

**April 7, 2020**

**QUESTIONS AND ANSWERS:** *(Please note: the information in this document is accurate as of Friday, April 10, 2020, and may eventually be superseded by newer information.)*

## **INFECTION CONTROL**

**Q: As new COVID Wellness training was launched last week, benches were also covered in plastic wrap. Please advise how staff are to mini-break & find relaxation?**

A: Employees are encouraged to go for walks and use spaces that remain available while continuing to maintain physical distancing.

**Q: Is it RECOMMENDED to get a hotel/ stay separate from family if caring for COVID+ patients?**

A: Employees are advised to utilize necessary PPE and Infection Prevention Control practices in order to ensure their safety.

**Q: Staff potlucks during COVID. Yes or no?**

A: No - not at this time.

**Q: Are waterways contaminated with the virus? Should we stay away from them due to potential washout when we go for walks?**

A: Current evidence shows that COVID-19 is transmitted primarily through person-to-person droplet transmission. There is no evidence that untreated water has been a significant risk for COVID-19 transmission. However, we know that untreated water can be a reservoir for other bacteria and viruses that can cause illness, so people should avoid direct contact or ingestion of untreated water, and wash their hands (and bodies) after contact with untreated water.

**Q: What is Island Health's position on unrelated, asymptomatic staff carpooling during COVID?**

A: Please refer to the [HR FAQs](#) (question 13).

## **SOCIAL DISTANCING AT WORK**

**Q: RJH Common areas have been closed. Departments have used these as break areas for years. How does having staff pile into the PCC Cafe support distancing?**

A: All individuals must do their part to maintain appropriate physical distances. This may involve limiting the time that they spend in the PCC Café, especially when that area is noticeably busy.

**Q: Why are some teams still having daily team meetings in person? Seems against social distancing.**

A: There may be operational considerations for this in person format. Please speak with your leader regarding the in person requirement.

**Q: Are work sites preparing social distancing guidelines? (i.e. using the printer/fax, common areas, etc)**

A: Guidelines are available [here](#).

**Q: Could staff meetings be facilitated virtually like other teams are doing?**

A: We encourage all program areas to utilize virtual methods of meeting and alternative arrangements where roles permit and it is practicable. Please speak with your leader.

## SINGLE-SITE RESTRICTIONS

**Q: Are health care workers who live together and work at separate sites/across contracted services to continue working in two different environments?**

A: Yes. Employees working at different sites may cohabitate with one another.

**Q1: Clients in the community are just at risk as those in LTC and it could spread through the community clients and workers the same. How is this being addressed?**

**Q2: All sites are limiting CHWs to one site. Why are the community workers not being clustered into buildings?**

**Q3: LTC been restricted to one site while home support is still sending CHW's to different areas and many different clients. How is this safe for us or our clients?**

**Q4: Why are community health workers being sent to new clients and regular clients given to other workers?**

**Q5: Why is a CHW leaving an apartment building while another comes in? Why aren't they clustering clients in buildings together!?**

**Q6: Why is more not being done to limit CHW movement in community? Keep us with regular clients and see multiple clients in the same building?**

A: We are beginning to limit CHWs to one Assisted Living site during their workday in order to lower the risk to clients living in congregate settings. There are currently no provincial guidelines for clustering of home support workers in other client settings and we are trying to schedule in a way that makes the most sense for the safety of our staff and clients.

**Q: Why are there not restrictions being put in place for home support?**

A: Unnecessary changes to CHW clients should not happen. Less change of workers and less movement in apartment buildings.

## COMMUNITY HEALTH SERVICES

**Q: HS clients on precautions are getting service taken away. Their showers/lunch/dinner visits taken away while they are bed ridden with no help, how is this safe?**

A: We are doing our best to balance the safety of patients and staff during these unusual times. Until droplet and contact precautions are removed, we are trying to accomplish all the work clients need in fewer visits to increase client and worker safety. The client's health is being monitored closely and is increased should they clinically need it.

**Q: Community Nurse visiting essential clients are seeing the most vulnerable, frail and immunocompromised. We are NOT able to maintain distance. Thoughts?**

A: Guidelines on use of PPE in various settings are changing rapidly. Our [current guidelines are posted here](#) and will be updated regularly.

**Q: Will Island Health be providing CHWs masks to wear now that Dr. Theresa Tam has made recommendations to wear a mask when physical distance can't be maintained?**

A: Ensuring PPE for health-care teams is an Island Health priority, and a pillar of a robust pandemic response plan. We are now providing CHWs with a mask to wear at all times if they wish, in addition to continuing to provide a full PPE package for each patient on droplet precautions. Guidelines on use of PPE in various settings are changing rapidly. Our [current guidelines are posted here](#) and will be updated regularly.

