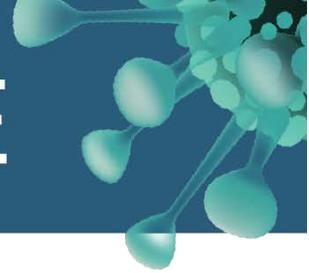


COVID-19 UPDATE



Physician Coordination Centre Bulletin

April 30, 2020

Update on new and existing COVID-19 cases

- On April 29, the Ministry of Health confirmed 34 new cases of COVID-19 in B.C. for a total of 2087 cases in the province.
- Of this total, 35 patients are in intensive care or critical care units.
- Total number of deaths as of April 29, 2020 was 109 deaths in B.C, with 32 deaths in Fraser Health.
- Fraser Health has 941 cases (April 29, 2020) of which 17 are in our ICU/HAU settings.

Source: CEO Update April 29, 2020 & BCCDC

For detailed case counts please refer to the BCCDC COVID-19 [Dashboard](#) & Situation Reports on the [webpage](#)

CEO Town Hall with Physicians – New Format

CONVERSATION WITH CEO AND MEDICAL EXPERTS

- Update from Dr. Victoria Lee followed by a moderated conversation and general Q&A using SLIDO (www.slido.com); event code #medstaff)
 - **SLIDO is now open.** Post your questions early [here](#) for our upcoming Monday conversation.
 - Topic for May 4 – Surgery Recovery Plans
 - Upcoming Meetings: May 4, May 11 & May 25 from 5:30 to 6:30 p.m.
 - Skype meeting details and t-con information are being sent via email and text messaging, can be requested again from physiciancoordinationcentre@fraserhealth.ca.

TOP QUESTIONS FROM PHYSICIANS

230 physicians participated On Monday, April 27th, 230 physicians join the Fraser Health CEO and and Medical Experts at the weekly COVID-19 Town Hall. Panelists included Drs. Andrew Larder, Mark Ballard, Susan Roman, Kevin Afra and other senior leaders. Below are the top unanswered questions. Future bulletins will provide responses to the remaining questions. Dr. Susan Roman, Regional Division Head of Medical Microbiology, Dr. Neil Barclay RMD Emergency and Rita Ciconte Leader IPC have provided answers for the testing, PPE, infection control and management questions.

Q: What is the false negative rate with the new testing machines for COVID-19?

- We don't know what the exact false negative rate is because there is no other test or method available to compare with. When we look at provincial data for B.C., we found that in patients who tested negative and subsequently had a repeat test, only 2.3% subsequently tested positive. However, in a patient who tests indeterminate and subsequently had a repeat test, 19% subsequently tested positive.

Q: What is the case positive percent i.e. the likelihood someone will test positive when getting tested?

- The overall test positive rate is about 3 to 4%.

Q: When will geographically separate emergency low risk zones open? Currently they are ready to go but not staffed?

- We continue to monitor the numbers of patients presenting to the ED who screen positive for COVID-19, as well as, overall ED volumes. Currently ED volumes are still low so capacity does not need to be added at this time. All sites

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have processes in place to separate patients at higher risk for COVID from those that are lower risk. These are referred to as the hot and cold zones. We would like to remind all staff that EDs are safe places for all patients to attend whether they have symptoms of COVID-19 or not. This is especially important if patients have high risk symptoms such as chest pain, trouble breathing, weakness or speech difficulties or significant injuries.

Q: How do we keep staff safe in the patient care units and the emergency departments?

- Physical distancing is challenging in the emergency department and sometimes on units. Physicians and medical staff are asked to practice physical distancing, except when providing direct clinical care, wear a surgical/procedure mask and eye protection in all patient care areas during your shift and follow Infection Protection Control (IPC) protocols for hand hygiene and the use of personal protective equipment (PPE) when delivering patient care. All staff are also asked to self-monitor and those with symptoms consistent with COVID-19 are directed to immediately leave work, complete COVID-19 testing and self-isolate until tests results are available. These tests are being prioritized by BCCDC and we continue to track staff infection rates. Reassuringly no emergency physicians have tested positive for COVID-19 over the last four weeks. [Learn more about self-monitoring and self-isolation.](#)
- Increased frequency of cleaning and disinfection of surfaces.
- Addition of physical barriers (e.g. glass enclosures to facilitate staff/patient interactions at registration and triage (where these weren't already in place).

Q: What is the quality control for PPE?

