Telephone Town Hall: VHA's Response to COVID-19: Keeping Clients, Families and Staff Safe

Wednesday May 20th, 2020 | 4:00-5:00 PM EDT

With Carol Annett, VHA's President and CEO
Kathryn Nichol, VP, Chief Nursing Executive
Kelley Myers, VP, Human Resources
Barbara Cawley, VP, Client Services

Opening Remarks from Carol Annett, VHA's President and CEO

Thank you for taking the time to join today's Town Hall Call and for the many thoughtful questions submitted. I hope many of you were able to spend a few minutes outside in the sunshine on this beautiful day. My remarks will be brief to allow for plenty of time to answer all your questions directly.

These are unprecedented times for all of us – it is complex, challenging, filled with uncertainty. There are a myriad of sources of information available to all of us – as well as misinformation. It is hard to tell fact from fiction when there is no clear playbook to guide us – the science and our knowledge of the virus is constantly evolving and as a result the guidance and directives given to us are constantly changing in response to this new knowledge. As VHA receives information – whether it is suggested practices or specific directives from Pubic Health officials, the Ministry of Health and/or our funders we carefully review this information and implement it in a way that works best for our organization.

We have a tremendous pandemic response team in place at VHA that was set up at the end of January and has been running this marathon ever since. This team is led by our Chief Nursing Executive - Kathryn Nichol - who you will hear from shortly. This team has had oversight of everything related to the pandemic from purchasing and distributing personal protective equipment (PPE), new policy development, virtual care to staffing issues – you name it they're on it. The team is quick to respond when needed and take appropriate action and I have every confidence they are doing the best job possible.

It is important to note that as a home care provider we are part of a much bigger health care system and we need to be aware of, and in step with the actions of our partners - hospitals, Long-term Care (LTC) facilities, primary care, community support organizations to name a few. VHA is an active participant at many local, regional and provincial planning tables and is very vocal in raising issues relevant to home care and a strong and respected advocate for the needs of our clients, families and our staff and service providers. What happens in one part of the system no doubt impacts the other parts sooner or later. As you know the early focus was on acute care – specifically emptying hospital beds so they could be ready to accept the anticipated flood of COVID-19 patients who required acute and intensive care. The tragic hot spot now is LTC and other congregate settings who have been hardest hit and a number of our wonderful VHA staff have responded to the cry for help - volunteering to go into homes across the GTA that are in outbreak to provide full-time care that is so desperately needed.

I have heard directly from clients and their families who are extremely worried about their own health and safety - their loved ones – and their VHA caregivers. A number of people have reluctantly chosen to put their service on hold – whether out of fear and/or on the advice of their physician because there are no 100% guarantees at this time that they will be protected from the virus.

Please know we are doing everything possible to ensure the health and safety of everyone with the best information we have to guide as at any point in time – and we are committed to continuing to quickly respond and take the required action to implement changing public health recommendations as we get them.

Comments on VHA's Infection Control Practices during COVID-19 from Kathryn Nichol, VHA's Chief Nursing Executive

It is certainly a privilege to lead VHA's Incident Command Team throughout this unprecedented time. I've been a nurse for over 30 years, spent a lot of time in acute care, worked during SARS and now find myself in the home care sector handling and dealing with a crisis that I never would have imagined. I'm pleased to share with you what we've been doing to keep our clients, staff and families safe during this time.

The Incident Command Team got started on January 24th – almost 4 months now. I can reassure you that this is an incredibly dedicated team that is closely monitoring our ability to continue to provide excellent service, impacts on our clients and families, impacts on our staff, personal protective equipment (PPE) (supply and distribution), infection prevention and control and communications.

We received quite a few questions about infection prevention and control (IPAC) and personal protective equipment (PPE) so we thought it might be helpful to give you a bit of a background on those two areas today, as well as information about testing for COVID-19 and contact tracing.

Let's start with IPAC. We're lucky in Ontario to not only have the guidance of Public Health Ontario but also our Ministry of Health working closely to create current evidence-based guidelines for all of the different sectors across the province. For the home care sector, we have actually had four versions of IPAC guidance for home and community care; this guidance was first released for our sector on Jan 30; and the other versions came out on Feb 11; Mar 18; and most recently on May 4, and that is the guidance that we are following today.

There is also additional guidance available on conservation of PPE that we are also following closely. That is important for all health organizations to follow, and we're actually held accountable for following because Ontario as a whole is experiencing limited PPE supply.

We know that COVID-19 is a droplet and contact spread infection – respiratory droplets spread infection when they enter the eyes, nose, mouth. In addition, direct and indirect contact can spread infection when we touch a person or an object that has active virus on the surface.

The key to limiting spread is multi-faceted - education, physical distancing, screening, militant hand hygiene, avoid touching our faces, source control (universal use of masks by public when physical

distancing isn't possible) self-monitoring for symptoms, staying home when sick are all critical components of limiting spread.

PPE is the last line of defense after all of those have been implemented.

PPE for infections that are spread via contact and droplet:

- Involves use of gloves, gown, mask and eye protection/face shield
- Mask and eye protection/face shield – protects against droplet spread in the air, and from touching our eyes, nose and mouth
- Gown, gloves – protects against contact spread – but most effective method is hand hygiene and avoiding touching our face
- Usually use PPE when we know the infection is present
- With COVID – we have also implemented universal use of PPE – this is when we use certain kinds of PPE with ALL close client care – whether we know the infection is there or not out of an abundance of caution
- This is because there have been cases of infection spread when no symptoms are present or they aren't recognized
- We implemented universal masking on March 24. This was mandated by the ministry and public health on May 4th.
- Also on May 4th, we implemented universal face shield use where staff can choose to where a shield when delivering all close client care. This has not been mandated by the ministry yet.
- Also gloves as per universal precautions that have been in place since the 80s.

Testing – Ministry of Health sets priority groups and testing criteria and public health oversees the testing activity and criteria and Public Health oversees this activity. VHA does not have control over whether are staff are eligible for testing or not.

Currently, the testing of asymptomatic persons including healthcare workers is not recommended unless part of outbreak management, or a formal surveillance initiative of asymptomatic persons. The only formal surveillance initiative that is currently underway is testing of staff and residents of long-term care, retirement homes and emergency child care centres. As Carol mentioned, these are the groups that are in the most distress and needing the most attention for testing at the moment.

Please be reassured that we are advocating strongly for formal surveillance for all healthcare workers including home care workers.

Contact Tracing is the responsibility of public health but we play an important role in supporting them with this. We have an obligation to notify public health when we hear about positive cases. We also notify the Local Health Integration Network (LHIN) if the referral came through that route.
We play an active role in helping contact identification, determining level of risk of exposure and notifications as directed by the LHIN or Public Health.