

COVID-19 Town Hall Q&A



June 2, 2020

QUESTIONS AND ANSWERS:

(Please note: the information in this document is accurate as of Friday, June 5, 2020)

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HUMAN RESOURCES

When it is determined who will be eligible for pandemic pay, will notifications be sent out?

Eligibility requirements are currently being finalized in coordination with the federal government, PSEC and unions. Once we have the details and a timeline on payment, HR will put out a communication. Here is what we know: the eligibility period for the payment will be between March 15 - July 4; payments will be based on straight time hours only; non-contract managers will not be eligible; those who are on leave are not eligible; and there's nothing for employees to do here – HR is looking after that tracking piece.

Any consideration to having certain jobs locations change so that they are permanently working remotely, if they currently working remotely and are productive?

On May 13, 2020, a memo was sent to teams advising staff to stay working where you are for now. In order to provide the best support for working remotely, now and in the future, we need insight into the experience of working remotely during the COVID-19 response. For staff who are currently working from home, please complete the [‘Remote Worker Pulse Check’](#) survey.

What do we do if our manager has not followed the guidelines or addressed any changes for a safe return to work, but has told us we can no longer work remotely?

If you have concerns about a safe return to the workplace, your first step is to speak directly with your leader as they have resources available to ensure a safe workspace and including support from OH&S.

Are there jobs being posted in Island Health showing remote work as the location option, given there is the capacity to work in a fair number of positions remotely?

We haven't changed our posting practices to designate the work site as working from home. We are continuing with the practice that we always had.

What is being done to help the clerical staff who have been put under undue stress and unmanageable workload due to rebooking patients?

If you are experiencing challenges with your workload, we encourage you to speak directly with your leader regarding your concerns.

Does Island Health offer an anti-racism education program such as [this one](#) from UVic?

Island Health stands in solidarity with people who experience oppression and we are committed to addressing all forms of discrimination, whether it is based on race, sexual orientation, gender identity or ability, among others. Our Cultural Safety & Humility programs and workshops focus on systemic racism and discrimination specific to Indigenous populations, but the messaging around race, privilege, stereotypes and biases are important learnings for all relationships with people of different races.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

As a Social Worker a great deal of our education is on the Social Determinants of Health, how is Island Health addressing these in the pandemic and broadly?

The social determinants of Health are more important than ever in the context of COVID as social stressors increase and protective factors are compromised. Island Health funds Community Health Networks that support cross sector community collaboration and action to address Social Determinants of Health and Modifiable Risk Factors. Community Health Networks have been active throughout the pandemic supporting multi-agency communication, coordination, partnership development and community based recovery planning; adopting localized collaborative approaches to suit unique community contexts. Island Health's Public Health and Aboriginal Health Dietitians and Food Security Hubs have been instrumental in ensuring those who have barriers to accessing or preparing food continue to have access to nutritious food and meals in spite of pandemic response measures that have required the transformation of community programming in this area. Similarly, other examples of this includes the work of Public Health, and MHSU teams working together to support needs of the underserved, under-housed populations. Island Health has been collaborating and coordinating COVID-19 response for First Nations and remote communities across the Vancouver Island region. Public Health continues to offer programs to support families, including pre and post-natal programs for mothers, including finding innovative ways to reach families during the pandemic. Environmental Health and Licensing Officers have been working with schools, and childcare centres to ensure that they are able reopen and operate safely, and allow families to go back to work.

Per capita Island Health has had the fewest cases of COVID. Why aren't we adopting separate guidelines from the rest of the province?

We always have to assume that there is the possibility for re-introduction of the virus. So, in moving forward, the Province continues to go with a consistent approach rather than allow each health authority to establish its own criteria.

Can you please clarify - when we say no new cases on the island for 2 weeks, do we mean no new cases requiring hospitalization, or zero new cases, full stop? AND Vancouver Island hasn't had a new case of COVID 19 since the first week of May. What is the total number of cases within Island Health, in & out of hospital?

(June 5) There are no additional people with confirmed COVID-19 over the past 72 hours. Total remains at 127 people (121 have recovered). 1 person is in hospital, 0 in critical care, 5 deaths.

Why are our schools/teachers not being asked to physically distance our children? I have seen this written in the guidelines, and witnessed it at the schools.

