

## Community health care delivery and COVID-19: Adapting on the fly

BURNABY—CUPE members in the Health Science Professionals Bargaining Association and Community Health Bargaining Association have faced numerous challenges since the COVID-19 crisis began. Like all front-line health care workers responding to the planet's worst pandemic in a century, they've had to be alert in anticipating new problems, adjusting to new information, and staying on top of a constantly shifting regulatory environment.

Before emergency measures were relaxed, CUPE Communications asked members from across the union's community health sector to share their experiences on the impact that Phase One of COVID-19 had on their working lives. We're sharing their thoughts in a two-part feature.

For Part One, we asked them: Before the pandemic, what did the average workday look like for you, and what differences has COVID-19 made to your workplace?

*Name and CUPE Local: Nadia White, CUPE 15*

*Position: Environmental Health Officer (EHO), Level II - Health Protection*

*Employer: Vancouver Coastal Health*

*Job entails: Enforcing sections of the BC Public Health Act and regulations/guidelines pertaining to public facilities, including inspections of food premises, personal service establishments, and publicly run facilities to ensure compliance with provincial public health standards.*

An average workday begins with following up on voicemail and e-mail messages by, for example, operators requesting an opening inspection or someone filing a complaint. Also checking which facilities are due for a routine inspection based on a risk rating and completing an inspection history review to see what actions had been taken in the past. I then show up at a facility, unannounced, to complete the inspection. Although inspecting to confirm compliance with the Provincial regulations, I also provide a great deal of education and resources to my operators, to assist them in doing so in successfully.

COVID has changed the scope of work and my department immensely, due to imminent need for staff to assist with outbreaks. My coworkers and I have been assigned to several pods, of which we are closely working alongside medical health officers, physician consultants and public health nurses from different sites in Vancouver. We are actively managing facility outbreaks with those in charge at the facilities and also managing community acquired cases. We are contacting lab-confirmed COVID-positive cases and tracing their close contacts to place them all on isolation. We conduct daily symptom monitoring calls for cases and contacts on isolation to ensure successful recovery. We also have a team visiting facilities to assist in implementing infection control measures and a team completing environmental swab tests to determine where the virus may be hiding on surfaces. My workdays have changed from Monday to Friday to Tuesday to Saturday and often long hours are being put in by many of us.

*Name and CUPE Local: Dawn Moon, CUPE 1978*

*Position: Dental Hygienist*

*Employer: Vancouver Island Health*

*Job entails: Working in the community to support the oral health needs of adults with developmental disabilities.*

Before the pandemic, an average workday would include visiting clients in group homes to assess their oral health, creating plans to address their dental needs, and teaching caregivers how to provide safe and effective oral care. I would also spend time liaising with dental offices, troubleshooting issues with caregivers, and consulting with other health care professionals. Since the pandemic, I have reduced the number of visits to my clients, as they are at high risk, and have focused on creating protocols to reduce the risk of transmission during oral care. I am educating caregivers around prevention of dental disease, as the pandemic has created more barriers for my clients to get treatment for oral infections. COVID-19 has serious implications for anyone needing dental care, as dental offices are an extremely high-risk environment. Dental professionals are only seeing people for emergencies and have strict protocols around what procedures can be performed, what PPE must be worn, and how rooms are disinfected after treatment. Any clients that are in pain may not be able to have their dental needs addressed. There is an overwhelming feeling of helplessness as I am unable to provide a solution to their dental issue and know it will only get worse as time passes.

*Name and CUPE Local: karina czyzewski, CUPE 15*

*Position: Social worker and Concurrent Disorders Counsellor*

*Employer: Vancouver Coast Health, Downtown & Pender Community Health Centres*

*Job entails: Working through a primary care clinic in the Mental Health and Substance Use unit, navigating systems and identifying resources available to clients, and using one-on-one sessions to provide advocacy, support recovery and healing, and facilitate access to needed services.*

Before COVID I had a specific drop-in day, and it would be pretty hopping—with lots of people showing up for that. I also led a women's night, when we opened our clinic only to women, trans and non-binary people, so a lot of work went into planning that and providing services during it. There was also lots of outreach, and a fair number of one-to-one appointments. For those first few weeks of the pandemic, no one was dropping in. People just weren't accessing our services, coming to the hospital or going to the clinic—which of course was following the isolation message, but a lot of our people are not well so they needed to be coming in or we needed to find them. We've had to cancel all of our groups and programs, which is pretty devastating because we have a lot of people who already isolate in general. It's important to get them to come to groups so they can feel more connection, which is good for their mental health, and we haven't been able to do that. I deal with a lot of vulnerable people. Because we're a community health centre in the downtown east side, people have used the space as a drop-in centre. They could hang around, and we could serve them oatmeal. But now we can't do that anymore, and we have to screen everyone at the door. It was also awkward in the beginning, when they talked about "essential workers", to hear about which of our colleagues were deemed "essential," because we're all essential.

