TOWN HALL SUMMARY

March 31, 2020

TRANSCRIPTS (note: audio links are hyperlinked throughout)

SPEAKERS (in order of speaking):

- Victoria Schmid, Executive Director, Quality, Safety & Improvement
- Kathy MacNeil, President & CEO
- Dr. Richard Stanwick, Chief Medical Health Officer
- Marko Peljhan, ED, Geo 4, EOC Lead
- Dawn Nedzelski, Chief Nursing Officer & Chief Professional Practice
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- James Hanson, VP Operations & Support Services

INTRO/GENERAL UPDATES:

Victoria Schmid – Welcome everyone to what is, I think, our fourth or fifth Town Hall? I feel like We have had about 12 of these in the last two weeks. I don't know if it's just me, but the last two weeks feel like two years. I hope everyone's hanging in there and I'm going to turn it over to Kathy McNeil, our CEO, who's been leading us through this COVID-19 journey.

Kathy MacNeil – Thank you Victoria. I have to say that there are many days that I'm being led, so I'm privileged to be here with everybody today. I want to just start our time together by acknowledging we're gathering on the traditional territory of the Lekwungen speaking people. Many of you are up and down and across the Island, so you may be in the Kwakwakiltul territory or Nuu-chah-nulth territory. It's important for us to remember, as we do this work, the stewardship and the guardianship of the First Nations - how they cared for this land and they cared for their relationship with nature. And, how they've led us in the way of connecting the land to health. If you're doing as much online reading as I am these days, there's a lot of commentary about where we are in our world, in this pandemic, and whether we're actually seeing some healing in our earth with climate and some of the impacts. So, it makes me think about our stewardship and the relationship with the earth. The other thing it reminds me of, when I think about the respect that First Nations hold for their elders and their children, is that my grandparent's grandparents probably were here in times like these, when there was lots of uncertainty in their world and they had to come together as people to find their way through. And so I think that for us, we will find our way through when we come together. And that's why that's a common theme that you'll see in our communication that Richard and I send out each afternoon. The answers will come when we come together. We'll lose our way when we are splintered and come apart. And so it's important that we continue to come together.

So two things I just wanted to talk about for a second before we go into the updates.

Last Friday Dr. Henry and Minister Dix released a provincial modeling plan that was undertaken through the leadership of BCCDC and the epidemiology team there. They're looking at some scenarios for BC - if we follow the epi-curve of South Korea, China and Northern Italy. The importance of these scenarios is

we have, as health authorities and a health system here in BC, been using those scenarios to plan for our space needs, our equipment needs, and most importantly our health human resource needs. So as you can all imagine, that's a complex piece of work and we've been at it now for a little less than two weeks. So we don't have all the answers yet, but we're getting much closer to what our plans are and feel really good about the scenarios that we've walked through. A couple of things that we know for sure is we are moving forward with what we call 'Primary COVID sites' and he plans to cohort COVID+ patients who might need critical care. So, those of you who are following the trajectory of this disease a high percentage of patients who are admitted who have symptoms severe enough to require hospital admission, a high percentage in the brief DC context, it's almost 40%, but go on to require critical care supports. So we need to take that into consideration as we do our planning. Our COVID primary sites are at RJH and NRGH, but we also are planning for some overflow capacity for VGH and Comox Valley Hospital as well. So, just so that people know that's well within our plans and we're taking a realistic view and creating the plans accordingly around those primary cohorts. We are also, in our plans, looking at the potential utilization of the Summit at Quadra Village as an overflow off-site capacity for our patients who might still require acute care but not proximity to critical care. So that's all part of the planning process. Luckily for us, with The Summit, we have that beautiful facility that was just waiting for residents to be moved in. And so I want acknowledge the delay that we've created for the Mount Tolmie and Oak Bay Lodge residents and staff who are waiting to get into their new home. I thank them for sharing that space to allow us to have that capacity to do this planning work.

The last thing I want to talk about before I hand over to my friends is I was reminded last Friday, when I saw a story of an inpatient with Fraser Health. I think it's actually a column on Twitter by her daughter, who was really hoping that someone might be able to spend time with her mother because she wasn't able to get in to see her because of her visiting restrictions. And it just brought to mind to me how difficult this time is to be a patient and how difficult it is for families to have someone who is apart from them in their facilities. So I just wanted to call that out. And if you have a chance, if you are working in a clinical area and you have time, really it's how can we be present for the patients who we have staying with us at this very scary time.

