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

May 25, 2020

Update: October 8, 2020

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Updates:

- ✓ *June 12, 2020: Pages 10 - 26 added*
- ✓ *August 18, 2020: Pages 28-51 added*
- ✓ *August 21, 2020: Pages 52-63 added*
- ✓ *October 8, 2020: Pages 63 -70 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 it's 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	✓ Re-opening previously restricted medical services ✓ Opening of golf courses, parks and campgrounds
Phase Two	✓ Re-opening retail and select personal care services
Phase Three	✓ 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	✓ Re-opening indoor and outdoor recreation facilities ✓ Increasing the size of indoor public and private gatherings to 30 people
Phase Five	✓ 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*

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

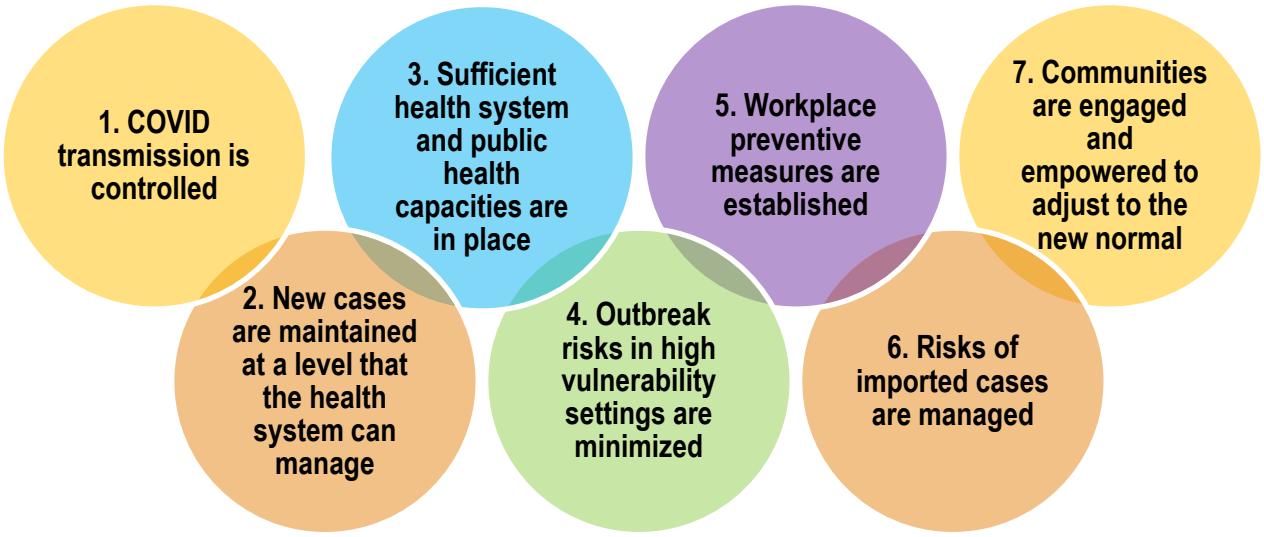
- Community leadership, with recommendations from the Community Pandemic Team, will make the decision based on the community's needs.
- Decisions are guided by science, and evidence-based.
- Coordination and collaboration across all governments is critical for success.
- Public health measures are intended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

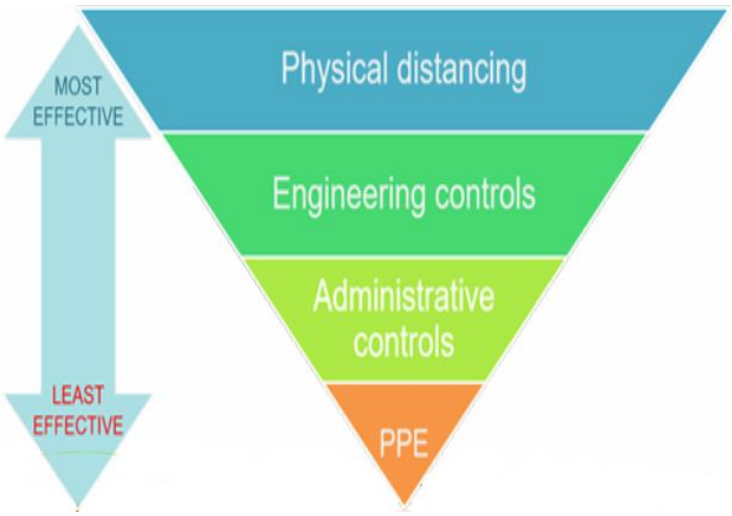
Using the modified hierarchy of controls, COVID-19 mitigation measures can look like:

Physical Distancing - Wherever possible having people work or access the business from home; this should include restructuring responsibilities to minimize the numbers of workers that need to be physically present.

Engineering controls - creating physical barriers between people

Administrative controls - redistributing responsibilities to reduce contact between individuals, using technology to facilitate communication

PPE — having people wear nonmedical cloth masks



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 (Rt)* 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 prioirity 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 mainitain 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 it's 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%2Fcoronavirus%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 it's 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.

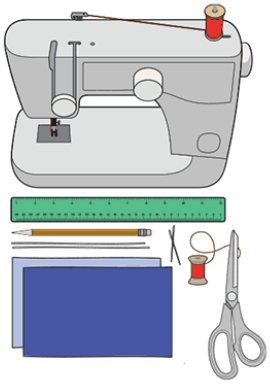
Update: June 3, 2020

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

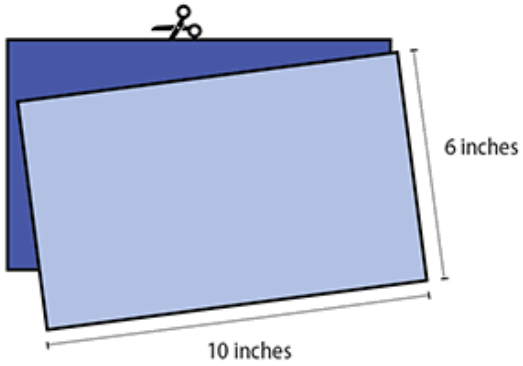


Materials

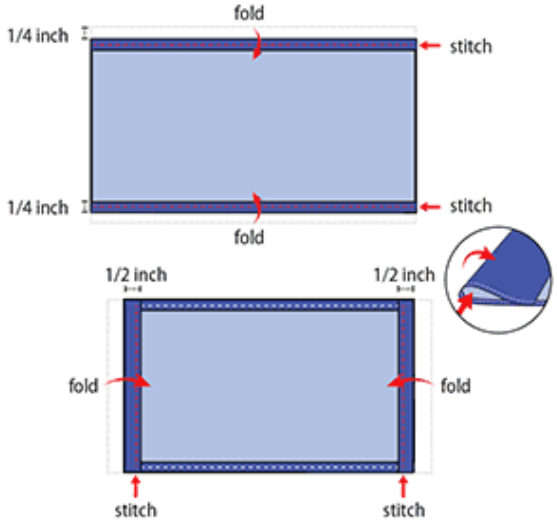
- Two 10”x6” rectangles of cotton fabric
- Two 6” pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

Tutorial

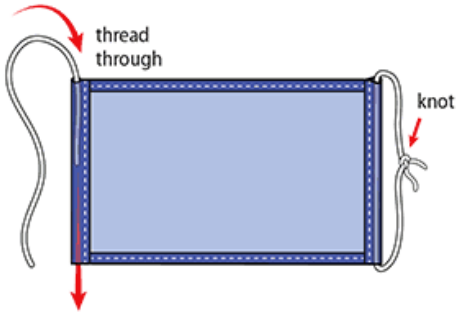
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the mask as if it was a single piece of fabric.



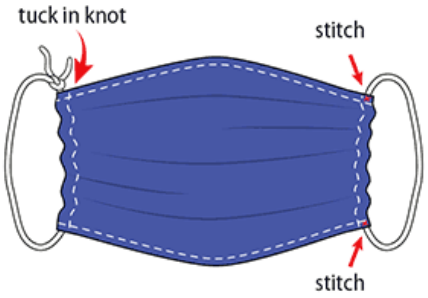
2. Fold over the long sides ¼ inch and hem. Then fold the double layer of fabric over ½ inch along the short sides and stitch down.



3. 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.



4. 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.

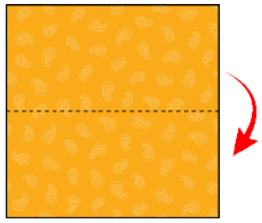


Non-sewn Face Covering
Materials

- 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

1.



Fold bandana in half.

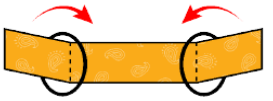
2.

Fold top down. Fold bottom up.

3.

Place rubber bands or hair ties about 6 inches apart.

4.

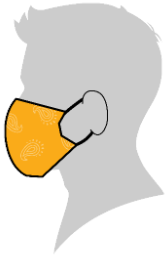


Fold side to the middle and tuck.

Make your face

5.

6.



sure cloth 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

Reference:

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-cloth-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

CDC

CS 316488A 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**

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 impacton 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

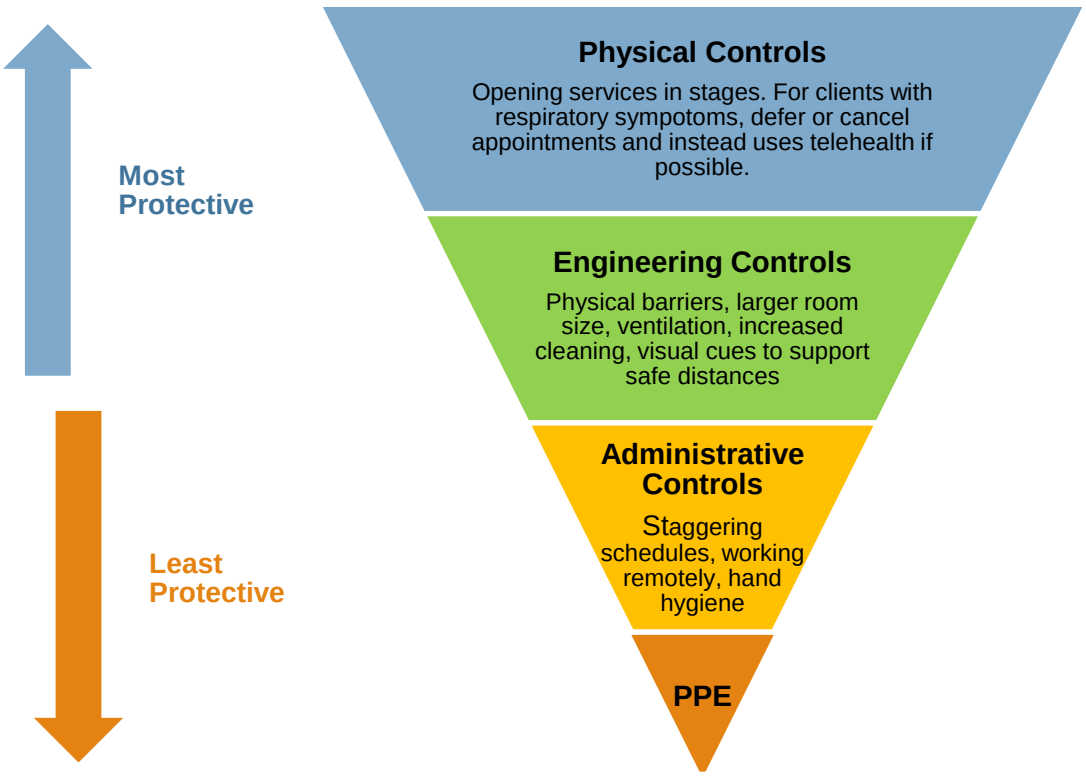
Update: June 2, 2020

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	• 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) • For retail settings – modifying service delivery approach to prevent or limit contact between employees and customers and between customers; restricting customer numbers

Hierarchy of control category	Examples of mitigation strategies (in addition to promotion of personal practices and environmental cleaning/disinfection)
	• For restaurants/food service and bars – implementing take/out or delivery options only; wide table spacing when restaurants re-open
Engineering controls	• 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	• 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	1. 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) 2. 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 resturants, Pandemic (COVID-19) Tip Sheets

Update: June 10, 2020

APPENIDIX 8 – COVID-19 Response Guidance for Personal Care Homes (PCHs)

Introduction

The goal of this document is to assist the staff of Personal Care Homes (PCH) in NITHA communities to respond to outbreaks of COVID-19, limiting transmission to residents and staff within the facility. This guidance is not prescriptive, and should be applied in the context of a specific outbreak scenario.

