

# COVID-19 Town Hall Q&A



MAY 12, 2020

**QUESTIONS AND ANSWERS:**

*(Please note: the information in this document is accurate as of Friday, May 15, 2020)*

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**HUMAN RESOURCES**

**REMOTE WORKING:**

- 1. Will remote work options continue for non-clinical staff to support social distancing and be continued into the fall for the flu season if no vaccine is found?
- 2. Will allowing employees to continue working remotely if they are able to do so, be a decision left up to each Manager to make per employee requests received?
- 3. I understand it will be staged but is the overall direction to have those who were working in office pre-COVID come back to working within office?

*If you have been working remotely during the pandemic, we know you have wondered what a return to an office environment might look like and when that might begin to occur. Working in partnership with WorksafeBC and the Provincial Health Officer, we are actively planning for both a safe re-entry and to continue with remote work options, depending on the needs as assessed by departments at the time. Please read more about that process [here](#).*

**Can we please revisit the cost of home offices and the issuing of T2200 forms?**

*Additional costs associated with working from home are the responsibility of the employee, unless it is a manager-approved purchase/requirement. Employees must seek prior approval from their leader before purchasing supplies/equipment for work. There will be no reimbursement for:*

- furniture (i.e. desk, chairs, file cabinets)
- hardware (i.e. printers, scanners, Bluetooth devices, keyboards)
- basic stationary (instruction was provided for employees to take these basic supplies from their office for home use)
- ergonomic devices

*If your home workstation is uncomfortable or ill-equipped, speak with your leader about arrangements to return to your regular work location in a socially distanced space.*

### **What plans are being made with Camosun and UVic to reintroduce students to practicums and preceptorships?**

*We are working very closely with our post secondary partners at Camosun, UVic, up and down the Island and provincially, as well as with medical affairs and our physician partners as well. So yes, we are bringing our learners back thoughtfully and working with all partners to ensure it is successful. We are looking at collaborative learning units as well as the preceptorship model, and looking at how theory is done.*

### **Are departments still posting all types of jobs or are there any positions on hold due to COVID-19?**

*Yes. New job postings on VI-Hire are not restricted during the COVID-19 Pandemic.*

### **Will there still be restrictions in working at multiple worksites upon returning to regular work days at clinic?**

*At the end of March, there was an order to long-term care employers to restrict staff to working in a single facility to prevent transmission of COVID-19 to vulnerable residents. Single site restricted facilities were classified as any LTC homes, acute/tertiary hospitals or an AL facility. A new order is expected on Friday, May 15, 2020, that eliminates acute sites from the restricted facility classification. In preparation for the new order and to ensure accurate site lists, employees are now able to work in all acute sites and one restricted single site.*

### **I work at one LTC home (Luther Court) which is outside the Island Health system. Can I work in acute care at VGH as well?**

*A new order is expected in the next few days that eliminates acute sites from the restricted facility classification. You would then be able to work in an acute site while maintaining employment at a LTC facility.*

### **Please provide checklist for when to stay home sick, # days to stay home, requirements for when children ill, pay for various circumstances. FAQ unclear.**

*If you are sick/symptomatic, you are to stay home. You will be coded as sick and able to access your available sick bank. If you have specific questions that are unanswered by the [HR FAQ](#), please contact [HRAccess@viha.ca](mailto:HRAccess@viha.ca), reference your collective agreement or contact your Leader.*

**The WFH document says to leave your cell or home number as a contact rather than forwarding your office phone (to save bandwidth). This is not appropriate.**

*Please discuss with your manager about obtaining a work cell phone if one is required to do your job.*

**Will advance booking resume for summer scheduling? I fear there will be huge gaps in staffing if not, and that is unfair to casuals.**

*It is anticipated that the practice of Advanced Booking is resuming to meet staffing needs.*

## **PUBLIC HEALTH/MEDICAL HEALTH OFFICER**

**What is the status of serology/antibody testing for health care workers?**

*We keep promising that this is 'just around the corner,' but we are seeing an abundance of caution on the part of BCCDC. We've seen this with a rapid testing procedure that did not pan out. Fortunately, because of their diligent caution, BC didn't go down that path and receive inaccurate responses. For similar reasons they are being very diligent in identifying a serology that will be both cost effective and give us the information that we need. It will be a useful tool, but we want to ensure it's the right one.*