And finally before I finish, I still want to, at every opportunity, acknowledge and thank all of you for the way you're showing up. It's difficult when we don't have answers and we'd like to see that we can find solutions to the problems in front of us. I know I'm an old physio and I love nothing better than to fix things or take away people's pain. Unfortunately I'm not able to do that in this scenario. And that's hard for us as clinicians to not always have the solutions, but it doesn't mean that people haven't shown up and leaned into the challenge that's here. And so I just want to thank you all very much and I encourage you to keep the energy. We are resilient when we come together. We're highly resourceful and we're going to hear some stories of resourcefulness. And if we can continue to remember that while we personally may not have been in these situations before, humankind has been here before. And so there are lessons that we continue to draw from people's experience back home, pass back over.

Dr. Richard Stanwick - Because this is an audio, Kathy sanitized the talking stick before she handed it over to me - so we are practicing proper procedures even when we're dealing with traditional tools. So terms of Island Health, we're still enjoying the period of calm before the storm. Our numbers are still double digit, but they're certainly creeping up there. We are seeing hospitalizations in terms of our contact traces. We're still, in most cases, able to trace back to the dental conference in Vancouver, and people coming from outside of the province. So, we haven't yet seen the community spread, but that is

definitely taking place in the lower mainland. A couple of comments - certainly Kathy alluded to the mathematical modeling and I think one thing that's really, really important is a mathematical modeling to just give us some ideas as to where we are not where we're going to. And, according to Bonnie, we get to choose as to where we end up. And this is why, in particularly the plea by the minister in the last couple of days is that we, as a society, need to practice those social distancing techniques. We need to stay home. If we need to go shopping, get your entire list for the week. You don't need to go every day to shop. So there are some really simple pointers and techniques that we can do to maintain and social distancing to continue to keep the likelihood of person to person spread within the community low. This allows us to buy time to address a number of problems which you're going to hear about. We are using this time judiciously to move forward.

A couple of other things that I just want to reference before I hand the podium to my other colleagues is that Dr. Henry has issued a number of orders, including one, which I took to apply to all long-term care facilities - is some certain steps around cohorting of people to those facilities as well as steps to basically restrict access to those facilities. The rationale for that is 12 long-term care outbreaks on the lower mainland. We have learned from the bitter experience in the case of Vancouver Coastal in particular, they have shared what they've done right, but even more importantly what went wrong. And we want to avoid making those same errors as much as we can. We know it's not going to be likely will ever be able to prevent it, but we can take steps to do differently. And they're also sharing with us some techniques that we're applying to mitigate any future outbreaks because this virus is circulating within the community. And so again, I've said this repeatedly, I reserve the right to contradict myself totally next time. And that's the problem is we are learning as we go. Some of the information that we provided in past town halls on the basis of good evidence or experiences directly from Vancouver or other parts of the country have been applied to the situation. Now the last thing that I again want to emphasize is that we also need to take care of ourselves. And oh, Kathy's emphasize this - it's kind of hard because we've been doing such a good job that it's, somebody said it's almost like the military. You're waiting to go into battle and there's anxiety about what you're going to be facing. And probably the hardest thing is asking people not to do something at this point in time. I am just going to pick on one example in terms of dealing with some of our marginalized populations, the temptation just to leap in there. And actually the thing is you need to do things right rather than rushing with something that we think is going to work. We bought ourselves times, so I think the trick will be to use it intelligently and not waste energy engaging in activities that are going to make us feel better, but in the long run, not necessarily improve the situation and worst of all, waste of valuable commodity of energy.

