

COVID-19 Facebook live update: December 17, 2020

>> We're joined today by the minister of education and the Yukon's chief medical officer of health.

Our sign language interpreter from French language services directorate.

Before we begin, I would like to verify that everyone can hear us.

If any of the reporters are having a problem, please email.

Minister McPhee.

>> Thanks, everyone, thanks pat.

Thank you everyone for joining us here this morning.

I'm pleased to be here with Dr. Hanley on the traditional territory of the Kwanlin Dün and the Taa'an Kwächän council.

We have one active case in the Yukon.

This is welcome news after the recent cluster of cases that occurred in our territory.

I want to thank Yukoners from across the territory for practicing the safe six and for wearing a mask.

Our continued dedication to physical distancing, keeping our hands clean, avoiding outdoor gatherings is vital to keeping our community safe and healthy.

So thank you to everyone.

I also want to report that there have been five new charges under the civil emergency measures act.

Three of these charges have been for failure to self-isolate.

One is for refusing to stop at the border.

One is for refusing to wear a mask.

I also want to take this opportunity to thank our Sema investigation unit and partners across the territory working to keep Yukoners and visitors informed about the protective measures in place here in the territory.

Today I want to provide an update on bussing.

From the start of the school year, we have been adapting our school programming and our school bus services to meet the health and safety guidelines set by Yukon's chief medical officer of health.

Adjusting to these new measures has presented challenges for many.

While there have been challenges, the steps that we have all taken to limit the spread of COVID-19 and keep students, families, and our communities safe have brought new opportunities and been successful so far.

I want to acknowledge the extraordinary efforts of students and parents and families of our school bus drivers, of our custodial staff, and of educators, school staff, and the staff at the department central administration building.

What you have all accomplished with your combined efforts during the first half of this school year is truly remarkable.

Our efforts to adapt and support one another with patience and kindness and respect is inspiring.

We know that the new way of doing things has taken an emotional toll on all of us.

And we know that the announcement of new cases in the Yukon recently has been stressful.

They also remind us that we must still follow the safe six and wear our masks.

Abiding by the rules has meant that we have been able to support students to continue to go to school each day and to see their friends and to learn face to face with their teachers.

That is the real result.

And I am thankful that we have been able to do this while continuing to make sure that we are following important health and safety measures.

Because we know how important daily learning and being at school is to everyone's well-being, we must keep this up.

I'm pleased to be able to provide an update today about our new school buses and updated routes.

This pandemic has forced us to adapt the way that we provide school bussing to students mostly in Whitehorse during this school year.

While we have been able to accommodate all of our eligible students on the bus, we have not yet been able to accommodate as many students as we have in past years.

We have also faced challenges of ensuring qualified school bus drivers are consistently available to support the school bus services.

And like all employees at many businesses and organizations, school bus drivers have had to stay home when sick.

I want to thank all of the school bus drivers who continue to support our students to get safely to and from school.

Their work is critical.

We appreciate the new school bus drivers who have answered the call in a time when we have needed to pull together to help one another.

We know that when getting to school is difficult, it can have impacts on learning and on parents and guardians who need to get to work for the day.

In order to assist, we have acquired three new school buses in service starting on January the 4th.

These buses will fill some of the gaps in service that are as a result of the adjustments that we have had to make this year.

This includes the new buses will include a route along the Hamilton boulevard corridors to schools in porter creek and will include routes from porter creek and whistle bend areas to schools in Riverdale and Elijah Smith elementary school.

The buses are being deployed in these areas as part of our efforts to ensure that we can accommodate as many students as possible on the school buses based on the needs we are seeing across Whitehorse and where we know that there have been gaps in service.

We are also making some adjustments to our existing bus routes to optimize the number of students who can ride the bus.

These adjustments will allow us to accommodate some additional students on the current buses.

For example, there are some bus routes where we observed that assigned eligible students are not riding the bus regularly.

And there are opportunities for other students to be safely designated a seat on that bus.