At this time, the evidence suggests that the incubation period for COVID-19 is 1-14 days with a median of 5 – 6 days. The period of communicability of COVID-19 has not been definitively established. For the purpose of Personal Care Homes/ Long Term Care Homes COVID-19 outbreak management, the period of communicability for individuals infected with COVID-19 is considered to begin 48 hours prior to symptom onset and considered to end 14 days following symptom onset, or 48 hours after resolution of symptoms, whichever is longer. A dry cough may persist for several weeks, so a dry cough alone as a symptom does not indicate transmissibility or warrant continuation of self-isolation.

Definitions

Personal Care Homes COVID-19 Outbreak: One or more residents or staff with laboratory confirmed COVID-19 in a specified area (i.e. unit/floor/facility) during a specified time period.

Outbreak Stages:

1. **Declared Outbreak:** The Medical Health Officer (MHO) declares the outbreak in a Personal Care Home based on established guideline and criteria.
2. **Concluded Outbreak:** 28 days i.e. two incubation periods with no new cases after the last date of exposure to a symptomatic lab-confirmed COVID-19 case at the PCH.
    a. The length of time to conclude an outbreak may be reduced or extended by a MHO. For example, a facility with 1 staff member diagnosed with COVID-19 AND zero (0) residents, may have an outbreak concluded 14 days after last exposure to the symptomatic staff member

COVID presentation definitions:

Signs and symptoms may include:

- Fever (temperature of 37.8°or greater) or temperature that is above normal for that individual, OR;
- Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR;
- Any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, fatigue, loss of taste or smell, or headache

Note that symptoms in elderly residents may be subtle or atypical and screening staff should be sensitive to detection of changes from resident baseline.

Recommendations for use of PPE when caring for residents with probable, suspect or confirmed COVID-19

NITHA has a continuous mask use policy that recommends all healthcare workers who come into contact with residents during the course of their shift must wear a face mask at all times. Additionally, it is recommended that health care workers should wear the same facemask and eye protection for repeated interactions with multiple residents for the maximum of one complete shift.

Monitoring of and initial response to probable or suspect COVID-19 cases (symptomatic, prior to completion of lab testing)

Monitoring for COVID-19 cases

Personal Care Home staff should actively monitor residents twice daily for compatible symptoms/presentations (see 'definitions' section). Residents who meet the above-mentioned case definitions are considered possible cases and should be tested for COVID19 via a nasopharyngeal swab (NP) swab.

Personal Care Home staff should test residents experiencing mild ILI or respiratory symptoms, as well as fever without a known cause, and residents experiencing atypical symptoms. COVID-19 cases in the PCH population are known to occur in residents with mild or atypical presentations.

Initial steps for suspect cases

If symptom criteria are met for a resident or staff, the PCH should:

- **Follow** Droplet/Contact Plus precautions and use appropriate personal protective equipment (which includes a gown, mask, eye protection, and gloves) to deliver care to the respective resident, including the collection of the NP swab for testing
  - **Please Note**: For ***Droplet/Contact Plus***, staff would wear gowns, gloves, and procedure mask with eye protection. Where AGMP's are considered, place patient in a room with hard walls and door; ensure the door is closed. Where available place patient in a negative pressure room. The PPE requirement for AGMP's include an N95 respirator with eye/facial protection.
- **Place** the resident in isolation within their room, to the extent possible
- **Personal protective equipment (PPE) requirements:** Staff who are entering the room of a patient awaiting COVID-19 testing must follow *Droplet/Contact Plus precautions* including using appropriate PPE and engaging in thorough hand hygiene
- **Notify** leaders in resident care for the PCH (Director of Care and/or Health Director)
- **Test** resident (see below)

Testing suspect cases for COVID-19

- **Obtain** a nasopharyngeal (NP) swab specimen:
  a. Contact the NITHA Nurse Program Advisor (Phone: 306-953-5013) for Instructions / guidance on how to collect a nasopharyngeal swab
     i. The swab should be obtained as soon as possible after symptom onset. Mindful of the chance of false negative test results early in the disease process, swabs may need to be collected again 48 hours after symptom onset.
     ii. Ensure Personal Care Home labels requisition "STAT PCH" to ensure prioritized testing
     iii. Transportation of specimens can be facilitated by usual courier and packaging

Additional steps PCH should initiate with a probable or suspect case of COVID-19:

- **Cleaning:** Inform housekeeping of the need for *enhanced cleaning (*All resident room surfaces especially those that are horizontal and frequently touched, should be cleaned at least twice daily and when soiled, in addition to facility cleaning protocol for droplet/contact precautions. Additionally, all surfaces or items, outside of the patient room, which are touched by or in contact with HCWs such as computer carts, medication carts, charting desks or tables, computer screens, telephones, touch screens should be cleaned at least daily and when soiled).

- **Food service:** Meals for resident awaiting test results should be provided in their room during isolation.

- **Notify** the following:
  a. *Resident's primary care provider*: Direct the Personal Care Home to notify resident's usual primary care provider to determine if further assessment and treatment is indicated.
  b. *Resident's family / substitute decision-maker / next-of-kin*: Direct the Personal Care Home to notify family of illness and testing being done.
  c. *Facility Attending Physician*: ensure facility attending physician is aware of pending test result

- **Continue active monitoring of all residents for symptoms once daily**: The PCH should maintain an increased level of surveillance of other residents who fit the above-mentioned presentations.

- **Continue the Daily Fitness for Work Screening for all the Personal Care Home staff:** The Personal Care Home should be on alert for staff who fit the above-mentioned presentations
  a. Staff with Influenza -like illness (ILI), respiratory illness or fever should be excluded from the facility and referred for testing as per the Daily Fitness for Work Screening for the Healthcare Workforce
  b. Advise the staff to identify themselves as Personal Care Home staff when being assessed for testing.

- **Documentation of resident and staff monitoring**: Personal Care Home should maintain a line list of symptomatic residents (see Appendix A) and a separate line list of symptomatic staff (see Appendix B).

One Positive COVID-19 test result in either a resident or staff

The NITHA Public Health Unit is notified of all new lab-positive COVID-19 cases by the lab performing the test, and will investigate all positive cases. A single lab-confirmed COVID-19 case **is** considered an outbreak in the Personal Care Home **unless** otherwise directed by the MHO.

Outbreak control measures

1. Isolate or exclude the COVID-19 positive case:
   a. **Positive RESIDENT**: Ensure that Droplet/Contact Plus precautions are in place for the confirmed positive COVID-19 resident

- Maintain in-room isolation for the confirmed positive COVID-19 resident and roommates (if applicable) for 14 days or 48 hours after symptoms have resolved, whichever is longer. Discuss with outbreak lead before discontinuing precautions. In shared rooms, ensure 2 meters of separation are maintained between bed spaces with privacy curtains drawn. Provide resident(s) with separate toileting (commode); remove toothbrushes and denture cups from washroom.

b. **Positive STAFF**: Exclusion of positive staff from work duties
   - Self-isolation at home for 14 days from the onset of symptoms or until 48 hours post symptom resolution, whichever is longer. Note that a dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation. Employee Health/NITHA Public Health Unit will advise.

2. **Identify** any resident close contacts (with assistance of the NITHA Public Health Unit) and place on Droplet/Contact Plus precautions. Monitor for symptoms twice daily for 14 days.

3. **Send** Resident Monitoring form for residents who are identified as a close contact (see Appendix C) to outbreak lead (NITHA Public Health Unit) daily.

4. **Continue to actively monitor** all residents and staff twice daily for fever and any signs and symptoms of illness.
   - Implement Droplet/Contact Plus precautions for symptomatic residents and test for COVID19.
   - Exclude any symptomatic staff as per the Daily Fitness for Work Screening.

5. **Consider COVID-19 testing** for other symptomatic residents of the floor**.**
   - Testing should be considered for any resident with mild or atypical symptoms

6. **Serve meals for the confirmed positive COVID-19 resident last on unit/floor**

7. **Provide non-urgent care** to the confirmed positive COVID-19 resident last on unit/floor

8. **Continue enhanced cleaning** for entire unit/floor

9. **Notify** non-facility staff, professionals, and service providers of the outbreak and assess their need to visit the PCH**.** Visits should be postponed unless:
   - It is to provide an essential therapeutic service that cannot be postponed without adversely affecting the health of the residents
   - Provide essential services (i.e. Maintenance, etc.) to maintain the safe operation of the facility

10. **Communicate** with families of residents of the outbreak and risk (provide customized PDF copy of PCH COVID-19 outbreak template letter on NITHA letterhead – see Appendix D)

11. **Submit line lists and discuss** outbreak with designated outbreak lead within NITHA daily

12. **Continue** to restrict all visitors to the facility (note Visitor Restrictions at all NITHA's PCM memo of *March 15, 2020*)
13. **Encourage** diligence in hand washing and use of alcohol-based hand sanitizer for all patient/residents/staff

14. **Close** facility to admissions and transfers. Any request for admission or readmission must be discussed with the NITHA MHO. Transfers of residents from an outbreak unit to another unit or PCH is not to occur until the outbreak is declared over.

15. **Ensure** PCH staff are not actively working in other healthcare settings. Cohort staff to the outbreak unit. Staff continuing to work on the outbreak unit are not to work in any other unit/facility until the outbreak is declared over (sample letter template – Appendix E)

16. **Restrict** staff movement throughout facility (no staff coverage between units/floors)

17. **Consider** cohorting COVID-19 residents at the facility

Contact tracing

The MHO, Public Health staff, Employee Health and Infection control, working with the PCH, must identify anyone who have had close contact with the confirmed COVID-19 positive case in the 48 hours prior to symptom onset and while the case was symptomatic (e.g. taking meals together, face-to-face conversations, provided care and other close contact).

Residents/staff who have had close contact with a case will be considered to be exposed and should be isolated in their room on Droplet/Contact Plus precautions and monitored twice daily for fever and symptoms of illness for fourteen days after last exposure. Exposed residents should not be transferred to any other room, or personal care home during this time.

Employee Health/Public Health Unit will contact all staff that test positive for COVID-19 and a detailed contact tracing interview will be performed to identify anyone who may have had close contact in the 48 hours prior to symptom onset and while the case was symptomatic.

Staff who have had close contact with a case will be directed to self-isolate and self-monitor for symptoms for fourteen days following last exposure and will be followed by Employee health/Public Health.