**Q1: Can you please address the use of homemade masks for asymptomatic CHWs working in community settings? Disagreement from providers is confusing.**

**Q2: Should community health workers be wearing a mask to every client? Even a home made one?**

A: There is currently no provincial recommendation to wear home made masks in health care settings.

**Q: CHWs are going into homes and not donning masks to protect clients from asymptomatic workers. Is this best practise?**

A: We are now providing CHWs with a mask to wear at all times if they wish, in addition to continuing to provide a full PPE package for each patient on droplet precautions. Guidelines on use of PPE in various settings are changing rapidly. Our [current guidelines are posted here](#) and will be updated regularly.

**Q1: Home support workers are to have access to full PPE for some situations. Currently only masks and gloves are available - no shield, gown, or N95. Please fix.**

**Q2: S4 of the PPE framework-guideline from MOH states Community workers will wear a mask in home, even when not providing direct care. Why aren't CHWs given masks?!**

**Q3: Will IH recommend that clinicians who work in the community (go in to client's homes, go back to the office) wear masks when seeing clients?**

A: Home support workers are provided with full PPE for patients who are on droplet precautions. We are moving to align our PPE requirements based on the guidelines that will come out provincially next week.

## PPE

**Q1: Will IH be providing masks for staff in LTC homes to use should physical distancing from residents and other staff members to be possible?**

**Q2: Why is IH not taking the extra precautions and require nurses wear masks ANYTIME they are required to break physical distancing recommendations?**

A: Guidelines on use of PPE in various settings are changing rapidly. Our [current guidelines are posted here](#) and will be updated regularly.

**Q: Please confirm the mask recommendations you have for the general public and if homemade masks are acceptable, what specifications should they meet?**

A: We now know that some people can spread the virus when they have very mild symptoms or may be unaware they are infected. A non-medical cloth mask or face covering can help people keep their own droplets out of the air and off surfaces. A non-medical cloth mask or face covering, while helpful in containing a person's own droplets, will not protect them from COVID-19, nor is wearing one required if keeping a safe distance from others.

Island Health requires medical grade PPE and [we have guidelines](#) for our staff on what PPE they are required to wear when caring for various patients. You can [read Dr. Bonnie Henry's article Non-medical cloth masks for the general public](#).

**Q: All health care workers are potentially infectious. Why not recommend masks during direct patient interaction like other Health Authorities?**

A: Please follow [these guidelines](#).

**Q: Coastal and Fraser are wearing PPE for all patient encounters. Why aren't we following their lead?**

A: There is lots of information regarding PPE usage across the province, and updates to how we use PPE are being made daily. While we are endeavouring to following a provincial approach, there may be times that we are not in alignment provincially based on our current context or the speed at which health authorities are implementing changes.

**Q: Yesterday's CEO and Chief MHO Joint Update states you are "providing hospital issued scrubs to COVID-19 units". When/How will this be implemented?**

A: We are supplying hospital issued scrubs to NRGH and RJH COVID-19 units.

**Q: Can X-ray techs, who do mobile chest X-ray on patients with COVID symptoms be allowed in-house scrubs?**

A: Please see PPE information for medical imaging department [here](#).

**Q: The other health authorities are providing goggles and one mask per shift for CHW, for all personal care. Why are we different?**

A: We are consistent with other health authorities. If a patient is possible COVID positive or has respiratory symptoms, CHWs should wear a surgical mask, shield, gown and gloves.

**Q: There is constant risk of aerosolization with intubated COVID patients (i.e. vent tubing/suction disconnects, a flush valve is left open, etc.) CAN WE PLEASE USE N95s?**

A: We are following [BCCDC guidelines](#).

**Q: Why is the current policy regarding PPE use completely ignoring the possible of asymptomatic and pre symptomatic transmission of COVID-19?**

A: We are following current [BCCDC guidelines](#).

**Q: Departments have been locked PPE and sanitizing wipes supplies, and not providing staff self-access. Is this practice sanctioned by leadership? If yes, why?**

A: Yes, PPE is locked as part of the pandemic plan and a provincial plan under the PPE Allocation Framework. This provides the information needed to keep sight of PPE inventories on each site, in the geographies and provincially.

**Q: Lifelabs has staff wearing face shields, masks, contact gowns, and gloves at all times. This is not the advised use of PPE. Will IH issue a stop order?**

A: No. Lifelabs is independent of Island Health and sets their own organizational policies.

**Q: If we are almost running out of isolation gowns, can we make a contingency plan to order water resistant yellow washable cloth gowns as backups?**

A: We have a limited stock of level 2 yellow re-usable gowns which are being used in areas where they can be collected & washed together, and returned in a short turn-around time. We have been using the re-usable gowns at RJH ICU since April 9th. We also have level 2 yellow re-usable gowns on order.

