VIRTUAL
TOWN HALL

Thunder Bay Regional Health Sciences Centre

Summary: December 8, 2020

View the recorded session here: https://cast.tbrhsc.net/townhall/archived/Townhall-Recording-2020-12-09.mp4

Summary:

Canada may be receiving vaccines shortly. What do we know at this point about our hospital's role in vaccines?

- Our hospital has been identified as one of 20 in the province to be a lead hospital for vaccine distribution.
- Still to be determined whether we will be receiving the Pfizer vaccine, Moderna or a combination of both.
- A team has been assembled to help manage the receipt and distribution of the vaccine once it becomes available.
- We hope to have it available by early in 2021.
- More details will follow as they become available.

How can we send a clear message of support to staff members that are impacted by Covid-19, specifically those infected with Covid-19? People are getting the impression that positive staff are made to feel guilty somehow.

- We are all working to ensure we follow the Public Health and Hospital guidance regarding PPE, physical distancing, social circles, etc.
- We need to ensure our Hospital is a caring and supportive environment.
- Take the opportunity to reach out and offer support, rather than cast judgement or make assumptions.
- We're all in this together.

What is the status with the COVID-19 Unit and should it be opened to contain COVID-19 patients?

- If we need to open the COVID-19 unit, it will be on 3A again.
- Our rough trigger for when we will open the unit is 6 admitted COVID-19 positive patients in the building.
- IMT closely monitors the flow of patients in the organization, the status of those admitted patients and their illness trajectory (how close the patient is to discharge) and the status of positive cases in the community.
- The risk with opening a unit before it's truly necessary is that it would block 13 beds that are otherwise needed to manage patient flow in our Hospital.

- We are working very hard to clear the backlog of surgeries and diagnostics caused by the first wave of the pandemic. Every bed is important to ensure that patients are getting the care they need.
- We can operationalize the COVID-19 Unit within 24-48 hours.

In the first wave we had specially trained staff on 3A to care for COVID patients, would it not be best to utilize them for the safety of all?

- Yes, we will have dedicated and trained staff, many of whom worked in the COVID-19 Unit before.
- Simulation training is underway to ensure every staff member working on that unit feels comfortable and confident with the processes.

What is the current outbreak status on 1A Oncology?

- The status of the COVID-19 Outbreak on 1A Oncology (declared on December 4th) is unchanged.
- Two staff members are impacted, having tested COVID-19 positive. No patients have been infected as a result.
- We have tested all patients and so far those results are all negative. They will be tested again later this week.

How did the outbreak happen?

- A combination of factors could have been responsible for the outbreak at our Hospital.
- This virus is tricky. We're doing all we can with screening and with our PPE but it can still find a way through.
- Another factor is pandemic fatigue. It has been a long 10 months and sometimes there will be an occasional break in awareness and PPE protocol – it is human nature.
- This isn't about pointing fingers or assigning blame.
- We all must do our best to protect ourselves and others and maintain a safe environment.

Can staff who work on 1A work in other areas? What about staff who don't normally work on 1A but need to enter the unit; what happens when they leave?

- We are limiting movement between 1A to the rest of the hospital.
- Deliveries arrive just outside of the unit and are brought in by appropriate staff.
- Other caregivers are limited to going in once at the end of their shift to avoid cross-contamination.

- Thank you to all the staff who have stepped up and are working on 1A during these challenging times. We appreciate your dedication.

When can we admit patients to 1A again?

- Right now, 1A is closed to any new admissions and closed to essential care partners except for palliative patients.
- We need to go 14 days from the last exposure with no new cases among staff or patients before we can declare the outbreak over.
- The declaration is made in collaboration by the Thunder Bay District Health Unit (TBDHU) and Occupational Health & Safety(OHS).

What have we already learned that can be applied should there be an outbreak on another unit?

- Staff-to-staff transmission of COVID-19 is the highest risk within our Hospital and is most likely to occur when eating or drinking.
- It is imperative to ensure appropriate use of PPE and that physical distancing be maintained while in all break areas.
- Any time an exposure occurs, we engage with the impacted staff and answer all questions or concerns.
- We know that we may not always get things right and are committed to transparency and learning from our mistakes.

How does an outbreak work – why is it an outbreak on 1A when only one impacted staff works on 1A?

- For an outbreak to be declared there must be transmission within the hospital or within a unit of the hospital.
- When a single case occurs it immediately triggers an investigation to determine all potential contacts of the individual during their infectious period.
- In the course of the investigation, if another connected case is identified (staff or a patient), an outbreak is declared.
- The point of declaring an outbreak is to mobilize resources and bring in further measures to enhance the protection, testing, and control of the situation to prevent further spread.
- It's not just a declaration, it's a decision that is made in collaboration between Infection Control, Occupational Health and Safety and TBDHU.

Why don't we test all patients on the unit after a positive case is discovered?

- We have to look at the circumstances around the outbreak.
- In this particular case on 1A, the outbreak was centred amongst health care workers that were on the acute oncology wing.

- There wasn't any reason to expand the investigation or control measures to the entire ward.
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Why don't we test all staff to be sure no one else is impacted, like they do in Long Term Care facilities?

- A hospital and a nursing home are two very different environments.
- There is more ability to keep things under control in a hospital setting.
- The consequences of COVID-19 within an LTC setting is also much more problematic.

What is high risk vs. low risk?

- You would be a high risk exposure if you were in close contact for 15 minutes or more or if you were providing direct care to a positive patient without sufficient PPE.
- If you were in and out of the room very quickly, you would be considered in a low risk category.
- High risk exposures require more rigorous isolation and follow-up testing.

