



SHA Service Resumption Update

Following the announcement of SHA’s Service Resumption Plan on May 5, 2020, teams are now being mobilized internally to advance this work in time for the first phase to launch on May 19, 2020. Extensive planning is required to accommodate the interdependence of various programs and services.

Teams are considering the risks to implementation of each phase and current status of COVID-19 positive patients in the community as well as around the province. As a result and given the status of outbreaks in various communities and facilities, there will be variation in how the resumption of services is operationalized in the different areas of the province.

Strengthening Our Offence

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

Creating virtual connections for long-term care residents

The need to physically distance during the pandemic has left many seniors in long-term care homes feeling lonely and disconnected from their families and friends. To help bridge this social gap, a number of hospital and healthcare foundations, companies and other organizations have donated phones and iPads to the SHA. Among them is Westcap Mgt. Ltd. Through a partnership with the COVID-19 Hospital Fund, a collaboration involving all four Saskatoon hospital foundations, Westcap has generously donated \$250,000 towards the purchase of, and data plans for, more than 330 iPads. This donation, and the gifts of virtual connection from all donors, will help families remain in touch until the SHA is confident that we can safely reduce visitor restrictions and reunite families.

First Nations and Métis Communications

The First Nations and Métis Health COVID-19 Communications Committee was created to communicate, collaborate and discuss COVID-19 issues impacting First Nations and Métis communities in a clear, accurate and timely matter. Committee membership includes the Saskatchewan Health Authority and partners: Indigenous Services Canada (ISC), Métis Nation-Saskatchewan (MN-S), Federation of Sovereign Indigenous Nations (FSIN), Northern Inter-Tribal Health Authority (NITHA), Athabasca Health Authority, Ministry of Health, and Government Relations.

We provide inclusion and a voice for our partners, facilitating high-level problem solving, sharing of updates and real time solutions within a provincial structure. By working collaboratively with our partners, we help to mitigate any concerns or issues and help ensure that culturally appropriate key messaging is being delivered consistently to our communities.

Effective Reproductive Number

- The Effective Reproductive Number (ERN) is the average number of people one person with the virus in Saskatchewan is likely to infect at the current time, after the effects interventions have been factored in.
- This past week, work continued to determine the ERN for more localized areas of the province.
- An ERN consistently below 1.0 means the virus is being managed effectively through personal preventative measures.
- The latest data suggested in Far North/North the ERN is **2.13**, reinforcing why additional restrictive measures are in place.
- For the rest of the province, the Effective Reproductive Number is **0.75**.



We help empower local decision making by providing information about the situations, risks, resources available and actions that local communities have taken. We work closely with the four provincial Integrated Health Incident Command Centres for service delivery related questions, and escalate concerns and barriers to the Emergency Operations Centre.

Working closely with Community-Based Organizations (CBOs)

A virtual town hall on April 24, 2020 provided an opportunity for the SHA to share information about best practices and the organization's response to COVID-19 as well as field questions from approximately 20 community-based organizations (CBOs). Leaders from the areas of Infectious Disease, Primary Health Care, Disease Control and Mental Health and Addictions committed to following up with the CBOs on a number of issues including mobile testing options, mental health and addiction issues, sourcing personal protective equipment and client management in shelter settings.

SHA launches Healthcare Worker Mental Health Support Line

As part of the SHA COVID-19 response, ensuring that mental health and wellbeing needs of healthcare workers and physicians are identified and supported is critical. Caring and having compassion for ourselves and each other by acknowledging and effectively managing stress, both acute and cumulative, is key to building individual and collective resilience over time. On May 4, 2020 the SHA launched the Healthcare Worker (HCW) Mental Health support line which is directly accessible from 8AM-11PM, seven days/week. The support line is a further enhancement of mental health service for healthcare workers offering brief intervention and a pathway for urgent care as required.

Increased capacity for ground ambulance services in northern Saskatchewan

The SHA is increasing the capacity of ground ambulance services and putting in place additional Advanced Care Paramedics in Northern Saskatchewan during the COVID-19 Pandemic.

COVID-19 outbreaks and other high risk areas

The SHA continues to work towards improved communication regarding the declaration of COVID-19 outbreaks in their facilities. An outbreak declaration is used by Public Health to mobilize and coordinate a response to the infection. However, it is not necessarily an indicator of risk to the public. Regardless, the SHA will be providing information for [publicly posting outbreaks](#) within its facilities including hospitals, long-term care homes and integrated facilities.

As well, the SHA is also ensuring that high risk or outbreak areas are known to health care providers so care teams can place all patients coming from these communities or health facilities on [droplet/contact plus precautions for 14 days](#) from their last exposure. This includes patients, residents and clients coming to outpatient settings, emergency departments, all new inpatient admissions, continuing care, EMS, home care and primary care.

Outbreak over at Victoria Hospital in Prince Albert

On May 8, 2020 the SHA ended its outbreak declaration at the Prince Albert Victoria Hospital. The initial declaration was made after an inpatient tested positive for COVID-19 on April 30 during their stay. Staff who had been in close contact with the patient began self-isolating and were tested. Contact tracing and investigation began immediately. Not a single case was discovered among other patients or health care workers related to the 10-day exposure period.