**Why do we hear that there is a risk of a 2nd wave coming with flu season? Are COVID-19 and the flu related?**

*Every disease has a different pattern. Influenza thrives in cooler, drier weather. The measles and chickenpox emerge during the school calendar year. Humidity can impact the survival of viruses, and temperatures and social patterns can also play a role. It could take several months to more than a year to determine if the disease will be seasonal or not.*

**As hair salons begin to open next week should they be using blow dryers or does that increase risk by increased aerosolization of the virus?**

*WorksafeBC has provided guidance for salons around safe practices, which you can read about [here](#).*

**How do they plan to keep children 6 feet apart at schools and at recess, as well as keep them properly washing their hands?**

*Please see the BCCDC's information about [Childcare and Schools](#).*

**If some people can still test positive for COVID after a month, how do we know for sure they still are not shedding the virus and could spread it?**

*It's a question we keep asking on calls with microbiologists and experts from the BCCDC. If this test is good enough to be able to continue to detect the RNA that's associated with this virus, does that mean that you're still infectious? It probably isn't, but it's too soon to say for certain with regards to communicability. However, the evidence shows that the period of highest risk for transmission is early on in the illness, and declines significantly after 10 days of symptoms. We consider the vast majority to be non-infectious after 10 days of symptom onset. That chapter in immunology has yet to be completed.*

## **TRAVELLERS:**

- 1. Wondering what IH and communities are doing to prepare for likely influx of people over the summer months. Will there be messaging/ads to discourage travelers?**
- 2. I am concerned what will happen when the borders open up. When and what precautions/restrictions are going to take place? How is it going to be enforced?**

*Premier John Horgan has been fairly clear that we will be going a month at a time and determining what our circumstances are. Certain parts of Canada and the US are experiencing significant amounts of COVID, and many of our cases over the last month have been imported cases from outside BC. This is one of the reasons why we're asking individuals (here and across Canada) to vacation close to home. In terms of international travel, there's still a 14-day quarantine and most people who book vacation away don't want to spend it all in quarantine, so the expectation is travel will be low. The expectations around travel at this point are for people to stay home - locally, nationally and internationally.*

## **Timeframe for opening public health back up to normal volume of patients and CHC clinics?**

*We will not see a full ramping up. Staff have been redeployed to work related to COVID reporting (i.e. contact tracing), and this work will continue through the summer. Priority activities have been maintained throughout (i.e. childhood immunizations). We will be looking to see where we can pick up some work that was previously deferred, but it's going to be a delicate balance to get some of these other programs going, but not lose the gains that we've made with COVID.*

## **Are in-patients allowed outside for a smoke? I am getting mixed responses.**

*Island Health properties are smoke-free and smoking is not permitted on health board property. Patients should be engaged to discuss interest and options for quitting by their health care team.*

## **Smoking is a serious health risk at all times and increasingly so with COVID-19. Would it be a good time to get this messaging out to our region?**

*Island Health will share messages with the public in advance of World No Tobacco Day (May 31) on our social media channels. We have also included information for the public on our website and linked to the BCCDC for more information. [Read more.](#)*

## **Is self-referred COVID testing available for those who are car-less?**

*Yes - cars, scooters, pedestrians are all welcome.*

## **We assume people know how to care for themselves when they are ill but as health-care providers we often find this to be untrue. Why not put out basic care?**

*See the BCCDC's [COVID-19 How to Care for Yourself and Others.](#)*

## **Will electronic surveillance contact tracing be employed i.e. using location data instead of taking a history?**

*No. Case investigation and contact tracing will involve direct history taking with cases. However, if and when there are technologies to assist with contact tracing, these may be used as adjunct tool.*

## RESTART ENFORCEMENT:

1. As Dr. Henry & BC have launched the Restart Plan, does Island Health have any plans to ensure offices within their jurisdiction are re-opening and following precautions?
2. Will Island Health play a role in enforcement of Dr. Henry's Restart BC plan?

