

COVID-19 Town Hall Q&A



MAY 5, 2020

QUESTIONS AND ANSWERS:

(Please note: the information in this document is accurate as of Friday, May 8, 2020)

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HUMAN RESOURCES

Can single parents in non-essential positions be put on general paid leave until school resumes or childcare can be secured?

Please review the option for childcare in the [HR FAQs](#).

Why is everyone who is considered essential not getting a wage increase for this time period?

Compensation is a provincial government decision. We are following the contract agreements for all compensation.

Can HEU expect to see an increase in pay or other benefits, as other unions are getting benefits and we aren't?

Compensation is a provincial government decision. We are following the contract agreements for all compensation.

My child's father is refusing me to have my son live or be around me due to being a health care aide in the community. Can I take stress leave due to this?

There are many [supports for Island Health employees](#) to support you through this time. Each personal situation is different and we encourage you to speak with your leader.

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Will employees who can complete their jobs remotely, be allowed to continue working remotely if it supports social distancing?

This week provincial guidelines will be released on working from home. This will provide guidance for Island Health and updated will be shared in the [HR FAQs](#).

IH Staffing managers are withholding laptops, keeping employees on site. We have the option to remote access into work from home, yet it is been denied. Why?

This week provincial guidelines will be released on working from home. This will provide guidance for Island Health and updated will be shared in the [HR FAQs](#).

I am able to work remotely and am immunocompromised. Will we be told to return to work, if we are working well from home, and what is the time frame for this?

This week provincial guidelines will be released on working from home. This will provide guidance for Island Health and updated will be shared in the [HR FAQs](#).

CHWs are being called into offices to do “education” during downtime. Can we not do this from home instead of a shared computer in a very small office?

Additional training opportunities are being made available to employees during periods of time where services may not be at full operations. During this time it is required that employees physically distance while in the workplace. Please speak to your leader if you have a concern about your proximity to others while attending the workplace.

For those working from home if we don't want to use our home number for work calls, what are our options? I couldn't find this on prior FAQ.

You may utilize either an Island Health issued cell phone if available, make Skype calls or use Webex – dial-in to a teleconference line or attend the workplace to make phone calls.

I would like to revisit the request for T2200 forms to be available for home offices. My BC Hydro is up 20% over Feb – or \$150/quarter.

A response to questions pertaining to work at home expenses is provided in the updated [HR FAQ](#).

My colleague has COVID symptoms – what do I do?

If they are symptomatic, they should go home. You can contact infection control and be assessed as to whether, because of your contact/proximity with a sick individual, you have been exposed. If you have been sufficiently exposed, the expectation is that you would go home and self isolate for 14 days and monitor for symptoms. If you are doing a position that no one else can do and you cannot be replaced, you are to wear full PPE and continue functioning at work and monitoring symptoms. An infection control officer can help you make this decision.

If a nurse in my office tests positive do we all have to be tested or self isolate for the 14 days?

If a person tests positive for COVID, there is very rigorous and robust contact tracing that is done, that is shared between the occupational health and safety team. They do the staff and employee contact

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tracing and infection prevention and control. So, rest assured that if you were in appropriate contact with a person who was positive, and you needed to go home and self isolate, someone would be reaching out to you. For every single positive swab that comes back from the lab, our communicable disease, public health, occupational health and safety and infection prevention and control teams have a very robust process for following up with all the contacts of that positive person.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

PHNs are being asked to contact GPs after infant immunizations as the GPs say they are unsure how to provide routine care to peds patients. What is their responsibility?

Planning is occurring now for how family practice will be delivered in an accessible and safe way for patients, and this will include routine/non-urgent care for children and families.

Can I take off my mask and put it in a save-a-day to have a drink and then put it back on?

Yes. If your mask is not visibly soiled, dirty or wet then yes, please use a save-a-day and put it back on until you need to utilize a new mask.

Are contract tracing apps going to be used?

Use of apps for contact tracing is being discussed at national and provincial tables right now. We are not currently using apps in Island Health for contact identification. We are offering virtual monitoring for cases and contacts that are being followed by Public Health, to support clients during their period of self-isolation.

Would a person with no more tonsils be under the category of immunocompromised or immunosuppression or neither of the two?

Generally speaking, a patient is not considered immunocompromised following a tonsillectomy. Please consult with your physician about your personal health status.