In other cases, we are able to make an adjustment to a route to add a stop or to reroute the bus to accommodate an additional student.

These updated bus routes will also take effect starting on January the 4th when students return

to school from the holiday break.

When school resumes in January, students will also start following some updated guidance to ensure that we are taking all necessary precautions to protect their health and safety and that of our bus drivers, our families and our communities.

Dr. Hanley will provide more information on these updated health and safety guidelines for school bus operations that will take effect starting January the 4th.

Additional families who are being accommodated will be notified directly by e-mail with their bus number.

And that notification will be done by December the 23rd.

If there are changes to a bus number, a student is already assigned to those families will also be notified.

In making these adjustments, we're making every effort to limit the disruption to families who are already using a school bus.

There will not be wide ranging changes to our existing school bus routes.

But we do expect some minor changes across several routes where bus stops may be added and pickup and drop-off times may be slightly impacted.

Updated bus routes will also be posted on Yukon.ca before December 23rd.

We encourage families who are currently using the bus to make sure that they check the school bus schedule web page on Yukon.ca before returning to school in January.

There may be some slight adjustments that you need to know about.

And we urge you to continue to send your child to the school bus stop that is closest to your home.

This has been a difficult and a different and a challenging school year.

We are very pleased to be making these updates to incorporate new buses and accommodate as many additional families as we can.

These changes will increase our bussing capacity, which is currently just over 1,900 students or seats to approximately 2,250 seats.

We do appreciate the patience and the understanding of the families and the students and what they have shown over the last number of months.

Thank you very much to everyone for your time today.

>> Dr. Hanley.

>> Thank you, minister.

Thank you, pat.

Good morning.

Bonjour.

The journey with COVID-19 over the previous nine months has tired us all.

But we do have renewed energy and hope with the imminent arrival of vaccine.

I want to also say thank you to all of you who have been patient and tolerant and who have demonstrated solidarity and kindness in the face of hardship.

As one community, we have stayed strong.

We have persevered.

And we can see a finish line in sight.

And without your determination and diligence we could be in a very different situation than we find ourselves in now.

For today, there are a few points I want to make.

I want to take some time to visit our last few months and describe some of the epidemiology of COVID-19 to date in Yukon.

I will, as the minister states, add to her comments about the revised bussing guidelines with respect to updated health and safety guidelines.

And with the holidays quickly coming, I want to revisit our need for consistent social bubble.

So over these past few months we have seen our case count increase substantially particularly in the past few weeks leaving many of you with questions about what drove the sudden spike in cases.

With many months of stability over the summer months, I think we felt a sense of calm in comparison to other jurisdictions.

During the months of October and November, we saw a stuttering rise in cases week over week.

This left a feeling of greater uncertainty and increased anxiety, especially in the face of the second wave hitting most of Canada progressively harder.

I want to review with all of you what we know from these last few weeks of Yukon cases and what we have learned that may influence the decisions that you make in the weeks to come.

So let's revisit this past little while.

Since October 1st, we have seen a total of 44 new cases within Yukon.

34 of those cases were in Whitehorse –

[Because of audio difficulties at this point during the media update, the following text in italics is provided from the written speech notes and was not necessarily delivered verbatim. Please check against delivery.]

while 10 were in communities in rural Yukon.

This is Yukon's epidemic curve of confirmed cases by date of lab collection (date the sample was collected to be tested for COVID-19).

While our case activity is once again decreasing to currently only 1 active case, we are still at risk of seeing this curve go up again. The curve coming down is because of all of our measures: testing, contact tracing, importation controls and the Safe 6 plus 1 working together to stop the spread.

Recently, we have seen a shift in the most likely source of infection for cases, moving from the majority being introduced by travel, to the majority being close contacts of cases.

Almost all contacts that became cases had already been identified as contacts. In other words, people were identified as contacts

[Transcript resumes]

>> Community nursing and then either self-monitoring for symptoms or self-isolation when their symptoms started.

