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TRANSCRIPTS (note: audio links are hyperlinked throughout)

SPEAKERS (in order of speaking):

- Victoria Schmid, Executive Director, Quality, Safety & Improvement
- Kathy MacNeil, President & CEO
- Dr. Richard Stanwick, Chief Medical Health Officer
- Elin Bjarnason, VP Clinical Services
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- James Hanson, VP Operations & Support Services

INTRO/GENERAL UPDATES:

Victoria Schmidt – I know there were lots of questions that came through the Slido today and lots of comments from people wanting us to attend to more questions. So we're going to try to provide you with the updates that you need, in terms of the information that you need to know to do your work, and then get to the questions as soon as possible. It's Victoria Schmidt here, I'm the executive director for quality and safety and the executive lead for experience and I'm going to invite Kathy McNeil, our fearless CEO to come on up and provide us with a bit of a update.

[Kathy McNeil](#) – Thanks Victoria, and good afternoon everyone. I just want to start by acknowledging that we are gathered on territories of the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth peoples, up and down the Island. And I want to acknowledge that it's a reminder that the land is still here and that land is a message to us of the power of nature--and so is this virus is a message of the power of nature. And so I think both of those are keeping us humble and it's important for us to remember we're humble in this and we're learning as we go.

So, just a couple of points around what's happened since the last week. Well, like you, it's really hard to keep track of the bouncing ball of changing information that we are trying to digest and integrate starting at the provincial level. So, just a reminder that because we are under a public health emergency provincially, it allows the Government and our Provincial Health Officer to have powers that would not necessarily be there in every other circumstance. As a Health Authority, our decision making is changed accordingly because we are under this health emergency management situation. And so, for me as the CEO of Island Health, I get reminded of that every day - what might have been my decision or something that was within my purview to make under normal circumstances aren't, isn't necessarily how things are rolling nowadays. I'm learning too and sometimes I get it wrong. In the context of this provincial system, I think one of the things that has been keeping us all up over the last seven days has been the increasing conversations around personal protective equipment and the fact that here in BC, we are not unlike any other place in Canada. There's lots of anxiety about PPE, how we should use it, when we should use it, who should use it, and then what's the impact when we use it in terms of the supply, and where are we getting it from. What makes it even more difficult to give straight answers is the fact that the evidence

keeps changing on PPE. And so we're trying to keep up with that evidence and we're trying to walk in hand in hand with our colleagues across the province because our supplies, are a provincial resource and managed through PHSA out to the health authorities. So it's really important that we do work in concert with the other health authorities in what we're doing. Knowing that it would give a lot of people some comfort to know are we doing the right things in terms of utilization and what, how are we keeping an eye on supply?

We're working with our provincial colleagues looking at the information that we have available to us, seeing how we can use that to reassure our healthcare workers in the system who are relying on this and also how we can use that information or allow it to shape our behavior as we need to. Because I think we've now had a few weeks of this and we see that we start in one place and then we may have to change or pivot our activities or actions based on new information so that that is likely to be the case as we continue to go with this virus is how adaptive and nimble we are and making those changes as new information comes available to us. I know there's been a lot of questions on PPE so I'll leave it to the experts to answer some of those late, but I just wanted to put that in context at the, at the provincial level since we've met last time, there's been a number of activities that have been undertaken to ready the organization. The assessment and testing centers in the community have been mobilized. So this is wrapping around primary care assessment with some of the testing that we have available in our community so that people who are in the communities can access if they're concerned with symptoms to have an assessment. We've also worked on our COVID units in hospitals so that we have a, it's clear where we're caring for people who might be COVID+, how we're caring for them and who's caring for them so that people are trained and have the skills to do that. And we've also been working through plans for our temporary hospital site, which is the Summit.

So, continuing to work on those plans so that we know what patients we will be moving to that facility when that time comes. And so again, still in the planning phase, but we need to have a plan, just in case the time comes. I've heard a lot over the last 48 hours and it actually makes me feel good to hear us talking about the unintended consequences of some of the actions that we've taken because that, that means we're thinking about those actions. We met with the board chair, Dr. Stanwick and myself, with elected officials last Thursday. And we talked a lot about the fact that our system is quiet, but we're still open for business. So a reminder to citizens that we are here to care for them and their healthcare needs no matter what.

