SHA’s Resumption of Services Plan

Over the last week, Saskatchewan Health Authority (SHA) leaders have been working on a plan on how and when to resume services which were slowed during the initial stages of the response to the COVID-19 pandemic in March and April, 2020.

**Resuming services, community by community, is extremely complex.** We need to provide everyday health services to the people of Saskatchewan in a safe and timely manner, while also still preparing our health system for possible influxes of patients due to outbreaks of COVID-19 over the coming months.

This means our system needs the ability to quickly adapt and expand to meet COVID-19 patient demand, as well as deliver services to non-COVID-19 patients. This balancing of care needs will continue as long as this virus is present in our province.

We are using a provincially-coordinated, locally-delivered, phased approach to service resumption. There will be variation around the province in how and when we resume services. Risks to implementation of each phase in each area will be assessed on an ongoing basis, depending on outbreaks, capacity, and the ability to adhere to Public Health Orders.

More information on the SHA’s service resumption plan can be found at saskatchewan.ca/COVID19 under Health System Pandemic Response.

Strengthening Our Offence

The SHA offensive approach tackles COVID-19 in the areas of Public Health and Community Care, and proactive measures to protect health care workers.

**Increased supports to northwest Saskatchewan to contain COVID-19**

The SHA is expanding its testing and contact tracing in La Loche as it continues its vigorous approach to deal with an outbreak of COVID-19 in the area. More information on this plan can be found here.

Outbreaks

Local Medical Health Officers have declared the following COVID-19 outbreaks in SHA facilities:

- La Loche Health Centre
- Lloydminster Hospital
- Prince Albert Victoria Hospital

It should be noted that there may be outbreaks declared relative to non-SHA facilities, individual businesses or communities, with any required public alerts issued based on the recommendation of the local Medical Health Officer.

**Effective Reproductive Number**

- Last week, the SHA introduced the Effective Reproductive Number (ERN).
- The ERN is the average number of people one person with the virus in Saskatchewan is likely to infect at the current time, after the effects of current interventions have been factored in.
- An ERN consistently below 1.0 means the virus is being managed effectively.
- As of May 2, the Saskatchewan ERN is 0.97. The number reported last week was 0.7.
Outbreak Reporting

- The SHA has acknowledged challenges in its outbreak reporting, including consistent definitions across the province of outbreaks in community and acute care settings, and processes for recommended public notification.
- Prior to the COVID-19 pandemic, most of our outbreaks did not require the kind of mass notification required for COVID-19. For example, influenza outbreaks occur every winter and usually do not require escalation as outbreak protocols are well developed and health care workers are familiar with their use. The COVID-19 outbreaks so far demonstrate that the Saskatchewan Health Authority needs to continue to adapt our protocols and processes to COVID-19.
- Immediate action has been taken to address the escalation and reporting of outbreaks publicly, but additional work is currently being undertaken to develop consistent definitions and to create a central public web location for outbreak information.

Outbreak Management

- Public Health’s goal is containment, which means reducing opportunities for transmission to contacts in the community or a facility. This means identifying outbreaks as early as possible, preventing transmission and reducing the total number of cases through timely implementation of public health measures and additional facility measures.
- Examples of immediate control measures include reinforcing health promotion messages such as hand hygiene; reinforcing routine practices and additional precautions for infection control in community and health care facilities; exclusion, isolation and/or cohorting of suspect cases.
- Next steps would include assembling an outbreak management team, including epidemiologist support, to investigate the outbreak. Data is collected and analyzed to determine who is at risk; identify confirmed, probable and suspect cases; generate and test hypotheses; analyze data and interpret results to inform additional public health measures.

Contact Investigation (Contact Tracing)

- For every single positive case of COVID-19, Public Health interviews the case to determine with whom they have had contact during their infectious period. Public Health directly communicates with these contacts and determines further steps these individuals must take. Depending on the risk of their exposures, contacts must either monitor for symptoms or quarantine for 14 days from the day of their last exposure to the case. Each case of COVID-19 may generate multiple contacts who will need to be traced and then contacted, within the goal of 24 hours.

Patient and Health Care Worker Safety is First

- From a patient safety perspective, the key to any outbreak is to minimize public access to a health care facility. Due to the COVID-19 pandemic, visitor restrictions have been in place at all SHA hospitals and long-term care homes, in accordance with a provincial Public Health Order. Also, hospital isolation and screening protocols for any patient presenting to hospital with COVID-19 symptoms were put in place in late January, and have been continually reviewed and refined as required, regardless of an official outbreak declaration.
• When potential exposures are identified in a health care facility, the priority is to first focus on the reinforcement of these protocols and additional strategies to maintain adequate staffing levels, as well as determine if service adjustments are required. This includes strong processes in place to inform local care teams of the emerging situation with clear criteria as to why the outbreak is declared.