Two (2) or more positive COVID-19 test results (residents/staff)

When two or more cases are identified, continue all of the above measures, plus:

1. **Implement** Droplet/Contact Plus precautions when providing care to all residents on the floor/unit/wing
2. **Isolate** all confirmed positive COVID-19 residents to the extent possible
3. **Minimize** contact between residents as much as possible
4. **Exclude** all confirmed positive COVID-19 staff
5. **Post** COVID-19 outbreak signage throughout the facility
6. **Alert** inventory (PPE supplier) that additional hand hygiene products, gloves, gowns, eye protection, and masks may be required
7. **Serve** meals to all residents using in-room tray service. Where in-room meal service is not possible for some residents due to safety concerns such as where. choking hazards or feeding required, the dining room can be used as long as no more than 10 persons are in a space at a time and maintaining 2 meter distance between those present AND all those present are asymptomatic and not considered a close contact to a case.
8. **Continue** enhanced cleaning of floor and/or neighbourhood (consider expanding to include the entire facility).

Additional outbreak control measures

COVID-19 co-horting

Early in an outbreak, consider options for cohorting PCH residents diagnosed with COVID-19 if possible. Options for cohorting will be dictated by the physical layout of the unit, availability of space and staffing considerations.

COVID-19 related deaths

All deaths that occur during a COVID-19 outbreak regardless of symptoms should be swabbed and tested for COVID-19.

In non-outbreak scenarios, an unexpected death in a resident with symptoms suggestive of COVID-19, the recommendation is to collect appropriate swabs. The rationale for testing in these scenarios is to ensure that otherwise atypical presentations that may not have been identified are captured and early control measures implemented.

Where unexpected deaths in the absence of symptoms consistent with COVID-19 or in cases where death was anticipated and imminent such as in palliative patients, a risk-based approach should be used. The decision to test or not can be made in consultation with the NITHA Public Health.

Return to work

Employee Health/Public Health Unit will follow-up all staff infected with COVID-19 and determine when they are permitted to return to work. In general, staff can return to work 14 days after the onset of symptoms **or** 48hrs after symptom resolution, whichever is later. A dry cough may persist for several weeks, so a dry cough alone does not warrant continuation of self-isolation.

NITHA Public Health will not release, to the employer, the personal health information of employees.

Resident admission or transfer during COVID outbreak

Admissions/transfers into the outbreak unit are **suspended** until the outbreak is declared over. Any transfers or admissions that are urgently required must be discussed on a case by case basis with the NITHA MHO. **Transfer of residents from an outbreak unit to other PCHs or units** is not to occur until the unit/facility in outbreak is declared over.

For transfers to acute care: Residents who require urgent medical attention that cannot be met in the home should wear a mask if possible during transport. The PCH should notify the Emergency Department at the receiving facility to coordinate medical management of the resident. Staff must notify the Emergency Department regarding the resident's infection status. Staff must inform EMS and the receiving facility of the following:

1. Reason for transfer to acute care
2. Coming from PCH with ongoing COVID-19 outbreak
3. If resident is symptomatic or not or if a known COVID-19 case or not
4. If the resident is a close contact or not (i.e. Roommate to a COVID case)

In addition to routine practices, HCWs involved in transporting the resident should wear PPE for Droplet/Contact Plus.

For transfers from acute care back to a PCH under COVID-19 precautions: Acute care site should contact the MHO or their designate to discuss the transfer.

Readmission of a COVID-19 case back to the PCH may be considered on a case-by-case basis, contact the NITHA MHO to discuss.

Schedule outbreak management meeting with the PCH
Multidisciplinary outbreak management teams are part of Infection Prevention and Control (IPAC) Canada's Standards for Infection Prevention and Control programs. In order to facilitate communication and coordination of outbreak control measures, an outbreak management team should be established when an outbreak is declared.

Access provincial PCH COVID-19 surge plan if required
During an outbreak, demands on the facility to provide care to residents may supersede the PCH's resources and ability to provide safe and appropriate care. In particular, staffing may be an issue due to exclusion of COVID-19 positive staff from the facility.

If the PCH has commenced its outbreak response plan but demands for resources (HR or otherwise) have escalated beyond the site's capacity, consider suggesting to Nurse In-Charge or Health Director of the impacted PCH to activate their COVID-19 Pandemic Response Plan, to request surge capacity for the facility.

The surge capacity plan can mobilize different strategies including local staff redeployment, agency staffing, financial incentives, and volunteers, in support of the facility.

Post-outbreak debrief
After the conclusion of an outbreak, consider a debrief meeting with the PCH to evaluate the management of the COVID-19 outbreak and make recommendations to further COVID-19 outbreak management guidance.

PCH staff should continue to actively monitor residents at least once daily for compatible symptoms/presentations (see 'definitions' section) despite the outbreak being declared over in order to recognize if illness is reintroduced into the facility. Health Care workers within the NITHA Partnership are also expected to comply with the Daily Fitness for Work Screening for Health Care Workforce directive. Residents who meet the abovementioned case definitions are considered possible cases and should be tested for COVID19 via a nasopharyngeal swab (NP) swab.

Reference:

1. Saskatchewan Health Authority (May 2020). Saskatchewan Health Authority COVID-19 Response Guidance for Long Term Care Facilities. Retrieved July 06, 2020 from: https://www.ehealthsask.ca/services/Manuals/Documents/9-20%20LTC%20COVID-19%20Response%20Guidance%20-%202020-05-15.pdf

2. Public Health Agency of Canada (Apr.2020). Infection prevention and control for COVID-19: Interim guidance for long-term care homes. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html

Appendix A – Patient/Resident COVID-19 Line List

Covid-19 positive or contacts should be actively monitored for 14 days. Report any new symptoms to the MHO

Monitoring End Date (last day of contact + 14 days after: _____

Indicate the presence or absence of any of the symptoms below with a yes / no under the corresponding day and date

Case Identification				**Update daily with all symptoms in past 24 hours**											**Complications**		**Specimens**		**Vaccine/Medications**			
Recovered	Name and location	Baseline Temp	Date	Onset Date	Chills	Conjunctivitis	Cough	Diarrhea	Fatigue	Temperature (specify: ------^{0}C)	Sore throat	Runny nose	Shortness of breath/difficulty of breathing	Other (add in notes)	Hospitalization (d/m/y)	Death (d/m/y)	Date specimen collected (d/m/y)	Results/organism	Influenza vaccine (d/m/y)	Antibiotic (d/m/y)	Tylenol	Other antipyretic
	Case#:			Day 1																		
	Name:			Day 2																		
				Day 3																		
	Sex: M/F			Day 4																		
				Day 5																		
	Date of Birth			Day 6																		
				Day 7																		
	HSN:			Day 8																		
				Day 9																		
	Phone Number :			Day 10																		
				Day 11																		
	Room #:			Day 12																		
				Day 13																		
				Day 14																		
	Comments/Diagnosis/Med History:														☐ Wanderer/Non-compliant with precautions							

Appendix B – Staff Member Line List

Staff COVID-19 outbreak line list

Indicate the presence or absence of any of the symptoms below with a yes / no

Name and HSN	Role (e.g. LPN, housekeeping)	Onset date	Chills	Conjunctivitis	Cough	Diarrhea	Fatigue	Temperature (specify: ------^{0}C)	Sore throat	Runny nose	Shortness of breath/difficulty	Other (add in notes)	Hospitalization	Date tested	Results	Floors/areas worked prior to symptom onset	Date(s) Excluded from work	Return to work date
Case # Name HSN (if available)																		
			Referred to Occupational Health/811 for assessment and testing? ☐Yes ☐No Comments:															
Case # Name HSN (if available)																		
			Referred to Occupational Health/811for assessment and testing? ☐Yes ☐No Comments**:**															
Case # Name HSN (if available)																		
			Referred to Occupational Health/811 for assessment and testing? ☐Yes ☐No Comments:															

Appendix C – Resident Close Contact tracking form

Resident is identified as having close contact with a COVID case. Isolate of droplet/contact plus precautions and monitor for signs and symptoms for 14 days.

Indicate the presence or absence of any of the symptoms below with a yes / no under the corresponding day and date

Case Identification				Update daily with all symptoms in past 24 hours											Complications			Specimens		Vaccine/Medications		
Recovered (d/m/y)	Name and location	Baseline Temp	Date	Onset date	Chills	Conjunctivitis	Cough	Diarrhea	Fatigue	Temperature (specify: ------^{0}C)	Sore throat	Runny nose	Shortness of breath/difficulty of breathing	Other (add in notes)	Hospitalization (d/m/y)	Death (d/m/y)	Date specimen collected	Results/organism	Influenza vaccine (d/m/y)	Antibiotic (d/m/y)	Tylenol (Dose/frequency)	Other antipyretic
	Case#:			Day 1																		
				Day 2																		
	Name:			Day 3																		
				Day 4																		
				Day 5																		
				Day 6																		
	Sex:			Day 7																		
	M/F			Day 8																		
	Age:			Day 9																		
				Day 10																		
				Day 11																		
	HSN:			Day 12																		
				Day 13																		
	Room #:			Day 14																		
	Comments/Diagnosis/Med History:																					

☐ Wanderer/Non-compliant with precautions

Appendix D – PCH Outbreak Communication Letter

Date:_____

Dear Residents, Families, and Staff:

We are writing to notify you that there is an outbreak of COVID-19 at_____.
An outbreak of COVID-19 is declared in a personal care home when one or more residents or staff are diagnosed with COVID-19 by lab testing. To date, there is/are _____diagnosed with COVID-19_____. NITHA is working with the personal care home to contain the outbreak and take steps to protect the health of all residents and staff.

The current practice at NITHA when responding to a COVID-19 outbreak is to ask the facility to isolate resident cases of COVID-19 in their rooms, and require staff cases to isolate at their respective homes and not attend work. Residents who have no symptoms will be monitored closely. We do not recommend testing for residents who have no symptoms because the test is not reliable in the absence of symptoms. Residents who develop symptoms will receive the care that they need.

Outbreak control measures have been put in place at_____This may result in some residents being confined to their rooms, including during meal times. You may also notice restrictions to group activities, and non-essential services. These precautions prevent the spread of respiratory illnesses, and are standard approaches already used in care facilities during seasonal influenza outbreaks. By public health orders, personal care homes in Saskatchewan are not accepting visitors except in exceptional circumstances such as end-of-life. Further measures for infection control may be directed by NITHA.

COVID-19 is a respiratory illness. It can spread through droplets when a person coughs or sneezes, or touching the virus with your hands then touching your face before washing your hands. Symptoms of COVID-19 may be mild or severe. These may include fever, cough, fatigue, runny nose, sore throat, nausea, vomiting or diarrhea. More severe symptoms can include difficulty breathing or chest pain. While most people will experience mild illness, older adults and people with pre-existing medical conditions are at higher risk for severe illness.

For further information on COVID-19, visit the Northern Inter-Tribal Health Authority websites (http://www.nitha.com/home/covid-19/)

Sincerely,

Medical Health Officer
Northern Inter-Tribal Health Authority

Appendix E – PCH Letter to Staff regarding Work Restrictions

Date: _____

Facility Name: _____

Outbreak Location: _____

Unit Name/Names

Date Outbreak Declared _____

dd/mm/yyyy Time

Dear Facility Management and Staff Member:

Please be advised that all staff who worked on the named unit/units since_____ and continuing to work on the outbreak unit cannot work in any other health care setting until the current outbreak is declared over. This important measure is in place to prevent possible spread of illness, both among the residents and employees.

Well staff will continue to work on the outbreak unit. Employees are required to avoid work in all other healthcare settings until the outbreak is over. Staff must self-monitor for symptoms twice a day until the outbreak is declared over. Check your temperature and pay close attention for any symptoms of illness, including itchy, sore throat, new or worsening cough, fever (temperature above 37.5^0C) or chills, headache or shortness of breath. Be aware that some medications, including steroids, and even over the counter medications like Tylenol, can minimize symptoms including body temperature.

