

COVID-19 Town Hall Q&A



June 30, 2020

QUESTIONS AND ANSWERS:

(Please note: the information in this document is accurate as of Thursday, July 2, 2020)

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HUMAN RESOURCES

Remote Working:

Will leaders be asked to be receptive to requests from employees wishing to continue working from home long-term? AND What will be the timeframe when current non-clinical staff working productively from home can ask to have this arrangement a permanent change for their jobs? AND Will remote working be a go post pandemic?

The results from the Work From Home survey [are available here](#). 89% of leaders expressed support for employees to continue working from home. Beyond the pandemic, we are looking at options and working through barriers to continue remote working if that is working for the employee and their departments.

Pandemic Pay:

An update on workers receiving pandemic pay - who will get it and when? AND Will pandemic pay be on a separate cheque? If not, will it be taxed separately and not as whole sum with our pay? AND What is the course of action if I am deemed "not eligible" for pandemic pay, but I feel I should be based on the BC Government criteria? AND Pandemic pay, for BCNU members, will DC1, DC2 and DC3 receive the pay as well? AND Are those working from home (providing primarily telehealth services to clients) be eligible for the Pandemic pay?

Please visit: [bccovid19temporarypandemicpay](#) for information about the process and eligibility. We will be adding the payout to regular pay cheques once we receive this funding from the Province - hopefully the end of July/early August (to be confirmed). HR will be sharing an FAQ document in advance. If you feel you're eligible and do not receive the pay, you can submit a pay query to HRAccess for review.

SD62 released 5 stages of returning to school in September. Stage 5 is full closure and does not include care for front line workers. If it comes to that, what will we do?

The Ministries of Health and Education are working together on what a solution will look like. Essential service workers must be available to work, so it is definitely high on the planning. For current concerns

with childcare expenses, visit the [Childcare Resource and Referral \(CCRR\) Centre](#) in your community. They will be able to provide you with resources for available childcare and subsidized daycare spots may be available based on need.

Given remote communities (Ucluelet, Bamfield, etc) have asked that visitors not come during COVID is it appropriate that non-essential staff be sent for non-essential work?

Health care workers are essential to the delivery of health care. If organizationally, your position has been deemed non-essential, you may still be redeployed to support the response to COVID-19. This would include needs in a pandemic situation across the Island.

PUBLIC HEALTH/MEDICAL HEALTH OFFICER

A new influenza G4EAH1N1 is all over the media as a concern for the generation of pandemic viruses. Should we be worried about this threat too?

H1N1 has been detected in a high number of pigs in China, so it is something Public Health Officials are watching. Nothing has been detected in Canada, but it is a good reminder that we must remain vigilant at all times to ensure we don't lose any of the gains we've made against COVID (and all viruses) in Island Health.

When can we know the specific location of new case of COVID-19 based on geographic area (e.g. Victoria, Campbell River etc.) and the cause as well?

Location and case number information is available publicly on the [BCCDC website](#). Contact tracing was unable to determine exactly where this case was acquired, but all persons who were in close contact with the person who tested positive have been contacted by public health.

There are some reports stating long-term negative impacts on patients who recover from COVID. What are the facts, if any?

We continue to learn about how devastating this virus can be for some people. As we get into the millions of cases, the full manifestation of what the virus can do is being realized. We will be better able to define the various presentations and complications as data is collected and analyzed in the future.

What is Island Health doing to preserve the actions and programs initiated in the first wave to protect our at risk populations while we await the 2nd wave.

Our biggest learning around the at-risk population in wave 1 was that we have to have people in housing. Within the next week we will hear about the modelling for wave 2. Part of that will focus on at-risk populations. Modelling focuses on what has or is happening in other areas and matching their real-world experiences with what we have planned.

Is Pulmonary Fibrosis among asymptomatic COVID-19 cases a concern in Canada?

As COVID-19 is a novel virus, we are still learning about the long term chronic impacts, and do not yet know if Pulmonary Fibrosis is an impact in asymptomatic cases.

INFECTION PREVENTION & CONTROL/PPE

I need advice about whether I should self-isolate pending the results of my daughter's COVID swab.

If you are healthy and asymptomatic (not showing symptoms), you are required to report to work. Healthcare workers that have a symptomatic household member can safely work and must wear a surgical mask during their entire shift. The mask can be donned at the beginning of the shift and can be worn throughout the entire shift as long as it is not visibly soiled, damp, damaged or hard to breathe/see through. The mask does not need to be changed between patients. If you develop symptoms at work, you are required to mask up, finish essential work, and talk with their supervisor about replacement before going home.

Why are hospital inpatients not supplied with a surgical masks and encouraged to don when staff are within 2m in order to protect staff working with them?

