



**Yukon Communicable Disease Control  
#4 Hospital Road, Whitehorse, Yukon Y1A 3H8**

## **Memorandum**

**Date:** 2020-12-17 **20-18**  
**To:** All Health Care Providers  
**From:** Chief Medical Officer of Health (CMOH) & Yukon Communicable Disease Control (YCDC)  
**Subject:** COVID provider update #16

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Dear Colleagues:

With the recent surge seemingly coming under control, the masking mandate just instituted, and the imminent arrival of vaccine, there are again many moving parts in Yukon's response to the pandemic.

We have several points to cover in this memo:

1. Masking
2. Revised Guidance on reuse of PPE
3. Update on COVID and Influenza testing
4. A brief description of the recent surge
5. Physician support
6. Isolation for COVID cases: How long should it be?
7. YCDC and physician/community nursing roles for clinical and public health management

### **1. Masking**

As you know, as of December 1st, the mandatory masking order for indoor public spaces came into effect. This has brought up the concern about medical exemptions for mask use, what they are, how they will be considered, and what the expected role is for medical practitioners.

A separate guide for practitioners on mask use and exemptions is attached.

The order states that mandatory masking does not apply to:

“People who may be unable to wear a mask or understand the need to wear a mask because of a psychological or health condition, cognitive impairment or an intellectual disability.”

The order has been written in such a way to minimize unnecessary visits to practitioners for documentation. The enforcement process, should there be a complaint, could include a request for documentation of a medical condition. It is important to note that the order does not specify that a medical note *must* be provided in every case. Nor does the order specify the exact medical conditions that would qualify as medical conditions.

Thus, there is some judgement required on the part of both the enforcement officer (should the situation reach enforcement measures) as well as the attending health care provider. Our general approach is of support and education, and not enforcement. However, this is an enforceable requirement and therefore it is possible that enforcement mechanisms may be called into play, and documentation may be required.

If patients are calling and asking for appointments to do with mask exemptions, it may be worthwhile to discuss with them the reason that they are requesting an exemption. Please review the attached reference document. True medical contraindications to mask use are relatively rare and in most cases support and reassurance can suffice.

For your reference, the order can be found at: [https://legislation.yukon.ca/reg/mo2020\\_071.pdf](https://legislation.yukon.ca/reg/mo2020_071.pdf)

We are hoping that medical intervention for mask use exemptions will be minimal. If patients request exemption certificates, you should review with them whether there is a legitimate contraindication or whether the person simply needs some reassurance or counselling or advice. Documentation of a medical condition may be required in case of a complaint, but should be uncommon.

## **2. Use of PPE and Continuous Masking**

With the surge of COVID activity in Canada and the increased risk of introduction, we supported the implementation of continuous masking. This practice has been well established in Continuing Care facilities for several months, was recently introduced in Home Care, then at Yukon Hospitals and is now the standard for all health care facilities. Revised PPE guidance to reflect continuous masking requirements is now complete, please see multiple documents attached.

It is important to note a few key features:

- Screening processes for COVID exposure or clinical symptoms must continue for staff, patients, and visitors.

- All staff working in clinical areas (hospital, community health centre, medical clinic, allied health care setting) should now be wearing a medical mask (procedure/surgical).
- Staff in non-clinical areas should follow workplace guidance for non-medical mask use (for example, in areas where there is mixing with members of the public, or in common areas and hallways/corridors).
- Patients and any escorts entering facilities should be wearing at minimum, a non-medical mask. If patients screen in for COVID exposure or risk factors, they should switch to a **medical mask**.

Originally with our mask use guidelines we issued advice around re-use of medical masks (e.g. after a washroom or lunch break). However, with our present ample supplies of PPE, re-use is no longer required and this guidance will be removed from the health care providers website. Extended use is recommended, with masks being replaced:

- Whenever they become wet or soiled.
- After any patient encounter involving droplet/contact precautions
- After removing for purposes of a break or meal, etc.

For more information, see **Extended Use of Surgical/Procedure Mask Guideline** available at: [https://yukon.ca/sites/yukon.ca/files/extended\\_use\\_mask\\_guideline\\_-\\_final\\_oct\\_8\\_2020.pdf](https://yukon.ca/sites/yukon.ca/files/extended_use_mask_guideline_-_final_oct_8_2020.pdf)

### 3. Update on COVID and Influenza testing

YT is in the process of finalizing the rolling out the “mouth rinse and gargle” sample collection for COVID. This roll out will be focused on school aged children for use in outpatient community settings and is only indicated for children with mild to moderate illness and will be available in January 2020 after completion of the selected use at YCDC.

