

**Townhall meeting Saturday April 4, 2020 10:00am – 11:00am
with Minister Schulz, Minister Sawhney and Dr. Deena Hinshaw**

also attended by:

Children's Services - Deputy Minister Darlene Bosema and Exec. Director Joni Broadsiack.

Community and Social Services - Deputy Minister Shannon Marchand

Minister Schulz – welcome

Thank you so much for all of you for joining us today, I am so pleased to be on the line with Minister Sawhney and Dr. Deena Hinshaw Alberta's Chief Medical Officer of Health, we know you have got some questions and concerns about the COVID 19 situation and we are appreciative of Dr. Hinshaw making time to speak with us today to help answer any questions you may have. I know you have been following our Governments daily updates with Dr. Hinshaw, our Premier and our colleagues, these updates are our way of Government to provide Albertans with the latest information on how to combat this virus and to keep people informed of our actions to help families and businesses weather this crisis. I know you are concerned both personally and professionally as well as for the vulnerable populations that we serve. I do understand that you are looking to hear from Dr. Hinshaw and are looking for specific guidance that will help provide some certainty and comfort that you are providing the best possible care for your staff and people in our care and that is why we are pleased to be here today. I know specifically over the last two days we've been working with Health on some very specific questions about Congregate Care and looking for some guidance on how we in Children's Services facing or supporting agencies can get some clarity on some of those things which I do understand is in the works and I'm hoping we get a response on today. Just a reminder that this is the greatest public health crisis we have faced in a century and when it's applied, we will face the greatest economic crisis since the 1930's. We need you all to be part of our ongoing response which is why I'm so exceptionally grateful not only for the work you do everyday for the conversations that we've had over the last number of weeks and for you taking the time on a Saturday Morning to be with us today. Thank you from the bottom of my heart for providing these services to the most vulnerable citizens. We look forward to your questions and I will now pass the mic over to Minister Sawhney.

Minister Sawhney – welcome

Good morning everyone and thank you all so much for taking the time to join us on this call. Minister Schulz and I are extremely grateful to Dr. Hinshaw our Chief Medical Officer of Health for being with us here today. I know how busy everyone is right now and I to thank you for everything you are doing to protect the health and safety of Albertans during the pandemic. With your staff on the frontlines everyday your expert leadership is critical to ensure the most vulnerable are protected during this crisis. The role of our partners can not be overstated and the work that your staff does is critical as well. Their dedication to the clients and families you serve is commendable to say the very least. I do want to assure you that Community and Social Services Programs including PDD, FSCD, AISH and Income Support are still available during the COVID19 pandemic. Our Alberta Support contact centres remain open with dedicated staff helping people over the phone or online and our PDD and FSCD staff are being flexible during this time to help individuals get available services. I do understand that the challenges that many of you are facing and staff at CSS are here to assist where possible. It is up to all of us to do everything we can to prevent the spread of this virus and to keep vulnerable populations safe. I will now pass you on Dr. Hinshaw who's here today help answer your questions on the public health protocols in place at group homes and care facilities during the COVID19 pandemic. Thank you so much for joining us today Dr. Hinshaw.

Dr. Hinshaw – welcome

Thank you, I would echo the comments made by Minister Schulz and Minister Sawhney that it is really the work on the frontlines that is making a difference and I know that this is not easy and just wanted to thank you for all of that work and for being here today. Just in terms of opening remarks, I know that many of you will have received the newest order with respect to outbreak response in a congregate living settings and I just want to

provide a really quick high level overview of that in case that is helpful for you before we move into questions but I do want to make sure that we have a lot of time for questions because that is the main purpose of today. With respect to outbreaks we know that especially as this is uncharted territory in many ways there are lots of questions about how to deal with staff or residents who are feeling ill and so what I want to make sure that you aware of is that any staff who work in these kinds of congregate living settings, group homes are considered to be eligible for testing when that wasn't immediately built into the algorithms for testing but there will be a testing update on Monday, so effective Monday any staff who work in congregate living settings including group homes will be able to access testing through Alberta Health Services, so through 811 and the online risk assessment process that AHS has set up. I apologize that that wasn't immediately made either obvious or available, but it should be as I say effective Monday available to staff.

