COVID-19 Town Hall Q&A

June 9, 2020

QUESTIONS AND ANSWERS:

(Please note: the information in this document is accurate as of Friday, June 12, 2020)

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ISLAND HEALTH

If you stand in solidarity with people who experience oppression, why not offer an anti-racism education program that would focus on all populations? AND As IH leaders, how will you model and support staff to take action on systemic racism, & specifically address anti-Black racism & anti-Indigenous racism?

We have a commitment around Indigenous anti-racism and have been working at that for several years. Given the context that we find ourselves in today, I think it's time that we broaden that circle and think about the practices and supports we need to look at discrimination in all forms. We have a commitment to creating psychological safety in our work and care environments. We can't have psychological safety in our organization if we have discrimination – if we judge or exclude people. We, as leaders, hold a large responsibility – every time we fail to act, we are reinforcing the behaviours we walked by. So, there's a real leadership call-to-action here on anti-racism, on discrimination and exclusion. As we work with Dawn Thomas, our Executive Lead for Indigenous Health, wrapping in more voices to have a more comprehensive approach to ending discrimination is important. Discrimination hurts and it does harm, and we're a health-care organization that helps and heals, and those two approaches don't fit together. ~ Kathy MacNeil, President & CEO

HUMAN RESOURCES

Can management ask staff to return to their work area permanently? Or is IH supporting WFH even if staff are unproductive at home. AND Are there going to be options for those who are working successfully remotely from home, to continue either partially or fully remotely even when COVID-19 ends?

Yes, there will be opportunities for positions to convert to working from home partially or fully after COVID-19 ends. We will be using the data from the survey (1600 responses) to determine the working from home policy, which will also include how to bring people back to work safely. Leaders will determine their own plans for their teams using complex process decision making resources that will be provided to them.

I hate having to WFH. When can I go back to work in my normal office at RJH?
If working remotely is not working for you, and the preference is to come back to your work site, we will work to accommodate your workspace on site.

What is the purpose of having staff work from home?
At the beginning of this pandemic, Island Health explored all possibilities for alternative work arrangements to create physical distance between staff. This included staggered shifts, remote working options, spatial rearrangements, physical barriers and virtual applications.

Are staff that are expected to work from home going to have supports for ergonomic equipment to prevent injuries?
When working remotely, it is important to ensure that your computer workstation is properly configured. The "Computer Workstation" page on Island Health's intranet contains an online ergonomic assessment tool as well as a wide variety of resources that can be referenced when setting up your home work area, and/or when working through concerns with your current configuration. In situations where you are having specific issues, speak with your leader to determine options with respect to obtaining or borrowing equipment. If working comfortably from home is not feasible, discuss the possibility of returning to your regular work site with your leader.

When will we be receiving our $4 an hour back pay? AND Who will be eligible for pandemic pay---will notifications be sent out?
We have a working group from finance and HR who are taking guidance from the provincial government and HEABC on eligibility. The period of eligibility is from March 15 – July 4. The plan is communicate organizationally (not individually). The timing on that communication on eligibility and payment timing (single payment) will be on/around July 4.

How will IH encourage casuals that have chosen to collect CERB over available employment return that staff to work?
In order to meet Provincial mandates and the delivery of patient care at this time, the ramp up of services will mean that we will be returning to regular staffing needs. Casual employees will be called and expected to pick up shifts based on their availability. Additionally, there are vacancies for casual, part time and fulltime positions across many disciplines currently posted. We encourage existing employees to apply.

