**Preparing, Planning and Proactive Response**

**Alta Care Resources’ Planning Framework in Response to the COVID-19 Virus**

**Developed by:**

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3rd Edition

**Setting the Stage**

* This document has been drafted to support a plan to address what appears to be the inevitable impact of the COVID-19 (Corona Virus).
* Although the virus will have significant impacts it is important to note that most people will only experience the regular symptoms of a flu with others having no symptoms at all
* The leadership of ACR recognizes that the virulent nature of this virus and the current spread rate will require all planning to be reviewed and adapted as new challenges and needs emerge
* The intention of this plan is to; review current related policy, address potential challenges in a proactive manner, diminish reactivity with the staff of Alta Care Resources (ACR) and to provide protocols and resources that support staff as they continue to serve our clients.
* While a significant part of this document needs to be focused upon the group care services, the community-based work will also need to be addressed.
* The orientation of this plan is to provide protocols and considerations that apply across all operations, sites and circumstances recognizing that all planning is fluid depending upon the virus’s trajectory.

**Prefacing Information**

* Planning for the impact of COVID-19 (Corona) virus will need to be, fluid, dynamic and ongoing.
* From what has been tracked the virus originated in China.
* Around the middle of February 2020, the virus began to make “jumps” beyond the original outbreak epicentre (Wahun China) with transmissions being tracked to 2 continents (Asia/Europe).
* The host for the virus’s mutation and transmission to humans is, at this time, unknown, it has been speculated it was originally transmitted from a fish market in Wuhan.
* In the time period of this document being drafted the virus has spread from a handful of countries (China, Vietnam, Iran, Italy) to a worldwide presence.
* The nature of this virus has been dynamic and currently, there are many unknowns related to transmission and the adaptive nature of the virus.
* While there are traditional indicators of those who are carrying the virus (high temperature, fever, dry cough, sneezing) there are also those who are not showing obvious signs and are carrying the virus.
* The carriers who show no obvious signs of the virus are believed to a source for what is termed “community infections”, however this may not be the only source of community infection.
* Community infections make the path of the virus unpredictable and potentially unmanageable
* The most accurate and safe timeline for incubation (the time from infection to symptoms showing) is 14 days. This time period is not an exact or precise number as transmissions have occurred upwards of a week past the 14 days.
* The development of a vaccine has been fast tracked; however, the most optimistic estimates are that it will be available for the fall of 2020.
* Realistically flu vaccines are usually about a year and half between development, testing and delivery

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* Some epidemiologists speculate there may be a drop off in infection rates during the late spring and summer, with a breakout re-emerging again in late fall/winter 2020
* The COVID-19 virus is particularly dangerous for seniors (particularly those who are over 80).
* It is also dangerous for those who have compromised immune systems and pre-existing health challenges (E.g. asthma, diabetes, heart disease high blood pressure etc.)
* There has been some preliminary analysis of those who have succumbed to the disease, that would indicate that men are more susceptible to dying from the virus than women.
* At the time of this document being written the world-wide mortality rate is estimated to be 2.3% (just over 2 deaths in 100 cases)
* According to the largest patient-based study on the novel coronavirus, published in the Journal of American Medicine *(*JAMA) (based on data collected up to February 11th) the greatest infection rates were found in patients aged 30 to 79 years (38,680 cases). This age group was the most affected by a wide margin, followed by ages 20 to 29 (3,619 cases, or 8%), those 80 and older (1,408 cases, or 3%), and 1% each in ages less than 10 and 10 to 19 years. Of the confirmed cases, 1,023 patient who were all in critical condition died from the virus. This results in a Case Fatality Rate (CFR) of 2.3%. The CFR jumped considerably among older patients, to 14.8% in patients 80 and older, and 8.0% in patients ages 70 to 79. Among the critically ill, the CFR was 49.0%.
* If, and perhaps when, the virus is acknowledged as being a pandemic there is potential for a significant increase in fear and panic

**SWOT Analysis**

**Preamble:** This analysis is solely focused upon both the immediate and long-term impacts of the COVID-19 virus as well as, the impacts to ACR from a person to program to agency to ministry perspective.

