

COVID-19 Town Hall Q&A



MAY 19, 2020

QUESTIONS AND ANSWERS:

(Please note: the information in this document is accurate as of Friday, May 22, 2020)

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HUMAN RESOURCES / FINANCE

Why is the ongoing question of T2200 forms not being answered? The HR FAQ speaks to reimbursement of expenses, but this is not the same thing.

Currently there is no change in our organizational policy with respect to issuance of T2200’s for staff working from home, as it is not an Island Health ‘Condition of Employment’. This issue is being reviewed at CRA but there has not been an official direction provided to date

Three of us share a very small work area. There is no ability for us to social distance and no effort by management to help us do this, what else can we do?

Please refer to the [HR FAQs](#) for guidance on health and safety in the workplace.

Childcare Questions:

- **The school districts have announced "rotating school days" June1 what are full time employees supposed to do for childcare, since the SD is full time presently?**
- **Will there be consideration to continue to allow remote working arrangements for those who have lost childcare and full time school?**

Please refer to the [HR FAQs](#) for childcare options. The Ministry of Education has announced that full time arrangements can be made for essential workers such as health care workers. Please contact your school Administrator. Child care will also be available including potentially extended hours care 7am-7pm.

We are unable to socially distance in our office due to the set up (close desks, charts, narrow halls) and are not wearing masks. Will this be reviewed?

Please refer to [HR FAQs](#) for guidance on health and safety in the workplace as we return to normal as part of phase 2 of the BC Restart Plan. Island Health will be following the guidance provided through WorkSafeBC.

Could Island Health work from home policy more explicit support home-based work for employees who live with elderly or immunocompromised family members?

As outlined in the [HR FAQs](#), staff who have a family member in their household with an underlying health condition can work safely if they follow infection prevention and control processes, helping ensure staff do not bring illnesses home with them.

HR FAQ says children with flu-like illness should be insulating at home for 10 days. How will staff/parents be compensated? What type of leave is this?

Employees with sick children may be able to access banked Overtime and vacation banks to stay at home with children if required. Unpaid LOA may also be considered if applicable.

What sort of compensation is being considered for casual Island Health staff who do not get paid when they take time off sick?

As outlined in the [HR FAQs](#). If you are sick, you will be coded to unpaid sick. You will continue to receive benefit entitlements per your collective agreement for the duration of your COVID-19 unpaid leave. You may be eligible for sick leave benefits through the Federal Employment Insurance program or you can request to have your unpaid sick leave coded to paid vacation leave. If available, you can request to have your OT bank paid out at any time in the calendar year

Management is suggesting having our breaks in our cars in order for space to be provided for patients. Is an acceptable option for staff Breaks being worked on?

Employees are encouraged to take breaks in suitable areas where you can observe physical distancing.

Difficult finding a place to eat lunch since we cannot eat in the lab. Our supervisors suggest that we eat lunch in our car but I walk or ride my bike. Where?

In each facility, there are places to eat while maintaining social distance, but they are different for each facility. Please advise your manager of this issue and if necessary, they will raise it with more senior levels of leadership within the facility or within laboratory.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

We keep hearing information around secondary side-effects such as strokes, inflammatory disease, etc. Can you speak to that?

As we learn more about COVID-19, we are discovering that people with COVID-19, particularly those with severe illness, can have abnormalities with clotting of the blood, which can lead to complications such as stroke, pulmonary embolism and cardiac compromise. Although any critical illness itself increases the risk for blood clotting, research is underway to understand if and how the SARS-CoV2 virus influences clotting of the blood directly, and if there are any specific treatments that can reduce the complications from this mechanism.

For those with chronic conditions that may already put them at higher risk of stroke, heart attack, etc., they should work with their physician to ensure that their condition is being managed appropriately

Is it smart to have school going back when they just opened a school in France and now they have 70 new cases?

It's understandable that parents have questions about whether it's safe for kids to go back to school. Parents can be reassured that many schools have been operating safely. There are currently 4,700 children of essential service workers and about 300 vulnerable students with disabilities being supported in schools.

On May 15, Premier Horgan and Minister Fleming announced they are giving parents the choice to send their children back to school on a gradual and part-time basis, beginning on June 1. The June 1 optional return to school is part of BC's Education Restart Plan.

The Ministry of Education has a five-stage approach for resuming in-class instruction in a measured way to align with B.C.'s Restart Plan. Each stage will be guided by health and safety guidelines, measures, protocols and orders as well as the principles developed for continuity of learning during the pandemic:

- *Maintain a healthy and safe environment for all students, families and employees*
- *Provide the services needed to support the children of our essential workers (ESWs)*
- *Support vulnerable students who may need special assistance*
- *Provide continuity of educational opportunities for all students*

How can Island Health help get the message out to the public that frequent hand-washing is better than wearing a pair of gloves (unless in health care setting)?