With respect to any illness in residence, what we are making really clear in this latest order with respect to outbreaks is that we would consider within a congregate living facility or setting that even one resident who has a symptom of cough, fever, runny nose, sore throat or shortness of breath and in the case of residents specifically we are including diarrhea and vomiting although that is a less common symptom in COVID19 it can happen and we know that congregate settings are an opportunity for a virus to spread quite quickly. So anyone person, anyone resident or client in that group setting that has any of those symptoms would meet what we are calling a suspect outbreak definition and the most important action for those suspect outbreaks is to call the AHS coordinated response line and that number is available on the AHS website. If you have one or more people in your facility who have those symptoms, then the expectation would be that you call the rapid response line and they can help with access to PPE and testing for the residents and making sure that the site has the support to put protection around that individual or several individuals who are sick and to try to limit the possibility that it would spread within that setting. And then with any one confirmed case of COVID whether that is resident or staff then that would flip into what we are defining as a confirmed outbreak and while typically we would need multiple people in order to call an outbreak we know that even one confirmed case of COVID can quickly spread to others if it is not contained. The Order is available online and has been sent out to all the facilities that fall under the legal description in terms of licensed congregate living settings where this applies. So hopefully the details will be helpful as people are trying to understand what to do if those are systematic. Again I just wanted to give a really quick high level overview as I know the critical part of today is questions, so I will leave it there and am happy to answer any questions you have about how to proceed, how to keep your staff, clients and residents safe at this time.

Questions

Kids cottage

Q: We serve and shelter the most vulnerable, we serve infants and children up to the age of 10. Social distancing or physical distancing is a little bit difficult when you have a crying infant, or you are consoling a child. How do we keep doing this great work in keeping the infants and children safe but also keep our frontline workers safe as well?

A: Minister Schulz – This is a great question. Certainly, we recognize the very important work that you do to support the most vulnerable and the youngest babies and kiddos in our province that need your support. You are in a unique situation and that offer to continue working obviously in supporting these vulnerable kids in anyway is incredibly kind and shows the dedication that you have for the vulnerable kids that we serve. The regions will be reaching out and John and Jody also do a lot of very specific outreach in terms of specific unique parameters around your unique situations and then daily will continue to reach out to Dr. Hinshaw's office to get specifics if there are in fact unique circumstances that haven't been addressed by the overall general guidelines that she has been providing. And so my best advice right now is that we will absolutely reach out to you on an ongoing basis if there are any additional supports that we might need as we look to how we are supporting kids across the province especially because this as you all know this virus and this circumstance

things are changing not only daily but also hourly so I think we would absolutely look to organizations like you if we get into additional unique situations but I also in terms of how to space people apart and additional parameters I'm sure we could get you additional protocols if that is something you are looking for but Dr. Hinshaw you might have some other advice on how they can implement specific things to keep kids and workers safe.

A: Dr. Hinshaw – these are absolutely challenging circumstances and I think that is also needs to be acknowledged that there are risks especially for kids, if kids aren't held and cuddled and receive that kind of affection that we all need but especially kids as they are developing it's a critical part of their health so there's that trade off as we try to figure out how to support especially the youngest children in a time where the COVID crisis is causing anxiety but for the children that you serve obviously their lives are challenging and that's why they come to you.

I think what I would say is that it would be important in that setting to make sure that the staff are watching for any signs of illness in the kids.

If there is any illness in workers, definitely the worker should not be coming to work and if they start to feel sick while at work it would be ideal to have a mechanism where they could hopefully quickly enlist a back up and leave so there's not a risk of spreading infection within that location.

