To learn about Saskatoon’s inter-agency response to COVID-19 visit: www.saskatooninteragencyresponse.ca.

• Facilitate access to appropriate PPE to ensure safety for those providing services on-site at an ASIS (see “supplies” section).

• Consider setting up a quick response resource team (NW network #4 is an example) that can respond to community agencies that have COVID concerns. This may help organizations assist clients in their own settings.

4b. Appropriate systems and supports for persons requiring isolation

4bi. FACILITY

Provincial Standard

• Setting up an ASIS is a response to an emergency (i.e., individuals who are required to self-isolate but do not have the social and financial means to do so) and will be approached in the same way other emergency planning occurs in our communities. Prepare ahead of time, clarify and communicate expected processes and roles should the emergency occur, provide opportunities to “practice” (e.g., table topic exercise).

• The following is adapted from www.saskatchewan.ca.
  o The first point of contact in responding to any emergency, including pandemic, is our local municipal governments.
  o Municipal emergency (pandemic) preparedness plans are activated by the local Emergency Measures Organizations (EMO).
  o The local EMOs will make the decision to ask for provincial support through the Saskatchewan Public Safety Agency, if the event is beyond their local capacity.
  o The SPSA is responsible for provincial emergency management, meaning they “ensure Saskatchewan’s overall preparedness and ability to respond to any threat or in times of crisis in collaboration with first responders, local governments, Indigenous communities and industry.”
  o The EMO works with SPSA to help resource a community’s needs, and the Government of Saskatchewan can also provide support and advice to local officials during an emergency event. Depending on the magnitude of an event, other levels of government may be requested to assist.
• Local plans will include what specific locations will be utilized, what supports will be in place, and provided by whom.

• If you decide to have a local ASIS, work with your emergency preparedness structure to determine your preferred facility. This is more likely to occur in communities where you know there are high numbers of people already experiencing homelessness (e.g., presence of emergency shelter, crowded living conditions) and/or substance use challenges.

• If you decide not to have a local ASIS, work with your partners on the sending/receiving ends (as you would for a different type of emergency, e.g., fire or flood evacuation) and ensure processes are known and in place for sending and receiving individuals.

• For each ASIS, incorporate an initial meeting with provincial MSS lead, local site leads (MSS and SHA), Public Health Inspector, and the hotel to go over expectations at the ASIS re: cleaning, linen exchange, security, and harm reduction expectations.
  o Provide the facility with a document/package that includes information specific to them. Example provided in inventory.
  o Have a conversation about potential addiction treatment/harm reduction services that could be provided at the ASIS, and provide educational information about these for staff members.
  o Provide a walk-through of the site, to ensure standards are met and staff members are informed of PPE recommendations and supplies, infection prevention and control practices/standards, and security needs.
  o To ensure all staff/guests are safe from transmission of COVID-19, strict infection and prevention control protocols are applied to all whether individuals are known to be positive or not.

• Facilities selected need to be appropriate to support potential addiction treatment and/or harm reduction services:
  o Facilities should allow smudging.
  o Facilities should allow smoking, and alcohol and drug consumption in clients' private units.
  o The ability to provide the 24/7 level of security required for these sites.
  o If a private facility (e.g., hotel, school), the operator will understand and agree to these services potentially being delivered at their facility.

• Each unit will have a:
  o toilet, sink and shower/bath
  o storage for short term clothing/personal effects
  o bed
  o phone
  o access to Wi-Fi and/or televisions
  o fire extinguisher
  o a sharps container, as determined by care plan
  o a means of entering and exiting unit with minimum opportunities for interacting with others
  o a drop off area (meds, food, and clothing) separate from a dirty "leaving" area for garbage, etc.

• Units do not require negative pressure isolation or separate ventilation systems.

• Food will be provided to each individual in their unit. When it is delivered to the unit, it will be left at the unit’s door.

• Hotel staff will perform hotel room cleaning. Frequency to be determined locally.
- Arrangements for sharps container collection will be made locally.

