

This communication is intended to provide timely and important information to our municipal leaders, health system partners, health and hospital foundations, and other community based organizations. Please feel free to distribute among your stakeholders as appropriate.

|COVID-19| Immunization Campaign – 5 Minute Message

More than 200K immunizations have taken place since the campaign began, including 176,000 in mass clinics and 17,000 from drive-thrus. There are currently three approved vaccines in use in Saskatchewan; all are safe and all are needed to prevent serious illness and death in our family, friends, and ourselves. Dr. Tania Diener is proud to have received her AstraZeneca vaccine this past week. All that and more in our weekly [Immunization Campaign 5-Minute Message](#).

Please see the Government of Saskatchewan [website](#) for updated information on the vaccine rollout.

|COVID-19| The Best Vaccine is the One You Are Offered



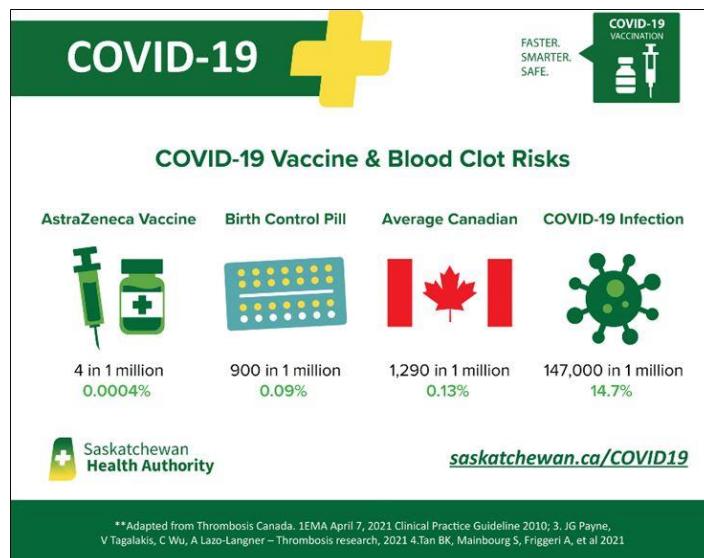
A message from Dr. Kevin Wasko, Physician Executive, Integrated Rural Health

I would like to acknowledge the anxiety and hesitancy about receiving the AstraZeneca vaccine but also state that *the risk is likely overstated*. The COVID-19 AstraZeneca vaccine is a good vaccine that is extremely effective at preventing serious illness and death. It also likely reduces transmission. If it is offered to you, please get it as soon as you can!

Again, the best vaccine is the one you are offered. If you are eligible and can receive a vaccine today, go get it, regardless of brand!

|COVID-

This graphic has been shared on SHA's Facebook page. Are you vaccine hesitancy and share information with friends and #stickittocovid.



19|AstraZeneca:

more than 1.3K times one of them? Help fight trusted, scientific family so we can all

/COVID-19/AstraZeneca: Safe option that saves lives

The World Health Organization, Health Canada and other agencies around the world have stated that the benefits of the AstraZeneca vaccine far outweigh the risks. Some countries, including Canada, have taken the precautionary measure of recommending that the vaccine only be offered to those 55 years of age and older. This change was in response to reported rare European cases of blood clots in four in 1 million vaccine doses administered.



This risk, when put in perspective of blood clots occurring within the general population, is extremely low. Other daily risks for blood clots include taking birth control pills, smoking, obesity and post-partum conditions, which all rank significantly higher than the risk of vaccine induced prothrombotic immune thrombocytopenia (VIPIT) or blood clots related to the administration of the AstraZeneca vaccine.

On April 7, 2021 the European Medicines Agency (EMA) safety committee (PRAC) stated that “unusual blood clots with low blood platelets should be listed as very rare side effects of Vaxzevria (formerly COVID-19 Vaccine AstraZeneca).” On the same day, the United Kingdom’s Medicines and Healthcare products Regulatory Agency (MHRA) reported “By 31 March, 20.2 million doses of the COVID-19 Vaccine AstraZeneca had been given in the UK meaning the overall risk of these blood clots is approximately four people in a million who receive the vaccine.”

