

TOWN HALL SUMMARY



June 2, 2020

This is a summary of this week's Town Hall. Full dialogue via audio links are throughout the document.

SPEAKERS (in order of speaking):

- Victoria Schmid, VP, Pandemic Planning
- Dawn Thomas, Executive Lead, Indigenous Health
- Kathy MacNeil, President & CEO
- Dr. Richard Stanwick, Chief Medical Health Officer
- Elin Bjarnason, VP, Clinical Service Delivery
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- James Hanson, VP Operations & Support Services

INTRO/GENERAL UPDATES:

[Victoria Schmid](#) – Welcome.

Good morning and welcome to again, another COVID town hall. Thanks everyone for joining us. I'm Victoria Schmid, I'm the new VP of pandemic planning. So it's all things COVID all the time for me now. I'm grateful and scared out of my wits, and I'm looking forward to partnering with all of you as we continue with this really important work and yet continue as well to recover our services. Because we know that in the last three months there's been many of the people that we serve that have not had access to the level of services that they need for health, whether that's in our acute care system or in our communities and across a broader public health spectrum. So thank you all for the work that you're doing in recovering our services and ensuring that all the people who rely on us for healthcare services across the Island are receiving those now.

I just want to start today with an acknowledgement that here in Victoria we are on the traditional territories of the Lekwungen speaking people. Recognizing that the work that we do has to include all of the people who require services and we have to look at it differently for different populations. I think that one of the things that we have been able to do well in our approach through wave one of COVID is being able to look at different communities and different needs in those communities. And so just to shout out to the teams who have done some really good work particularly on the Cormorant Island response and how we'll be partnered through that.

So just wanting to acknowledge that team today in particular, as we think about really the importance of the work that we're doing through this next, I would like to introduce Dawn Thomas, to all of you. You may have seen the introduction that came up from Kathy and Dawn started with us yesterday, but Dawn is our new executive lead of indigenous health. And I really wanted to give her a few moments this morning to share a little bit more about herself so that you guys can get to know her. And I just want to say from the executive team, just a huge welcome Dawn. I'm so excited to have you sit with us at our

tables and to share your learning with us as we all move on this journey as well as, as you step into a leadership role with the indigenous health team. So thank you very much and come on up. Thank you.

[Dawn Thomas](#) – Welcome and territorial acknowledgement.

Really happy to be here, my name is Dawn Thomas, but I have a traditional name, which is Aa ap waa iik. And that loosely translates to the one who says the right words about chiefly business. I always share my name because it really grounds me in my work. I started today remembering where who I got my name from Auntie Hilda in Kyuquot and why I got that name. And we remember who we're working with and for what I consider that. So everybody at Island Health has been extremely welcoming and I want to really raise my hands and say, Kleco to everybody who sent really wonderful notes and who's come by and say hello. So I encourage you all to if you can come by anybody, if you're in the area to come say hello and talk a little bit about I'm going forward.

I want to acknowledge Kathy and the executive team because creating this new role executive leader of indigenous health is a real act of conciliation. In fact, in a TRC comments of supporting indigenous creating space for indigenous people in decision making roles. So really want to acknowledge the team for that and accord for that piece of reconciliation. Often people, I get the questions about how do we, what are acts of reconciliation? How do we go about that? And this was one way I think we can say that Island Health helps with reconciliation, so thank you for that, appreciate it. I'm really looking forward to working with our indigenous partners. I'm from the Island from Snuneymuxw first nation. Plus I have ties to the Nuuchah-nulth first nations. So I'm familiar with many of the groups on the Island, but looking forward to connecting in this new role as executive lead of indigenous health, and then really looking forward to working with the chiefs. I know if we're going to address these issues that we have to work together. So the Aboriginal health team, including the other staff, and teams that at Island Health are going to come together to make a difference. I feel like it's an exciting time and opportunity considering where the provinces and where the federal government is and I want to take advantage of the opportunity. Thank you.