What is the plan for Sept if schools are only in session 1-2 days a week? Parents have not budgeted for 6+ months of "camps." This is unrealistic long term!
At this time, it is unclear what September may look like in terms of education for children. We encourage parents to connect with their local school districts to determine what access to education within the physical school environment will look like. We also encourage parents to reach out to local child care

centres and plan ahead. Both through your local school and the childcare centres, there is enhanced access for the children of essential service workers such as Island health employees.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

I thought the US border was opening for family members to RETURN to Canada, not VISIT. The person should not come to Canada and then return to USA. AND If the US/Canada border opens up later this month, if we have family visit from the US, will IH employees need to quarantine if the visitors stay with us?
If individuals from the US plan to stay with you, they need to be isolated from you and your family for 14 days (separate areas of the home, separate meals, etc). A better recommendation is for US relatives to stay in a hotel. US travellers will be making a commitment at the border to quarantine and monitor symptoms for 14 days before socializing or moving about freely, so if people plan to visit, they need to plan well in advance to build in this time. For more recommendations on quarantining after travel, please visit the Provincial website.

2 meters is the measure of appropriate social distancing. Yet signs say 6 feet, this is not accurate. 2 m is actually 6 feet 6 inches - another whole 1/2 a foot. AND Town Hall Q&A says stay apart "keep 2 meters (6+ ft or length of queen bed). Also: "2 arm lengths" which is misleading. Short people may need 3-4 arm lengths.
Analogies are used to help people visualize how far apart they need to be. It is correct that 2M is more than 6 feet - and going forward we will be using 2 meters on signage when describing physical distancing.

How IH is ensuring adequate access to COVID-19 testing in First Nations communities?
First Nations clients can access the 1-844-901-8442 centralized call in line (Mt Waddington 1-250-902-6091 and Gold River 250-283-2626 ext. 2) if they don't have a family physician or nurse practitioner to speak with about COVID-19 testing:

- *Testing can be arranged at a screening and assessment centre*
- *The need for outreach testing will be assessed if getting to a screening and assessment centre is difficult.*

First Nations clients can also access their regular family physician or nurse practitioner to have an assessment to determine whether COVID-19 testing is needed FNHA and Island Health are working together to increase capacity of health care providers working in First Nations communities for COVID-19 testing.

VIHA use of PPE differs from FNHA use of PPE when home visiting. What should PHNs wear when doing home visits to FN newborns?
Please adhere to the PPE guidelines for Island Health employees.

Why are FN nurses not doing newborn home visits due to PPE concerns but PHNs are expected to visit their clients on weekends?
Each First Nation has autonomy over how health and care services are provided. This can look different depending on the identified priorities and the capacity of each Nation. Island Health respects the autonomy of each First Nation and works collaboratively with communities across the Island to ensure

that populations are supported and have access to health care services. Some First Nations do not have weekend coverage. As partners, we are here to support the health and wellness of all Island Health residents, when and where it is needed.

What is Island Health doing to address staff members who think First Nations clients aren't their clients?
Island Health is committed to improving the health and care experience for Indigenous patients and families, and to building relationships with Indigenous patients, families, staff and care providers. Part of this includes working with our own staff to increase cultural humility which will build a deeper understanding of Island Health's commitment to increase access to care and services that are experienced as Culturally Safe. Staff members who have questions about this commitment or their role in upholding it are encouraged to discuss this with their manager and to reach out to Island Health's Cultural Safety team.

Are we going to do random COVID testing as New Zealand is to determine community infection?
At this time, there is not a plan to do random COVID testing to determine community infection. We will continue to work with the Provincial Health Officer and BCCDC to review and plan for testing strategies.

Once a vaccine is available, how will it be determined the distribution of the vaccine to ensure everyone receives it?
At this point it is too soon to say. Once a vaccine is developed, the roll-out will be directed by the Provincial Health Officer and Ministry of Health.

Realistically, given what we know at this time, how close are we to a vaccine?
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.

I've been reading about wastewater testing as a way to understand early markers for COVID. Are we doing any of this in Island Health?
Island Health's Health Protection and Environmental Services program is supporting researchers through UVIC, and in association with the CRD, BCCDC, and other stakeholders, to conduct testing and explore this further.

When was the date of the last tested positive case in Victoria (not the island) and excluding the person who was in hospital and recently released?
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. (Internet Explorer users: please use the Internet Explorer version of the BC COVID-19 Dashboard.) The dashboard is updated Monday to Friday at 5 p.m.