Dr. Julie Stakiw, Hematologist-Oncologist, Medical Director, Saskatoon Cancer Agency and COVID-19 Vaccination Vulnerable Populations-physician lead, reflected on the issue of blood clots, “The fact is that you have a greater chance of getting a blood clot from flying on an airplane than you do from AstraZeneca – by a sizeable margin. If we don’t take every chance we have to be immunized and end this pandemic, none of us will have an opportunity to get on a plane and take that risk anytime soon.”

The importance of developing this awareness among the medical community and the population at large is that rare blood clots associated with the AstraZeneca vaccine can be treated when symptoms present themselves. It’s also important to note that the risk of blood clots due to COVID-19 is significantly higher at approximately 20 percent for hospitalised patients and 1 to 2 percent even in uncomplicated COVID infections.

Delaying the opportunity to receive the vaccine offered in order to wait for your vaccine of choice is potentially a risky decision. If you are 55 and older don’t hesitate, vaccinate today. Your life may depend upon it.

Follow the Saskatchewan Health Authority on Twitter and Facebook for more stories and updates on COVID-19. For further information on the Vaccine Delivery Plan, please visit saskatchewan.ca/COVID19-vaccine.

/COVID-19/ COVID-19 Variants of Concern update

The number of COVID-19 variants of concern cases in Saskatchewan continues to increase significantly every day. This is very concerning given the number of people, especially younger people, in our province's Intensive Care Units (ICUs). These variants of concern are highly contagious, can result in more severe disease and should be considered dangerous. It is very important that we as healthcare workers continue to follow all Public Health orders and guidelines and encourage our loved ones and community members to do the same.

Please read the rest of this update [here](#).

/COVID-19/ Regina, Saskatoon mass immunization sites change vaccine for bookings

Starting Friday, April 9, the Regina COVID-19 Immunization Drive-Thru will be re-allocating the AstraZeneca vaccine to the Regina mass immunization sites at the International Trade Centre and the University of Regina. The Drive-Thru will begin administering Pfizer vaccines.

Saskatoon's mass immunization clinics at Merlis Belsher and Prairieland Park will also begin administering AstraZeneca vaccine starting on Saturday, April 10, to allow for a redeployment of some Pfizer vaccine to Regina.

Why change now?

Changing which brand of vaccine is available in the drive-thru improves the SHA's overall vaccine access for everyone by removing age barriers for those under 55 and allows us to meet our goal of immunizing as many residents as quickly as possible.

Regina's drive-thru has been a great success, administering more than 20,000 doses of vaccine already. However, the drive-thru experienced a slowdown in demand this week due, in part, to having offered vaccinations to a majority of those who were eligible and wanted it. Given that the AstraZeneca vaccine, at present, is not recommended for anyone under 55 years of age, switching the vaccine delivery allows the SHA to maximize the efficient use of the vaccines we have available based on eligibility criteria.

If you are an eligible Phase 1 health care worker, or know of a clinically extremely vulnerable patient under the age of 55 who is booked for vaccine through a mass immunization clinic, we will accommodate you. If you're in Regina, all bookings at the ITC mass clinic remain unchanged but those booked for the U of R clinic will be rescheduled for the ITC site. You will be contacted to reschedule. In Saskatoon, booked appointments will be kept without any concerns.

Why is Regina being targeted?

There is an increased risk of variant of concern transmission in Regina and area currently, and accelerating vaccination to younger age groups has been recommended. The decision to provide Pfizer in the Regina Drive-Thru for those under age 55 and AstraZeneca at the mass immunization sites for anyone 55 and over utilizes the vaccine allotments in the most

effective manner. This abides by NACI guidelines on AstraZeneca for populations 55 and older only and provides flexibility to protect as many residents as possible below the age of 55, while still ensuring the safety of our oldest most vulnerable population.

Ultimately, our goal is to get more vaccine into people's arms as quickly as possible given the spread of variants of concern in the Regina area. This decision will be evaluated and allow consideration for other areas of the province in the future. Due to the spread of those variants added strain is being put on our ICU capacity and bringing younger more acute patients to our hospitals. Currently the mean age of those in hospital with a variant of concern in Regina is 32 years old.

