

April 21, 2020

QUESTIONS AND ANSWERS: *(Please note: the information in this document is accurate as of Friday, April 24, 2020, and may eventually be superseded by newer information.)*

PUBLIC HEALTH

Q. What recommendations and direction will be provided for schools to re-open to prevent transmission amongst children?

The issue of transmission for children. BCCDC review of literature of children spreading the virus. The ability of children to spread to adults is quite small. We are in with the PHO on the approach.

Q. Does Island Health have any plans for antibody testing? If not, why?

Laboratory tests for documenting antibody responses are being validated provincially. There are many companies offering kits but we have to be very cautious as manufacturing an antibody test that does not cross react with other coronaviruses or with other IgM responses is difficult and we are still not sure if we are measuring the correct type of antibody response made by the body.

At first, this test will be used as a look back on different patient groups, including confirmed positive COVID patients with severe disease and milder presentations. Serology surveys of vulnerable groups might be undertaken as well as HCW to track the spread of the virus. This test will not be used to diagnose acute illness. We also do not know how an antibody response correlates with infectivity. After these larger applications of the test, health authorities might take on their own testing.

Q. When will Dr. Kibsey be a part of a town hall again?

Dr. Kibsey plans to attend as many town halls as possible.

Q. Should nurses that are doing swabbing in the morning be able to go back to the office afterwards on the same day? Should it be clean to dirty?

We believe that wearing appropriate PPE to the task being performed and doffing correctly should pose no risk to subsequent activities. Droplet/contact precautions in this example, not AGMP. Yes, they would be able to go back to the office.

Q. What have we learned from the outbreak on Cormorant Island that can help prevent similar outbreaks in other remote communities?

The cluster on Cormorant Island reminds us that social distancing is still important, even among friends and family that don't live in the same household. Public health intervention and contact tracing and medical support in the community has been instrumental in providing a partnership to support this community going forward.

Q. Can you tell us more about BCs plan for testing? Will there be random sampling done to see where we are?

As of this week, the province has liberalized the criteria for testing in the community and provided a self-referral phone number to book an appointment for testing. This is usually how we enter the third phase

of an outbreak when we expect cases to be declining and we need to find out still how extensive the virus might be circulating in the community in persons with mild illness.

Q. Contact tracing has been called essential by epidemiologists globally to prevent a second wave of C19. How has Island Health implemented contact tracing? If not, why?

Contact tracing is done either by Public Health (community contacts) or by OHS (HCW contacts) or by IPAC (patient contacts) so we have this covered both for IP, LTC and the community.

Q. When a patient is tested for COVID 19 they are told, "Flush toilet with the lid down- the virus may also be present in stool". What about the risk to staff?

This is a theoretical risk with this virus. There have been some published observations that we can pick up the virus with molecular tests but that does not translate into infectious particles. Researchers have not been able to culture the virus from stool, as with SARS-1.

Q. Can you share what scientific evidence exists that a surgical mask can protect a worker from contracting COVID-19?

The scientific evidence compared N95 to surgical masks during pH1N1 influenza and SARS-1 and found no difference in protection. The size and velocity of the particles generated from a patient without manipulating the airway (i.e. AGMP) can be blocked with a surgical mask if it is worn properly and not damp.

Q. does the flattening of the curve also include the "probable COVIDs-not swabbed"

The breakdown of COVID positive patients is approximately 83% mildly symptomatic, 15% moderate to severe and 2% requiring ventilation. The proportions of persons in these groups does not change, so when the curve is flattened and eventually trends downward, epidemiologists can do the math and estimate the possible number of patients in each group based on our population in Island Health.

Q. How sure are we that the negative COVID test results are in fact reflecting negative cases? I understand about 30% are false negatives...

All our tests are intended to be used on symptomatic persons. If the person tests negative and is asymptomatic but still infectious, think about how they could infect another person. It is usually via unwashed hands or improper respiratory etiquette, not coughing or sneezing. So if we miss a few cases in this patient group, the risk to the general public is extremely small when social distancing, hand washing and respiratory etiquette is observed.

HOME AND COMMUNITY CARE

Q. We would appreciate a webinar on how to do COVID precautions when working in the community...house to house...with no access to running water

Please notify your local lead for any training needs.

Q. As a Community Health Worker, why are we being taken out of regular clients & given all new ones? Shouldn't we have LESS movement?

CHW schedules are based on:

- *Clients temporarily needing less or more service based on backup plan availability. Some families are able to provide more or less care for their loved one.*

- need to follow provincial direction to limit CHWs in Assistive Living
- Limiting their number of CHWs working with a client and/or household on droplet precautions.

