



Frequently Asked Questions: VHA's Response to COVID-19

Answers provided by: Carol Annett, VHA's President and CEO

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Q: Is there a risk that in-home care hours will be reduced if the pandemic continues for much longer?

Barbara Cawley: The care we provide is very individual, and part of pandemic planning by the Local Health Integration Networks (LHINs), and by VHA, involves constantly reassessing each client to assess the level of risk, and the care that is needed. This is because as a result of COVID-19, we expect from time to time we may not be able to provide the full number of visits that we have been approved for. Or, we might have to provide a shorter visit with a focus on urgent personal care. This is true especially in our personal support services. What I can say is that together with the LHIN, we constantly evaluate each client's situation. We assess for risk, and clients' strengths and abilities. We also assess family ability to support the care plan and work with us as part of the care circle. Each situation is unique, so if there are any service adjustments, we will work with our clients and their families to ensure they receive the care they need.

Q: What type of Personal Protective Equipment are Personal Support Workers (PSWs) and other care providers allowed to use and what is the protocol for disposing of it once used?

Kathryn Nichol: There are two scenarios for Personal Protective Equipment (PPE) use: a positive screen or negative screen/ regular care.

Positive Screen: Based on the most recent screening tool provided, there are currently four scenarios that could result in a positive screen.

1. Client is symptomatic – list of typical and atypical symptoms kept updated by Public Health Ontario (PHO) and the Ministry of Health (MOH)
2. Client or someone in household is waiting for a test result
3. Client or someone in household is COVID+
4. Client or someone in household had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days

If one or more of these scenarios are in play, we would require the care provider to wear full PPE against respiratory droplets or contact spread, which is gloves, a gown, eye protection/face shield, and a mask. Disposal would be in regular garbage at the end of the visit.

Negative screen or regular care: The required PPE includes mandatory use of mask, gloves of course if there is a risk of exposure to blood and body fluids and the option to wear a face shield. Gloves are disposed of in regular garbage immediately after the visit. The reuse of masks and face shields is accepted as long as the provider is following public health and ministry guidance.

Q: What precautions are being taken to ensure workers who visit multiple clients in a day are protected themselves and are not transmitting the virus to clients?

Kathryn Nichol: We make sure all of our staff and service providers:

- Are provided with weekly supply of personal protective equipment and ongoing education
- Are self-monitoring of symptoms and screening all clients
- Wearing full PPE for positive screen or COVID+ and disposing of this PPE after single use
- Following universal mask and optional face shield use for negative screen or regular care following safe extended use and reuse guidance from Public Health Ontario and the Ministry of Health

All of this together outlines the precautions taken over multiple visits in a day.

Q: Why were VHA workers not wearing face shields until recently when providing regular care?

Kathryn Nichol: Eye protection (goggles/face shield) were always being worn for a positive screen. Recent evidence of infection transmission from individuals who are asymptomatic and/or those with subclinical symptoms that may not be noticed has led to leading practices being implemented by some hospitals regarding universal face shield use. VHA implemented universal masking in late March that recently became mandated, and we implemented our optional universal face shield policy in mid-May following this evidence.

Q: What is VHA doing in terms of a PSW retention strategy given the turnover among PSWs before COVID-19 and especially now?

Kelley Myers: We have a great PSW workforce at VHA of about 1,700 staff we are very proud and privileged to work with. Recruiting and retaining the best staff is always our top priority. We know from our workers that having a great connection with their supervisor and truly feeling supported while working in the community is the most important thing we can do. As a senior team, we are working hard to ensure all of our supervisors have the information they need to answer all the questions staff have. We are encouraging supervisors to stay in close touch with team calls, huddles, 1 on 1 phone connections or in person meetings if that is what is needed most. Our COVID-19 Incident Command Team is providing weekly updates on the issues that are most pressing for our staff – PPE, lost hours and income reduction, mental health and remaining resilient, celebrating our successes and staying positive, child care support for essential workers, navigating the various government programs. We have created a COVID hub with resources for staff to access anytime. As an employer we are remaining as flexible as we can be for our staff who are currently unable to work due to childcare or family care issues and we are trying to work individually with each staff member to find solutions that allow them to return to work as soon as possible. Where we can we have provided some financial incentives over and above what the government is providing, and we also have an emergency relief fund for those who really need financial help. We have made a pledge and promise to our workforce that we would never ask anyone to ever work without PPE. We remain transparent, answer all questions and do everything we can to support our workforce.