**Q: We are at Level 4 on the provincial PPE framework - that means we are going to run out of at least one item in a matter of days. What are we running out of now?**

A: Dr. Henry responded to this on April 8th indicating when we move to phase four, it was about needing to preserve all our personal protective equipment. Provincially, we were seeing we were going through our regular medical mask, gowns and some issues with face shields. Moving to phase four was recognition that we needed to move very quickly across the health sector. Everything from prehospital care, paramedics, our other non-paramedic responders, making sure that across the system we were doing everything we could to preserve PPE. It was not just one thing. It was also recognition of what we were seeing globally and how it would affect us. We needed to take action quickly to preserve our long-term supply while taking action to procure the supplies we needed locally, nationally and internationally.

**Q: Why is VIHA not getting hand sanitizer from distilleries and providing them to the COVID centers?**

A: Island Health has engaged with several local distilleries to verify that the product they have donated meets required standards. Additionally, Island Health has developed a regular supply line to supplement our traditional hand sanitizer, with regular orders totalling more than 900L per week. The bulk hand sanitizer is then bottled at Island Health and distributed along with our regular supply of commercially available sanitizer. Sites may receive either product depending on their order and availability.

**Q: Why is VIHA not reaching out the 3D printing in Nanaimo which is free for the face shields?**

A: Island Health has been in touch with many innovative suppliers. If you are aware of any opportunities, please have them connect with us through the forms located at [www.islandhealth.ca/covid19support](http://www.islandhealth.ca/covid19support).

**Q: Why is VIHA running out of PPE already? Are we going to have enough as things get worse? Or do you foresee us resorting to homemade PPE eventually?**

A: We don't foresee using home made PPE in our current state. PPE is part of the supply chain procured and managed on a provincial level by PHSA under the PPE Allocation Framework.

**Q: Why don't our advisors, being physicians and public health officers know that wearing masks does protect the wearer and only make changes when it's too late?**

A: Strategies for PPE are guided provincially and regionally. Please see Island Health [PPE update](#).

**Q: We are collecting our used N95s in the ICU over the last week - when can we see these decontaminated and put back into supply?**

A: We have started collecting N95's for reprocessing and sterilization and will have them available if they are required.

**Q: Do we need to wear a mask with an asymptomatic client for service within 2m i.e. breastfeeding assessment, immunizing an infant, STI testing.**

A: Please see the Island Health [PPE policy update](#).

## STAFFING

**Q: Where is the work for valuable casual nurses? The hours have stopped, which creates a financial hardship. This seems to have been overseen by the employer.**

A: Our response to COVID-19 has created, purposefully, lower census levels in our acute sites and we haven't had to rely on casual nurses significantly, but we will draw upon these pools as required.

**Q: With this hospital basically cleared out, some of us non-clinical support staff are just sitting around with nothing to do. Why aren't we being sent home?**

A: Our HR Client Services team is currently engaging with Leaders across all areas in the organization to determine employees or groups of employees who may be under capacity and available to redeploy to other much needed roles, such as Site Ambassadors.

**Q: What are your plans if we need more nurses and doctors? Will people be asked to come in from maternity leave, etc.?**

A: Our Talent Acquisition team has strategies well underway to rapidly hire and attract a number of medical professionals to meet the COVID-19 response needs.

## WORKING AT HOME

**Q: What are the plans to keep non-essential workers safe? Many non-essential staff can work from home why is IH not supporting this?**

A: Island Health is/has been supporting this and we have many staff working from home. We've invested in new technology options to enable this type of work and are continuing to improve our ability to conduct work in a new way. Some areas did not have the appropriate infrastructure to enable a

working from home option, but modifications to workspaces to enable physical distancing have been made.

**Q: Why are all staff who work on computers not working from home with bare minimum employees left in office on phones?**

A: Island Health is exploring all possibilities for alternative work arrangements at this time. Examples of alternative working arrangements may include being deployed to a different site or working from home. Where possible, if an employee can do their work or a portion of their work remotely, they should be encouraged to do so. You MUST speak directly to your leader who will determine if you are eligible to work remotely and will provide approval. If you have concerns with technology and physical resources, please speak with your Leader.

## TESTING

**Q: Are all healthcare workers w/COVID symptoms eligible for screening? A colleague & I both called 811 last week and were told we were not. What's the protocol?**

A: Yes, if you have symptoms you are eligible. If you have difficulty getting into a testing site, please contact your manager. We have reached out to testing sites to encourage them to use their best clinical and professional judgement to assess need for testing for symptomatic healthcare workers, including erring on the side of inclusion rather than exclusion. Please see [BCCDC guidelines](#) for current eligibility for screening.

**Q: Epidemiologists have highlighted that a large increase in testing capacity will be vital to fend off future isolation measures. How is IH increasing capacity?**

A: The COVID-19 testing strategy in B.C. is being adapted to ensure testing is available to those who need it most. Testing will focus on health-care workers, people in hospital, long-term care facilities and those involved in ongoing investigations around identified cases.