We will continue to strive for continuity of care but we do need to consider the factors listed above when planning home support scheduling.

Q. Will there be fleet cars available for HCC/Home support staff going house to house so they do not have to use their "family vehicles"?

Please speak to your local leadership about fleet car access.

Q. For home support, is wearing a mask and goggles always necessary. Even if we can maintain a 2 meter distance?

Ensuring PPE for health-care teams is an Island Health priority, and a pillar of a robust pandemic response plan. Guidelines on use of PPE in various settings are changing rapidly. Our current guidelines are posted [here](#) and will be updated regularly

Q. Regarding CHWS's having to bring used PPE (mask and goggles) into our personal vehicles; this seems like a bad idea as our families also use the same vehicle.

The direction is to doff droplet/contact PPE or other in the home and not take it to your care. The new mask directive is to wear a mask for each encounter, and as masks are in limited supply you will only don and discard this mask after droplet/contact precautions, or if it is moist, torn or damaged. When wearing your mask you should not readjust it or touch you face. If you need to, you must carry out HH before you touch your mask and after. The mask should not touch anything in your car.

Your personal goggles should be cleaned/disinfected after use and transported in a clean container, in this way they will not contaminate your car, or become contaminated themselves.

Q. Care for clients with seasonal allergies or lingering cold symptoms that present with COVID-like symptoms. Direction has been to postpone care but for how long?

There has been no direction to limit care in this situation. Following a nursing assessment, if the home care clinician is unsure if the client has COVID 19 they are placed on droplet precautions and they complete a self-isolation period or confirmed COVID-19 negative.

Care will continue using appropriate PPE. Clients with new onset respiratory or GI symptoms not diagnosed formally should be assumed to have a respiratory illness, or COVID, and appropriate PPE for droplet/contact precautions should be worn.

Q. Should Community Health Workers, schedulers & supervisors all being wearing masks when in the central offices?

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Q. For CHWS in the community who do respite shifts (4, 8, 12 hour shifts), when/ how can we take our breaks to eat if we are to be wearing a mask the whole time?

You should doff and discard your mask when you take a break to eat, or after you use the toilet. Try to 'cluster' your breaks so you use minimal masks.

Q. I am concerned about the HCC staff having to wear the same mask between clients, very difficult to manage infection control.

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CLINICAL SUPPORT & SERVICE

Q. PFTs are currently limited to urgent only. Will there be guidance offered on how to implement testing in the "new normal" when the time arrives?

Patients should be screened for COVID-19 symptoms and we encourage staff to utilize appropriate PPE measures

Q. We have flattened the curve, and restrictions will be lifted - In what manner will this be done? Will outpatient medical services be first to be reopened?

We are looking at all elected procedures surgical and outpatient. We will be working with each area and within the medical divisions while we await Dr. Henry's direction on staging opening of all elected services.

Q. Patients are suffering without access to medical care deemed "unnecessary." Work such as root canals. Will Island Health step in to ensure that patients receive care?

If patients feel they have an urgent medical issue that requires care, they should directly contact the health care professional that normally provides that service for them for an evaluation of their condition and needs.

Health professionals have been directed by their professional college to modify their practices to reduce risks to patients and practice physical distancing. Some therapists are utilizing virtual care, emergency services or other methods to provide necessary services until we receive direction from Dr. Henry to return services.

Q. How is the balance of increasing surgery matched with reliable availability of PPE?

The availability of PPE is a key consideration and as we develop plans to return services

Q. In thinking of what good do we want to carry forward into our new normal. How might we better collaborate as a Health System to meet the care needs of B.C.?

The response to COVID-19 has led to a significant amount of innovation to provide services in a different way. A new normal will include assessing how these types of changes can be sustained to meet patient needs.

Through this crisis, we have been able to effectively connect and collaborate with government, Divisions of Family Practice, other Health Authorities and private and public providers. The overall health system has benefitted and will continue to benefit from the collaboration we have had during this crisis.

Q. What is the plan for multidisciplinary (non-acute) clinics, surgeries and other health services to return to service?

We are currently developing plans of a staged return to service in consultation with the PHO.

Q. Island Health sites continue to receive 'decorations' of support from the community. Are site leaders ensuring that these installations do not pose a safety hazard?

If you are concerned, please contact your site direction who will ensure it is safely secured. A great example of this was a large heart that was delivered to SPH and safely secured using ropes (in case of wind) with the support of FMO.

