



Guidance for the Re-Opening of First Nation Communities in the NITHA Partnership

May 25, 2020

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Updated June 12, 2020: Pages 10 - 26 added

Summary of the Provincial Government's Re-Open Saskatchewan Plan *

The [Re-Open Saskatchewan](#) Plan is built on a methodical and phased-in approach to slowly and responsibly lift restrictions on businesses and services. Flattening the curve and strengthening the system will remain priorities, as will our ability to manage the current COVID-19 pressures by building capacity in the coming weeks and months. Key elements will include increased testing and contact tracing, as well as the preparation of additional space and critical equipment.

Restrictions will be lifted in stages, with consideration given to socioeconomic factors and the risk of transmission. They will be implemented via public health orders and the timing will be dictated by evidence of transmission.

As restrictions are gradually lifted, the Government of Saskatchewan and its Chief Medical Health Officer, Dr. Saqib Shahab, will carefully monitor the daily number of reported cases and other important indicators. They will also monitor to ensure that:

- ✓ Transmission of the virus is controlled;
- ✓ The provincial health system has enough capacity to test, isolate and treat every case, as well as trace every contact;
- ✓ Outbreak risks are minimized in special settings, such as health care facilities;
- ✓ Preventive measures are established and in place in workplaces, schools and other essential gathering places;
- ✓ The risks of importing the virus from outside the province can be managed; and
- ✓ Communities and businesses are educated, engaged and empowered to adjust to the new realities as a result of COVID-19.

Re-Open Saskatchewan will consist of five phases. The timing and order of the businesses/workplaces included in each phase is subject to change throughout the process based on a continuous assessment of transmission patterns and other factors.

Phase One	<ul style="list-style-type: none"> ✓ Re-opening previously restricted medical services ✓ Opening of golf courses, parks and campgrounds
Phase Two	<ul style="list-style-type: none"> ✓ Re-opening retail and select personal care services
Phase Three	<ul style="list-style-type: none"> ✓ Re-opening restaurants and licensed establishments, gyms and fitness centres, and child care facilities ✓ Re-opening remaining personal care services ✓ Re-opening places of worship ✓ Increasing indoor public and private gatherings to 15 people and outdoor gatherings to 30 people
Phase Four	<ul style="list-style-type: none"> ✓ Re-opening indoor and outdoor recreation facilities ✓ Increasing the size of indoor public and private gatherings to 30 people
Phase Five	<ul style="list-style-type: none"> ✓ Consider lifting long-term restrictions

The following recommendations should remain in place through all five phases:

- Protective measures for vulnerable populations.
- Individuals should continue working from home if they can do so effectively.
- Physical distancing must be maintained, wherever possible.
- People must stay at home when they are sick.
- Vulnerable individuals, such as seniors and those with underlying health conditions should continue to exercise caution and minimize high-risk exposures, such as public outings.
- Personal hygiene will continue to be a key prevention measure.
- Enhanced cleaning and disinfection should take place in workplaces, public spaces and recreational facilities.
- Although the public health order regarding the size of gatherings does not apply to businesses and workplaces, they are expected to follow the recommended public health measures, including:
 - ✓ physical distancing for staff and clients;
 - ✓ regular cleaning and disinfection;
 - ✓ frequent handwashing and sanitizing;
 - ✓ use of PPE where available and appropriate; and
 - ✓ keeping staff who demonstrate or report COVID-19 symptoms out of the workplace.
- Special care and personal care homes must ensure that each staff member works in only one facility.

Source: * [Re-Open Saskatchewan](#) – A plan to re-open the provincial economy, Government of Saskatchewan, May 22, 2020, website: [saskatchewan.ca/COVID19](https://www.saskatchewan.ca/COVID19)

Guidance for Re-Opening First Nations Communities in the NITHA Partnership

The following guidance is based on public health principles and leading practices and considers issues specific to First Nations communities:

- Community based measures - border control, essential/non-essential travel, staffing etc.
- Communication - access to technology, tools
- Personal measures - access to water, self-isolation capacity, hand hygiene is key
- Protecting populations who may be at a higher risk

Gradual Adjustment of Measures: Overarching principles for planning & engagement *Principles for Re-Opening*