For the kids, and again I have young kids, so I know that something like a runny nose is a very common occurrence and makes things challenging when you are trying to deal with the COVID crisis but ultimately I think if the children do have any signs of sickness, if they have a runny nose, if they have a fever or cough, if they are complaining about a sore throat in some of the older kids then they really do need to be kept separate from the other kids and if they do have the caregivers looking after them ideally some personal protective equipment in that scenario would be useful to try to make sure that that caregiver is protected from the infection while still being able especially for infants to provide them with the care they need and obviously you can't care for an infant while remaining 2 meters distance that's completely impossible. So I know the provincial operations centre is receiving requests from different organizations that have needs for PPE that maybe don't usually stock it so that would be something to consider is what kinds of supplies might be needed, the typical ones for this particular virus would be a surgical mask, eye protection, gowns and gloves in a health care setting and so I think that might be something where having a conversation about the kinds of care you provide, how much PPE might be needed and what are the kind of infections and control protocols that would be needed in that facility and seeing if we can connect you with someone on the ground at AHS to talk through those kinds of preventive measures so that you can continue to provide care especially to those that are the youngest, where really that distance is impossible to keep. So, I would hope that would be helpful and I take away that question and see if we can get a contact to help talk through some of the more local infection control pieces especially when caring for infants.

A: Minister Schulz – For some of our agencies who are partner with AHS as well as Children's Services, I know that there have been some different processes about how to access PPE. Children's Services does have quite bit of access to PPE, we are also compiling the additional orders and working with the POG on behalf of all of our partners so if you do have a need specifically for PPE certainly you can reach out to John or Joni within the Ministry so we can add that additional request to the list.

Michelle Meadahl - Pathway Family Services

Q: In regard to testing and will foster parents be able to be tested as well?

A: Dr. Hinshaw - At this point in time, Foster Parents are on not on the list. And I don't know, maybe some additional information that we could work with Children's Services to understand the settings in which Foster Parents work, I don't know if there are limits on the number of children that Foster Parents would care for at

any given time because one of my questions would, possibly there would be a setting where Foster Parents may have as many kids as a group home then it doesn't make sense to differentiate between them and a group home so maybe I will do is ask my team to work with Children's services to understand the scenarios that Foster Parents are in. Again, at this time they are not on that list, but we will work with Children's Services to clarify whether or not we want to include them going forward.

Stacy Stelling - Accessible Housing

Q: We own and operate a congregate living building and wondering if you have any strategies or expectations around what we should for residents who are returning from hospital either from an emergency visit or as an acute patient in care there is there we need to be doing from protective measures before they come back into the building?

Q: Dr. Hinshaw – Can I just clarify that this is residents that have gone into hospital for something unrelated to COVID so they have had an illness or injury they are in hospital and then they come back but they are not experiencing anything on the list of COVID is that right?

A: Stacy – Yes, we have a lot of residents that come and go just because of their high complex medical needs.

A: Dr. Hinshaw – At this time I would not recommend that they are treated differently if they have gone into a clinical setting (hospital or Dr's office) for a visit and then coming back but, would follow the general guidance making sure that everyone is being monitored for symptoms and if somebody is having those kind of COVID symptoms that they be isolated and tested. If this is a, I'm not quite sure you said that this is a supportive apartment so I'm not sure where it would fall on that list of whether its in or out of the legal requirements with respect to the outbreak response guidelines but certainly the number listed with respect to AHS support if there is a large congregate setting where there's lots of people with complex needs I think it would make sense to reach out to AHS if you do start to seeing people with symptoms and they can help put those additional measures in place but again at this time as long as they're not experiencing COVID like symptoms then wouldn't be additional precautions required for those individuals coming back from hospital or from emergency dept. visit.

Greg Morris – WIN

Q: We are starving for masks and haven't been able to get them.

We also have individuals with disabilities who are living alone and the family wants to try and support them and sometimes the emotional support can't be done, well I guess it could be done from 6 feet I suppose but the are still involved in going back and forth and they are worried about are they are going to be charged to pay \$1000 for those exemptions.

A: Dr. Hinshaw – For the first question about masks I would echo what Minister Schulz has said which is that for those operators who are working with Children Services and I don't know if that is the context that you are in that there is a process to try to make sure that people have access to PPE. If you are more with CSS the adult piece and any community provider who is needing to request PPE there is an email address (maybe we can send that out after this call, I could read it to you but it's quite long) maybe we will send out the email address so people know who they can send in their PPE requests to and I want to just be clear with respect to masks that the need for masks is specifically if someone is sick then they should be wearing a mask to prevent spread to others if possible and I know that might be challenging sometimes for some individuals who have complex needs any maybe it is difficult for them to understand and the mask might be uncomfortable so that whenever possible and for anyone caring for that person the mask alone is not sufficient just to be clear that for full PPE that would include gowns, gloves and eye protection as well. So I think there's again some conversations to be had with respect to making sure that workers have adequate protection and doing assessments to understand the kind of PPE they need maybe I can ask Fiona I can make sure the email address gets to Fiona and the organizers of this call and that we send that out how to order.