[K. MacNeil](#) – Opening remarks, commitment to address racism

Thanks, Victoria. And thank you, Dawn, welcome, we're so pleased that you're a part of our team. I just wanted to start by talking a little bit about why we're so committed to reconciliation and creating a culture of cultural safety and humility. And I think it really speaks to our commitment to address racism. And I speak about that this week, because it's been a very impactful week in our world. When we think about what's happened to George Floyd south of the border and the response that's occurred as a result of his murder. And I want to just name the fact that when we talk about our relationship with Indigenous people, we hold the responsibility for human rights for all people who feel discriminated against. And so at Island health, we cannot be true to our commitment of excellent health and care for everyone everywhere, every time. We cannot be true to the values that we've ascribed if we stay silent, when there's discrimination. Desmond Tutu, who I truly admire as a peacemaker in the world says, "If

you're neutral in the face of injustice, then you've chosen the side of the oppressor." Every one of us, and I know myself, I take to very much to heart the voice I have as a person of white privilege. And so at times like this, it is so important that we speak the change that we want to see, because if we in leadership roles, don't do that, it won't happen. And we have a deep responsibility. So I say that I've spoken about pride week this week. We have we have a commitment, an articulated commitment. These are all examples of where racism and discrimination have hurt people and we're about healing.

So as a healthcare organization, we really need to practice what we're saying. So it talks as we go on our own journeys around cultural safety, it's unpacking the stereotypes that we hold about people and recognizing that we're all human and those stereotypes came from, because babies, aren't born with models in their minds. We learn that and, and to address and unpack those stereotypes. And I think as healthcare, as clinicians, it's even more difficult because we're trained to make judgments quickly based on what we see. And so we have that unlearn some of that in our, in our commitment to address racism and stereotypes and discrimination. And so I just call upon all of us. And especially those of us who have this responsibility of leadership to, to name what is not acceptable and to draw the line and to act in a way that demonstrates what is acceptable.

You may see that our Lieutenant Governor, Janet Austin has called upon all of us to join her pledge. And her pledge is the Different Together pledge. And it's about our BC and it's, they're powerful words. I just want to share them with you. "Our BC is inclusive and respects people of all ethnicities cultures and faiths and their contributions to our collective wellbeing. Our BC holds diversity as a fundamental value at the heart of the success, strength and resilience of our communities, workplaces, schools, public and private institutions. I pledge to uphold and promote these values. And I commit to speaking up to oppose racism and hate in all its forms." So like Gandhi said, be the change you wish to see. So that's my invitation to all of you coming out of this horrible tragedy, that's occurred in the U.S., and tragedies that may not be as visible to us are occurring all the time. And we need to name that and be the change we wish to see.

So now talking about COVID, we continue to work as a collaborative team here in BC, and the CEO is continue to meet on a weekly basis. We are following the guidance and direction minister Dix and Dr. Henry, because we're still in a state of emergency, in a provincial state of emergency, and we still have two public health emergencies. So because of that, our decision-making process's continue to be guided through that state of emergency. Our executive, our board, our guidance in we align in a collaborative way around the provincial approach. So just wanted to be explicit around that because folks are, and it's completely understandable given the fact that we've been now over two weeks without a new case here on the Island, people are why aren't we getting on with getting on? And the truth is because we're part of a larger system and we're, and we're still a part of the state of emergency.

We are getting back to some new normal though. And so those new normal, like Victoria mentioned is getting back to some of our service levels, getting some people coming back to the work that they were doing, pre COVID response. And in our communities, we're seeing restaurants opening, we are seeing

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hairdressing opening, which I'm very excited about at some point I'm going to get to see one, and we're going back to school. And just to say that all of us have different risk tolerance. And so, because some folks might be more comfortable than other folks taking some risks in visiting restaurants or pubs, it doesn't make them wrong and us, right. It's the fact that they're trying to balance what's right for them. And I just want to remind that Dr. Henry says, be calm, be kind, be safe and safety people have different tolerance for that.

And so going back to school, that's a hard decision. Some parents are saying, absolutely not. I'm not comfortable. Some parents are saying, can't wait for my kids to have some semblance of normal. So we just want to make sure that we don't judge people for doing what's right for their families. And we support them in making those choices all the while, as long as we're being mindful, that the risks still exists in our community. On the topic of school. I want to shout out to the class of 2020 and to say we're so proud of the accomplishments that you've made. And I want to acknowledge the parents. Who have supported the class of 2020, who coached them and cheered them on, especially at a time like this, when it's been so difficult. I know you're finding new ways to celebrate.

