

# COVID-19 TOWN HALL 2



**Tuesday, March 10, 2020**

SPEAKERS (in order of speaking):

- Victoria Schmid,
- Dr. Richard Stanwick, Chief Medical Health Officer
- Elin Bjarnason, VP Clinical Services Delivery
- Marko Peljhan, Executive Director, Geography 4
- Dr. Pamela Kibsey, Medical Director, IPC, Laboratory Medicine, Pathology & Medical Genetics
- Moira McLean, Internal Communications Manager
- Dr. Dee Hoyano, Medical Health Officer

## **PROVINCIAL CONTEXT:**

Province of BC has enacted an Emergency Operations Council (EOC) to oversee COVID-19 preparation/response work provincially.

The Ministry of Health has an EOC with the CEOs from each health authority.

Each Health Authority (including Island Health) has their own EOC – and are communicating/sharing with one another.

Island Health's EOC is lead by Kathy MacNeil and has 5 subcommittees:

- 1) Clinical Services
- 2) Logistics & Supplies
- 3) People (HR)
- 4) Finance
- 5) Public Health

If you would like to share ideas or get involved, speak with your leader or contact Victoria Schmid.

## **CURRENT STATUS UPDATE:**

*Dr. Stanwick* – Island Health staff/med staff are the sources of truth in the community. Critical that you have correct information as we move through this. You can help to keep perspectives in place. You are the credible sources.

Even though there is COVID in the province, it is still a low-risk situation and we are striving for containment.

100 countries reporting at least 1 case – we expect that is a gross underreporting. As of today, BC has 32 cases, Ontario 32, Alberta 6 and Quebec has up to 4.

Because of good infection control we were able to contain SARS in BC. We have experience in this. Really need to follow best practices to ensure work force stays healthy. We do not have anti-virals or vaccines. It is so important to take the appropriate steps to do it properly.

*Elin* – I am working with Dr. Ben Williams and Cheryl Damstetter on Clinical Services stream for EOC planning.

Dr. Bonnie Henry said the action plan is to contain (the virus), delay (the arrival) and prepare (for inevitable cases). The Minister of Health talks about four streams of protection: public, staff, patients and health system.

Island Health has a very robust influenza pandemic plan from 2014 (auth. Sue Munro). It is an excellent, detailed plan around clinical streams – and we are using that as a foundation.

We are working flat out in the preparation phase, ensuring ICU contingency plans (i.e. where will we go if we get more ICU patients than we can care for in facilities) ED contingency plans (i.e. if we're overcome, what will we do) and robust patient flow and transport work streams.

If people are cancelling out of regular meetings, it is likely due to COVID and right now, that's a good thing.

We want staff to feel confident that they are working in a safe health system. If we need to flex and do something different – we will, but it is really important to use standard precautions right now.

## **ALTERNATE SCREENING LOCATIONS:**

*Marko* – Up to now we've been screening individuals in EDs, doctor's offices and primary care centres and we've seen an uptick in higher population areas. To move folks out of our EDs, we have set up alternate screening locations in Victoria (opening Wednesday at the Victoria Health Unit) and Nanaimo (date/location TBC soon).

These screening locations will require a referral from primary care providers, medical clinics, EDs and 811.

Centres will open for 4 hours initially and we will assess needs as we go. As we work out these processes we will expand to other locations around Island Health (based on need).

## **QUESTIONS AND ANSWERS:**

**How will this information be shared for people working nights – or unable to attend town halls?**

*Victoria* – Each Town Hall will be transcribed (or recorded) and shared on our [COVID-19 webpage](#).

## **Other HAs are using airborne precautions for COVID-19 cases. Why are we using droplet precautions?**

*Dr. Kibsey* – We are taking our lead from PHAC and BCCDC. Standard precautions are routine droplet and contact precautions and we are comfortable with that. You can't use an N95 mask without going into an airborne precaution room, which isn't appropriate for all facilities on the island – and not appropriate for triaging a person that doesn't need to have an aerosol generating medical procedure.

We have upped our game a little bit for aerosol generating procedures (i.e. intubation or CPAP) – and the ICU team and anesthesiologists are monitoring that.

It's all about being comfortable with donning and doffing procedures and doing it in the right order. Get a buddy and watch the videos – observe each other as you do it and get comfortable with those steps.

*Elin* – We are unaware of any HA using aerosolized PPE for general. We are in alignment for PPE across BC with the droplet contact. If the recommended requirements change we will align with that shift.