Q: Why are our staff not wearing gown and feet coverings and caps on their heads for all visits?

Kathryn Nichol: Public Health and Ministry guidance does not recommend universal use of gown, booties and caps – these are all mechanisms of spread of infection through contact. We know that the absolute best way to prevent contact spread is frequent and proper hand hygiene and always refraining from touching your eyes, nose and mouth.

Q: It is my understanding that your staff are not working if they are sick. Is that true? How is that being enforced?

Barbara Cawley: Yes, staff should *not* be working if they are sick. When staff are hired by VHA, they are provided with an orientation and a set of clinical policies that include the importance of self-monitoring their own health before heading out to see clients, and what to do if they are sick. We have a process that allows staff to call in to report when they are ill. That gets our coordination team ready to find a replacement for that ill staff member. In terms of enforcing this, we emphasize health and safety with a variety of campaigns throughout the year, and especially during flu season. Supervisors reinforce the importance of keeping clients safe and support our staff and providers. If we were to find out that a staff member was ill but continued to see their clients, this would be considered a performance issue, and the staff supervisor would become involved.

Q: If VHA staff provides care to someone who is sick, do they continue to work, or do they stay home? How can VHA ensure other clients will not get sick if your workers are providing care to sick people?

Kathryn Nichol: Home care plays an incredibly important role in the fight against COVID-19, not only by ensuring that our hospitals and emergency departments aren't overcrowded by those who don't need to be there but also because home is where most people want to recover and often have the best outcomes. It is absolutely critical that we continue to provide great home care not only for those who have always received it, but those who are recovering from COVID-19. Our staff who screen clients, are trained in infection prevention and control and have the right personal protective equipment. Interestingly, this crisis has highlighted the risks and vulnerabilities of congregate care arrangements like long term care and retirement homes, shelters, jails and group homes which in turn has emphasized that home is one of the safest settings for care to be provided. With the right protocols and PPE, home can be a safe place to receive care today.

Q: Are your staff, including PSWs, being tested for COVID-19? If not, why not?

Kathryn Nichol: The Ontario Ministry of Health establishes criteria for being tested. On May 24, 2020, the Ministry expanded the testing criteria to include asymptomatic healthcare workers.

Their testing criteria were outlined as follows:

Symptomatic testing:

1. All people with at least one symptom of COVID-19, even for mild symptoms.

Asymptomatic, risk-based testing:

2. People who are concerned that they have been exposed to COVID-19. This includes people who are contacts of or may have been exposed to a confirmed or suspected case.
3. People who are at risk of exposure to COVID-19 through their employment, including essential workers (e.g., health care workers, grocery store employees, food processing plants).

VHA fully supports testing as an important strategy in the fight against COVID-19 transmission. We are advocating strongly for formal testing surveillance for all healthcare workers including home care workers.

Q: To date, how many of VHA's staff members, including PSWs have tested positive for COVID-19?

Kelley Myers: The total workforce of VHA is approximately 3,000 staff and service providers. As of mid-July, we have a total of 26 COVID+ cases among our entire workforce. We receive a report each week. This information is provided by our Healthy Workforce Team, who is responsible for tracking and following up on all COVID-related absences. It's important to note that staff are under no obligation to disclose their health status to their employer, but all COVID+ test results are provided through Public Health.

Q: How many of VHA's staff members including PSWs have been connected to a client who has tested positive for the coronavirus?

Kelley Myers: Determining the source of a positive result is a challenge. It is difficult to create a causal relationship to a staff and a client. As of mid-July, to the best of our knowledge, 6 cases would appear to be VHA work-related. 15 cases are community spread or from other employment. To date, 22 of the 26 staff who have tested positive have fully recovered and 17 have returned to work. The others are recovering at home. If a staff has tested positive, they are required to complete a 14-day isolation period, remain symptom free, and have one negative test result before returning to work.