And I know that Island Health, we want to celebrate with you. This is a real milestone in your life. And just want to, to name this new way forward we'll remember this class of 2020 as the first group that shown us a new way to celebrate these milestones. I think that's pretty much all I want to say. I've done some reading. As you know, I tend to do, and I came across a really interesting blog by Dr. James Stein - a cardiologist in Madison, Wisconsin, and he really talked about where we are now in this window of time. Richard will probably describe, I described it as the time in between time between wave one and wave two. And some jurisdictions, unfortunately may not have this time in between the time they may be fighting this virus in a much more aggressive way all the way through the summer, but here on the Island, we know we're experiencing this time in between time.

And so he has some advice and he says, it's not the advice of his employer. It's not the advice of the public health officer. It's his advice as a clinician. And there's a couple of things that really resonated with me in his column. And it's, it's basically trying to find some balance in his time. He says, try and dial down some of the anxiety, try and find someone who you can go take a walk with, have a talk, and just try and find so that you can hear your voice and have that interaction so that you can have some way to process what's going on. He says, don't be too obsessive because you're obsessing about going into the grocery store and having to clean everything. And if the anxiety of that is too high, find another way to manage those things in your life.

The final thing he said is nothing is absolute. He said, we need to get comfortable accepting some calculated risks. Otherwise you'll find yourself in this, in this time for a very, very long time, because COVID is going to be with us for a long, long time. So he says, figure out how you can be in public and interact with people without fear. It closes by saying, we're social creatures. We need each other. And I'll just say, I know I really am missing that social connection. We will survive with and because of each other. Social distancing just means we need to connect differently. Being afraid makes us contract and

shut each other out. He says, I hope we can fill that space created by fear with meaningful connections and learn to be less afraid of each other. So as we open our facilities, open our programs, we do that thoughtfully. We do that in a measured way, but we really need to make sure we're not afraid of each other.

[Richard Stanwick:](#)

I just want to preface my remarks by saying the last two days the medical health officers of major cities across Canada got together virtually normally we meet twice a year to talk about important public health issues. It ranges from everything, from vaping to the resurgence of syphilis and other conditions. And of course, because of COVID we've had to do it to the new, very, very different fashion in terms of meeting. But as Kathy has said, what was so striking was the tremendous amount of stress that was evident in the colleagues from Quebec and Ontario to the point where in fact, the Ontario people didn't even show up for today's portion of the meeting where we were talking about going forward projects. And as Kathy has said, we were actually talking about a way to, and they're barely coping with wave one. And the question is, will this in fact, dissipate sufficiently so that they get a bit of a breather. And so I think the messages we have been given blessed with time, and the question is how will we use it wisely? And will we basically, as Kathy has said, look at how we can open up society safety in a measured fashion evaluate see, in fact, what portion of what we do does not increase. They captured the list of phenomena. How can we actually measure in a measured fashion increase that risk without basically reaching a point where we end up having to go to lock down. Nobody wants to go backwards. And so the real question will be is can we go forward in a sufficient pace that when, and if we get a wave 2, and it's very, very likely that we can basically maintain that point rather than asking people to regress again.

So again, the challenge is big, but we are very, very fortunate in being able to have that particular challenge in terms of what's happening. We still are seeking a serology test. It seems that this is a repeated message, but we want to be sure that we are in a position to be able to go forward and test. The questionnaire that went out, asking people the, your story, our future well over 300,000 British Columbia residents, I think it's close to 350,000 responded. And so that's going to be a very rich source of information. It will be distributed to the health authorities. We won't be able to do some analysis on some of the data of when we got handed a provincial level, but it is going to be very, very interesting to hear what the public had thought of different response across British Columbia.

And we will certainly be getting feedback on the Island, and I'm not sure how detailed the breakout will be, but depending on the size of the response, we may be able to in fact, address this at Central South approach, the only other issue, I just want to comment on this, and this is, as we've opened up, as James Hanson pointed out, I've forgotten our emails are public knowledge. And so I was basically called out by the public on the weekend to rush to a number of locations, to break up a lack of physical distancing which probably by the time we got there being resolved with I'm thinking will be, they did in fact, get a visit and a friendly reminder that WorkSafe BC is quite clear as to what it expects of businesses. And we really have to see if we can in fact, implement these measures in a successful fashion, because if they

work and were successful with keeping basically COVID-19 at Bay with these measures, that means they can keep operating at that level.