The second part of your question was about fining, so I think some confusion understandably because things have been moving so quickly about the \$1000 fine if you are within 2 meters of anyone else. If there is an individual with needs and they are living alone and they have people visiting that person to support them that's not something that is subject to the fine and so then if somebody again is in this situation needs support and there's family members or workers who are visiting them to provide that support in that setting that is not something that is prohibited so I think you can reassure anyone that has that worry that the 2 meters of distance is the way to prevent the spread if somebody perhaps has mild symptoms and hasn't recognized them yet but as long as there not many congregating in one place they are not going to be getting a fine in supporting a loved one in a private setting.

Fiona comment: thank you Dr. Hinshaw and yes, we will follow up with all of you to make ensure you are getting the information email address that is coming out of this call.

I would like to pass it back to Minister Schulz for a second to follow up on one of the last questions about Foster Care:

Minister Schulz - That was a good question on Foster Care and I'm sorry I didn't jump in before it went back to the next question but I did reach out last week to a number of organizations including the Alberta Foster and Kinship Care Assoc and I know based on feedback from the Ministry we are working closely with Foster Parents both as Albertans but also as caregivers for children in care and so we have provided them with additional supports so they can social distance where possible family visitations are now being done by video conference or by phone and obviously not putting people into situations where they would have close physical contact so that we can make sure we are following all of the Alberta Health Guidelines just as any parent any Foster parent who shows symptoms is required to advise a case worker but is also call 811 and then the case worker takes some of that feedback that we get based on the call with 811 to build a plan specifically around the health guidance that they receive that would include any additional supports if in fact they are to self isolate so for any of your organizations that are supporting Foster and Kinship care providers typically that would be something for case workers to watch out for that when we are coaching parents that they can call 811 that continue to work with case workers to then work on a plan to any additional supports that you might need.

Rebecca Weaver – Bridges Consulting in Lethbridge

Q: Whether or not there is any more money for families in their contracts through family support facilities?

A: Minister Sawhney – So what we have done right now within the FSCD contracts has been to allow more flexibility so that parents can actually use the dollars within their contract between categories for example dollars that were assigned for community aid can now be used for respite services instead so kind of flexibility is there but in terms of adding additional dollars to the contract that provision hasn't been supplied as of yet. But now having said this I do recognize how challenging it is for families of children with disabilities in terms of getting the additional help that they need its an extraordinary time and its difficult to get help to come into the house so I have encouraged all families and we have tried to reach out to them as well to try to get in touch with your case worker to explain what your circumstances are and we can see what we can do within Community and Social Services to provide additional help. I hope that does answer the question I know it's not the best response or the best solution but in this time of the emergency pandemic I think that flexibility is something that is essential and will be welcomed by families.

Miriam Kaye –

Q: We serve adults with developmental disabilities mostly in group home or congregate care settings of 2-5 people and in these settings staff are not able to physically distance because they are providing personal support to people. Staff are also scared, and some staff are asking, or they may want to wear PPE even if there are no symptoms in any of the residence. Can you provide some advice that I will share with my staff on your recommendations for the use of PPE when no symptoms are present?