The harm being caused to the economy, small business will last for years. How can we safely move forward to allow these people to still survive?

B.C.'s restart will be a careful, step-by-step process to ensure all of our combined efforts and sacrifices are not squandered. For the different organizational sectors to move forward, they will be asked to develop enhanced protocols aligned with the Public Health and Safety Guidelines. The PHO will continue to provide input and advice as needed throughout the review process. In some instances, this will require consideration of lifting or modifying existing orders before certain businesses re-open. Businesses and organizations that are not covered by a PHO order may re-open or continue to operate but they will be expected to adopt and implement sector safety plans as they are finalized. [Read more](#).

Will restaurants and pubs be allowed to open soon with limited seating and spacing out of tables?

Yes, as per the Premier's announcement on May 6th, steps are being taken to "restart BC" in a safe, step-by-step process to ensure that the efforts to date are not lost. For the different organizational sectors to move forward, they will be asked to develop enhanced protocols aligned with the Public Health and Safety Guidelines. A cross-ministry committee of deputy ministers will monitor the process and ensure

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overall alignment with the Public Health and Safety Guidelines and WorkSafeBC. The Provincial Health Officer will continue to provide input and advice as needed throughout the review process. [Read more.](#)

With the gradual re-opening does this mean we can now have a family get together (7 adults and 2 kids to be specific)?

To continue to protect seniors and at-risk people, and ensure that our health care system can respond to this dangerous virus, means that we all have to keep doing our part – at home, in the community and at work:

- *Stay at home and keep a safe distance from family when you have cold or flu symptoms, including: coughing, sneezing, runny nose, sore throat, fatigue*
- *No handshaking or hugs outside of your family*
- *Practice good hygiene, including: regular hand washing, avoiding touching your face, covering coughs and sneezes, disinfect frequently touched surfaces*
- *Keep physical distancing, as much as possible when in the community and where not possible, consider using a non-medical mask or face covering*

In personal settings when you're seeing friends and family who don't live with you:

- *Only get together in small groups of around 2 to 6 people and keep a physical distance*
- *Stay home and away from others if you have cold or flu symptoms*

If you are at greater risk (over the age of 60 or with underlying medical conditions), be informed of your risk, think through your risk tolerance and take extra precautions.

What does Dr. Stanwick mean by voluntary closures (physio, RMT, dental?)?

Any business or service that has not been ordered to close may still operate if it can adapt its services and workplace to the orders and recommendations of the PHO. Industries that were designated as essential services developed safe operation plans in consultation with WorkSafeBC and in compliance with the public health orders issued by the Provincial Health Officer. Many businesses closed for other reasons, including reduced demand, such as in the retail, hospitality and export industries. Others closed to do their part in helping to flatten the curve, protecting their customers and employees.

Why is no one wearing masks in health units?

Island Health is following 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. All health-care workers are advised to wear surgical/procedural masks when providing direct care to patients, clients and residents across Island Health. This applies to all staff, medical staff and contracted staff who have direct contact with patients, clients and residents in acute care, critical care, long-term care, community health services, public health, and Island Health-owned and operated primary care, including Urgent Primary Care Centres.

When attending to someone on droplet precautions – including patients suspected of having COVID-19 or confirmed to have COVID-19 – health-care workers are required to wear the following PPE:

- *Surgical mask*
- *Eye protection*
- *Gloves*
- *Gown*

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Why are staff at acute care sites not being screened when they come to work?

All staff are being asked to be vigilant with their own health. The HR FAQ speaks to staff with flu-like symptoms not working and contacting 811 or their healthcare provider. As symptoms can occur at any time during a shift, screening at the door will only capture those with symptoms coming in the door. We prefer to work with staff to monitor their own well-being throughout the day and report when they are feeling unwell.

Previously, Dr. Stanwick has mentioned antibody testing coming to Island Health. Do we have an update on a timeline for this? Will HCW get priority testing?

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.

What is the status or serology testing for health care providers?

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.

What is the infection control policy with paper education pamphlets like the packages Public Health drop off at the Perinatal Unit for us to give new mothers?

There is little evidence of transmission on dry paper, including COVID-19. While some medical journals and the media have reported finding COVID-19 on paper or cardboard, there is no evidence that this is a viable organism that can cause disease. Hand cleaning at appropriate times (after using the toilet, before eating etc.) and not touching your face after handling papers is the important message.