*Under the BC Restart Plan, WorkSafeBC will provide guidance to the health sector to ensure our workspaces are safe. Planning is underway at Island Health to determine how we will safely operate as we cautiously move towards 60% of the social contact of the pre-COVID-19 normal. Non-Island Health owned/operated offices fall under the jurisdiction of WorkSafeBC and will be responsible for ensuring they are following precautions. There is no expectation that any business or worksite will have to submit and have plans approved prior to reopening.*

**With regards to provincial numbers, does the "hospitalized patients" number include previously COVID patients who are now testing negative, but still sick?**

*The hospitalized numbers include people who are still ill with COVID and not yet considered recovered from COVID illness. This does not necessarily reflect infectiousness, or testing results.*

**What exactly has changed that is justifying all of this opening up? No vaccine, no anti-viral, no consistent anti-body test. Do we state cases will ramp up?**

*As per the [Restart BC website](#): As the pandemic hit B.C., we asked British Columbians to stay home and help flatten the curve. With each day, the rate of growth in COVID-19 cases has steadily declined and more than 1,350 people have recovered. And we have the lowest mortality of any jurisdiction in Canada, the US and Western Europe with more than 5 million people. Working together we've made a lot of progress. These protective measures and restrictions have directly saved lives, but we also know that the public health benefit has come at some expense, including the economic, social and personal well-being.*

**Do you know anything about the school districts coming back part time on a "rotational" basis? I am worried about childcare!**

*We have kept schools open for children of essential workers. We're receiving new direction about the K-12 and daycares, re: how they can accommodate learning needs going forward (i.e. class rotations, full-part days, virtual, etc). It will be a gradual process. The Province released a plan for families to have the option to send kids back to school part time starting June 1. You can [read more about it here](#).*

## INFECTION PREVENTION & CONTROL/PPE

### WORKING ALONGSIDE COLLEAGUES:

1. Physical distancing is not being followed in office settings. Clear guidelines for all Island Health office areas would be v. helpful - inconsistent direction from above.
2. How about some general COVID office guidelines, non-clinical and clinical, non facility? Saw article in Weekly. It seems different rules at different offices.
3. Should all staff at health units be wearing masks when they are working on site and cannot physically distance from co-workers?
4. You addressed the question of health-care workers wearing masks when they cannot observe physical distancing with patients, what about office staff?

**5. I am a technologist with a hearing loss and I rely a lot on lip reading if not working directly with patients. Do we need to wear a mask among co-workers?**

*Staff who do not need to be within 6 feet of patients, clients and residents are not required to wear surgical/procedural masks. The general rules are: stay home when you're sick, use good hand hygiene and look at opportunities to create physical distance between you and your colleagues in the office.*

**ARE MASKS MANDATORY:**

- Are you advising, recommending or requiring masks for patient care?
- Are masks **MANDATORY** when within 6 feet of a person?

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

**Moving forward, will there be PPE training on a regular bases as many nurses have rarely used it and can put themselves in danger if they are not doing it right?**

*Occupational Health & Safety provides respirator fit-testing (both N95 disposable and elastomeric re-usable respirators), as well as education/training (e.g. safe use, donning, doffing of respirators) on an ongoing basis. PPE resources, instructions and guidelines, as developed by Infection Prevention & Control and Learning & Performance Support will continue to live online.*

**Are patients/clients to self isolate for 14 days after contact with acute care? Or just specific populations?**

*Long-Term Care, Assisted Living residents only, unless identified as a contact of a known COVID+ person. [CHS Guideline for Discontinuing Additional Precautions](#)*

**IN/OUT PRIVILEGES:**

1. Patients are leaving units and returning hours later. Staff are feeling anxious and unsafe. How does IH feel about limiting patient's in/out privileges?
2. Will there be policy updates around in/out privileges for admitted patients who leave the unit for extended periods then return to inpatient units?