Marko Peljhan – Good afternoon everyone. So just further information about the modeling and as, as Kathy was alluding to, some of the modeling has been shared conventionally across all of our health authorities – and was part of Kathy and Dr Stanwick's end-of-day message on Friday. I encourage you to take a look in the four scenarios that are described there. Where we're sitting today as we've slowed down electric procedures, as our hospital capacity has come down this morning we had just over 460 empty beds across our health authority. And so that equates to about occupy overall occupancy rate of just under 70%. So just to give that context, when we look at the modeling scenarios one of the worst case scenarios is the Northern Italy example. We're still within that, within our current empty bed base that we have our current empty funded bed base. And so, emphasizing that and the work that we're doing. And just, acknowledging all of the work that everyone's done to support ramping down some of our elective procedures providing extraordinary discharges for our patients to be managed safely and home and community and recognizing the impact that's having for our community health services staff -

as well the extraordinary work that is occurring there. We've also finishing off the development of acute capacity plans and critical care contingency plans, where we've had involvement of stakeholders across the organization and, and medical leadership into the development of those plans. In the coming days, we are planning to share those plans more broadly. So you'll see yourself within it and have an understanding of where those cohort units are – and the areas that we're going to be cohorting to. If our numbers do increase in critical care and through our integrated units, just what our plan is to respond to that and effectively meet our patient needs, while supporting each one of us as staff to work in an environment that's safe. The other thing I want to mention is our assessment centers. We've implemented and are the process of intuiting further assessment centers for high-risk patients in many areas of our health authority of the Island. We're doing that because we've heard consistently up and down the Island from our divisions of family practice, the need to continue seeing our communities and our patients in a community setting.

Unfortunately, one of our primary care physicians is having difficulty accessing personal protective equipment. So it's really important that as a health authority, we're meeting that patient demand and having a director for primary care practices in many of our communities on the Island. So that's occurring and kudos to everyone who've been involved in supporting that work and standing up those much needed centers in many geographies. The other thing I want to talk about, is we're going to have a lot of questions about personal protective equipment and the communication that went out on Friday. I want to emphasize some of the points that we've talked about and we're going to be sending a clarifying communication soon that will clarify a couple things: One is the appropriate use of PPE and the conservation of that, but also answers some of the questions that I know have been coming up for multiple departments. Firstly, I just want to emphasize that each one of you as clinicians is supported to do an assessment for every patient, or resident interaction and to identify where there is suspected or confirmed COVID-19. Based on that assessment, if you determine the patient has, or is suspected of having COVID, you must put on a mask, eye protection, gloves and gown. Once the mask is on, we ask that you keep it on for as long as you can or until it is damaged – and/or until you leave the unit. Anytime that you remove the mask, it should be discarded. The exception being N95 masks, which we are now collecting and reprocessing. What IPC is also saying, is that we're supporting the removal of your mask after you've been in a patient room where the patient is on droplet precautions. So, if you've been in a room that has droplet precautions, as you remove the rest of your PPE, you can also remove your mask and discard it at that time.

I also want to emphasize some of our important measures that we've enacted to reduce and conserve PPE usage, while maintaining safety in the practice, is to minimize the number of clinicians that are providing direct care in a patient setting. This includes not having students or learners involved in that patient care, reviewing all equipment and supplies before entering the room, bundling as many tasks as possible to minimize trips into a patient room, and finally looking at other conservation methods, such as we've employed long IB tubing in some of our critical care settings. So if you're managing IB pump settings, you don't actually have to enter and exit the patient room. You can prevent donning and doffing of PPE by doing that work at a distance and keeping yourself safe. So those clarifying points will be coming out soon. And I just want to take a moment just to thank everyone for all of the effort and all the work that they're doing. And we're starting to see patients in many of our sites and the preparatory work that we're doing has put us in a position that we'll be able to effectively manage an increased number of patients. Thank you everyone.

Dawn Nedzelski – It's just great to be able to talk to everybody today. And I think as we talk about PPE, I just want to thank the healthcare team and providers as we work through this and how much trust they're putting in the leaders of our health authority in order to ensure that you have the supplies you need and you can meet the challenges ahead. Never did I believe that I would be in something like this. I think a lot of us it's hard to believe that it's only three weeks ago that WHO determined that this was a pandemic. I know many of you feel like we're working in a calm before the storm, and I do as well. And as we look at the other countries and some of the things they are going through, I am so glad that we have kept our curve at a minimum, which gives us time to plan as we go forward.