A short video for parents and children can be found at:

[https://www.youtube.com/watch?time\\_continue=1&v=ZvqjkbD-moA&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=1&v=ZvqjkbD-moA&feature=emb_logo)

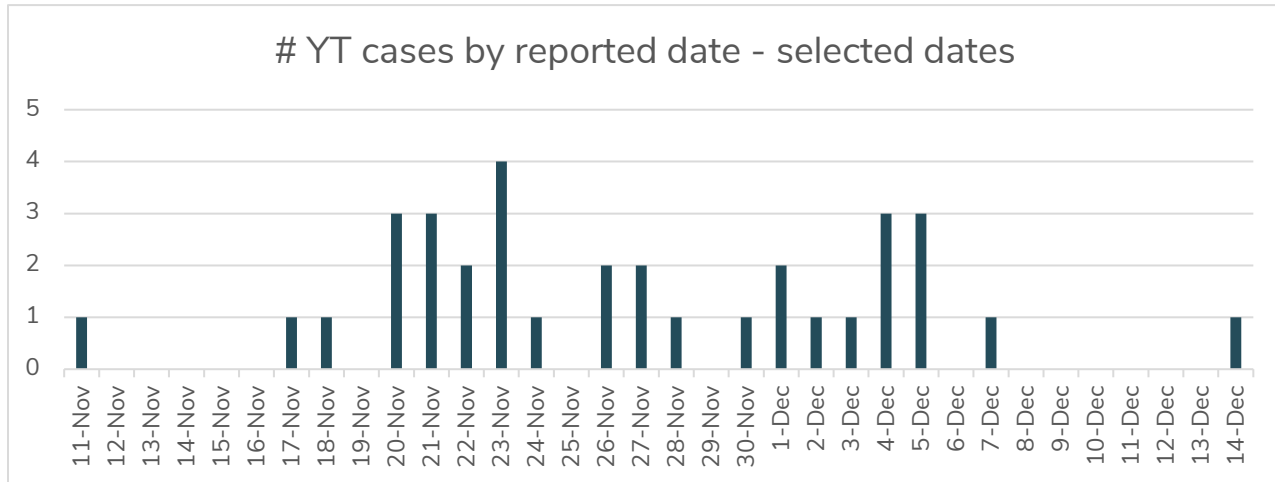
As you may have noticed, there has been a change at BCCDC lab with COVID and influenza A/B and RSV testing. This is in reflection of the low incidence of non-COVID respiratory infections in BC and all of Canada, as well as the high numbers of COVID testing that is occurring. As a result, YT will soon be moving to COVID **only** testing in Whitehorse at: CTAC, the drive through testing site and YCDC. Influenza A, B and RSV testing should continue for clients who have severe disease as well as locations where outbreaks are more common (for example, LTC) and in all rural locations.

**Please see the updated requisition attached, for ongoing use in your facility.**

For those who may not be aware, the eLab Handbook for BC CDC for sample collection and requisitions is available at <http://www.elabhandbook.info/PHSA/Default.aspx>

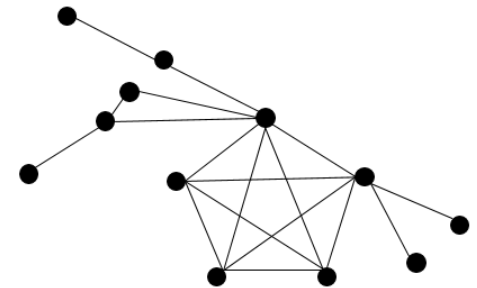
As well as, Yukon Hospital Corporation’s website: <https://yukonhospitals.ca/yukon-hospital-corporation/tests-scans>

#### 4. Brief Description of the Recent Surge



Since mid-November we saw our highest number of cases that features two separate outbreaks, and a number of other cases or small clusters that may have been related. We still do not have a final and detailed analysis of the outbreaks. We are also expecting genomics information to help us identify sources and possible connections between cases. Meanwhile, there are a few features worth noting:

- Shared household (several adults living in one household) was responsible for one cluster of cases, where the introduction (where the original case acquired infection from) is still not clear.
- Another cluster involved a likely introduction associated with travel outside Yukon, with transmission within a workplace.