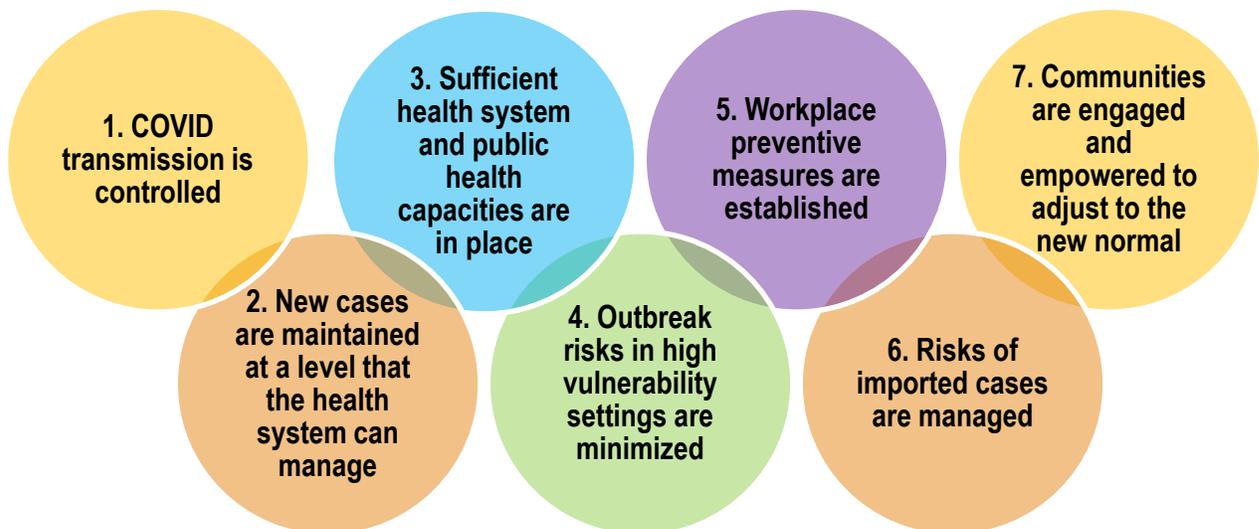
- Community leadership, with recommendations from the Community Pandemic Team, will make the decision based on the community's needs.
- Decisions are guided by science, and evidence-based.
- Coordination and collaboration across all governments is critical for success.
- Public health measures are intended to be **flexible**, to meet community needs, and proportional to public health risk.

Gradual adjustments of measures should:

- Be culturally grounded, strength-based and include First Nations ways of knowing and traditional practices beyond provincial public health models;
- Include consideration of risk associated with remoteness, higher incidence of comorbidities and limited access to health care;
- Take into account of neighbouring health system capacities (i.e. clinics, hospitals);
- Take a gradual and phased approach that is flexible, sensitive to triggers, and able to rapidly respond to epidemiological changes;
- Be mindful of outbreaks in neighbouring communities/industry work sites; and
- Ensure leadership is informed of considerations relevant to their community when assessing criteria before and when planning for adjusting measures.

Criteria for Assessing Readiness to Re-Open

The Public Health Agency of Canada has developed a set of seven criteria that can be used to assess when a community is ready to begin a phased re-opening.

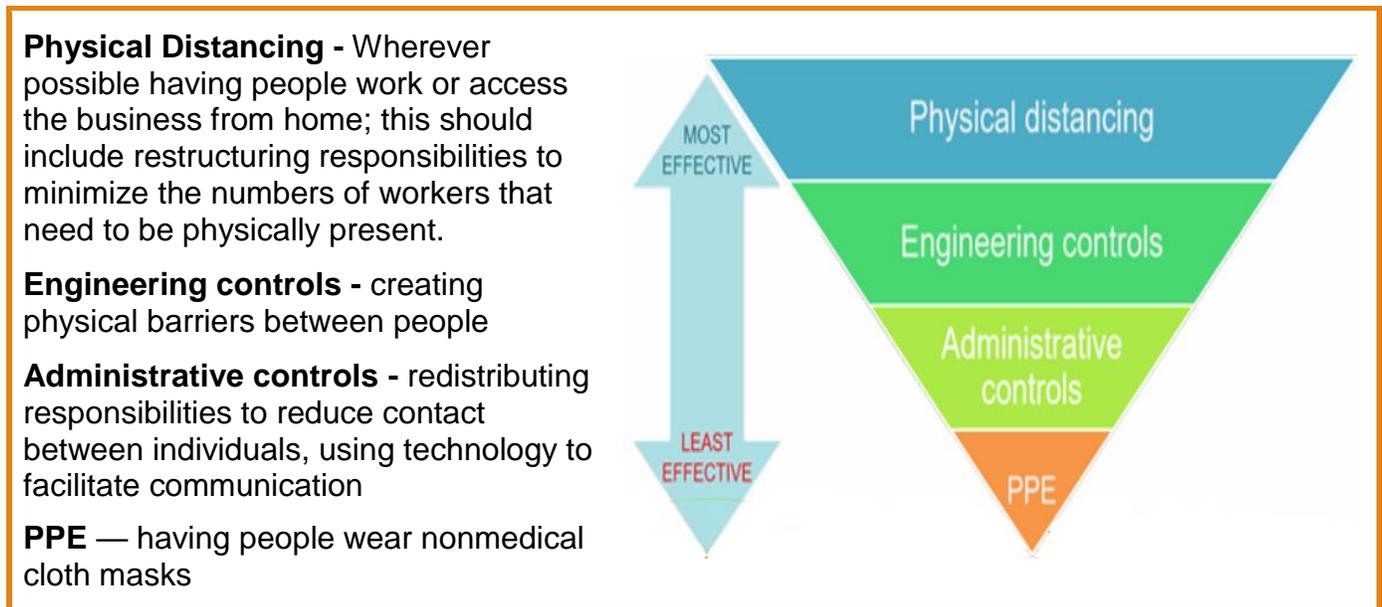


Based on an assessment of the seven criteria listed, First Nation leadership can consider a phased approach to re-opening or restarting activities in the community.