Both vaccines are safe, effective and approved by Health Canada. We recommend residents take the vaccine offered to them, as vaccine supply and availability can be unpredictable. Please weigh the benefits to the risks when considering to be immunized.

| COVID-19 | Fact Check: Questions & Answers

With so much information coming at a person about COVID-19, sometimes it is difficult to tell fact from fiction.

Question: When should I arrive for my scheduled appointment?

Answer: You are asked to arrive NO EARLIER than five minutes before your scheduled immunization appointment. This ensures physical distancing in the facility. If you happen to arrive earlier, stay in your vehicle and do not crowd the door. Thank you.

Q: I had my first COVID-19 vaccination dose. How do I book my second dose?

A: Second doses of your COVID-19 vaccination are not yet being booked. On March 4, 2021, the Government of Saskatchewan announced our province would be following the National Advisory Committee on Immunization (NACI) recommendation to allow the extension of the interval between the first and second dose up to 4 months to allow as many people as possible to be vaccinated with the 1st dose. Details on second dose availability will be shared at www.saskatchewan.ca/covid19 when it opens. More: https://www.saskatchewan.ca/government/news-and-media/2021/march/04_accelerating-covid-19-vaccination-in-saskatchewan

Q: Do I get to choose the vaccine manufacturer?

A: No. The brand of vaccine available at a clinic can change at any time, based on availability. All the vaccines are safe and approved by Health Canada and will help to reduce the chance of severe illness and death. You are encouraged to take whatever vaccine is offered when you are eligible.

/COVID-19/ COVID-19 Vaccines: Who gets a vaccine, how, where and when?

Scheduling the administration of vaccines is like being an air traffic controller. You have to keep your eye on the radar of what's coming in and make decisions as to where and when to land the next batch of vaccine. There are a number of factors that go into making this decision, which can be confusing if you're looking from the outside in. It raises questions like:

- Why didn't my area get the vaccine?
- Why can't you tell me when I will get the vaccine?
- Why isn't there enough vaccine for everyone?

The process begins with the vaccine type, amount received and the provincial environment when it arrives. Some vaccines have more rigorous transportation and storage requirements, so they are better for urban distribution. The amount received determines how many areas will get part of the shipment. Provincial factors, like the recent surge of COVID variants in Regina, means more vaccine will be targeted to areas of higher risk.

Once those decisions are made, it's about getting the vaccine to the chosen destinations and administering the doses to individuals according to the order of priority that has been put in place by medical subject matter experts.

Who?

The order of who gets a vaccine follows the vaccination roll-out plan priority sequence:

- Starting with our oldest residents and working down in age
- Those who are vulnerable, either medically or socially
- Identified health care workers

How?

The sequence of who gets a vaccine is further divided by logistics related to administering the vaccine. There are different vaccines with different recommended age groups.

Finally, why are the age ranges so irregular, 73 to 75 and 76 to 79, etc.? Why don't we have tidy age groupings like 60 to 70 and 70 to 80?

- A full ten-year age range is a large grouping for our population. The stepped approach to age ranges ensures, to the best of our ability, that we are prepared to immunize people coming for a vaccine at any given time, to minimize crowds and improve operational efficiencies.
- We know how many people live in an area for each year of age, so the ranges will vary depending on the total number that the vaccine clinic or the drive-thru can manage. Adjustments will likely be made in real time to provide available vaccines as quickly and safely as possible.

Where?

There are four distribution channels for the vaccine:

- **Mass immunization clinics** – more traditional bricks and mortar clinics, with appointments made through the online booking tool or 1-833-SASKVAX.
- **Drive thru clinics** – offer vaccines administered to you in your vehicle. These clinics will work on a first-come, first-served basis.
- **Mobile clinics** – clinics that travel to remote or rural locations, or to address special needs not met by other clinics.
- **Community clinics** – clinics not managed by the SHA, such as pharmacies and physician offices.

When?

When you will receive a vaccine is one of the most-asked questions. It's difficult to accept that it will depend on the vaccine supply; however, it's important to remember that there is a strategy for landing vaccines and that all who want a vaccine will get one in time.