These are cases that we like to see.

They have little risk for onward transmission.

This speaks to the success of our contact tracing efforts and to the importance of keeping the numbers of your close contacts.

The tighter your bubble, the less chance for COVID to spread.

Next slide.

We're going to talk about age and sex distribution of confirmed cases.

Next we will go to a couple of graphs.

Are we showing -- are we showing the slides?

Are they coming through?

[Inaudible]

>> I see.

Okay.

Should I be on standby?

I'm waiting instruction to proceed or to -- yeah, I will keep going.

So recent -- so here we have the distribution by age group and by sex of cases and again the earlier cases and the later cases.

Earlier on the left, later cases on the right.

What we have seen is in this case that the majority of our cases are younger adults in the 20 to 39 age group.

There's a slight majority of females in this category.

I would treat these proportions as roughly 50/50.

Children and youth in the minority, as are older adults.

And while not displayed here, we also know that the majority of our confirmed cases since early march have not had any risk factors for a severe disease.

In other words, we're seeing this COVID infection predominantly in young adults.

This is a pattern that we see in the rest of the country as well.

Really what we're seeing in Yukon reflects or mirrors what we see in the rest of the country.

Then if we go to the next slide, this is the same but really concentrate only on the index cases.

And index cases means the first cases that are identified and not the contacts that later become cases.

So in other words, these are people that are first coming forward with testing and then being identified as cases.

And again here, we see the same pattern but more so where predominantly younger adults are carrying and transmitting COVID infection in Yukon.

Next I want to go to slide 9 where we talk about signs and symptoms among confirmed cases.

What are we seeing?

What patterns of symptoms are we seeing?

If we go to the graph on slide 10, we see that here we see a list.

These are the most common symptoms that we see with confirmed cases.

And so at the top is cough and then runny nose, headache, fever or chills, fatigue, loss of taste and smell, myalgia, muscle aches, pharyngitis, sore throat.

This is what we have seen with Yukon.

The overwhelming majority of cases have a cough as one of their symptoms.

Now, these are usually multiple.

So in other words, one person presents, has several of these symptoms.

And it is very rare to have a single symptom, particularly for some of the symptoms such as runny nose.

We know that in our cases as well as in the -- worldwide that runny nose by itself is not -- is

actually very rare as the only symptom that is associated with COVID.

And that's what influences our traffic light guidance.

You will notice that we divided these by red and yellow to reflect our traffic light symptoms.

The red symptoms are the symptoms that we say these are symptoms to be very, very concerned about.

And these are ones that we emphasize the importance of testing as soon as possible.

So you see cough and severe and loss of taste and smell, shortness of breath, what you might call cardinal symptoms of COVID showing up very frequently in our cases.

And the other ones are less specific to COVID.

They're common in other scenarios.

When you see these coming up in combination of two or more, we encourage testing and isolating away from others.

I'm going to go on now.

The last two slides, we're going to talk about clusters or how our cases have been grouped.

If we go to that last slide of kind of a pictogram.

We show how recent cases have been clustered.

We show the connections between individuals in these outbreaks as well as some of the other smaller groupings or individual cases.

The connections between the cases as you see that can be linear, in other words just one in a straight line to another or they can be multiple.

Particularly within household settings this is where we see the connections between people can be in many, many directions.

You see that kind of pentagram at the bottom or the starlike figure where you see the multiple interactions between people and rather than just a single line by line.

So what we hope to avoid in our connections that spread out in long linear chains suggesting the virus is spreading out among people who are not so closely connected.

If we just saw a line and a line and another line, that would be the beginnings of spreading out into the community.

We also don't want to see a whole lot of random cases popping up that are not connected either to known cases or clusters or at least to common settings.

You see some of these are smaller groupings which might be just a single household or a single travel acquired infection or cases that may not yet be closely connected but are suspected to be connected.

We haven't proven that or shown that link yet.

We have seen COVID spread in these ways in all manners of people.