LOGISTICS

Q. How much PPE; particularly masks, does Island Health have left?

PPE is closely monitored as part of the supply chain procured and managed on a provincial level by PHSA under the PPE Allocation Framework. James Hanson discussed this in the town hall. Please review his response [here](#).

Q. When can we expect the cafeteria to re-open to normal hours / regular menu/ have our cafeteria tables and chairs back?

We will be following the guidance of the medical health officers on returning to regular service. At this time, it is important to follow the guidelines on physical distancing.

Q. Seating area closures have strained other break areas. Why has leadership chosen to not support staff in distancing on breaks? Distance requires physical space.

Dr. Stanwick responded to this question in the town hall. Please read his response [here](#).

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Q. Can we stop changing the PPE protocol? Everybody in direct patient contact should wear a mask. Please leave it at that.

We appreciate it feels that the PPE protocol is ever changing. We are doing our best to ensure that PPE protocols are current, aligned provincially and relevant to our local context. We want to make sure that staff have the PPE required to ensure their safety and the safety of their colleagues and patients.

Ensuring PPE for health-care teams is an Island Health priority, and a pillar of a robust pandemic response plan. Because of this, guidelines on use of PPE in various settings are changing rapidly. Ensuring PPE for health-care teams is an Island Health priority, and a pillar of a robust pandemic response plan and because of this guidelines on use of PPE in various settings are changing rapidly. Our current guidelines are posted [here](#) and will be updated regularly.

Q. Should visitors not also be included in wearing masks when in direct patient areas to protect patients and staff?

Visitors who are visiting patients on droplet precautions should follow the directions provided to them from the staff on the unit. Please check in at the nursing station before going in a patient room. All other visitors should observe physical distancing while they are in the hospital to prevent the spread of COVID.

Q. Should we have locked doors with a nurse screening patients before entering our public health offices for appointments or harm reduction supplies?

There are various initiatives in place to preserve PPE across the health authority, including locked PPE rooms, assessment screening of patients before utilizing PPE, reusable PPE, and alternate PPE. These initiatives may look different in different work areas but teams are putting in place what makes the most sense for their work context.

Q. Have there been any investigations into re-introducing cloth drapes (gortex) gowns, to utilize in the Operating Room and save disposable PPE.

We have implemented reusable gowns in some areas, where this is the best solution for the area. This is balanced with the ability to launder these gowns and ensure that they are providing adequate protection to staff.

Q. What type of PPE should be worn during PFTs, which are cough generating?

Guidelines on use of PPE in various settings are changing rapidly. Our current guidelines are posted [here](#) and will be updated regularly.

Q. There has been little to no support/direction offered to the Heart and Lung Department in terms of procedure/PPE. PFTs are cough generating, is this an AGMP?

The list of AGMPs can be found [here](#)

Q. Island Health has chosen to lock PPE. What protocols or expectations has leadership provided management, so that staff may maintain access to PPE?

PPE is locked as part of the pandemic plan and a provincial plan under the PPE Allocation Framework. This provides the information needed to keep sight of PPE inventories on each site, in the geographies and provincially.

Q. Regarding repurposing single use surgical masks (or with visors) at hospital sites, are they to be all masks similar to N95s or only "non-COVID" masks?

Please read the article posted [here](#) on N95 Mask Reprocessing.

Q. All staff need to wear masks. Walking in the hallways, there is often less than 2 meters between those passing each other, putting non-clinical staff at risk

We always ask staff to use clinical judgement in determining what level of PPE is required to protect themselves and their patients.

Q. Is the surgical/procedural masks mandatory for direct patient care? The last memo said, "We advise all staff... to wear a surgical procedural mask

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VULNERABLE POPULATIONS

Q. With reports of increased domestic violence, especially towards women & children, during this time, what is being done by Island Health to help those at risk?

Please review the response provided in the town hall [here](#).

Q. When can we see a public health solution the issues on Pandora Street, significant dangers to the public, street and surrounding areas a public toilet.

The health and safety of people who are unhoused, including those on Pandora Avenue, is a significant concern for Island Health, BC Housing, the City of Victoria, community agencies and the Government of BC. These partners are actively engaged in working to find safe, supportive alternatives and some additional guidance from the provincial government is anticipated soon.

Persons who are unhoused are at increased risk during a pandemic due to their compromised health status, a lack of resources to self-isolate and difficulties accessing the types of social supports available to most members of our community. Issues of homelessness and social disparity are not easily or quickly resolved - even in the context of a pandemic.

HUMAN RESOURCES

Q. Why is Island Health not following the provincial protocol that everyone (including health care workers) who returns from international travel self-isolate for 14 days?