Follow the Saskatchewan Health Authority on Twitter and Facebook for more stories and updates on COVID-19. For further information on the Vaccine Delivery Plan, please visit www.Saskatchewan.ca/COVID19-vaccine.

/COVID-19/ Faces of the Fight:

Darla Rugland, LPN

Darla Rugland is a Licensed Practical Nurse (LPN) working in Yorkton.

I have been a nurse for 17 years. I have witnessed a lot of things in those years, but nothing like COVID-19. Nothing that has globally impacted us such as this virus has.

I wanted to share my experience as a health-care worker, as well as someone who has had COVID-19 myself.

I still remember when this pandemic started to hit home for me. It was March 2020; up to this point, COVID-19 was a word in the news.

As a nurse, I was invested in the fight against COVID-19. I read multiple medical journals, kept tuned into Dr. Tam and the World Health Organization (WHO) for updates and watched in horror as the numbers grew despite what was being done to stop the spread.

I was an LPN in Yorkton, Saskatchewan. Our numbers were minuscule. I washed my hands, donned my Personal Protective Equipment (PPE) and every shift, I went to work with the understanding that just because it hasn't happened yet didn't mean that it wouldn't happen.

I mentally prepared myself for the inevitable that one day COVID-19 would affect me and those around me.

In March 2020, it happened.



We had a positive COVID-19 patient who lost their life. I was never directly involved in the care of this patient, but it brought home the reality that COVID-19 was here, and the consequences were as horrible as the news headlines portrayed.

Shortly thereafter, I had a patient in my care that developed what we all have come to dread - the symptoms of COVID-19. Saskatchewan Health Authority had locked down visitors to compassionate reasons only. I watched my patient get sicker and sicker until he died. I watched his wife and daughter take turns coming into his room. One waiting out in the vehicle, while one came to sit with him. They weren't both allowed in at one time.

And when they were told there was nothing we could do for their loved one, I was standing right there, the appropriate distance from the doctor and the family. **I watched his wife cry with my hands behind my back, squeezing my own arms so that I wouldn't give in to what every fibre of my being wanted to do, not only as a nurse but as a human: reach out and hug her, console her.**

But I followed the rules because this virus is serious. This virus takes lives and I, as a health-care professional, understood this. As much as it pained me to do so, I kept my distance and I did it for the greater good.

There are certain moments in my career that remain as clear today as the day they happened. My first code blue, the time a family was so happy that I was their mother's nurse because I was there for them when their father had died. **And this moment when I had to keep my distance from a lady who was told her husband of over 60 years was going to die.**

All too often in medicine, a patient's outcome is not positive. Even if the patient does get better and goes home, their experience of being ill or injured is hardly a positive one. Those of you not in health-care look at us and wonder why we do what we do if this is the case the majority of the time.

I can't answer for everyone in health-care, but **I do it because I feel like I help.**

Even if someone dies, I helped them. I made them as comfortable as possible. I held their hand when they passed on. I helped their family.

When I had to keep my physical distance from someone who was hurting, my words felt empty and insincere without human contact.

I did not feel like I helped her.

In fact, it was one of the only times during my career that I felt useless.

Even now, a year later the feeling of helplessness haunts me.

And the way I have cared for my patients and their family for the past 17 years is no longer feasible. I feel like I am less of a nurse or less of a compassionate one, and that makes me sad and angry.

I don't work in an ICU; my patients aren't vented; there aren't multiple IV pumps and machines splayed across the room. I feel like this is the image that comes to mind when people think of COVID-19 patients in the hospital. And while this looks far more traumatic than the hospital rooms I deal with every day, it's not. **I still walk into every shift wondering what awaits me. How many COVID patients will I look after today? How will they feel today? And, even scarier, how many people will I come in contact with who have COVID but don't know it?**

Even getting dressed for every shift is stressful. Imagine, if you will, for 16 years of your career, for every shift you put on scrubs and a smile, and entered patient rooms. Now, it's scrubs, isolation gown, gloves, mask, face shield, and in some instances, N95 mask. Forget the smile - no one can see it anyway.

And it's not just slapping these things on and going into a room. There's a whole process. After every piece you put on, you have to check to make sure every part of you is covered. After every piece, you wash your hands. Every time, every patient interaction, regardless of what the interaction is. To even pop in to say 'hi, how's it going' to your patient, this is what must be done.