Physical distancing is challenging in a school setting, and it is often less practical to expect younger children to maintain an appropriate physical distance. Recommendations from the [Public Health Guidance for K-12 School Settings](#) suggest implementing steps to maintain physical distancing, where possible, but focusing on minimizing physical contact for younger students. Older students and adults need to maintain a safe physical distance whenever possible. Children do not appear to be a main source of spread of the COVID-19 virus and the transmission among children is low.

Are we still suppose to be social distancing when we are not at work or shopping for essentials? AND Do we still need to social distance with extended family or friends when expanding our social bubbles?

Yes. Until there is a vaccine, Dr. Henry is continuing to ask people to practice physical distancing and keep 2 meters (six+ feet or the length of a queen-sized bed) apart from others. Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. Even though we are not sick, we need to make changes to our everyday routines to stop the spread of germs between people. Similarly, this applies to friends and extended family when expanding social bubbles.

Washrooms have been closed to the public in many places since March. Has Dr. Henry, Dr. Tam, or IH ever provided such direction? Is there a risk?

There has been no direction to close public washrooms. Island Health Medical Health Officers and Environmental Health Officers have been in contact with local governments, parks departments, marinas and other businesses to encourage and support these groups to keep their washrooms open. It is recommended that operators continue to allow access to their washrooms with enhanced cleaning protocols in place. It is also important to remember that proper and frequent handwashing is one of the most effective ways to reduce the spread of illness and that users of public washrooms ensure they wash their hands after using the washroom and contacting common touch surfaces.

Can people in the valley now have family and friends over to their homes for BBQ's and parties? Should these friends go in the house to use the bathroom?

While Dr. Henry has indicated that we can slowly start to expand our social bubbles, she is continuing to ask people to practice physical distancing as much as possible and keep gatherings small. Large parties or gatherings over 50 people are still not allowed. If you do have friends and family over, you should

clean and disinfect all common touch surfaces both before people arrive and after they leave. It is important to remember that proper and frequent handwashing is one of the most effective ways to reduce the spread of illness and that people need to wash their hands after using the washroom and contacting common touch surfaces.

In Loghouse Pub June 1, staff said WCB told them they no longer needed to wear masks. They were not keeping safe distance, stood about 3 feet from customers.

The Provincial Health Officer has issued an Order to food and liquor establishments requiring that they ensure patrons are able to maintain a distance of 2 metres from one another, unless they are in the same party, and from staff. WorksafeBC requires that all restaurants and pubs complete and post a COVID-19 Safety Plan and to train and educate everyone at the workplace of the contents of that plan. We recognize that there may be very short amounts of time where staff may need to enter within 2 metres (to deliver food at the table), which is acceptable. Environmental Health Officers are currently out reviewing processes and supporting operators to ensure they can operate safely and are complying with all applicable Orders and recommendations. If you have a concern about public safety in a food service establishment, you can contact your local Environmental Health Office.

Can you please tell us how long it has been since we have had a covid case in Victoria and how long it has been since we have had one up island?

There have been no new lab-diagnosed COVID cases reported across Island Health since May 7, 2020. The most recent symptom onset date for Island Health lab-diagnosed cases was 36 days ago.

Patients are upset as news depicts large gatherings of protestors who are being praised by the media, yet visitation in IH is still so limited. Please advise? AND Can IH implement one family member visit a day for patient? AND When can we acknowledge social connection as essential towards health and allow patients in hospital have 1 visitor? Especially those with long admissions.

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. We have to balance the health and wellbeing of people with the goal of protecting them, and ourselves, from COVID. These decisions by Dr. Bonnie Henry are not made lightly and without a lot of consultation and thought. At this point, visitor restrictions are being reviewed, so please be patient. The fact that we've been so vigilant is the reason we haven't had outbreaks in Island Health in any of our long-term care facilities.

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

If you're wearing the proper PPE for your role, then patients are not considered part of your bubble.

Is it possible to have an area-specific breakdown for COVID cases, instead of stating Island (0 cases on the island (this is too broad)?

We have developed a dashboard that is currently with BCCDC for consideration so they can look at what's happening on the Island.

Is there any update on vaccine production?

There is much work being done on developing a vaccine. At best, we're looking at months before we have any real evidence about something successful.

How early can a second wave of the Covid-19 virus potentially begin?

It will very much depend on how and when it gets introduced back into the community. We've seen situations with influenza where it showed up as early as June. As this is a novel virus, it is too early to determine if it will display seasonal activity like influenza. We do know that there is currently sustained COVID-19 transmission occurring in many parts of the world, so the risk of introductions into communities with low activity and little to no population immunity remains an ongoing threat.