And maybe we can slowly increase. We can push the envelope a little further into phase three, couple of exciting developments as Kathy has already alluded to is that schools are basically moving forward in terms of opening, but equally exciting is as many municipalities are finally opening up playgrounds, that kids are going to be able to play. And the guidelines are very, very, I think reasonable in fact, that they focus on the parents, adults need to practice proper physical distancing wear mask if necessary, but for kids - let them be kids. And what one tries to do is minimize physical contact, but you don't basically make kids play six feet apart and there's got to be some spontaneity and they are not the ones that are spreading COVID-19 and the transmission amongst children are lower. So again, we need children to be able to be children and with these developments, hopefully we can continue to consolidate some degree of normality.

[Elin Bjarnason](#)

Hi everyone and one vice president of clinical services. And I like that Richard's theme of use time wisely. So we're in a situation where we haven't had a positive, a COVID case on the Island since I believe May 7th and on many parts of the Island, it's been much longer than that. So that last case would've been up in North Island. And so this is a testament to the incredible work of the people of Vancouver Island and our response as a health system in long-term care and acute care across our home and community care system. So keeping people safe and providing care. We're in an enviable position right now. So if you think a few key things that are happening in clinical services. In surgery we have two things, surgery recovery, and surgery renewal is the lingo. Surgery recovery is bringing back and rescheduling. All the people who were postponed and postponed over 4,000 surgeries. Every one of those people has been contacted and rescheduled. So that's amazing. As of yesterday, when we contacted and had conversations with every single patient who had been postponed. Medical imaging, it's a daunting task. We have tens of thousands of people to contact. And so far we've contacted 6,000. Who'd been postponed and we're recovering those services and we're doing the same in ambulatory, laboratory, has our lab has opened up their outpatient services and we're back to about 80% of normal operations. And we've done all of those with having meeting WorkSafe BC business start up and recovery plans. So our OH&S department has signed off on all of our safe practices, so maintaining social distancing ensuring there's physical barriers going through that pyramid, including to the PPE as needed.

So incredible work on our surgery, diagnostic and ambulatory teams. We're also doing work in the recovery phase. The ministry has come out with some key actions within recovery. So one of them was getting surgery and our ambulatory services up and running and catching up again. And then the renewal part of that is how we, it is really a two year plan that we're working on to get back to being high performing. Another is around critical care. So the deputy minister reached out to us probably about four weeks ago and said we are low overall on our total number of critical care beds. And so asked for a proposal, we put that forward and it's been approved and we're implementing high acuity units

and RJH, VGH and NRGH = fully supported by the ministry of health. Kerry Morrison is leading that with our physicians and clinical teams, we met late yesterday. They're off and running. It's very exciting that we're going to have our interim high acuity units in place going into the fall. And it's really going to assist us if we need to have a COVID response during seasonal surge, reduce the use of critical care contingency planning and we can convert those to ICU beds in a COVID crisis. So that's awesome work and definitely using our time wisely and getting ready for the fall. Also want to talk a little bit about Home and Community care. So we talked about that last week. We didn't go to essential services there. But there are, we have had a reduced demand of about 10%. So we really want to reach out and we'll look at a process for families and let them know that we're absolutely open for business and the need to be supporting them and their families. So that's something that James and I will be meeting with our teams to make sure that we're doing that. The other thing that I just wanted to comment on briefly was just the overall hospital recovery. Overall we continue to remain below a hundred percent in occupancy. One of our sites which is typically can have a lot of challenges is lower than typical, but still high. A number of other sites and we're not trying to call people out individually because everyone's working hard, have done an incredible job of coming down below where they typically were. So we're doing a lot of effort to keep our occupancy down, even with surgical volumes, having resumed up to a hundred percent of normal and really have a safe environment in hospitals.

So I just want to really call out our acute care teams for that our home and community care teams for supporting people in the community. The last comment is we are planning towards the fall. So we know we're going to be in a second wave along with seasonal surge of respiratory illnesses. And those are typically our busiest times. So we want to ensure we have all the capacity possible. So Manpreet is leading through the flow team with HEMBC and a number of other folks developing field hospitals in South Island, as well as in center North Island. So we have alternate spaces. So our hospitals if we within that combined surgery functional, so we'll have more coming in that in a few weeks and we're planning on being in place by September-ish with that. So lots of work coming on that, thanks.