*This is recognized as an issue. A decision-making guide is in development between IPAC and nursing that will help staff assess risk and manage patient movement. Patient movement is their right and can only be restricted when a person is a danger to themselves or others, really. We need to find ways to support patient movement when it is therapeutic and safe to do so.*

**Why are we now trusting a negative COVID swab when, up to now, we have not? Patients with symptoms and negative swab are being treated as green with no precautions in OR.**

*Medical microbiologists on Vancouver Island do trust a negative COVID swab result. The nucleic acid amplification test (NAT) methodology multiplies the target RNA more than a trillion fold. The number of cases in BC where an individual had an initial negative test and later was determined to have COVID is extremely rare. It's not correct to suggest that symptomatic patients with a negative test are managed with no precautions in the OR. Standard precautions are always observed for patients in the OR and symptomatic patients without a diagnosis remain on droplet precautions. For people with symptoms, Droplet and Contact precautions would be recommended for care of a patient with symptoms of a*

*respiratory infection until symptoms resolve and/or we've ruled out all infectious causes. Patients in the "Green" risk category are still cared for under Droplet + Contact precautions, which is effective for preventing transmission of Coronavirus and influenza.*

- [Surgical Assessment Protocol](#)
- General IPAC guidelines for other settings:
  - <https://intranet.viha.ca/covid-19/Documents/ppe-required-during-covid-19-pandemic.pdf>
  - <https://www.islandhealth.ca/sites/default/files/infection-prevention/documents/droplet-precaution-info-sheet.pdf>
  - <https://www.islandhealth.ca/sites/default/files/2018-09/discontinuing-precautions-guidelines.pdf>

## LONG-TERM CARE

**When will the Summit move happen? The residents are in desperate need of improved facilities and the option of isolating if needed.**

*We are working with our medical health officers on a move plan for July. This information was shared with unions, staff and families this week.*

**Are staff in LTC homes required to wear masks during all resident care? I need clarification as I know of staff refusing to wear masks.**

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

**What will the new normal look like in our LTC facilities once families are allow to visit?**

*We can expect a slight relaxation in the current visitor policy shortly, as directed by the PHO and Ministry of Health for the province. The current policy is a significant component of our overall safety plan for residents and one of the reasons Island Health has not experienced an outbreak in our facilities. We do recognize the adverse impacts this is having on families and residents, which is why some change that creates more social contact for families is expected. We will communicate with staff as this work gets determined.*

**Will staff in LTC be advised to maintain physical distancing precautions longer than the general public due to working with residents who are highly vulnerable?**

*Yes - there will be no significant change in our current approach to physical distancing precautions for the foreseeable future. We will continue to follow MHO advice in ensuring safety of staff and residents and will adapt as the community situation dictates.*

## COMMUNITY HEALTH SERVICES

**Re home is best: what is the status of the plan for educating some home support workers to work with our dementia clients with BPSD?**

*There was work underway to provide additional educational tools related to supporting clients with dementia with BPSD for CHW staff which was paused because of the pandemic. Like other initiatives, this will be revisited as capacity permits as we return to our new normal.*

**Are there plans to give community clients procedural masks to help protect the CHWs who have to work within 2m of them when providing care?**

*No. CHS leadership is working closely with staff to ensure they have appropriate PPE to ensure safety. If staff are wearing a procedure mask, they are protected and the client does not need to wear a mask.*

**Not all CHWs are following PPE guidelines, even with clients on droplet precautions. What can be done about this?**

*If you have concerns about colleagues following [PPE Guidelines](#), please speak with your manager.*

**Should CHWs still be changing their shoes when entering client's homes?**

*CHWs do not have to change their shoes when entering a client's home. Please refer to the [CHW Safety Guide](#).*

**CHW's are getting mixed messages re PPE use. Gloves and masks for all clients, masks only, masks only if within 6 feet - which one is it?**

*Please see [PPE Required During COVID](#) (pg. 5 for Community Health Services), and speak with your manager if you are unclear.*

## COMMUNICATIONS

**Is Island Health going to ramp up formal efforts to counter the conspiracy theories spreading in our communities? They are public health risks on top of COVID.**

*To help dispel myths, redirect people to [BCCDC](#) and other reliable websites like the [Public Health Agency of Canada](#) and the [World Health Organization](#).*

**There are things we can do to improve our immunity, like rest, exercise, drinking fluids, stopping or even reducing smoking and alcohol. Why not advertise?**

*Island Health has been very proactive on social media with health tips for the public. Please follow us on [Instagram](#), [Facebook](#) and [Twitter](#).*

**Considering the current amount of circulating misinformation, is there an official, one page COVID fact sheet/poster I can share, or should I create my own?**

*The best source of truth around COVID facts in BC is the [BCCDC](#). The [Public Health Agency of Canada](#) and the [World Health Organization](#) also have good fact sheets to print out or share.*