COVID, of course, is not exclusive to any ethnic group or age or income category.

And in Yukon, COVID does not belong to any one social or ethnic group either.

Instead it travels from one person to another.

When people are living together, working together, or congregating in the same setting, especially if people are not practicing the safe six or masking.

So when we do congregate together, we need to remain vigilant and follow the safe six plus one while also keeping bubbles small to limit that spread outwards.

We will have some of this material developed into an infographic.

We will have a written summary and info graphic to illustrate patterns of COVID transmission

we're seeing in the territory as well as the lessons learned from these outbreaks.

Our Yukon outbreaks demonstrated the importance of COVID transmission within shared household settings and workplaces.

These patterns of spread reinforce the need to organize our social bubbles, to reinforce COVID safety measures in workplaces in any settings where the public gathers.

Most importantly, it's important to stay home when you're ill and to seek testing when needed.

I know it's kind of engrained in us to push through when we have a tickle in our throat or when we feel overly tired.

I understand and sympathize how difficult it can be to make that phone call to your employer and stay home from work.

These past few months have proven that going to work while sick can be detrimental to this community's well-being.

And even though we now seem to have weathered this recent storm, we cannot relax just yet.

If you feel sick, it is your personal and collective responsibility to avoid going to work, school, to the gym, or to socialize with friends.

Sure, perhaps it will turn out to be just a cold.

But remind yourself that that sore throat could be an indication of COVID-19.

This school year has been challenging, demanding, at times exhausting.

As we near the end of the first term, we have shown how well we can do this.

I know the year hasn't been busy whether as students, as parents, teachers, bus drivers, support staff, council members, principals.

All have stepped up and done a fabulous job in keeping our children in a safe learning



environment.

As a parent myself, I so appreciate all that you have done.

Several weeks ago, the department of education asked me to consider the public health question of how many students could be safely on a bus.

So beginning January 4th as minister McPhee has noted, many additional students will be assigned a seat on the bus.

Due to this review of bussing ridership and some additional flexibility as needed to accommodate students.

To add an extra layer of safety, we will require all students age 5 and older to wear a nonmedical mask while on a school bus.

Adding this requirement not only adds an extra layer of protection for both students and drivers but allows for more students to take the school bus.

Our new recommendations take the safety of both the students and the drivers into consideration.

We have ensured that neither the students nor the driver's safety is compromised.

Our revised recommendations include monitoring your child's symptoms before sending them to school.

Bus drivers must also assess themselves for daily symptoms.

While waiting for the bus, students and parents or guardians are recommended to maintain 2 metres from others while at bus stops when loading and unloading onto the buses.

All bus drivers will be required to wear nonmedical mask.

All students five years and older must wear a nonmedical mask.

Students who are four years old and taking the bus are encouraged but will not be required to wear a nonmedical mask.

Note that this does not change the mask recommendations for within schools.

That stays at ten years and up for those common areas as defined in our public health guidelines for the schools.

I hope this news will be received positively as families plan for the new year's return to school.

We are fast approaching the holidays.

And the trees are getting lit and lined up with garland and ornaments and Christmas shopping is ramping up.

Last minute letters are being hastily mailed or e-mailed to Santa Claus.

Usually this is the time of year when families are travelling out or welcoming home family, hosting cocktail parties, cookie exchanges, gift swaps, visiting our loved ones and generally making the most of this festive season.

But unfortunately as we all know, the pandemic had other plans for us and celebrations will be perhaps held with a little less cheer than usual.

We know that holiday gatherings have the potential to fuel virus transmission.

Repeatedly in other parts of the country or parts of the globe, we have seen the after effect of long weekends and other occasions play out in increased COVID spread, often serious surges. So we should not think in Yukon that we are any less susceptible as we have ourselves seen in recent weeks.

These next weeks are going to be difficult for us in a number of ways.

And as we await the coming of vaccine, we need to be well-aware of the challenges ahead of



us.