## **Will staff who contract COVID-19 be required to utilize sick days for self-quarantine or will this be covered by Worksafe BC.**

*Moira* – If you are asked to self-quarantine because of exposure in the community, you will be placed on 'general leave' and will need to communicate with your manager about when you're coming back.

If you are asked to quarantine because of an exposure at work, you will also be placed on 'general leave'.

If in either case you develop symptoms, then you would be using sick time. If the sickness is a result of an exposure at work, and the case is confirmed, then it would revert to a Worksafe BC claim and your sick time would be reinstated.

## **What is the plan in the event of a shortage of beds, masks or test swabs?**

*Elin* – From a PPE perspective, shortages are managed provincially. Andrea Boardman (Director of Logistical Services) is key lead to ensuring we match our demand with our supplies. Some concerns around surgical masks – but otherwise we're in good shape.

There were concerns last week that we are very low on swabs. Alice Gelpke is working with Dr. Kibsey and PHSA to improve testing within Island Health and turn-around time. Not feeling same level of concern around swabs at this point.

We are doing a deep-dive on contingency planning re: which patients need to be in acute care. Patient Flow is working hard to get people out of hospitals and into the community to free up acute capacity. We also have a significant ability to flex up over 100% capacity in all of our hospitals, if need be.

## **Is Island Health expanding policies that enable employees to work from home?**

*Victoria* – The EOC is determining what stage will trigger a message out to staff saying, “...if you are non-essential, please work from home.” This is under discussion, but IM/IT is working closely with EOC to increase capacity for people to connect into the network from home.

## **What is the policy for staff travelling out of country (over spring break) and returning to work – and should they be tested?**

*Dr. Hoyano* – We are following Health Canada’s advisory for returning travellers and only testing people from named high-risk areas (Hubei China and Iran) – but this list will evolve in the coming weeks.

Staff who have been to Hubei China and Iran are being asked to self-quarantine for 14 days before returning to work. For others – they are asked to closely monitor themselves and if they develop symptoms, they will need to self-isolate.

*Richard* - If you purchased travel insurance after March 5, Pacific Blue Cross may not cover you. Please check with health insurer before you go. Also – avoid cruises and think very seriously about travel plans.

## **Are there any confirmed cases of COVID-19 in Victoria?**

*Victoria* – No. There are no confirmed cases at Island Health. (NOTE: correct response as of March 10, 2020 – 12:43PM)

## **What is the testing process and how long will it take if taken in Victoria?**

*Dr. Kibsey* – there are two ways to get a test: 1) If a patient has symptoms of influenza – do test for influenza and COVID will also be tested. No shortage of swabs and influenza has spiked. 2) If you request a viral investigation we are also adding COVID onto that.

The molecular lab works 7-days per week and can test up to 96 samples each day. Cut off is 11am for same-day turn around. Have a hot-shot courier from the north island – so samples will be done within 24 hours.

## **What is our plan for segregating patients in EDs with suspected COVID-19?**

*Marko* – Emphasize current droplet precautions for any patients with cough or travel history. Rapid triage and clear, identified process in EDs. Admission of patients with suspected COVID would be a rapid placement, preferably in isolation.

*Elin* – If a patient comes into the hospital with influenza-like illness, they will be automatically tested for Influenza A/B, RSV and COVID. Same thing in the community with an excellent turn-around time.

*Dr. Kibsey* – We are not doing a good job in assessing patients who need droplet precautions in some areas. Please, please, please do way better.

**Why is the response/reaction disproportionate to the problem? Many people die from incorrectly prescribed drugs every year...**

*Dr. Stanwick* – For those who are interested, there are very good articles on the psychology of pandemics and dealing with the unknown. This one is a virtual pandemic. Put in perspective, it is a new virus and we don't have the experience with it. There is a lot of hysteria and we, as healthcare providers, can put this in perspective for others.

In anticipation of its arrival, we need to treat this virus with the respect it deserves. Where there have been problems, it's because the people have not done what they should do with regards to precautions. Breaches occur because we don't follow those procedures. Please use what we know today – it really does work.

*Elin* – There is a range from apathy to hysteria – but with this virus, it's the unknown. Italy got its first case on February 21. Nineteen days later there are over 10,000 cases and 677 deaths. We just don't know enough about it. We don't have anti-virals or a vaccine, so we just need to be really prepared and diligent. We will then have a much better likelihood of going through this easily.

*NOTE: there were other Slido questions that did not get answered in the time allotted. We are working on expanding the Q&A with subject matter experts across the organization, and will post as answers are determined.*