

# PHSA MEDICAL STAFF

## Quarterly Newsletter Volume 1 | Issue 1

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### C&W CST Go-live on February 26, 2022

*Dr. Jana Davidson, CW Chief Medical Officer  
Dr. Jonathan Wong, CW CST Medical Lead*

There are 9 days to go until CST Cerner go-live at C&W! Read more in the [latest Provider Update](#) for an update on:



- Message from the C&W executive team
- Key actions to take now
- Project highlights
- Preparation for CST checklist
- FESR Training for providers in the first C&W activation cycle
- New resources and more



### Appointment of vice president, Medical and Academic Affairs

*Dr. David Byres, president & CEO*

Please welcome Dr. Sean Virani who has accepted the position of vice president, Medical and Academic Affairs, with PHSA effective April 1, 2022. In this role, Sean will serve as a member of the executive leadership team (ELT) and report to David Byres as PHSA's president and CEO.

He is a respected physician leader and colleague, having held numerous roles across Providence Health Care (PHC) and Vancouver Coastal Health, as well as PHSA. He is head of the Division of Cardiology for PHC and physician program director with the Heart Centre at St. Paul's Hospital – roles he will continue to hold, further strengthening the partnership between PHC and PHSA. Additionally, Sean is an associate professor with the Department of Medicine at the University of British Columbia (UBC); medical director with the HeartLife Foundation; past president of the Canadian Heart Failure Society; and a member of the COVID-19 Rapid Response Team representing the Canadian Cardiovascular Society.

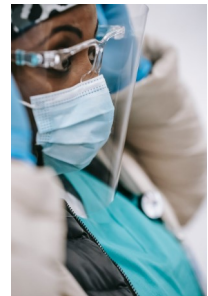
Read more about Dr. Virani in the [latest all-staff bulletin](#).

### Infection Prevention and Control COVID-19 Frequently Asked Questions

*PHSA Infection Prevention and Control Physicians and Medical Microbiologists*

#### When should I wear a fit-tested N95 respirator in the care of suspected/confirmed COVID-19 patients?

According to [PHSA standards](#), a respirator is required for patients undergoing [aerosol-generating medical procedures](#) (AGMPs) and when indicated based on the [point of care risk assessment](#).



Situations involving suspected/confirmed COVID-19 patients in which there may be an increased risk of transmission, where a fit-tested N95 respirator would be preferred, include the [following](#):

- Providing care in poorly ventilated areas (less than 6 air exchanges per hour; ask your area's manager/leader about ventilation in your setting)
- Multiple cases in the same room or living area
- Spending ≥15 minutes providing hands-on care for suspected/confirmed COVID-19 cases

## What's the difference between nasopharyngeal (NP) swab and Saline mouth rinse gargle (SG) samples for COVID-19 testing?

When it comes to COVID-19 PCR testing, there are primarily two sample types offered to outpatients in BC: nasopharyngeal (NP) swabs or [saline-mouth rinse gargle \(SG\)](#) samples. Both sample types collect material at the back of the pharynx which is where it is believed the highest amounts of the virus are found.

Evaluations conducted early in the pandemic [in BC](#) and elsewhere [in Canada](#) have shown that self-collected SG samples have similar performance (clinical sensitivity) to healthcare worker (HCW) collected NP swabs and this has now been confirmed in over a dozen similar studies worldwide. Most jurisdictions in Canada and many regions around the world are now utilizing SG samples for COVID-19 diagnosis. Both NP swab and SG samples can be used for sequencing to determine what variant has caused an infection. Attractive aspects of the SG sample collection method are that it can reliably be [self-collected without the need for HCW observation](#), reducing HCW exposure and personal protective equipment utilization, it has been found to be a [preferred sampling method](#) according to end users, and can also be handled more efficiently in the lab. With changing [COVID-19 testing guidance from the BCCDC](#), there is currently more of a focus on access for testing for higher risk groups and those working in higher risk settings (such as HCWs) and SG samples will continue to be used to help lower barriers for access to reliable testing in the province.

## How long does a patient with COVID-19 have to remain on precautions while in hospital?

An immunocompetent patient with mild- moderate disease should be isolated for 10 days from symptom onset (or first PCR test if asymptomatic).

An immunocompromised patient or anyone admitted with severe COVID-19 should be isolated for 20 days from symptom onset.

A severely immunocompromised patient, should be isolated for at least 20 days from symptom onset and may need test-based clearance from precautions.

All discontinuation of precautions should be done in consultation with IPAC.

## Why does the duration of precautions in an acute care facility defer from public health guidance in the community?

The majority of SARS-CoV-2 transmission occurs 1-2 days prior to symptom onset and 2-3 days after that so public health uses a 5 day duration in the community. The risk of transmission after this time, although low, is not zero – so to protect patient safety in health care settings, IPAC continues to advise longer duration of precautions while patients are admitted to prevent transmissions to health care workers and other patients. Once discharged, patients / clients follow public health guidance for isolation. In health care settings, neither vaccination nor treatment affect the duration of precautions because the evidence suggests that shedding can still occur regardless.

