

COVID-19 Town Hall Update - March 13, 2020

I want to update all of you on what is proceeding provincially as it relates to COVID-19. As you know it is evolving by the hour.

The projections as stated by the provincial medical health officer and the CDC is that over the next week there will be considerable community spread - meaning from person to person without travel - we need to continue to try to restrict spread through proper hand hygiene, stay 6 feet away from people avoid mass gathering like sporting events, conferences and concerts and charitable dinners

As a result we must plan for the worst.

We wait for the HDGH physician COVID-19 results. One point of clarity he does not provide services at WRH and did not attend WRH. All people he came into contact with were notified. We pray for him and others impacted.

As we outlined at the last town hall and in the daily emails i send is the province will be focusing on creating COVID-19 assessment centres

These are meant to have a place for patients in the community to attend if they might be impacted by COVID-19.

The goal clearly is to have people call public health, telehealth or their primary care practitioner before they attend a hospital, primary care or a clinic etc. To avoid community spread.

The COVID-19 assessment centre needs to be close to an ER in case patient needs ER support/hospital admission.

Last night we were approved to open a COVID-19 assessment centre at Ouellette campus first. It will be in the current ambulatory area next to the ER at Ouellette. It will have its own entrance from the parking lot and not accessible to hospital. It will open Monday March 16 2020

It will start 9am-4pm daily and hours expanded when volumes increases. The province wants to be in front of this issue rather than reactive.

The eventual plan is to open another COVID-19 assessment centre at the Met Campus in the current Endoscopy area. Again, segregated from the Emergency Department.

Also, we will be implementing visitor restrictions starting Saturday at 12:01 am. The press release has been sent out and put on social media.

The programs, floors and areas are being asked to monitor and if people will not comply call security if any issues.

All three local hospitals are working together and as outlined in the pandemic plan this could and most likely will escalate to further visitor restrictions, screening of all staff and visitors and reduction of non-emergent procedures at the hospital.

Please review the pandemic plan for your area and hospital and ask questions.

Probably next week we will be starting screening at the various entrances. I truly want to thank our retirees. We have approximately 50 of them already willing to come back and help us.

I am now asking Karen Riddell –Vice President of infection control to talk to you about recent information on PPE and also call escalation – what I like to call the rule of two.

Hello everyone. As you may have heard public health Ontario updated their IPAC recommendations for use of PPE in the care of individuals with suspect or confirmed COVID-19. We will share the full document as a link following the town hall. We reviewed this updated guidance this morning and will be meeting with joint health and safety this afternoon. I am going to summarize the changes and what this means for the care of patients.

The key change is based on the research conducted and scientific findings related to COVID-19 – the recommendation moving forward is droplet contact precautions for routine care with added airborne precautions for planned or anticipated aerosol generating procedures for patients with suspected or confirmed COVID-19.

As you know droplet contact precautions includes mask, eye protection, gown and gloves. All health care staff and visitors entering the room should wear this PPE. Airborne precautions includes n95 and a negative pressure room or if a negative pressure room is not available a private room with the door closed. If airborne precautions in place for aerosol generating procedure only those staff caring for the patient or performing the procedure should be in the room.

Aerosol generating procedures include endotracheal intubation, cardiopulmonary resuscitation, open airway suctioning, bronchoscopy, surgery and autopsy, sputum induction, non invasive positive pressure ventilation for acute respiratory failure (CPAP, BIPAP) and high flow oxygen therapy.

This document does not list the collection of nasopharyngeal swabs as an aerosol generating procedure, however until the associated reference documents are updated we will continue to recommend n95, eye protection, gloves and gowns during this procedure.

The document also has recommendations related to screening including maintaining spatial distance of 2 meters or a physical barrier – PPE required.. Otherwise droplet contact precautions to be maintained. We are currently in process of adding plexiglass barriers at a number of screening areas to provide the barrier.

Routine practices in all other areas - no PPE required.

For patient with acute respiratory symptoms they should wear a mask when not in their room.

As you know the province is setting up assessment centres for COVID-19 at various hospitals and locations to ease the strain on hospital emergency departments and improve access for appropriate screening and testing when patient meets the case definition. From a precautions perspective we will implement the same precautions as discussed above, physical barrier, droplet contact for direct care, and n95 for nasopharyngeal swabs.

Routine cleaning of areas is recommended with hospital grade disinfectant.

As stated the rule of two. Talk to someone. No question is a wrong question.

I know some of you are going away for March break. Please be safe.

Again, if you are travelling outside of Canada and especially to one of the impacted countries/areas please call employee health before you return to work. To get clearance before you return. Remember the list of impacted countries and the rules on travel could change while you are away. Be aware of that.

I will close with the following. This is very important

This is a time as healthcare workers our community depends upon us. They look to us to provide leadership and not create unneeded panic.

I know we are all personally anxious and concerned. That is natural. Lean on each other for support.

However, when we all started in healthcare we knew this was a possibility. Especially over the last 20 years.

All our planning, preparation, drills, education and training got us prepared for this.

Please remember this as you leave this room or watch this video.

Protect yourself, your family and keep caring for our patients and community.