Q: How can you know for sure that your workers do not have COVID-19 if they are not being tested. How are you protecting clients given this situation?

Kathryn Nichol: We do not know that all of our workers are free from COVID-19. No employer can be sure that all of their workers are free from COVID infection. Even those who are part of formal surveillance initiatives only have knowledge about a single point in time. To protect clients and our staff we:

- ensure all staff self-monitor for symptoms
- do not work when they are sick
- screen all clients
- report all positive screening results to their supervisor for follow up which includes notification of the LHIN as well as guidance to contact Telehealth or their primary care provider
- wear full PPE for positive screens
- wear a mask during all episodes of close care, have the choice to also wear a face shield for all episodes of care
- have access to adequate PPE and regular information and education

Q: What are you doing to advocate for your staff to get testing?

Carol Annett: Testing is a front and centre issue for everyone. We know the province is continuing to review and update their directives on who, when and where people can be tested. Previously, only healthcare workers with symptoms of COVID could access testing. This was expanded in mid-May to allow all healthcare workers (whether they have symptoms or not) to go for testing. Testing is voluntary at this time. VHA cannot make this mandatory for our staff or service providers. What we can do is encourage and support our people to be tested as an important public health strategy to prevent the spread of this infection. We are aware the Ministry of Health is working on a healthcare worker testing strategy which will include home care workers. We are hoping this will include mobile testing or the ability for an organization to host testing at one of their offices or at a specific location in the community. This would make it very easy for us to offer testing for our staff. Right now, the only option is for staff to attend an

assessment and testing centre (usually at or near a hospital) or to have a test done by their primary care provider.

Q: Are staff working with COVID- positive clients also working with other clients?

Kelley Myers: Yes- that is possible, not unlike any other health care environment. Currently we are working with a very small number of COVID+ clients and are providing compassionate and competent care while they recover at home. It is our responsibility not only to our hospital partners who are working hard to manage their capacity but also as home is where people want to recover and often do better. Our staff reach out to complete a telephone screening before face to face visits with clients and they work with their supervisors and the LHIN to determine if the service is essential. In many cases, services have been placed on hold if the client is COVID+. If the service is essential and continues, all staff providing care are advised the client is COVID positive and we ensure they have adequate PPE to provide care. Our staff have been trained in proper donning and doffing (putting on and taking off) of PPE and any equipment used for COVID + clients is disposed of. Our PPE distribution team has created PPE kits for COVID+ clients so there is no confusion about what gear should be worn.

Q: My dad was discharged from hospital 2 weeks ago after hip surgery and is now to receive physiotherapy care at home. Will the time frame be extended for this due to COVID-19? If not, how can physiotherapy happen with limited interaction?

Barbara Cawley: We receive our referrals after they have been processed by the LHINs. Fortunately, most of our physiotherapists have continued to provide care for clients whom active physiotherapy care is required. For some clients, they return home from hospital with instructions to maintain the gains they've made in hospital, and they feel able to progress their own recovery. In that case, those clients would defer their care for a period of time and work on their own. Those clients that do require the input from a physiotherapist, and if they are comfortable with in-home visits, the therapy can be provided in the usual way. Our therapists have the PPE they need and will do the home visits. For those who would prefer not to have providers in their home, we offer care virtually for the many scenarios this works for. Using technology, VHA therapists can work with the client and family to provide a virtual visit until a face-to-face visit is acceptable.

Q: How do I know it is safe to have PSWs in my home when they live with their own family and are visiting other clients? What if a PSW has allergies?

Kathryn Nichol: We have taken many steps to ensure it is as safe as possible for both clients and staff during the provision of home care

- Before arriving at the door – Staff self-monitor and do not work when sick, and complete education and training
 - At the door – screening, carrying adequate PPE, phone to contact supervisor if needed
 - During care – hand hygiene, physical distancing, proper use of PPE, proper disposal of PPE
- If a PSW has allergies, the guidance is to look for those symptoms that stand outside of regular allergy symptoms. If it's anything outside of what is usually experienced, then it is treated as an atypical symptom and the worker notifies their supervisor that they are ill and will not go to work.