Instead of asking sites to "make this patient complaint go away", why won't VIHA provide clear and articulate translation of MOH visitation guidelines?
We are awaiting guidance by Minister Dix and Bonnie Henry on the relaxation of the visitor policy. Anything one area/site does impacts all areas of our health system, which is why we have to be

consistent in our approach. Richard Stanwick is advocating at the medical health officer table with Dr. Henry and also with the deputy ministers. Read more.

Has Island Health thought about collecting ethno-cultural data with the COVID testing data to address the socioeconomic status of populations most at risk?
Island Health participates in the Provincial Communicable Disease Policy Committee, and this is currently under consideration for collection at the provincial level.

Are you able to estimate the # of unreported COVID cases on the island?
Not at this time. The BCCDC has done some projections and modelling on COVID-19 which is available on their website.

How will fall required flu vaccine work? Rexall does a few big clinics for VIHA staff. Demand will be higher this year and lots of people WFH who will come in.
Island Health is planning for the flu vaccination and will ensure it aligns with the Provincial Strategy once it is released. BCCDC tries to anticipate what the demand for BC flu vaccines will be before ordering. We now have more providers that can administer flu vaccines: Nurse Practitioners, Pharmacists and Primary Care Physicians have stepped up in a big way, as well as our Public Health teams. Island Health will provide clear messaging and direction around flu vaccines, once there is a plan in place.

Why is it declared safe for kids to play at public playgrounds, but adults should still keep physical distance? Kids are more likely to touch face etc.
Children are not common transmitters. Adults need to maintain physical distancing (2 meters), but for children, we're asking that parents reduce the physical contact and practice good hand hygiene. If the children are sick – then the children need to stay home.

Could you provide additional information on seasonal allergy severity and the need to be tested for COVID-19?
Other conditions that may mimic COVID symptoms, such as seasonal allergies, requires individual assessment. Check with your health care provider for treatment options and to discuss COVID-19 testing. If symptoms are unusual, new, or more severe than usual, they should be tested.

Will Island Health be participating in the phase III vaccine clinical trials?
That is still to be determined. There have been 5 major companies identified as potential producers of a vaccine. Depending on who is successful in identifying the vaccine in early trials, their network testing may, or may not, include us.

Could you please update about how much pre-symptomatic spread of COVID-19 is thought to be occurring?
Unfortunately, we are unable to provide any information on how much pre-symptomatic spread of COVID19 is thought to be occurring. The BCCDC has done some projections and modelling on COVID-19 which is available on their website.

There are a lot of other viruses that exist besides COVID-19. Is leadership taking these into consideration when planning for the long-term new normal?

Yes, Public Health and Infection, Prevention and Control have procedures in place to monitor and test for many infectious diseases, including Sexually Transmitted Infections (STIs).

INFECTION PREVENTION & CONTROL/PPE

Seems to be differing direction on the use of masks for staff and for patients. Staff use if can't keep physical distance, why is this not the same for pts? AND The period of communicability is considered to be from 48 hours prior to onset of symptoms- so why are patients not wearing masks in healthcare settings?
Research is now showing that there is actually very little transmission from asymptomatic people. While patients who subsequently do show symptoms are not strictly asymptomatic, it remains true that there is still very little evidence of transmission when someone does not have symptoms.

FAQ says masking fundamentally serves to protect others from ourselves. If this is the case, how are healthcare workers protected against a COVID+ patient? AND Why are symptomatic patients not provided a mask when accessing COVID swabbing- my surgical mask protects the client, but I am not protected from their droplets?
Medical grade masks provide a barrier that stop droplets from the wearer to those they are coming into contact with. They are also fluid repellant 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.

Since physical barriers are second to distancing to contain droplets, and face shields are a moving physical barrier, why aren't they allowed instead of masks?
At this time there is no evidence that face shields provide adequate protection for staff. This continues to be reviewed by agencies like the WHO, PHAC and others.

