

Family and Staff Information Session

Dr. Mark Lysyshyn , Medical Health Officer

Friday, March 13, 2020

Situation Update

- Lynn Valley Care Centre Lodge is under outbreak precautions due to cases of COVID-19 among residents and staff of the facility. Infection prevention and control measures have been instituted since the declaration of the outbreak, including; isolation of cases and suspected cases as they arise, training for staff, signage and hand sanitizer dispensers in key areas, and enhanced cleaning and protective personal equipment
- A Medical Health Officer and other leaders from Vancouver Coastal Health have been meeting daily with Lynn Valley Care Centre staff since the start of the outbreak to review the situation and to ensure appropriate infection prevention and control precautions are in place.
- A strategy is in place to address staffing shortages, including return-to-work processes for medically cleared suspect cases and recovered cases who no longer carry the COVID-19 virus, as well as increased pay for staff who work in the Lodge. We have also brought in VCH volunteers who are trained in infection control during an outbreak to help with tasks that don't need to be done by clinical staff. The staffing situation is improving but is not yet completely resolved and we continue to work on this issue.
- As of March 13, 2020, there have been 15 confirmed cases of COVID-19 at Lynn Valley Care Centre Lodge; 4 residents and 11 staff.
- All cases are under isolation to maintain safety. Any suspect cases are tested immediately and are isolated until their test result is confirmed as negative.
- All staff diagnosed with COVID-19 were immediately taken off of work and are isolated at home until medically cleared to return to work (with no symptoms and negative testing for the COVID-19 virus).
- The adjacent Lynn Valley Care Centre Manor is **NOT** under outbreak precautions. There have been no cases of COVID-19 diagnosed among Manor residents.

Overview

- Approximately 50 family members and 50 staff attended the one-hour session.
- Family members offered a number of suggestions, and a separate, smaller discussion took place after the meeting to capture their ideas so they could be shared with staff.
- Several family members thanked the staff for their hard work saying they have been "fantastic" and "excellent". They also said they were concerned about staff and did not want them to burn out. Another family member said they appreciated the openness and transparency.

Can you give us an in-depth description of the testing underway and the protocols in place?

First of all, we need to stress that COVID-19 is spread by droplets and the virus is not known to be airborne.

We believe the bulk of transmissions happen with people who have symptoms of COVID-19, i.e., fever, cough, difficulty breathing. In order for your respiratory secretions to pass into someone else, there needs to be a mechanism to achieve that. The chance for someone to spread the virus to others is small when he/she is not symptomatic, so we continue to focus on people with symptoms as they are the ones who are most probably transmitting the virus. It must be stressed that we need to make sure that rigorous hand washing and other hygiene protocols are followed.

At LVCC we have a very low threshold for testing, which means that we test a lot. We don't test people who don't have symptoms, as the test is not reliable at that stage of infection, but we will test residents who have major or minor symptoms, i.e., fever, cough or diarrhea. There are no restrictions of any kind on testing at LVCC.

We are on outbreak monitoring in the lodge now for all residents. Residents residing in the lodge have been isolated and full personal protective equipment is available and required for staff and visitors if the residents become symptomatic. We will continue this practice until their swab results are back and confirmed negative.

Can family members who have minor symptoms and have had contact with residents who have tested positive be tested here?

We are following up with those family members who we believe may have been exposed. They will be monitored and tested if they have symptoms. We are not testing residents' families or staff on site. If you have symptoms, you need to call 811 or contact your family doctor for information regarding where to get tested for COVID 19. We can help find the closest testing site, and liaise with the labs to get results quickly.

Is it possible to contain this when there were only a few staff on duty for the first few days and a number of family members had to help deliver trays of food?

A thorough investigation is underway, and those who may be potentially exposed will be followed up by Public Health. Our contact tracing is extensive and we have a whole team who are doing this. At the same time, you need to monitor your symptoms. If you have them, please don't visit LVCC: Go and get tested. (See above.)

According to the current science, COVID-19 does not spread through the air. You can walk around the second floor without personal protective equipment. However, when you go into a resident's room who has been tested positive for the virus, you must protect yourself by wearing the proper personal protective equipment (PPE). Please check in at the nursing station first before going into the room and the nurse will assist you and make sure that you are putting on and taking off the equipment properly.

How important is cleaning during an outbreak and what kind of advanced cleaning are you doing?

We are using the same cleaning solutions as we normally do because we know they are effective against the virus causing COVID-19. However, we have increased cleaning frequency to high touch areas such as the side rails, tables and elevator buttons.