It is important to always refer to and share credible and trusted sources of information such as Island Health, BC CDC, PHSA, PHAC and the BC government. Island Health continues to share consistent messaging from these reliable sources on its internal and external internet sites, and updates it regularly in accordance with the most up-to-date evidence and information.

I heard the outbreak in Abbotsford was amongst staff congregating at shift change, will our HA be looking at these factors?

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.

Staff should also continue to find ways to physically distance when they are not providing care. This includes at the nurses station and other areas. This may mean that we all have to look at new ways of working, staggering breaks, etc.

There is much work occurring in the Organization to support the safety of staff in the workplace, but we also rely on staff doing their part in physically distancing from colleagues and suggesting ideas for new ways to work to allow this to happen

Community clients on droplet precautions are not being reassessed, meaning we are using PPE kits unnecessarily. How do we fix this?

Nurses in the community are encouraged to assess their clients according to specific criteria to remove precautions. These can be found –

- https://intranet.viha.ca/DEPARTMENTS/HCC/HCC_INDEX/Pages/covid-chs-clinicians.aspx#discontinuing
- https://intranet.viha.ca/departments/hcc/Documents/index/covid19/chs_discontinuing_precautions_guideline.pdf

If you have specific ideas for preserving PPE during this time, please follow up with your local leader and share your thoughts.

During flu season unvaccinated staff must mask at any IH site where care is being given. Why is COVID different? Why are all staff not required to mask now?

We are asking staff to wear a mask when working within 6 feet of any patient. For more information <https://intranet.viha.ca/covid-19/Pages/covid-ppe.aspx> Mask wearing is also only one strategy in the hierarchy of safety controls, and the most important strategy is physical distancing. We are making every effort to ensure that staff are able to maintain 6 feet between them and a co-worker in work spaces, and where this is not possible, we have implemented physical and administrative barriers. When these have been implemented and staff are still unable to maintain physical distancing, staff are to wear a mask.

Van Island COVID survivors, are they still be monitored in case of reinfection. Of 86 NYC residents infected with COVID, 12 tested positive for same bug again.

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 doesn'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.

Are the open back blue gowns safe for AGMPs? When are the yellow gowns supposed to come back?

There is no evidence of cross infection from virus from fabric on the back of a person. While the fine droplets or aerosols may settle on clothing, to cause infection, the staff member must then transfer the virus from their clothing to their own mucous membranes or the mucous membranes of their patient, via their hands.

We are aware that changes with PPE happen for different reasons, sometimes without much warning. All PPE that is supplied to Island Health through our Supply Chain has been assessed by a team at PHSA to ensure it is safe. If you have feedback about a particular product, please submit it to the Product Investigation Centre using the product concern form. PHSA Supply Chain reviews this feedback regularly.

Last town hall it was said we were “advised” to wear masks, yet health units/ intranet are saying it is mandatory. What should we go by?

As Kathy MacNeil and Dr Stanwick said on the 11th May, “as we begin to hear more details about easing restrictions, we want to take a moment to remind you about the importance of Personal Protective Equipment (PPE). Phase two of the province’s recovery plan potentially increases the risk of exposure to COVID-19, as people begin to ‘double their bubble’ and more people travel to our communities. Safety continues to be our top priority, both your safety as a care provider and patient safety.” For this reason, it is important that staff follow the [PPE During COVID-19 Pandemic](#) guide.

My physio is wearing mask, gown & gloves AFTER screening with a temp check and questionnaire when ED and other areas are still limiting mask use to one a day why

Physiotherapists are guided by their professional association to follow the guidance provided by the BCCDC and Dr. Henry.

We do encourage PPE preservation, but our PPE during COVID-19 Pandemic guide states - Wear [the] same surgical mask, between patients as long as the mask does not become wet/contaminated (e.g., patient sneezes in your face) for direct patient care. And, if the mask is subsequently used to care for patient on droplet precautions area, doff mask as part of leaving that area.

As for additional items of PPE, gowns are recommended where there is a risk of contamination of clothing from droplets, or blood or body fluids. Gloves never replace hand hygiene, and excellent hand hygiene in all situations is recommended before we introduce gloves. Again, PPE has its place, but it is only one part of a number of strategies that can reduce risk of transmission of any infection.

We hear that you are learning more about the virus, as time passes, what current research are you using to base your plan on going forward? Please provide links

Research is in the very early stages as this is such a new virus and pandemic. All new evidence is used to guide the guiding principles and references can be found on the documents on the BCCDC website.

Why are Dr. Henry and Minister Dix not mandating public use of self-masks in indoor public spaces?!? It's easy to design, implement, monitor, and supply.

According to the BC Centre for Disease Control, masks should be used by sick people to prevent transmission to other people. A mask will help keep a person's droplets in. It may be less effective to wear a mask in the community when a person is not sick themselves.

