

COVID-19 Town Hall Q&A



December 1, 2020

QUESTIONS AND ANSWERS:

(The information in this document is accurate as of Friday, December 4, 2020. Outstanding questions will be added as responses are received)

TABLE OF CONTENTS:

HUMAN RESOURCES 1

PUBLIC HEALTH/MEDICAL HEALTH OFFICER 2

INFECTION PREVENTION & CONTROL/PPE 4

LONG-TERM CARE 5

COMMUNITY HEALTH SERVICES 6

CLINICAL SERVICE DELIVERY 7

OPERATIONS, RESEARCH AND COMMUNICATIONS 8

HUMAN RESOURCES

Will we be receiving hazard pay moving further into our second wave? if not, why? AND Can we please receive pandemic pay for working in areas that have COVID-positive patients (or under-investigation)? We place ourselves at risk everyday.

From a compensation perspective, we follow a provincially determined non-contract salary schedule, terms and conditions of employment and the salary entitlements that are negotiated in each of our collective agreements. There have been additional pay programs that have been driven by the federal and provincial governments, and we will take our direction from the province when those arrangements come up. The role of health authorities is to be the administrator of these payments when they are granted.

Working from home - in the event of internet/VPN/power outage, what is the policy/procedure or protocol? Return to site? Paid vs. unpaid time while unavailable?

We need to treat these situations on a case-by-case basis. At the end of the day, we need to enable excellent health and care delivery and we need to be prepared. To this end, we ask everyone to be aware of fan-out procedures, emergency contact details, who you need to call and who would call you. Speak to your leader to figure out contingencies in the event of things like power outages.

For those working remotely since March, and now that we (that can) have been asked to again work remotely, will HR provide a form for income tax purposes?

In the Finance Minister's statement yesterday (November 30), she indicated the Canada Revenue Agency may change their approach to how they do this. It may be a much more streamlined approach for people working remotely during the pandemic, where they don't require a form from their employer. We expect more information in the coming weeks. Anything tax related is based on the calendar year – so well in advance of when you have to file your tax return, we will give you an answer about what is required.

Will staff be required to take the COVID vaccine? Can they refuse? Will they be reprimanded or asked not to work? Or will it be similar to the flu shot?

There will be a provincial strategy developed on whether health and care staff are required to have the vaccine. We are expecting this information in the coming months.

With COVID ramping up will it be recognized appointing higher level staff DOESN'T get the work done. We need more workers at ground level. Please!

There is a rigorous process to track leader level and above positions when they are created - before they are posted. But we know that more support at the front line is what is needed now and we are looking at how we are supporting our teams and the work that they do.

Some non-clinical (admin. support) are permitted to work from home, some are not. Is there any compensation for those of us that are required to work onsite?

There would be no difference in compensation between the two scenarios. Our decision to have some people work from home is driven by operational feasibility. If your question is about why you have to work on-site, please have a conversation with your supervisor to understand what barriers there are to working from home for your position.

Why does the new working from home policy only apply to non-union members and how do I pursue this for union employees once the pandemic is over?

The policy is being launched in phases and was launched for non-contract staff first. Island Health is in meetings with our union partners and hope to have an update for unionized employees in the first quarter of 2021.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

Does Island Health currently have the types of refrigerators/freezers required to store the COVID-19 vaccines that are hopefully coming available in the next few months?

We have a strategy around vaccine, which we are speeding it up a little to meet the doses that are hopefully coming in the next few weeks. As this is a provincial approach, PHSA is responsible for the logistics of standardized equipment and orders are underway to get us the refrigeration supplies we need.

There is a lot of hope pinned on the vaccine, my question is about treatment...are there any advances in actually treating those with COVID?

We are seeing a significant body of literature emerging but so far there is no magic bullet or single drug that has made a big difference in treatment. As knowledge is accumulated, we are likely going to be looking at a combined response to treating the condition. One of the most significant issues is not the drugs or therapy, but recognizing the rapid deterioration in individuals who may need interventions in a timely way. This work continues to evolve.

Does IH intend on making public the nosocomial infection of the IH staff member who contracted COVID from a positive patient? We have a potential outbreak. AND I see no mention of the confirmed COVID infection that was contracted by a Nurse from a positive patient at RJH. Why is that? NRGH infection was in the news? AND it was mentioned in the newsletter that IH staff infections had occurred, but not mentioned specifically that it was contracted in hospital at RJH? Why?

Island Health announces 'outbreaks' and we post exposure notices for schools and businesses, but we do not make announcements each time a staff person tests positive. When an Island Health staff person tests positive, and they have been in the workplace, our contact tracing processes work with the person to identify and connect with all close contacts (persons who could have been exposed). If you do not get contacted, but feel you could have been exposed, please reach out to your leader, or an Occupational Health & Safety representative to discuss next steps.