This is Day 6 of an emergency situation provincially and worldwide. We need to know you are fully committed to doing the best you can with the resources you have and are employing creative problem solving to get this fixed.

Yes we are deeply committed. That's why a Medical Health Officer and VCH staff are here every day and are assisting the team at LVCC with resources and creative problem-solving. We are committed to the best possible response and this is why we are meeting you here today. We are taking a number of measures, and we believe they are working. The staffing issues continue to be a challenge, however, we are seeing positive progress in that area as well. It is a complex problem that can't be resolved quickly and all affected countries around the world are struggling with it.

Will a doctor or additional staff be assigned here?

Yes, we have a Medical Health Officer on site and communicable disease doctors are supporting them. All residents have their own doctors, in addition.

What is being done for this weekend? Who can we contact if we have questions or concerns?

The Director of Care is your main contact. She may not always be able to answer right away because she may be providing care or taking care of many other tasks, as you can understand, but she will get back to you as soon as she is able.

Are all the isolated cases on the second floor?

Isolated residents are on the first floor, second floor, and lower floor.

How long does the virus last on surfaces?

The science suggests an hour or two, although that depends on the cleaning and environmental conditions. Surfaces are most risky after respiratory secretions first land on them, so that's when people have to be really careful. As time passes, the virus becomes less viable and eventually inactive. We are cleaning but it is not an instantaneous fix. No cleaning can be instantaneous and that is why hand washing is vitally important.

Should I be disclosing that my family is in LVCC? There's a lot of stigma and fear around anyone from, or associated, with this facility.

There is no need for you to do that. If we believe you are at risk of transmitting, we will isolate you. At the same time, there is no risk to people delivering mail or deliveries to this facility.

Do you believe everyone caught COVID-19 here?

We believe the cases within Lynn Valley Care Centre were all exposed here. We believe the virus was circulating in the facility but we do not know how it got into the facility, whether it was brought in by a staff member, a resident, a family member or a random visitor or tradesperson. The health authorities have not been able to definitively map the transmission route yet.

Can you summarize your protocol for monitoring residents?

The nurses are providing the best care they can under the circumstances and we are actively looking for new cases. Those with COVID-19 symptoms are immediately isolated and tested.

Why aren't you taking temperatures every day?

We don't think that's the most effective use of time and resources, as many people with COVID-19 don't have temperatures, so we are monitoring for a change in status and new symptoms. Residents who have been diagnosed with COVID-19 have regular temperature checks as part of their medical care.

If you had the virus already are you now immune to it?

We have learned that people who have had it are immune for a period of time. We don't know if that immunity is going to be life long, because COVID-19 has only been around for a few months. The bigger question is what will happen among the general population. The outbreak is apparently almost contained in China, and will end here as well. The real question is whether it will return. At present, nobody has those answers.

If we have concerns or the outbreak gets bigger here, can we still remove our relative from here?

Yes. There are no restrictions on removing a resident to your home. There are restrictions on moving them to another facility, and there is a restriction on bringing the resident back into LVCC, because once they have been in the community, we do not want to reintroduce the virus here. Residents removed from the facility will not be able to re-enter until we and the health authorities are absolutely positive there is no risk in doing so, which could be an extended period.

If the last infected person tested positive today and that person was put in isolation for 14 days, with no new cases, would the outbreak be over? If a new person tested positive next week, would the clock start again? How long might it be before the outbreak is declared over?

We would wait two 14-day periods, or incubation periods, to declare the outbreak over. All previously infected people must be retested to ensure they no longer carry the virus. Only then could we confidently declare the end of the outbreak. However, even after that, there is no guarantee that upon returning to 'normal', it could not be reintroduced by a visitor, so hygiene protocols will remain a high priority here.

Now that the control measures are in place, it is unlikely much further transmission will take place. Any newly diagnose cases were most likely infected before the protocols were introduced and simply had a longer incubation period. The early stages of an outbreak are an extremely stressful period because we don't know what transmission has occurred. That is why there is an initial cluster of cases, but that should settle down and then we enter a long waiting period.

If this goes on for a long time, are we considering the psychological impact of residents staying in their rooms?

Yes, that is why we have regular outbreak meetings to see what is happening in the facility, what stage we are at, what measures need to be in place and which can be discontinued or replaced with something else. We do relax the measures as appropriate but we have to make sure we don't relax them to the point where transmission happens again. We understand the measures cause harm as well as benefit and do our best to minimize the impact on residents.