**Local Considerations**

- In some of the smaller communities there are limited EMO resources, or the community EMO may have no interest in participating. We will be flexible to fit into what is available.
- As much as possible, there will be one main ASIS utilized in each community. MSS has relationships with some hotels should that be the community’s preference.
- MSS is organizing security at the current sites. Plans for security should be developed and coordinated with local enforcement officials.
- As much as possible, the sites will have units that are self-contained. In moving into an active outbreak situation, a mass site and/or cohorting may apply.
- Some communities have found success with sites that have rooms with doors that open to the outside.
- Consideration must be made to minimize the provider flow into individual client rooms. Consider having staff available outside the room to bring any necessary supplies/equipment to the provider. Health care providers to be used as much as possible. Appropriate PPE to be utilized (see “supplies” section).
- Consider providing cleaning supplies (e.g., wipes) for each room for clients to do their own light cleaning.
- Consider how families and escorts (e.g., for translation, assistance with daily living activities) may be supported at the hotels/motels.
- Consider a plan for communication including technology and diversions to spend time while in shelter.
- Consider having a separate room for staff teams and supplies.
- Consider other alternatives such as dorms instead of hotels (allow physical distancing to happen so clients do not feel isolated).

**4bii. TRANSPORTATION**

**Provincial Standard**

- See Appendix A for transportation requirements.

**Local Considerations**

- See Appendix A for local considerations and see the inventory for local examples of what are being or have been used.

**4biii. HUMAN RESOURCES**

**Provincial Standard**

- The following types of personnel/skills are required to support ASIS at a provincial level:
  - Physician specialist to support project development and implementation.
  - Access to 24/7 physician and/or nurse practitioner for individuals housed at ASIS across Saskatchewan.
• Access to specialized staff/skills from Clinical Standards, Policy, Practitioner and Staff Affairs, Mental Health and Addiction, Population Health, Digital Health, Medical Health Officers.

• At a local level, access to SHA teams of multi-disciplinary professionals to provide 24/7 client support, not necessarily on-site, is required. Staffing needs may potentially be dynamic and will require, at various points:
  o assessor coordinator
  o case manager
  o registered nurse(s)/registered psychiatric nurse(s)/mental health practitioner(s)
  o experienced and collaborative physician or nurse practitioner
  o medical office assistant or administrative assistant

• Staff should be skilled and experienced in working with vulnerable populations.
  o Provide educational resources for staff members and for individuals staying in the ASIS regarding the potential harm reduction approaches provided at the self-isolation sites.
  o Prepare multi-disciplinary teams to understand their roles and responsibilities, and how to access services/supports not available locally in support of the individual’s care plan.

• Ensure each ASIS has site leads to coordinate, problem-solve, and implement the approach:
  o An MSS site lead assigned to each ASIS to coordinate with hotel/handle logistics; will be available on-site.
  o An SHA operational site leader to support local implementation including site oversight and administration of health care services, infection control guidance/advice.

• Each site should maintain open communication with local physicians. Frequent updates and contact are necessary to ensure all sites maintain the provincial standard of care.

Local Considerations

• SHA multi-disciplinary team members could include a pharmacist, social worker, CBO staff, detox staff and local outreach staff. Home care nurses and CCAs have also key to the team. Public Health will likely be involved with contact tracing and should be involved in the case planning. Where possible, teams should be consistent and not include new or itinerant providers.

• There may be access to CBO staff that are not currently working (i.e., shelter has closed) to support the initiatives.

• NW network #4 primary health care network is building their team around each client needing support. The members of the team change based on what resources are needed to support the client.

• The following is based on the Rapid Access to Addictions Medicines – RAAM, staffing model:
  o LPN or RN
    ▪ Completes initial medical assessment.
    ▪ Ensures that medication in the community is organized and supports the client in accessing medication.
    ▪ Witnesses OAT doses and administers pours for MAP.
  o Physician or Nurse Practitioner
    ▪ Completes follow-up assessment.
    ▪ Prescribes appropriate medication for Substance Use Disorder.
  o Addictions Counselor(s)
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- Makes linkages to community and ensures the client is connected to resources that are needed immediately such as income security, health coverage, housing support, etc.

  - Community Program Builder (peer or client navigator)
    - Supports the client with navigation of community services as well as being an overall support.
  - Medical Office Assistant (MOA)
    - Performs administrative tasks and duties, likely working remotely/off-site.

4biv. SUPPLIES

**Provincial Standard**

- Facilitate access to appropriate PPE to ensure safety for those providing and receiving services on-site related to the ASIS. This includes CBOs, hotel staff, Ministry of Social Services staff, and other partners.
- PPE requirements will be determined by the local health care team, to not be less than Ministry of Health guidance. Although there may not be disease control reasons for using certain PPE, consider partner organizations’ concerns about their employees’ welfare when determining PPE requirements.
- Requests for non-SHA PPE (i.e., masks and gloves) can be sent to spsa@gov.sk.ca, subject line “non-health PPE request”. The estimate will be to cover a 60-day time window.
- See Appendix B (tbd) for a description of supplies related to overdose prevention.

