



April 28, 2020

**QUESTIONS AND ANSWERS:**

*(Please note: the information in this document is accurate as of Friday, May 1, 2020)*

**TABLE OF CONTENTS:**

- HUMAN RESOURCES** ..... 1
- PUBLIC HEALTH / MEDICAL HEALTH OFFICER** ..... 3
- INFECTION PREVENTION & CONTROL / TESTING** ..... 4
- LONG-TERM CARE** ..... 6
- HOME & COMMUNITY CARE** ..... 6
- COMMUNICATIONS** ..... 7
- OPERATIONS & SUPPORT** ..... 7
- SERVICE DELIVERY** ..... 8

**HUMAN RESOURCES**

**Working from home:**

- Q1. When all of this begins to ease (restrictions) are we still going to be working remotely until there is a vaccination made readily available for all workers?**
- Q2. Will non-clinical staff be permitted to work remotely if their shared office space does not support social distancing and their work can be completed remotely?**
- Q3. For those of us with school-aged children, who can work from home, will we be given the option of continuing to work from home until school has resumed?**
- Q4. Will non-clinical staff be given the option to work remotely (home) when return to work starts, to ensure social distancing, if their job can be done remotely?**
- Q5. Given the capacity to work remotely, will more jobs arise within in VIHA that will post in the job location that it can be done from any site/remotely?**
- Q6. Will the option to work remotely be given to any staff that can work from home for complete their job, to meet social distancing requirements?**
- A. At the beginning, to keep people safe, we said everybody go home, work remotely and we deployed the technology to support that. Now that we're in a place to bring people back, we are going to have a much more thoughtful process. HR is setting up a framework in which to have leader/staff conversations about who remains remote, who comes back and how we can bring people back and still follow the principles of physical distancing. It will be a very local response - so there might be a combination of that. Stay tuned.*

**Q. If/when will HEU members get benefits that other unions are getting?**

*A. All unionized employees' benefits (including pay) are negotiated at the provincial level between the Health Employer's Association of BC and the respective Union. If you have further questions about this, please speak to your union representative.*

**Pandemic Pay**

**Q1.** Other provinces are giving employees danger pay, why aren't you?

**Q2.** Is BC looking at the possibility to add something similar to Ontario's \$4 pandemic pay for frontline workers?

*A. This is a provincial decision. Island Health will raise this at the next provincial HR forum.*

**Q. Will the required spending on COVID have an impact on the potential for raises to non-contract personnel, who don't get scheduled raises like those in union do?**

*A. Non-contract employees will be receiving communications from HR soon with an update on annual salary increases.*

**Q. We have been told by our housekeeper that Island Health/Compass is reducing housekeeping staff. Is this true?**

*A. No. All contracted and Island Health housekeeping sites have job postings up and are actively hiring. Staffing levels are monitored daily. There are no plans to reduce staff and no direction has been given in this regard.*

**Q. Are VI-Hire job postings still being actively posted during this pandemic or are there certain types of positions/job postings on hold?**

*A. Yes. New job postings on VI-Hire are not restricted during the COVID-19 Pandemic.*

**Q. Will reintroducing nursing students and med students be considered soon? How will they be able to continue training if no preceptorships go forward?**

*A. Professional Practice and Medical Affairs are working closely with our post-secondary partners and clinical practice areas, and are discussing the resumption of clinical experiences for students across disciplines. The resumption of these placements requires careful consideration of patient safety, student safety, faculty and care team safety, clinical capacity, supervision and value of the learning experiences which can be provided. Our post-secondary partners are also working to provide alternate learning experiences for students and have re-sequenced some of their theory courses to ensure learner continuity during this time. Watch for an article in The Weekly soon.*

**Q. Will staff who take temp positions at COVID cohort units be required to quarantine for two weeks before returning to their normal jobs?**

*A. Island Health has not received orders to place staff from COVID cohort units into quarantine. Staff should monitor for symptoms and follow all PPE guidelines to ensure a safe transition from one area to another.*

