Medical Leader—Town Hall COVID-19 Update
March 13, 2020 (07:30-0:830)

Presenters:
Dr. Ben Williams | Acting Vice President – Medicine, Quality and Academic Affairs
Dr. Charmaine Enns | MHO Comox Valley, Strathcona, North Island
Dr. Pamela Kibsey | Division Director, Microbiology / Medical Director, Infection Co, Laboratory Medicine, Pathology & Medical Genetics
Victoria Schmid | Executive Director, Quality, Safety & Improvement
Dr. Chris Hall | Executive Medical Director, Medical and Academic Affairs

Dr. Ben Williams

- Information continues to unfold; we will continue to learn new things everyday.
- As Medical Leaders, approach this scenario over the next several weeks, treat this like it is a code. Seek answers, be definitive—do our best at all times.

Dr. Charmaine Enns

- This week has seen notched up activity and concern, we are also experiencing increased testing numbers.
- Small numbers in Canada—overall there are approximately 137,000 confirmed cases globally. ½ are fully recovered.
- We are at a stage that we knew was coming, this is not a surprise. Since mid-January there has been an intense amount of effort for containment of cases.
- This is putting us in a good position as we see more cases identified.
- I feel confident that we have the skills, knowledge, capacity—we have done our due diligence.
- We will not see what other countries are seeing. We will have a flattened curve, based on the work that has been done and is happening as we speak.
- BC has 53 total cases, one death. Of those cases, only 1 has been identified on Vancouver Island at the time of this Town Hall.
- One case on VI—returning traveller, who had symptoms during their travels, they did their own self-isolation, including having a private vehicle coming home. There has been no concern of community transmission in this case.
- Of the 53 cases—total of 7 have been hospitalized and discharged. The vast majority are convalescing at home.
- Look at the epicentre of COVID, Wuhan, Vancouver Island would see at most 1000 cases.
- If we look at China as a model—we would have 49 total on VI. 7 would need admission.
- If we were to model ourselves after Italy—we would experience 217 cases.
- Approximately 85-90% of COVID cases can be managed at home. 10-15% would need hospitalization. Worst case scenario, we would have 33 admitted cases—based on Italy.
- Worthwhile for everyone to know that the expected number for hospitalization will be manageable.
- In conclusion—we are going to see more cases, but we do not have evidence of concern for British Columbians.

- Our challenge is going to be ensuring we feel confident in our preparedness.
- Help our population with the high levels of anxiety.
- Current recommendations re: quarantine and travel—does heighten individual levels of anxiety.
- These recommendations are in place to keep our numbers as low as they are.

Dr. Ben Williams

- As of March 12th, Press Conference with Dr. Bonnie Henry, anyone coming back from travel must self quarantine for 14 days. There is a great deal of anxiety re: staffing.
- There are many good questions re: small departments, etc.
- We are expecting 5000 more red swabs Monday.
- You can use blue swabs, they are harder to stick in someone's nose—however they have the same properties as the red swabs.
- Use our structures. We are closely monitoring our PPE. The supply chain is controlled provincially. We monitor very closely at all of our sites.
- Flattening the curve—encouraging visitors not to come when they are sick, wash our hands.
- Not coming to work when we are sick.
- In terms of preparing for what is next. Dr. Enns has put it into context. We may not be overrun by patients, however being prepared is essential.
- As Medical Leaders, you will be tapped to these streams—click here for the EOC structure.
- Sites do the important task of being prepared. If we have many patients presenting—how are we going to deal with that?
- Thinking about what do we do about our elective slates? How do we re-purpose medical staff?
- College has reached out to retired medical staff—work is ongoing, medical staff will receive a survey regarding their ability to do work outside of what they are currently doing. Database of physicians and other physicians that can help out.