You are also spending less and less time with your patients, limiting your interaction with them. And even the time you do spend with them, it's not the same. Imagine being sick, and the caring nurse walks into your room in a hazmat suit - do you feel relaxed? Do you feel a connection with her? You can't even see her face. And if she does touch you, it's awkward and cold because there is no skin-to-skin contact. The human connection is gone.

I am a great nurse but I am also human and there is only so much I can do and there are multiple patients who require my care. So as much as I am ashamed to admit it, I don't give the same care I gave a year ago. It's more, but at the same time so much less, and I hate that.

I contracted COVID-19 the end of January 2021. I am grateful to say that I recovered and that my symptoms were mild. Having said that, I must add that **COVID really is much more than a flu or common cold.** Colds and flus do not suck the energy out of you like COVID-19 does. For weeks after, I felt weak and exhausted. If this is what a mild case does to a healthy individual, I understand how it can take the lives of others.

While, I was ill, the two constants in my heart were feelings of guilt and fear. Guilt that I got COVID-19, and that I brought it home to my family, that I caused worry and concern to my family, that I turned their lives upside down. The other constant was fear: I spent every single day in fear that my symptoms would get worse, afraid that my family would get sick, afraid that after having to put their lives on hold for two weeks, my children would have difficulty catching up at school.

I felt ashamed that I got COVID-19. We've all heard that if we follow the rules we can flatten the curve. The assumption is that if you got COVID, you must have done something wrong. But sometimes, even though you did everything that you could, you still get sick. **Because COVID is still here.**

And it's terrifying to me that people still do not take it seriously.



We cannot just ignore COVID-19 and return to our normal way of doing things. I have high hopes that once the vaccine is available to all, **we can at least start a new normal.**

One where families can come together.

One where I can feel like the compassionate nurse that I want so desperately to be again.

|COVID-19| All for the Kids

Since the COVID-19 pandemic began, educators have delivered more than 50 presentations virtually to kids all over the province, providing them with seamless access to health education.

Two of the Saskatchewan Health Authority's own Clinical Nurse Educators, Lyndsay Gabriel and Jill Jenkins, presented health information to Ms. Amy Jurgens' Grade 5 class at Muenster School via Zoom in March of 2021.

The class began learning about human body systems in science and, since both nurses have children in the class, Ms. Jurgens thought it would be fun to have them as guest speakers. Lyndsay presented the gastrointestinal and renal systems while Jill discussed the circulatory system.

Interest in our health care system is so important, which is why, it was great to have the kids so engaged with the presentations.

"It was fun to hear them exclaim their amazement at how the body all fits together," said Lyndsay Gabriel. There were also some great moments of health promotion/teaching (e.g., they could understand why staying well-hydrated positively impacted their body's wellbeing).

Both educators were so impressed with the children's questions and how they could think critically. "If there is a reason to keep doing what we are doing, it is for these kids," said Jill Jenkins. It is all for the kids; they are the future of our health system and if we get them excited about health care, we all benefit.



Jill Jenkins, Clinical Nurse Educator, presenting to Ms. Jurgens' Grade 5 class at Muenster School via Zoom.

Patient Family Advisor name change to Patient Family Partner

The SHA is pleased to announce a formal name change for our Patient Family Advisors. Going forward, Patient Family Advisors will now be known as Patient Family PARTNERS.

The name change comes as a result of substantial research, discussion and consultations. Reasons for the name change:

- The term is more reflective of the ideal role of patients and families within in the SHA;

- Patient Family Advisors across the SHA identify more with the term “partner”; and
- It aligns with other provincial and national organizations that also use the term “partner” in their role title (such as Accreditation Canada).

SHA will continue to establish strong engagement with patients and families across the province. As some of our Patient Family Partners have stated, "It's more than an advisory role. We are no longer advisors, we are partners, collaborators, and leaders." Our SHA leaders have echoed the sentiment, sharing. "It is exciting to see a change that better aligns nationally, and with the role that our Patient Family Partners now have."

If you have any questions about Patient Family Partners or engagement opportunities, please email pfcc@saskhealthauthority.ca.