I'm always reminded, when I am looking at quotes to try and keep me positive in the morning, that I'm so grateful for you coming to work and facing COVID-19, but also caring for the patients that are actually in our hospitals, in our community and everywhere else. There are folks that still need our care that is not related to COVID, so I know many of you are doing work as usual. I think as we move forward, I need to say as Chief Nursing Officer and Chief of Professional Practice, I am very proud to carry that voice to the executive team and I thank Kathy for having me there so that we can talk about the healthcare teams that are out there that are at the point of care. I know that you feel a deep responsibility to care for those people that are in our sites and in our communities. I want to thank you again for allowing us to plan and move forward, and for being part of those plans, and trusting that we have your best interest at hand. And I know that things are going look different as the weeks go on and I know that you're going to be challenged, either you're in a units that are slowing down, you're in-patient services that are slowing down, and you may be asked to work in different areas. And for that, I want to thank you very much. As I said, it's only been a few three weeks that we've been at this and we are kind of paving the way as we go.

I think the provincial direction is hard for us as a health authority because we like to do things the way we like to do them, so I am asking for forgiveness as we work on practice items such as PPE, such as training for ventilated patients, such as up-skilling, such as redeployment. I could go on and on. So we're learning as we go, and thank you very much for that. I do also want to say you are the heart of the care that we provide and I know that we can get through this together and we're going to learn from this and we may be different after we've been through the pandemic. And thank you for those that have reached out. I will be answering all of your questions as they arrive and anytime, please feel free to reach out. Thank you.

Dr. Ben Williams - I want to spend just a couple of minutes talking about how incredibly proud I am of our teams. What we have seen over these last many (9) weeks now, there are plans at every acute care site with our physicians and our staff coming together and planning for how we can deal with the surge of patients. How do we separate out respiratory patients from other patients? How do we keep everyone safe? How do we store our PPE so it's there when we need it? And, how do we keep our staff, ourselves and our families safe? How with how do we look after vulnerable seniors in their homes, who we are desperately trying to keep out of hospital right now so we have more capacity? How do we look after those the members of our community who are exceptionally vulnerable - those with mental health or substance use problems? In this case, it's how we deal with, as Richard often reminds us, two public health emergencies at the same time? Our teams have come together, and it's just fantastic to watch. And I'm really proud and it's kind of an exciting time to be a leader. Although I'm sure it feels like a slow sell to many of you, decision making is much faster than regular day to day basis. Sometimes they'll be

wrong and sometimes we'll learn something in the afternoon that what we did in the morning was wrong. But we can still do that and provide great care and act quickly as do evidence emerges.

So thank you, to all of the teams doing that work. I have a couple of special thank you's – our medical health officers have been working exceptionally hard. You don't understand. The service that they provide to all of us in healthcare, but also to our communities and to guiding us for what we need to do to apply it and the curve has been exceptional and I'm really grateful for the leadership that they provided in this time. I also want to give a little bit of a shout out to our teams that have looked at how to provide care differently. We have seen more changes in how we deliver healthcare in these last eight weeks, than in the many years proceeding - and the amount of virtual care going on is incredible. You don't go into see a family doctor anymore. You call, get a virtual appointment, your family doc calls you up or they do a video conference of some sort with you. They determine if you need to go in and get seen. Our physiotherapists are now engaged in that work, as are many other teams. Our community team is engaged in that. So before a healthcare worker goes out to your house, you'll have a virtual visit first. These are innovations that are critical to us now, but they also lay the foundation for different ways of providing care going forward. And it's really exciting to see and I appreciate the partnership with the provincial government on that and how they've relaxed some of the privacy rules so we can innovate and provide care to our communities in this challenging but really interesting time.

I too want to touch on PPE a little bit. Marco spoke to it in detail, and I'll speak a little bit more. Here's the principle: we want you to use PPE today, the way you need to, to stay safe. So if you've done a risk assessment and the patient could have COVID or some other respiratory disease, then you don the appropriate PPE and then you are incredibly careful about doffing it, about taking it off, because that's the time when we infect ourselves. If you don't need PPE right now because the patient is low-risk, please don't use it so that it's there for you later. And for all of us when we need it, as our numbers go up. Those are the principles. So use it when you need to, to keep yourself, your family and patients safe, and if you don't need, don't use it.