If you develop any symptoms of illness, do not go to work. If you are at work when symptoms begin, wash your hands and then put on a mask. Immediately isolate yourself in a private area of the facility. It is critical to minimize all further contact with others while waiting to leave the facility. Go directly home and self-isolate. Public health officials will contact you to discuss your symptoms. Testing will be arranged if appropriate.

If you are sick and require medical advice or assessment, call Healthline at 811 or community clinic. If it is an emergency, call 911. Tell them that you are symptomatic and self-monitoring as you work in a facility with a COVID-19 outbreak.

Sincerely,

Medical Health Officer
Northern Inter-Tribal Health Authority

APPENIDIX 9 – Outbreak of Influenza and Influenza-like illness in Personal Care Homes (PCHs)

A. General Information

Respiratory pathogens enter from the community into personal care homes and primary care facilities via infected staff and visitors. This policy will cover influenza and influenza-like illnesses (ILI).

During the influenza season, unimmunized visitors should wear a procedure mask when visiting and visitors should not visit residents if they are symptomatic with influenza- like illness.

Influenza

Influenza typically occurs annually in the fall and winter. Influenza A and B are the two types of influenza viruses that cause epidemic human disease. Rates of infection are highest among children, but rates of serious illness and death are highest among persons aged >65 years and persons of any age who have medical conditions that place them at increased risk for complications from influenza.

Survival of the influenza virus outside the body varies with temperature and humidity. It generally survives 24 to 48 hours on hard, non-porous surfaces and 8 to 12 hours on cloth, paper and tissue, and five minutes on hands. Survival is enhanced under conditions of low humidity and in the cold.

Transmission:

1. By droplet contact of the oral, nasal and possibly conjunctival mucous membranes with the oro-pharyngeal secretions of infected individual and indirectly.
2. From hands and articles freshly soiled with discharges of the nose and throat of an acutely ill and coughing individual.

Incubation Period: 1 to 4 days

Infectious Period: 24 hours prior to onset of symptoms until 5 to 7 days after onset of clinical symptoms and may be longer in young children and in immunodeficient individuals.

Clinical Disease: Usually up to 7 days, but some symptoms may persist longer.

Clinical Diagnosis: Clinically, it is difficult to distinguish influenza from other febrile viral and bacterial respiratory illnesses. Once there is a laboratory confirmed case, a presumptive diagnosis of influenza or an alternate organism can be made in cases with similar clinical symptoms.

Symptoms of Influenza
Sudden onset with fever (>38C) or chills, new or worsening cough, sore throat, malaise, loss of appetite, muscle aches (myalgia), joint pain (arthralgia), new headache or eye pain, severe exhaustion (prostration); under 5 years of age-gastroenteritis

All respiratory virus – Influenza like illness (ILI)
Influenza like illness (ILI) is an acute onset of respiratory illness with fever and cough and one or more of the following: sore throat, muscle and joint pain and exhaustion, which could be due to influenza virus. In patients under 5 or 65 and older, fever may not be prominent

Complications of influenza
1. Primary viral pneumonia
2. Secondary bacterial pneumonia
3. Exacerbation of chronic diseases (particularly cardiopulmonary)

B. Preparation for Influenza Season

1. **Immunization:**
   Influenza vaccination is the primary method for preventing influenza and its severe complications. Unless contraindicated, influenza vaccination is recommended for everyone, especially the following groups:
   - All health care workers, students and volunteers who, through their activities, are capable of transmitting influenza to those at high-risk of influenza complications
   - Adults (including pregnant women) and children with a chronic health condition including but not limited to:
     - Cardiac or pulmonary disorders (including Broncho-pulmonary dysplasia, cystic fibrosis and asthma).
     - Diabetes mellitus and other metabolic diseases.
     - Cancer.
     - Immune-compromising conditions (due to underlying disease and/or therapy).
     - Renal disease.
     - Anemia or hemoglobinopathies.
     - Conditions that compromise the management of respiratory.
   - Morbid obesity (BMI ≥ 40) (BMI does not need to be determined or questioned).
   - Children and adolescents who require treatment for long periods with acetylsalicylic acid.
   - People of any age that are residents of nursing homes and other chronic care facilities.
   - People ≥ 65 years of age.
   - All children 6 to 59 months of age.
   - Pregnant women
   - Household and close contacts (adults and children ≥ 6 months) of individuals at high-risk of influenza-related complications or hospitalization as noted above, whether or not the individual at high-risk has been immunized.
   - Household and close contacts of infants less than 6 months of age as these infants cannot receive an influenza vaccine.
   - Members of households (6 months of age and older) who are expecting newborns.

- People who provide essential community services
- Those providing regular childcare to children ≤ 59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high risk (e.g. crew on a ship).
- People working in direct contact during culling operations with poultry infected with avian influenza.
- People working with poultry or swine.

NITHA health centres, nursing stations and clinics will offer influenza vaccine (and pneumococcal vaccine) to high-risk community members, healthcare staff and residents of personal care homes every fall. Upon admission to these facilities, resident's influenza vaccine consent should be obtained. If obtained, an annual consent is not necessary. Immunization will be provided by:

- Public health nurses.
- Facility staff for residents of Personal Care Homes (PCHs).
- Facility staff, under a physician's order, for acute care patients

2. **Education:** As part of preparation for the flu season, an education campaign will be started for the general public and health care providers in the fall about influenza, immunization and preventive measures.

3. **Standing orders for chemoprophylaxis therapy in PCH in case of an Outbreak**:
   - In August of each year, contact the Family Physician of each client, to order creatinine levels for all clients whom they wish to receive antiviral therapy in the event of a flu outbreak. If the medical condition of the resident/client has not changed in the past 12 months, serum creatinine levels measured up to 12 months previously can be safely used to establish a creatinine clearance level.
   - Drawing of blood for creatinine levels will be spread out over a few weeks for ease of workload on lab staff (contact lab to confirm a schedule).
   - Once results are available, check the applicable creatinine clearance/Tamiflu dose tick box on the "Standing Order for Antiviral Prophylaxis and Treatment of Influenza"
   - Place a completed Standing Order in the Physician's order section of the resident's chart.
   - Place a copy of the Standing Order for Antiviral Prophylaxis and Treatment of influenza in the "Influenza Checklist Binder"
   - In October-November contact the lab, request nasopharyngeal swabs, and 15-20 virus transport medium (VTM), store and use appropriately in outbreak management.

4. **Surveillance**
   During the flu season, especially when influenza is circulating in the surrounding community, the surveillance of all the residents should be enhanced. Any resident with ILI should be monitored for the symptoms. Isolation/private rooms should be designated for patients with ILI symptoms. As soon as a patient is suspected of ILI, they should be transferred to the Private Room and placed on Contact/Droplet Precautions.

Health Care Workers (HCW) should be encouraged to receive immunization and practice routine practices. If a HCW has any of the suspected symptoms of ILI, they should be encouraged to use a surgical mask and consult their family physician to be swabbed for influenza and other viruses. Whenever possible, assign only staff who received influenza vaccine, in the care for persons with infectious respiratory symptoms.

C. In case of Suspected Influenza or Influenza-Like illness (ILI) Cases (Primary Care/PCH):

If a patient or resident presents with Influenza like Illness such as:

- Fever, a single temperature of >38 C taken at any site, and/or chills
- Cough, (new or worsening),
- One or more of the following: sore throat, malaise and/or fatigue, chills, myalgia, loss of appetite, joint pain, new headache or eye pain.

Procedure:

- Notify patients/residents physician and nursing supervisor
- Move patient/resident to private room and place on droplet/contact precautions
- Personal protective equipment must be applied upon room entry (within 6 feet) and include: gloves, gowns, masks with eye protection if ill patient/resident has unprotected cough and sneezing
- Dedicate equipment to a specific patient/resident. If unable to dedicate the shared equipment must be thoroughly cleaned/disinfected between patients and residents.
- Specimen Collection:
  - Ensure MHO has released an Outbreak #, as each requisition must include OB #.
  - Obtain a Nasopharyngeal Swab (insert flexible fine-shafted swab through nostril into nasopharynx and rotate swab gently a few times) and place in viral transport medium (VTM) (should be readily available at all times). The swabs should be taken no later than 48 hours after onset of symptoms.
  - A completed viral culture and serology requisition, including history (symptoms) must accompany the specimens.
  - The lab will keep a line listing of all specimens sent to the Provincial lab for suspect influenza testing.
  - Results of the swabs will usually be available from Saskatchewan Disease Control Lab within 48 hours of them receiving the sample.
  - The two criteria below must be met when taking swab:
    - Fever – a single temperature of 38ºC taken at any site or chills
    - One or more of the following: NEW cough, sore throat, malaise and or fatigue, loss of appetite, myalgia, joints pain, new headache or eye pain

For PCH clients, two of any of the symptoms must exist – not necessarily temperature over 38ºC.

D. Outbreak

- Once a facility has two or more cases of influenza like illness in 72-hour period
- Where one lab confirmed “Influenza A or B” case has been identified, the facility is deemed to have an outbreak.

- No further swabbing of clients is required except if a patient is dying-deceased for the confirmation of diagnosis. **A swab can be taken up to one-hour post mortem**

1. *Notify:*
   a. Supervisor
      - Supervisor will notify NITHA Public Health Unit by contacting either the Medical Health Officer , CDC Nurse or along with the Infection Control Advisor at 306-953-5000)
      - Complete and fax the outbreak potential reporting document to the CDC Nurse – fax # 306-953-5020.
   b. Patient/resident physicians

2. *Initiate Influenza Line Listing* of patients/residents and staff with influenza like illness immediately upon onset of patients/residents symptoms. Ensure prompt completion of line listing forms including results of the test for influenza. These line listings are to be faxed daily by the Facility Nurse-in-Charge Manager or designate to the NITHA Public Heath Unit (953-5020) each day by noon. The line listings only need to be done daily if there are NEW patients/residents/staff presenting with influenza-like illness symptoms.

3. *Initiate Outbreak Protocol* – form an outbreak management committee, and take measures to interrupt person-to-person transmission.

4. An outbreak will be declared over by the Medical Health Officer after discussion with the facility administration when there is no new person with signs and symptoms of influenza reported on the line listing for five days (approximately the time equal to two incubation periods). Normal group activities may resume with visitor signage left posted for one to two weeks warning visitors with influenza-like illness not to visit or if visiting is necessary, a procedure mask should be worn.

5. Complete and fax outbreak reopening reporting document to NITHA CDC Nurse – (306-953-5020).

E. Measures to interrupt Person-to-Person transmission (Personal Care Home)

- Contact/Droplet Precautions (in addition to Routine Practices):

a. Wear appropriate PPE as determined by Point-of-Care risk assessment algorithm and Contact/Droplet Signage
b. Post Contact and Droplet Signage
c. N95 respirators are to be worn, along with goggles or other eye protection if an ***Aerosol Generating Medical Procedures*** (such as Bilevel Positive Airway Pressure-BiPAP, intubation, manual ventilation, open tracheal suctioning, cardiopulmonary resuscitation, bronchoscopy, sputum induction, nebulized therapy, tracheostomy care and chest physiotherapy) is performed.

1. ***STRICT*** *Hand Hygiene* is the most important measure in preventing spread of infections.

2. Cleaning/disinfecting environmental/equipment using a healthcare approved disinfectant. Increase the cleaning/disinfecting frequency of high touch surfaces. The Outbreak

Management Committee and/or MHO/ICA may recommend additional enhanced environmental/equipment cleaning. Conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak.