Dr. Pamela Kibsey

- Swabs—who to swab and who not to swab. Use droplet precautions.
- Remember when you see people getting swabbed in cars on the news. **Our PPE is designed for single use.**
- Currently we have 2000 swabs, we are going through 200 per day. Blue swabs are very stiff—although they can be used.
- Red swabs for inpatients and very sick.
- We are still okay with our visors and surgical masks, we are adding longer gowns, longer gloves.
- As far as swabbing as a condition to returning to work. If you touched a bank machine, it might take 5 days to be symptomatic. If someone coughed in your face, it might take 2 days. **Only swabbing symptomatic patients.**
- We ramped up from 16-17 tests to our current daily total of 300 tests. **Capacity is 400 per day, 90 per night.**

- We have no capacity for OT, we have no casuals. Molecular testing is very specialized. We are 7 days a week, we are burning through everything. We are trying to find a way to test healthcare providers close to where you work. We are working on the logistics for that.

Victoria Schmid

- We have structures that start at the Ministry, then to Ministry of Health, then we fall under that—Kathy McNeil. We have been meeting weekly, however this is going to move to daily or every other day.
- We will be meeting on a daily basis. A structure is only good if you tie into it.

Dr. Chris Hall

- There is provision under the Physician Master Agreement.
- If you are asked to be off work from MHO, payment for 14 days isolation is in place.
- Doctors of BC is handling the intake of that. They will take you through the process.
- It is not contingent on a positive swab, it is based on MHO order.
- It does not cover you for lost work i.e.: if ORs are all cancelled.

Questions

1. **What happens if a physician has a spouse that is unwell?**
   Use of adequate PPE for droplet and contact precautions when seeing a patient with under droplet/contact precautions provides adequate protection from droplet and contact spread. Medical staff are reminded to practice donning and doffing of PPE to avoid self contamination, particularly during the removal process. For physicians participating in aerosol generating medical procedures additional PPE is required.

2. **What about vulnerable populations? How can they self-isolate if they are homeless?**
   Our Executive Director of Mental Health and Substance Use, Keva Glynn, has been chairing a work stream specifically geared toward the protection of our vulnerable populations including those who are hard to house or who are living without housing. This effort is a combined effort with Island Health, municipal agencies, known shelters and housing agencies. There is a robust plan to enable our vulnerable populations to seek care, self isolate and be under shelter when someone becomes ill. Many agencies are collaborating.

3. **We need an FAQ section for quick referral.**
   We are working on how to have an FAQ. This potentially needs to be behind a firewall.

4. **Currently our acute care sites are at 100% capacity, what is happening about this?**
   There is a work stream that is responsible for flow, they are meeting right now and have a series of plans to manage hospital capacity issues in a stepwise manner. There is a master strategy that begins with decreasing acute care loads in areas like elective surgeries, optimizing discharges and managing the number of patients awaiting alternate levels of care. Within Island Health there are plans for each acute care site as to how to manage with single patients

diagnosed with COVID 19, through to increasing numbers. There are other talented teams working with our long term care providers on management of outbreaks and enabling people to stay in their homes through illness if acute medical care is not indicated. Possibilities for decanting sites and for optimizing access to larger numbers of critically ill have been planned for and documented. Local site operations leaders have been working diligently together to ensure that a plan works for the local site. As cases increase, daily communications amongst involved teams will increase.

5. **Communications** (Charmaine)—You can view up to date information on the progress of COVID 19 on the Medical Staff website here. This is the reality of an emerging pathogen. We have a very fluid, rapidly evolving situation. Screening approaches are changing rapidly as the epidemiology of cases in BC changes. Memos and advisories from the Provincial Health Officer are uploaded as soon as they are published to the medical staff website and to the Intranet. While it is impossible to collate information targeted to each individual specialty in a public format, the websites change several times per day as new information is made available to Island Health. Information comes into Island Health from a variety of sources hourly and medical staff memos are being circulated to physicians, midwives and nurse practitioners (the medical staff) who work in acute care as well as those who are primary care providers through the Divisions of Family Practice. Memos are sent to preferred email addresses rather than to island health email addresses to increase distribution of the information to the medical staff.