**Q. Can we work at multiple acute care sites now? Is the restriction just limited to long-term care?**

*A. Staff can work at multiple acute care sites. The single-site order only applies to LTC and assisted living.*

## PUBLIC HEALTH / MEDICAL HEALTH OFFICER

**Q. How is Dr Stanwick able to speak to exact numbers in Cormorant Island, but not in other communities? Do cluster outbreaks have different privacy considerations?**

*A. After much consideration, the Medical Health Officer and local physician were granted permission from the PHO and FNHA to report out on the total number of confirmed cases and the percent recovered in this community. This is a unique situation and communication of case counts and percent recovered for this community was deemed important to ease anxiety of the community, and support current public health measures.*

**Q. How can we counter false narratives like the virus is a hoax? I am seeing many people including front line Island Health employees saying this.**

*A. It is important to always refer to and share credible and trusted sources of information such as Island Health, BC CDC, PHSA and the BC government.*

**Q. Are the people who have tested positive for COVID now immune or can they re-contract again?**

*A. We are still learning about immunity and COVID-19. We have seen instances in China, South Korea and Singapore where people seemingly re-acquire the disease months after having a confirmed case. There again, we're not sure whether these individuals are seeing a recurrence or reinfection. We have lots of learning to do. If you want to keep current with this, go to BCCDC to find good information in quality journals like JAMA and others.*

**Q. Is the COVID vaccine a one time thing, or will it be required yearly? Is this something Island health will enforce like the influenza vaccine?**

*A. We need to have a vaccine first to gauge the current strain and frequency with which you need to be immunized. We may need one or two vaccinations to get the proper levels of immunity. If you're serologically immune to it, then it doesn't really make sense to get a vaccine against a disease that you're not going to spread. So this is going to create some very interesting challenges to intelligently use the vaccine on the populations that are still susceptible.*

**Q. I have read that the virus will peak during its second wave, around May 20th. Is this true? How will we hold the line when people start to believe its gone?**

*A. There are many factors that will influence when and where we will see a second wave, and it remains very difficult to predict with precision what this will look like for any given community. Many of the predictions are based on assumptions and data that may prove to be inadequate or just not applicable to differences in local contexts. As Dr. Henry says, a model is not a crystal ball.. All models are wrong but some models may be useful.*

### **Restarting Community Services:**

**Q1.** Will Island Health order medical services in community, such as physio, dentists, and optometry clinics to re-open? How long will we allow patients to suffer?

**Q2.** How are the health authorities involved in provincial decision making regarding reopening for care (internally), schools, daycare, community services, etc?

*A. These directives will come from the province (Ministry of Health) and will be phased in slowly to avoid an increase in positive cases in our health region.*

**Q. Should there be different policies for different parts of BC and the island? Severe clusters seem to be in more densely populated areas.**

*A. As this pandemic progresses population public health measures and outbreak control measures may be applied in variable ways at local levels, or in specific contexts. Although certain communities may experience higher levels of activity at different points in time, we know that the virus can easily be introduced into new locations or networks of people, given that there is little population immunity. We should be prepared that public health measures and policies may change over time depending on both local, provincial and national disease patterns.*

**Q. Will specific social distancing measures be continued as per the PHO, when a staged return to work begins, especially in acute care sites to ensure safety?**

*A. Island Health will be sure to follow the orders and directives from the PHO and Ministry of Health. We will work with our facility leads to ensure both staff and patient safety.*

**Q. We were reminded to model social distancing but I still see staff at Island Health sites standing closely together when talking (e.g. on breaks, smoking).**

*A. A recent article in [The Weekly](#) has some excellent advice for staff to support one another, ensure they get their much-needed breaks, while maintaining social distancing. The best thing staff can do is keep their distance while continuing to support one another. Where existing break space is tight or not sufficient to maintain distance, teams need to find creative solutions together that enable much-needed rest and still maintain personal safety. Nobody who is ill is permitted to be at work.*