• For staff and physicians, as well as any Saskatchewan resident, experiencing an exposure can be an incredibly emotional and stressful experience. As an organization, we must understand and strive for the highest standards of safety. The SHA is committed to providing physical, psychological, social, cultural, and environmental safety every day for everyone.

• Supports are available to health care teams and individual health care workers through these challenges utilizing webinars and other self-help tools available. The SHA also has available Critical Incident Stress Management support as well as identifying opportunities for peer-to-peer support.

• This week, as a further enhancement of mental health service for health care workers, the SHA has launched the mental health support line specifically for health care workers, offering brief intervention and a pathway for urgent care as required.

• We are also working with each of the local teams experiencing an outbreak to do a review of events to learn and be able to rapidly implement improvements to minimize future risk to staff, physicians and patients. These learnings will not only guide actions locally, but will help us identify actions we may need to take in other areas to strengthen our offence and prevent similar occurrences.

Expanding testing access and speed

Testing is part of the SHA’s offensive strategy to control and mitigate the spread of COVID-19. Saskatchewan is among the provinces with the widest access to testing yet the SHA continues to expand access and put in place measures to speed up results.

Measures being taken to enhance access:

• Any individuals exhibiting even a single symptom are encouraged to get tested. Symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. Symptoms may include fever, cough, headaches, aches and pains, sore throat, chills, runny nose, loss of sense of taste or smell, shortness of breath or difficulty breathing. Symptoms may vary from person to person with some people experiencing only mild symptoms, or no symptoms at all.

• Both the Roy Romanow Provincial Laboratory (RRPL) in Regina and the Royal University Hospital Laboratory in Saskatoon have increased COVID-19 testing capacity through the acquisition of additional equipment and increased staff training.

Measures being taken to speed results:

• COVID-19 results are currently available within 24 hours after samples reach the lab testing location. Having test results this quickly means contact tracing can begin that much sooner.

• Test analysis and processing for COVID-19 samples has also been expanded outside of Saskatoon and Regina, allowing for fast processing times without the logistics and time allowances needed to transport all specimens to the RRPL.
GeneXpert machines are now operational in Meadow Lake, Prince Albert, Moose Jaw, North Battleford, Yorkton, Weyburn, Tisdale, Swift Current, La Loche and Ile a la Crosse. Similar to the implementation of Saskatoon’s GeneXpert machine, the first 10 positive specimens out of each lab were considered “presumptive positives,” requiring confirmation from RRPL. More lab locations around Saskatchewan will be bringing GeneXpert machines online in the coming weeks.

Infrared temperature scanners now being used at Royal University Hospital

- The SHA is performing daily health care workforce screening, including twice daily temperature checks, as an additional safety precaution to prevent the transmission of COVID-19.
- We are actively evaluating and testing a number of different systems to determine effective methods to accurately perform temperature checks while maintaining efficient flow of individuals into facilities. As a result of successful trials, we are now starting to use infrared temperature scanners at entrances to Royal University Hospital (RUH) in Saskatoon. We are looking at expanding this technology at other larger facilities in the province.
- The benefit of these types of systems is reduced congestion at our facility entrances and facilitation of adequate screening of health care employees and visitors during the COVID-19 pandemic.

Population Health

Be self-aware of your mental health and how you cope

- Responding to COVID-19 across the province requires us to understand each community and area’s history, culture, needs and situation. To be effective in managing COVID-19, we must work collaboratively with local governments, organizations, services, and community members.
- Coping with the mental health impacts of self-isolation, physical distancing and changes in access to things that help us manage stress and stay well, like support services, ceremony and cultural supports, and family members, can be difficult.
- During these challenging times it may be tempting to find comfort in alcohol and other substances, especially if these have been ways we’ve coped in the past or alcohol is accessible to us during this time.
- If you drink alcohol, make a plan to manage alcohol use during the pandemic. Do not share drinks or glasses to avoid spreading COVID-19. Helpful guidance on managing alcohol use is available from Thunderbird Partnership Foundation.

Health and Well-Being seminars for staff

- To date, over 2,500 health care workers have participated in the health and well-being webinars being offered by the Saskatchewan Health Authority. The feedback received so far indicates this is timely, helpful information.
- Sessions held to date have focused on resilience in terms of restoring yourself and supporting others; effective communication in times of crisis; the connection between thoughts and feelings; effective mental health coping strategies during a crisis; recognizing stress in yourself and others; using mindfulness to transform your current experience; and, how to lead a virtual team and making meaningful connections in a physically distant environment.
Personal Protective Equipment Update

- **Personal Protective Equipment (PPE) Bulletin**: The PPE Bulletin for May 1 included information on accommodations for allergies and skin sensitivities, ear protectors, and commonly asked PPE questions, including what to do if a patient or visitor enters a facility wearing a cloth mask.

Strengthening Our Defence: Planned Hospital Capacity

Our defensive approach will be staged according to increases in demand. Continuity of essential and urgent health services will always be sustained for non-COVID-19 patients. Work continues to adapt local surge plans based on the latest data.