Please refer to the [HR Q&A's](#)

Q. How is Island Health going to aid the working from home staff, will they approve the use of T2200 forms?

This was answered in the town hall, please refer to the response [here](#).

Q: Can I be reimbursed for office supplies/equipment while working from home?

A: On March 23, 2020 the Working From Home Guidelines were published:

<https://intranet.viha.ca/covid-19/Documents/covid-19-working-from-home.pdf>

*The guidance included instruction for employees to set up their workstation safely and to bring basic stationary (i.e. notebooks, pens etc.) home for use. Any additional costs associated with working from home are the responsibility of the employee, unless it is a manager-approved purchase/requirement. Employees should seek **prior** approval before purchasing supplies/equipment for work. Corporate direction is to only reimburse expenses that have been pre-approved by the appropriate manager and with receipts for the expense.*

In the event your home workstation is uncomfortable, please speak with your manager/leader to consider arrangements to return to your employment location in a socially distanced space.

Q. When a staged return to work begins, will Island Health allow non-clinical staff to continue working remotely from home to support ongoing social distancing?

We will need a thoughtful plan for how and when we look at bringing people back from working remotely. As we explore the learnings and apply them to the new normal, we would likely be looking at a

phased approach that allows our employees to maintain the physical distancing guidelines to ensure safety. Continuing to support some employees to work remotely where it makes sense might be an option we consider.

Q. Offices that have many admin working with little to no work for them should they not be reducing admin staff for the time being to have less staff in office?

In the [HR FAQ's](#) we address Island Health's position on the exploration of remote work arrangements and the observation and practice of social distancing. If you have concerns, please connect with your Leader.

Q. I work part-time and usually get close to full-time with casual work, with no casual work I am only getting half my usual pay, what compensation is there?

As part time and full time positions come available, we encourage you to apply if you are seeking a larger FTE.

Q. In order to reduce the risk of transmissibility by staff who may be asymptomatic COVID carriers, when will we limit staff to working only on their SINGLE units?

This has not been a consideration at this point. We follow very closely the orders provided by Dr. Bonnie Henry and will implement restrictions only according to her orders.

Q. Will PT or TPT workers who were restricted to one facility be able to work more? A lot of people relied on \$ they were making prior to COVID by working casual

Single Site restrictions are answered in the [HR FAQ](#).

Q. Can Island Health staff cancel vacation after May 12th?

Please see the [HR FAQs](#)

Q. Suggestion: a reminder to staff of mental health supports. After the tragedy in NS (many staff from Maritimes), more support may be needed.

We have many services available to Island Health employees via our partnership with Homewood Health. Please utilize these services if you are in need.

Q. What is the plan to manage the vacation allotments - many staff cancelled their holidays for this year?

This is covered in the [HR FAQs](#)

LONG TERM CARE

Q. There are lots of changes in regards to AL/LTC sites. What about private independent living sites where our staff are frequenting on a regular basis.

We have very limited influence or direct control over these locations. However, we have developed new processes to ensure these settings receive the same information bulletins that we provide our assisted living sites. We have also given these sites access to our newly created LTC Response team to support decisions related to infection control and similar issues. The response team, when made aware, will provide a remote support function to these sites. Staff attending these sites should follow the infection control procedures that have been developed for community health services.

Q. Are LTC facilities (Juan de Fuca) able to admit patients from acute care? If yes, will 14 day isolation good enough to protect the LTC patients? Thanks

Yes. The new admission must be isolated for 14 days and full droplet precautions employed. These precautions are well supported by evidence. All sites are aware and if staff are in doubt, they should consult their manager

Q. Mother's Day / Special occasions - can flowers be delivered to LTC facilities?

Can cards be given if the cards are held for 7 days by the facility so any potential virus would no longer be viable?

Visitors will not be allowed to enter for these occasions. There are no restrictions for flowers or cards to be delivered to LTC facilities.

RJH/VGH are below capacity, with minimal current cases - Can we get OBL to the SUMMIT so that residents can have private rooms for protection against outbreak?

In the short term the answer is we need to continue to reserve Summit as a contingency in case of a surge in COVID patients. It is hoped that we can revert to the original plan to move residents from Oak Bay Lodge and Mt. Tolmie to Summit sooner rather than later but it is too early to say when this will take place.

The extensive precautions we have employed to reduce the risk of an outbreak in LTC have been very effective. We remain one of two health authorities, along with NHA, that have so far avoided a LTC outbreak. Read more [here](#)