3. Patient/Resident Accommodation: All settings
   a. Designate private/single rooms for patient/resident presenting with respiratory infections including influenza- like illness.
   b. Signs will be posted on the doors notifying visitors to check with the nursing desk before entering this area.
   c. Assign vaccinated (with influenza vaccine) staff to this area, until non- influenza laboratory result is available
   d. For those patients/residents with confirmed or suspected influenza, accommodate as follows in descending order of preference:
      i. Preferred: Single room
      ii. Cohort (same confirmed micro-organism, following consultation with MHO or ICN)
      iii. Least preferred: Separate infected patients from non-infected patients/residents by at least *TWO meters*. If possible separate patients/residents with confirmed influenza from those with suspected influenza

4. Patient/Resident Movement/Activities:
   a. symptomatic patients/residents should remain in their rooms with meal service provided until 5 to 7 days from the onset of acute illness, or until over the acute illness and without a fever for 48 hours
   b. Symptomatic patients/residents should not participate in group activities
   c. If outbreak is confined to a unit/house/cottage, asymptomatic residents from that unit should remain on their unit to avoid contact with patients/residents at the site/facility
   d. Patients requesting a pass from facility under restriction due to influenza outbreak may do so if asymptomatic. Advise that if become symptomatic while away they must return or seek medical attention
   e. During an outbreak, therapist may provide therapy within a patient/resident room, as required.
   f. During an outbreak, discharge planning and home care services may be provided to facilitate timely discharge
   g. Patients/residents may attend medically indicated activities/appointments (notify receiving facility so appropriate precautions can be put in place)
   h. Symptomatic patients/residents must wear procedure/surgical mask (as tolerated) when outside of their room
   i. May contact the *MHO or ICA* regarding specific patient/resident movement

5. **Admitting** a patient with influenza-like illness for medical intervention (acute care)
   a. Admit patient to private room
   b. Patient will be placed on droplet/contact precautions and will remain on precautions for the duration of illness.
   c. Obtain a nasopharyngeal swab

6. **Restriction** of New Admissions and Re-admissions:
   a. For confirmed influenza outbreaks, *admission restrictions will remain in place at a minimum for seven (7) days following the onset of symptoms in the last case.*

Restrictions for outbreaks caused by other (non-influenza) respiratory viruses will be determined by the MHO through discussion with the Nurse-in-Charge or Designate

b. When a facility/unit is restricted, admissions and transfers to and from other facilities/sites are generally not permitted; however, in consultation with MHO or ICA alternate case-by-case urgent need decisions may be made
c. Emergency admissions to acute care will not be curtailed. However, every attempt will be made to separate asymptomatic patients from those with influenza-like illness.
d. Patients from acute care who have recovered from influenza or are immunized against the current influenza strain may be admitted into the long-term care facility without restriction.
e. Residents who were transferred to acute care and who have recovered from influenza or who have been immunized against the influenza strain may be re- admitted into the long-term care facility without restrictions.
f. Long-term care facilities that have remained influenza free may admit patients from acute care or the community who have been potentially exposed to influenza and are asymptomatic and if not exposed, have been immunized AND agreeable to taking antiviral medication as indicated. Such residents must be managed in a private room or cohorted with similar patients and placed on droplet precautions until the incubation period of 4 days has past. Residents who develop influenza will be managed on droplet/contact precautions until five to seven (7) days after the onset of symptoms.
g. New residents may be admitted to the non-affected units of the long-term care facility, if the management has taken appropriate steps and is confident that infection would be confined to the affected unit; otherwise, new admission could be delayed until the outbreak is declared over.

7. **Visitors** (are strongly encourage to receive annual immunization for influenza and discourage ill visitors from visiting).
   a. Post “outbreak” signage at the entrance and within the health care facility/unit
   b. Request visitors to follow the direction of staff and facility administration
   c. Request all visitors to report to the nursing desk before visiting patients/residents. Visitors should be advised of “potential risk for exposure”
   d. Staff are to teach visitor (s) hand hygiene, according to the 4 moments and before putting on and removing PPE, and how to put on and remove PPE
   e. Advise those who choose to visit during an outbreak to practice good hand hygiene, visit (1) patient/resident only and exit the facility immediately following the visit
   f. Advise persons visiting a symptomatic patient/resident to wear PPE (gown, procedure mask, eye protection), and to clean hands with alcohol-based hand rub before putting on and removing PPE.
   g. If a facility is having difficulty controlling an outbreak, Public Health will support their decision to further limit visitors.

Immunization: All the non-vaccinated residents and staff will be offered flu vaccine.

Anti-Viral Medication: All PCH residents will be offered prophylactic antiviral medicine. (See Details below)

All staff physicians, students and volunteer will follow guidelines for immunization and antivirals

8. Antiviral Prophylaxis

Anti-viral medications have been approved for chemoprophylaxis but these drugs are not a substitute for vaccination. They are critical adjuncts in the prevention and control of influenza. Oseltamivir (Tamiflu) has been approved for chemo prophylactic use in Canada. Oseltamivir can be used both for influenza A and B. When used as prophylaxis, the antiviral agent can prevent illness while permitting sub-clinical infection and development of protective antibody against circulating influenza viruses. Therefore, certain persons who take these drugs will develop protective immune responses to circulating influenza viruses. The drug does not interfere with the antibody response to the vaccine.

Antiviral resistance has occurred with recent circulating influenza virus strains. When influenza is diagnosed, consultation with the Medical Health Officer must occur to determine the appropriate antiviral to use.

When outbreaks of influenza occur in institutions that house persons at high risk, chemoprophylaxis should be started as early as possible to reduce the spread of the virus. In these situations, having pre-approved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of antiviral medications. When an outbreak occurs in an institution, it is recommended:

a) **Prophylaxis** will be given to all eligible residents who are not already ill with influenza, whether previously vaccinated or not. Continue prophylaxis for two weeks or if surveillance indicates that new cases continue to occur; chemoprophylaxis should be continued until approximately one week after the end of the outbreak.

b) **Treatment**

- If indicated, anti-viral medication (e.g. Tamiflu) will be initiated within 24-48 hours of onset of symptoms to be effective.
- Treatment with any antiviral is given for 3-5 days as opposed to prophylaxis, which is given for up to two weeks.

Reference:

1. Alberta Health Services (2019) Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites: includes influenza and gastrointestinal illness. Retrieved June 17, 2020 from: https://albertahealthservices.ca/assets/healthinfo/hi-dis-flu-prov-hlsl.pdf

2. Saskatchewan Ministry of Health (2010). Section 9: Outbreaks, Communicable Disease Manual, Section 9-31, p. 1-8. Retrieved June 17, 2020 from : https://www.ehealthsask.ca/services/manuals/Pages/CDCManual.aspx

   Password not applicable –click “cancel” and the document should open-scroll down to Section 9 Outbreaks

APPENIDIX 10 – COVID-19 Screening Tool

COVID-19 Screening Tool
Community Entry Checkpoint Questionnaire

We are not screening for seasonal or environmental allergies; but meant to capture **new symptoms, or a worsening of long-standing symptoms.** We require you to answer the questions below to assist in reducing the transmission of COVID-19 in the community.

1. Do you have any of the following symptoms?	**Yes**	**No**
• Fever If yes, T:_____(when available)	O	O
• New onset of (or worsening of chronic) cough	O	O
• Shortness of breath or difficulty breathing	O	O
• Sore throat	O	O
• Other Symptoms: Runny nose, chills, aches and pains, headache, loss of sense of smell or taste	O	O
2. Have you been outside of Canada, including to the United States, in the past 14 days?	O	O
3. Have you had close contact with a confirmed or probable case of COVID-19? (see definition below)	O	O
4. Have you lived in, visited, or worked in a community or facility deemed an area of concern for COVID-19 outbreak?	O	O
YES to ANY question above: • Advise the person to call Health Line 811 or community health center immediately		
5. Have you travelled outside Saskatchewan but within Canada in the past 14 days?	O	O
6. Have you had NON-close contact with a confirmed or probable case of COVID-19? (see definition below)	O	O
7. Have you attended a mass gathering >30 people	O	O
YES to 5 to 7: • Please proceed to temperature check ((when available) • Please self-monitor and contact health Line 811 if you develop any symptoms		
NO to ALL questions: • Please proceed to temperature check (when available)		

Close contact- A person who lived with or had otherwise close prolonged (15 minutes) contact (within 2 meters) with a probable or confirmed case up to 48 hours prior to symptom onset while the case was symptomatic and not self-isolating
Non-close contact- A person who was near someone, but do not meet the criteria of close contact

APPENIDIX 11 – Infection Prevention and Control (IPC) Guidance for the Re-Opening of First Nation Schools in the NITHA Partnership

Purpose

The following IPC guidance is directed to administrators of schools from kindergarten to grade 12 (K-12). The guidance is not prescriptive in nature, rather, it supports administrators to identify potential risks and put in place strategies to mitigate transmission of COVID-19 in schools.

This document aims to support schools to create an environment that is supportive and safe by encouraging risk assessment and mitigation approach. The psychosocial wellbeing of students and staff is also essential while planning for the fall school re-opening.

A risk-based approach to COVID-19 decision making in schools

Risk assessments should be considered when decisions are to be made about opening or closing schools and how to function as safely as possible for those that are open. Knowing the risks associated with COVID-19 in the school setting will help administrators to consider potential mitigation strategies. An important consideration is the extent of local community COVID-19 transmission, as this influences the likelihood of COVID-19 introduction into the school setting. Please consult the NITHA Public Health Unit for information about local COVID-19 transmission.

There are a number of specific considerations when assessing risk in the school setting:

- **Risk of transmission**
  - How many, how close, and how prolonged are the interactions of students in school?
    - A higher number or interactions, close interactions, and prolonged interactions are associated with a higher risk of transmission
  - Are interactions in a crowded or a confined indoor setting?
    - High-density, confined, indoor settings are associated with a higher risk of transmission
  - Are students in frequent contact with high-touch surfaces?
    - Frequent contact with high-touch surfaces or shared items is presumed to have a greater risk

- **Risk of severe illness**
  - Do students, staff, or volunteers belong to (or reside with) a higher risk group (students with underlying medical conditions or weakened immune systems from a medical condition or treatment, such as chemotherapy)?

- **Ability to reduce risk by consistently applying mitigation measures**
  - Can students consistently follow advice on physical distancing, hand hygiene, respiratory etiquette and other personal preventive practices? If assistance is required, is there adequate supervision?

- Are the supplies and facilities necessary for frequent hand hygiene available?

Consideration must be given to what is known about COVID-19 in children and youth. Children, especially those below 10 years of age, appear to experience less severe symptoms due to COVID-19 and form a small proportion of reported cases to date. It is important to consider that transmission of COVID-19 in children is not fully understood and that evidence may change with time. In most household cluster investigations, children were not the index case; however, emerging evidence suggests that the virus can spread efficiently in all age groups. While children over 10 years may be as likely as adults to transmit the virus to others, those under 10 years may also transmit the virus, but are less likely to do so than adults.