- Some non-essential businesses able to open
- Daycare and education settings/camps to operate/open
- Additional outdoor activities/ recreation to resume
- Non-emergent health care services to resume
- Small critical cultural ceremonies (such as funerals) to take place

Phased Re-Opening

Using the modified hierarchy of controls, COVID-19 mitigation measures can look like:



Core Personal and Community Public Health Measures: Specific considerations for First Nations communities

- 1. Hand hygiene**
 - ✓ Reliable access to water in a household
 - ✓ Access to alcohol-based hand sanitizer outside of a household
- 2. Physical distancing**
 - ✓ Routine/traditional ways of living
 - ✓ Ways to adjust cultural ceremonies, events, and on the land activities as deemed appropriate by each community
- 3. Self-isolation and quarantine**
 - ✓ Overcrowding and housing condition
- 4. Essential travel**
 - ✓ Medical appointments, both inside and outside the community
 - ✓ Supply chain/food
 - ✓ Essential workers coming from outside
 - ✓ Community members leaving for work outside community

Determining if Communities are ready- Checklists for Communities

In addition to the criteria for accessing readiness to re-open a community and the core personal and community public health measures, it is best to make a checklist of what is needed in the community to prepare should an outbreak occur after re-opening. Checklists may differ from community to community; however, here are some questions to ask to help determine if your community is prepared:

Epidemiological status

- Are there active COVID-19 cases in the community?
 - If yes, have cases and close contacts been identified and isolated?
- Is there a downward trend of new cases in the community for two consecutive weeks?
 - Is the effective reproductive constant (R_t)* of the area geography less than 1.0? (identified with help from NITHA, see * below for definition)

Public Health Capacity

- Are there enough Health Care Workers to support any potential outbreak?
 - If no, is there a plan in place to access surge capacity?
- Is there capacity to perform COVID-19 testing?
 - Have nursing staff been trained on specimen collection?
- Is there capacity to conduct contact tracing?
- Are there necessary equipment/supplies and PPE to support an outbreak?
 - Are they ready to go and in place prior to re-opening?
- Have sites been identified for assisted self-isolation of COVID-19 positive cases?
 - What is the capacity of your sites? (number of people they can support)
- Is there an updated registry of priority 1 and 2 community members? (identified in smoke and fire guidelines, population health)

Community Access

- Do you have the capacity for securing the community border to limit access?

Communication, Education and Awareness

- Have you updated a contact list of key stakeholders?
- Are community members and business operators educated, engaged and empowered to adjust to the new realities brought about by COVID-19?
- Is there a plan in place to encourage and promote physical distancing at all times including informing membership about conducting cultural practices (and funerals) in a safe manner?
- Is the community aware and are educational materials available to explain when to self monitor and when to self isolate and how?
- Are Mental Health & Wellness Departments ready to begin face-to-face counselling and follow-up with existing and new clients?
 - If no, is there a plan in place for accessing emergent Mental Health support?
- Have staff been advised of measures to take within their individual offices, following physical distancing rules?
 - If no, please follow a 6 meter distance within the office, with no formal meet and greet (hand shaking or hugging), have clients handwash before entering office, and avoid clients coming into office if sick.

- Have Mental Health & Addiction teams been trained to provide e-counselling (online therapy) as an additional option for support?
 - If no, is this an option for your organization?
- Is there a plan for our Elders to provide ongoing support without placing themselves at risk, but still provide a crucial element of support?
 - If no, what options do you have available for clients?
- Have staff received direction to see clients that are emergent, versus non-emergent?
 - If no, please continue to offer telephone sessions, and/or online therapy sessions to existing and new client referrals.

Risk Mitigation

- Are community health facilities implementing staff screening and continuous masking?
- Is the community able to manage the risk of importing COVID-19 from outside the community?
- Have preventive measures been established in workspaces, schools and essential gathering places?
- What is in place to address potential impacts to?
 - Food security
 - Potable water
 - Power
 - Personal Protective Equipment (PPE)
 - Seasonal risks such as wildfire, flood and poor air quality (i.e. smoke)

While health teams are putting forth their greatest effort to keep community members safe, individuals also have a role to play to complement that effort. Throughout the pandemic individuals should be encouraged and advised that they have a shared responsibility to maintain the health and safety of their community members.

** Effective Reproductive Number (Rt) is the average number of people one person with the virus infects at the current time after at least some of the population are infected or recovered or an intervention strategy has been implemented. A reproductive constant of less than 1.0 is recommended for any community contemplating lifting public health restrictions, and should be done only under extreme vigilance and caution.*

APPENDIX 1 - Infection Prevention and Control Recommendation for Re-Opening Northern Saskatchewan Communities

NITHA Public Health Officials are encouraging the following infection control recommendations for **the re-opening of First Nation Communities in the NITHA Partnership. Please find recommendations below:**

- Vulnerable individuals, such as seniors and those with underlying health conditions should continue to exercise caution and minimize high-risk exposures, such as public outings in addition to public health measures.
- Sick individuals must stay at home when they are sick.
- Taking care of yourself and leading a healthy lifestyle will continue to be a key prevention measure.
- Workplaces, public spaces and recreational facilities should implement enhanced environmental cleaning. Commonly touched areas and shared equipment should be cleaned and disinfected at least twice daily or whenever visibly soiled
- Businesses and workplaces must follow the recommended public health measures, including:
 - physical distancing for staff and clients;
 - regular cleaning and disinfection;
 - frequent handwashing and sanitizing;
 - use of PPE where available and appropriate
 - keeping staff who demonstrate or report COVID-19 symptoms out of the workplace
 - wherever possible, discourage workers from sharing phones, desks, offices and other tools and equipment
 - use Health Canada approved hand sanitizers (Drug Identification Number or Natural Product Number).
- Special care and personal care homes must ensure that each staff member works in only one facility
- Patient and Client Considerations
 - At the time of booking or in advance of an appointment, clinic staff should call patients/clients to inform them of the public health measures. Staff should also ask if patients/clients have been experiencing symptoms of illness consistent with COVID-19.
 - Seats in waiting areas should be spaced to maintain a minimum physical distance of two meters. Household contacts are not required to separate.
 - Staff should screen all patients/clients for visible symptoms consistent with COVID-19. Anyone who is symptomatic should be asked to wear a surgical/procedure mask.

