



April 21, 2020

The Saskatchewan Health Authority (SHA) has based our response to the COVID-19 pandemic on a strategy of contain, delay, mitigate and population health promotion. The SHA continues to implement health system readiness plans outlined on [April 8, 2020](#), while considering emerging trends and modelling information nationally and internationally. We anticipate sharing updated modelling information with our health care teams and public next week.

This week's update focuses on the important work underway to strengthen our offence related to long-term care. With our defensive strategy, a new temporary Letter of Understanding (LOU) was signed by the SHA, Saskatchewan Association of Health Organizations (SAHO) and all five health care unions including SUN, HSAS, CUPE, SEIU-West and SGEU to support the creation of a temporary Labour Pool and the cohorting of staff to address health care needs related to COVID-19

STRENGTHENING OUR OFFENCE

The SHA offensive strategy focuses on actions being taken to tackle COVID-19 in the areas of Public Health, Community Care and proactive measures to protect and promote the health of health care workers and our patients, residents and clients.

Continuing to Enhance Protections for Long-Term Care Residents and Staff

In early April, to protect our most vulnerable residents, the SHA began implementing screening programs for all those working at all long-term care facilities, ensuring no one coming into our care homes was experiencing any influenza-like illness. All staff, physicians, volunteers, students, and contractors working on site at SHA or affiliated/contracted facilities providing long-term care, regardless of role or resident contact, were subject to screening before starting their shift.

On April 17, 2020, Saskatchewan's Chief Medical Health Officer's public health order was updated to include the following:

- As of April 28, 2020, long-term care and personal care homes must ensure that each staff member works in only one facility. A care home may seek approval from a Medical Health Officer to permit a staff member to work in more than one facility if they are unable to ensure adequate staffing levels as a result of complying with this order.

This public health order now also includes personal care homes and formalizes existing requirements for long-term care and affiliate care homes, including health screening and masking while on shift.

The SHA is aggressively pursuing a long-term care staff cohorting strategy in order to meet the April 28, 2020 deadline. As an immediate measure, SHA will implement staff cohorting for high-risk areas (for example, testing/assessment sites and facilities with COVID-19-positive patients) as soon as possible. This will eliminate potential instances where staff are working in areas treating COVID-19-positive patients while also working in a long-term care facility.

Provincial Workforce Screening Process, Continuous Masking Implemented Last Week

On April 14, 2020, the SHA announced new screening and masking requirements for all health care providers. Starting April 15, staff, physicians, learners, trainees, vendors and contractors are subject to daily screening as they enter any SHA facility or program area to ensure they do not have any respiratory symptoms. As an added level of protection, all staff and physicians who work in a clinical care area/facility where there will be direct or indirect contact with patients/residents/clients will be wearing a mask at all times. Implementation of additional screening measures will be phased in throughout SHA facilities including long-term care facilities and programs, hospitals, primary care sites, as well as affiliates, working toward a standard of daily screening and temperature checks twice daily consistent with self-monitoring and the most recent Health Canada guidelines.

Health Care Worker Online Screening Tool Available as of Last Week

SHA staff and physicians are now able to complete an online self-assessment using the Health Care Worker (HCW) Screening Tool to determine fitness for work before they even arrive at work, helping increase efficiency at screening stations.

As of April 16, 2020, the [Health Care Worker \(HCW\) Screening Tool](#) is available online. Within two hours of starting work, staff have the option to answer the Self-Screening Questions, and upon completion, a final screen will appear stating their fitness for work, providing instructions on next steps. For those who are permitted to work, a screen shot of the final screen can be shown at screening stations.

Protecting Our First Responders

Medical First Responders (MFRs) are volunteers and a vital part of our emergency medical services response team. To ensure the safety of our MFRs, the SHA is assessing the readiness of MFR groups to safely respond in the pandemic environment. The SHA is also providing updated training for MFRs in the assessment and screening for COVID-19 patients, the use of Personal Protective Equipment (PPE), fit-testing for N95 respirators and how to report potential MFR exposures to COVID-19. MFRs will always play a valued role on our team so their personal safety, the safety of their families and the safety of their communities remains our top priority at this time.

Personal Protective Equipment

This week's Personal Protective Equipment (PPE) Bulletin can be found on saskatchewan.ca/COVID19.

Personal Protective Equipment (PPE) Rapid Updates have been created to answer questions that staff and physicians are raising about PPE use through town halls, the SHA's Occupational Health and Safety Hotline and through area Integrated Health Incident Command Centres (IHICCs). As pressing concerns or questions come forward, a PPE Rapid Update is created and distributed to ensure the entire organization is receiving the same information. The first two Rapid Updates, [The Right Mask for the Right Task](#) and [Disinfecting Face Shields](#) can be found at saskatchewan.ca/COVID19 under the information for health care providers section on PPE.