**Local Considerations**

- Being able to provide incentives to encourage self-isolation has proven helpful in the current ASIS. For example, cigarettes have been purchased and provided either by CBOs and/or one-time SHA funding.

4c. Screening, Intake and Model of Care

4ci. REFERRING TO ASIS

**Provincial Standard**

- ASIS applies to those who require self-isolation consistent with the current Public Health Order, and do not have the financial and social means to do so. This will include individuals with COVID-19 exposure or symptoms that have been referred for testing or been identified by a public health official as a close contact of a person with COVID-19.
- See Appendix C for a description of the standardized screening and referral process.
- With our community, SHA, and Ministry of Social Services partners, institute a clear referral process and communicate a list of local contacts and services. As an example, see the reference document and flow maps (found in the inventory) for the referral processes applied to Saskatoon, Regina and Prince Albert hotels.
- Provide information to individuals about what ASIS is and what to expect, as part of a consistent on-boarding process.

**Local Considerations**

- There are various entry points for ASIS, depending on the community. For example, in Saskatoon a testing site has been stood up in a core neighbourhood so it also serves as a primary feeder for ASIS. Other possibilities include the Emergency Department or Primary Care; community-based organizations, especially shelters, as well as word of mouth.
- Hotels are used for shelter initiatives other than ASIS (e.g., forest fire evacuation). As much as possible, partners should work together to ensure information flow in support of individual and community well-being.
- See inventory for Prince Albert and Regina flow maps and referral/intake forms.
- See inventory for examples of consent forms and client information hand-outs.

4cii. SCREENING AND TRIAGE BY PHYSICIAN AND TEAM

**Provincial Standard**

- ASIS may not be the ideal sheltering option for all those that qualify. A medical history and assessment is an important step for identifying the most appropriate space for isolation (i.e., with a friend or relative, an ASIS, an acute care facility). **A Secure Isolation Site (SIS) should only be considered once other options have been exhausted.** See inventory for the SIS Project Document.
- A multi-disciplinary team assessment determines the appropriate care plan for the individual while in isolation. (description tba)
- See Appendix D for a draft standardized medical intake and assessment form for every individual referred. (final tba)
- All individuals who are candidates for isolation in community or ASIS must meet basic criteria prior to transfer and voluntarily agree to 14 day isolation period.
  - Client is medically stable.
  - Client does not have underlying cognitive or behavioral challenges that potentially increase the risk of non-compliance with quarantine and isolation requirements.
  - Client does not have SEVERE substance use disorder or withdrawal syndrome that would be better managed in acute care setting (i.e. active severe psychosis, PAWSS >= 4)
  - Client is willing to work collaboratively with medical team.

4ciii. ASSESSED AND TREATED AT ASIS BY MULTI-DISCIPLINARY TEAM

**Provincial Standard**

- Within 24 hours of an individual entering an ASIS, the multi-disciplinary team will have gathered information supplementary to the medical history and assessment form (see Appendix E for an example of said information included in a draft ASIS intake form) and developed a more detailed care plan with roles and timing, including considerations for discharge.
- Care plans will consider an individual’s mental, physical, spiritual, and emotional health, and will be reviewed regularly.
- See Appendix F (tba) for the standardized medical protocols for harm reduction to support the person to stay in self-isolation.
- Offer a continuum of harm reduction services and supports based on the assessment and care plan including:
  - medical and social detox
  - managed alcohol programs
  - provision of tobacco and cannabis
  - tobacco cessation programs
  - equipment used for safer consumption of any illicit substances brought into the site by the client (tbd)
See Appendix B (tbd) for Overdose Prevention Service – policies and procedures.

See inventory for the SHA harm reduction policy, and for the recommendations made by a working group on harm reduction approaches in COVID-19 isolation sites.

SHA does not have a tobacco policy. For the purposes of ASIS, SHA staff may acquire and provide tobacco or cannabis, per the care plan, even if their former health region policies indicate otherwise.