APPENDIX 2 - Environmental Cleaning and Disinfection Recommendations for Healthcare Facilities

Please see below the interim recommendations for Healthcare Facilities during the COVID-19 pandemic.

- Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19
 - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces before applying a Health Canada registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

How to Clean and Disinfect Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Furthermore, environmental cleaning products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient for COVID-19.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common Health Canada registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- *Prepare a bleach solution by mixing:*
 - A bleach solution can be easily created by mixing regular household bleach (5%) with water.
 - 1 part bleach mixed with 9 parts water or
 - 1 cup of bleach mixed with 9 cups of water or
 - 100 mL of bleach mixed with 900mL of water
 - Bleach mixtures should be made fresh daily to ensure the strength of chlorine is acceptable
 - Products with Health Canada - approved emerging viral pathogens claims are effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

Personal Protective Equipment (PPE) and Hand Hygiene

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Gloves and gowns should be compatible with the disinfectant products being used.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid self contamination and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by a suspected case. Cleans hands immediately after gloves are removed.
- Cleaning staff should immediately report any breaches to their supervisor in PPE (e.g., tear in gloves) or any potential exposures.
- Clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Reference:

1. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Available from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronaviruses%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

Update: June 3, 2020

APPENDIX 3 – Environmental Cleaning and Disinfection Recommendations for Community Facilities

Please see below the interim recommendations for Community Facilities (e.g., schools, daycares centers, businesses) during COVID-19 pandemic.

Timing and location of cleaning and disinfection of surfaces

- Cleaning staff should clean and disinfect all areas (e.g., offices, washrooms, and common areas) focusing especially on frequently touched surfaces.

How to Clean and Disinfect Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common Health Canada registered household disinfectants are effective. Furthermore, environmental cleaning products registered in Canada with a **Drug Identification Number (DIN)** and labeled as a broad-spectrum virucide are sufficient for COVID-19.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
 - A bleach solution can be easily created by mixing regular household bleach (5%) with water.
 - 1 part bleach mixed with 9 parts water or
 - 1 cup of bleach mixed with 9 cups of water or
 - 100 mL of bleach mixed with 900mL of water
 - Bleach mixtures should be made fresh daily to ensure the strength of chlorine is acceptable
 - Products with Health Canada - approved emerging viral pathogens claims are effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.

Personal Protective Equipment (PPE) and Hand Hygiene

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
 - Gloves and gowns should be compatible with the disinfectant products being used.
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.

- Gloves and gowns should be removed carefully to avoid self contamination and of the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by a suspected case. Cleans hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches to their supervisor in PPE (e.g., tear in gloves) or any potential exposures.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Additional Considerations for Employers

- Employers should work with NITHA public health unit staff to ensure appropriate local protocols and guidelines are followed, such as updated/additional guidance for cleaning and disinfection.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The NITHA public health staff will provide guidance on what actions need to be taken.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard

Reference:

1. Environmental Cleaning and Disinfection Recommendations. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Update: June 3, 2020

APPENDIX 4 - Appropriate use of non-medical mask or face covering

In view of COVID -19 transmission by asymptomatic individuals, public health officials have approved the use of a non-medical mask for everyone (symptomatic and asymptomatic). The use of this mask has been identified as an additional measure to prevent the transmission of COVID-19 to others, especially when 6feet/2meters physical distancing cannot be maintained (stores, shopping areas, public transportation)

The use of a non-medical mask does **NOT** replace recommended public health measures. When worn properly, the non-medical mask reduces the spread of infectious respiratory droplets. It does not prevent individuals from being infected.

Non-medical face masks or face coverings **should**:

- allow for easy breathing
- fit securely to the head with ties or ear loops
- maintain their shape after washing and drying
- be changed as soon as possible if damp or dirty
- be comfortable and not require frequent adjustment
- be made of at least 2 layers of tightly woven material fabric (such as cotton or linen)
- be large enough to completely and comfortably cover the nose and mouth without gaping



Non-medical masks or face coverings **should not**:

- be shared with others
- impair vision or interfere with tasks
- be placed on children under the age of 2 years
- be made of plastic or other non-breathable materials
- moved around or adjusted often.
- be secured with tape or other inappropriate materials
- be made exclusively of materials that easily fall apart, such as tissue
- be placed on anyone unable to remove them without assistance or anyone who has trouble breathing

How to Wash Cloth Face Coverings

Washing machine

- You can include your face covering with your regular laundry.
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.



Washing by hand

- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or
 - 4 teaspoons household bleach per quart of room temperature water
- Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Soak the face covering in the bleach solution for 5 minutes.
- Rinse thoroughly with cool or room temperature water.

How to dry

Dryer

- Use the highest heat setting and leave in the dryer until completely dry.

Air dry

Lay flat and allow to completely dry. If possible, place the cloth face covering in direct sunlight to dry.