## What new treatment options are available for patients with COVID-19 infection?

Several [new therapeutics are available for high-risk patients](#) with COVID-19 if given early in the disease course. *Sotrovimab (Xevudy)*, *Remdesivir (Veklury)*, and *Nirmatrelvir/ritonavir (Paxlovid)* are currently available, while a fourth agent – *Molnupiravir (Lagevrio)* is currently being considered for approval by Health Canada. These agents may be indicated for adults who are at high risk for progression to severe disease, including those with comorbid illness, or who are moderate to severely immune compromised individuals regardless of vaccination<sup>1,2</sup>. Sotrovimab is an anti-SARS-CoV-2 spike protein monoclonal antibody<sup>3,4</sup> that must be given by infusion within 7 days of symptom onset (available for those over age 12). The [Treatments](#) page on the BCCDC website has further details.

B.C. has a small quantity of Paxlovid available and is working on plans to make it available to individuals who will benefit most from access to this treatment. Find out more about criteria, patient assessment and drug interactions at <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments>.

Doctors of BC members can also find details in the member-only area of that website.

As with any new medication, it will take some time to develop safe, efficient processes for nirmatrelvir/ritonavir (Paxlovid) to be accessible to all people who require it. Initially, we will start with clinicians who have the most contact with those at greatest risk to enable them to prescribe.

More information will be shared as plans evolve and more quantity arrives in B.C.

## What to do if you test positive for COVID

Most of the transmission happens in the first 5 days of illness, but particularly for omicron, people continue to be somewhat infectious until day 10 after the illness. If you are back to work prior to 10 days after the illness, it is important to consider the risk to your patients / clients, especially if you care for those who are unvaccinated or are at risk for severe disease.

Therefore extra precautions to take include:

1. Wearing a medical mask at all times in all areas at work.
2. Conduct duties virtually wherever possible
3. Reduce close contacts in the workplace by maintaining distance/space in shared common staff spaces. Where possible, try to be alone when mask is removed for eating and drinking.
4. Ideally avoid direct care of severely immunocompromised patients until 10 days post-COVID19
5. Adhere diligently to hand hygiene, respiratory hygiene and other infection and exposure control measures in the workplace
6. If your symptoms re-appear or worsen while at work, arrange replacement coverage, safely transfer essential care as possible and go home to self-isolate.

## Who to call for what question:

### **Clinical question about COVID-19 management:**

- For children: Pediatric infectious diseases on call, via C&W switchboard (604-875-2161)
- For adults: the ID physicians in your area or the COVID-19 infectious diseases RACE line
- For pregnancy - with specific questions regarding pregnancy (not for arranging treatment for your patient): Reproductive Infectious Diseases Physician on call, via C&W switchboard (604-875-2161)

### **Question about your own health or the health of staff members:**

Workplace Health 604-875-7244 or Toll free: 1-833-875-2155

### **Infection prevention and control:**

Question about a specific patient:

- Weekdays, contact the Infection Control Practitioner for your site
- After hours, contact the on-call IPAC physician (contact through C&W switchboard – 604-875-2161)

Policy or practice questions:

- Call the infection control practitioner who should be able to answer your question – if they cannot, the infection control coordinator for your clinical delivery program.

### **PHSA Occupational Health Nursing Team:**

Office: 604-875-7244 or Toll free: 1-833-875-2155

Fax: 604.708.2021 | Email: [occupationalhealthnursing@phsa.ca](mailto:occupationalhealthnursing@phsa.ca)

## Resources for Medical Staff Wellness and Mental Health

*Dr. Theresa Newlove and Kathryn George, Psychological Health and Safety, Human Resources*

Across PHSA, we continue to see the dedication and commitment of medical staff who provide the services and support that ensure quality health care to British Columbians during these difficult times. The ongoing pandemic and unprecedented levels of COVID-related sick leave in the workplace have resulted in staff experiencing stress, exhaustion and ongoing risk of burnout. As we move into 2022, it may be of benefit to engage in a few moments of reflection for how we have personally and professionally navigated the pandemic, and perhaps choose one small step within our control that could either provide us a bit of energy or reduce stress as we continue to move forward.

PHSA resources to support you:

- Take 10 minutes to review your benefits or EFAP provider resources available to you, such as Homeood Health's Employee and Family Assistance Program available for PHSA employees that offers mental health support, coaching and much more.



- Visit PHSA's General Well-Being POD page for articles, resources, and tools that provide psychosocial support during COVID-19 and beyond.
- Check out the PHSA [Working Well New sletter](#) for February initiatives.

If you have any questions, you can contact the Psychological Health and Safety team at [psychhealthsafety@phsa.ca](mailto:psychhealthsafety@phsa.ca)

## Reminder: Medical Staff Reappointment Deadline

*PHSA Medical Affairs*

The deadline to complete the 2022 Reappointment process is **February 18, 2022**. Eligible medical staff should have received a personal invitation link to their Reappointment process on January 17 or 18 to log in and submit the required documents. If you have any questions about Reappointment, you can contact Medical Affairs at [Reappointment@phsa.ca](mailto:Reappointment@phsa.ca).