[Dr. Ben Williams](#)

Thanks very much, Victoria. Good afternoon. I'm speaking today from Nanaimo Regional General Hospital and the traditional territory of the Snuneymuxw first nation. I want to talk a little bit around safety and I think as Elin said, you know, our number one priority is to operate safe hospitals. And there's lots of work to do that in terms of maintaining low occupancy. Having patients come into the acute care system only when they need to there's all your work and safely operating long-term care and primary care and minimize the number going out with the ongoing focus on visitors and the sacrifices that patients and families are making. I want to talk a little bit around what we can do to make it safe.

And maybe I'll start by addressing a question on masks. There were several questions that were submitted, a lot of mask use. This is not the most important thing that we can do to keep each other safe, but when we cannot physically distance, then we do encourage masks. And so that's for patients and patients are coming into an area for an appointment or a procedure where they're unable to

physically distance from one another or from staff that patients should be given masks. And those are processes that we putting in place. And also for staff, whether we're clinical or we're nonclinical, if we are in the environment where we cannot physically distance, then we should wear masks. Just because I'm sure Dr. Stanwick will correct me if I don't say it that's not casual contact. So if you're just passing someone in the hallway and you don't stop to talk but you happen to be two feet apart as you pass one another, that's not an environment that requires a mask, but if we're having a conversation at a nursing station or facilities space or any other part of our workplace, and we can't physically distance in that environment, then we do need to wear a mask.

Now I said that masks are the most important part, physical distancing is one of the key parts of what we continue to do. And so I just want to call out some of the really impressive work that teams are doing to physically distance in their work. So I saw it, they had a picture from West Coast General Hospital where they're now doing structured team report from several different rooms, using a video technology to do it. And so the team is still all coming together, but they're doing it from different physical spaces that layout isn't necessarily there on every ward, but really admire the creativity to allow teams to continue to do really important work together, but to do it in a way where we're not sharing the same air right next to each other. And so that focus on physical distancing regardless of what our job is in the healthcare system continues and same in society. So if we're out and about we tend to physically distance. And if we can't, then we wear a mask.

Also on the subject to safety is our personal responsibility to our colleagues and to our patients to never coming to work sick. Many of us will have read a story from New Brunswick where a physician was out of the province who was in Quebec. And he came back to New Brunswick and ended up with infecting a number of patients. We have not closed the borders and in British Columbia, the provincial health officer has not asked us to self isolate when we've gone, come back from other provinces, but it is really critical that all of us self monitor for symptoms, if your allergies are worse, this year, please don't go to work until your tested for COVID. If you think you have a cold, please don't go to work until you're tested for COVID. And it's in this way, I'm just taking it really seriously and not going to work sick until we're tested. And we make sure we don't have all that that we have. We will keep each other safe. And that's especially important if we're learning from an area that has a higher prevalence of disease whether it's elsewhere in Canada or elsewhere in the world back to Vancouver Island where our prevalence of diseases is very low, but really for all of us. And I particularly call out my physician colleagues because physicians are not good at taking the sick days. If we're sick right now, we don't go to work, if we think we normally put work safely with a mask on and you know, it's probably just a cold or probably allergies, just acting up a little bit more this year, that's fine. Just don't go to work, go get tested for COVID. And the once that test is negative, then it's fine to come back to work, but we just have to take that responsibility to one another very, very seriously to give ourselves our colleagues and our patients safe.

QUESTIONS & ANSWERS:

How early can a second wave of COVID-19 potentially begin? And is there an update on vaccine production?

[Richard Stanwick](#): I'll answer the second question first. Again there is lots of work being done on developing a vaccine, but again, we're best looking at months before we have any real concrete evidence about something successful. Again, this is a new virus. It's not like H1N1, so the prognostications are anywhere from nine months to two years. So somewhere in there may lie the truth. In terms of the second wave again, it will very much depend on how it gets introduced back into the community. We've seen situations in I'm just going to pick on influenza. People may recall that we've seen introduction sporadically influenza as early as June, even though it's largely circulating Southern hemisphere at that point in time. Whether COVID is going to do a Southern South hemisphere circulation and follow the same seasonal trends, as influenza has yet to be determined.