Limitations

Homemade masks are not medical devices and are not regulated like medical masks and respirators. Their use poses a number of limitations:

- they have not been tested to recognized standards
- the fabrics are not the same as used in surgical masks or respirators
- the edges are not designed to form a seal around the nose and mouth
- they can be difficult to breathe through and can prevent you from getting the required amount of oxygen needed by your body

Note: Medical masks, including surgical, medical procedure face masks and respirators (like N95 masks), **must be kept** for health care workers and others providing direct care to COVID-19 patients.

For more information on non-medical mask, please visit the Public Health Agency of Canada website: [About non-medical masks and face coverings.](#)

Reference:

1. Government of Canada. Non-medical masks and face coverings: About. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#_Appropriate_non-medical_mask
2. Centres for Disease Control and Prevention. How to Wash Cloth Face Coverings. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html>
3. Government of Saskatchewan. Re-Open Saskatchewan Plan. Accessed May 25, 2020.

Update: June 3, 2020

APPENDIX 5 - How to Make Cloth Face Coverings

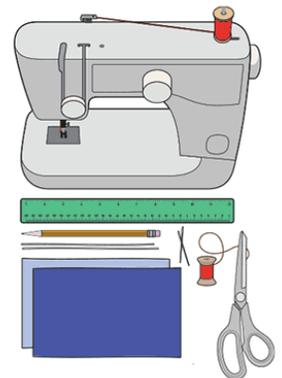
The Centers for Disease Control and Prevention recommends wearing cloth face coverings in public settings where other physical distancing measures are difficult to maintain, like, grocery stores and pharmacies.

- **Who should NOT use cloth face coverings:** children under age 2, or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance
- **Cloth face coverings are NOT surgical masks or N-95 respirators.** Surgical masks and N-95 respirators must be reserved for healthcare workers and other medical first responders, as recommended in CDC guidance

Sew and No Sew Instructions Sewn Cloth Face Covering

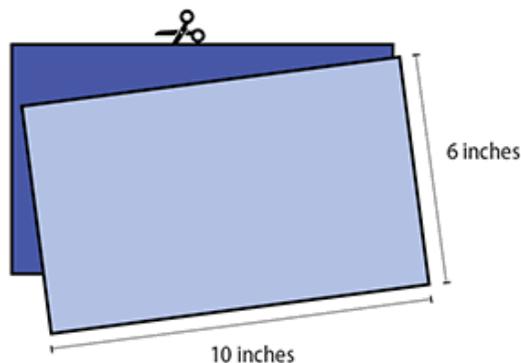
Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

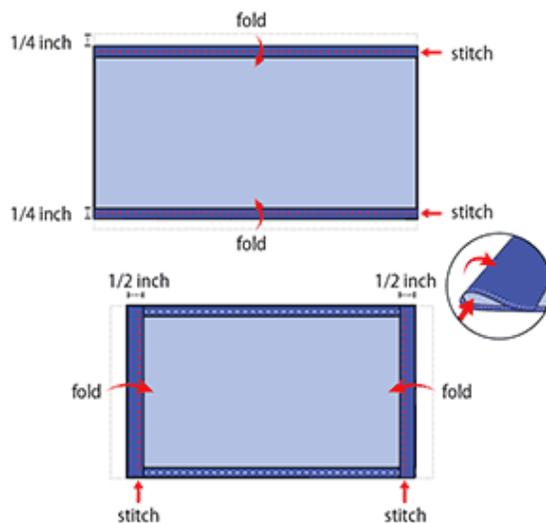


Tutorial

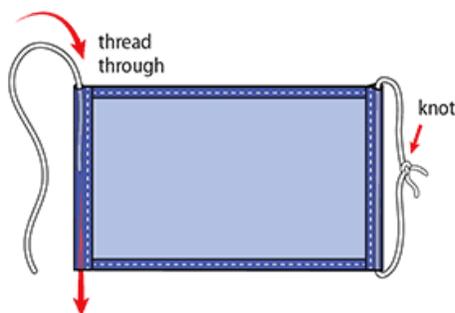
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the mask as if it was a single piece of fabric.



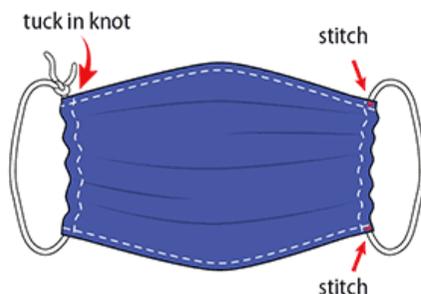
2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



- Run a 6-inch length of 1/8-inch wide elastic through the wider hem on each side of the mask. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic headbands. If you only have string, you can make the ties longer and tie the mask behind your head.