## INFECTION PREVENTION & CONTROL / TESTING

**Q. Can you clarify the efficacy of surgical masks in terms of the protection they each afford to the wearer and to others?**

*A. If worn properly, a surgical mask helps to block large-particle droplets, splashes, sprays, or splatter that may contain viruses and bacteria, keeping it from reaching your mouth and nose.*

**Q. Why are the admin who are taking COVID samples to the hospital forbidden to wear gloves when carrying the clear bags, including the pregnant admin?**

*A. Laboratory protocols recommend wearing gloves when handling and transporting clinical samples. In order to meet TDG requirements, all clinical samples should be transported in a biohazard bag and then in a shatterproof outer container. This can be accommodated using a laboratory approved cooler or rigid container. Optimally, all persons transporting clinical samples should meet TDG certification.*

**Q. What will the precautions be for aerosolizing procedures going forward? Are all high risk transmission procedures being treated as suspected COVID?**

*A. Not all high risk procedures are being treated as suspected COVID-19 at this time. Patients, residents and clients are assessed for risks of COVID-19 and precautions for COVID-19 are put in place. With the changing information received as this pandemic evolves, we will continue to evaluate our processes and practices for the safety of staff and patients.*

**Q. What do they expect the restrictions for healthcare workers will be going forward? If they lift restrictions will healthcare workers still have to isolate?**

*A. Island Health will be sure to follow the orders and directives from the PHO and Ministry of Health. We will work with our facility leads to ensure both staff and patient safety.*

**Q. Can the virus be transmitted via HVAC in worksites?**

*A. HVAC systems are designed and maintained to help with controlling indoor air quality through ventilation controls; whether this is heating, temperature, conditioning, removing dust or particulates, and introduction of outdoor air. In order for any virus to be transmitted through an HVAC system the virus has to be airborne. Current research is showing the main route of transmission of COVID-19 is through fomite contact (by touching surfaces). In areas of high-risk (operational/isolation rooms) to protect both patients and staff additional controls by Island Health have been implemented (i.e. adding anterooms which are fully filtered and exhausting clean air to the outside; protecting patients, workers and public). HVAC systems in Island Health have many additional controls in place, such as filtration systems, which minimize and reduce pathogens. References: ASHRAE, Health Canada, BCCDC and WHO*

**Q. Approximately how many tests a day are the COVID testing sites performing? Will these testing sites be open for a while with scheduled appointments?**

*A. We've doubled our testing last week when that new criteria came into place. So we're typically in the 450 to 500 range per day – and it can range on week ends to anywhere from 300 to 500 tests a day. No plans to close testing sites yet.*

**Q. Why does Ontario say that chest compressions is NOT an AGMP, yet we have changed the Code Blue policy to droplet PPE for asymptomatic patients?**

*A. As COVID-19 is evolving, there is so much research that does not provide a definitive answer on all of the questions we have. We have found this with some of the AGMPs, which is why there is such variance between health authorities and provinces. Out of an abundance of caution we have identified it as an AGMP, but are working on systems to ensure this does not compromise patient safety.*

**Q. Has there been an influx of contact dermatitis with all the heavy cleaners being used due to COVID?**

*A. No reported spike in case. Dermatitis issues related to hand hygiene can happen in our workplaces and can be minimized by use of skin moisturizers, right after washing, when the moisturizer has time to absorb into the skin. If this becomes a medical issue, staff are encouraged to connect with their primary care provider.*

**Q. What is the status of serology testing for health care workers? Will Island Health be widely testing?**

*A. Serology is being validated provincially at BCCDC and once that is complete, testing will roll out to the health authorities with guidelines as to how to use this test. We will have this test available in Island Health in the near future.*

**Q. Should visitors who are unable to self distance from staff and/or patients (ie. on Pediatrics/LDR/MBU/NICU) be wearing masks to protect staff and patients?**

*A. If anyone is unable to self distance because of the physical environment and the nature of their visit, then they should wear a mask.*