Public Health and Community Care

Physical Distancing, Not Social Isolation Key to Good Health

Seniors, people with weakened immune systems, and those with chronic medical conditions are more at risk for severe outcomes from COVID-19. Physical distancing is extremely important to reduce transmission of COVID-19 for these people at higher risk. However, physical distancing and self-isolation may also cause or worsen social isolation and loneliness. Although loneliness and social isolation can affect anyone of any age, older adults and people who live in long-term care settings are particularly vulnerable.

Self-isolation is more likely to have a negative impact on people whose only social contact is outside their home. Those who do not have close family or friends, and rely on the support of community agencies, senior's centres

and activity programs, could be placed at additional risk, along with those who are already lonely, isolated or secluded.

How can you help? Put pen to paper and use words to brighten lives. Use technology to stay connected virtually. The SHA is currently looking into how we can support our long-term care residents by providing access to technology, devices and applications they may not be familiar with to bring them important social connections, while keeping them physically safe.

You can help seniors and others who live in long-term care settings stay healthy and reduce social isolation by staying connected through letters or emails, voice or video calls, sending care packages of comfort items (when permitted) or posting uplifting messages and cheerful images on signs outside their homes. We only ask that before you do so, please check with your loved one's home to see what is permissible and allowed, and work with their care teams to support social interaction. Together, we can support our seniors and all our long-term care residents to stay healthy and strong, physically and mentally.

Testing Targets

We received questions about why testing numbers are lower in Saskatchewan as of the last number of days, than weeks previous. Simply put – there was a decreasing number of people presenting for testing. While there may be additional reasons people aren't coming forward, it is quite reasonable to expect that social distancing measures will have decreased transmission of all respiratory viruses in the community, not only COVID-19.

The SHA is finalizing its strategy to ramp up testing capacity up to 1,500 tests per day by the end of April.

Testing Criteria Updated Regularly

Testing criteria and associated self-assessment tools for COVID-19 are continually evaluated and updated when required to reflect the changing nature of the virus and transmission risks in Saskatchewan. The self-assessment tool can be found [here](#).

Number of Testing Sites Continues to Expand

Three new testing sites were added in the past week in the communities of Assiniboia, Kindersley and Swift Current. There are also 13 on-reserve testing sites located in the north. Testing locations can be found on saskatchewan.ca/COVID19.

Contact Tracing

Contact tracing by SHA Public Health staff is underway around the province, including small communities and communities in the north. The SHA currently has capacity to deploy over 250 full time equivalent (FTE) staff for contact tracing, a significant increase over the baseline capacity of 62 FTE. A contingency plan has been created to allow for a surge of up to more than 400 FTEs to meet additional contact tracing demands. To meet contact tracing demand, a load leveling process system will be implemented to balance demand and capacity.

How does Contact Tracing Work?

Contact tracing begins when positive lab results are received. The person who has a positive result is contacted by Public Health, and then a contact list is created based on information provided. Public Health subsequently notifies and assesses everyone who came into contact with an individual who has tested positive for COVID-19. Contact tracing is an essential component of mitigating further spread of the virus.

As contact tracing investigations are ongoing, the SHA reminds everyone to take extra precautions to reduce the risk of exposure and transmission, including thorough and frequent hand-washing, coughing into your arm, avoiding touching your face, monitoring yourself for any symptoms of COVID-19, and following guidelines for social distancing.

The Future is in Your Hands

Continued discipline to follow measures and guidelines in place remains key in our offensive strategy with the public - our health system's critical teammate.

It is extremely important that while Saskatchewan is reporting fewer new cases of COVID-19, that we all remain vigilant and continue to follow public health orders and physically distance yourself from everyone who lives outside of your home. If you are out in the community to get essential things, maintain 2 metres of distance while you are out, and practice proper handwashing upon coming back home.

If you have symptoms of COVID-19, please self-isolate immediately and contact your family physician, nurse practitioner or call HealthLine 811.

STRENGTHENING OUR DEFENCE

The SHA is working on adjustments to its COVID-19 defensive strategy (for example, the acute care surge capacity plan) that was [communicated publicly on April 8, 2020](#). It is expected that there will be more to share publicly on these adjustments next week.

All adjustments will be based on the SHA's planning philosophy of aiming for the best and preparing for the worst.

Labour Pool Letter of Understanding Signed

Effective April 17, 2020, a temporary Letter of Understanding (LOU) was signed by the SHA, Saskatchewan Association of Health Organizations (SAHO) and all five health care unions including SUN, HSAS, CUPE, SEIU-West and SGEU to support the creation of a temporary Labour Pool and the cohorting of staff to address health care needs related to COVID-19. The Roy Romanow Provincial Laboratory is not included in the LOU.

Our staff are one of our most valued resources, and the LOU achieves the ability to ensure that we have the people where and when we need them. The LOU allows for a supplemental workforce to be utilized after all other existing processes related to offering work to internal employees have been pursued. Cohorting may include the temporary assignment of staff within a single facility or community or the redeployment of staff to another facility or community, as needed.