

COVID-19 Town Hall Q&A



June 16, 2020

QUESTIONS AND ANSWERS:

(Please note: the information in this document is accurate as of Friday, June 19, 2020)

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HUMAN RESOURCES

When may we expect to see results from "work from home" questionnaire/survey? AND For non clinical staff that are productive working remotely from home, will there be an option to work remotely partially or all remote when the pandemic ends? AND VIHA's 2020-2025 frame work speaks about work-life balance being a priority. Why are managers denying job share? Burnout is real.
We just received full results of our Work from Home survey today and will share those when we've had time to review. We do know that 95% of respondents want to continue to have this option available after COVID-19 is over, so we will be looking at that as well as shared offices, schedule rotations and other flexible work options.

I work in clerical and a number of my coworkers were re-deployed to support the COVID phone lines and work from home. What determines who gets re-deployed?
Please read the [HR FAQ](#) document, as there are differences in collective agreements on how that was managed. As we plan for wave 2, there is work being done to better prepare for redeployment initiatives.

T2200 requests get turned down because "working from home is not a condition of employment", yet we've been told (not asked) to work from home. Please explain. AND A Toronto Star, June 15th article states that it is not a financial burden to grant T2200 forms--it could help employees greatly. Will you address this?

The T2200 is a federal government tax form. If you are working remotely and you are concerned about a financial burden being placed on you because of this arrangement, speak with your leader and HR will work with them to find a solution.

Many leaders and staff are exhausted. What is the plan to help them recover after wave 1 to be ready for wave 2 if it happens?

As we enter the summer months, please take some time off if you can, [practice self-care](#), and be kind to yourselves and others. We will continue with planning for an anticipated second wave. We know this will be a marathon, not a sprint, and we need to be refreshed and ready.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

If I travel to Alberta, will I need to quarantine for 14 days when I return? **AND Will employees who travel be asked to take any extra precautions?**

As outlined in BC's Restart Plan, and as per direction from the Provincial Health Officer, non-essential travel is not recommended. BC residents have been asked to stay close to home, and travel within BC, even for Phase 3. However, if you are required to travel, please follow physical distancing guidelines and note that you will be required to carry a mask with you on BC Ferries and wear a mask for any air travel. It is also suggested that you wear a mask when entering places where you cannot social distance. Anyone returning from travel should monitor their symptoms for any COVID-19 and complete the [self-assessment](#) to help determine if you need further assessment for COVID-19 testing by a physician, nurse practitioner or at a local collection centre.

When do you expect an announcement about Phase 3 of the restart plan (allowing travel in BC)?

As outlined in [BC's Restart Plan](#), Phase 3 is intended to commence sometime between the months of June to September, if transmission rates remain low or decline. Dr. Henry will provide an update as to when the Province will be in Phase 3, and we will follow the PHO direction at that time.

More people are starting to travel within Canada. What are the travel from province to province rules? Where is this information posted?

British Columbians are encouraged to stay in their own communities and avoid non-essential travel at this time. As the province moves into Phase 3 of [BC's Restart Plan](#), more guidance on travel within the province will be provided. This includes trips to smaller communities, cabins and campgrounds. Some people may need to travel for work, to transport goods and services, or for other legitimate reasons such as helping a family member in need. The transportation network including highways, ferries and border crossings remain open to allow people to get where they need to go. Please continue to listen to the Provincial Health Officer's updates and check on the [BCCDC website](#) for updates and information about travel.

Please could you tell us the exact date of the last known test positive case in Victoria?

There have been no new lab-diagnosed COVID cases reported across Island Health since May 7, 2020. Please visit the [BC COVID-19 Data page](#), where you can view the BC COVID-19 Dashboard for the latest case counts and information on recoveries, deaths, hospitalizations, testing and more - but not by community. The dashboard is updated Monday to Friday at 5 p.m.

How will it be known if and when the second wave of Covid-19 starts, if the virus has mutated to become a worse strain or similar to what started earlier?

We are monitoring to determine if the characteristics of the strains are changing or mutating. This is an international monitoring process. Please refer to the [BCCDC website](#) for updates and information about COVID-19 characteristics. There is genetic change as it travels around the world.

Are there any updates on vaccine trials and or any research Island Health is completing in this area?

Island Health is participating in 4 clinical trials of investigational therapeutics for patients who are hospitalized with COVID-19. These include investigational medications that are repurposed for investigation of efficacy and safety in COVID-19. There are no new medications specific to COVID-19 at this time but efforts are underway across the world to develop them. We are also participating in a trial to assess the efficacy and safety of infusing plasma, containing antibodies to the SARS-COV-2 virus, from those who have recovered from COVID-19. Should we have an opportunity to participate in the vaccine trials, our teams are ready to support. We are also involved in two observational rapid learning registries related to COVID-19.

Research opportunities come in at a regular basis and we have formed a COVID-19 Clinical Trial Review Committee that meets every two weeks. In addition, we are part of the COVID-19 Clinical Research Coordination initiative Clinical Trials Node.