Certainly the mischief, I use that word very loosely in terms of what it's doing in terms of the places like South America, you look at Brazil, and the number of cases that need was more of that, of an introduction. So I think those patterns of seasonality they will take some time to be established. And as Ben suggested, be you could be looking at introductions from any of those areas and population. And this is why again you get that serology to understand what level of immunity is existing, because with influenza, we've been exposed with year in, year out for hundreds of years, this is new. And so there is no real chart we can say with great certainty. And so that's why we have to follow those precautions that social, physical distancing, and keep the virus out as long as possible and it just may mean stepping it up when we see the virus re-emerging. That again people are willing to go in and get tested the earliest signs of illness. That's going to be one of our best surveillance tools. If all of a sudden you see how a whole bunch of people who think they've only got a cold and then turn out to have COVID-19. Then we know that the virus has re-arrived here in our community. So again, it's one of these sorts of things follow Ben's advice. Guess what? If you're sick and don't come to work.

Who is Eligible for Pandemic Pay? What is the remote work strategy?

[Kent Flint](#): The eligibility requirements are currently being finalized. It's done in coordination with the federal government and PSAC and we're receiving information through HEABC - we're starting to get information but we'll commit to putting a full communication together. And once, once we have all of the details, but here's what know right now. We know the eligibility period for the payment will be between March 15th to July 4th. We know the payments would be based on straight time hours only. We know that non-contract managers will not be eligible. We know that those who are on leave are not eligible - it's straight hours only. We know that there's nothing from an employee perspective to do here, that we are tracking hours and days, we will look after that tracking piece.

And finally, I just, I have no details on the timeline of payment yet, as I say, as we get the information we will put together information and share with the organization.

What is the remote work Strategy?

Kent Flint: On remote work - there were a few questions that came in, some tied to how we post for our jobs and some tied to coming back to the environment. So I'll try my best to address them. From a job posting perspective, we haven't changed our posting practices to identify rules as worked from homes for typically jobs continue to be posted with a designated site identified. There's a lot of, a lot of reason for that. And it's specifically it's, we have, we have some, some pretty specific rules and guidelines on our company processes. So we're continuing with the practice that we always had. On remote work. I can tell you that we have had 1500 employees respond to the remote worker pulse check survey that went out last week.

And so if you're in a position where before the pandemic was announced, where it an in-person office environment, and you moved to a virtual environment then I'll encourage you to take that survey and it will be open until Friday of this week. And I just want to reiterate that if you did change from that in office work environment to remote work situation that you should continue working as you have been. And when the survey launched there some anxiety and some emails that we received, that there was a system wide push to return people back to their traditional office environment. And that's not the approach we're taking. So you just want to reiterate we are being thoughtful. We're working with several of our corporate support areas, including occupational health and safety, our facilities managers infection control, and communications. We're really looking forward to going through the survey results and taking feedback. And we're committed to ongoing two way communication on this. If you have concerns about your safe return to the workplace, first of all, speak directly with your leader, your leader has resources available to them across the organization to ensure safe workspace and including support from occupational health and safety and occupational health and safety on their internet page as some great resources for it.

Can we acknowledge social connection as essential towards health and allow patients in the hospital to have one visitor, especially those with long admissions?

[Victoria Schmid](#): And I can say I spent some time on the phone this morning with two physicians who have been particularly in the impacted by our visitor restrictions in long-term care. And so this visitor restriction, whether it's in long-term care or acute care weighs on all of us, I know not being able to have families and loved ones there to support their people through this time is hugely impactful. And I think of the stories that are coming forward. And I also know that we have to balance the health and wellbeing of people with the greater good of, of protecting all of us from COVID recognizing that some of our populations are particularly frail.

And I know that the decisions that Dr Bonnie Henry is making are not made lightly. And I know that she doesn't make those decisions without a lot of consultation and a lot of thought and a lot of talking to a lot of different people across all of the healthcare sectors. So know that those decisions are being revisited. We are looking into what the approaches provincially around visiting. And we know that we do need to open up to visitors as soon as possible to allow for help and healing and support. And we also need to be so vigilant because the reason that we haven't had outbreaks here on Vancouver Island in

any of our long-term care facilities in particular has been due to that diligence. And so please be patient with us as we continue to try to make the best decisions possible weighing out all of the different pieces.

Is it possible to have an area specific breakdown for COVID cases instead of stating that we have zero cases on the Island. And, and the Island is too broad?

[Richard Stanwick](#): The answer to that is coming soon we have developed a dashboard because we have a sufficient number of cases we are less than a position about being able to identify individuals. We still won't do it by date of onset, because then one could track back to a particular community. But we've developed something that has been forwarded to BCCDC for consideration so that people can look at what's happening on the Island. Get a sense without basically compromising any privacy so that's in the works. And we've certainly responded to the idea that people want to know more than just a single number. So it's very much going to be predicated on whether it be BCCDC, feel comfortable in approving this.