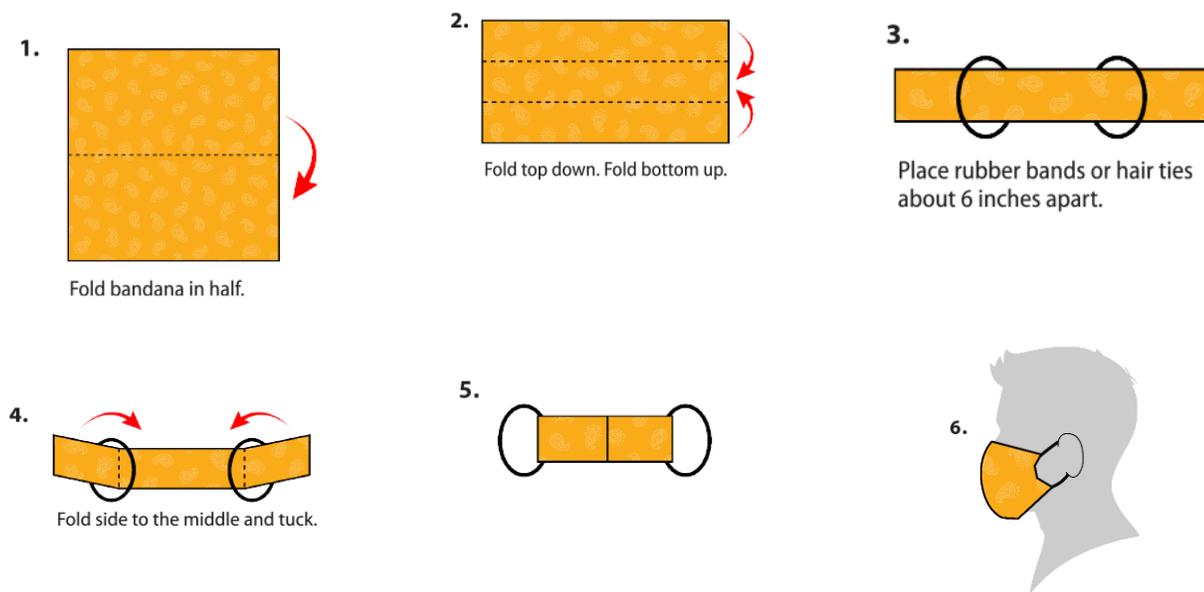
- Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the mask on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.



Non-sewn Face Covering Materials

- Bandana, old t-shirt, or square cotton cloth (cut approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial



Make sure your cloth face covering:

- fits snugly but comfortably against the side of the face
- completely covers the nose and mouth
- is secured with ties or ear loops
- includes multiple layers of fabric
- allows for breathing without restriction
- can be laundered and machine dried without damage or change to shape

Adapted from the Centers for Disease Control and Prevention, June 2, 2020

References

1. Centers for Disease Control and Prevention. How to Make Cloth Face Coverings. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html>

Update: June 2, 2020

How to Safely Wear and Take off a Cloth Face Covering

How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-nCoV/prevent-getting-sick/diy-doth-face-coverings.html>

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



CS 276480A 05/27/2020

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

APPENDIX 6 - Recommendations amidst COVID-19 Response – Mental Health Guidelines Update

In response to the growing concern surrounding COVID-19, it is with prevention measures that we look at the counselling services of our Mental Health & Addiction staff. It is the recommendation that all Partners continue to cease providing face-to-face counselling services until further notice to minimize risk of disease transmission and avoid potential implications that could have a great impact on our communities, including our Elders, who are our 'Knowledge Keepers'.

As a result, we are supporting the use of telephone sessions and online (e-counselling) services if trained in using this platform to avoid coming into contact with anyone potentially exposed.

The following are current updates:

- Non-Insured Health Benefits – Mental Health Counselling via telehealth counselling will continue into the month of June until further notice.
- Insurance companies offering counselling services are still not advising in-person counselling in spite of the Province's Re-Opening phases until further notice.
- Regulatory Bodies (i.e. SASW) are not advising Social Workers to continue as "normal".

In addition, in cases where there are emergent needs of a client facing suicidal ideations, psychosis, anxiety and depression, please implement physical distancing efforts (two arm's length apart), and complete the suicide assessment with these protective measures being followed only when assessed to be high-risk. Please refer to NITHA's Emergent Mental Health Care for Adults and Minors guidelines.

Recommendations amidst COVID-19 Response – Emergent Mental Health Care. March 27, 2020. Available from: http://www.nitha.com/wp-content/uploads/2020/06/COVID19_Emergent_MentalHealth_Care.pdf

Recommendations amidst COVID-19 Response – Emergent Mental Health Care: Minors Under 16. April 6, 2020. Available from: http://www.nitha.com/wp-content/uploads/2020/06/COVID19_Minor_Emergent_MentalHealth_Carepdf.pdf

If you have any further questions, please do not hesitate to contact the Mental Health & Addiction Advisor at NITHA

Update: June 2, 2020

COVID-19 and your Holistic Health - Mental Health Tips

Here are some helpful tips for those, who may be feeling a sense of loss and/or a feeling like they have no control, to assist you during this time:

- Find comfort in your spiritual/personal beliefs and practices.
- Maintain your regular routines as much as possible. Focus on what needs to happen today, and make a list of what you need to do in the next day or week to keep yourself safe and comfortable.
- Be mindful. Pay attention to your thoughts, feelings and body sensations. This can help you understand why you're feeling anxious or stressed. If you're having trouble managing your stress or anxiety talk to someone you trust, contact your healthcare providers, or call the Hope for Wellness Helpline at **1-855-242-3310**
- Practicing breathing techniques is one way to help you manage stress and anxiety. It can calm your nervous system and help you think more clearly. Take a slow deep breath in as you count to 5 and then exhale, also counting to 5 (repeat 10 times). Practice doing this throughout the day.
- Be sure to rest and try get enough sleep. Lack of sleep can make you feel overwhelmed, which will make it harder to cope during stressful times.
- Avoid or limit drinks with caffeine (i.e., pop, coffee, tea, energy drinks), they can make you feel anxious or restless and affect your sleep.
- Avoid or limit drinks with alcohol. It can disrupt normal sleep patterns, cause changes in your mood, and increase feelings of stress and anxiety.