In support of the above, all ASIS will be designated as Urgent Public Health Need Sites (UPHNS) to protect individuals and sites from criminal liability related to handling and using illicit drugs within the self-isolation sites (tbd). UPHNS are locations where people can consume their own illicit substances (obtained in an unauthorized manner) under hygienic conditions with sterile equipment where trained staff are supervising, and able to respond to overdoses as needed. UPHNS may permit use of substances by injection, inhalation (smoking) or oral and intranasal (consuming pills and snorting). They are evidence-based interventions that can reduce overdose deaths, transmission of infectious diseases and public disorder, as well as promote access to health and social services.

Ensure clear support for medication management and pharmacy services.

See Appendix G (tba) for pre-populated order (PPO) sets for medical treatment of withdrawal from substances for individuals in ASIS, as required.

See Appendix H (tba) for standardized medically-assisted tools, protocols, and support for persons requiring self-isolation, as required.

Cultural and spiritual supports are to be assessed and provided as part of the team assessment process. Elders and knowledge keepers will be able to give advice and direction so that the intent and practice of the ceremonies is respected, and everyone stays safe during the pandemic. The process for accessing cultural and spiritual support, and a list of relevant SHA contacts, is in Appendix I.

Local Considerations

For people in isolation, some suggestions for cultural and spiritual supports include:

- Smudge and pray, as this will help us to stay strong and positive.
- Feel free to join in on collective calls for individual prayers, pipe ceremonies and powwow dancing.
- Medicine men and Elders are able to work long distance to help with prayers and healing.

Ideally, a single community pharmacy would be engaged to provide medications on site at each ASIS. Upon acceptance to the site, all pre-existing prescriptions would be transferred automatically to the supporting community pharmacy which would be responsible for supplying on-site medications to the facility. Clients would be given controlled medications to self-administer at the discretion of the overseeing MD/NP.

4civ. DISCHARGED FROM ASIS

Provincial Standard

Discharge planning, including relevant community and housing supports, will be initiated by the multi-disciplinary team with MSS, shortly after an individual arrives at an ASIS. MSS and local health teams will work with the individual to implement the plan for their departure from the ASIS.

A public health official, on direction from a Medical Health Officer, reviews each individual’s status and makes the decision as to when the individual can discontinue self-isolation.

The local health team advises MSS when discontinuation of self-isolation is imminent.
Local Considerations

- Ideally, all individuals should be discharged from care with a clear and living plan, medical and social follow-up as required, contact information for follow-up as needed, as well as being provided with appropriate carries of medication and harm reduction supplies, as required. This should be facilitated by an assigned case manager for each client with administrative tasks facilitated by a medical office assistant / unit support clerk. Careful planning should occur to help ensure that persons will not be discharged back to homelessness.

4cv. COVID-19 SUPPORTS IN COMMUNITY INCLUDING FOR SOCIAL DETERMINANTS OF HEALTH (SDoH)

Provincial Standard

At a local level, many initiatives are taking place to ensure there are supports for those most affected or impacted by public health measures and the SDoH (such as homelessness, food security, social inclusion). As a provincial standard, we will ensure the SDoH are integrated into and coordinated within the ASIS approach.

- Orient ASIS stakeholders to the “Vulnerable Populations Supports and Services” in the community care pathway, and work being done to acknowledge and mitigate the impacts of public health measures and the SDoH.
- Coordinate engagement with and inclusion of those with a lived experience with homelessness and other social vulnerabilities with community-based and government organizations to reduce duplication of engagement.
- Establish mechanisms for communication, information sharing, and coordination of work:
  - seamless supports and care prior to entering and upon discharge from ASIS
  - consistent messaging to individuals, CBOs, other government sectors and within emergency operations structures
  - overlapping issues needing escalation within emergency operation structures
  - learning and sharing of information across ASIS sites

Local Considerations

- Implement the provincial standard above tailored to your local context and populations, reflecting your different:
  - cultural norms and protocols
  - CBOs and collaboration already underway
  - local capacity to address issues related to the SDoH
  - impacts that public health measures have had
5. **SHA IMPLEMENTATION**

- In the spirit of “locally delivered, provincially strengthened”, ASIS in a Box supports local flexibility where needed and provincial standardization and coordination where needed.

- ASIS will be operationalized across the SHA through existing service lines (e.g., Primary Health Care, Mental Health and Addiction, Population Health, First Nations and Métis Health), reporting up through the usual operational structure to the SHA Executive Leadership Team.

- ASIS will be supported and coordinated provincially with the Executive Directors of Primary Health Care, Mental Health and Addiction, and Population Health together sponsoring the work.