*Name and Local: Andy Healey, CUPE 1004*

*Position: Dayshift Coordinator/Mental Health Worker*

*Employer: Portland Hotel Society*

*Job entails: Providing homes to the homeless, supporting people through meals and programs such as gardening and artistic activities, and advocating for residents' health care, helping to connect them with clinics and other services.*

Working in a Temporary Modular Housing program, I assist clients with employment programs, or with things like making it to court dates or keeping appointments with probation officers or

social workers. My job is to run all aspects of the building: this includes cleaning, light maintenance and monitoring the front door to prevent unwanted guests from entering, and monitoring the Overdose Prevention Site/Injection Room at the same time. If there are overdoses in or around the building, I attend and perform CPR and administer Naloxone if required. My main job is to make personal connections with the residents and be there for them as they go through life. The big difference since COVID is that we've temporarily restricted visitors to the building. Residents generally agree that this is necessary, but it's been a bit of a challenge at times. There's more of a need for general cleaning and more focused sanitizing, although our current staffing crisis is making this extremely difficult and stressful. We have more PPE on the job now, particularly masks. We try to establish physical distancing protocols with residents, but it's very difficult and, in fact, nearly impossible. We have residents with all kinds of physical disabilities who require varying degrees of assistance and sometimes you can't offer this help from two metres away.

*Name and Local: Allison Bell, CUPE 15*

*Position: Program Assistant*

*Employer: Vancouver Coastal Health*

*Job entails: Working with a team of nurses and clerical assistants on a school-based immunization program, as well as running twice-weekly clinics for youth and other clinics for adults and youth.*

Immunizing kids is about 70 per cent of what we do. We enter immunization history and school enrollment information into our computer system for each kid attending school in our geographical area. Then we organize clinics at the schools and send out vaccination consents to all applicable parents. At the Youth Clinic, we offer drop-in appointments for young people aged 13 – 24 for sexual health issues. The other clinics at the health unit we offer for adults who are immune compromised and for kids who are unable to attend clinics at their school. With schools out, almost all of the services we offer are on hold. We have had to cancel all of our school immunization clinics and most of our health unit immunization clinics for healthy individuals. Our Youth Clinic services have been consolidated to another health unit, and most of the appointments are being done virtually, or over the phone, instead of in person. We have continued to offer vaccinations to higher risk individuals (children aged 0 – 2 or immune-compromised individuals such as transplant patients). Our data entry of information has nearly stopped, as most information is attained through the schools. Anyone coming to the health unit for immunization is screened with questions to determine general health. Parents are also being required to attend appointments with only one parent per child, and to only arrive on time—when at all possible—to help with social distancing inside the building.

*Name and Local: Lindsay Fumalle, CUPE 1978*

*Position: Social Work Case Manager*

*Employer: Vancouver Island Health*

*Job entails: Developing guidelines, practice standards, workflows, forms, and education curriculum as part of the Community Resource Team with Home Care Strategy, and delivering education to support roughly 1,200 Community Health Services Clinicians and Management across Vancouver Island.*

My typical day is spent on the computer and in teleconference meetings with others on the 14-member team, developing all the resources for Community Health Services. Since the pandemic started, we have been directed to create practice resources, update intranet sites and create and deliver education at a pace we have never seen before. We learned about a new

virtual care platform, created the clinician education plan and curriculum, created the resources and quick reference guides, and started the education sessions all within four days. The speed with which the information changes and is updated is so fast that as soon as our team publishes something on the intranet we are working on updating the information again. I am regularly a part-time employee. I have picked up so many workload shifts that I am working full time to help my team get the work done. The pressure to create and deliver resources in a timely manner is huge.

*Name and Local: Sandy Bains, CUPE 15*

*Job Title: Pediatric Speech-Language Pathologist*

*Work Place: Public Health – South Community Health Centre*

*Job entails: Working with families of children aged 0-5 to provide assessment, consultation, and therapy addressing a wide range of speech-language needs. (These include vocabulary development, improving understanding and response to directions and questions, as well as improving sentence length, understanding and use of appropriate grammatical structures, speech sound production, speech fluency, and social communication skills.)*

An average work day consisted of several face-to-face appointments with clients and their family and the Behaviour Intervention team at the clinic or offsite (client's home, childcare setting) and/or group therapy sessions, as well as care coordination with public health nurses and community partners, as needed. Since the COVID-19 pandemic began, my team has not been able to offer face-to-face assessment, consultation, or therapy appointments, or to hold meetings face-to-face. My team has quickly adapted to the use of virtual health tools (such as Zoom) and is now providing speech-language services through telepractice. Navigating the world of teletherapy has been a huge learning curve for me. I have learned how to create and adapt therapy materials to be used in teletherapy sessions. The technology side of things has definitely had its challenges, but overall, it has been an interesting and exciting experience.

*Name and Local: Toby Rader, CUPE 3403-01*

*Job Title: Homeless Outreach Social Worker*

*Work Place: Canadian Mental Health Association (Port Alberni Branch)*

*Job entails: Providing services, funded by BC Housing, to people experiencing homelessness or are at risk of homelessness.*

There is no real average day for me: things change by the minute in this job. COVID-19 has increased the need in the community from all factions. Service providers who have shut down need support, general community members need support, and the marginalized need support. Access to food resources was our first priority, followed by access to health care services for the marginalized. My agency ramped up service rather than cutting back when COVID-19 hit, so my work became even more busy and changing all the time.