Additional Community Supports for La Loche

Supporting individuals with addictions is important at all times, and needs to be an area of focus when considering the stress public health measures can bring to a vulnerable population living in a geographically isolated area. Harm reduction strategies such as managed alcohol programs help ensure we can support vulnerable populations while minimizing the risk of transmission of COVID-19. Managed Alcohol Programs (MAP) provide regulated doses of alcohol to program participants as a way to address problems associated with severe alcohol abuse.

The SHA and community leaders in La Loche are launching a Managed Alcohol Program to help those with alcohol addictions in that community. The program will be in place to support those who require alcohol addictions support at a time when alcohol for sale in the community is removed as part of the efforts to eliminate the transmission of COVID-19. Identifying participants for the program will be done through referrals from various sources in the community, such as community leaders, local physicians, and nurse practitioners as they determine what types of supports are needed. A similar program is currently running in Saskatoon, through the Lighthouse, with the support of the SHA.

Personal Protective Equipment update

[Personal Protective Equipment \(PPE\) Bulletin](#): The PPE Bulletin for May 8, 2020 includes an explanation and break-down of Droplet Contact Plus Precautions, including eye protection recommendations, a point of care risk assessment (PCRA) algorithm and N95 respirator fit testing information.

SHA Focuses on Community

Message from Dr. Julie Kryzanowski, SHA Senior Medical Health Officer

Saskatchewan is a cooperative province that often focuses on the common good. And unlike other parts of the world, we have plenty of space to physically distance. Both reasons are at the heart of why the COVID-19 virus has not yet overwhelmed our health system. That's why we need the people of Saskatchewan to continue taking COVID-19 seriously, and to keep doing what you're doing – physically distancing, washing your hands, and following public health orders – to keep yourself and others safe.

It is natural to be concerned and sometimes even fearful about COVID-19. But in some cases, people are fearful of admitting symptoms and getting tested, and I am very concerned about that. I have seen some people stigmatized during this pandemic: those who are sick with COVID-19, emergency or health care professionals and other essential workers, people from Northern communities, and Indigenous people.

Stigma against those with COVID-19, or living and working in communities with COVID-19, is preventing some from seeking testing. Some, especially those who are part of small communities, fear being identified as having symptoms. But when we self-isolate and seek out tests when we have symptoms or have been in close contact with others who have symptoms, we are contributing to the health of the whole and challenging fears and stigmas at the same time.

Northern Saskatchewan and some Indigenous communities have been hit extremely hard by COVID-19 in the past few weeks, just as the south was hit hard earlier this spring. The fact is, this virus is extremely contagious; anyone could get it, young and old alike. We should celebrate those heading into testing centres; they are doing their part. Don't stigmatize them; it might be them today, but it could be you tomorrow.



Our health care professionals are putting themselves at risk every day, coming to work to serve their community. They are taking every precaution to ensure that the virus doesn't come home with them, so don't be afraid of those you know who work in hospitals when you see them out in public or when you seek care.

Stigma divides and turns us against each other, but pandemics remind us how connected we all are. Compassion, care, unity, and resilience make everyone safer. Stay positive. Call out rumours. If you have symptoms or think you've been exposed to COVID-19, call a health professional or HealthLine (811). We're all in this together.

Strengthening Our Defence: Planned Hospital Capacity

Your cooperation has resulted in our efforts to flatten the curve, leading to plans to cautiously and slowly re-open Saskatchewan, and for the SHA to begin planning to reverse the service slowdown. We thank each of you for your efforts in helping us prepare. However, although modelling numbers for worst case scenario planning are lower than originally expected, we still need to continue planning for a potential surge in cases. This will help ensure the health system is able to respond to increased COVID-19 patient demand.

Conversion of Community Hospitals to Alternate Level of Care (ALC)

Conversion of community hospitals to Alternate Level of Care (ALC) sites is one of the measures Integrated Rural Health (IRH) put in place to ensure we can meet potential COVID-19 surge demand. By temporarily converting the purpose of hospitals in some communities from acute care to care for those requiring palliative, convalescence, respite, rehab or long-term care, we can protect our most vulnerable populations.

Community hospitals converted to ALC are temporarily closed to emergency services and acute care admissions and will only accept admissions of patients requiring non-urgent levels of care. There is no impact to long-term care in integrated facilities. Primary Health Care services are being maintained. This conversion allows for the movement of ALC patients from tertiary and regional hospitals to create space for a potential COVID-19 surge. It also separates COVID-19 and non-COVID-19 pre-acute or post-acute patients in the community in community hospitals to avoid transmission.

Temporary conversion of these hospitals to ALC sites will occur in a phased approach over four to six weeks. The first phase took effect on Friday, May 8, 2020 and involved community hospitals in Kerrobert, Herbert, Preeceville, Broadview, Radville, and Lanigan. More will follow in subsequent phases over the coming days and weeks.

COVID-19 Pathway

In preparation for the anticipated demand on healthcare services for COVID-19, physician and administrative leaders within the SHA have created a COVID-19 Pathway that outlines a framework for how patients (COVID-19 and non-COVID-19) best access and flow through the healthcare system at a local and provincial level. The COVID-19 Pathway framework includes the flow of patients through acute care, community services and focus points for vulnerable populations. [Visit the COVID-19 Pathway webpage](#) for more information.