This is a difficult time. Even though we're not seeing patients yet, we're on edge. Our teams are on edge. When we watch the news, we're really on edge. When we see what's happening in New York. My goodness, is that scary? And I'm sure it shows up in our own lives. I'm sure it's showing up in my home life. Many of us think, "I want to be a good parent right now." You've got kids and maybe you're not attending to them the way you want to. Or, you want to be a good child. If my parents are in another community, or even in this community, and I don't want to see them because I'm so afraid of making them sick. Or, maybe I have to see them because they're my childcare source right now and I want to be a good neighbor to the elderly person across the street and am I social distancing enough? These are hard times and it's a stressful job we're in right now because we're aware of what could be coming even though we're doing everything possible to make sure it doesn't come. I think it's really important to be disciplined about self care, to be disciplined about being off - about not working 24/7, about trying to turn your brain off. If you have a work cell phone, try to turn that off. I'm sure my partner in the Nanaimo is laughing at me right now... And, getting sleep and doing some exercise with Dr. Stanwick's appropriate social distancing, going for a walk or a run or a bike ride with your family unit – and no one else so that when the wave comes and we start seeing more patients, we're ready for that. And to do that, you have to be rested. So I'll end this the way I have every week for a few weeks now - our families rely on us, our communities are relying on us. We are for them the source of truth more than the

internet, more than what they see on TV, more perhaps even than Dr. Henry and Minister Dix. They're looking to us, it's our job to be calm for our family to be modeling social distance and hand hygiene, to answer questions when we can. When we can we should refer them to the source of truth like our health website, the BCCDC website. We can do a lot together to model the kind of community we need right now so that what is happening in New York, doesn't happen here. And that's my ask of all of us, that we show that leadership as members of that healthcare team that falls to us. It's a model of what we need. Thanks very much.

James Hanson - So I'm ***not*** going to talk specifically around the clinical use of PPE supplies – this was covered really well by Marko and Ben. What I will say, is I want to provide assurances that our provincial partners with PHSA our local individuals in supply chain are doing absolutely everything they can to pursue provincial, federal and local supplies. And as Ben said, I just want begin by saying thank you to everybody that's working incredibly hard, not just on TV, but in the system. A special shout out to a lot of those non-clinical teams who are almost entirely focused now on PPE and logistics. We have individuals that have never been involved in this, pursuing opportunities in China, locally and provincially. And a lot of cases they're having success.

So what I would say is that we have pandemic supplies, both local and provincially, we have the unit supplies, we have regional warehouses and are receiving quite a few donations from the community. Examples of that would be 3D printed shields and 95 masks, surgical masks and a variety of gowns and other items. There are the lot of you out there that are actually helping us with those donations and are receiving quite a bit of support clinically and locally from individuals that are connecting us with people who have supplies. Thank you for that. We're working on a process to make that a little bit more streamlined, as we know some of you are having issues connecting with us. So stay tuned for that. I believe that will be communicated at some point, either today or this week. I do also want to say that we monitor daily utilization and our days-on-hand, both locally and regionally and provincially. I would say that in my time in healthcare, 12 to 15 years, I have never seen the system respond the way it has provincially. We are so connected with our colleagues in Northern Health or mainland and provincially that we know exactly how many days we have on-hand as a province for a specific item and we are able to support each other. So I just want to assure you that we have a process provincially and it's being monitored daily by the hour. The thing that I want to end on is just to say that you know this is the calm perhaps before the storm. The reason we're asking you to practice safely and appropriately now is to be prepared for what may come on the horizon. Our lower mainland colleagues are certainly seeing a different situation than we currently are. And our process right now is supporting them not only with PPE but with clinical support. So we're asking you to practice safely and smart so that we can be ready for that swarm.

QUESTIONS & ANSWERS:

To up people's awareness, would it not be best to publicize where cases are in our communities?

R. Stanwick - The idea that somehow by publicizing this is going to change people's approach. We emphasized that at this point in time you should assume the cases are in the community and behave as if they are. What is going to make the difference is people engaging in that social distancing. And in particular I could emphasize the physical distancing. Social distancing is what staying home, if you're

sick, only going out if you have to, but then when you do practice that six feet apart or the two metres apart because that's what's going to prevent the droplet spread. People somehow think by being made aware that Saanich has a case that's going to change things. The answer is Saanich probably has a case. And if you look at basically what Dr. Henry has said, there isn't an area of the Island where we have not seen cases. We have to assume that they are circulating in our community.