## Privileging Dictionary Evaluation Survey

*BC Medical Quality Initiative*

Last week medical staff received an invitation to share honest and confidential feedback to help improve the use of privileging dictionaries. The deadline to complete the survey is **February 28, 2022**. Your feedback is vital to help improve future versions and processes. The survey contains 18 questions and should take 10-15 minutes to complete through the following link:

[https://survey.ca1.qualtrics.com/jfe/form/SV\\_0qv4wuExjE0E2Fw](https://survey.ca1.qualtrics.com/jfe/form/SV_0qv4wuExjE0E2Fw)

If you have any questions about the survey, you can contact the BC MQI office at [BCMQUIProgramOffice@bcmqi.ca](mailto:BCMQUIProgramOffice@bcmqi.ca)

## Hazardous Drugs Implementation Go-live on February 15, 2022

*PHSA Professional Practice*

The changes to Hazardous Drugs take effect on February 15, 2022. Read more about these important changes in the [latest bulletin](#).

If you have any questions, you can contact [yujin.lim@phsa.ca](mailto:yujin.lim@phsa.ca)

## Password Verification Tool (PWVT) Downtime

*Winnie Fan, Director, Strategic Planning and Projects*

PHSA, Vancouver Coastal Health, and Providence Healthcare are working together to upgrade the Providers Information Management Solutions (PIMS) to the newer server version. The planned GO-LIVE date for PHSA is February 24, 2022. The project team is making sure the availability of the PIMS apps will be minimally affected; you will receive additional IT Broadcast later.

**This email provides important information to PHSA medical staff who use the Password Verification Tool (PWVT) when they call Service Desk to reset their password.** When PWVT is available/working, Service Desk agents look up information from PWVT (College ID, MSP billing number or birthday) to verify who you are. However, during the server migration on February 24, 2022, there will be a short interval where the PWVT will be off-line, and the Service Desk agents cannot look you up. You will need to be verified by having another PHSA colleague vouch for you. This is a standard Service Desk downtime procedure, here are the steps.

- If you are at a clinical site, you can pass the phone to a staff member and the Service Desk will do the rest.
- If you do not have another staff member around you, you can call any staff member (working onsite or at home) and have the staff member call the Service Desk to request a Vouching Ticket for you. The staff member gives you the ticket number to use it to call the Service Desk to reset your password. \*The vouching ticket is valid for five days.

We do not expect a lengthy interruption to PWVT and the Service Desk agents will assist you with each step. If convenient, please check your password access before February 24, 2022. Please send any questions to [Winnie.fan@phsa.ca](mailto:Winnie.fan@phsa.ca)

## How to enroll in PRIME for access to PharmaNet

*Dr. Patrick O'Connor, Interim VP, Medical and Academic Affairs*

To access PharmaNet, you need to enroll in PRIME first. PRIME is an online form. If you had access to PharmaNet, at any workplace, on November 30, 2020, you are a legacy user. You will be required to enroll in PRIME eventually. You are encouraged to enroll now.



PRIME is how health care professionals request approval by the Minister of Health to access PharmaNet. PRIME protects patients by making sure that only those authorized can see their medication histories.

### 1. Set up the mobile BC Services Card app on a mobile phone/tablet

The mobile BC Services Card allows you to securely access many online government services. You will verify your identity by video, so be sure you have a good Internet connection.

PRIME collects only your name, address and date of birth from the mobile app—the minimum to verify your identity.

Set up the mobile [BC Services Card](#).

### 2. Gather what you'll need to enroll in PRIME

You will need:

- a phone/tablet with your mobile BC Services Card
- your College license number, if applicable, and expiry/re-enrolment date, OR
- your job title, if you're accessing PharmaNet on behalf of a regulated user (e.g. if you are a medical office assistant, pharmacy technician, licensed practical nurse, etc.)
- Address(es) of workplace(s) where you use PharmaNet
- PharmaNet administrator email (ask your manager):

### 3. Enroll in PRIME

You will:

- provide contact information
- enter College license details or job title, and workplace address(es)
- declare past interactions with confidential information
- read and sign the PharmaNet terms of access

Approval is usually immediate. If enrolment is sent for manual review, the Ministry will contact you with next steps.

### 4. Email notification

Once you are enrolled in PRIME, you will be asked for the email address for your workplace's PharmaNet administrator. This is the address you collected in step 2.

Your request can't be processed if you do not provide this email. PRIME forwards your approval. Your workplace PharmaNet administrator will get you connected to PharmaNet.

The terms of access signed in PRIME replace confidentiality undertakings professionals previously signed.

#### Questions?

1-844-397-7463

[PRIMESupport@gov.bc.ca](mailto:PRIMESupport@gov.bc.ca)

[www.gov.bc.ca/pharmanet/PRIME](http://www.gov.bc.ca/pharmanet/PRIME)

Questions or suggestions for this newsletter? Please contact [phsamedstaffcomms@phsa.ca](mailto:phsamedstaffcomms@phsa.ca)