For those with existing mental illness (i.e., anxiety disorder like post-traumatic stress disorder, mood disorders like major depressive disorder and/or psychotic disorders like schizophrenia) no alcohol use is the safest choice. Alcohol use can make symptoms of the mental illness worse.

For parents and caregivers, try modelling healthy and positive coping skills. Your child sees your emotions through your words, facial expressions, and actions. How you respond to the stress of a pandemic can affect how your child reacts. Modeling calm and constructive reactions to the event will help your child feel calmer and cope better. It's okay to have strong emotions. Name them (i.e., "I feel frustrated." Or "I feel sad.") Talk about how you feel and how you're going to cope (i.e., deep breathing, positive thinking) so your child learns how to do the same.

For Healthcare Workers and First Responders if you find yourself making the decision to physically isolate yourself to lower the risk to family and/or friends, it is important to remind yourself that you are valuable, and this includes looking after your mental health. The effects of COVID-19 can cause a stir of emotions along with conflicting thoughts and beliefs as you are on the frontlines, know that you are not alone, and that you can reach out. You can contact

the OCISM line, Hope for Wellness, and/or your local mental health office for support during this time.

If you are in self-isolation or you have been advised by health authorities to limit contact with others, it's important to still keep your personal care routines (e.g., bathing or showering), engage in healthy activities (e.g., stretching, meditation, listening to music), and connecting with friends and family through phone calls, text messaging or online.

Helpful Resources and Supports

- Saskatchewan HealthLine 811: **8-1-1**
- First Nations and Inuit Hope for Wellness: **1-855-242-3310**
- Kids Help Phone: **1-800-668-6868**
- Occupational & Critical Incident Stress Management – For Healthcare Staff
 - Phone: **1-800-268-7708**
 - Email: hc.ocism-gspic.sc@canada.ca

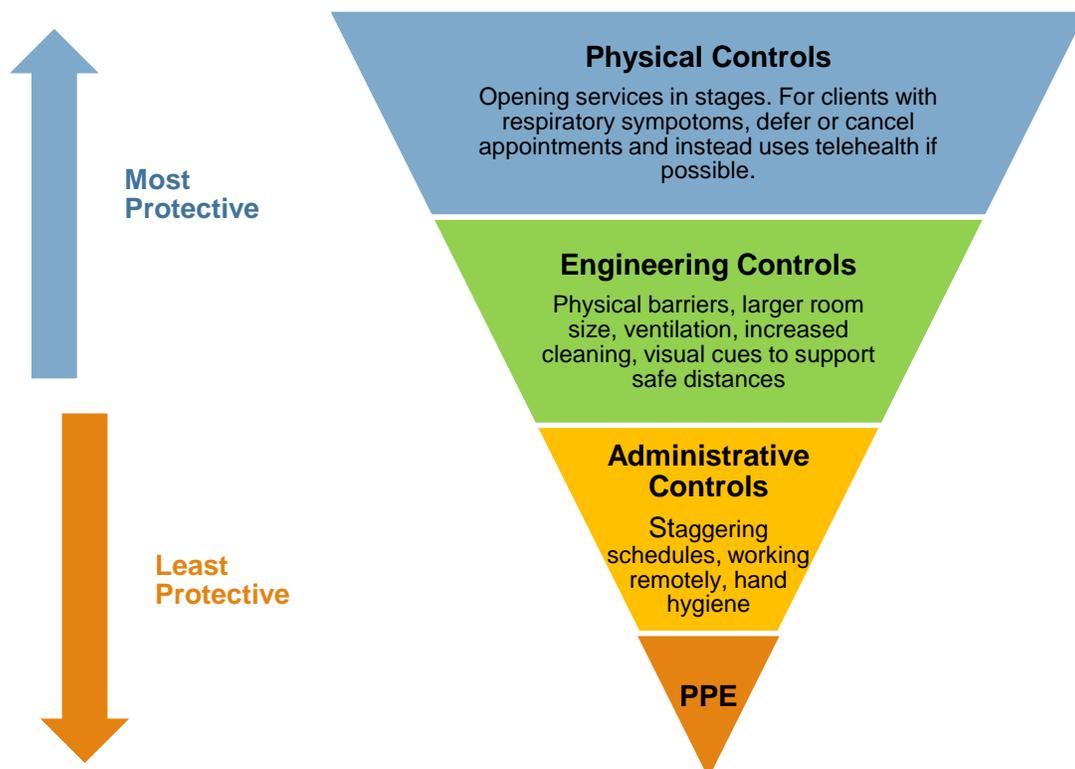
Update: June 2, 2020

APPENIDIX 7 – Managing Spread in the Workplace: Operating during the COVID-19 Pandemic

Physical distancing is the most effective strategy for preventing COVID-19. This means wherever possible minimize worker presence at the worksite and keep workers two meters apart when they are present. Other options for consideration to help reduce the spread include engineering controls such as putting up physical barriers (e.g., plexiglass) and improving ventilation, as well as administrative controls such as staggered work hours and virtual meetings.