And it's not a time to hold back because of fear of COVID. In fact, our hospitals and our EDs have done a lot of work to ensure that we have some tracking and isolation for people who might have respiratory symptoms, so there's not cross contamination. It's important that people who need our care access it here. The last thing I want to say, because you'll never get me to **not** say it, is how grateful I am for all of you and for the work you do. And today I want to acknowledge how grateful I am for the community that we live in, the communities we live in. I can't say that ever been more proud to live in a place where people are taking this seriously and the activities and actions of individuals and families we're seeing that make a difference in a time, and I feel this really humbles me when one in six Canadians is now unemployed because of this virus. When we have communities still making the personal sacrifices that

they have to make. So if their health system is able to respond, I don't think there's anything that can be re-enforced. The value of a publicly funded healthcare system, the way that our communities are feeding that back to us right now. And so the last part I want to say is, I know we're going into a long weekend and some of you, maybe I'll just tell you about me, maybe I'm really sad going into this weekend. Easter is always been a big family celebration for, for my family who, some of whom I miss very much and can't wait to see them again. And there's always been activities that we've undertaken on Easter weekend around dinners and a celebration. And I'm reminding myself that still could be like that. And so it's important to remember that we can't let our foot off the gas in terms of that physical distance and in that commitment to keep ourselves at home to stay with family. And that physical distancing is not forever. It's just for now. And so for me this will be a different Easter, but it's just for now. So I'll leave that and I'll pass back over to Victoria.

[Richard Stanwick](#) – Thank you very much. You know, it certainly is. I think people are basically adapting to the circumstances. I just want to have one little anecdote to share. I was speaking to somebody who's having a family birthday celebration. So it was the family unit only. But this person's children wouldn't let her blow up the candles because that could result in droplet spread. So, they didn't know. So again, it just speaks to the message is getting out there. We're, we're certainly adapting and certainly customizing our celebrations even to recognize this. So again, the creativity that people are showing in terms of the meeting, what we're asking of the terms of this is really very impressive. And the fact that it was resonating with young people was even more impressive. I won't tell you how many candles were on that person's case because they never speak to me again!

A couple of things. As you've heard, we are talking about masks and the community, the homemade ones. I mean the messaging has to continue to be, this is not about just protecting yourself - this is about the fact that if you are having very mild disease or even relatively asymptomatic, it's keeping your droplets in rather than keeping other people's droplets away. And so we will get more instructions and certainly see this from the federal level, in particular on masks. These are not medical masks we're talking about. These are your DIY masks in large part. And I think the best thing is the DIY masks stay at home. In our institutions we use the proper PPE, to address the risks that we're facing.

A couple of things. There's going to be some you guidelines around the swabbing criteria. We do have capacity. We're going to see certainly some changes through as being a lot of to-and-fro with Bonnie Henry and other Chiefs and the BCCC. But we're looking to an expanded category in terms of who will be included in the testing. Something that's come up a lot is this issue of enforcement. No, we are not placarding people's houses like we did in the good old days where we used to actually put up small blocks or measles signs on people's doors to stay away. But I can tell you that the federal government is getting extremely serious and working with our province to address the fact that Canadians are taking great risks and considerable expense and effort to get Canadians repatriated in return. We are asking those individuals basically isolate themselves in their homes for 14 days, and measures are being taken to support them in that. If they do not, I can tell you that they are looking at a variety of opportunities to gain compliance which could include electronic monitoring, like what's being done in Singapore.

Nothing is off the table because, as Bonnie Henry said, this is like bringing sparks to dry tinder – and we on the Island have largely had in the last couple of weeks travel related cases. So, the work that people are doing on the Island to self distance the work is being done in our institutions for people to follow is critical. The infection control practices are working and we do not want to lose that ground. So this is something that has been taken very, very seriously by the province and don't be surprised in terms of some rather interesting announcements in the very near future about the expectations around people who undertake that 14 day quarantine.

A couple of other little notes: some municipalities are reducing the amount of burning that's going on. Anything that contaminates the areas be associated with greater risks associated with this virus.