I work in an office in a health unit with no access to a window. Can you speak to air quality controls in health units?

[James Hanson](#)

This is a very difficult question to answer just because we have so many buildings in and on the Island. So I really encourage whoever asked this question to reach out to me directly at james.hanson@viha.ca

And I'll put you in touch with somebody within our facilities department, so we can work with any concerns that you have.

What is the plan is for the second wave?

[Victoria Schmid](#): I think the ministry has really understood that in terms of wave one, we took a very stringent approach in terms of shutting down the economy, shutting down healthcare services putting people into their homes and asking them to stay put and there's a recognition that those that type of approach has far reaching consequences. And so what we do know is that for wave two when, when it gets to us, we don't want to have to have those far reaching consequences that have negative impacts on other parts of our society, recognizing that health is only one of the determinants of health.

And so the ministry has asked for a structure to be set up so that each of us has health authorities has a lead role in walking us through this time in between and in preparing for wave two. So that's the plan right now. And I I'm quickly working to pull together a team and to really make sure that in the next week or so, we're really diving deep into the learning that we have from going through wave one. I know that many of you have already reached out to me, I'm in contact with many of you through different groups that I've been invited to. And I really look forward to continuing that learning to really shape that plan for the second wave so that we can do it in a way that is supportive of all of the different attributes that we need for healthy communities, not just a healthcare system. And I would also let everyone know

that the email address pandemic@viha.ca is up and running. If you have ideas or thoughts that you want to share with me and the small team that I'll be pulling together please send ideas or thoughts or advice.

How does being a frontline healthcare worker factor into expanding our bubbles? Do we count all of our patient contact as contacts?

[Dr. Richard Stanwick](#): I think the concept with bubbles, particularly for that first bubble, that Dr. Henry and others promoted was an individual who you spend a considerable amount of time with this is your significant other. This may be your mother. Again, it's selected on the basis of contact that person you spent most time with in terms of the professional now that whether you're basically coming back out as a business, or whether you're as a healthcare provider now catching up on surgical rates those are just be considered casual contacts. And again, particularly if you're wearing the PPE, that would not be considered part of your bubble. You may argue that you're creating professional bubbles, like the hairdresser that the individual that opens up the restaurant, et cetera, they will have their regular contacts and connections, but those would not be considered at the same level as the additional people you've added. Say, you know, basically by the sister-in-law and their husband is now bringing in closely and their kids. So you got two families now, very closely together that would be merging of bubbles. And so in this case, particularly if you follow the direction that Ben has referenced earlier, in terms of the physical distancing, wearing the masks, that's a professional encounter, that's not a bubble.

Why some facilities are taking temperatures upon entry and some are not?

[Victoria Schmid](#) Right now, the guidance is not that we're required to take temperatures. We are working through some guidance around what the screening process looks like. And I think that the struggle with temperature taking is that not all people who are positive for COVID actually have a temperature. I think the last numbers I saw were around 48% of people who are positive with COVID actually have a temperature. And so we're just working through the intricacies of what the best type of screening is for our facilities. And just on that again, what I would like to say as well from a broader perspective is as we're building our site safety plans, not all of our sites and not all of our areas have implemented to the level that other places have. So I just we were just working as quickly as we can and teams are doing the best work that they can to get all those safety plans enacted. And we're working through the challenges and the timelines required. But again, you may see some different things going on in different sites. Just because of the speed at which we're trying to implement all the changes right now.

Patients are upset as news depicts, large gatherings of protesters who are being praised by the media yet visitation in Island health is still so limited. Please advise.

[Victoria Schmid](#): Protests are really kind of unplanned gatherings that public health doesn't really have control of. And it's a large group of people coming together. So those are things that are going to happen. The reference that Dr. Henry talked about is really around those planned large gatherings and things that we actually have some control over. And so the request is always to socially distance where

you can that's our safest mechanism in terms of preventing the spread of COVID. And the other part of that question is that we continue to work through the visitation policies as we talked about before.

What we do if our manager has not followed the guidelines or addressed any changes for a safe return to work and his tool best that we can no longer work remotely?