A: Dr. Hinshaw – Sure and I assume this is one that, I know there are a lot of discussion on right now because we are watching recommendations unfold and new evidence emerging with respect to again that the possibility that somebody who maybe hasn't got symptoms yet but get symptoms the next day could they possibly be passing on infection even the day before they had symptoms and so I know there's a lot of questions about should we be wearing masks all the time, should we be wearing masks in public, lots of public discourse around those questions. One of the challenges, so I would say it's really clear that the highest risk of the spread of disease is when a person has symptoms so whether or not some people maybe have a risk of transmitting before they have symptoms that's clearly not the highest risk exposure. The second thing I would say is that we at the moment have a limited supply of PPE and we need to make sure that we have enough for settings where there is that highest risk and that could be in these group home settings if somebody does start experiencing symptoms then we absolutely need to make sure there is enough PPE that the people who are caring for those individuals can wear it at that time when there are symptoms and then the final thing I would say is I'm not sure what your situation is exactly but if this group of people being cared for its sounds like 2-5 in a given setting if they are only in this residence setting so if they are not going out and if they are not interacting with a lot of people then it actually would be the chances that those residents would be infected with COVID would be quite low, again depending on I'm not sure how many people you have coming in and out of these settings but if it's most staff coming in and out of these settings and the residents are staying stationary and the residents are not going out to public gatherings and interacting with others then its actually a higher risk of the staff that are out in their homes or other settings and then coming in, its those staff who would be potentially at risk of having been exposed and again then there is that concern that maybe the staff could pass to a client and then a client to the staff but the chances of that happening without that staff member have experiencing symptoms at any point is incredibly low so I think you can control risk in other ways besides PPE use at all times with all clients so it would really depend again on that setting but if you can, if those residents or clients are only in that building and they are not going in and out then I would say that really its about having the staff try to keep distance from each other as they're there watching really closely and if any staff member does have symptoms then they should be tested quite promptly and again then if they are confirmed to be positive then at that point there may be need to consider whether or not there is a use for PPE in that setting if there's been an exposure. So, I think that would be my recommendation in terms of making sure we are not using so much PPE when there is no symptoms that we run out if there should be a case where exposure and symptoms do develop. I hope that's helpful.

David Topping – Independent Advocacy operator

Q: Is there a balance between say supporting an adult with a disability who suffers from seasonal allergies right now. Is there a balance between knowing the person and the history versus just calling just because they have a runny nose but you know that this is seasonal for this person and that this is fairly common for them, I'm struggling to inform my staff of when to call and when not to call can you give some general guidance.

A: Dr. Hinshaw – that is a great question and in fact it's one that is on our list of content to develop for the website because we are getting that question quite a lot especially as it's spring so we are seeing allergy season is upon us and I think it is exactly that but that's again, some of these things we are working on so many different topics sometimes it takes a while longer that we'd hoped to get this guidance up but it's exactly that if you know the clients and the clients are having symptoms that have always have at this time of the year and they are no different so there a little bit of seasonal reaction with some runny nose which they always get no different than they normally would then it really would be a matter of watching them closely in seeing if they develop anything that is unusual for them certainly anything like a fever would immediately prompt you know a fever would be A typical for something that would be more of a seasonal allergy type presentation, so some of those symptoms you would want to immediately call the AHS support line and get that testing initiated but for other symptoms where really its consistent with things that you know some people have a chronic cough for example they may be on a medication and they always have a cough so it is really about looking for a change in any of those chronic or typical symptoms or new symptoms that are different from what that person would

usually experience and again we are working on getting that seasonal allergy specific topic up on our website to provide some clarity.

Pat Desnoyers – L'Arche Edmonton

Q: Just want to get clarity around the comment you made at the beginning you mentioned that any staff are eligible for COVID testing so the question is, is that whether they have the symptoms or not or is it only for people who have symptoms?

A: Dr. Hinshaw – we are not testing people without symptoms and this time except in very unusual or very specific circumstances on case by case assessment depending more risk assessment so right now it would be those who are symptomatic and fall into the categories such as health care workers, group home workers it would be those people who have any of those symptoms runny nose, sore throat, cough, shortness of breath, fever those staff would be the ones who are eligible for testing and again that will go live on Monday so and I know there is a bit of a gap so I apologize for that but starting on Monday you can tell your staff that if they have any of those symptoms they can go through Health Link and get access to the testing through the assessment centres.

Cheryl Rempel

Q: Staff who work in multiple facilities organizations that also work for our organization is there any leading practices around this right now?

A: Dr. Hinshaw – this is to clarify that this is about staff that move between different settings is that correct? Correct.