But, I can't tell you that people do not need to avoid the water ways even though Corona virus can technically be spread in the stool. We are not worried about that particular source of droplet. So please don't worry. Get out, exercise as recommended by Dr. Henry for proper social distancing. At work - we don't want you to have potlucks. I have to be a Grinch and say no. You know, one of the greatest risks in terms of spread amongst healthcare workers, is when we get together on our breaks, on our lunches, and that's the time we not only basically engage in meaningful conversation, we also increase the likelihood of transmission. And so again, the PPE distancing has to be something we're consistently asking of staff. I know this is hard at a time when you need your camaraderie, but we're asking you to do it at six feet distance.

I was asked when is the influenza season going to end? I've asked Dr. Henry when is she going to announce it, but haven't heard. I can't say that numbers are really starting to drop off. We are waiting for the season to end, because it will help us be able to identify cases of people who may have COVID infection, and we can start striking influenza off of as because it is a seasonal virus. And other than that, I will take my seat and let other people have the podium.

Victoria Schmidt – Our VP of clinical services delivery come up and provide an update on the operation preparedness and numbers.

[Elin Bjarnason](#) – Great. Thanks Victoria. So I'll be I'll be brief so I make sure that we get to your questions. So the first thing and anyone who's new to this Town Hall forum, just to say that this is all that anyone is working on right now in Island health. We are completely dedicated to supporting the Island in our response to COVID-19. We have a health authority level EOC, a very robust operational EOC, led by Dr. Williams, myself and Cheryl Damstetter. And we also have Geo EOC's, so each of the geographies is running daily emergency operation centers. So, an opportunity for leadership and local leadership to get together around what's coming up, how they can address that. I'm hoping those EOCs are providing a lot of information and a lot of support locally.

Today as of today, we've had 79 positives in total for Vancouver Island. We have 10 people that are in hospital. We've hospitalized a total of 19 COVID positive patients. As of now we have 3 in our ICU. We have successfully discharged a number of patients. I think it's 4 from our ICU and we have not had any deaths in our ICU to date. We have 511 empty beds today. Our ED visits are down between 25 and 40%

across the health authority. So, it's a key message for us to let people know that our emergency departments are fully prepared. They've done amazing work to co-locate respiratory patients to provide a safe environment for any patient coming in. So for you, for your family and your friends and for the general public our EDs are, they're as they always are.

We've been doing about 150 swabs per day for COVID. On a typical weekday, about 80 of those are for staff and physicians. The remainder are primarily in our EDs and inpatient beds. We have 41 swabs pending in acute care today. That's not atypical. And so physicians are being very rigorous ensuring anyone with respiratory symptoms are getting swabbed if they're an inpatient or if they look quite sick in the emergency. And one or two of those might convert to actually being COVID positive.

Around our swabbing - there's been a lot of questions from staff and physicians. We're supporting testing as is consistent with Dr Henry's direction and the BCCDC's direction on testing any staff or physicians who work in clinical care at Island health - whether you're in clinical service delivery or in priority populations and initiative area. If you have a relationship to medical affairs, if you work for an organization that we fund to provide care. So a contracted organization like Cool Aid in Victoria or affiliates or long-term care sites, any staff or physicians are can get tested and we encourage you to utilize our call-line. Any respiratory symptoms or the sniffles, a scratchy throat whether you're getting something in your chest or you feel like you have something significant for respiratory symptoms, a respiratory symptoms at all. So we encourage you to get tested. We know that there's a high level of low symptomology in many patients with, with COVID. And the whole point of staff testing is to (A) to have a healthy workforce, and (B) not to give it to our patients. So just want to encourage people to seek testing if you feel like you need testing. Kathy spoke about our testing centers and that's on the internet so you can find those.

Victoria Schmidt – Dr Ben Williams to come up and say a word, a couple of words as our VP of quality and medical affairs, medicine and a few other things.