Q: I have put my services on hold due to COVID-19. Is it safe to have my worker come back, and can I have the same worker back when I start services again?

Carol Annett: The decision to resume service is one that each person will need to make on their own. As Kathryn has explained we are following best practices in infection control and our staff are instructed to follow the required protocols to keep you and themselves as safe as possible. This crisis has highlighted some of the vulnerabilities of congregate care facilities so from my perspective home care is one of the safest settings for the provision of healthcare. I do worry that some folks at home without care may be risking a fall or other health issue that may land them - or their family caregiver - in hospital where no one wants to be at this time.

Please know if you do choose to put your service on hold or restart your service we unfortunately cannot make any guarantees that your same worker will return to provide your care or it will be on same days or at the same time. We understand many clients and families have built great connections and a shared understanding of the care plan with their care provider – and orienting someone new is not easy. If it is possible for us to match workers with clients on hold, we will do our best to make this happen, however with the complexity of travel, timing of visits and caseloads we can't make any promises. We also anticipate a portion of our workforce will not be returning for some time due to childcare issues. This will require us to rebalance caseloads for those who are able to return to work.

Q: If you are seeing clients who have recently been discharged from hospital, why are you not treating them as though they might be COVID-19?

Kathryn Nichol: Currently there is a lack of guidance on this matter for home and community care. For long term care transfers from hospital, residents have to undergo a 14-day isolation period due to the crisis we are experiencing in our long-term care homes. Many hospitals conduct testing due to symptoms being so wide-ranging so we can access these results.

There are two layers of screening LHIN referrals from hospital. The LHINs do their own screening when they refer the client from the hospital to the home. VHA also conducts our own screening of clients ahead of the visit and at the door when the workers arrive.

We also do universal masking for all clients and offer the option of universal face shield provides protection for both staff and clients.

Q: Have any COVID-19 cases been linked to VHA PSWs who are providing service to home care clients?

Kelley Myers: To the best of our knowledge, no clients have contracted COVID following care from VHA staff. However, as of mid-July, it would appear that 6 VHA staff have contracted COVID-19 following exposure to clients who subsequently tested positive.

Q: How are you ensuring consistent hygiene in clinics, such as client chairs being wiped down regularly? How are you making sure this happens?

Barbara Cawley: Hygiene is most important, and I want to reassure everyone that we follow the same public health guidelines and staff safety when completing the following:

- Staff pre-screen clients before their arrival at the clinic
- Universal masking and face shields are in place
- Environmental cleaning after each client involving wiping down surfaces, new paper on treatment beds, discarding supplies after each use
- Overall environmental cleaning every hour in the waiting area, for all surfaces touched by clients, staff and visitors
- Ensure only two people are in the waiting room at a time
- Our chairs are measured and are at least two-metres apart
- Screen each client the day before visit for any symptoms
- Screen clients again before entering the clinic with temperature checks as well as screening for symptoms
- A full environmental cleanup of every surface and treatment area including walls, floors, doorknobs, windowsills etc. every 24 hours
- Document the screening of every client we see
- Safety audits are in place

Q: What are you doing to make sure staff screen clients before every visit and use the proper protective equipment with every client?

Barbara Cawley: With a home setting, the reality is no one is there to oversee the visit. However, supervisors, clinic leads, and support coaches do joint visits with our staff, and during annual reviews supervisors and others are in the home. That is where typical behaviour is observed. What I can tell you is that our staff want to remain safe, and to keep working. They are highly motivated to screen properly and protect themselves by wearing the appropriate PPE that our team provide to them every week. Our job is to ensure that they have both the equipment and the knowledge they need to do the right thing. Should staff not be screening, or wearing their PPE according to our guidelines, that would be considered a performance issue and a supervisor would become involved.

Q: What is VHA doing in terms of contact tracing?

Kathryn Nichol: 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.