[Victoria Schmid](#): And so again, I think like James mentioned earlier this is a good one to take to another leader that you can have a conversation with or send it to myself for follow up. But really we're all working through these changes and figuring out the interpretation and a standard approach. And so I would encourage you to ask some help from another leader, HR or myself and we can work through these individual scenarios.

How long will ambassadors be scheduled for, and is there any reason that they need to be RN's? And it seems to be a very expensive use of staff?

[Elin Bjarnason](#): We're going to continue as long as we need to work to reduce traffic on a site. As long as there are visitor restrictions or requirements around ensuring a safe, safe hospitals and long-term care. Any of our workplaces that patients attend we're going to have an ambassadors.

So we are in the process of regularizing those positions. Now we had to put those in place at all of our hospital sites. And so some health authorities are pulling these greeters. So these are folks out designated entrances screening, if people need to have any risk of being COVID, if they do, we give them alternatives to being on the hospital site or make sure there are proper precautions to attend for their procedure or test. So we will have ambassadors and as I think probably as long as we have COVID until we have a vaccine there will be ongoing restrictions, a visitor question earlier when we all hope that we can get to a place where we can have better access for loved ones. And but as people attend outpatient services, et cetera, we need to manage access to the site.

We've worked with HEU so to Kent and Sharon and the HR teams who have done this work so that we have a memorandum of understanding with them because this won't be, these will, we're going to implement these as regular positions. But we may give notice what if we don't require them anymore. So HEU has agreed to that. We're looking at, at this at a clerk three-level and so they won't be RNs supporting this we're looking at customer service training and cause this really is about screening and from a sense of just a checklist and providing information and support people. So we will have them for some time. And I know we've done a lot of work on the acute care system, and we're now looking also at the long-term care system and what they have in place. We are limiting entrances some of the large sites that's hard because they're big and we have elderly people coming in and they can't walk the whole campus to get into a facility. But we are trying to consolidate this event to make it, tell them more.

[Victoria Schmid](#): Conclusion

I will just close, maybe with three different things. First of all I've already made my first mistake. So the email address is actually pathogen@viha.ca, but we're going to change it to pandemic@viha.ca, because that's way better. Anyway. So do send your emails to pandemic@viha.ca cause we are setting that up as we speak. The next thing I just wanted to say was we're looking at the frequency of these town halls, recognizing that we're moving into a recovery phase in preparation for wave two. We're really interested in your feedback on how often you want to hear from us. You're allowed to say zero, send us some feedback on Sli.do today around how often you'd like to have these updates and be able to ask your questions. Provincially, there's a bit of a move to a less frequent but really we want to be responsive to, what's been helpful for you guys that are listening and what you would like to see in the future. So please get on Sli.do and send us your thoughts around frequency for this.

And then I just want to close with reiterating just some of the comments that Kathy made at the beginning around why this work that we're doing around racism is so important when we look at the effects of COVID in particular and broadly across all of these types of viruses, et cetera, we know that they dis-proportionately affect people who are not white. And so the work that we have is really to make a difference in that and to change those health outcomes for all of the people that we serve. And when I think about a quote, I read that Brene Brown posted this week and it said "the system isn't broken, it's working just how it was set up to work."

And I think, you know, when I think to myself, what can I do in this? What is my role in this? Our role is to dismantle the system. This system was set up for white people and it's set up to benefit us as white people. And our job has allies now is to stand up and do the right thing. And we have to look at where we have barriers in our system where we need to tear down policies and procedures and make changes to do the right thing for all of the people that are in our communities and across the Island. And so my challenge to all of you is if you're sitting here thinking, what can I do about this? There are so many things you can do. You can start by learning. You can start by figuring out where you are on your own journey.

You can give, there are lots of organizations that need support organizations in our own community that needs support around fighting racism. And you can make sure that you are stepping forward and your voice is being heard right now because our job is not to sit back now and be silent. Our job as allies is to come forward because our silence is deafening and we have to step forward now. So I just encourage all of you to look online, find resources reach out to friends and do what you need to do. And step forward now and make a statement because now is the time. And I don't want my daughters growing up in a world where you have to be afraid to go out for a job or where anyone doesn't have access to clean drinking water, or a safe place to stay. We need that for all of our population and not just for our own children. So thank you again for joining us today and have a great week.

Here is a [videolink](#) to yesterday's town hall (accessible via an Island Health computer or VPN).

Note: remaining questions will be answered in an FAQ – and [shared](#) at the end of the week.