[Dr. Ben Williams](#) – Thanks, Victoria. I want to talk a little bit about why it is that we get different advice from our leaders on a regular basis and why what we told you about PPE two weeks ago might be different than what we tell you tomorrow – or cohorting patients – or the best ways to treat patients with suspected COVID. And really what it comes down to is this is a new disease and we're learning every day from our colleagues around the world what the best approach is. We're not necessarily dealing with the highest quality of evidence, there hasn't been a lot of time for randomized placebo control files. Often what we're dealing with is a scenario where a hospital or a hospital system did an intervention. Their outcomes looked better or worse. And so we think that intervention is something we should try or not try. And we do it with the best clinical guidance we can and as evidence emergence, particularly evidence closer to home, then we modify our approaches and we don't do that on our own. So provincially, you know that every night Dr Stanwick meets with the other Chief MHOS and Dr. Henry and they look at the province. The CEO's do the same thing in the morning, vice presidents to medicine also do that. There is a provincial clinical advisory group of experts in the field - epidemiology and infectious diseases and medical microbiology and public health and intensive care - and they provide

clinical guidance to the Provincial EOC. And on the Island we have our own clinical advisory group - Dr. Butcher, the health authority, medical advisory committee chair, chairs or council chairs – to provide our EOC and Cathy with the best medical advice that we have on the Island as we review what's going on. But because it's fast changing, what we told you today may not be what we tell you next week. And that's because we're learning every day and we really want to pay very close attention to what's going on with our colleagues in the mainland because they've had the disease for a few weeks longer than us, but in a very similar population and a very similar healthcare system. And so as we learn what's happening in coastal on Fraser, we adopt some of the practices that look like they're working well. And we modify what we're doing based on their experience.

And we also look around the world. There's some questions around research and I just want to let everyone know we are engaged in research on this disease on a number of different fronts and really very excited about how some of that that will be published over time. Some of that research will include how we treat patients in the intensive care unit who are very sick with this disease. But there's other streams of research as well on this.

I want to touch on something Kathy said - I've ended my last few talks here by talking about the message you go home with and that you take back to your families. The message I want you to take home today is that if you need to come to the hospital, it's a safe place to come. If you're at home and your doctor or your nurse practitioner has said you need a diagnostic test, you need that a CT scan or an ultrasound or a camera put down some orifice where you would not want it to go - the hospital is a safe place to come and get that done. If you're having chest pain or you're short of breath or you're having serious abdominal pain or you think you've broken your ankle, our emergency rooms are an incredibly safe place to go. And while we want people to physically distance themselves and not come into hospital when they don't need to, it is very important that our friends, our neighbors know that we're open for business and that if they need to come in for care, we're going to provide them with excellent care. And we're going to do that in a way that's very safe, where their risk of contracting COVID, or any other disease here is actually very, very low.

I will just say that I continue to be incredibly proud of our teams and how they've come together and the work that's being done in every facility and in every Island Health community to bring all members of the healthcare teams together to plan our response for our patients and the role modeling we've done for our community on how to physically distance ourselves and stay connected so that we can continue to flatten the curve.

QUESTIONS AND ANSWERS *(audio links on final page):*

In relation to what other health authorities have done, we haven't applied the same standards for PPE and home and community care at Island health. Can you provide some clarity?

Elin – That's true, but where we are right now is consistent with other health authorities. And what we're saying is, if a patient is possible COVID or is COVID+ you should wear a surgical mask. And you can opt to wear a face shield and a gown and gloves if it's appropriate for the care you're providing. You can

extend that to any type of respiratory symptoms. If you have a patient with respiratory symptoms, whether you know they're COVID or not, you are recommended to wear a face mask shield and a gown and then gloves for specific care. And best thing to do is to wash your hands, so that you don't need gloves for every interaction.

For other patients. We are supporting our healthcare workers, whether they're in the community, in long-term care or in the hospital to wear PPE throughout their shift. What we are asking is, you need to change your mask after you've seen someone who could be COVID+, or if the mask is soiled or if you take that surgical mask off or you leave a person's house. So you would be changing your mask in between the different homes that you're going into.

You know, protection is the number one mantra in relationship to our personal protective equipment, but I'm sure anyone on the call knows and is watching the situation internationally. Conservation is something we're also trying to do. The first thing we want you to do is to protect yourself. But we also want to ensure that we don't change our masks if we don't have to. But, you should change it if it's soiled, or if you take it off, you should put a clean surgical mask back on. So we're in the community working through our health units we've been providing full sets of PPE and some additional masks on a daily basis to our health workers. And if you need more supply, we'll, we'll need to lean into that and support you with that. Anything else on that, on that front Victoria to hand over to James.