Why don't you swab everybody?

R. Stanwick - Well, for one, we don't have the capacity to do so. And this is something that is I think just emerging in the last number of days. If the chief medical health officers who have spoken to Dr. Henry about, this swabbing is not to basically identify negatives because somehow people think that, well, if the community is negative and it's safe, That is farthest from the truth? You could be in an incubation period, you get swabbed, you're told you're negative. In fact, four days later you have a slight cough. You say, Oh, I'm fine because I been tested negative. You have the virus and you're positive and you need to stay home for 10 days. So again, what we want to do is use the tools that we have for the people that need them.

And those are people who are in hospital, health care workers like yourselves who need to be tested to make sure that we can make the right sort of provisions as to whether you need to stay home or whether you can continue to work. And then, of course, for outbreaks and of course a long-term care facility. So here we go again, this whole phenomenon. What is it that's going to protect the community? And it's a matter of people stepping up and doing those things that Dr. Henry and Minister Dix have asked - practice those measures that are going to allow you to keep the virus away from you.

Are staff going to be laid off due to the cutbacks?

K. McNeil - The health system is being absolutely held up and supported by a community that are making some of the greatest sacrifices they've ever been asked to make. And so it's not a time for us to be thinking small and thinking about reduction. It's a time for us to be grateful and to be supportive, and giving them the best service possible because of what they're giving to us.

Are we following the BCNU directives around protocols for pregnant and immunocompromised health workers? *(D. Nedzelski answers)*

Please give us a quick overview on the cohorting of pediatric patients and what is the general plan is for that - whether there'll be cohorted in pediatrics or in adult units?

M. Peljhan - We have developed a plan to cohort patients at VGH. There is a, a satellite cohort that we're looking at for Nanaimo. Again, we've had some of our local pediatricians and local site leads involved in that looking around the logistics of patient transport. But right now we haven't seen any positive pediatric cases. The burden of illness is relatively low for that population. But we're doing all of the preparatory work that we need to in case we do get a higher volume and, and cohorting to, to the primary site, with VGH as a primary location.

Question for Dr. Stanwick about Bonnie Henry's advocacy around physical distancing of two meters. How are clinicians and patients who work in close spaces protected from transmission through this type of advice?

R. Stanwick - Well, I think the first thing is, is that both the patient and the physician are aware of the merits of the physical distancing. And depending on the circumstances, we've heard from Ben Williams you know, there are many opportunities now to do this virtually rather than one-on-one and in close contact. Obviously where circumstances arise and I should possibly refer this to Ben as the expert in primary care. That where are there circumstances that arise that distance has to be breached, we have measures to take to reduce the risk of droplets spread. And probably you gave, we move back to the proper use of protective equipment. But again, I think what we have to do, just like we do with our advice around shopping and all these others that can be, can you basically sequence it in terms of just doing it when you absolutely have to. We don't want to restrict medical care, and again, can you keep the risk as low as possible? It's not, the physicians won't provide care, but can we do an in fashion that is least risky for the patient and least risky for the physician?

This is about keeping our families safe. So health care workers are required to change into their own uniforms and shoes at work and then bag them when they go home. If uniforms aren't provided, how do we take our laundry home so that this isn't a risk to our families?

Dr. Stanwick - Remember this is droplets granted. When you do the washing at home is extremely effective in destroying this virus. Either way. The, the important thing is just as we're doing the donning and doffing of personal protective equipment, carefully taking off the clothing that you have at work, placing it in the bag. And then of course washing your hands thoroughly doing your 20 second wash. You know, again, if you really feel you can put your regular clothes back on and just as another precaution, give your hands another wash when you get home again, put it directly into the washing machine and try to make sure you don’t contaminate the outside surfaces and again with that bag, just wrap it up and in straight into the garbage can so that they make sure that nobody else retrieves it from there. Your normal washing machine will kill the virus. So again the good news is with the simple steps that you follow in terms of good infection control in the hospital, and again, after you put that bag in the garbage can wash your hands.