If "main route of transmission of COVID-19 is through fomite contact (touching surfaces)" why not mail or email paper education pamphlets?

The main route of transmission is through direct person-to-person droplet spread, not through fomite contact. Handing out pamphlets would not be high risk for transmission of COVID-19. However, programs should consider reducing paper clutter in clinical areas to allow for proper cleaning of common areas.

Do you know what percentage of the COVID tests being done are likely to be false negatives?

If you are fully symptomatic in day 3-4 of the illness, we have significant confidence that a positive result is a true positive. The difficulty is when people have minimal symptoms, the ability to detect a positive is 70%. So it's not a perfect test, but it's certainly the best that we have at this point. I just want to make one comment on the point of care testing. A device called 'The Spartan' has been recalled, as it came to market a little too early. There were problems with it in terms of its ability to detect a virus, and the size of the swabs would have been too uncomfortable for most people.

I had 5 clients last week on droplet precaution due to being asymptotic. But no testing has been done? Why? I would think that should be mandatory?

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Asymptomatic (having no symptoms) clients should not be tested for COVID. Clients with symptoms consistent with COVID-19 should be tested as well as managed appropriately in droplet precautions. If you have concerns that a client needs testing, please speak directly to the client's most responsible physician or clinician.

People who test positive do not need a negative test before returning to work or stopping self isolation, why? Some people will still test positive for a month.

People who have mild COVID-19 disease do not require a negative test before stopping self-isolation. If 10 days have passed since the onset of symptoms AND symptoms have resolved (excluding dry cough, which can persist longer), the person is no longer considered infectious and does not need to self-isolate. A positive test occurring many weeks after an illness has resolved does not mean that the patient remains infectious.

I understand the immunity status is still in question after testing positive. Given that, will the region still undertake testing of Ab status for staff?

The interpretation and use of antibody testing is still in development, and is not currently available in the province for general use.

INFECTION PREVENTION & CONTROL/PPE

How safe are the blue gowns? They are made cheaply, tear easily, and become clingy with static. How is this safe for HCW? Who approved this?

The blue gowns went through a [provincial approval process](#) before roll-out across health authorities, and met safety requirements for the Level 2 gown they are replacing. We understand that these gowns are not as comfortable to wear as the ones historically used at Island Health, however at this time when PPE is in short supply they are the only available option. These blue gowns are a temporary measure until further gowns are available; they will not be a permanent fixture.

Health providers wear masks to protect others. Why are we not demanding that Morrison provide masks to their staff in the cafeteria to protect us?

PHO orders do not specifically require food handlers to wear masks. However, masks are available to Morrison Cafeteria workers should the employees themselves or the customer request the worker to don.

What if you cannot socially distance from your coworkers due to tight work environments and many staff members around who are considered "essential"?

Our [PPE guidelines](#) say if you are within six feet of a patient and providing care, service or support to a patient, please wear a mask. If you don't have to get within that six foot radius then your social distancing should protect you. So again, if you can't maintain the six foot distance that's when we ask you to wear a mask.

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PPE has been locked up in RJH MI for weeks. No communication about accessing PPE. ETA on when VIHA plans to communicate the protocol for accessing PPE?

PPE is locked as part of the pandemic plan and a provincial plan under the PPE Allocation Framework. This provides the information needed to keep sight of PPE inventories on each site, in the geographies and provincially. Staff that are concerned about access to PPE should discuss with their manager.

We work where there is COVID testing being done daily and still have not had plex installed at our admin areas. Why is this not a priority?

Keeping our staff safe is a priority. Staff concerned about their safety should discuss with their manager who can make arrangements for appropriate barriers.

Is fit testing in Island health will increase for the frontline staff especially in the COVID unit and in the full care facility?

Yes, we are currently making plans to increase fit testing.

If there is no shortage of surgical masks, can those be provided for non-essential workers who may be directed to return to work, on-site as a precaution?

Refer to the [PPE guidelines](#).

Why do we have to wear droplet PPE for asymptomatic patients if they code? Minutes=brain death. What if this was your child?