Departments are locking PPE rooms in urgent care and long-term care spaces. Is leadership aware of this and supportive?

James Hanson - Yes, it's part of our pandemic plan and a provincial best practice through pandemics. And really the reason we're doing this is so that we have insight and near real time data for days on hand locally, geographically, it are all the three level and frankly, provincially across the entire space. It gives us the opportunity to manage our local inventories.

Is Island Health taking up offers to create 3D printed shields and distilled hand sanitizer?

James Hanson - Yes, we have engaged with UVic and Camson and I know there's some other work happening around North Island around reusable 3D printed shields. We actually took our first supply from UVIC this week. I think we managed to secure 100 and we're expecting close to 1000 per week from our various suppliers. That's a great initiative that UVic, Camosun and others have kicked off.

As far as the distillers are concerned, we were almost at a point where we have too much inventory for sanitizer and we're trying to work on a process of getting it out to the communities from our distillery partners, we literally have 1000 litres of distilled products in our inventory.

Is VIHA running out of PPE already and should we be anticipating utilizing homemade PPE in an acute or clinical environment?

James Hanson – the answer to that is we don't currently foresee using homemade PPE in our current state. And I say that because we have a number of programs in flight on the reprocessing of masks, 3D

printing that I spoke of, but also because we're seeing a lot of industrial partners come to the table to repurpose their industry around supplying PPE, provincially and federally. So, for example, in Vancouver, there's a partner that has come to the table to make roughly 90,000 gowns for the provincial environment.

If homemade masks are acceptable, what recommendation, what specifications should the public meet?

Victoria – We are not utilizing those in health care. We have PPE that we will provide for you to use to protect yourself and to protect patients. And if you choose to wear a mask in public to keep your excretions from hitting other people if you're at the grocery store or out walking and maintaining your distance you are more than welcome to do that. There are lots of patterns online and we will look to post some that are most appropriate as well.

Richard Stanwick - Yes, this is not a substitution for social and physical distancing. Keep your hands off your face, wash your hands frequently and if you're sick, stay home. This is an adjunct. It is not a replacement for any of the measures that have been identified that are successful in controlling this virus. And again, we just ask that people remember this and that this is not a substitution. If people aren't wearing them, they should not be castigated - we shouldn't be shaming them. It's certainly a personal choice, but again, what they're really doing is protecting the rest of us, not themselves.

In the daily update from Kathy and Richard, there was a comment that we will be providing hospital issued scrubs to COVID-19 units. When and how will this be implemented?

Victoria - Our teams are working very quickly right now to do that. There was another memo that went out last week. I'm asking for your help because in conjunction to providing scrubs to those units right now, we need to ensure that the scrubs that people are currently sitting on at home need to come back into circulation. If you have Island Health issued scrubs in your house, the biggest thing you can do to support the safety of your colleagues is to bring those scrubs back so that we can launder them and get them out into circulation. So the units that typically receive scrubs for their work will continue to receive those scrubs and we will provide our COVID units with those scrubs as well. And we are asking everyone to appropriately utilize the scrubs that they have and bring back any supplies that they may have in their home.

Who ends a mask policy is still in effect meeting that staff would not been immunized, are expected to wear a mask. Are we still doing this?

Richard Stanwick - This is still a provincial order of the PHO. That's why we need to get the official acknowledgement that the influenza season is over and only the PHO can rescind that particular order. As I've said, I can put a request in for her to please address that issue. And once she issues a statement saying the season is officially over, then we will rescind the policy.

Epidemiologists have highlighted that a large increase in testing capacity is vital to fend off future isolation measures. How is VIHA increasing the capacity?