There is a lot of focus on if and when a vaccine will be available. But can you speak to any progress on an effective treatment?

There are Provincial Clinical Care guidelines for COVID-19 and they are continually reviewing the evidence for effective treatment. For more information on local treatments, please refer to [Clinical Care information](#) on the BCCDC website.

When we move into phase 3 of the restart plan will we be able to expand our bubbles? Do you know what the limitation on close contacts will be? (e.g: now 2-6)

According to [BC's Restart Plan](#), the guidelines for social interaction indicate that your bubble includes members of your immediate household. In personal settings when you're seeing friends and family who aren't in your bubble, it is suggested to only get together in small groups of 2 to 6 people outside of your bubble, and to maintain physical distance. Have extra consideration for others, especially people at higher risk for serious illness from COVID-19, including older people and those with chronic health conditions.

Is it okay to have shared food out at work sites? People are still bringing food in to share with co-workers.

Island Health's Infection Prevention Control team has advised that food donations can only be accepted if it is from an approved food establishment (restaurant, café, grocery store, processor, etc.) and if it is either individually wrapped, or easy to distribute (e.g. pizza) to adhere to stringent safety guidelines in place at this time. Non-perishable items are preferred. For people donating food to staff at our facilities, homemade goods will not be accepted as outside food donations.

How many people have died this year from the flu this year?

According to [Canada's FluWatch](#) surveillance, in the 2019/20 season, there have been 111 deaths as a result of Influenza A in Canada this year, up to May 9th.

What if we don't want a COVID shot that has not had any long-term studies on it?

There is currently not a vaccine for COVID-19. Island Health will follow the provincial requirements and direction once a COVID-19 vaccine has been developed.

Could/should PHO daily stats reports include #s or estimates of COVID lockdown-related collateral damage in Public Health such as MHSU, domestic abuse, job loss?

Island Health is part of a Provincial Working Group that is currently developing indicators respective to the unintended consequences and secondary impacts of COVID. It is unlikely that daily statistics will be reported for these indicators, as many will have longer term impacts.

INFECTION PREVENTION & CONTROL/PPE

Please clarify transmission via fomites: frequency, duration of risk, prevention.

Fomite transmission is very inefficient means to spread virus, unless the surface is recently wet with respiratory secretions. There is not good evidence that dry surfaces readily transmit this virus.

Cafeteria food servers are not wearing masks although their mouths and noses are within a meter of the food (and they talk while serving). Why is this ok?

Food contaminated with COVID has not been demonstrated to transmit the virus.

Worksafe BC ('Selecting Masks') states neither non-medical or medical masks protect users. Our message is medical masks must be worn as they protect?

Medical grade masks provide a barrier that stop droplets from the wearer to those they are coming into contact with. They are also fluid repellent and cover the nose and mouth of the wearer, and therefore provide some protection for the wearer when providing care to patients. This is why there is very little transmission from infectious patients to healthcare workers.

Last week you said there is very little transmission from asymptomatic people. The WHO has now clarified this is not true or proven. Please address this.

WHO has further stratified this group into asymptomatic and pre-symptomatic. We do not know if asymptomatic persons can easily transmit unless they have very close contact and share saliva. Most previously classified asymptomatic persons who are thought to be the source of another case are likely pre-symptomatic or have very early symptoms that they might not recognize as viral infection (i.e. fatigue or headache). It is quite possible that asymptomatic positive persons have a better immune response to the virus and are able to contain the virus better, have lower viral replication and hence few or no symptoms.

What is the plan for antibody testing for staff? Does that come before vaccination?

The Federal and Provincial governments are developing the criteria for antibody testing. There will be both population based and targeted screening. But staff testing is not included in the current plan.

LONG-TERM CARE

The visitor restrictions in LTCF is now doing more harm than good. Residents are suffering. Is Island Health lobbying the PHO to allow visitors in LTCF here?

We are awaiting guidance by Minister Dix and Bonnie Henry on the relaxation of the visitor policy. Richard Stanwick is advocating at the medical health officer table with Dr. Henry and also with the deputy ministers. We are eagerly awaiting changes.

Can a Victoria residential facility limit visitations frequency by family across a physical barrier? Family can only visit at the garden fence once a week.

Physically distanced visits are being offered by many care homes and must be done in a way that is planned and structured. The LTC home must determine the capacity of the staff to coordinate these visits. Other visiting options include virtual visits using video or audio devices.

Can consideration be given to seniors who are going from home to dementia care/LTC NOT to be isolated for 14 days if their social contacts are minimal?

The Medical Health Officer requires 15 day isolation of new admissions to LTC as a way of reducing the risk of introducing COVID to the facility. This is seen as a key element of the strategy to keep residents safe.

If essential visitors in LTC do hand hygiene & wear a mask, do they have to remain 6 feet away from their loved one when visiting? Are they allowed to touch?

The recommendations are 2-meters, or the use of physical barriers, or the use of PPE. We are still trying to encourage distance and not touching as that is the most common way that the virus is spread.

Workload: Has there been any budgeting available in LTC and other areas - as clients without family/friends visiting require greater psychosocial support.