Connectivity of one of YTs COVID-19 clusters

In both circumstances, spread of COVID was associated with people working while sick and the Safe 6 (now safe 6 + 1) not consistently applied in staff-to-staff interactions, therefore exposing others in the workplace to COVID. We have now seen this repeatedly, especially with recent COVID cases.

It is worth emphasizing that:

- Critical workers are exempted from routine self-isolation requirements under the Civil Emergency Measures Act (CEMA). However, they are still required to observe self-isolation measures all times when not at work through “work self-isolation”.

- Essential workers **are not exempted from self-isolation requirements**. They are either required to self-isolate, or to submit alternate self-isolation plans for approval by the Minister of Community Services.

More detailed information is available at: <https://yukon.ca/en/health-and-wellness/covid-19-information/critical-and-essential-services-covid-19/critical-services-yukon-during-covid-19>

## 5. Advice for physicians and Dr. Sherilynne Himmelsbach:

As you know, Dr. Himmelsbach has been available to support and assist physicians, including locums, students, residents, and specialists working in private practice or in Yukon Hospital Corporation when they need information regarding self-isolation for travel into Yukon.

Dr. Himmelsbach is now also available to support and advise physicians when they are either named as contacts, or if they themselves become infected with COVID-19. Note that this service is **not** to provide the risk assessment or advice on period of self-isolation/self-monitoring, and other public health advice. This remains the domain and expertise of YCDC, with support from the MOH team as needed.

However, Dr. Himmelsbach can provide advice on guidance on navigating some of the inevitable questions that come up when these situations occur. (e.g. when to expect results, when to get a call from YCDC, how to find information on self-isolation requirements, guidance on working self-isolation for critical services etc).

Dr. Himmelsbach can be reached at (867) 332-2740.

## 6. Tentative isolation periods

There have been recent cases where we have been involved in advising providers about when isolation periods should end, for patients with COVID either in the community or in hospital.

Please note that each case is unique and the definitive end of isolation will be determined in collaboration with YCDC/MOH.

Please **do not** provide direction to the patients directly without consultation for community cases. For hospital cases, this is a hospital decision supported by your clinical assessment as well as infection control advice from YCDC and the MOH team.

To guide the assessment, we consider three general categories. The general approach for discontinuation of isolation is as follows:

1. For patients who are not severely immunocompromised and with mild-moderate illness:
  - At least 10 days have passed since onset of symptoms AND
  - Fever has resolved without use of fever-reducing medications AND

- Symptoms (respiratory, GI, systemic) have improved
2. For patients with more severe illness (eg, admitted to hospital directly due to COVID-19) or who are severely immunocompromised:
    - 20 days have passed since onset of symptoms AND
    - Fever has resolved without use of fever-reducing medications AND
    - Symptoms (respiratory, GI, systemic) have improved
  3. If patient is asymptomatic: 10 days from date of testing

See COVID-19 Public Health Management of Cases and Contacts for further discussion available at <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals>

## 7. YCDC and notification of positive patients. Role of YCDC vs physician/community nurse roles for clinical and public health management

This is to clarify expectations for notifying patients of results after hours.

- YCDC is open 0830-1630 weekdays. YCDC is also staffed on weekends and stat holidays for urgent investigations as well as for case follow-up and for reporting results.

If you as ordering physician/health centres receive a positive result for your patient after hours:

- You may notify patients of their positive result
- **Please inform the patient to continue to self isolate**
- Please be assured that YCDC will call the patient the next day. They will conduct case interview, contact tracing and will provide additional detailed information regarding isolation
- Meanwhile, consider a virtual visit to see how they are doing. If you feel they require urgent additional evaluation, please consider referral to Emerg. If doing so, please remember to notify the receiving Emerg MD ahead of time.

### **When a patient under your care is diagnosed with COVID:**

Public health recommendations, including contact tracing and advice on isolation is led by YCDC and you should defer to YCDC/MOH for this advice. Clinical primary care, however, is led by the primary care provider (ie physician, NP, PHCN).


Physicians and all primary care providers are encouraged to have virtual visits or phone call follow-ups with their patients; with isolation period and contact tracing led by public health. COVID care is new for most of us, so please do not hesitate to reach out for help. There are

many clinical resources available for physicians, including ID specialists, and the RACE and ROSe lines.

Thank you,



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