- ASIS Director Leads will be appointed by Executive Directors and will be responsible for ensuring a plan is in place for local communities, connections are made for provincial/cross-geography initiatives locally, and for development of relationships and engagement with local stakeholders including nearby First Nations and Métis communities. They will also ensure:
  - documents are accessed, added to, and removed from the ASIS inventory, as relevant;
  - actions from other COVID strategies are incorporated into ASIS, as relevant (e.g., seeking out those that are symptomatic as part of the SHA testing strategy, building the sheltering process into our outbreak management activities, sentinel surveillance as part of existing surveillance activities); and
  - engagement of local physicians and health care managers to ensure everyone is aware of most up-to-date recommendations (PPOs, etc.).
Appendix A: COVID-19 Transportation Requirements

Some people lack the necessary means for transport to and from COVID-19 assessment, isolation, and/or testing locations. This information sheet is intended to assist the Saskatchewan Health Authority (SHA) with standardizing an approach for safe transportation services for those who require transportation.

Transportation services provided for reasons other than COVID-19 assessment, isolation, and/or testing is at the discretion of the SHA.

General Considerations

Transportation requirements will depend on factors including, but not limited to:

- health status (e.g. age, mobility issues, COVID-19 status);
- location (urban/rural/remote locations, First Nation community, ability to locate an individual with no fixed address);
- many First Nations communities have medical transportation coordinators that will make the transportation arrangements. Contact the local community health center or band office for assistance.
  - For communities that do not have medical transportation coordinators (or if the community member voices confidentiality concerns) then contact the Non-Insured Health Benefits (NIHB) program at the First Nations and Inuit Health Branch of Indigenous Services Canada @ 1-866-855-3933
- Police services are responsible for transporting individuals within the criminal justice system that require assessment, testing, or isolation as well as those who will not comply with the public health order.

Any organization that provides transportation services related to COVID-19 is responsible for understanding all relevant obligations for matters including but not limited to insurance, liability, and occupational health and safety.

Individuals Subject to the Public Health Order

Individuals subject to the Order pose a higher risk of transmitting COVID-19 and this must be considered when arranging transportation. Individuals subject to the Order are:

- those who are known to be infected with the COVID-19 virus,
- a close contact with a known case, or
- have recently entered the country from an international destination.

The transportation of these individuals to a COVID-19 assessment, isolation, and/or testing site should be coordinated and scheduled by the SHA. The transportation services used for these individuals cannot be available to the general public (municipal bus services, public taxi services, ride sharing, etc.).

Clients cannot be transported with other clients who have a different COVID-19 status. This does not include client escorts (see Escorts).

- For example, COVID-positive clients can be transported together; however, a COVID-positive client cannot be transported with an individual who is not COVID-positive (even if they have symptoms and are awaiting test results).

COVID-19 Isolation Sites

Individuals who are required to self-isolate under the public health order but will not do so willingly will be transported to isolation centres by police services and therefore out-of-scope for these guidelines.

Individuals who are unable to comply with the mandatory isolation requirement due to a lack of housing should be moved to a suitable isolation centre without delay to complete the required isolation period. Facilities for
those unable to self-isolate have been setup as have mandatory secure isolation sites for those who refuse to isolate.

Personal items such as luggage should be handled by the passenger being transported however driver assistance may be required.

**COVID-19 Assessment and Treatment Sites**

Individuals that require medical assessment and treatment due to escalating symptoms consistent with COVID-19, those confirmed to be positive for COVID-19 who have other health conditions, or those on self-isolation due to the order may get referred to an assessment or treatment site. The public has been advised to avoid public transit for travel to and from assessment sites but rather use a private vehicle in which they are assessed at the time of arrival. The SHA may provide or arrange transportation for individuals to and from these locations where private vehicle arrangements are not available.

Individuals who are not required to self-isolate as per the public health order may use local taxi services as long as the Protection for Occupants and Cleaning and Disinfection standards can be met.

**COVID-19 Testing Sites**

Wherever possible, mobile testing services should be provided for vulnerable populations. Local arrangements may be available for COVID-19 testing to be performed outside of established testing sites. Similar to the assessment and treatment sites where individuals are asked to remain in their vehicle, SHA transportation or taxi services should be provided to individuals who are not able to arrange private transportation.

**Transportation Considerations**

Every effort should be made to ensure public health measures are adhered to in order to reduce the risk of COVID-19 transmission.

