



#Masks4Canada (Alberta) Public Health Policy Considerations

October 28, 2020

The Alberta Chapter of #Masks4Canada has concerns over the Provincial Government's current response to the rising case counts in the province. We think a more diligent response is required. We have outlined the following for the Province's consideration.

Principles for Alberta COVID-19 Public Health Approach:

1. **Proactive Responses:** Anticipatory and early response provides better outcomes than a delayed, prolonged and reactive response.
2. **Effective and Consistent Policy:** Mandatory masking should be province-wide, as opposed to municipal mandates, which leaves many Albertans vulnerable. Support our excellent test/trace/isolate systems.
3. **Adopt the National COVID App:** Albertans should be part of this national program, and it will facilitate greater ease of travel within Canada for all residents regardless of province/territory.
4. **Acknowledge Airborne Transmission:** Clear evidence of airborne spread exists. This must be addressed through enhanced building codes to ensure better ventilation and filtration regulations.
5. **Equity:** Maintain support to protect the health of those with barriers such as financial constraints. In particular, the BIPOC, prisoner, homeless, and lower socioeconomic status communities need enhanced support.
6. **Transparency:** Alberta citizens and scientists need to have better access to COVID statistics and information to better allow for policy discussions, risk assessment and behavioural approaches to safely keep the economy as open as possible.



Background on Expanded recommendations and References:

1. Proactive Responses: Anticipatory and early response provides better outcomes than a delayed, prolonged, reactive response.

- [Thanks to Alberta public health for yesterday's new 15-person restrictions on gatherings announced on Oct 26.](#) We do have concerns that the restriction of 15 people may still be too high at this stage of the pandemic.
- #masks4canada is not advocating for a full lockdown, but a rational and sensible response that respects the most up-to-date knowledge, the fact that present-day cases represent the lag time of the incubation period, and that evidence is constantly improving about the most effective preventative measures.
- The current guidelines (50% ICU capacity, 5% rise in hospitalizations per day over two weeks) is not anticipatory of a rapid exponential growth and will result in unacceptable morbidity and mortality.
- As case rates accelerate, and R_t rises above one, the best way to prevent exponential mortality, health care system dysfunction, and risk of long-term morbidity is a proactive response.

[World Economic Outlook, October 2020: A Long and Difficult Ascent](#)

[COVID-19: Saving thousands of lives and trillions in livelihoods](#)

- New cases announced today reflect public health measures in place two weeks ago. Therefore rapid, proactive public measures are imperative.

[Coronavirus: The Hammer and the Dance What the Next 18 Months Can Look Like, if Leaders Buy Us Time](#)

- Negative economic consequences come from uncontrolled viral spread rather than from societal restrictions.

[Pandemics Depress the Economy, Public Health Interventions Do Not: Evidence from the 1918 Flu](#)

- Evidence exists that common at-risk settings include indoor, poorly ventilated, unmasked exposures that can create super-spreader events. Restrictions need to target indoor restaurants and bars, public gatherings like places of worship and concerts, and group gym and indoor sporting activities.
- Once the R_0 is below 1.0 for a specified period of time (we recommend 14 days) these restrictions can be lifted. By specifying the criteria for lifting restrictions, you remove the politicization of the process. Similar criteria should be identified for reimposition of restrictions.



- It would be beneficial to maintain safe educational environments, protecting schools from restrictions by following recommendations around enhanced building codes.
- In order to maximize the amount of interactions in necessary public settings such as schools and hospitals, we will need to minimize other interactions. Social bubbles will be required to shrink. **We applaud Alberta public health for new guidance on this on Oct 26.**
- As seen with mask mandates, voluntary mitigation measures are not nearly as effective as mandatory measures in resetting societal norms.

2. **Effective and Consistent Policy:** Mandatory masking should be province-wide, as opposed to municipal mandates, which leaves many Albertans vulnerable. Prioritize ongoing excellent test/trace/isolate systems.

- There is clear evidence of the effectiveness of masks at preventing COVID-19 transmission.

[Masks and face coverings for the lay public: A narrative update](#)

- There is some evidence of the utility in masks in decreasing viral inoculum, and hence decreasing the severity of COVID-19 infections in those wearing masks.

[Facial Masking for Covid-19 — Potential for “Variolation” as We Await a Vaccine](#)

[Masks Do More Than Protect Others During COVID-19: Reducing the Inoculum of SARS-CoV-2 to Protect the Wearer](#)

- Alberta has the highest level of “cynical spreaders” in the country who may risk the collective good in their prioritization of individual liberty.

[Alberta has more 'cynical spreaders' who ignore COVID-19 safety guidelines than many other provinces: poll](#)

- Mask mandates improve mask utilization by changing societal norms, even without stringent enforcement.

[Minimal issues on first weekend of mandatory masks in Calgary](#)

[Vast majority of people following city's mask bylaw: report](#)

- Citizens outside the proactive cities deserve protection as much as those currently under masks mandates



- The majority of schools outside Calgary and Edmonton do not have in-class mandatory masking despite the inability to physically distance within their classrooms. We recommend province-wide, in-school mandatory masking-- including for children >10 years of age.
- Effective viral control will depend upon a continued effective test, trace and isolate system. We recommend prioritizing resources to each of those elements.
- There are currently 18 workplace outbreaks identified in Alberta. Masking should be mandatory in workplaces, rather than the current voluntary recommendation. Where working from home is feasible, it should be encouraged. This will protect those who cannot work from home. Industry has a role to play in supporting these measures and implementing them in their workplaces.