Richard Stanwick – We have to look at each country’s circumstance that we have judiciously applied our testing criteria and continue to do within targeted fashion. We certainly have been able to ramp up the amount of testing. But if you actually look at outcomes, BC is seen as one of the models in terms of how we are handling this particular outbreak. When you have a situation like in the US, where it has basically gotten away on you, one of the ways in which you can perhaps get a handle on what is happening is through this mass testing. So again, it's a tool that needs to be judiciously applied and appropriate for the setting. I think at this point in time, on the advice from our own epidemiologists who are the experts making these recommendations, we are following their suggestions. They have said as things change in terms of the pandemic going forward, one of the things we need to be doing is more screening of the population when we decide a seasonal virus has left the population. So, what we'd be doing is closely monitoring to see if in fact it is either left or come back. And so again, this is a tool. It needs to be used judiciously. This is not a shotgun approach. And unfortunately, I think people think that testing is somehow going to somehow change the treatment of the disease. It just allows us to more intelligently apply what we have at this time. And right now it's our medical services and healthcare services, and those, again, are driven by the knowledge we have in our community right now are learning what we need from our swabbing.

Is it recommended to get a hotel or stay separate from your family if you're caring for COVID+ patients?

Dr. Ben Williams – People are worried in their unique circumstances and I don't think there's a blanket answer to that. It's certainly true that some members of the healthcare team have made a decision that they don't feel safe staying at home, maybe because they live with someone who's immunocompromised or otherwise at high risk. The province is looking at a framework for identifying those healthcare workers who might be at higher risk and who might need to be supported in some way to make that decision. Right now there's not a recommendation that we need to stay away from home. And in fact, when we know that very good droplet and contact precautions and in particular appropriate doffing of PPE taking it off and hand hygiene is what you need to do to protect yourself and your family. But it is a concern that we've heard out there. We know that some members of our team are already taking precautions and when you have raised that issue provincially and hopefully we'll have more than a city about it in the next few days.

Why is dropping precautions on a coughing patient?

Dr. Ben Williams - Unfortunately Dr. Kibsy’s not here to answer it because it's really her specialty, not mine, but I think what's clear from around the world is that this virus spreads in droplets, it doesn't spread in the little particle sizes where you need special masks, it spreads them large particles in droplets and that what has saved healthcare workers around the world has not been a particularly fancy PPE. It's not being dressed like an astronaut. When you go to work, it's being exceptionally careful about how you take off the PPE duty. So if you're with a patient who is coughing on you, you absolutely need a face shield or something to cover your eyes. You need a surgical mask to cover your mouth. You need an apron or a gown on so that it doesn't get onto your clothes and you need gloves on. And when you take

that off, it's very, very important that you follow the proper process for taking it off because you're our biggest risk of infecting yourself is when you take off your mask and your face shield. That point, if you touch your hands are, sorry, touch your face with your dirty hands. You can infect yourself. And so it's not about the mask you use, it's about how you take off your mask and it's about the proper hand hygiene steps. There are excellent videos on the internet for how to do that. Please go watch them. Please be very, very diligent about putting on the appropriate PPE, but most importantly, taking it off in the right way.

Could you talk to some of the planning that's gone into looking at how we're staffing a COVID+ unit?

Elin Bjarnason – Thanks Victoria. So we have currently a two dedicated COVID positive units at RJH and one at NRGH. And we're looking at those entire floors, which is already the case in the Nanaimo, but then an RJH for 5North to be a COVID cohort. The reason we're cohorting COVID patients is to reduce the risk of transmission across from patient to patient and also amongst our staff. And how you use PPE on those units. You're able to doff your PPE less often. So for it, it doesn't mean that all staff need to be dedicated. We absolutely want our dedicated nursing staff for those units on the allied health staff. Whether the Respiratory therapists or physiotherapists for example would properly don and probably doff. We're working on those units to treat them as the core of the unit as what we would call in the infectious disease trade, the kind of the hot zone and then having an anti type of area for doffing and then, and then leaving into a clean zone. So for allied health, they would do that if we go out to a place, which we have not yet that we had a significant number of patients on those units. Then I think we would probably look for staff like RT'S to have them dedicated, just like we would as being core staff like we would for them, for the nursing staff. So it is possible to come on and off the unit. You don't have to spend your whole day there. But we're so we'll, we'll work with the staff to make sure that they have the right technique. We have done. And I will say that critical care team particularly in South Island that I know of and it's probably happened in Nanaimo as well, has done that, that donning and doffing. So having two people if we did it when you're going through ebola, this isn't that, but we are being extra cautious. So someone instructing someone in the donning, and so two of you doing that together and instructing in the doffing and to make sure that you've done it right, that you've washed your hands at the appropriate points when, when your doffing.