## SERVICE DELIVERY

**Are people who show up to appointments showing symptoms supposed to reschedule their appointment or put on a mask and hand sanitize?**

*Whenever possible, we need to communicate with patients ahead of them showing up to encourage them to stay home if they have any type of symptoms. If patients are coming in for an urgent elective*



*procedure or an emergent elective procedure, then we would don appropriate PPE. But if that procedure or exam can be delayed or we can do a virtual visit, then we encourage that.*

**In Diagnostic Mammography, how will Island Health adjust the booking schedule to keep the technologist safe (social distancing)?**

*Use of low volume sites to spread patient volumes; request patients to wait in their vehicle or outside hospital when possible (they will be called in just in time); exams to be booked i.e.) minimize walk-in procedures such as x-rays; spacing of appointment times to support distancing; patients are called into designated areas to avoid common area congregation; signage and floor markings as visual cue for distancing and stratified waiting areas, and defined overflow wait areas where possible.*

*Where Social Distancing is not possible, the following are in place: coordination among modalities to avoid arrival of crowds; ask when not possible to distance; patients to exit area immediately upon exam completion and one way traffic flow in and out of department where possible.*

**No PPE, no pauses, and increased cases in OR while community is opening up. Does this not seem very fast? Is it because we are short PPE and want to catch up?**

*Our PPE inventory is better now than it was a few weeks ago, and we continue to monitor daily. It is important that we return to our elective list, as many patients will start converting to 'urgent,' the longer they spend on the waitlist.*

**Any thoughts on when the psoriasis clinic will re-open?**

*We are in the process of reopening some booked and planned elective services, and will be reviewing all services going forward, with considerations around social distancing and required cleaning between patients.*

**With BC Restart, some medically-related services have said they do not intend to re-open until Phase 3 or later. What is their obligation to patients?**

*We are not aware of any services who are saying they do not intend to align with reopening plans.*

**How is it going to work to increase surgeries to more than pre-COVID through summer? Are vacations going to be cancelled?**

*Island Health has a contractual obligation to maintain all pre-approved vacation requests where possible.*

**SECOND WAVE:**

- 1. If they are expecting a second wave wouldn't it be smarter to keep with the same practise through to flu season to be on the cautious side?**
- 2. What is the plan to ramp things down if COVID cases start showing up?**

*We've learned a lot over these last eight weeks about our ability to ramp down our system to be able to meet our capacity needs. If we do see an increase of COVID patients over the coming weeks/months we will again following the direction of Dr. Henry and be consistent with other health authorities.*

**Despite ongoing increase in cases, it wise to ramp up elective surgeries, w/ a summer plan to surpass pre-COVID volumes?! Let's completely flatten the curve 1<sup>st</sup>.**

*We continue to test several hundred patients a day who are symptomatic and we're only seeing one to two positive cases a week. We really only have one remaining patient in hospital who is COVID+. We made the right decision in the spring, based on the direction from Dr. Henry, to pause elective procedures. The PHO and health experts are recommending the opening of some services now. Many people whose procedures and surgeries were cancelled are living with chronic illness, so it's really important that we get that up and going.*

**Are there any campaigns to encourage pts with minor non-emergency complaints to utilise clinics & virtual appointments vs the ER to keep the volumes & C-19 risk down?**

*As we move forward, we want to continue to support virtual care when a physical exam is not required for a patient. And we're looking at our ability to sustain assessment centers. We want to maintain our current outpatient volumes in our emergency departments to support social distancing. Yes, those will require public campaigns to communicate that.*

## **OPERATIONS & SUPPORT**

**When we begin to have employees back in offices, what are we doing to ensure washrooms are being cleaned appropriately throughout the day?**

*Washrooms are cleaned daily, this level of service has not changed. If the washroom needs attention including soap or paper products please contact the housekeeping office at your site.*

**Given the Restart BC plan, personal and non-essential med services have been ordering PPE for re-opening. Please comment on appropriateness, given constraints.**

*Primary care providers will be supported by the Provincial Distribution Centre (via Ministry of Health). There will be direction within the next couple of weeks. Island Health will continue to support primary care PPE needs in exceptional circumstances until that time. However, the public supply chain is stabilizing and many offices are now able to access PPE through their normal processes.*