Now that we have zero cases on the Island is it advisable to do mass testing?

We are following the guidance of the BCCDC and PHO. [Read more](#) information about the phases of testing in BC.

INFECTION PREVENTION & CONTROL/PPE

Some leaders are observed in public areas, halls and offices, not social distancing or wearing masks, why is this?

The #1 way to maintain a safe work environment is by physically distancing yourself (2 meters) from your colleagues. When staff need to congregate to discuss a situation, they should ensure they are all two arm lengths from each other. See more about [physical distancing and masks here](#).

Why are some facilities taking temperatures upon entry and some are not? AND Some businesses are performing touch-less temperature checks on patrons. Ambassadors have never done so. Why not? Should we? Is this a useful practice?

The current guidance does not require the taking of temperatures. The struggle with temperature taking is that not all people who are COVID+ actually have a temperature (48%). We are just working through the intricacies of what the best type of screening is for our facilities.

Do ambassadors/receptionists need to have the plexiglass sneeze barriers in place at all sites? I am not seeing this in many places and feel it's necessary. AND Why do not all Island Health facilities/sites implement to the same level - BUT Island Health implements to the same level as all other health authorities? AND What is the process to address IH workplaces that have no plan or current practice for physical distancing, wearing masks or regular cleaning?

Not all sites and areas have implemented their safety plans to the level that other sites have, but a lot of work has already been put in place and all site leaders are working on articulating this in their Safety Plans. If you have questions about your specific site, please connect with your leader.

Will there be an alternative gown available as the "blue gowns" are not universal fit and many are having reactions to the material as it does not breathe?

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.

As services reopen, some are requiring patrons to wear medical grade disposable masks. Given the continued preservation of PPE in Island Health, is this appropriate? **AND** Patients who are coming into ambulatory care for treatment/procedures and not able to keep 2m distance with employee/other patients. Do they require a mask? **AND** Dr. Williams said that in situations where patients can't be physically distanced we should give them a mask. But if we've screened them as asymptomatic, why?

Masking requirements for patients:

- 1) *To provide further clarity related to clients/patients wearing masks, the direction at this time is that we are not asking asymptomatic clients/patients to wear a mask unless the client/patient requests a mask. If a client/patient requests a mask, please provide them with a mask.*
- 2) *In keeping with WorkSafe BC requirements, staff should continue physical distancing whenever possible. When unable to maintain physical distance or create a physical barrier, staff are required to wear a mask.*
- 3) *Physically distance or put a barrier between patients who cannot be 2 meters apart.*

Why?

- *Patients are being screened for risk of COVID-19 (numerous times in some cases).*
- *The risk of asymptomatic transmission is extremely low.*
- *Staff wearing a mask provides protection for both the patient and staff member from large droplet transmission.*

The new masks at our health unit do not form to the face (the metal nose part is flimsy) and are very loose. How is this protecting us from anything?

We are aware that changes with PPE happen for different reasons, and sometimes what is received does not feel or look like that which we are familiar. All PPE that is supplied to Island Health through our Supply Chain has been assessed by a team to ensure it is safe. If you have feedback about a particular product, please submit it to the Product Investigation Centre using the [Product Concern Form](#). PHSA Supply Chain reviews this feedback regularly.

LONG-TERM CARE

When do you see paid companions returning to the LTC setting?

Visitor restrictions, whether in long-term or acute care, weighs on all of us. Not being able to have families and loved ones for support is hugely impactful. We also have to balance the health and wellbeing of people with the goal of protecting us and them from COVID. These decisions by Dr. Bonnie Henry are not made lightly and without a lot of consultation and thought. At this point, visitor restrictions are being revisited, so please be patient. The fact that we've been so vigilant is the reason we haven't had outbreaks in Island Health in any of our long-term care facilities.

Is the COVID coach role going to be expanded into other areas?

We are working on this. The coach role has been hugely valuable and the LTC leadership team is working on a variety of options but nothing has been decided at this time.

When do you think that Adult Day Programs will be opening up again? Caregiver burnout is real out there.

Island Health will follow the direction of the Provincial Health Officer around reopening Adult Day Programs. We do not expect to see a change in current practices for the foreseeable future.

Do we still need to isolate clients on droplet precautions in LTC for 2 weeks when they are re-admitted to their home after being in hospital?

Yes. These precautions remain in place. This requirement is even more important right now as the community distancing rules relax.

Will there be more direct care hours for Health Care Aides?

There are no increases in direct care hours anticipated at this time.