6. **We have a number of staff coming back from international travel—how can we get them back into the workforce as quickly as possible?**
   The guidelines around return to work following travel have changed several times. Medical staff are considered part of the essential service of health care workers and are now exempt from the 14 day self isolation post travel unless the returning traveller is symptomatic. People who become symptomatic should self isolate and then can be tested to determine the presence of Influenza A or B, RSV or Coronavirus. The most recent update to travel suggested that returning travellers must wear a mask to provide patient care in the same manner as those health care providers who do not get flu shots. Island Health, like other health authorities is discussing this limitation with the PHO. If the requirement for wearing a mask in this situation is changed, medical staff will be advised through a memo and a posting to both the intranet and to the Medical Staff Website.

7. **What is being planned to maximize ventilators?**
   We can triple our ICU ventilator capacity and contingency planning is occurring with our intensivists and anesthesia colleagues. There is a complete inventory of available ventilators and other possibilities to ventilate ill patients. There is a staged plan for the management of ventilated patients in community hospitals and for the approach to intensive care overload.

Intensive care nursing staff will be augmented with OR nurses, PACU nurses and other ward nurses in a buddy system of shared expertise to manage the load of critical care patients. Medical staff may be working outside their usual clinical areas to assist in the care of sick patients.

8. **Should we cancel non-emergency appointments?**
   Please refer to Kathy MacNeil and Dr. Richard Stanwick's memo from March 16, 2020.

9. **What if the estimate between Victoria and China is wrong? If 5% of Greater Victoria population were to become infected, this would demonstrate that over 900 people would require the ICU?**
   If we look at Italy and compare to Vancouver Island—250 cases per million people (same demographics), that would mean 217 cases. We need to plan, we need to be appropriate, and based on worst case scenario—we need to look at the countries that are similar to ours. Hindsight is 20/20. We are not starting from scratch here—province has a pandemic plan, we have a pandemic plan. Yes, we could get to a place where demand exceeds capacity. We need to stay as healthy as we can to deliver this care.

10. **Anesthesiology—slates are cancelling. Members of the team have flu-like symptoms, what can we do?**
    We are in the process of developing a screening system for medical and other health care staff and first responders who become symptomatic. **Asymptomatic people do not get swabbed. No symptoms, no swab, unless someone is recovering from COVID 19 and needs negative swabs to return to work.** On Friday, at the time of the town hall, the only current way to staff was through the ER. This will be changing this week as a process to test staff and to be able to supply them with their results has been developed. But, of note, there is no way to test asymptomatic people at this time, unless they are recovering from COVID. People who are sick enough to test, need to be off work as testing results take up to 24 hours to return, some more quickly depending on the time of day. Swabs are now being analyzed multiple times per day, but if it's late in the afternoon it could be the next day until results are known. Medical staff who are ill should go home or remain at home and self isolate, once testing moves out of the ED you will be advised. **DO NOT COME TO WORK IF YOU HAVE FLU LIKE SYMPTOMS OR FEVER, get tested.**

11. **We are inviting retired staff/physicians—how can we invite them if there is a higher mortality rate for 60+? Young people who are already working, not seeing much interest that they want to look after COVID patients.**
    Dr. Williams: I have faith that medical staff will help in any way they can. I have every faith that our teams will step up. We took an oath, and we take this seriously. It is our job as leaders to keep us safe. We are going to stand up and do our job. We do get to insist on being kept safe. Look at the Medical Staff website for up to date information and resources.

12. **What about ordering nebulizers right now?**
    Please avoid ordering a nebulizer unless absolutely necessary. We should be avoiding that therapy right now since it aerosolizes secretions. MDI delivery of inhaled medications is effective.

13. **How are we going to provide staffing for childcare on site?** There is not a formal solution to this issue at this time. Island Medical Program students are planning to provide some assistance in this area. Further details around this initiative are being sought.