**Escorts**

Approval for a client escort, where the escort is considered necessary (parents, caregivers, etc.) is at the discretion of the SHA on an as-needed basis. Escorts must abide by the same Protection for Occupants guidelines put forth in this document.

Clients subject to the Order are able to have an escort who is of a different COVID status as long as the escort is provided the required personal protective equipment (PPE).

**Engaging Taxi Companies or Community Based Organizations for Transportation Services**

Individuals not subject to the Public Health Order may be transported by local taxi companies or community based organizations arranged by the SHA. Local SHA officials must be satisfied that any outside organization providing transportation services will adhere to the necessary public health precautions outlined in this document and transport individuals as directed. Ride sharing services should not be used.

Taxi services that are engaged by the SHA for transporting individuals must transport only the identified individuals to and from agreed upon locations. The client should not be permitted to use the service to travel to other locations nor to collect additional individuals.

PPE required by third party organizations is not expected to be provided by the SHA. The SHA can provide short-term supply at their discretion and/or assist with procurement of additional PPE in order to ensure the continuation of transportation services.

**Type of Vehicle and Supplies**

Maintaining a physical distance of two metres is not always possible in a vehicle. Larger vehicles (e.g. vans) are recommended to help maintain adequate physical distancing however these types of vehicles may not always be available. Smaller vehicles are suitable with additional precautions (see Protection for Occupants) to minimize
contact between passengers and the driver. Vehicles with impervious seating are preferred as they are easier to clean and disinfect.

Passengers with wheelchairs or other types of mobility issues must be accommodated as much as possible. Specialized medical transportation vehicles may be required. Additional requirements include:

- Use dedicated vehicle(s) and, if possible, driver(s) for transportation services.
- Clients exhibiting significant health or mobility concerns must be transported via ambulance, paratransit, or, at minimum, with specific direction from a healthcare professional.

Vehicles must have the following supplies:

- Garbage bin with liners and lid
- Alcohol based hand rub (ABHR; 60% alcohol content or more)
- Disinfectant (spray or wipe)
- Disposable gloves
- Paper towels
- Medical masks
- Disposable gowns
- Eye protection (goggles or face shield)
- Additional recommended supplies:
  - Barrier between driver and passenger(s) (e.g. Plexiglas)

**Protection for Occupants**

In this section, occupants includes both the driver and passenger(s). The importance of hand hygiene and respiratory etiquette cannot be understated.

- Hand hygiene is necessary for all occupants. Washing hands with soap and water for 20 seconds is ideal however not always practical when transporting individuals; therefore, alcohol based hand rubs should be located in every vehicle and accessible to both the driver and passenger(s). Ask passenger(s) to apply alcohol-based hand rubs prior to entering the vehicle.
- Signage informing passengers of necessary precautions and requirements.
- Drivers and passenger(s) must wear a surgical/procedure mask prior to entering the vehicle and for the duration of the trip.
- If direct contact must be made with a passenger (e.g. requires assistance to enter and exit a vehicle), those assisting must wear a surgical/procedure mask, gown, eye protection, and gloves. The mask should be worn at all times however gloves, gown, and eye protection are only required when in direct contact with passengers.
- To minimize potential exposures, engineered and administrative controls should be implemented where possible to protect drivers and clients from potential exposures. This may include a Plexiglas barrier between the passenger(s) and driver. There should be limited driver interaction with clients.
- Employers must ensure that their employees who are required to use PPE are trained in proper use.
- Drivers should maintain a logbook to record the names of passengers, contact information if available, and pickup/drop off locations. Information collected should be limited to name, phone number, pick-up and destination locations and times. No personal health information should be collected. The same information should be collected for every passenger and the individual is not required to disclose their COVID-19 status.
- Drivers must always self-monitor for symptoms of illness and not work when unwell.
- See the [COVID-19 Workplace Information Sheet](#) for more information specific to transportation services.
Cleaning and Disinfection

Typical environmental cleaning and disinfection practices need to be adapted to meet the minimum standard. Fabrics and other types of upholstery in a vehicle cannot be effectively disinfected and should be avoided if possible. Some automotive surface materials can be damaged by certain cleaning and disinfecting products. Enhanced cleaning and disinfection practices should focus on frequently touched, hard surfaces.