## LONG-TERM CARE

**Q. Will the restriction on visitors to LTC facilities be lifted, with precautions such as masks, anytime before a vaccine is available?**

*A. We are looking at ways to allow a single individual per family to be named and provided with PPE that they would bring with them and be required to wear each time they visited. We are working to figure out how we can accomplish continued visitation of loved ones, while limiting the opportunity for an outbreak. It's a high priority and we recognize it's a population that benefit significantly from visitors.*

**Q. LTC staff are only permitted 2 masks a day despite the original direction saying to change after each break (4 masks a day). Will the mask limit be increased?**

*A. Four masks a day are being provided to LTC staff for asymptomatic residents, based on the availability of supply. In many cases, 4 masks a day may not be required and two is sufficient. If you have concerns please contact your manager.*

**Q. Housekeeping staff in private LTC have been told they are not allowed to use PPE by Island Health staff. Why?**

*A. The use of PPE in all LTC is advised for direct care staff at this point. Housekeeping staff are not normally engaged in direct close contact activities with residents.*

## HOME & COMMUNITY CARE

**Q. In the community we are aware of seniors with dementia that continue to go out without taking precautions. How do we manage these clients?**

*A. Working with clients who have a cognitive impairment can be challenging when reinforcing social distancing precautions. Continual education and involving their support network (family, neighbours) may be helpful strategies to remind the client of the safety precautions.*

**Q. If a client in community only has one symptom, do we need to wear full PPE?**

*A. Staff are encouraged to follow direction on PPE use from their leaders and managers. If a client is exhibiting any symptoms according to screening, they are asked to don PPE.*

**Q. CHW's are asked to work in houses where visitors/clients come and go all the time putting them at risk. Letters to clients haven't worked. Can we refuse?**

*A. If a CHW does not feel safe, they have the right not to be in that environment, and should raise that with their supervisor about what needs to change to provide care. We can tell clients that our staff will only come in the home if only people who reside in the home are there.*

**Q. What are the directions for community health workers and community nurses re disposal of used PPE? Not everyone has a garbage on way out of a apartment /house.**

*A. Communicating with our clients about the need to dispose of PPE within the doorway of the client's home is important and should be reinforced at each client visit. Please contact your supervisor if the client is not providing access to a garbage at the doorway. There is a plastic bag provided in the PPE kit for disposal of used PPE. The bag should be tied and disposed of securely.*

## COMMUNICATIONS

### **Q. Communications survey - can the deadline be extended?**

*A. The communications survey closed on Sunday, April 26 and the results are being compiled now to inform how we communicate with the organization moving forward. If you have feedback you'd like to provide, please send us an email to: [theweekly@viha.ca](mailto:theweekly@viha.ca).*

### **Q. Will the results of the communications survey and leadership survey be available to all Island Health?**

*A. The results of these surveys are intended to guide our activities when it comes to how we communicate with you, and how we support leaders throughout the organization. We will share a summary of the results of the communications survey with the organization, but more importantly, we'll use the results to inform our decisions on how best to communicate with you going forward. The leader survey was intended to help Organizational Development create leadership support resources on subjects identified by leaders in the survey. Leaders will see those supports in the coming weeks.*

### **Q. Communication for PPE use is often conflicting. Different memo's out from executive Medical Director vs. Learning performance & support? What do we follow?**

*A. When provincial PPE directives are ordered, we try to align to be consistent with other BC health authorities. Because Island Health doesn't have the same disease burden as other health authorities, corrections have been made to better reflect practices here, resulting in different messages around PPE. Our intranet site is our source of truth for current information and we are in the process of reviewing it for conflicting information.*

## OPERATIONS & SUPPORT

### **Q. Are parking fees going back into effect May 1st?**

*A. No. There has not been a directive from the Province to reinstate parking fees yet. We will align with provincial direction as to when and how to reinstitute pay parking. In the interim is it appreciated that staff and physicians continue to park in designated stalls to allow visitors to park appropriately.*