It was said that the vaccine should be rolled out by end of 3rd quarter next year - is that the end of the third quarter of the next fiscal, end of December?

Dr. Henry reported yesterday (Dec 3) that work is progressing on the provincial BC COVID-19 immunization vaccine strategy - "Operation Immunize". She noted that the campaign will essentially run from January through to September - with an initial focus on long-term care residents and care staff. A more detailed provincial plan is expected to be announced next week. Timelines for the campaign within Island Health are still being worked out and details will be shared once determined.

How can the vulnerable populations receive COVID testing if they do not have access to a car? AND if staff have no car, where can they go for walk-in rather than in-car testing for COVID?

We are actively working on this – looking at how we have adequate support for outreach testing, recognizing that not all people have a car, and in the last while, given the huge amount of testing that has been required at our testing sites, we haven't had capacity to lean in to this area just yet. We are rapidly looking at how we do that. (Note – in Victoria - Blue Bird cabs has stepped up and a portion of their fleet is able to transport people with COVID to a testing site.)

Do Island Health EHO's and/or WorkSafe BC inspect public gyms for COVID-19 compliance? I had to leave a gym that would give DBH nightmares.

All gyms are expected to follow the WorkSafe guidelines. Island Health Environmental Health Officers are available for consultation in terms of how gym owners implement their pandemic plans and the expectations they need to follow. For compliance, we have drop-in inspections and a complaint process where we ask people who see a circumstance where they feel regulations are not being followed, to

contact your local [EHO office](#) so that they can follow up with an inspection. In this case, we do count on the public to be our eyes and ears, just as we do in non-COVID times for restaurants.

With the increasing #s is there any talk about shutting down non essential stores or schools closing?
The PHO and Ministry of Education are considering all options but there are no confirmed plans right now. More details will be shared as they become available.

Why is the number of people isolating not included in daily dashboard? Positive case numbers are good but not truly reflective of spread.

We report out on the number of people isolating in the community in the end-of-day updates to staff and medical staff (Monday/Wednesday/Friday). On our [public dashboard](#), the number of active cases is listed in Table 1.

INFECTION PREVENTION & CONTROL/PPE

How much of the transmission that is occurring is from persons who are symptomatic vs pre-symptomatic? Are people exposing others when they are symptomatic?

Individuals who are symptomatic are being asked to stay home, and would be referred by the BCCDC app to seek a COVID test to confirm if they have COVID or something else. How much do we really know about transmission of the virus and how much of the population has already acquired the virus? BCCDC months ago committed to doing a sero survey to measure antibodies to see whether they had encountered the COVID virus. That has not been completed and that is the only way to be certain about the level of virus transmission in the population. Van Coastal did a limited sero survey which showed there was likely asymptomatic spread in the population.

BC Paramedics have rightfully had respirator protection from the beginning (N95 or Elastometric), why are nurses being asked to sacrifice their health?

Paramedics attend medical emergencies in unknown and unpredictable environments, and where it is unknown if the patient has an airborne disease. At Island Health our PPE guidelines follow the best practice guidance of the Chief Public Health Officer of Canada, the BC Provincial Health Officer and the Medical Director of the BCCDC – who all concur that a medical-grade (surgical) mask provides excellent protection for the wearer and the person being treated. Currently, N95s are available for those who are fit tested for AGMPs, and are to be used with people who are assessed to be a yellow or red COVID case or for other patients on airborne precautions. For more information, please see: [AGMPs and PPE Requirements: Patients Suspected, Confirmed or at Risk of COVID-19](#)

At Rainbow gardens where 2 residents have COVID-19 is it known if it was transmitted to them by the positive staff member? If so was PPE being used properly?

Both residents who tested positive at Rainbow Gardens were deemed to be in close contact with the initial staff case. At this time, no additional cases have been identified. It is general practice to review PPE practices and guidelines whenever there is a case identified in the workplace.

If we have employees that say they can not wear a face covering, what are the options? **AND What will happen with staff who are unable to wear mask due to medical reasons? Will visors suffice? Are they placed on medical leave? Disability?**

There is a reporting process for people who are having skin/allergy issues with their masks. First speak with your leader to see if there is a different product that can be ordered. [CLICK HERE](#) for more information.

Why are inpatients not required to mask when health care workers are providing hands on care - in order to protect the staff member?

Health-care providers are required to wear a medical-grade mask when treating clients/patients. Please conduct a point-of-care risk assessment to determine if other PPE is required. The medical-grade mask and other PPE (if required) will help to protect health-care providers during these transactions.

Who is responsible for enforcing the mask policy among staff?