- Drivers and/or supporting staff members must clean and disinfect client contact areas between each passenger pick-up.
- Selecting suitable cleaning/disinfecting products is important to prevent damage. Soft surfaces such as fabrics cannot be disinfected but should be kept as clean as possible.
- Impervious seating (i.e. hard plastic car seats) or suitable seat coverings that can be cleaned and disinfected between clients are recommended. Other client contact items including armrests, interior and exterior door handles, handholds, and seatbelts need to be cleaned and disinfected between each passenger pick-up.
- Vehicles must contain a secured waste container for general waste including discarded PPE. Note biomedical waste containers are not required for discarded PPE.
- Vehicles operated by the SHA should be cleaned and disinfected as per existing SHA policies.
- See the COVID-19 Environmental Cleaning and Disinfection – Information for Public Facilities for more information.

For further information on COVID-19 please visit:
- Government of Saskatchewan: https://www.saskatchewan.ca/coronavirus
- WorkSafe Saskatchewan: http://www.worksafesask.ca/covid-19
- Workers Compensation Board (SK): http://www.worksafesask.ca/covid-19
Appendix B: Overdose Prevention Services, Policies and Procedures (tbd)
Appendix C: Standardized Screening and Referral Process
### Appendix D: Standardized Medical Intake and Assessment Form (tba)

**Assisted Self Isolation Site (ASIS) Medical Intake and Assessment Form**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>PHN:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Client Phone #:</td>
</tr>
<tr>
<td>Emergency Contact:</td>
<td>MRP:</td>
</tr>
</tbody>
</table>

**Med Coverage:**
- [ ] SAWD
- [ ] SAP
- [ ] SENIORS DRUG PLAN
- [ ] NIHB
- [ ] SIS
- [ ] OTHER: 

**Allergies:**
- [ ] Food
- [ ] Other

**Vitals:**
- [ ] BP
- [ ] Pulse
- [ ] Respirations
- [ ] Temperature

**COVID Symptoms:**
- [ ] Fever
- [ ] Dyspnea
- [ ] Sore Throat
- [ ] Myalgia
- [ ] Fatigue
- [ ] Cough (new or change to existing)

**Swab Done:**
- [ ] Yes
- [ ] No

**Specify medical or contributing diagnosis including risk factors for increased COVID severity:**
- [ ] Chronic Respiratory Disease
- [ ] DM
- [ ] HTN
- [ ] CVD

**Specify any other known infectious disease risk:**
- [ ] Hepatitis C
- [ ] HIV
- [ ] Syphilis
- [ ] Hepatitis B

**Do you have any diagnosed medical concerns?**

**Do you have any current medical concerns?**

**Mental Health:**
- [ ] Depression/Angiety
- [ ] Psychosis
- [ ] ADHD
- [ ] Personality Disorder
- [ ] Other

**Severity of Illness:**
- [ ] Don't Know
- [ ] Mild/Non-problematic
- [ ] Moderate/Problematic
- [ ] Severe

**Cognitive Impairment:**
- [ ] Unlikely
- [ ] Don’t Know
- [ ] Mild/Non-problematic
- [ ] Moderate/Problematic
- [ ] Severe

**Presentation:**

---

**Assisted Self-Isolation Sites**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current or History of suicidal ideation/behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current or History self-harm ideation/behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have other professionals/supports you work with?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like to be connected to spiritual supports during your stay?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like access to a smudge kit during your stay?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBSTANCE USE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is substance use considered problematic?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETOH: History of severe ETOH withdrawal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of seizures or DT's?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of ETOH:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking: Cigarettes per day estimate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaping:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioids: Time of last use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At risk of withdrawal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and delivery of choice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency &amp; Amount:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid agonist therapy (OAT):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suboxone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kadin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulants: Time of last use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At risk of withdrawal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and delivery of choice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency &amp; Amount:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diazepam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lorazepam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you interested in decreasing your use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have the means to continue using while in the ASIS?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you need any harm reduction supplies?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consult required to addictions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Medications (ASIS will obtain the list from PIP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent with medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usual Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff Signature  

Staff Signature
Appendix E: Example of an ASIS Intake Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Completed by:</th>
</tr>
</thead>
</table>

**ASIS Intake Form (attach medical intake and assessment form)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>M/F:</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIS facility name:</td>
<td>Room number:</td>
<td></td>
</tr>
<tr>
<td>ASIS check-in date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td>Alt #:</td>
<td></td>
</tr>
<tr>
<td>Marital Status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner:</td>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Pregnant:</td>
<td>Expected Due Date:</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other people in home:</td>
<td>Pets:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children’s First &amp; Last Name</th>
<th>M/F</th>
<th>DOB (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Worker Name:</td>
<td>Income Worker Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