At the moment, the requirements would be if there is there an outbreak in a particular setting which is a single or more confirmed cases of COVID then at that point there would be an expectation that in a group setting that staff are dedicated to that setting as much as possible and I recognize that there could be challenges with getting adequate staff and that as we have been doing all along trying to balance the risks of COVID with the risks of our response to COVID so recognizing that people who are in homes with supports need those supports to stay safe and making sure they have access to enough people to provide those supports but wherever possible again in an outbreak setting that would be the time where we are moving to restrict the movement of staff from one facility to another. There is discussion underway certainly for seniors facilities with respect to creating some supports for staffing while at the same time trying to limit the movement of staff between facilities in all cases just not in a outbreak but that work needs to be done very cautiously and carefully because again we recognize this risk we don't want to have unintended consequences of moving forward with restrictions and then finding out that there are facilities that can't safely care for people because they don't have enough staff. So at the moment again the restriction is really just for those sites when they are in an outbreak where they have confirmed cases of COVID but I would say that facilities that so have staff that move between multiple facilities I think it would be prudent to be thinking about what would the plan be for if there were to be a case of COVID in a facility and making sure that facility had enough staff that could work there and that other facilities perhaps within the same family or organizations that are running those different facilities could continue to operate and that's probably some contingency planning that would be wise to do now just in case there is an outbreak.

Shyla Massey, President - Inclusion AB Edmonton Region

Q: Can you confirm how family managed support parents who are employers of their own staff can use AHS links to access to PPE and guidelines for infection control etc.

Q: Dr. Hinshaw – So is this where a family member has funding and they manage their own care for a client rather than have a separate organization do it, is that context?

I think the question would be then are those who are not a private organization but rather a family member who are managing the care provision for their loved one can they access those same supports and I think that

might be a similar question and again I just want to make sure I am understanding correctly because this is not my world so making sure I understand correctly that would this be a place where there is an individual whose living alone and their family or they themselves are managing contracts for the supports that are required for that particular individual is that correct so it's not so much a group setting as an individual in a home with managed supports is that right?

A: Shyla – Yes, I'm referring to families that would be managing the contracts for their loved one whether they are living alone or with them, they would be hiring and managing staff who are over seeing the care of their loved ones

A: Minister Sawhney – I think this is another situation where if PPE is required there is email address that Dr. Hinshaw had eluded to earlier that you can access to send your requests in for that equipment and we know that family managed services are a little bit unique in several different respects but of course you should have access to the same equipment that other providers have but do access that email address as well to put your requests in and I would encourage you as well to call our department as well so we can flush this out a little bit further and to make that communication a little bit more clear. I hope that helps Shyla.

A: Dr. Hinshaw – and maybe I will add to that, thank you Minister, just to add that I think like that question around Foster Parents I think there are some of these settings where we have in our policies really have been targeting more of the congregate settings as those of highest risk and so as some of these questions come up about specific settings like foster care or like these family managed situations I think we will need to take those away and make sure we think through the implications of how we best support people in those settings well at the same time wanting to make sure cause it is a whole continuum and spectrum so as we move into these unique situations that are not exactly congregate but they do have perhaps higher risk than an individual living alone in the community then we'll just need to make sure we are thinking through those policy implications and how we best support people in that setting.

Bjorn – Woods homes

Q: Just wondering if there is anymore information related to clients who are absconding? We know that many of our group care providers are struggling with young people who are also struggling with addiction and leaving our settings and often when they come back are not necessarily cooperative both in the self assessment or in the isolation when that is needed so wondering if there is more clarity or more information moving forward?

A: Minister Schulz – that is a great question. You are on my list of people to call this week but I did understand that you spoke with our Ministry yesterday and I'm glad that you asked this question on this call because I think you are the second group care provider who asked the same question and I think it's really helpful for everybody to hear it. As you know the kids in our care are not often in, we are not often facing typical situations and so Ministry leadership in my Ministry has been very diligent in establishing processes for this type of unprecedented situation that we are finding ourselves in. So if a youth should be self isolating but won't or aren't, that is a case where we would ask you to please escalate to us in children's services again John and Joni are the probably the best people to reach out to and we have the ability to then work through that with you on a case by case basis as you know we have many levers that we can pull on to make sure that everybody is safe but also to try to use other methods at our disposal to work with you and work through those very specific situations.

Mandy

Q: if there is a confirmed case at a group home, can staff come back to work the next day if they had PPE and using the proper protocols?