There is very clear direction on mask use. The policy required health care workers to wear a mask at all times in our facilities unless they are eating or drinking, and in those cases, you must maintain physical distance from others. Leaders have been asked to make sure employees are complying with this directive as part of their daily rounding and supporting their teams. This is a key leadership responsibility. An audit tool is being developed for leaders to use. Island Health is committed to making sure employees are safe, and feel safe.

LONG-TERM CARE

Why is the resident/care aide ratio at Aberdeen Hospital increasing during a pandemic? Shouldn't we be reducing the ratio to reduce risk of transmission?

Due to COVID-19 and operational changes, the activation program for short-stay residents and clients closed and the beds resorted back to complex care, which requires a different care model. This model is the standard across all LTC.

Are essential visitors still allowed in LTC facilities if there is a COVID case in the facility?

The answer to this question depends on several variables; such as, containment of the outbreak, status of the resident, and whether or not the resident is palliative/end-of-life. The determination is made with the MHO.

What rights do elderly/vulnerable people have when they are not being protected by families/co-habitats because they do not "believe" in the severity of virus?

We have an obligation to ensure residents in our care are protected. Should any visitor not be complying with the PHO Order or MHO direction, we can take steps to ensure the safety of both residents and staff.

Should LTC homes require residents to wear masks when in group exercise classes (max 10) because of increased breathing and exertion (example: spin classes)?

This is the resident's home and we have asked to have only small group activities where residents can have 2-meters of separation. The mask order does not include masks for residents.

COMMUNITY HEALTH SERVICES

Community health has clients "exhibiting symptoms of COVID" and we appropriately gown up. My question is why are many of these clients not being tested?

Clients with COVID signs and symptoms should be tested and droplet and contact precautions used while under investigation, and until symptoms resolve.

CHWs are not being provided the proper cleaning products for goggles, why is this? AND Do I really need to wear goggles in someone's home when not providing personal care? AND Can face shields be provided instead of goggles if they fog up for seeing clients in the community?

Please speak with your supervisor if you do not have appropriate supplies to clean your eye protection. Note that disinfectant wipes that are removed from manufacturer's container should be stored in a Ziplock bag INSIDE a dark bag or dark container. This is essential to maintain the integrity of the disinfectant and ensure it does not get exposed to light before use. The Island Health and BCCDC cleaning and disinfection guidelines offer full instructions for safe reuse of eye protection.

- [Cleaning and Disinfection Instructions for Eye/Facial Protection with Water](#)
- [Cleaning and Disinfecting Instructions for Eye/Facial Protection without Water](#) (step 5 indicates using alcohol swab after goggles have dried from disinfectant wipe-this will remove any residue)

Any plans for HS clients to have to wear masks for the protection of workers when reasonably able to do so. Some CHWs are feeling very much at risk/unprotected.

In hospital, we require masking of patients (if they are able) when they are not in their rooms – for example being transported through the hospital. We do not require patients to wear masks when they are in their rooms, nor do we require it when they are in their private home. In these situations, health care providers should use the recommended PPE to protect themselves and clients and families. PPE recommendations are developed by Occupational Health and Safety and Infection Control using evidence. It is very important that you wear the recommended PPE, be vigilant about using good hand hygiene procedures, being careful not to touch your face or eyes or mouth.

As a Community Health Worker being assigned to shelters where people being housed are hard to do contact tracing or impossible, why is this being allowed?

Our routine practices are essential for mitigating risk in all settings. This includes:

- screening questions to identify people with possible COVID illness by symptoms and contact exposures.
- Routinely wearing masks and eye protection, doffing after any situation involving droplet + contact precautions

- *Hand hygiene frequently, especially with doffing PPE and before and after contact with every client.*
- *Self-monitoring, not working if ill ourselves to prevent exposing coworkers and clients to infection.*

CLINICAL SERVICE DELIVERY

How has COVID been effecting our medical oxygen supply and are there adequate measures in place to safeguard it?

COVID has not impacted oxygen utilization. Use of oxygen is monitored and supply is adjusted accordingly as required. We have assurances from our vendor that there are no supply chain issues for the island with respect to delivery of Oxygen.

Is there truth to the rumour that Island Health is now accepting transferred overflow COVID patients from other health authorities? Targeted to which hospitals/units? **AND RJH is generally overcapacity >100% so why are we bringing in +C19 pts from outside of Island Health when admitted pts remained housed in the ER?**

We can confirm that some patients from Northern Health were transferred to the Royal Jubilee Hospital to support their critical care capacity. As 'one health system' in B.C., this is part of our provincial responsibility and we will continue to support however we can. Recently, we loaned Fraser Health one of our Medical Health Officers for two months and we have other staff on loan in different health authorities to support programs and sites. This is what we do as colleagues and how we'd like to be supported if/when we need help from our colleagues across the province. When COVID patients transfer, there are protocols in place to support patients and care teams, and those protocols include strict COVID-19 health and safety measures. Across Island Health, we have 96 ICU beds and 140 ventilators, including 22 transport ventilators. Each of our hospitals has a pandemic plan, which includes identifying where patients would be cohorted according to their illness, if required. Each site with an intensive care unit has plans in place within the site pandemic plan.