### **Q. When can we expect to see the cafeteria go back to regular hours, menu and seating?**

*A. Changes to cafeteria services were made to comply with an Order of the Provincial Health Officer, dated March 20, 2020. A return to regular hours, menu and seating will not occur until this Order is lifted by the PHO.*

### **Q. The health-care worker testing referral line is overwhelmed with demand and we can't provide the screening questionnaire until the next day. Are we increasing staff here?**

*A. Yes, we have trained another 10 nurses and more registration clerks. Improvements should occur by Friday, May 1st.*

### **Q. As PPE supply increases, might there be a way to use this to support family/caregiver presence for patients that require advocacy in hospital?**

*A. Family and caregivers that attend patients in hospitals within current visiting guidelines will be provided the PPE they required for a safe visit.*

### **Q. Where does the public donate PPE for hospitals? Is there a crowdsourcing site/challenge for sewn masks, 3D printed shields etc. Should it be needed?**

*A. To donate to the COVID-19 response, [click here](#).*

**Q. We keep hearing we have enough PPE but the COVID centers don't have enough.**

*A. Provincially there's a five-stage PPE framework: stage one is where we have a plethora of PPE and stage five is where we've run out of various items on that inventory list. We are currently in stage four. We've been working through conservation methods and that's really helped, but it will take a while to re-establish a consistent supply chain.*

**Q: We are short hoods, face shields, N95 masks - all backordered. Why would we increase the # of cases that require these items if they are not urgent?**

*A. We will not ramp up any services if we don't have adequate supplies to support it.*

**Q. What happened with the donations Island health received from the community? Are we using any of it?**

*A. All donated PPE equipment is managed provincially and is assessed to determine whether or not it's a medical grade and can be distributed into our supply chain. Medical grade products that have been donated are currently being used in the system. Unrated products are being tested to ensure they meet clinical standards.*

## SERVICE DELIVERY

**Q. Lots of talk about hospital capacity but there isn't capacity in psych units - they continue at capacity with 25-35% ALCs. How do we use COVID to impact ALCs?**

*A. There is an island-wide focus to reduce in-hospital AAP conversions and we are assessing every case individually to support safe transfers home, if possible. In psychiatry units, the most common reasons for ALC are clients waiting on community resources or placements in LTC, housing or tertiary care - all of which have been impacted by COVID. We are optimistic about opportunities to leverage virtual care to strengthen partnerships and connections around discharge, housing and supports.*

**Q. What are the steps for the organization when planning to open surgery? Since the average capacity in Island Health is over 100% prior to COVID.**

*A. We will restart an increased volume of surgeries and diagnostics when the time is right, as supported by the MHO and province.*

**Q. How can we even start contemplating doing more surgery until we get more PPE? We are out of some N95 masks already with others critically short - we need to wait.**

*A. We are fully considering N95's in our modeling when it comes to ramping up surgery. There are two streams to that discussion – clinical and logistical/supply chain. We will not ramp anything up if we don't have adequate supplies.*

**Q. Many physician clinics are only offering phone/ virtual appointments, due to a lack of PPE. What do you envision is the way forward?**

*A. We are working with primary care to continue to support virtual visits when appropriate, and are developing a plan to sustain the low-risk and high-risk assessment sites that have been implemented across Island Health. The consolidated assessment sites allow for better management of PPE inventory.*

**Q. When will fertility treatments be allowed to restart?**

*A. We are looking at core emergent services right now. Fertility services will be considered as we go forward - hopefully within the next few weeks or so.*



**Q. What is the timeline for normalizing medical imaging's scheduled exams such as mammography?**

*A. We have prioritized all requests for imaging and have reduced to those tests that are essential and urgent, including mammography. We re-examine all imaging requests ongoing to bring forward those that have become essential or urgent during the delay. Our timeline for getting back to normal levels of service is dependent on provincial direction, but we are actively planning our ability and capacity to get back to normal.*