Mitigation of risks of COVID-19 in schools

Risk mitigation measures that are most protective involve physically separating people from each other through physical distancing and physical barriers. Less protective measures rely on individuals consistently following personal preventive practices such as respiratory etiquette, hand hygiene, and wearing non-medical masks. Given that physical distancing is not always possible in schools, it will be important to "layer" multiple measures to reduce the risk of COVID-19 spread in schools. While some risk mitigation measures such as the practice and promotion of personal preventive practices should consistently take place, other measures should be proportionate with the risk in the school and community. Please find below some mitigating measures:

1. **Prohibit individuals who have symptoms of/or have been exposed (in last 14 days) to COVID-19 from entering the school.**

   For all ages:

   - exclusion policies are in place for students, staff and volunteers who are ill
   - public health unit advice regarding culturally safe active and / or passive screening for all those entering the school is followed
   - students, staff and volunteers stay at home if ill with symptoms of COVID-19 until criteria to discontinue isolation have been met, in consultation with the NITHA Public Health Unit
   - communication strategies (including accessible signage) are strengthened to include messaging about staying at home when exhibiting COVID-19 symptoms after exposure to the virus in languages and formats appropriate for age
   - students are educated on how to identify symptoms of COVID-19
   - students should inform staff member immediately if they are experiencing symptoms
   - Consult the NITHA Public Health Unit for further guidance if there are any questions regarding a student, staff, or volunteer's ability to attend school (for example, testing, screening children with chronic respiratory symptoms, self-isolation periods)

   For younger children:

   - reinforce and remind children not to touch others or put toys or objects in their mouths
   - ensure assistance/supervision of children when performing hand hygiene
   - consider increasing staffing to reduce the staff to child ratio, according to Provincial recommendations and budgetary limitations

- incorporate fun strategies to encourage compliance (for example, hum catchy songs while handwashing)

For older children:

- implement classroom and/or grade level projects (for example, point programs, poster contests)
- organize "spirit week" (school wide) awareness initiatives
- leverage technology and use social media (for example, post your most creative video on handwashing)

2. **Promote physical distancing as much as possible (recognizing this is not always practical in child and youth settings).**

For all ages:

- reinforce general practices to maintain physical distancing, such as replacing physical greetings like high fives, fist bumps and hugs with friendly verbal greetings or virtual high fives
- when / where possible, establish a 2 metre distance between students, staff and volunteers, including when cohorted together. Restrict or manage flow of people in common areas including hallways, entrances/foyers. (Entry and exit procedures may be used) in narrow hallways or aisles, encourage unidirectional travel where possible by painting or placing arrows on the ground
- use visual cues to encourage physical distancing (for example, accessible signage, floor markings)
- postpone assemblies, team sports, field trips, or extracurricular activities where physical distancing cannot be maintained
- limit or restrict non-essential visitors/guests

For younger children:

- when possible, create and play games that maintain physical distancing, for example, set up play stations and limit the number of children at each station, allowing for sufficient breaks for cleaning before children change stations
- consider, if policies support, other educational activities (for example, videos) where children can maintain physical distancing as their attention spans permit
- ensure children are separated during large group activities for example, reading/circle time
- consider moving large group activities outside when space and weather permits
- increase the distance between napping mats/beds

For older children:

- assess whether infrastructure can be enhanced to provide more space. For example, portables, repurposing existing space and outdoor classrooms
- consider the option of online/remote or correspondence learning, especially for older children or those at higher risk of severe disease. Important considerations include the accessibility of alternative approaches to those with disabilities and options for those with limited access to electronic devices and the internet

- increase desk distance between students
- ensure sufficient space between individuals for smaller groups/clubs for example, reading, cultural activities, etc
- install accessible signage or floor markings to restrict or manage flow of common areas including hallways, cafeteria, dining halls, foyers, atriums

3. **Create physical barriers between students, staff and volunteers.**

For all ages:

- if possible or appropriate, consider installing physical separations between groups of students, staff and volunteers (for example, physical barriers like a Plexiglas window or cubicle higher than head-height)
- implementing physical barriers (for instance, plexiglass) at cafeteria checkout/payment counters or behind food display counters to separate food service, staff and students

For younger children:

- consider use of dividers between children during naps if safe to do so

For older children:

- install barriers in offices or on desks where appropriate or feasible
- consider barriers for staff as a reminder for students to maintain physical distancing (for example, low walled barrier at front of classroom)

4. **Increase ventilation**

For all ages:

- move activities outdoors when possible (for example, lunch, classes, physical activity) and consider moving classrooms outside when space and weather permit
- ensure that the ventilation system operates properly
- increase air exchanges by adjusting the Heating, Ventilation, and Air conditioning (HVAC) system
- open windows when possible and if weather permits

5. **Reduce risks from exposure to high-touch surfaces (for instance, surfaces frequently touched by others).**

For all ages:

- increase frequency of environmental cleaning, especially washrooms, cafeterias or food service locations and high touch surfaces or equipment (for example, pencil sharpeners, knobs and push buttons, doorknobs, faucet handles, water fountains, toys, electronic devices, school bus hand rails and seats, books)
- reduce the number of common surfaces that need to be touched (for example, prop doors open, no-touch waste containers)
- when possible, remove or reduce the use of shared recreational equipment (for example, play structures, gym equipment, balls) and implement post-play hand hygiene practices

- avoid sharing communal equipment/supplies as much as possible and implement post-use hand hygiene and environmental cleaning (for example, toys, tablets, electronic devices, sleeping mats)
- ensure adequate supplies where possible to minimize sharing (for example, art supplies, toys, pencils)
- clean and disinfect essential shared equipment before and after use (for example, electronic devices)
- keep belongings separated from others (for example, in cubbies or separated areas)
- limit items carried between the school and home
- reinforce no sharing of home items
- reinforce "no sharing" food and drink policies, including potluck style meals
- have student bring filled water bottles to school rather than having them drink directly from the mouthpiece of water fountains

For younger children:

- increase frequency of environmental cleaning of commonly touched objects/surfaces unique to setting for example, table tops, chairs, and toys
- remove toys that cannot be easily cleaned like plush toys, dress up clothes, water stations, indoor sand stations or playdough
- keep enough toys available to encourage individual play

For older children:

- increase frequency of environmental cleaning of commonly touched objects/surfaces unique to setting for example, desks, science lab surfaces, equipment, computers / electronic devices
- encourage youth to leave personal items (for example, cell phones, head phones) in lockers or at home. If personal items are brought to school, they should not be shared

6. **Reduce risk for people at higher risk of severe illness.**

For all ages:

- encourage students, staff or volunteers who are at high risk for disease to consult their health care professional about staying at home
  - provide alternative ways to provide programming (if possible) that is meaningful so students do not fall behind in their studies and maintain a sense of meaning and belonging
  - consideration should be given to the use of masks and face shields (eye protection) as the evidence is evolving on their benefits to the wearer to reduce their risk of infection
- encourage those who are at high risk for severe illness to avoid contact with the school (for example, parents/guardians, grandparents or volunteers who are older adults, or those with underlying medical conditions)
  - those who are at high risk of severe illness residing with students should discuss their risk with their health care professional

7. **Modify practices to reduce how long people are in contact with each other and how many people come into contact with each other.**

For all ages:

- consider modifying delivery of programs (for example, reducing the number of students using the same space at the same time)
  - when considering numbers of individuals within a space, it will be important to take into account the size of the space, the number of individuals (including their ages/sizes), and their needs and abilities to promote physical distancing
- divide classes/groups into smaller numbers of students
- if possible, cohort the same students in classes/groups with the same staff or volunteers each day
- stagger meal and break times where students come together, for example, recess, lunch (in classroom or cafeteria)
- limit or cancel activities that bring students together from multiple groups or classrooms
- stagger schedules to limit the numbers of students in attendance at one time
- stagger the timing of breaks during the day to limit numbers in the same location at the same time
- postpone or cancel non-essential activities, such as field trips
- postpone in person "school-wide" events for example, assemblies
- limit number of concurrent users of gyms, libraries, and other common areas
- move activities outdoors if possible
- ensure that COVID-19 measures do not introduce new occupational hazards to the setting (for example, do not prop open fire doors to reduce exposure to frequently touched door handles)

For younger children:

- encourage students to have individual bathroom breaks as needed over group bathroom breaks, maintaining required supervision
- encourage fixed seating arrangements over flexible seating arrangements where relevant
- seats should be facing in the same direction whenever possible
- encourage separation of at least 2 metres between cohorted groups of students where relevant
- consider staggering naps, or having students sleep "head to toe" during nap time
- stagger drop-off and pick-up times

For older children:

- consider staggering the school day or week to reduce the number of students in the setting at same time
- stagger class rotation times
- close or limit number of concurrent users in computer laboratories

Special considerations of COVID-19 in schools

Cafeterias and food services

In addition to the risk mitigation measures described above, please find below the risk mitigation for cafeterias and food services:

- Limiting the number of individuals permitted in cafeterias at any given time
- Ensuring at least 2-metres distance between seats in cafeterias
- Increasing accessible signage and floor markings in cafeterias to remind students/staff to practice physical distancing and have unidirectional flow of foot traffic in narrow aisles/stairways
- Increasing the number of accessible hand sanitizer stations within cafeteria
- Consider having students eat meals in classrooms or outdoors as opposed to congregating in a cafeteria
- Limiting seating areas in cafeterias (for example, cordoning off spaces, removing seating).
- Considering the use of cohorts for cafeterias during designated times
- Discontinuing self-serve models (for example, avoid buffet-style options, remove shared food/condiments/utensil stations) and increasing staff-serving options
- Reducing touching of food by individually wrapping or packing food when on display
- Adopting touchless payment options when possible (with exceptions for those who can only pay by cash)

Specific educational activities

Some educational activities require additional considerations, as they may not occur in a traditional classroom setting. Risk assessment and mitigation measures based on context-specific factors (for example, number of participants, length of session, room size and ventilation) should be considered.

Music and band

Musical activities involving wind and brass instruments may increase the risk of COVID-19 transmission. A school's choice to resume music classes and / or band should be based on a thorough risk assessment. If music activities are resumed, schools should consider specific mitigation measures such as:

- consider outdoor music and band practices and adapt stage or orchestral pit space to maintain physical distancing
  - for those who play a brass or wind instrument, the length of the instrument should be considered as an extension of the individual and included when determining the spacing between musicians as well as the potential for increased distance that droplets may be projected out of a wind instrument
- do not share instruments or accessories
  - if shared, clean as per standard protocol for the instrument after each use and between users. Use a disinfectant or alcohol wipe when possible
  - do not share cleaning cloths or instrument brushes
- do not share mouthpieces, reeds or harmonicas

- when cleaning of individual instruments with saliva build-up (for example, spit valves), do so physically (> 2 metres) away from others and by blowing into a disposable cloth or container that will collect the saliva, to reduce the risk of exposure of others
  - do not blow the spit on to the floor
  - the cloth or container should be placed in a waste receptacle or cleaned immediately. Wash hands immediately afterwards

Singing and choir

Available evidence suggests that the act of singing in indoor settings may contribute to the transmission of COVID-19 when one of the participants is infected. Given that singing and choir may elevate COVID-19 transmission risk, schools should complete a thorough risk assessment prior to resumption of these activities. If choosing to resume choir and singing activities, schools should incorporate additional risk mitigation measures such as:

- consider outdoor singing activities, weather permitting
- keep physical distance between each singer to at least 2 metres, and add more distance if possible
- organize the choir formation so singers are not facing each other directly or standing less than 2 meters behind each other
- consider opting for performances with fewer performers if distancing cannot be maintained
- singers that are members of the same household would be at less risk and could sing together while being distanced from others

Physical education and recreational activities

Schools should apply the risk mitigation principles described above, such as choosing activities where physical distancing can be maintained and considering outdoor activities whenever possible. Additional consideration should be given to ensuring students do not share items such as water bottles and to limiting the use of shared equipment.