It's so important to maintain a social bubble during the holidays.

I have briefly spoken to the social bubbles these past weeks and the need for consistency with the people you interact with.

I know it will be helpful for many to have straightforward rules on what to do.

I still see a few questions looking for clarification around what a social bubble entails.

What's in and what's out?

It is true that each person or family has different circumstances that have to be considered.

I know we can't cover every scenario.

Please use common sense and keep in mind your goal is to keep your bubble small and consistent and safe.

For the weeks ahead, I urge you to stay consistent with who you see in your social bubble.

The ideal bubble is under ten people with the maximum limit of 15.

For some who have been following the social bubble guidelines diligently over the past months, if you have stuck to the same 15 people in your social bubble, that's okay.

I don't want you to cut off physical contact with those who have been an integral part of your bubble as long as all those people are loyal to the one bubble and nothing else.

Still, I do urge you to maintain consistency.

No bubble infidelity allowed.

As a reminder the ideal social bubble of ten should start with everyone you live with, whether roommates, parents, partners or children.

Then you can add in your other selected few, whether extended family, neighbours, or

close family friends.

Remember, whether one household or two, when you reach ten people, you are close to that limit.

I am asking all of you to stay consistent with your social bubble.

We need to minimize our number of contacts to ensure we're protecting ourselves, our loved ones, friends, colleagues, and our elders.

We're all doing this for each other so that we can celebrate safely but also enjoy the privileges that we still enjoy while most others around the country do not.

So who can you have close contact with?

Well, of course, with everyone in your social bubble.

You should continue to keep 2 metres away from people outside of your bubble.

What should you avoid?

Do not have holiday dinners or gatherings inside with anyone who is from outside your bubble.

Do not change your bubble over the holiday period.

Please use masks as the law now requires.

Do not use masks to replace physical distancing.

With vaccines around the corner, we can't blow it now.

More than ever, we must maintain our social bubble and stay aware.

As soon as we begin to slip and keep our guard down, COVID-19 will appear in a big way as it did a few weeks ago.

Vaccine is near.

Much more will come about vaccine as we near the approval and then the arrival of the Moderna product.

We're not currently at a place where we can begin loosening restrictions.

We need to keep our eye on the prize.

I know all of us hope that we can spend this time next year with all of our loved ones.

To get there safely we need to keep our gatherings safe, maintain distance from anyone outside of our social bubble.

Key points from today, our own data shows us the effects of working or mixing when sick.

Please stay home and away from others if you're sick.

Keep your bubble small and consistent.

Always remember the safe six plus one.

Use your mask.

Safe six plus 2 if we think of one other action.

Be kind.

We have shown how well we can work together for success.

Remember, we must stay together in this pandemic and we need to be kind to each other.

That's all for my update.

Thank you.

Remember to take care of each other and stay well.

Merci.

[Speaking Indigenous Language]

>> Thank you.

We'll now go to the phone lines.

And we'll begin with Marion from Aurora boreale.

>> No questions, thank you.

>> Merci.

We will move to Haley, Yukon news.

>> Thanks, my first question obviously as a reporter it was really interesting to see all that detailed data.

Why make that public?

I'm just curious what the purpose of sharing all that detailed information.

>> Yeah.

I guess one advantage of having lots of recent cases is that we can actually start to tell a story from this data.

And I know that there have been many questions over the months about what we can show and what can we describe of our own epidemiology and we're always as you know trying to maintain that balance between maintaining confidentiality, which is so important to maintain trust of people and individuals and to do our due diligence.

We're also trying to interpret what we're seeing.

I felt an obligation as soon as realistically possible to bring back the numbers that we are seeing.

I think more importantly, the story that's behind the numbers.

That I think will be a continuing quest as we work through this pandemic whether it's case information and summary information, whether it's other things that we can describe,

characteristics, or as we head towards the vaccine, vaccine uptake, vaccine knowledge, and any statistics that we can share around that as we have for the influenza immunization.