Medical grade masks provide a barrier that stop droplets from the wearer to those they are coming into contact with. They are also fluid repellent and cover the nose and mouth of the wearer, and therefore provide some protection for the wearer when providing care to patients. This is why there is very little transmission from infectious patients to healthcare workers.

Do gloves protect from the Coronavirus?

Hand hygiene is one of the most effective methods of reducing the risk of cross infection. Even where gloves are worn, hands must be cleaned after removing gloves.

There was some talk early on about retooling to produce PPE domestically, but I haven't heard anything lately. Are we making N95s, gowns etc in Canada?

We continue to reach out to Canadian manufacturers where possible, as Canadian solutions for PPE make our supply chain much stronger. PHSa is taking a leadership role in PPE procurement, in partnership with health authorities. 3M Health has committed to providing us with approximately 33,000 N95 masks per month and we are grateful for that support. We also continue to work with local partners on innovative solutions to PPE to ensure we have what we need at our disposal.

People wear masks below their chin, leave them on the med cart, wear it into the washroom, etc. Potential contamination seems masks = more harm than good...

Please see this [document on wearing masks](#) and also this document on the [proper donning/doffing of PPE](#) (including masks).

Physical Distancing:

Our office is behaving as though COVID is over, no one is social distancing and everything seems right back to normal because they say there are no cases here? AND I am noticing a complacency/ non compliance with physical distancing - should management/security be enforcing this?

As leaders, our job is to be supporting our teams by enforcing physical distancing at work. The best way to keep ourselves, our patients and families safe is to maintain that distance. See also: [Physical Distancing at Work and the Use of Masks](#).

Any new phase 2 plans formalized for when influenza starts to help manage the current state of Covid-19 along with the flu? Will there be sufficient PPE?

Our teams are working hard to understand our surveillance strategies and thresholds for the processes we'll need to pull up as a health authority to allow us to deal with both influenza and COVID. This includes immunizations and PPE procurement.

Please can you speak to what is know about COVID transmission via paper and how to handle forms from clients needing to be faxed? I have read conflicting info.

Fomite transmission is very inefficient means to spread virus, unless the surface is recently wet with respiratory secretions. There is not good evidence that dry surfaces readily transmit this virus. See also: [IPAC Recommendations for the handling of paper and client charts.](#)

LONG-TERM CARE

When do you foresee Mobile Adult Day Programs reopening?

Island Health will follow the direction of the Provincial Health Officer around the reopening of Adult Day Programs. While we do not expect to see a re-opening in the foreseeable future, we are implementing as many virtual options for ADP in the interim as are feasible. There are also options for individuals to receive in-home respite through home support.

LTC residents and families are contacting sites daily for updates. Has the MHO generated a guideline for expanded visiting options? When would it start?

On June 30, 2020, the Ministry of Health and Provincial Health Officer announced changes to the visitor policy for Long-Term Care and Assisted Living homes to allow a single designated visitor. Before this can happen, all sites must have written plans in place outlining how they will meet the requirements and precautions to ensure the safety of residents, staff and visitors. We hope to have all plans completed by mid-July. [Read more](#) about the new policy.

SERVICE DELIVERY

Where will the COVID cohort site be now that The Summit is moving in residents, if there is a second wave?

In Victoria the field hospital will be at Gorge Road Hospital (floors 3&4) - 100 beds for non-acute patients from RJH/VGH. Some of the ambulatory services related to restorative health will also be going to GRH in September. In Nanaimo we'll be working with the City of Nanaimo for a mobile centre (rec centre or convention centre) – to support 80 beds from NRGH. And, we are looking into a 40-bed mobile unit in the North Island for a seasonal surge.

ER Department volumes have soared with non-ER issues, prohibiting social distancing and putting the department at-risk. Are there any strategies to take the burden off?

We are running at approximately 90-95% capacity at most sites and we know ED volumes have returned to near-normal and there are concerns at EDs. We are moving forward with high-acuity units and enhancing critical care capacity this fall at RJH/VGH and NRGH. The hospital-at-home model will be initiated at VGH in September and will also support high-acuity patients.

Any changes to the visitor policy in acute care?

Not at this time.

OPERATIONS & SUPPORT

I am noticing hand sanitizer not readily available on acute floors for before/after patient care. Is there an interim plan/solution to provide better access?

There is currently an abundance of hand sanitizer supply available; aside from the wall mounted dispenser refills, which there is a current shortage of. 50ml, 400ml and 1000ml hand pump bottles are readily available. Priority for hand sanitizer is given to public areas and areas without access to sinks (including entrances) if wall mount refills had been moved around. 1L pumps to be placed at nurse stations and unit entrances/collaboration centres. Housekeeping to place tags on empty dispensers directing people to other locations, noting it's a temporary shortage of this size only. In addition, a substitution hand sanitizer product (AG Hands Free) is available in the areas where the Stores staff top up the housekeeping rooms, on the wards. Wall mounted hand sanitizer refills are still on backorder.