PPE, while helpful in reducing transmissions, is less effective than other measures in protecting workers and clients (e.g., last step after all other measures have been exhausted). Please see the image below for a visual representation.

Where possible, communities may also want to monitor workplace outbreaks as an indicator of the effectiveness of the implementation of these measures over time and to adjust measures as needed.



Responsibilities and Rights

Under the [Canada Labour Code, Part II](#), the employer is responsible for the occupational health and safety of their employees. Employees also have a role to play to ensure their own occupational health and safety as well as the occupational health and safety of other employees and any person likely to be affected by their acts or omissions. This includes members of the public visiting a workplace.

Manager Responsibilities

Managers are responsible at all times, both by policy and by law, to provide their employees with a healthy and safe work environment. In the context of COVID-19, managers must remain informed of orders, directions and guidance issued by [PHAC](#), [Health Canada](#), [The Province of Saskatchewan](#) and from their own organizations. They also have the duty to inform their employees of these orders, directions and guidance.

Assessing the Risk in Workplaces

Essential businesses, including essential retail operations, have continued to operate during the COVID-19 pandemic, while following stringent public health rules. Over the coming months additional categories of businesses providing non-essential services and retail operations will be permitted to re-open if they can implement mitigation measures.

Early evidence suggests that the risk of transmission in the workplace depends on the type of activity, physical proximity of workers and the number of people who attend work despite being ill. While most workplace infections have occurred in health care settings, tourism or transportation, a few clusters have been identified in an office setting. In the latter setting all cases had contact with infected individuals, with time spent in an enclosed environment (e.g., meeting room). Retail clusters have also been described. Many of these clusters involved index cases who attended work despite being sick. Most of the workplaces in these outbreaks involve professions that have contact with many people, therefore increasing the risk of exposure to an infected person.

Each workplace should take steps to identify possible COVID-19 exposure risks in their operation and consider the feasibility of steps to mitigate these risks when they re-open. This risk assessment involves evaluating the workplace for areas where people have frequent contact with each other and share spaces, surfaces and objects. Additional measures are needed when physical distancing is not possible in the workplace. A [tool for businesses to conduct a risk assessment](#), and help identify potential mitigation measures for their setting is available online. Examples of mitigation strategies for business are provided below. Workplaces must also consider this guidance in the context of their legal responsibilities under the applicable federal, provincial or territorial Health and Safety legislation.

Examples of mitigation strategies for businesses

Hierarchy of control category	Examples of mitigation strategies (in addition to promotion of personal practices and environmental cleaning/disinfection)
Physical distancing	<ul style="list-style-type: none"> • Continuing telework arrangements wherever possible and feasible, especially for individuals at risk of severe disease (older adults, people with chronic illnesses and immunocompromised individuals) • Implementing other adjustments to working arrangements to reduce physical contact, such as flexible work hours, staggered start times, use of email and teleconferencing • Increasing the spatial separation between desks and workstations as well as between individuals (e.g., employees, customers) from each other • Using visual cues to encourage a two-metre separation (e.g., floor markings)

Hierarchy of control category	Examples of mitigation strategies (in addition to promotion of personal practices and environmental cleaning/disinfection)
	<ul style="list-style-type: none"> For retail settings – modifying service delivery approach to prevent or limit contact between employees and customers and between customers; restricting customer numbers For restaurants/food service and bars – implementing take/out or delivery options only; wide table spacing when restaurants re-open
Engineering controls	<ul style="list-style-type: none"> Installing physical barriers (e.g., high-walled cubicles, plexiglass/transparent barriers) between reception/tellers/cashiers and customers, or on production lines Increasing ventilation if possible by adjusting the HVAC system or opening windows
Administrative controls	<ul style="list-style-type: none"> Requiring employees to stay home if they are sick (even with mild illness) Adopting sick leave policies that enable ill workers to stay home Preventing the entry of sick customers or clients into the setting Discontinuing or severely limiting business travel Closing or restricting access to common areas where personnel are likely to congregate and interact Adopting contactless payment models (with exceptions for persons who can only pay by cash) Providing special accommodations for vulnerable persons (staff or customers) who are at high risk of severe disease or who have vulnerable household contacts (e.g., adjusted work assignments, dedicated shopping hours for seniors)
PPE and NMMs	<ul style="list-style-type: none"> Using NMMs or cloth face coverings when physical distancing is not easy to maintain in the workplace (e.g., both a therapist or hair dresser/barber and their client, or on a production line) For workplaces requiring PPE, projected or calculated PPE consumption needs to match procurement/availability. (e.g., If each home care worker does 5 Home visits during a shift, they would each require 5 sets of PPE for each shift.)

Additional resources:

- Fact sheets for employers in many workplace settings are available on the [Canada.ca COVID-19 web site](#) and from the [Canadian Centre for Occupational Health and Safety](#). PTs also have many resources for businesses on their government websites.
- WHO. [Considerations for public health and social measures in the workplace in the context of COVID-19](#). 10 May 2020. Available from: <https://www.who.int/publications-detail/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19>
- FNHA. [Service Resumption Planning Guide](#), June 1, 2020
- Canadian Centre for Occupational Health & Safety. Guidance while operating during a pandemic. Industries include: construction, health care, day cares, retail and restaurants, [Pandemic \(COVID-19\) Tip Sheets](#)

Update: June 10, 2020