>> Thank you.

>> Follow-up question Haley.

>> Yeah, thank you.

That's great.

>> My second question is probably for minister McPhee.

I was curious if there's anymore context around the charges laid in the mask incident.

The line has been educational before enforcement.

What was it in this case that resulted in a charge being laid for failure to wear a mask?

>> Thanks, Haley, for the question.

Of course, wearing a mask in public spaces is enforceable under the Sema.

And we always seek, as you have said, to have compliance through education, awareness and support.

But we have noted, of course, that the RCMP might be required to investigate if there is a situation that is egregious or the refusal is egregious.

I can't speak about the specific case.

What I can say is that the reported circumstances of that matter were egregious and the individual was clearly refusing to cooperate.

>> CBC.

>> Thank you.

Dr. Hanley, you mentioned COVID not being exclusive to any ethnic group.

You haven't provided data dividing it that way.

We have examples from northern health.

Indigenous people there are getting COVID as twice the rate of the non-indigenous population.

Will we be releasing those numbers for Yukon?

Do you have any comments about the breakdown in that way of looking at it?

>> Yeah.

Thank you.

It's a really good question.

I think it's another one of those areas that I hope to be able to bring back.

As a matter of looking and verifying and consulting.

So looking at what we have and at what level that we feel comfortable sharing that, again, in that context of protecting the potential for self-identification, protecting confidentiality, the other -- I think the other key area is that we need, once we have that is we need adequate consultation particularly with our indigenous leaders, which is what we always do when divulging any data that would involve indigeneity, particularly from a health point of view.

I do think that we're -- this is sort of early steps.

And the important thing was to give this sort of more holistic information.

I don't think -- again, we're dealing with very small numbers.

Interpreting trends even if we compare ourselves to northern health where significantly lower, a tenth of the population or less, we have more limitations about what we can share when we start to break out the data like that.

So I think it's a good question.

I think it's something I would like to bring back at some level.

But we're not quite there yet.

>> Follow-up, Phillippe.

>> Yes, I would have a different question for the education minister.

I just wonder about masks being provided to students very early in the school year we talked about an order of masks.

Do you mind giving us an update on masks for students?

>> Sure.

We have, as I said I think all along and several times, maybe in this room and others, of course, encouraged the mask use by students.

They are becoming quite a fashion statement in some circles.

And I know that individuals are choosing to have their own masks and bring their own masks.

We encourage that, of course, because they're very personal items.

If students do not have access to masks, they are provided at the school.

They are clearly a safety precaution, part of our health and safety measures available at schools to students and to staff if necessary and to visitors if there were visitors at the school.

Definitely available through the department, through the schools, through the access that students have at their individual schools.

>> Thank you.

We will move to John from CKRW.

>> John is off the line now actually.

>> Okay.

Luke from CKRW.

>> Yes.

I have a question for Dr. Hanley.

This may have been discussed in a previous COVID-19 briefing.

But just for an update, when is somebody considered recovered from COVID-19?

Just given the inconsistent nature of the symptoms associated with it.

>> Yeah.

That's a really good question.

And we have -- we do have -- there are kind of standard criteria.

But given just what you said, how variable symptoms can be and unpredictable, we always -- we take those standards and apply it very much on an individualized basis.

The standard for someone who is otherwise healthy and not in hospital is a ten-day period between symptom onset and then recovery.

And that then assumes that everything is going well.

The symptoms have cleared.

We would like to see a two-day -- at least a two-day period free of symptoms.

And, yeah, so clinical recovery plus that time duration plus no recent symptoms.

That sort of is our package that we apply to recovery.

Now, it gets more complicated if you have someone who is hospitalized, someone who is immunocompromised.

There we usually go with a 20-day window which leads to the longer recovery times that have been associated with some of our cases.

And again, it's still an individualized -- you can actually have individuals who actually have ongoing symptoms and who just take longer to recover.

And so, of course, that's where the individual conversation and assessment.

