VIRTUAL TOWN HALL



Summary: March 10, 2021

View the session: https://cast.tbrhsc.net/townhall/archived/

Staff Vaccination Update

- 16,000 doses of vaccine have been given to date.
- Vaccines are arriving as anticipated, but remain limited.
- Our role continues to be to provide vaccination support as directed by the TBDHU.
- Our vaccine clinic is focusing on health care workers
- All staff are expected to receive codes within the week, if they have not already received one.

2nd Dose Intervals Update

- The Ministry of Health Under the Direction of Dr. David Williams, mandated the interval between doses to up to 16 weeks.
- Those who received their 1st dose, and are scheduled for their 2nd dose will be contacted to reschedule their 2nd dose to 16 weeks after their 1st dose, as per this direction.
- Extending this interval maximizes the number of 1st doses administered, increase community protection and contributes to health equity.
- Refer to the memo from Dr. David Williams for more details: https://comms.tbrhsc.net/wp-content/uploads/2021/03/Dr.-David-Williams-Vaccine-Memo-March-2021.pdf
- Current evidence indicates high vaccine effectiveness against symptomatic disease, hospitalization, and death from COVID-19 for several weeks after the 1st dose.
- To learn about vaccine intervals, view the video at http://player.vimeo.com/video/510359261.

How are the COVID-19 'variants of concern' more transmissible?

- Variants of concern were highlighted in terms of the increased transmissibility
- Some variants can be associated with more severe disease and possibility of increased mortality.

Are there recommendations to protect from these variants?

- Current vaccines may offer only reduced protection against some variants of concern.
- Studies are underway and modifications to current vaccines are being investigated.
- The importance of adhering to public health guidelines to keep variants from establishing themselves was reinforced.

Is the variant in our community?

- No variants of concern have been identified in the TBDHU area.
 - o The UK B.1.1.7 variant was identified in Dryden.
 - A cluster of the South African variant was identified in North Bay.

Staff isolation due to contact with COVID-19

Please refer to https://comms.tbrhsc.net/wp-content/uploads/2021/03/Memo-Staff-isolation-due-to-COVID-19-and-Extension-of-Paid-Leave-Entitlements-March-1-2021-1.pdf

Given the current situation, will staff be limited to one work location again?

• There are no changes at this time.

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Essential Care Partners (ECP)

- While our hospital is in the Red (Control) response, only Essential Care Partners (ECP) are permitted in our hospital under specific criteria.
- Please refer to https://comms.tbrhsc.net/wp-content/uploads/2021/03/1.COVID19-ECP-and-CP-quidance-document Feb1.21.pdf.
- Requests for ECP/CP exceptions can be directed to your manager.
- Patients who are denied an ECP should be aware of the appeals process, available at https://tbrhsc.net/wp-content/uploads/2020/12/Essential-Care-Partner-Appeal-Process_Dec2020.pdf.
- ECP information is available on our website https://tbrhsc.net/covid-19-information/information-for-patients-essential-care-partners-and-care-partners-during-covid-19-pandemic/.

Voluntary Self-Identification for Indigenous Patients

- Will be implemented March 16, 2021.
- Patients will be able to self-identify at all points of registration or online at www.tbrhsc.net.
- Enables the care team to connect patients to healing supports and resources.
- Self-identification information is confidential.

Will Professional Staff be able to get vaccinated in Phase 1?

- Professional staff, except for those with supportive privileges, would have already received codes to book their vaccinations.
- Professional staff with supportive privileges would receive a code in the coming weeks.
- Professional Staff who has not received your code should contact Medical Affairs.

Will those who have been vaccinated need to continue screening and wearing PPE?

All vaccinated staff, including locums, must continue to screen s and wear appropriate PPE.

I am concerned about the low volume of vaccines being administered as reported by the TBDHU. Do we expect the volume of vaccines being administered to be ramped up?

- Getting doses into arms as soon as possible is a shared priority.
- Vaccine supplies are now reliable, but still limited.
- Vaccines are administered in a manner that prioritizes the highest risk in the community.

What is the mandate of the Incident Management Team (IMT)? What are the various roles?

- The mandate of the IMT is to manage our Hospital's COVID-19 incident response. Various Roles:
 - CEO
 - Command Staff includes: Incident Manager, Liaison Officer, Information Officer, Safety Officer, Specialists, Medical Specialists and Emergency Preparedness Specialists.
 - General Staff includes: Planning Section Head, Operations Section Head, Logistics Section Head, Finance/Admin Section Head.
- Roles are assigned based on the tasks, the level of authority required for an effective response, the knowledge or skill sets required, and the anticipated length of the role.
- One person may hold more than one role as the scale and scope of the incident evolves.
- Each Section may include Branches, Teams, Task Forces, etc. and will expand and contract based on the scale and scope of the incident.