A: Dr. Hinshaw – I'm just going to say how I'm interpreting that, so if there is a case at a group home and I'm just going to assume that this is a case in a residence and the question on whether staff can come back to work the

next day. I think, when there is a case in any kind of congregate setting the reason that we are encouraging people to call the AHS coordinated response team as soon as there is even a single case who has symptoms is that that team can help make sure that whatever that setting has the best advice that is specific to their context and that particular occurrence. So if there is some say it's a resident who developed a cough and fever who immediately as they developed it the person was put into their own room and was self isolated and the staff members who cared for that person who was symptomatic were all wearing the proper PPE, then the exposure would be minimal and staff members would, again as long as they were wearing the proper PPE at all times while caring for that person would not be considered to be at risk with respect to needing to be self isolated for 14 days. If however, there was a resident who developed symptoms, got sick again lets say it was with cough and fever and it wasn't recognized for some time and that person continued to interact with other clients and with staff who were not wearing PPE then there would be restrictions on everyone who was in close contact once that person was confirmed to have COVID. So I think you are going to need staff in either case to be able to provide safe care to those people so in some settings where we have had outbreaks and there have been many staff who have been exposed because symptoms were not recognized promptly what the local public health team did working with those people was they did provide some exemptions for staff who were feeling well who had potentially been exposed there was a concern about exposure and they provided an exemption so those staff could continue working at that site as long as they were feeling well, as long as they wore masks for the duration of the time they were at that site working and that they were not allowed to do any other activities, so they were advised to be only at home or working at that site again while using proper PPE because there is that balance again of making sure sites can operate safely while at the same time making sure we are minimizing the risk of transmission. So it really depends on the setting and the context but again for the first scenario where everyone wore PPE and no one was exposed there would be no limitations on staff coming back into work, although at that point in time again it would be considered to be an outbreak and therefore those staff would ideally would not be working in any other facilities until the outbreak was over, but with the exposure if that happened there would be more restrictions on those staff.

I hope that's helpful but the bottom line import message is if you do have cases that you are worried about cases that meet that symptom definition then the first call should be to AHS so they can help assess the situation and get whatever protocols are needed in place and make sure that testing happens promptly so that the response can be quick.

Tracy – McMahon South

Q: We've had some questions from staff when talking about PPE, we are seeing lots of creative solutions from community for example organizations sewing homemade masks or gowns we just wondering are these measures effective?

A: Dr. Hinshaw – that is the million-dollar question, we are looking right now at evidence especially around homemade masks, I think homemade gowns, that is less risky in a way because gowns are made to keep any droplets to anyone's clothes so as long as gowns are made of fabric that is, again it depends if somebody is having symptoms like vomiting, then you might need to have a gown that is water proof but for the most part people who just have those general respiratory symptoms then a gown of fabric that can be washed without breaking down would be sufficient.

However, for masks that a little bit more difficult, so we have been asked to look at and I have actually asked our scientific advisory team to look at the evidence around homemade masks and how well they work, and there is not a lot of evidence unfortunately, what evidence there is seems to indicate first of all that they don't protect as well as the surgical masks do, so the purchased disposable mask does block the droplets better than a cloth mask will and the other concern and again there is very little evidence but there is some evidence that if someone is wearing a cloth mask and that mask gets damp, so if they are wearing a cloth mask for a long period of time and when we breath we always exhale a little bit of water vapour and so over a long period of time as that mask gets damp it can actually start trapping any virus particles that might be close by to it and it can actually be a risk for the wearer rather than a protection.

So what I'm hoping to do with our scientific advisory teams that have been looking at the evidence over the past week is to be able to create some pragmatic advice for people who do want to take extra measures but my concern is that it may seem common sense to make a cloth mask and it may feel like that it's extra protection but I want people to understand that if they are doing that, that there maybe some risk and then to provide advice on ways to reduce that risk if they are wearing cloth masks and that is hopefully going to be coming out next week at some point.