With the hospital basically cleared out, some of us nonclinical support staff are just sitting around with nothing to do. Why aren't we being sent home?

Victoria - So please, if you don't have anything to do, please send me an email. We are working as hard as we can to re-deploy people because there's lots of new work that has come up. Because we are in this, this pandemic stage that we need people to support us with. If you are finding that you are not being utilized on a day to day basis, please send me an email at Victoria.schmidt@viha.ca and I will find work for you. We are always looking for people willing to support us in lots of new endeavors. So for example, all of you will know that when you come in the front door, there's now an ambassador to greet you. Those people go through some brief training and then our supporting all of our sites across the Island to ensure that we have the right people coming into our facilities, that we're limiting the number

of people coming into our facilities. And that our PPE stay safe and protected in our facilities and doesn't walk out. So there are lots of new roles that have come up. And if you are finding that you don't have anything to do, please let us know because we will happily find meaningful work for you.

I'm a healthcare worker and called into a testing line and was turned away. Can you explain?

Victoria - I want to ensure people that we have fed back that information to our testing centers and have let them know that we have capacity for testing healthcare workers. And so, if you call because you have some type of respiratory symptom, we will get you in and get you tested. So continue to let us know if that's not the case. But just so everyone knows, we have fed that back to the teams as of the day before yesterday. And so hopefully with the increase testing you will, you will not be turned away when you go in. And I'll let Elin speak a little more to that.

Elin Bjarnason – Yeah, I would just say that if you feel that you should be tested and you phoned and you're not getting tested, tell your manager so they can follow up. If for some reason you haven't been tested when you feel like you should, it's really important that our staff are tested for their own safety, but also very much so for our patient safety. So I just encourage you to follow up with your local leadership because they can also follow up and get something done in short order

If we were in a surge like Italy has seen, how would we handle that?

Elin Bjarnason – That is definitely a scenario we've thought about. We are set up for all patients who are COVID positive, who have most orders that would advance them to accessing critical care. We have set up two sites with the ventilator capacity at RJH and NRGH. VGH departments are locking PPE rooms and urgent care and long-term care spaces has the physicians and staff expertise to provide that care. What we are trying to co-locate at two sites is our most extensive ventilator capacity at the Jubilee hospital. So we have our, our clinical experts internally involved. They're connecting nationally and internationally, looking at what's being done and what was done in Wuhan. What's being done in a number of centers in Europe is what's guiding our decision making.

How are staff supposed to have their breaks given that the benches outside of them taped off and the tables inside our sites across the Island have been moved?

Richard Stanwick – First of all, I do want people to take that time to away from your work. Everybody just needs a chance to just collect their thoughts, get away from things, the challenges and how can we do this effectively within a scenario where we is still even on our breaks, have to engage in physical distancing. It's one thing if in fact staff all continue to wear their PPE. Clearly you just as you come in close contact with patients that you probably have a little closer, physical distancing. But when we relax, one of the first things people want to do is basically take some of the new equipment, offers, services, that physical reminder of the stressful drop injury if you are basically, and as soon as you take off the PPE you bought it basically assume that you're no different than any other member of the public and you have to practice the social distancing and that's the succeed. And so I know it's really hard. So the question is, and maybe we have to have a challenge in the speed, make us a bit of a fun exercise is up

and we creatively still enjoying each other's company as part of our breaks, part of our lunches and still model the types of behavior we're asking if the rest of the society. And so maybe I'll turn to our videographers and see as we've seen some of the outreach to seeing some of the other creative maneuvers that we have been able to accomplish. And again, I, and this is not a sort of a Ben comment about how great staff we have. I'm going to say what creative staff we have. And then we come up with solutions to address the need and do it in a way that still maintains those basic principles that are going to ensure that we don't give the virus to each other.

Are we addressing the need for more support to create plexiglass covers or shields over workstations?

James Hanson – great question. And there's one that I actually don't have a specific answer for it other than to say that I do know that we are investigating plexiglass solutions in a bunch of settings, including ICU's and our testing clinic. So I don't have to commit to bringing that one back to the next Town hall. One thing I would say is that we are seeing a drop in contractors coming to sites for obvious reasons. So we're taking this time of our facilities staff to do maintenance and we haven't done in a long time. We have 500 empty rooms in this organization at the moment. Those rooms that we rarely get into. So FMO is doing their best to get in there painting prep, some of them.