**Q: Island Health has set up assessment and testing centres throughout Vancouver Island. When will testing expand to a broader cohort that will identify the asymptomatic or milder 80% of infected population?**

A: Testing is available for all who need it, but not everyone requires a test. Please see [BCCDC guidelines](#) for current eligibility for screening.

**Q: I see that healthcare workers can now self refer for testing. Should we self refer only if symptomatic or are all healthcare workers encouraged to seek testing?**

A: If you have any symptoms [we encourage you](#) to get tested.

## GENERAL

**Q: Everyone is trying their best. Stress/anger management counselling should be mandatory right now. Others feeling there's too much loose venting and criticism?**

A: We have put additional supports in place through our Employee & Family Assistance Program, Homewood Health, to ensure there is support available to employees during this time. If you are seeing



behaviours in the workplace that our troubling to you, please discuss with your leader who can help navigate the issue with you.

**Q: The CEO said, "We are open for business. It's not time to restrict our services." Then why has every department reduced service and cancelled appointments?**

A: It is currently not time to restrict services for those people who are in urgent or critical need of services. For those people who can wait, we are following Public Health guidelines which are to stay home if you can.

**Q: Is Island Health providing any "experimental" treatments to patients who are critical (i.e. the provision of antibodies as found in plasma of recovered patients)?**

A: Island Health's Critical Care and Infectious Disease specialists are closely following the evolving evidence around antibody infusion therapy and other investigational approaches to treating COVID-19. At this time we will not be proceeding with an antibody infusion therapy study, however, as more evidence accumulates this will continue to be closely reviewed. Please see the [article](#) on COVID-19 Clinical Research at Island Health.

**Q: Please confirm the mask recommendations you have for the general public and if homemade masks are acceptable, what specifications should they meet?**

A: Homemade masks are not proven to protect you from getting sick, or to protect others from becoming sick. However, homemade masks may not be harmful if you continue to wash your hands frequently, keep two metres or six feet away from others, and stay home if you are sick. Island Health requires medical grade personal protective equipment such as masks and we have guidelines for our staff on what personal protective equipment they are required to wear when caring for various patients.

**Q: Has BC/ IH considered setting up isolation hospitals for COVID? [Ref CBC news](#)**

A: We are establishing COVID-19 care to uphold optimal infection prevention and control measures to ensure patient and staff safety based on best practices from other jurisdictions. Island Health's COVID-19 Acute Care Staged Response Plan, includes cohorting COVID positive patients in dedicated inpatient units and critical care patients at RJH and NRGH, as well as establishing a cohort site on the North Island and community sites for underserved vulnerable populations and long-term care residents.

All COVID cohort units adhere to best practice space design, practice standards, protocols and procedures and staffing models to ensure patients receive appropriate and safe care and clinicians are trained in COVID care standards and feel comfortable and safe in supporting patients.

**Q: What is the plan for allied health staff that work on a COVID cohort unit? Will they have to remain unit specific and not move throughout the hospital?**

A: There are two dedicated COVID sites at NRGH and RJH. Not all staff will be dedicated to COVID cohorts, we will have dedicated core unit of nursing staff. There will be dedicated doffing and clean area for allied staff to ensure safety. If we had a significant number of patients, then we would have allied staff as core staff, but for now it is not required.

**Q: Physiotherapists have closed their doors at this time. However, there are patients who rely on these services for daily functioning. Will we order them to open?**



A: Physiotherapists, like most other health professionals, have been directed by their professional college to modify their practices to reduce risks to patients and practice physical distancing. Some therapists are delivering virtual care, or using other methods to provide necessary services.

**Q: Since C19 patients are being cohorted at RJH why are other patient groups like intoxicated patients not being sent elsewhere to take the pressure off the ER?**

A: Currently, our ERs are not experiencing volume pressures. Should that change, we would move into our decant strategy island wide to support increased volumes.

**Q: ER staff are at high risk of violence from MHSU patients. What contingency plans are available to protect staff during C19?**

A: Occupational health and safety guidelines related to violent patients remain unchanged, other than the need to ensure that you are utilizing the proper PPE if the patient or client has respiratory or other COVID symptoms.

**Q: Given we seem to be planking the curve in BC, what will it take/look like for us to back out of our current restrictions and resume "normal" life/work?**

A: It will likely be many weeks to months before we will be able to determine if the pandemic is controlled locally, and if restrictions can be modified.

**Q: Is IH giving any direction to post secondary institutions that still have all their buildings open with groups of students studying and face to face exams?**

The provincial health officer (PHO) has issued [new guidelines](#) to support compliance with orders on business closures and gatherings, under the Public Health Act.

\*\*FAQs from previous Town Halls are available here: [intranet.viha.ca/covid-19](https://intranet.viha.ca/covid-19)