On May 21st Dr. Henry discussed non medical masks as an additional layer of protection to help limit the spread of COVID-19 – the use of non-medical masks by members of the public. Dr.

Henry noted non-medical masks could be of benefit in situations where physical distancing may not be possible and we must be in close contact with others, such as for personal services, on public transit or in small retail services. She reminded British Columbians the most important measures to protect yourself and others continue to be to stay home if you are unwell, practice good hand hygiene and maintain physical distancing.

I am 65 & must work & use local transit. Buses do not ensure physical distancing/restrict # of riders. Why is transit not ensuring essential worker safety?

We are not able to speak to transit's policy. Both Dr. Tam and Dr Henry have provided guidance on using non-medical masks while in tight spaces such as transit.

LONG-TERM CARE/VULNERABLE POPULATIONS

Are there any specific recommendations re: social interactions (outside of work) for staff in LTC facilities who are not always able to distance from residents?

Not at this time beyond what has been released by the provincial health officer with respect to social interactions and physical distancing.

Explain rationale for allowing staff unlimited work locations except other LTC despite no LTC having any COVID cases in Island Health. How is that protecting residents?

The Provincial Health Officer issued an order mandating the assignment of staff to work in a single restricted worksite including Long Term Care as a key strategy to reduce the risk of spread between long-term care sites and protect seniors who are particularly vulnerable to this virus. We've seen in other jurisdictions how devastating the consequences can be when COVID spreads within a long-term care facility. Limiting staff working to no more than one site in LTC is one of the reasons there have been no cases in LTC. The arrangement was negotiated at the provincial level and applies province wide by Health Employers Association of BC.

You promoted a video showing an elderly couple visiting through a window but GRH does not allow window visits. Why the inconsistencies within Island Health?

We have reviewed 'window visiting'-with LTC sites and all sites are attempting to support window visiting where this where it is safe. In locations were where window visiting is not being enabled, this is usually related to building logistics and/or staff/resident safety. For instance, GRH is challenged because windows are located facing onto a busy parking lot and there have been incidents and concerns with people and cars.

Additionally, there have been some instances were individuals have attempted to pass objects to a loved one in a facility. While the desire to support a loved one is understandable, depending on the object, there could be infection prevention and safety concerns. Everyone recognizes the importance of visitors and social interaction on the mental and physical wellbeing of our seniors and we await provincial direction on the easing of the current restrictions.

Are any changes/modifications/updates being made to the visitor policies and restrictions along with implementation of phase 2 of the BC Restart Plan? How long before relatives can visit in LTCFs?

We are awaiting provincial direction. We expect some relaxation of the current guidelines in the coming weeks, but aren't able to predict what they will be. When restrictions are eased it will be done on a province wide basis.

When will hairdressing services be available for the residents of LTC (for just a basic haircut)?

These will be part of the provincial direction.

I am hiring new casuals for work in LTC. Can you advise how we can orient allied health casuals who will need to orient with a coordinator and at a site?

Processes are in place to support this that has been shared. Please contact Tim Orr, Director, Residential Services.

OPERATIONS & SUPPORT

Can the cafeteria open with signage to space appropriately? Our lunch rooms are small and don't allow for us to be socially distanced

Seating and food services will be available beginning May 25, with the exception of the North Island Hospitals which will open some seating next week, and resume food services in June.

Soap and water is said to be effective at preventing glasses fogging, but it doesn't last long. Is there any chance of getting anti-fog wipes sent to units?

Thank you for the suggestion. Based on this request, we have sourced out Anti-Fog wipes, and order has been placed. Program leads will be informed when they arrive.

VCH partners with local bike shops for price reduction on E-bikes & payroll deductions schemes. Safer travel for transit users, will Island Health do the same?

We are currently looking into this and will provide an update likely next week.

Why is North island abolishing outside contractors for cleaning, can this not be done island wide?

Some of our sites are staffed with Island Health housekeepers and some have contracted services. The contracted service term for housekeeping at the Comox Valley Hospital and the Campbell River Hospital Island Health ended and Island Health made the decision to self-operate. The contract was not terminated early or abolished, it will just not be retendered. The decision to continue to contract or self-operate will be made when any contracted service is due for renewal.

SURGERY AND OPERATIONS

How will we ramp up surgeries when we are already at capacity? Where will we put these patients while maintaining 6 ft between them for social distancing?

Where it is not possible to maintain 6 feet between people, other levels of controls will be implemented such as physical and administrative barriers, and the use of masks.

Can you provide more information about the ramping up of ambulatory clinics? When would we expect phase 2 and phase 3 to start? Bookings depend on this info.

Island Health has developed a recovery plan to guide leaders through a systematic process to recover ambulatory services during phase 2 & 3 under the direction and guidance of Dr. Henry and the provincial plans. This information will be shared with teams as we progress through the next few weeks.