B. Williams - We have a lot of questions. And they're all good questions about PPE and how the virus has spread and there's a new study and whatever journal that it could be on shoes or on tables or in our hair. And I'm it's important to understand for all of us, viruses don't swim. They don't fly, they don't jump. They're carried in something else. This virus is carried in our saliva, in the secretions we have in our mouth and in our nose when we cough or when we sneeze, it goes a long way is when we talk a little bit, it doesn't go as far. Can it land on our shoes or our clothes? Sure. That's why it's important to wash our hands. That's true of every cold and every flu. Handwashing is absolutely like the key to keeping ourselves safe.

This is not Ebola. It's not Cholera. It's not the measles. Those other diseases are can be spread with absolutely minuscule amounts of viral particles. And so they have different techniques that we use with those diseases. But in this one hand washing is absolutely the key. You know, if you're in a room where someone could cough on you, you absolutely want to be wearing a mask. And a face shield. The question earlier was asked around social distancing and how we use that in the, in the workplace and how we use that with patients. And I just want to say clinically where that's possible.

You should still do that. So if you're a psychiatrist and you're interviewing a patient, you can probably do that from two meters away, just fine. If you're doing a physical examination or you're providing personal care as an HCA, you're obviously going to need to be closer. And that is why it is important with all of out patients that we do risk assessments ahead of time.

If the patient's in primary care, we're now doing that risk assessment on the telephone. Same with, they're coming in for an ambulatory care and one of our facilities, we're going to have risk assessment by telephone if it's in the emergency room it's at triage. If they're inpatients, we should be asking our patients regularly about symptoms that could be compatible with COVID because it's the patient's symptoms that are going to drive while level of precautions we need. So we do the risk assessment before we examine the patient. If that risk assessment says the patient could have a COVID or another respiratory illness then we don the appropriate PPE and we're really careful about how we doff, and we wash our hands a lot. This is about keeping our families safe. So health care workers are required to change into their own uniforms and shoes at work and then bag them when they go home. If uniforms aren't provided, how do we take our laundry home so that this isn't a risk to our families?

Can you talk about transfers to LTC and what are our process is to ensure the safety of those patients and the LTC residents? *(M. Peljhan answers)*

Facilities that house homeless and substance use populations still require community care and yet maintaining hygiene and social distancing is important in these areas. Can you speak to what we're doing here? *(R. Stanwick answers)*

Closing:

Victoria Schmid - A colleague from another province asked me if I know Dr. Bonnie Henry and I had to admit that, no, I haven't actually had a chance to meet her, but my colleague said they'd all already bought the t-shirts. So apparently if you were fast, you could've gone online and got a Bonnie Henry t-shirt. They're sold out now. So don't go online and don't look for them, especially not on work time because the servers are overloaded. But you know, I think I don't, for Henry has emerged as a bit of a hero through this. And I would say that for me I think she's emerged in that way because of her ability to create calm. And so I made sure that every day I get to watch Dr. Henry at home on my couch, on my own bandwidth. But what I appreciate about her approach is that she reminds us all that we all have the key to how we get through this. And we all can control the things that we do to make sure that we're not increasing, spread, increasing the chaos and increasing the questions that are flying around. And so

what I would actually say is I would say that all of you out there that are providing care, that are coming work to every day, coming to work every day to provide care and asking the right questions and looking for answers to your questions and being flexible and resilient in that work. You're all the healthcare heroes. And when I go outside every night at seven o'clock and bang pots and pans on the sidewalk with my neighbors and the people up and down the streets, it just makes my heart sing. I was talking to a respiratory therapist in the other day and we just had a brief conversation and she said, you know we're just figuring this out as we go and we're going to figure out today what we need to do and tomorrow we'll figure out if it's different.

And I thought, you know, that's the hero that we're looking for. We all can step into that hero role by providing calm for our colleagues by looking for answers with the people that know the answers, or at least know the answer right now. It might be different tomorrow, but we have an answer. We're going to go with it. So our ability to provide calm and support to our friends and our colleagues who are looking for calm right now is probably the biggest act of service that we can do. So thank you to all of you for stepping into that act of service and for showing up every day to do your best. And I just wanna share my extreme gratitude for all of you, and I hope you're all listening at seven o'clock when the banging starts in the neighborhood. Thank you.

Note: remaining questions will be answered in a FAQ – and shared at the end of the week.