At Island Health, it's our job to make sure that the members of our team are protected. Clinically, you need to have a face shield and a mask, and a mask over the patient's face. If you think it's very high-risk and you need airborne precautions, then by all means go get the precautions you think need to keep you safe. If your clinical judgment is that it's a low-risk scenario and that it's safe to start CPR right away, then start CPR right away to help that patient in that environment. And that's not just true in health care, but also walking down the street. We live in an environment where the risk from COVID is very low because our prevalence is very low. We want to support you to feel safe but also to do what you think is the right thing to do in this clinical environment.

Why are we increasing surgery when we don't have enough N95's? 1860S are in very short supply right now.

Part of our surgical ramp up will be looking at our PPE inventory.

Do all Island Health labs perform COVID-19 NP swabs? After regular hours for most labs, which lab do we send our swabs to? I work in Geo 3.

All COVID testing is done out of Victoria General Hospital but swabs can be dropped off to any hospital lab and we will redirect them to VGH using our couriers.

James Hanson mentioned ramping up services is reliant on our PPE supply. Do we have enough PPE to begin ramp up as soon as Henry gives the order?

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. There will not be provincial approval to ramp up surgery unless there is an assurance of adequate and appropriate PPE for all staff.

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Why do the guidelines around code blue and PPE keep changing?

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

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

If a client has tested positive for COVID, shouldn't we be providing care in air tight PPE? This should be considered especially for an outbreak.

For clients that have tested positive for COVID, please follow the appropriate [PPE recommendations](#) for your work area.

What is the time frame for the yellow PPE gowns to be put back into use instead of the blue plastic ones?

We continue to work with PHSA and our vendors to endeavour to get our regular PPE back into distribution as soon as possible.

Why are precautionary measures increasing and not decreasing given things are starting to relax.

Nurses now required face mask with shield to see patients?

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LONG-TERM CARE/VULNERABLE POPULATIONS

Are patients allowed to go outside for FAB's?

The policy on first available bed (FAB) is unchanged. An applicant for LTC can nominate a geography and needs to accept any initial bed in that geography. They can change that geography and nominate another area outside the one they reside in.

In LTC, where the most vulnerable people are, is it a "requirement" or a "recommendation" that staff wear masks if they come within 2-meters of residents?

As per Island Health's [PPE guidelines](#), all staff, medical staff and contracted staff with direct contact with/or working within 6' (2 metres) of residents are 'advised' to wear surgical/procedural. This guidance does not apply to staff who do not need to be within 6' of residents to provide services.

Can workers change primary worksites if they do a voluntary two-week quarantine?

Yes, but self quarantine is not required if the worker is moving from one LTC home to another without symptoms and an outbreak at either facility is not occurring. Self monitoring at the new site is required

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and PPE must be worn as per the policy in place. The intent of this order is to restrict this kind of movement because this places staff and clients at risk. Given the risk we would prefer you not make this kind of change unless you really need to. Note that this situation is under review and changes could occur.

If I have worked in LTC casually, but would like to resume my casual position at hospital, is there a way to change my primary worksite?

You can change your primary worksite but the new site becomes your permanent site. As above, movement between sites increases risk to everyone and so we would prefer you not do this unless you really need to.

Is there any form of time line to get the LTC residents from Tolmie/OBL to the SUMMIT?

In the short-term the answer is that we need to continue to reserve Summit as a contingency for a surge in COVID patients. It is hoped that we can revert to the original plan to move residents from OBL and MTH to Summit sooner rather than later, but it is too early to say when this will take place. Note that the extensive precautions we have employed to reduce the risk of an outbreak in LTC have been very effective. We remain one of two health authorities, along with NHA, that have so far avoided a LTC outbreak.

If the elderly are at the highest risk for COVID, why do so many ALCs still reside in the hospital?

We have the lowest number of ALC clients in our hospitals than we have had for many years. As of May 7th, we have 179 ALC patients island-wide. In late February, the number was 242. In contrast, we have almost 800 community clients waiting for a long-term care placement. These community clients are existing in situations of high-risk and are taxing the ability of community health services to manage their needs. This is due to the fact that we halted all but a few community admits to LTC in early March exclusively in favour of hospital admits. This action supported the decant of acute care along with other work. Due to the excellent and unprecedented capacity in most hospitals we are following the provincial policy of admission to LTC by waitlist date. This tends to favour community clients but crucially is alleviating the stress on burdened families and the community care team. We believe this is the right approach at the current time. We do monitor the situation daily and should the pressure start to build on acute care we will adjust the admission to LTF ratios accordingly.