- Supply chain is securing PPE from a variety of sources including donations and new PPE from alternate vendors. There is a team that includes clinical standardization, health and safety and infection prevention control involved in reviewing PPE donations and PPE alternatives to ensure they meet our minimum standards prior to deployment, suitability for use within our healthcare operations and how best to deploy it. There were procedure masks that had originally been approved as a suitable alternative which didn't perform well once put into use and these have been recalled. Please ensure you share any product concerns you have with the department manager and you can also submit concerns directly to supply chain using the Product Concern Report.

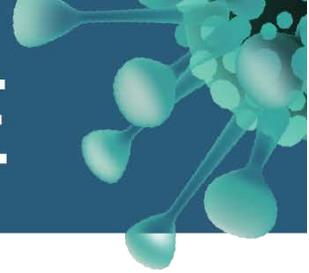
Q. What is the rationale for PPE requirement on non-COVID-19 wards, how do we reconcile this with responsible use of PPE to ensure adequate supply for high-risk areas?

- PPE use is required on a regular basis across our health care facilities for protection from a variety of hazards beyond Covid-19. Our sites continue to provide care as needed to patients that may be harbouring other infectious agents and pathogens such as tuberculosis, MRSA etc. As such there continues to be a need to ensure adequate supply of PPE is available in our COVID-19 cohort areas as well as other medical units and departments. Supply is being managed centrally at each site and oversight is being provided by clinical leaders as well as in-house replenishment to ensure PPE is deployed to areas that require it.

Q. Why does the BCEHS policy differ than the Fraser Health policy on N95/P100 by staff not performing aerosol generating procedures?

- The environment in which BCEHS staff provide care as first responders is different than work conducted in our health care facilities. BCEHS historical practice is the use of respiratory protection for all responses rather than procedure masks due to the unknown environments in which they enter.

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PHYSICIAN RESOURCES

What we heard at the April 27 forum

COVID-19 Testing

- Cumulative numbers of staff currently COVID-19 positive (9) are provided in the [daily CEO messages](#).
- [Testing](#) suggested for all respiratory/systemic symptoms compatible with COVID-19 not for asymptomatic.
- Repeat the testing including sputum, and if two consecutive negative swabs go with clinical and radiographic diagnosis. New PPO with an algorithm will be released soon – not everything is known yet.
- Every hospital has COVID-19 patients. Providing details by site can be misleading.
- BCCDC is evaluating antibody level testing. No known clinical correlation between antibody levels and immunity.
- Testing capacity available for women late in pregnancy. Refer to updated [screening guideline](#) (April 24)
- BCCDC [dashboard](#) and [daily surveillance reports](#) carry detailed information on health care worker infections. ~29 staff and nine physicians tested positive. No medical staff is currently infected, all have recovered. The pattern seen in HCW is similar to the community i.e. age related.

Patient Care/outbreak

- Maintain physical isolation of the COVID+ve person in the home. May need public health/ID assessment.
- Investigation of what led to the outbreak at Ridge Meadows Hospital is in progress.
- Testing on asymptomatic pts. may be inaccurate as they can be in the process of becoming symptomatic.
- Prison and poultry plant have similar characteristics due to large number of people working in close proximity. Physical distancing and general public health measures will not be relaxed until the number of cases low. At the same time we are expanding testing so that we attempt to identify as many cases we can, even mild cases.

PPEs

- Sufficient PPE supplies with new supplies being received; distribution is being managed provincially.
- Paramedics wear N95 for all responses in a pandemic, a long standing BC ambulance policy.
- Ministry of Health committee group is responsible for PPE quality control - monitoring and effectiveness of PPEs.

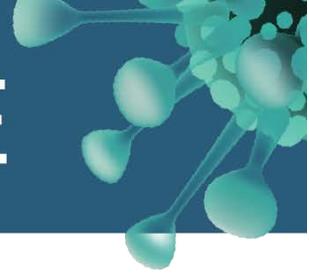
Clinical Management

- Plans regarding roll out of elective procedures are being worked on by Fraser Health EOC.
- When seeing anyone with respiratory symptoms in any setting, recommend wearing full PPE for protection; lesser level of precautions (mask & eye protection) appropriate for seeing patients without respiratory symptoms.
- Provincial discussion including on antechambers ongoing with surgical re-start. Waiting on provincial direction.
- To address emergency congestion, provincial authorities are analyzing learnings from the COVID-19 response and looking at alternate ways patients access care.

CEO Updates

- You are encouraged to check your Fraser Health emails for [daily CEO Updates](#) (note: Intranet link) for specific data, comments and responses to questions on COVID-19. Recent highlights include:
 - Acknowledgement of staff working quickly with community partners to support mass testing for Mission Institution, Superior Poultry Ltd. and Ridge Meadows Hospital. Case & contact mgt ongoing.
 - COVID-19 Ethical Issues Webinar Series started April 29 with the next one May 6 (12-1 pm) “Personal and Professional Impact of COVID-19” open to all. For more information and to register see [FH Pulse](#).