With the COVID curves not only flattened but down to zero, why we still increase the precaution i.e wearing masks in nursing station, rather easing it?
We are still in a pandemic and must remain vigilant until there is vaccine available.

If we are being told to still social distance as much as we can why are some colleagues sluffing if off and saying we have no cases here so we don't need to? AND Posters have been placed for maximum #'s in offices as per WorkSafeBC, what should I do when I see leaders disregarding and not setting the good example?
Our obligation is that we have to keep each other and our patients safe. We want to be able to spend time with one another and connect, but here are the principles: we don't come to work sick, we maintain physical distancing, we don't take our position for granted, we wear a mask if we can't be physically distant, and we practice good hand hygiene.

Since LTC greeters and acute ambassadors are very closely face-to-face to take temps, should they be wearing masks with visors or behind plexiglass shields?
Acute Care ambassadors are not currently taking temperatures at the entrance points. For LTC, the greeters who are taking temperatures at entrance points are currently wearing a medical grade mask.

School immunization clinics are happening. Staff will wear masks, but will students be provided masks as well?
Children are not common transmitters of the virus and will not need to wear masks at immunization clinics. The expectation for schools and parents will be that if a child is feeling unwell, they need to be at home.

LONG-TERM CARE

Temp checks have not picked up any fever or COVID. Can they be reduced to daily rather then BID in LTC? AND Is taking temperatures at entry points to LTC necessary? This can give a false sense of security since some take antipyretic meds regularly.
This is part of the requirements for LTC facilities – individuals must have a temperature check twice a day on the work site. This is just one measure in a series of activities to keep seniors safe (a very high-risk group). It may seem like an extreme measure, but it is working.

Could we offer family of Long Term Care residents an "Orientation/Education" about COVID and sign waiver to certify them to take resident outside? AND Can residents meet their loved ones outside in the garden in LTC?
We are awaiting guidance by Minister Dix and Bonnie Henry on the relaxation of the visitor policy. We are one health system, so anything one area does impacts all areas, which is why we have to be consistent in our approach. Richard Stanwick is advocating at the medical health officer table with Dr. Henry and I also advocate with the CPOs and deputy ministers. We are eagerly awaiting changes there.

How are protests and rallies allowed to happen, yet LTC residents still have no visitors? There was no social distancing and a lot were not wearing masks.
Visitor policy restrictions at health facilities and group gathering regulations are different. We know LTC facilities are operating within stringent requirements and expectations – without the support of volunteers or visitors – and this is a burden on our existing staff resources. The decision to accommodate visitors has to be taken in the context of all of the measures we're taking with COVID-19. Nobody wants to see families separated. We encourage you to continue to be advocates for your patients and residents and we'll continue to funnel that feedback forward.

Are there any updates on processes for clients getting admitted from home to dementia care or long term care?
We have been admitting to LTC for almost a month now. There is currently a requirement for a 14-day isolation upon arrival in LTC, which is slowing admission timelines.

COMMUNITY HEALTH SERVICES

Patients are just too complex to manage in the community & families are at high risk of burn out with additional stress of COVID.
To help meet the demand for complex care in the community, there are a couple of initiatives happening that focus on home support hours and we are adding professional services in multiple municipalities through primary care network planning. CHS had 30% fewer new client referrals during March, April and May. This allowed teams to provide additional hours for those awaiting

placement in LTC and who were not able to access respite and day programs. We appreciate the efforts our CHS staff have made keeping clients safe in their homes during this unprecedented period.

Will there be increased staffing to account for the increased complex cases in the community, to sustain decanting of the hospitals? AND HNC has seen an increase in acuity & complexity. We do not have the resources to meet these increasing demands. How will we be supported going forward? AND Can you hire more people to help manage clients on PPE precautions for CHW?
We have seen a proportional increase in both professional and non-clinical staff in the CHS portfolio in the last year or two, and this is where our focus needs to be in the coming years. It's something we need to continue to address if we want to keep our hospital capacity below 100%. CHS had 30% fewer new client referrals during March, April and May, which allowed teams to provide additional hours for those awaiting placement in LTC and who were not able to access respite and day programs. We appreciate the efforts our CHS staff have made keeping clients safe in their homes during this unprecedented period.