And that's usually done again with YCDC, with us as the medical officers of health weighing in and with the family physician or the community nurse caring for the patient.

>> Do you have a follow-up, Luke?

>> Yes, I have a question for minister McPhee.

I know you went over the numbers in your earlier remarks.

How many more students are being accommodated with these new buses?

>> Thanks, Luke, for the question.

We're currently accommodating a little over 1,900 eligible students.

And the three buses and the adjustments to -- small adjustments to other routes will allow about 2,250 students.

There's approximately 350 additional students will be accommodated.

>> Thank you.

Excuse me.

>> We will move to Radio-Canada.

[Speaking in French,

No Interpretation]

>> So, Dr. Hanley, could you please give us the highlights of your directions for the holidays.

What exactly you want people to do during this time?

[Speaking in French,

No Interpretation]

>> I will ask in English.

I would also like a French version of the answer if suitable.

With the arrival of the vaccine, given that the vaccine will not be distributed amongst children, so those under 18 years old, how long before we can contemplate going back to school full-time.

>> The vaccine and what we think it will be in the community.

I think that's the answer.

I can add to that if necessary.

[Speaking in French,

No Interpretation]

>> I will ask you to repeat that in English, please.

>> Yeah.

I was going to.

I was -- so there are -- the question really is around -- to take it one level up, the question is around how will we start to remove public health measures when we have our -- when we have vaccine and when we have a vaccinated population.

And also the question of when we have adults vaccinated but not children, how will that play out, particularly with regard to education.

I think these are questions we just don't know the answers yet too.

And we anticipate that with more experience, with populations actually receiving the vaccine,

with more evidence from the studies, and more actual data, we will start -- be able to start to anticipate, of course, what a lot of it depends on is what will the eventual population uptake be. All of these are going to take months to play out.

I don't anticipate that that would mean that there would be changes to the public health guidance for schools in the coming months or effectively for the upcoming second half of the school year.

I think it will take us longer to be able to adjust public health measures in a vaccinated population.

>> Thank you.

Minister McPhee.

>> Thanks, pat.

I also think it's important to remind everyone and your listeners that all students in the territory, kindergarten to grade 9, are attending school your words were full-time.

Certainly for full days.

All students in rural Yukon are attending school from K to 12 full days.

And that I think your reference is to the grades 10s to 12s at the three high schools in Whitehorse that are doing full-time learning in front of their teacher or with their teacher for half a scheduled school day.

Their learning is full-time.

The full curriculum is being taught.

Just as a reminder, that is the current situation.

And I think it's certainly by all accounts fairing well.

The last reminder I will make is if there are students in 10 to 12 at one of the three high schools here in Whitehorse that are having difficulty or challenged by that situation, there are additional supports.

We're working 1-on-1 with students to make sure that their challenges are being met and they're being supported.

>> Thank you.

We will move to Danielle, CBC.

>> Hi there.

Yeah.

I'm just wondering.

I'm not sure who would be best to answer this question.

Has any protocol been developed in the case there is a case of COVID-19 or an outbreak in a school?

>> Sure.

I mean, if you want to, I can do --

>> You go first.

>> Thank you for the question, Danielle.

Of course, there are protocols.

And operational plans for each school in the territory.

They are based on the advice of the chief medical officer of health and Dr. Hanley will add to this as well.

Schools are different than public spaces.

They each have an operational plan that limits the mixing of students and keeps students' interactions to their core learning groups or their groups of classmates which supports contact tracing and isolating if there were to be a positive case.

We are well-aware of the situation when schools needed to be closed in the spring.

And our goal, of course, is to keep as many students attending school, face to face classes as we can, while ensuring their health and safety.

Schools are like small communities in the event that there were a case identified by a student or a staff member or others that might work, educators in the school.

We would follow the advice of the chief medical officer of health and the Yukon communicable disease centre and control centre and they would identify and directly notify any of the close contacts and provide direction on who will need to be staying.

home or who will need to self-isolate or any of the impacts on the operation of the school.