**Financial Support**

- Unknown
- No Income
- TEA
- SAP
- SAID
- Child Tax Benefit
- Rental Housing Supplement
- SIS
- Other:
Medical Supports

General Practitioner:  
Methadone prescriber:  
Medical Clinic:  
Pharmacy: 

Medication Needs for Individual

- Allergy medication  - Pain Medication  - Methadone  - Suboxone  
- ARV’s  - Mental Health Medication  - Insulin  
- Other: 

Medication Needs for Family Member(s)

<table>
<thead>
<tr>
<th>Family Member First &amp; Last Name</th>
<th>M/F</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Social Supports (family, community organizations, counsellors): ___________________________

Cultural and/or Spiritual Care

- Would you like support from an Elder or Spiritual / Pastoral Care? [ ] yes [ ] no  
- Would you like access to smudging? [ ] yes [ ] no 

What else would help support you to stay in self-isolation for the time needed? ___________________________

________________________________________
Housing Post-ASIS

☐ Individual has housing secured

☐ Individual does not have housing secured

Plan

__________________________________________

__________________________________________

__________________________________________

Discharge Plan (carries, etc.)

__________________________________________

__________________________________________

__________________________________________
Appendix F: Standardized Medical Protocols for Harm Reduction (tba)

Appendix G: Pre-populated Order Sets (tba)

Appendix H: Standardized Medically-assisted Tools, Protocols, and Support (tba)
### Regina and Integrated South

**First Nations and Métis Health (FNMH) Services**
(306) 766-4155 including evenings and weekends

FNMH Services staff can assist with access to cultural and spiritual support within assisted self-isolation and/or secure isolation sites

**Spiritual/ Pastoral Care Contact Numbers**

For assistance with pastoral care, including rites, prayers, or scripture readings:

- **Anglican**: (306) 535-3115
- **Lutheran**: (639) 560-4773
- **Roman Catholic**:
  - RGH (306) 519-1405
  - PH (306) 519-1380
  - WRC (306) 530-6511
- **United**: (306) 551-7755
- **Multi-faith**: (306) 580-9580

**Traditional Medicine Support**

**First Nations and Métis Relations (FNMR)**

**Grey Wolf Lodge**

400 Broad Street, Regina
(306) 766-6995

FNMR staff can assist with access to a medicine man or elder who can work over the phone to help with long distance prayers and healing.

Grey Wolf Lodge has traditional medicines available and can do curbside or mailbox delivery in Regina and area.

### Saskatoon

FNMH staff can assist with access to cultural and spiritual support within secure self-isolation sites

Within the Saskatoon area for those in need of cultural and translation support, please contact Consultant Larry Oakes at 306-541-4915 only Monday to Fridays 08:00 to 16:00. For extenuating circumstances only, Yvonne Tessier will be available weekday evenings and weekends at 306-514-8572.

The consultant will mitigate requests and calls and contact the appropriate Elder support out of Saskatoon area.

**Spiritual/ Pastoral Care Contact Numbers**

For assistance with pastoral care, including prayers, or scripture readings

<table>
<thead>
<tr>
<th>Faith Group</th>
<th>Clergy</th>
<th>Call First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglican</td>
<td>Jessica Latshaw</td>
<td>306 261-9906</td>
</tr>
<tr>
<td>Lutheran</td>
<td>*Ron Bestvater</td>
<td>306 229-1663</td>
</tr>
<tr>
<td>United</td>
<td>*Cathy Coates</td>
<td>306 227-8707</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>*Fr. Rheal Bussiere</td>
<td>306 371-7125</td>
</tr>
<tr>
<td></td>
<td>*Jackie Saretsky (2nd call)</td>
<td>306-2925531</td>
</tr>
<tr>
<td>Integrated North</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FNMH staff can assist with access to cultural and spiritual support within secure self-isolation sites. For cultural and translation support Consultant is Lisa Rainville 306-520-4416 only Monday to Fridays 08:00 to 16:00. For extenuating circumstances only, Talia Pfefferle will be available weekday evenings and weekends at 306-280-2940. The consultant will mitigate requests and calls and contact the appropriate Elder support out of the North.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual/ Pastoral Care Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>For assistance with pastoral care, including rites, prayers, or scripture readings contact Sonya Jahn 306-765-6010.</td>
</tr>
</tbody>
</table>