When will the iPads come to LTC? It's been quite some time waiting for them to arrive. Virtual social interaction would have major benefits for the residents.

Many have arrived but there is a nationwide shortage of iPads and tablet technology. The rehab team is leading this project and more tablets are arriving every day but we agree, it isn't quick enough for residents deprived of essential contact with loved ones.

Is our restriction of visitors in acute/LTC over such an elongated period now causing more harm than good? When will we lift or alter to allow family to visit?

For Long term Care, 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 is a high priority and we recognize it's a population that benefit significantly from visitors. For Acute Care, this direction will come from the province.

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Why not use The Summit to house homeless for now?

BC Housing has responsibility for housing the homeless. In Victoria they have secured seven sites, and are continuing to work on securing additional housing. For individuals who are unwell and/or COVID positive, we have identified an Island Health facility to support isolation and recovery.

HOME & COMMUNITY CARE

Why are CHWs being sent to AL sites for 1 time/client? (1 client had 8 different CHWs since March 1) Shouldn't ALL outside CHW be limited in that situation?

Assisted living residences are considered an individual's private home. Although we strive to keep the same CHWs for each client, sometimes the availability of regular CHWs (vacation, sick call) requires a new worker to see a client. Given the PHO order later in March, requiring CHWs to only work in one AL site, some clients are also receiving care from CHWs they may not be familiar with.

CHS clinicians are being redeployed into the hospital but community is suffering. We don't have the staff or the resources.

We understand in preparing for COVID-19 patients in hospitals resulted in increased workload for CHW's. We are incredibly grateful to you. Your work has made such an incredible difference on our ability to respond to COVID-19 and keep the curve flat in the region we serve. We continue to plan to support this increased load in communities as we work in a new normal to protect each other and the vulnerable populations – our clients we serve in community.

Our CHS are over capacity, over worked and under staffed. Moral distress is huge. What is IHealth doing to lessen the burden on these clinicians?

Our acute hospitals have reduced services, which has had as relying on, feeling safe in working in home, the right PPE. Our community health services has been through a lot. As we start to stabilize and move to recovery we are hoping you are feeling the support. More can be done re: virtual care.

Why are CHWs still only being given one mask per shift when we are travelling from house to house? Vancouver Coastal health is providing one mask per client for home support workers on the Sunshine Coast why are CHWs here not being provided the same?

Ensuring PPE for health-care teams is an Island Health priority, and a pillar of a robust pandemic response plan. Guidelines on use of PPE in various settings are changing rapidly. Our current guidelines are posted here and will be updated regularly. Masks are in short supply in the province and all health care providers are being asked to extend the use of PPE, to ensure they have the protection they need for all encounters that require a mask. At this time in CHS to mitigate any risks to the CHW or transmission between houses, masks are to be doffed and discarded, when they are wet, soiled (contaminated) or torn. This includes after a visit to a client/household on droplet/contact precautions. This is a temporary measure. An excerpt from the MOH '[Emergency Prioritization in a Pandemic PPE Allocation Framework](#) (March 25 2020):

As a result of the COVID-19 pandemic, Island Health is at Stage 4 of the Emergency Prioritization Allocation Framework for PPE, part of which states:

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Extend use: Keep PPE on in between patient encounters, and if PPE is doffed, it must be replaced by a clean set.

- *Wear the same procedure/surgical mask (or respirator, if applicable) and eye protection for repeated close contact encounters with all patients without removing the mask (or respirator) for entire shift. Eye protection will need to be cleaned at the end of the shift.*
- *Mask (or respirator) to be changed if the mask becomes wet, damaged, or soiled, when leaving the unit, and is to be worn for a maximum of one shift.*
- *If extended use of a gown is required, the gown should be changed if it becomes wet or soiled and is to be worn for a maximum of one shift.*
- *Gloves should be changed in between patients.*
- *Diligent hand hygiene is required before and after donning and doffing all PPE to reduce contamination.*

COMMUNICATIONS

Saturday Joint Update says: 123 VIHA cases - 101 clear, 15 self isolating in community, 3 inpatients.

Where are remaining 4?

Sometimes we have more up-to-date information than what appears in the PHO daily updates due to when information is sent in from the health authority. The numbers are changing quickly so sometimes it may appear they are out of sync with what is being reported elsewhere.