3. Adopt the National COVID App: Albertans should be part of this national program, and it will facilitate greater ease of travel within Canada for all residents regardless of province/territory.

[Government of Canada Covid App webpage](#)

['We don't have a timeline': Federal COVID-19 tracing app still not available in Alberta](#)

- Enable the federal COVID App to function in Alberta immediately and strongly incentivize all Albertans to download and use it.
- Only Alberta, BC, and the territories have not adopted the federal COVID Alert app. Allowing access in Alberta to this effective tool will make our ability to prevent and trace transmission equitable to the eastern provinces.

4. Acknowledge Airborne Transmission: Clear evidence of airborne spread exists. This must be addressed through enhanced building codes via better ventilation and filtration regulations.

- The WHO and the CDC both acknowledge that airborne COVID transmission does occur and needs to be included in our mitigation guidelines.

[CDC: Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission](#)

[WHO: Transmission of SARS-CoV-2: implications for infection prevention precautions](#)



- Public health officials should clearly acknowledge that airborne transmission is a factor in COVID-19 and make policy decisions accordingly

[Canada still downplays risk of airborne spread of coronavirus despite WHO, CDC guidance](#)

- Once we acknowledge this method of transmission, ventilation and filtration can be given renewed focus, as such, valuable methods of mitigating viral spread of airborne diseases can be better implemented in institutions such as schools and hospitals
- Restaurants and bars in other jurisdictions have been important sources of transmission. On reopening, they should be encouraged to implement new ventilation and filtration measures after this recent increase of transmission. Provide the means to allow continued outdoor dining even in cold weather, including wind shelter, snow removal and outdoor heating.

[Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults \$\geq\$ 18 Years in 11 Outpatient Health Care Facilities — United States, July 2020](#)

- Cities should do everything they can to encourage outdoor activities. This includes opening all golf courses to walks, cross country skiing, and snowshoeing; installing fire-pits at local parks, converting roads into pathways, and allowing public alcohol consumption.
- On reopening, gyms and exercise studios should be required to have ventilation upgrades, mandatory masking and greater social distancing than 2m in order to reflect the greater risk of airborne transmission over longer distances from forceful breathing.
- As current measures do not allow for physically distancing in schools, we recommend decreasing classroom sizes. If physical space in schools doesn't allow for this, there should be consideration of other facilities for educational purposes, such as community centres and churches. More teachers would need to be hired. When and where weather permits, schooling should occur outside. Longer breaks may be considered during the coldest months and the school year may be extended into next summer.
- Assessment of all learning spaces for adequate ventilation should occur (our recommendation is a minimum 3 room air exchanges/hour, equal to the bare minimum suggested by Harvard T.H. Chan School of Public Health for COVID-19; an air exchange rate of greater than 6 would be ideal), with prioritizing of older schools. We recommend improving HVAC systems and installing filtration systems in those classrooms found to have inadequate ventilation.

[NYC School Building Ventilation Survey](#)

[5 STEP GUIDE TO CHECKING VENTILATION RATES IN CLASSROOMS](#)



5. **Equity:** Provide additional support to marginalized populations to prevent COVID-related health disparities. In particular, the BIPOC, prisoner, homeless, newcomer, and lower socioeconomic status communities need enhanced support.

- For those Albertans who work in casual or hourly employment or are self-employed, staying home when sick can result in lost wages. Measures protecting our vulnerable workforce so that they have the ability to quarantine without financial loss could include wage protection, sick-leave benefits, and employer support.
- Many Albertans have precarious employment or are placed-at-risk due to a frontline role (grocery stores, delivery service, service industries). We recommend their work environments adopt the most evidence-informed, preventative approaches to ensure COVID prevention and employee safety. Consideration should be given to the provision of basic PPE such as masks and sanitizer in high risk workplaces (factory settings, frontline work) to address issues with affordability and accessibility.

[Calgary doctor worries about vulnerable workers as some businesses prepare to reopen](#)

[Lives on the line](#)

- For those who have anxiety around personal health behaviors like masking or distancing, there should be accessible, inclusive mental health support. We recommend finding ways of supporting those who are increasingly isolated or lonely with the restriction of social gatherings.

[COVID-19 pandemic taking toll on mental health, Alberta survey says](#)

[More calls to mental health helplines in Alberta due to COVID-19](#)

- Vulnerable populations face higher rates of morbidity and mortality from COVID. We must apply a health equity approach to data collection practices by collecting and sharing data on COVID mortality and its relation to social determinants of health, such as race and ethnicity.

[Excess mortality in Canada during the COVID-19 pandemic](#)

[COVID-19 in Canada Experience and Response](#)

[Reimagining safety in a pandemic: the imperative to dismantle structural oppression in Canada](#)

[Race-based data must be collected to help fight COVID-19, advocates say](#)

6. **Transparency:** Alberta citizens and scientists need to have better access to covid statistics and information to better allow for policy discussions and risk assessment.



- Make publicly available the statistics for access to testing information (the turnaround times, per age group test positivity backlogs), contact tracing (speed & aggregate data on location of outbreaks) & more demographic data.
- Releasing the July Misericordia Hospital outbreak report would inform if airborne transmission has been a factor in hospital outbreaks, including the recent one at the Foothills Hospital. It may also help us understand the utility of N95s over surgical masks in HCW exposed to COVID-19. We recommend releasing investigations of all factors in major outbreaks to assist communities and institutions in their policy. urgently need this report to be released.

[Calgary doctors urge transparency about COVID-19 outbreaks at hospitals](#)

- Return to data releases on weekends.