CHS has had poor planning with regards to mitigating the potential spread of COVID. How will this be addressed?
In March, a CHS specific EOC was coordinated and met three-times a week with CHS leaders and designated IPAC, HR, communications, scheduling and educators. This structure built a CHS response plan and individual site response plan, as well as a recovery plan. We learned a lot through wave 1 and will be incorporating those learnings over the next few months. The CHS EOC structure continues to meet once a week. Please reach out to your CHS Manager for more information and to offer suggestions.

Is there a plan to hire or designate a Medical Health Officer for community services considering current experience and in anticipation of the second wave?
Throughout the pandemic, Dr. Murray Fyfe has acted as the Medical Health Officer contact through the LTC/Assisted Living EOC structure.

SERVICE DELIVERY

I am a nurse who relies on treatments from the RJH Pain Clinic to be able to do my job. When will this program be able to return to their regular capacity?
The RJH Pain Clinic is currently operating at about 75% capacity and is working toward incrementally increasing capacity whilst managing social distancing and enhanced cleaning requirements to ensure staff and patient safety.

OPERATIONS & SUPPORT

If hand hygiene is the #1 priority, why are hand sanitizer re-fillable dispensers on the wall empty with a notice of shortage on them?
The wall-mounted dispensers for hand sanitizer only take a specific 1000ml bottle, which is not itself refillable. Due to a shortage of that specific product from the supplier, some wall mounted dispensers may not receive a new bottle as they run out, and will be restocked as supply is available. 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.

Why is not more plexiglass being put up in office spaces? Hard to orientate and train new staff will have shortages over summer if unable to support new comers.
Plexiglass is also a material that is in demand around the world. As we go through this time where we need what everyone else needs, we ask that you maintain distance (2 meters) where you can. Where you can't maintain distance, then we need to look at getting barriers. We are taking a strategic approach (island-wide) to utilizing plexiglass so that we place it in the most vital places for the protection of staff and patients.

Will more funding be going to increase housekeeping services?
We have seen an increase in housekeeping requirements during COVID-19 in high-touch areas and broadened the resources to do so. This will be ongoing while COVID is with us. We will also be investing in cleaning materials for staff so that they can wipe down their own services.

The masks smell like chemicals to me. Can you guarantee that there are no harmful toxins in the masks? And please provide list of ingredients.
There has been a lot of change in the world of PPE. The normal supply chain that we've relied on for the past 15 years took a beating when the whole world needed the same supply. Frontline care providers have really felt the impact – often with totally new equipment in front of them that they have not have used before. That is our current reality as we move forward with products that will keep staff and patients safe – and as we work through our supply chain to get consistency. PHSA (central supply) has been in a reactive state to get PPE out the door to this point, but going forward there will be product change notices and introduction materials for each new piece of PPE, including what testing measures that piece of equipment has been through.

Will IH look at space to support CHS programs that are packed in like sardines to support social distancing ie buildings like Grant Ave in Nanaimo multiple pgms?
We do need to look at space options in all Geos. To date, our response has been supporting people to work from home, virtual care options, safety barriers, adjustments of space, staggered starts and monitoring site safety plans. We want to continue to work with all of these options. Space is a constraint across the health authority, so as we are able to, we are looking at expansion options.

Will parking at sites remain free for staff for the foreseeable future?
Whether or not we will reinstate parking fees is a provincial decision and we will be following suit with all other health authorities once that decision is made.

Where will RJH staff go to take their meal breaks with existing spaces closed for Social Distancing?
Care teams are also taking steps to maintain physical distancing with their colleagues, which is proving harder to do during break times at some sites. Read more about ways to find space at work here.