We have not budgeted for extra staffing at this time. Please consult with managers about specific situations if you require support. Visitor restrictions, whether in long-term or acute care, weigh on all of us. Not being able to have families and loved ones for support is hugely impactful to residents and our resources. We also have to balance the health and wellbeing of people with the goal of protecting us and them from COVID.

COMMUNITY HEALTH SERVICES

When will Community Health Workers be able to stop wearing masks to all clients?

Anytime you're within a 2m bubble with a client, you will need to continue to wear a mask. Please check the [Community Health Service PPE Guide](#) document, which always contains up-to-date information for Island Health staff, including CHWs.

SERVICE DELIVERY

When the second wave starts will it look like the first in regards to visitors in the hospital and suspending elective surgeries?

We are aware of the unintended consequences of our pandemic plans in wave 1 and how they impacted some of our quality indicators. For wave 2, we will take the time to use what we learned and ensure our approach is as moderate as possible. We want to create a balanced approach while maintaining staff and patient/client/resident safety.

Some ambulatory clinics have resumed visits, yet our clinic does not know when we can restart and assessments are time-sensitive. When can we expect more info?

All clinics are increasing back to normal volumes aligning to the provincial health officer's directive. We have to maintain physical distancing and ensure patient and staff safety. If your clinic has not resumed service, or is not aware of a restart date, please connect with sharon.parkes@viha.ca.

Kathy mentioned acute as a pressure point - stay under capacity ... but psychiatry continues to be over capacity. How will we build capacity/beds here?

It's a challenge. For MHSU beds we could run at full capacity every day. It's a huge challenge and the MHSU team is doing a lot of work on enhanced discharge, looking at ways to better support clients in the community, and the utilization of virtual care. We're running around 100% - but we would prefer to be about 10% lower in capacity in this area over the summer months. There is no easy answer, but this work is ongoing.

OPERATIONS & SUPPORT

Is there an alternative to the blue gowns?

We know these gowns are not as comfortable to wear as the ones historically used at Island Health. These blue gowns are a temporary measure until further gowns are available. PHSA Supply Chain continues to source alternative gowns to replace these, and as soon as these are procured, tested for suitability for the healthcare setting, they will come into use.

Charges for BC Transit passes and parking are starting up again. What are the options for those being asked to continue working from home?

Parking fees at Island Health facilities have not been reinstated yet. This will be a provincial decision. If you are looking for a ProPass, reach out to parking@viha.ca.

I pay \$60/mo for staff parking. Coworkers who do not pay for staff parking are parking for free as visitors. This is unfair-what is the plan to alleviate this?

Parking fees at Island Health facilities have not been reinstated yet. This will be a provincial decision. If you need to discuss ongoing parking fees, please connect with parking@viha.ca.

Any word on when the 1 litre wall mounted hand sanitizer will be back in stock?

We don't know when the 1000ml dispenser supply will be available again. There is no shortage of other sizes, including 50ml, 400ml and 1000ml pump bottles, which can be supplied through your area's current PPE ordering process. In the interim, hand sanitizer is also provided at main entrances and

nursing stations, and hand washing sinks are available at various locations throughout Island Health facilities.

OCCUPATIONAL HEALTH & SAFETY

Workplace inspections for COVID were mandatory and there was a flurry of activity to get them done.

How can we review them to see if they are complete?

COVID-19 Recovery Plans are currently underway or have been completed. Upon completion, they are uploaded into a provincial tracking system called, Safety Task. To ensure that staff, leaders and JOH&S committees can access/review the plans, there is work being done to post them on-line internally. When this system has been established, instructions will be provided regarding how to access this information. In the interim, some areas are posting a hard copy on their departmental communications boards or on the JOH&S committee board.

Our leader has not conducted a safety walk-through/assessment, and is not addressing our concerns.

We do not feel safe. Isn't this a WorkSafe requirement?

It is both a requirement of the Provincial Medical Health Officer and WorkSafeBC to create COVID-19 Recovery Plans; therefore, a joint walk-through involving area leadership, staff and/or a member of a JOH&S committee must be conducted for all work areas. JOH&S members have the ability to review and comment if the walk-through was completed by worker representatives. Speak with your leader and/or a member of the JOH&S committee in your area about the status of your site's plan.

With more outpatient programs opening and staff/clients returning to the office, are there specific indicators that will be used to determine when to scale back?

There are specific requirements for BC workplaces:

- a) Physical distancing (2 metres) must be maintained;*
- b) Where physical distancing cannot be maintained, appropriate barriers must be implemented;*
- c) Where barriers alone are deemed ineffective, individuals must wear appropriate personal protective equipment (e.g. masks).*

Island Health's COVID-19 Recovery Plans emphasize the above-mentioned controls as indicators regarding capacity for the presence of individuals and/or the capability to provide services.

COMMUNICATIONS

When wave 2 arrives, will we return to weekly town halls?

As we begin to see more questions from staff and medical staff and there is a need for more frequent communications, we will look at reinstating weekly Town Halls.