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- COVID-19 testing strategy expanded to include anyone with flu or cold symptoms, however mild. [Please visit here for Assessment and Testing Centres.](#)
- B.C. doubling this year's funding for Family Caregivers to \$1 million. [Read more.](#)
- ~75 % of our LTC & assisted living staff are only working in one long-term care or assisted living facility.

PPE Supplies for Community Physicians

- **NEW** PPE supplies for specialist community practitioner offices. For details on ordering, contact PPECommunitysupport@fraserhealth.ca or phone 604-561-2037.
- Family physicians in the community should contact their Divisions of Family Practice for supplies.

Home Health Monitoring for COVID-19 acute, emergency and community patients

- Launched home health monitoring service for patients who are, or suspected COVID-19 positives.
- Identified patients must have an email address, smart phone, tablet or computer for daily use.
- Refer to FYI for physicians [here.](#)

Medical Health Officer Updates

- Updated COVID-19 Testing Guidelines were released April 24. For most recent updates [click here.](#)

Information Technology Resources

- **NEW** Access your Fraser Health emails directly on your own device - [instructions on how to setup](#) emails on your mobile device without enrolling into Workspace ONE.
- A dedicated [mailbox](#) has been set up to support physicians with non-urgent inquiries related to any IT issues, including but not limited to email support, remote access & Meditech; response time < 4 hrs.
- Receive COVID-19 updates via **text messaging**. Sign up [here](#) using keyword 'COVID'.

Community Discounts and Appreciation of Health Care Workers

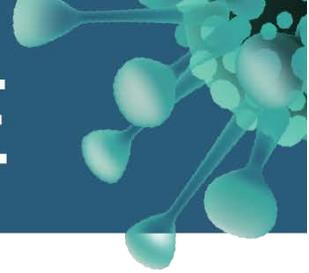
- To show support and say thank-you, several businesses and organizations are offering discounts to health care professionals. Visit the [Medical Staff COVID-19 page.](#)

WELLNESS & SUPPORT

Medical Staff Psychological and Well Being Supports available

- **NEW** UBC Medical Students have put together a comprehensive [handout of resources](#) for physicians and families..
- [Supports](#) vary from in-person to telephone conversations and group sessions. These include emotional support, mental health and well being, stress and anxiety management and self-care tools.

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- Doctors Virtual Lounge: Peer support for Fraser Health physicians using Zoom (Tuesday noon and Thursdays 6:00 p.m.) to support ourselves and each other during this crisis facilitated by Dr. Elizabeth Froese and others. [Download the calendar on your smartphone or tablet](#) by clicking save.

Physician Coaching Service (30 or 60 minute virtual sessions - no charge)

- Certified coaches provide 1-1 coaching to support decision-making and urgent action
 - Medical Leaders – contact physiciancoordinationcentre@fraserhealth.ca
 - Frontline physicians, retired physicians, residents, medical students – contact Physician Health Program 604-398-4300 or info@physicianhealth.com
 - Article from a group of physician coaches: [Thriving while surviving – why we need more healthcare coaching support during the COVID-19 crisis.](#)

Other Wellness Resources

- [ABC123](#) a memory aid and psychological first aid tool providing techniques to reduce anxiety and distress
- Canadian Society of Physician Leaders COVID-19 Crisis [Bulletin](#) shares the five C's Resilience Framework

HUMAN RESOURCE PLANNING

Medical Staff Availability for COVID-19

- [Thrive Physician Availability Tool](#) allows physicians to share their schedule and availability on a rolling 14 day cycle. Watch the [video](#).
- Sharing your availability does not imply that you will be required to work.
- For any issues with sign-in or technical concerns contact supportc19ccrm@thrive.health.

REMINDER ABOUT MEDIA

If you receive a media inquiry or see media at any of our locations please contact the Fraser Health media line at 604-613-0794 or by email at media@fraserhealth.ca

Physician Coordination Centre

physiciancoordinationcentre@fraserhealth.ca

Previous Bulletins:	March 31, 2020	April 3, 2020	April 8, 2020	April 16, 2020
	April 21, 2020	April 24, 2020		

The information in this bulletin pertains to physicians and medical staff and is a summary of updates and new resources on COVID-19. Please continue to visit the [Fraser Health Medical Staff web page](#) for additional up-to-date information and resources.

For Physician Coordination Centre membership see [here](#).

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