Libraries

Schools should limit the number of students in a library at one time to help maintain physical distancing. There should be appropriate environmental cleaning of high touch surfaces between groups. The use of computers and other shared items should be minimized, excluded when possible, and be cleaned between users. Schools can also consider a protocol that provides a window of time between uses of a book (for example, at least 24 hours to ensure potential Coronavirus contamination is reduced.

Use of non-medical cloth masks or face coverings

Wearing of Non-medical cloth masks (NMMs) is an additional personal practice that can help to prevent the infectious respiratory droplets of an unknowingly infected person (the wearer) from coming into contact with other people. Those wearing masks should be reminded, in age-appropriate language, not to touch their mask and to comply with other personal preventive practices such as frequent hand hygiene and physical distancing as much as possible.

Non-medical cloth masks should not be worn by anyone who is unable to remove the mask without assistance (for example, due to age, ability or developmental status).

Based on current understanding of COVID-19 transmission in children under 10 years, NMMs may be considered based on a risk assessment and the following considerations:

- non-medical cloth masks should be sized and worn correctly
  - failing to do so may present a risk rather than a benefit.
- masks with exhalation valves are not recommended, as they do not protect others from COVID-19 and do not limit the spread of the virus
- non-medical cloth masks should be changed after they become wet or soiled. This could present operational challenges with respect to supply of Non-medical cloth masks and safe handling of soiled or damp non-medical cloth masks
  - parents/guardians should be reminded of appropriate use and cleaning and provide a backup clean/dry mask to store in their backpack for the child to replace the soiled or damp non-medical cloth masks

Based on the current evidence of COVID-19 transmission, non-medical cloth masks are recommended for students over ten years. When possible, schools should consider a policy that recommends NMM use according to grade level or class grouping. The Policies should reflect the Public Health Unit advice for NMM use in particular settings or circumstances such as during all indoor activities versus only while in common areas.

Management of illness or need for direct care

For issues that could be related to COVID-19, such as illness, schools should ensure measures are in place to recognize symptoms consistent with COVID-19. Separate sick students, staff, and volunteers from others if symptoms develop while avoiding stigmatization and discrimination. For those who have symptoms consistent with COVID-19, it will be important to ensure:

- the individual is quickly given a mask to wear, if not already wearing one, with a medical mask preferred over a NMM
  - schools should plan to have masks available for situations of managing respiratory-like illness in the event that the ill individual does not have their own mask
  - masks should not be placed on anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance
- the individual is isolated and remains in a designated space (for example, sick room), while avoiding stigmatization and discrimination, until they can go home safely
- additional consideration is given to individuals with disabilities, such as having someone wait with them to assist with specific needs
- a distance of 2 metres between the ill person and others is maintained. Personal Protective Equipment, should be used by staff if 2 meters cannot be maintained and/or direct care is unavoidable
- hand hygiene and respiratory etiquette are practiced while the ill person is waiting to be picked up//transported
  - tissues should be provided for the ill person to ensure their use with respiratory etiquette
  - proper disposal of the tissue and hand hygiene should be performed after coughing or sneezing
- environmental cleaning of the designated space, other spaces or shared items used during the day (for example, bathroom, desk), and other medical items (for example, basin), should be conducted once the ill person has been picked up

Absences
Schools should ensure that policies are in place for students, staff or volunteers who are advised to stay at home due to illness, exposure history or vulnerability. Schools should work with relevant partners (for example, Human Resources) to develop policies that ensure:

- student school attendance is flexible
- teachers are able to take COVID-19 related leave as required
- the use of medical notes, perfect attendance awards, and incentives are discouraged
- steps are taken to reduce the potential for stigma and discrimination
- measures are in place for students to maintain a sense of meaning/belonging with their teacher(s) and classmates when they cannot attend in person
- surveillance on COVID-19 signs and symptoms in collaboration with NITHA Public Health unit

Reporting
Schools should work with the community health clinics to establish a process for symptom/case reporting, case management, contact tracing, and information sharing. community health clinics should be notified of outbreaks or unusual situations, such as when absenteeism of students, staff or volunteers is more than expected (recognizing that flexible attendance may create a new baseline), or severe illness is observed.

Outbreak management
Plans should be developed in consultation with the NITHA Public Health Unit to guide the actions of the schools in the event of an outbreak of COVID-19 in schools. The plans should consider specific policies regarding case and contact management, environmental cleaning, and temporary alternative education-delivery models. Communications plans should maintain privacy while including important audiences such as students, parents/families/guardians, the school staff/volunteers, and surrounding communities.

Immunizations
Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, the influenza vaccination should be highly encouraged for all students, staff and volunteers. It is vital that all students receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. When school-based immunization programs are re-started, eligibility criteria should ensure that students who missed immunizations due to COVID-19 school closures should remain eligible.

References:
1. Public Health Agency of Canada. COVID-19 guidance for schools Kindergarten to Grade 12. [Internet]. August 7, 2020. Accessed August 12, 2020. Retrieved from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/guidance-schools-childcare-programs.html

Additional Resources:
1. Public Health Ontario. COVID-19 Transmission Risks from Singing and Playing Wind Instruments - What We Know So Far [Internet]. July 9, 2020. Accessed August 12, 2020. Retrieved from: https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/07/what-we-know-transmission-risks-singing-wind-instruments.pdf?la=en

APPENIDIX 12 – Guidance for the Cleaning and Disinfection of Schools and Child Care Programs during the COVID-19 Pandemic

How COVID-19 spreads

The virus that causes COVID-19 is mainly spread by respiratory droplets. When someone infected with COVID-19 coughs or sneezes, respiratory droplets that contain the virus are expelled and can be breathed in by someone nearby. Although the virus cannot enter the body through the skin, the respiratory droplets carrying the virus can get into your airways or mucous membranes of your eyes, nose, or mouth to infect you. The virus can also be spread if you touch a surface contaminated with the virus and then touch your eyes, nose, or mouth.

Guidance for cleaning and disinfecting

Consistent and proper cleaning and disinfection of surfaces inside school buildings is just one part of a system of procedures that will safeguard the health and safety of students, teachers, and other staff members during the COVID-19 pandemic. Other important components of the system include physical distancing, hand hygiene, face covering, and timely identification and isolation of sick students and staff. The development of enhanced protocols for the cleaning and disinfection of surfaces within each school, and the implementation of those procedures, will alleviate concern about school re-opening in fall.

This guidance document provides a framework for cleaning and disinfection practices, which allows schools to plan appropriately for fall re-opening. The planning process includes scheduling of cleaning tasks, equipment/product procurement, determining necessary staffing levels, procedural training, securing personal protective equipment (PPE), and the process of closing, cleaning, and reopening schools in the event of an outbreak.

Cleaning Guide Before School Opens

1. Areas in school buildings that have been unoccupied for seven (7) or more days need only routine cleaning, not disinfection because the virus that causes COVID-19 cannot survive outside of the body for more than five days.

2. Develop a cleaning and disinfecting plan for your school buildings that identifies what areas need cleaning, what areas need cleaning and disinfection, a schedule for cleaning and disinfection, what cleaning and disinfection products are needed, what personal protective equipment (PPE) is needed, and the person responsible for the cleaning and disinfection.

Cleaning Guide After School Opens

1. Identify which areas need only cleaning and which need cleaning followed by disinfection.

    - *Areas needing <u>only routine cleaning</u> include:*
        - Outdoor areas such as benches, tables, railings, and playground equipment.

- Areas or items located indoors that are not touched or used frequently, such as floors, walls, windows, carpeting, light fixtures, and air vents.

- *Areas needing cleaning, followed by disinfection include:*
  - "High-touch areas, which refers to hard surfaces indoors that are routinely touched by different individuals. Examples may include but not limited to desks and chairs, doorknobs, countertops, bathroom surfaces, copiers/scanners/fax machines, computer equipment, shared laptops, Chromebook, or tablets, physical education equipment, locker rooms (benches, showers, and toileting areas), shared break room appliances, handrails, doorknobs, and light switches.

  - Any soft or porous materials that are shared by many individuals (such as blankets, towels, oven mitts, jerseys, etc.) need to be laundered frequently to properly disinfect them. Porous materials are not as easy to disinfect as hard surfaces, so it is recommended that porous surfaces that may be contacted by many different individuals throughout the school day but are not easily laundered (such as upholstered chairs, softballs, and other soft physical education items, etc.) be removed from shared use areas or programs.

2. **Develop schedules** for cleaning and disinfection
   - Daily
     - Routine cleaning of all areas of the school used during that day.
     - Cleaning and disinfection of "high-touch" areas that you have targeted in your plan.
   - Twice Daily
     - Plan to clean and disinfect bathroom surfaces twice per day, especially during times of full occupancy in the school and in high-traffic bathrooms that are in areas where they are more commonly used.

3. **Identify and procure** appropriate cleaning and disinfection products for your facilities.
   - Cleaning Products:
     - Detergent products (soap) and water are effective for surface cleaning and are very effective at removing the virus that causes COVID-19 from surfaces.
     - Instead of soap and water, commercially prepared cleaning products may also be used.
     - Products that clean and disinfect all at once (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available) may also be used.

   - Disinfection Products:
     - Select products listed on the Hard-surface disinfectants and hand sanitizers (COVID-19). These products are approved for use against the virus that causes COVID-19.

     - Products approved by Health Canada for cleaning and disinfecting must be used twice. The product must first be used to clean the surface, air dried and then used again. Allowing it to remain on the surface for the contact time stated on the label.

     - Most products are for use on hard surfaces but there are a limited number of products approved for use on soft and porous surfaces.

- Be sure to double-check that the products are approved by Health Canada.

- To reduce the risk of asthma attacks triggered by disinfecting, aim to select disinfectant products from the Health Canada approved list with “asthma-safer” ingredients (hydrogen peroxide, citric acid, or lactic acid), whenever possible.

- Avoid products that can trigger asthma attacks, such as those containing sodium hypochlorite (bleach), quaternary ammonium compounds (quats), or peroxyacetic (peracetic) acid, whenever possible.

- The use of “Foggers” or tank sprayers for disinfection in schools should be discouraged because they are potentially dangerous to the custodial staff and the other occupants of the building. Spraying or fogging of disinfectants in large quantities in school settings may lead to increased adverse respiratory and dermal issues for students and staff.

4. **Train staff** about how to use cleaning and disinfection products safely.
   - Opening windows and/or ensuring ventilation system fans are running during cleaning and disinfecting will reduce exposure to the chemicals in these products.

   - Custodial or other staff performing cleaning and disinfecting activities must receive appropriate training on how to properly use, store, label, transfer, and dilute (if appropriate) the specific products being used at each facility.

   - Cleaning staff must be equipped with proper personal protective equipment (PPE), including gloves, eye protection, respiratory protection, and other protective equipment, as required by the product manufacturer. See the product label and Safety Data Sheet (SDS) for each product used for specific PPE recommendations.

   - Follow the manufacturer’s instructions about how to apply disinfectant products, including dilution instructions (if product is not “ready to use”).

   - In order to be effective at killing viruses, the disinfectant must be left on the surface for the amount of time stated on the label (also known as the “contact time”)

   - Allow disinfected surfaces to air dry. Do not use fans or other mechanical means to shorten product drying times.

   - If custodial or other staff who will be assigned cleaning and disinfecting tasks has asthma or other underlying respiratory problems, they should be given safety data sheets for the products that the school intends to use and receive medical clearance from their health provider before using any industrial or commercially-available cleaning or disinfection products.