SERVICE DELIVERY

When will end-of-life beds be fully opened? Palliative clients are suffering.

We are admitting to EOL beds on a case-by-case basis to decrease the risk of transmission. We look forward to increasing admissions when there is an easing of visitor restrictions. For more information, please contact: Jill.Gerke@viha.ca

Given the return to a "new normal" and the absence of new cases on the Island, why haven't MRIs started to book up again?

For Medical Imaging patients, including MRI, we have begun booking postponed patients across the Island, starting on May 19, 2020. The number of postponed exams due to COVID will vary by site and modality. During ramp down we were performing approximately 35% of our pre-COVID volumes for MRI (Island wide) and we have now ramped up to approximately 75% of pre-COVID volumes as of May 30th, demonstrating a 40% increase within a couple of weeks. The degree of ramp up will vary somewhat depending on the Geo and site. Given the large volume of exams that were postponed in Medical Imaging (15,000+ across the Island), and the concurrent ramp up of all modalities, it may take us some time to work through the backlog but we are doing so in accordance to our plan. Overall we have achieved approximately 70% ramp up of MI services – some modalities are higher, some are less. We will continue to work towards 100% of our pre-COVID exam volumes in the coming weeks and months. When scheduling postponed patients, including MRI patients, we are doing so in a specific order which is consistent with the provincial approach. We are focussing on the backlog of postponed exams prior to scheduling incoming referrals, but also addressing urgent exam requirements.

Are the cohort units being dismantled? What is the provincial direction now that we have had no new cases for a while?

Cohort units are now available to support the delivery of care, but are being maintained so that we can ramp-up again in wave 2, or should an outbreak happen in Island Health.

How long will the ambassadors be scheduled and is there any reason these need to be RN's? Seems to be a very expensive use of staff.

As long as there are visitor restrictions or requirements around ensuring safe hospitals and long-term care, we will be keeping Ambassadors. We will be in the process of turning these roles into regular positions. It will be a clerk 3 level with customer service training – so not RNs.

As part of your 2nd wave contingency plan please address the increased level of acuity/complexities that are moved to the community and staffing for same? AND Can we strengthen staffing in targeted areas to prepare for a second wave (eg communicable disease, CRT, public health, COVID swabbers, infection control)? AND What is the plan for the second wave?

In wave one, we took a very stringent approach in terms of shutting down the economy, shutting down healthcare services, and asking people to stay home. There's a recognition that this type of approach has far reaching consequences. When wave two gets to us, we don't want to have those far reaching consequences and negative impacts on parts of our society. The Ministry has asked for a structure to be set up so that each health authority has a leader to prepare for wave two. Victoria Schmid is working to pull together a team and will be diving deep into the learnings from wave one. If you have ideas or thoughts that you want to share with me, please email pandemic@viha.ca.

How are nurses in community mental health managing with the impact of the pandemic on population served, doing business differently and moving forward?

Throughout the pandemic, clients have continued to receive care from community MHSU services. Like all MHSU staff, community nurses have implemented the distance and infection prevention measures outlined by the PHO and adjusted their practices to allow for more options for virtual care provision, by telephone and/or video as an alternative to face-to-face. Where face-to-face care is required (e.g. medication clinics), MHSU nurses have been provided the necessary PPE to ensure safe care.

OPERATIONS & SUPPORT

Can IH enforce employees to show their ID when coming to an IH worksite?

It is Island Health's policy for staff/medical staff/volunteers and contract service providers to wear/show Island Health ID at our facilities. While this is an expectation, it is not enforced as a means of getting access to a facility or workplace. Security officer and ambassadors can and do request that employees show ID when coming on site at their discretion. If a person forgets their ID, security would verify their ID with a contact but would not prevent anyone from attending to their work. If a person refuses to show ID or provide a contact for verification, and they appear suspicious, they could be refused entry (or asked to leave) and would be reported.

Is there an update about e-bikes and Island Health/ purchasing program to offer staff to purchase an e-bike with monthly payments?

Parking Services is discussing an e-bike strategy and will share details as plans are developed.

I work in an office without a window in a health unit. Can you please speak to the air quality control in health units?

Please reach out to your local Facilities Maintenance office to come and assess your work space. [Central/North](#) and [South](#).

Sale consultants/representatives are asking to return to the clinical settings for in-services on products/procedures. Is this allowed? Any requirements?

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Please see our [Guidance for Essential Visits](#) and speak with your leader as to whether any contractors/services would constitute an essential visit.