The recent modelling update shows the Island Health doesn't have ICU surge capacity & only 59 hospital surge beds. Is there a plan in place to address these limitations?

Island health has plans in place to increase access to ICU and acute care beds in all of our hospital sites. These are embedded in our multi stage plan which has trigger points for activation of the various responses. Some of the provincial reports count our surge beds as regular beds due to definitions use to describe these beds. Our current bed capacity right now is 1775. We have identified 356 surge beds, 134 off site surge beds, and 233 beds that could be repurposed. For Critical care, surge capacity is 8 beds, (that capacity is included in the above numbers). Some of the off site and repurposed beds would be used to support our ICU plan. There are an additional 106 beds we call "non care" beds which add to that picture. (Note: some of these numbers are a bit different on other published reports - i.e. PHSA have used a snapshot of beds from October for some reports, so that number would not include recent NRGH surge units for example).

Why aren't negative pressure rooms being vacated and held (open) for PUI and (+) patients at RJH to avoid dangerous movement and risk of infection after the fact?

Negative pressure rooms are only needed for COVID or PUI patients requiring AGMPs. If there is any concern that AGMPs will be required, negative pressure rooms will be used accordingly.

If a patient has "definite" COVID symptoms, should paramedics take the patient to RJH?

We are regularly reviewing our processes for transfer and bypass and these things are subject to change. Suspected patients will be transferred to the nearest hospital as per normal procedures. Positive patients will bypass non COVID cohort sites where it is safe to do so within certain geographical limits.

If a patient in our ED from SPH ends up having COVID, should the patient be transferred to RJH rather than being put on ward at SPH?

All COVID positive patients at SPH should be transferred to RJH cohort unit except in a few cases, these cases are: if the person is passing away or being discharged within 24h of discovering their positive status.

Walk-in clinics refusing to see clients with a family doctor – there's push back to GP's, but they are not seeing their own patients in-office. This overwhelms our ERs. Solution?

The demand being put on both EDs and walk in clinics with the greater shift to virtual care has been identified and we are actively working to identify alternative models of care that would enable patients to be supported in a primary care setting.

OPERATIONS, RESEARCH AND COMMUNICATIONS

What is being done to address the lack of staff parking? With the recent assaults at CDH I don't feel safe parking off site in overflow.

We are aware that parking capacity issues continue to increase throughout Island Health. Once parking fees were eliminated in the spring, we started seeing an abundance of people parking in our lots that did not drive/park before. Without the ability to charge for parking, compliance is extremely difficult to regulate. Island Health endeavors to make parking available to all site users but we cannot guarantee parking availability. Parking Services endeavors to review all sites for potential ways to increase staff parking. Parking Services supports and encourages Alternative Commuter Options for employees, such as a heavily subsidized employee bus passes (BC Transit ProPass) and employee carpooling, and we invest in and provide secured bicycle compounds and end-trip facilities (showers, lockers) to encourage cyclists. Employee participation in these programs does play a significant role in reducing the amount of vehicles and we encourage you to review all commuting options [here](#).

What's the COVID protocol of hanging Christmas decorations in a Health Unit?

Please read [this article](#) from this week's Weekly newsletter.

Other Health Authorities report outbreaks in Acute Care Hospitals, why doesn't Island Health report which Acute Care Hospitals have COVID cases and numbers?

We do. Please see our active and resolved links - which include outbreak update reports - on our [COVID intranet page](#).

Why has Remdesivir been made available outside the CATCO trial in Island Health when SOLIDARITY showed it was essentially ineffective and WHO now recommends against use?

The decision was made by the BC Remdesivir Review and Advisory Working Group and here is the rationale:

- 1. Evidence around the outcomes associated with Remdesivir continues to accrue from global research initiatives, including CATCO, an adaptive clinical trial which is the Canadian arm of the international Solidarity Trial. A [recent article](#) in the New England Journal of Medicine on the results of the ACTT-1 trial out of the US shows a positive benefit on length of illness outcomes.*
- 2. Not all hospitals in BC who are treating COVID patients are participating in CATCO and therefore the option to make it available through the study is not broadly available to all hospitalized patients in the province.*
- 3. Health Canada has approved Remdesivir for sale in Canada with conditions including criteria for non-study use and are in alignment with the current recommendation for Remdesivir use in the provinces that have expanded use beyond study use alone.*