With Dr. Henry announcing BC's reopening plan this Wednesday, what is our plan for expanding service levels in the coming weeks? Dates and reasoning, please. Also, will we continue to say "we need to resume services" next week, as we don't resume any services? When will we do what we say? We will be following the guidance of the province through the [BC Restart Plan](#) and the [Surgical Renewal Plan](#).

Is Island Health following the BCCDC guidelines because it seems like it is pretty relaxed in comparison?

Island Health takes the guidelines of the BCCDC and the PHO very seriously. If you are concerned something is not being followed please speak to your manager.

CFAX 1070 has told the public to use ABHR on the outside of gloves before removing. Is Island Health concerned about poor/misinformation being shared by the media?

Island Health works closely with our media partners to ensure accurate and timely information is being shared. Our media relations team monitors health-related media coverage daily. In the event we hear or read misinformation, we reach out to media to provide the correct information. Island Health continues to encourage media to call into the daily briefings being held by Dr. Bonnie Henry and Minister Adrian Dix, and we are sharing important public health information with traditional media, as well as through our social media channels and on our website.

Is IH going to implement guest WIFI at all facilities? It appears some sites have it while others do not?

WIFI came online at many sites in the last couple of years, thanks to partnerships with our auxiliaries and foundations who have supported us with funding to make this happen. We are continuing to expand

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public WIFI services for guests across our sites, and will continue this work when we come out on the other side of our COVID response.

OPERATIONS & SUPPORT

RJH Atrium has remained open with a distanced layout. As workers struggle to distance on breaks, why not open other areas with a similar distanced layout? Could food courts be opened with a rearrangement of furniture? When can we expect to see the cafeteria go back to regular hours, menu and seating?

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.

Why are some people still using fleet vehicles when we have been instructed not to?

Vehicles assigned to single users and specific departments are still on the road. The pool vehicle program has been suspended for the safety of the users.

Has anyone else been experiencing contact dermatitis from the heavy cleaners being used?

Island Health has not switched to any new cleaning products and have been using our regular disinfectant solution during the pandemic, but has been cleaning much more frequently. Skin irritation can be caused by many reasons and we recommend you follow up with your family physician.

SERVICE DELIVERY

What is Island Health doing for community clinicians? Virtual care is not appropriate for many very acute clients in the community. We need help.

There are clients in the community who need in-person visits and Island Health is supporting these visits by providing PPE to community clinicians when it is required.

Will ambassadors continue to be monitoring hospital entrances until there is a vaccine?

For now, ambassador will remain, but we will continue to look at in the weeks and months until there is vaccine.

Kathy said Island Health is delivering appropriate care. However, patients are having SSRI refills denied by through a local clinic. How is this appropriate?

During the COVID-19 pandemic response planning, programs have been encouraged to find means to ensure clients/patients have access to necessary care, while ensuring safe care practices for both clients and staff alike. We have been using virtual care options wherever possible, to allow patients to maintain contact with their physicians and mental health clinicians, so that medical orders can be carried out. Routine follow up and other functions such as prescription renewals should be essentially fully operational. If any client experiences concerns regarding access or other issues then this should be brought to the attention of the specific program management. Continuity of necessary health care continues to be an organizational priority now and through the work to come.

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Any date on when scheduled surgeries will resume? Can you provide information on how patients will be prioritized as we move forward?

We have continued to do scheduled surgeries (urgent cases like cancer, cardiac, etc). The province announced the surgical renewal plan on May 7, 2020. We will begin by calling patients over the next 10 days to confirm they are ready and willing to have their surgery, then beginning to perform scheduled surgical procedures on May 18, ramping up over the course of four weeks to near normal pre-COVID capacity by June 15. Island Health booking offices at each site will work with surgeon offices to continue to triage and schedule patients based on their clinical urgency.

Some sites are at capacity. If Island Health allows elective surgeries, how are these sites going to manage COVID when the second wave hits?

From our initial response, we learned that we have the ability as a health system to rapidly react and respond to community needs. Part of our ramp-up strategy is looking at our ability to manage hospital occupancy and PPE utilization, while monitoring the COVID situation in the community. If we should see a significant increase in community prevalence, then we would evaluate all of elective procedures, as would be done provincially.