

Communiqué to our community: COVID-19

Where is the COVID?

Many people have been questioning where is COVID-19? At RVH we have been preparing and are prepared for local surges to treat our community members but, importantly, we are also prepared to support our regional centres. The Ottawa hospitals have taken on the responsibility of accepting and caring for patients from Renfrew County requiring advanced medical care. Renfrew Victoria Hospital, in turn, is prepared and willing to accept non-COVID patients from Ottawa who need ongoing medical care such as hemodialysis for renal patients, or ongoing chemotherapy for cancer patients. "Not to minimize a very serious disease in its medical, social and economic impact, but we, in Renfrew County, have been waiting for and as yet have not seen the horrible and sad outbreaks of COVID-19 that have affected long-term care facilities in other parts of Ontario, or the large surges that have impacted our neighbors to the south like New York City," says Dr. Kristian Davis, RVH Emergency Director. There are many factors that may have affected the relatively mild numbers of cases to date in Renfrew County:

• rural area with low population densities.

• long-term care facilities were early leaders in shutting down non-essential contacts within their institutions.

• people within our county took physical distancing and isolation seriously.

• many unique and novel systems of healthcare were developed and implemented early in the course of the pandemic. The Renfrew County Virtual Triage & Assessment Centre (RC VTAC) and the aggressive expansion and use of the Community Paramedic Response Units allowed for the delivery of normal and COVID-related healthcare while minimizing contact.

• timely and effective case and contact management by our local health unit to identify and isolate cases in order to prevent spread in the community.

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Is it time to get "everything" back to normal? Was all the work and money spent on our healthcare systems unnecessary?

Was all the anxiety and fear that healthcare workers and individuals felt for themselves or loved ones in the event of 'worst-case scenarios' happening in our community in vain? The answer to these rhetorical questions is a big NO, says Davis. "COVID-19 is still in our communities and we will undoubtedly experience outbreaks in the future." Most of us have heard of the 'second wave' that is possible for a pandemic of this type. Like seasonal influenza, COVID-19 will likely become part of our yearly 'flu' season. This is the reason things cannot get back to 'normal' right away. Loosening restrictions has to be done in a step fashion until we have 'Herd Immunity.' Herd immunity is achieved when 70% (this is a somewhat arbitrary number) of a population has natural immunity through getting the illness and surviving or through vaccination.

Going forward most of us realize that we have to accept and learn how to live with the COVID-19 virus, as it will likely be with us for the foreseeable future.

We also realize that we have to restart our economy and educational systems and the normal business of healthcare knowing that an outbreak can happen at any time or place. The good news is that our local healthcare institutions have procedures and policies in place in the event of a new outbreak or the "second wave."

There are also things we can do as individuals to help minimize the possibility of a local outbreak before we achieve herd immunity. These may sound like simple and common sense things, but they can and will make a difference:

• Socialize but maintain physical distancing.

• Start being comfortable wearing a mask in public places such as a grocery store.

- If you are feeling ill, stay at home.
- Practice good personal hygiene such as frequent handwashing.