**Strengths**

* Established policies and protocols (Universal Precautions Policy)
* Currently employing strong virus mitigation throughout the organization
* Access to government response plans and other information resources
* Past planning experience with serious virus outbreaks (SARS, MERS etc.)
* Experienced and competent ACR leadership team
* Younger staff group (lower risk for health impacts of the virus)

**Opportunities**

* Canada has less population density than other places with high infection rates
* Currently, very few infections in Alberta
* There may be time to put a solid COVID-19 response plan into effect
* We have time to collaborate with other similar service organizations to develop effective response plans

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**Weaknesses**

* Currently ACR has no specific plans related to COVID-19
* May not have put a plan in place early enough (virus is currently in Edmonton)
* Virus is virulent and quite tenacious in nature and will test current protocols significantly
* Past virus outbreaks and their limited impact may have created a sense of complacency leading to poor hygiene and infection control practices
* Not sure of the potential enormity of the social impact of the virus (E.g. loss of life, staff illness, staff staying away to look after loved ones, social isolation etc.)

**Threats**

* Staff who are currently on holidays may have been to virus hot zones
* Spring break is in two weeks and staff may be planning to go on holidays near, or in, virus hot zones (e.g. California)
* The overall virus mortality rate of 2.3% is significant and there are ramifications that may impact staff such as loss of parents, grandparents, infants etc.
* The COVID-19 virus is less deadly than SARS or MERS however it is significantly more transmissible which is going to make containment challenging
* Fear may drive further panic leading to the hoarding of food and other household items making it difficult to get needed supplies to the group homes

**Considerations for Planning** (Potential Impacts and Strategies)

**Preamble:** The following consideration must be addressed in any plan going forward. It is important that we look at our planning from a community of practice perspective as the challenges may defy a predictable response. It is strongly recommended the ACR planning committee consider the following.

* Review and assess all current policies, procedures and protocols as they relate to COVID-19
* Develop a shared information site where real-time COVID-19 updates can be posted and accessed by ACR staff and families (Perhaps through Align)
* Review previous pandemic plans to draw upon ideas and strategies
* Draw on current government plans of action
* After review of all available plans, develop a list of questions or the “what ifs”, that remain unanswered or that may be emerging *(We don’t know what we don’t know!)*
* Develop a communication plan to staff, children’s services and if required, families
* Draft a communique to go out to all ACR staff regarding ACR’s response to COVID-19
* Examine procedures for the possibility of staff working from home
* Share planning with other similar organizations (*A short-term practice community perhaps?)*
* Brainstorm potential impacts and strategies to mitigate the impacts
* Consider the impact of fear in our staff and the children’s anxiety
* Consider the Human Resources impacts in terms of staff who may be off due to quarantine along with reviewing and/or developing procedures for dealing with staff illness

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* Analyse the potential impact upon staffing if they should need to stay home to look after loved ones or refuse to be put at risk with a potential infected child
* Evaluate potential isolation sites/strategies
* Plan for anticipated loss/grief with children and staff *(e.g. Parents, grandparents, others)*
* Identify what our obligations may be if this event is declared a public emergency *(Would we be considered and essential service?)*
* Plan to ensure that we have limited public contact points if there should be a spread in the local community as well as limiting travel and social events where there is public interaction
* Plan longer term strategies regarding the virus’s impact (potentially 2 years)
* Ensure adequate food and other necessary items are secured if there should be lock down period
* Consideration for transportation of supplies and medicines to programs that may be quarantined
* Carry out an analysis of pre-existing health conditions of ACR clients and staff and evaluate their risk level
* Support a coordinated approach amongst other agencies, service providers and the provincial association (Align) to share best practices related to mitigating all aspect of the virus

**Immediate Actions Moving Forward**

* The leadership of ACR recommends that we undertake this planning as a top priority
* All members of the ACR leadership team are to be included in the planning process
* ACR leadership are to read this document as soon as possible
* The Executive Director of ACR will call an emergency planning meeting in the early part of the week *(March 9th to 11th)*
* The CEO will contact other related organizations and determine their course of action
* A COVID-19 task committee will be convened with a Director as the chairperson
* The committee may want to consider including members of the Health and Wellness Committee
* The committee will meet minimally on a weekly basis until the virus subsides
* The focus of the committee will concentrate on the development of best practices and common-sense contingencies related to the mitigation of the COVID-19 spread and the subsequent impacts of the virus
* It is recommended the committee use this document as a guide to their planning
* It is also recommended that real-life scenarios be developed and used to spark ideas around appropriate responses
* Sharing of this information with other agencies along with inviting their ideas is encouraged

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