What is the likelihood of asymptomatic transmission?

- It's well established that individuals with COVID-19 may spread the virus for a couple of days before they are symptomatic.
- There's a 48 hour window that we use with our contact tracing and exposure.
- For example, if a health care worker or patient becomes symptomatic in the hospital, we look back 48 hours before hand in terms of determining contacts because there is potential for asymptomatic spread of the infection during that window.

What is the incubation period for this virus?

- For mild to moderate cases, on average, the incubation period is at least 2-3 days and may be symptomatic days 4 to 7.
- After that the infection would likely last about 10 days after you are symptomatic.
- This is only a guide and can be extended for severe infections.

Why are visitors being allowed to see positive patients?

- It depends on the circumstances.
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- The guidelines for Care Partner/Essential Care Partner restrictions are based on a number of factors and tied to our Hospital's current level of pandemic response.
- It's a balancing act between being compassionate and cautious.
- Patients with COVID-19 have the need for and right to Essential Care Partners.

How does contact tracing in hospital work?

- The TBDHU receives all positive test results.
- If Hospital staff are impacted, the TBDHU will notify our OHS and Infection Prevention & Control (IPAC) teams.
- TBDHU is responsible for notifying Hospital staff of a positive test result when the contact and testing is not work-related. The TBDHU then completes the contact tracing with input from the staff member and from our OHS and IPAC departments.
- If the contact is work-related, our Hospital then becomes responsible for contacting the staff member and completing contact tracing within our Hospital environment.
- Anyone who is impacted will be notified.
- OHS, IPAC, and the TBDHU then work together to conduct a risk assessment and provide further instructions for anyone impacted.

Have we considered that despite proper donning and doffing of PPE that COVID-19 has a way to get in?

- Proper donning and doffing, hand hygiene, and other key components all play a role to preventing the spread of COVID-19.
- What we've noticed from some of our contract tracing is that there may have been a breach in some of those components that would have put these contacts at high risk.

Do you think the PPE provided and the PPE protocols are sufficient?

- Yes, based on what we've seen from contract tracing and other contacts that we've had with staff we believe that our protocols are sufficient.

Highest risk for transmission is staff-to-staff contact? Explain.

- If staff are wearing appropriate PPE, maintaining physical distancing, and practicing frequent hand hygiene, then the risk is low.
- The risk is elevated when there are breaches in protocol.
- In the break room seems to be the most common place for a breach or complacency to occur because we have a comfort level with our colleagues.

Why are staff in contact with a positive case told not to worry when the contact occurred in the days prior?

- We need to know the infectious period of the positive case and that depends on what dates the individual is giving us.
- There is a 48 hour window.
- We understand any type of contact with a positive case can heighten anxiety for staff.
- It's important to have open and honest conversations and for staff to provide as much detail as they can.

What are the expectations related to travel recommendations, including hosting out of town guests?

- The TBDHU and our Hospital strongly advises that all residents, including staff, avoid hosting visitors from outside of Northwestern Ontario.
- We realize this can be difficult, especially during the holiday season.
- If hosting visitors from outside Northwestern Ontario is unavoidable, such as a child returning home from school, please ensure that your visitor self-isolates as per the direction of public health, and that you are taking the necessary precautions to reduce the risk of infection (physical distancing, hand washing, and wearing a mask).

Is it okay for staff to wear level 3 masks in a COVID-19 positive patient room?

- A point-of-care risk assessment should always be done.
- Please refer to our Hospital's COVID-19 Pandemic PPE Program: https://comms.tbrhsc.net/wp-content/uploads/2020/12/COVID-19-Pandemic-PPE-Program-Nov.-2020.pdf

What is happening with break rooms and physical distancing?

- It is imperative to ensure appropriate use of PPE and that physical distancing be maintained while in all break areas.
- For the health and safety of all and as per the Public Health Inspector directive, inpatient staff room capacity is limited to 2 people eating/drinking at a time. Additional staff may come and go to briefly use appliances, but only one person at a time and they must be wearing a mask.
- The Public Health Inspectors have indicated that they are prepared to fine staff who are not in compliance.
- Please refer to the Physical Distancing in Break Rooms memo for more information: https://comms.tbrhsc.net/wp-content/uploads/2020/12/Memo-Physical-distancing-in-break-rooms-December-8-2020.pdf

Why are we using meeting rooms for lunch?

- Most meeting rooms are now available during the lunch period.
- Capital Planning will continue to review break areas and make modifications to support physical distancing as necessary.
- Please continue to provide feedback for further opportunities to improve.
- Unfortunately, we are experiencing delays in getting proper materials to accommodate some changes.

Can we trust PPE? Why do the rules change so often?

- When PPE is used appropriately, it is capable of disrupting transmission.

- Procedures change with the evolution of understanding how the virus is transmitted.
- It is understandable that as things constantly evolve and adapt, people can get confused and question the changes.
- PPE is our last line of defense. We have to follow all safety protocols.
- Thank you for your continued diligence and commitment to staying informed with all current protocols.

How do I protect my family?

- You don't need to avoid your household or family members just because you work in health care but you do need to wash your hands frequently, follow guidelines from public health, and following proper respiratory etiquette.
- Unless your clothes have become contaminated with bodily substances, it is not necessary to take them off before entering your home.
- Self-isolate away from your family if you fall ill or if you are instructed to do so by OHS or TBDHU.
- It is also important to be honest during screening, to complete screening for patients and document it, and to follow any restrictions or precaution protocols.
- If you protect yourself, you will protects others, and protect your family.