References:

1. Public Health Agency of Canada. Cleaning and disinfecting public spaces during COVID-19. Retrieved from: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html

2. State of Connecticut, Department of Public Health. Guidance for the Cleaning and Disinfection of Schools during the COVID-19 Pandemic. Retrieved from: https://portal.ct.gov/-/media/Coronavirus/20200622-DPH-Guidance-for-the-Cleaning-and-Disinfection-of-Schools.pdf

3. Centres for Disease Control and Prevention. Cleaning and Disinfecting Your Facility. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

4. Minnesota Department of Health. COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs. Retrieved from: https://www.health.state.mn.us/diseases/coronavirus/schools/clean.pdf

Update: August 19, 2020

APPENIDIX 13 – Sample Policy: Occupational Health and Safety Personal Protective Equipment Selection (Janitorial Clothing and Footwear)

1. PURPOSE

1.1. The purpose of this policy is to ensure all Health Employers are following the Federal Occupational Health and Safety Legislation to avoid large fines, employee injury, illness or death.

1.2. The purpose of this document is to provide guidance to clinic janitors on the types of safety footwear and clothing required to protect them from injuries in the workplace.

2. POLICY

2.1. NITHA requires all employers to follow the Federal Occupational Health and Safety Legislation of performing a Risk Assessment to determine appropriate PPE for all staff. NITHA does not promote taking any shortcuts to the legislation. The legislation is in place to keep all workers and clients safe from occupational injury or death.

2.2. NITHA recommends that all janitors should wear footwear and clothing appropriate for the potential hazards present in their work environment in order to comply with Section 8.22 of the *OHS Regulation* ("*Regulation*"), Canadian Standards Association (CSA) requirements; Z195-09 Protective footwear and Z195.1-02 Guideline on Selection, Care, and Use of Protective Footwear.

2.3. NITHA recommends that janitors or custodial employees should be provided gloves, goggles and protective uniform specifications such as long sleeves and rubber-soled safety shoes or shoe covers.

3. PROCEDURES

3.1. Health Care Employers should follow the process of a Risk Assessment to determine PPE for all employees.

3.2. Employees include: Administration, Nurses, Assistants, Visiting Doctors, Transportation Drivers, Community Health Workers, Janitorial staff etc

3.3. PPE includes: Gloves, visors, footwear, gowns, masks and any other equipment deemed necessary by the employer through the Risk Assessment process.

3.3.1 For all job descriptions a written job description is required.

3.3.2 For each job task, a list of procedures is required.

3.3.3 For each procedure, a hazard assessment is required.

For each hazard found for each procedure, the correct PPE will be determined by the employer.

3.4. Basis of Footwear Selection

Footwear must be chosen based on the hazards that are present. Assess the workplace and work activities for:

- Materials handled or used by the janitor.

- Risk of objects falling onto or striking the feet.
- Objects that may penetrate the bottom or side of the foot.
- Possible exposure to corrosive or irritating substances.

3.5. Evaluate the risk:
- of foot injury due to exposure to extreme hot or cold
- of slips and falls on slippery walking surfaces
- of exposure to water or other liquids that may penetrate the footwear causing damage to the foot and the footwear

3.6. To help supervisors determine if their janitors are required to wear foot protection, please refer to the Risk Assessment Checklist below. If the answer is yes to any of the hazard categories, then refer to the "Selection Criteria of Footwear Section" and select the proper footwear that will protect from that hazard.

Risk Assessment Checklist

Hazard	**Yes**	**No**
Is there a risk of injuries from punctures, crushing, cuts, lacerations, needles, or falling objects?		
Is there need for additional protection such as an internal steel toecap? (recommended for persons lifting or carrying objects or heavy loads)		
Is there need for metatarsal protection (top side of the foot)?		
Is there need for a protective sole (puncture resistance for the bottom of the foot)?		
Is there need for specialized footwear (e.g., protection from chainsaws)?		
Is there need of protection for walking on slippery surfaces?		
Is there need to provide support to heels and ankles to help reduce twists and sprains? (uneven walking surfaces)		
Is there risk of electrical conduction or shock?		
Is there need for protection from water or wetness?		
Is there need for insulation from the cold?		

Selection Criteria of Footwear

The following symbols from: Z195-09 Protective Footwear will help determine which footwear is appropriate for the job.

Selection of Safety Footwear		
Symbols	**Criteria**	**Use**
	Green triangle footwear has sole puncture protection with a Grade 1 protective toe (withstand impact up to 125 joules).	Any industrial or heavy work environment, including construction, where sharp objects are present (such as nails).
	Yellow triangle footwear has sole puncture protection and Grade 2 protective toe (withstand impact up to 90 joules)	Light industrial work environments that need both puncture and toe protection.
	White rectangle with orange Greek letter "omega" footwear has soles that provide electric shock resistance.	Any industrial environment where accidental contact with live electrical conductors can occur.
	Yellow Rectangle with green letters "SD" and grounding symbol footwear has soles that are static dissipative.	Any industrial environment where a static discharge can be a hazard for workers or equipment.
	Red rectangle with black letter "C" and grounding symbol footwear has soles that are electrically conductive.	For any industrial environment where low-power electrical charges can be a hazard for workers or equipment.
	White label with green fir tree symbol footwear provides protection when using chainsaws.	For forestry workers and others who work with or around hand-held chainsaws and other cutting tools.
	Blue rectangle footwear provides Grade 1 protective toe with no protective sole	For industrial work that does not require puncture protection.
	Grey rectangle footwear provides Grade 2 protective toe with no protective sole	For institutional and non-industrial work that does not require puncture protection.

References:

1. PPE That Protects Cleaning Workers. Available from: https://www.cleanlink.com/hs/article/PPE-That-Protects-Cleaning-Workers--16893

2. Safety Footwear Guidelines. Available from: https://www.uwo.ca/hr/form_doc/health_safety/doc/procedures/footwear_guidelines.pdf

3. York Central Hospital. Safe Footwear Policy: Available from: https://www.mackenziehealth.ca/en/staff-physicians/resources/Professional-Practice/Education/Students/Safe-Footwear-Policy.pdf

4. Canadian Occupational Health and Safety Regulations (SOR/86-304) https://laws-lois.justice.gc.ca/eng/regulations/SOR-86-304/index.html

Update: October 7, 2020

APPENIDIX 14 – Guidelines for reducing COVID-19 risk at Halloween

Many traditional Halloween activities can be high-risk for spreading viruses. Hence, those that have COVID-19 or may have been exposed to someone with COVID-19 should not participate in in-person Halloween festivities and should not give out candy to trick-or-treaters.

There are several safer, alternative ways to participate in Halloween. Please find below the guidelines for reducing the spread of COVID-19 during the following

Trick-or-Treating (Neighbourhood Trick-or-Treating)

Trick-or-treating is permitted with the following measures in place:

- Two metres distance must be maintained between individuals who are not in the same household/extended household at all times.
- No direct physical contact should occur between trick-or-treaters and people distributing Halloween treats.
- Participants should consider using tools (e.g. tongs) to distribute candy at a distance.
- Physical distancing must be used when approaching houses (i.e. wait until group ahead is gone, take turns). For houses or neighbourhoods anticipating a high volume of trick-or-treaters, people distributing candy are encouraged to place tape markers every two metres between doorways and sidewalks/driveways to promote physical distancing.
- Due to the number of people potentially touching the treats prior to being handed out, consider cleaning candy wrappers with disinfectant wipes or holding the treats for 72 hours before consuming.
- Only wrapped, store-bought treats should be distributed.
- Common touch areas (e.g. handrails, doorbells, doorknobs, etc.) should be frequently cleaned and disinfected while distributing candy.
- Trick-or-treaters should practise frequent hand hygiene by carrying portable hand sanitizer approved by Health Canada (DIN or NPN number).
- People distributing candy should practise frequent hand hygiene while handing out Halloween treats.
- Trick-or-treaters should consider incorporating non-medical masks (e.g. cloth or other materials) into their costumes, while ensuring their eyes are not covered for safety reasons.
- Individuals handing out candy should consider wearing non-medical masks (e.g. cloth or other materials) where two metres of physical distance cannot be maintained.
- Where possible, only one household member should hand out candy.
- Alternatives to trick-or-treating may be considered, such as:
    - Costume viewing from windows/virtual/photos.
    - Decorating households and yards for viewing from afar.
    - A costume parade where physical distancing can be maintained.

Retail Trick-or-Treating

Outlets handing out candy must ensure they comply with all guidelines specified below for private trick-or-treating.

- Increase cleaning and disinfection of commonly contacted areas, including doorknobs, handles, display racks, checkout areas, change rooms, keyboards, etc.
- Ensure staff are practising proper hand hygiene and coughing/sneezing etiquette
- Promote physical distancing of customers
    - Use physical line controls, such as crowd control cordons at entrances and checkout lines. Place markers (e.g. tape or cones) every two metres as visible cues to support physical distancing.
    - Post clear signs in multiple locations that indicate the maximum number of customers and staff allowed in the store at one time.
    - Consider monitoring the number of customers and staff entering and exiting the store. Once the maximum number of persons is reached, allow one person to enter for every one person who leaves.
- Place an alcohol-based hand sanitizer approved by Health Canada (DIN or NPN number) in dispensers or soap and water handwashing stations near doors, pay stations, change rooms and other high-touch locations
- Ensure employee and public washrooms are always well stocked with liquid soap and paper towels, and that warm running water is available.

Haunted Houses

- Organizers must implement one-way traffic flow to promote physical distancing (i.e. enter through one door and exit through another).
- Use markings or dividers and visual cues in common areas to ensure physical distancing between non-household/extended household members.
- Non-medical masks (e.g. cloth or other materials) are an additional measure participants can consider when physical distancing cannot be maintained or is unpredictable.
- Ensure frequent hand hygiene is available for everyone before, during and after visiting the haunted house with hand sanitizer approved by Health Canada (DIN or NPN number).
- Expand cleaning and disinfection of common/high-touch surfaces with the use of a Health Canada-approved product.
- Walk-through times between groups must be a minimum of 10 minutes apart to avoid congestion in the haunted house.

Pumpkin Patches

Pumpkin patches are permitted to operate under the following conditions:

- People exhibiting signs of illness should not enter pumpkin patches. If you think you may be sick, use the online Saskatchewan COVID-19 self-assessment tool and follow the directions.

- People not from the same household or extended household should maintain two metres of physical distancing at all times. Limit gathering with other people when entering and leaving the pumpkin patch, and always supervise children playing.
- Limit entry to the pumpkin patch to allow for physical distancing of two metres between individuals and family groups. Block off areas to control access.
- Minimize the number of entrances and exits to control the number of participants.
- Manage lineups into the pumpkin patch to meet physical distancing requirements of two metres between people not from the same household or extended household.
- Direct traffic flow through the patch using chalk or tape markings on the ground, ropes, barriers or other markers as required. Where possible, implement one-direction traffic flow to promote physical distancing.
- Ensure frequent hand hygiene is available for everyone before, during and after pumpkin picking with hand sanitizer approved by Health Canada (DIN or NPN number).
- Expand cleaning and disinfection of common/high-touch surfaces with the use of a Health Canada-approved product.
- If photo stations are available, two metres of physical distancing must be maintained between household groups lining up to take photographs.
- Photographers must maintain two metres of physical distance from groups or individuals being photographed.
- The photo station must be disinfected between each group being photographed.
- Any outdoor play areas in pumpkin patches must follow the Recreation Guidelines.

References:

1. Government of Saskatchewan. Fall Activity Guidelines. Retrieved from: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/re-open-saskatchewan-plan/guidelines/fall-activity-guidelines#trick-or-treating

2. Centres for Disease Control and Prevention. Holiday Celebrations. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html#halloween

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