So it will be an assessment of the risk factors.

It will be an assessment of the situation, an assessment of those involved and of the seriousness of the matter and the advice from YCDC and from the chief medical officer of health will, of course, be followed by the school and the school community.

>> Thank you, minister McPhee.

Dr. Hanley.

>> Yeah.

I think the minister outlined it very well.

Just in addition to everything that the minister explained, these have been since actually the very beginning, these protocols have been worked on.

And with YCDC and us as medical officers of health in partnership to not only work them out but to update them according to national guidance as it gets updated but also to rehearse that. So to bring that to the administrators which we did to kind of walk through how this would occur.

And like the minister says, there are so many individual circumstances that will kind of influence the decisions made around either a child or a family, the child's siblings being removed from the school or implications for the classroom or even for the entire school.

It depends on that risk assessment process.

We have I would say a well established and a well rehearsed protocol should there be a case in the school.

>> Thank you.

Danielle, do you have another question?

>> Yeah.

Thank you for laying it out so well for me.

There was a case in a school tomorrow, schools would be following their own operational guidelines and then consulting with who from there?

Are there laid out guidelines that are public?

I'm just trying to understand a bit better what would happen if there was a case in a school tomorrow, how that would kind of go down step by step?

>> Yeah.

So really the first step is in the guidelines is a reach out to YCDC so that the communicable disease control experts become involved from the very beginning and then working together

with the school so that the officials in the school are notified and, of course, then the family is immediately involved and notified.

And then it's that risk, it's that history taking process which we do with every case.

What's the story?

Where did that person -- where did the child acquire the infection or seem to have acquired the infection?

It could be something as simple as the child acquired the infection as a household contact of another case that might have just been evident and everything occurred over a weekend.

There are no implications for the school whatsoever.

Or it may be something where the child was infectious or presumed to be infectious during the time in the classroom but within a very defined group or cohort.

And therefore there would be contact implications for informing the people that need to be notified so they could follow again the advice that would be from communicable disease control which would involve either self-monitoring at home or self-isolation.

Again, depending on where we think the transmission occurred or may have occurred and what the risk is and what the circle of possible contacts is.

Thank you.

We will move to Tim.

Whitehorse star.

>> Yes, good morning.

>> Good morning.



>> My question is for Dr. Hanley.

I'm curious as to whether he was involved in the discussion on the decision to cancel the Whitehorse New Year's Eve fireworks.

>> Tim, I responded to that question yesterday.

>> Yes, I would like something from Dr. Hanley please, thank you.

>> Yeah.

That's the first I have heard about this so I guess I wasn't involved.

>> Do you have a follow-up, Tim?

>> Yes.

My follow-up on that would be if you're familiar with the cancellation, is that reasonable thing to do under the COVID guidelines?

>> You know, I think it might be just worthwhile kind of going how we provide guidance and then keep -- I generally try to keep an arm's length from individual decisions because they're made based on so many circumstances.

And so what generally we do is we give the kind of -- a picture of what are the risks?

What are the mitigations around the risks?

Does it work for that organization?

That takes into consideration how big, how big is the organization.

Are there guests?

Is it indoors?

Is it outdoors?

What are the anticipated -- how might the gathering occur?

How well can it be monitored?

How will can it be supervised and controlled?

You know, the duration there.

It's really giving the kind of the template where you might find risks and how you should mitigate and mitigate those risks and then really letting the organization decide based on their own capacity to decide whether it's feasible or not to be able to carry on and adhere to the guidance.

I generally don't say yes or no.

But we within our team work with those organizations so that they can walk through those risks and see whether it's feasible to mitigate those risks or not.

>> Thank you.

I would like to thank everyone for their time this morning and a reminder we did have some audio issues earlier.

We will be posting a summary of the slide presentation and the infographic.

Our next COVID-19 update will take place Tuesday, December 22nd at 9:30 a.m.