In the interim what I would say is that if someone is feeling ill; cough, runny nose, fever and there is no surgical mask is available then wearing a cloth mask to prevent spread of that persons illness to others is a reasonable interim measure however the cloth masks should be treated with caution because it would potentially be a source of infection then after it's used so it should be carefully handled after it's used and anyone who does wear a cloth mask should be washing their hands very carefully before putting it on and when they take off the mask they should wash their hands first, take off the mask wash their hands again and the final thing I should say is that a mask by itself is not sufficient protection and a mask does not replace the need for really excellent hand hygiene and remaining careful not to touch ones eyes, nose, mouth because sometimes people might feel like if they are wearing a mask that they are protected and they might forget that actually regular hand hygiene or avoiding touching their eyes for example is probably more important to them than wearing a mask would be.

So again hopefully we will have more definitive guidance available within the coming days, and I know other organizations like the US CDC, they have posted recommendations but again we're wanting to make sure that our review of the evidence is as robust as possible so we can provide the best advice.

Margo Long – Youth Empowerment and Support Services

Q: I like to ask about cohorting confirmed cases, we run group care we have several residences as well as shelter for 15-24 year-old vulnerable youth, one of the plans I had was to potentially use one of our buildings as a cohort area for confirmed cases but reading through the guidelines it says that that is kind of a last resort option, can you walk me through the thought process there, I think I was thinking that once you had confirmed cases you could put them together and treat them as a cohort in a separate building and keep everybody else sort of from the contamination.

A: Dr. Hinshaw – thanks for that question and that is really good feedback on the guidelines and standards because I think that if that is something that can be done then I would agree with you that that would be ideal because once you have confirmed cases as much as possible being able to cohort them as long as they continue to be able to receive services and staffing would in my mind be the ideal scenario so you are not keeping confirmed cases with others who are not sick. So it could be the way we have written the guidelines is assuming that would be difficult for most people to achieve and it is written is such as to make it seem like a last resort but if you can do that earlier then I would encourage you to do so and again I think it's good feedback that we can go back and make sure that the guidance is clear that we would want to discourage people from doing that, its more recognizing that maybe challenging in some settings.

Closing remarks:

We are out of time, in the days to come there will be follow up to provide you with additional resources and to follow up on some of your questions and if any of you did not have your question answered on the call you can also follow up with your respective Ministries either Children's Services or Community and Social Services, I will not read out long emails at this point but there will be lots of substantive follow up with each one of you, so to close I would just like to thank all the speakers, Honourable Minister Rebecca Schulz from Children's Services, Honourable Minister Rajan Sawhney from Community and Social Services and Dr. Hinshaw our Chief Medical Officer. I will now pass it to Minister Schulz for some closing comments.

Minister Schulz – first of all I would like to thank Dr. Hinshaw for taking the time to join us I know that you and your team are working incredibly long hours and so I just want to thank you for taking the time on a Saturday to

answer some questions from this group. I also want to thank all of you who are out there every single day supporting vulnerable youth, kids and families across Alberta especially in this challenging time and what I would say is that we have done a number of these tele-townhalls on the Children's side of my Ministry just to answer some more questions but I would like to offer up, that we will continue to maybe schedule these as questions arise, I know that some of you asked questions that weren't answered and I will do my best to make sure we get those answered and then maybe send out to all of you by email early next week and then also look to schedule another one of these in a few days or a week from now or something like that. I just want to thank you, your work as well as all Albertans taking Dr. Hinshaw's incredible advice really seriously so that we can tackle this pandemic is going to be hugely important go forward so I just want to say thank you so much and you do know where to find me if you have other questions.

Minister Sawhney – Thank you Minister Schulz and yes I'd like to reiterate her words as well that there will be ample opportunities to ask more questions and we will certainly do everything we can to be in as close of touch as possible and this session today has been extremely informative to hear more about the issues that you have raised and all of the questions that have been posed as well. I'd also like to thank Dr. Hinshaw for her time, I know how incredibly busy she is so this was very meaningful to all of us here today, and finally a heartfelt thank you to all of you for the incredible work that you are doing on the frontlines to help serve vulnerable populations and vulnerable Albertans it's incredibly difficult and I know the challenges that you are facing may potentially become more difficult in the unfolding weeks but I am appreciative of everything that you do and the lines of communication will always be open. Do stay healthy, do stay safe and do stay in touch. Thank you once again.