Everyone is trying their best. Stress/anger management counseling should be mandatory for everyone right now as others are feeling that there's too much loose venting and criticism. Can you speak to this?

Victoria – we continue to have really good support from our EFAP providers. So employee family assistance program that's a virtual tool that you can connect to. And I would encourage all of us in this time to reach out and connect using that tool if you can. This is absolutely a stressful time. It's a time of change and it's a time where things are really uncomfortable because on one hand, nothing really is different when you look at the world around you. There's not visible signs of things exploding or visible differences for us to see. And yet fundamentally everything has shifted for us. And so when you are moving into having a conversation with someone, all of a sudden the first thing that pops up is "Whoa, am I far enough away?" How we relate to people and to how we get our energy refilled into how we find comfort. The fact that you can't even hug the people that you love the most. It's really, really difficult for people. And it's a challenge for all of us because we are run ragged supporting this work and supporting our communities and our ability to refill our cup and to come back to work recharged is not there. And so we come back every day a little bit less able to be resilient and a little less able to be patient with the things that are in front of us.

And so, my ask for us this week in terms of this question is really to take that pause before you respond to someone and to think about the response that you're about to provide and whether it's going to actually help the situation or whether it's something that you need to keep to yourself. I know that things are changing rapidly. I know that the information is all over the place. Please try to find the right information, continue to reach out to your managers. If they don't have the answers, ask them to reach out and find the answers. We will get through this and we will get through this by making sure that we have the right information, that we act on the right information and that we do the next right thing. And

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right now when there isn't a lot of certainty, the best thing we can do is the next right thing. And I know that each of you will know what that is when you're in the situation. And so I hope that you all have a great week moving into the weekend. This will be a very different weekend as Kathy said. And there will be lots of sadness and there will also be lots of celebration and new ways of doing things. And so I'm looking forward to next week hearing about the fun ways that people were able to celebrate and to maintain that sense of connection and that sense of community. I was supposed to start two weeks holidays as a Friday with two of our best friends, families Saskatchewan, we were all headed out onto the, out to the West coast to holiday together. So Friday night we're all getting together via FaceTime and we're going to have a bit of a dinner party together across our screens. So it's not the same. It's not what it would've been. But it's different and we're, and we're going to do it anyway. So come together, celebrate in ways that you can and, and know that the sacrifices that you have made have gotten us to where we are now, which is at a very reasonable place with, with the pandemic. And so keep it up and continue to be there to support each other in whatever way you can. Thank you.

Note: remaining questions will be answered in a FAQ – and [shared](#) at the end of the week.

Audio links for Q&As:

- <https://video.viha.ca/media/townhall/20200407/5-covid19-townhall-20200407-ga-bjarnason.mp3>
- <https://video.viha.ca/media/townhall/20200407/6-covid19-townhall-20200407-ga-hanson.mp3>
- <https://video.viha.ca/media/townhall/20200407/7-covid19-townhall-20200407-ga-schmid-stanwick.mp3>
- <https://video.viha.ca/media/townhall/20200407/8-covid19-townhall-20200407-ga-schmid.mp3>
- <https://video.viha.ca/media/townhall/20200407/9-covid19-townhall-20200407-ga-stanwick.mp3>
- <https://video.viha.ca/media/townhall/20200407/10-covid19-townhall-20200407-ga-williams.mp3>
- <https://video.viha.ca/media/townhall/20200407/11-covid19-townhall-20200407-ga-bjarnason.mp3>
- <https://video.viha.ca/media/townhall/20200407/12-covid19-townhall-20200407-ga-schmid.mp3>
- <https://video.viha.ca/media/townhall/20200407/13-covid19-townhall-20200407-ga-bjarnason.mp3>
- <https://video.viha.ca/media/townhall/20200407/14-covid19-townhall-20200407-ga-stanwick.mp3>
- <https://video.viha.ca/media/townhall/20200407/15-covid19-townhall-20200407-ga-hanson.mp3>
- <https://video.viha.ca/media/townhall/20200407/16-covid19-townhall-20200407-ga-schmid.mp3>