



## Saskatoon: 31 May, 2023 – Story 2 Transcript

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Interviewer: Today is March May 31, 2023.

Eric: Hello, my name is Eric Anderson and I'm the communications leader for Sherbrooke. And sitting beside me is the great,

Deb: Deb Schick, and I'm the leader for professional practice.

Eric: And Deb, would you like to tell people where you and I were on March 13<sup>th</sup> of 2020?

Deb: I think we were we were here. And weren't we in your car drinking Coke?

Eric: Yes. Yeah, we had we had bottles of coke, like glass bottles of coke. And I went and picked you up at your house, because that was the night that...

Deb: We had to, we locked our doors the next morning.

Eric: We locked our doors the next morning. Yeah. Because of darn COVID. Yeah, yeah. Yeah, we're doing such a long time ago. It's over three years, I guess. And we just got we just had our masks lifted restrictions in the middle of April, was it? So yeah, it was like, it was over three years of restriction. Yeah, of masking and visitor restrictions and all that kind of stuff. Do you remember what was going through your mind those first few days?

Deb: Um, I was just like, hoooo, this is only gonna last a couple of weeks. It's gonna be fine. We'll just do what we need to do to make sure that everyone's safe. And and then it'll just be a great learning experience.

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Eric: Because we we were we had like, pandemic plans. I remember. Did we have a binder?

Deb: Oh yeah, yeah.

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Eric: So we not like for something that ended up being three years but we'd sort of have like plans and stuff like that. But we had to like close our doors to like community day program. The iGen class, which is a great six classes spends their whole year here they had to go will all school shut down. And was remote learning. But yeah, no more kids. We didn't mask right off the top, though. Did we?

02:00

Deb: No it wasn't until I think the end of March beginning of April that we masked, I'm thinking. And that was, I remember people being very fearful about about not having enough PPE, and not like if we didn't have this great storeroom of PPE here. We had sort of enough to get through like if something happened for maybe a couple of days, a week. But when we thought about, oh, if it comes here and it goes everywhere in Sherbrooke, like we're hooped man. Yeah, because we don't we don't have enough of anything at that point. No. But you know, we kept getting a little bit more every week. So we built built our COVID kingdom. So we called our supply room.

Eric: Yeah. And right next to the physio gym was, yeah, make creative use of lots of spaces.

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Deb: And we took over, we took over that spot and just started piling stuff in there was like, piled almost to the ceiling. At some points. Just to be sure we had enough stuff if we actually did go into an outbreak.

Eric: We were. I'm wondering too, like. So for people that don't know, like, Deb and I are part of our leadership team. But Deb a leader leader, here you are. And people come to you with all sorts of questions because you are a nurse as well on you have your master's in nursing and your manager, care manager first neighborhoods, and now it's 2023. And you're going to be taking care of central Haven like you're a leader, leader, like do you ever like people just coming to you with all sorts of questions, and those first few weeks?

Deb: Yes, like, well, for the first two years, honestly. It wasn't weeks man. Still, to this day, I still get questions. And you know, and I get that I had a lot of anxiety about having to make decisions. And like, was I making the right decision? I wasn't sleeping at night, because like, oh my god, is this the right thing to do? And, um, you know, just knowing that we had to do what we needed to do to keep people safe. And because we'd hadn't had a vaccine, that first year for sure. And and I remember people coming and I would get like the same question over and over again. And I realized we needed to do something a little different with communication and you did so much communication.

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Eric: Well, we all did. Yeah, but we sent out, you know, we sent out so much stuff for families, for our staff, and that that was helpful, but, you know, things changed so much with the Health Authority and you know, we just sort of just get things all calm and cool. And then Friday at four o'clock there'd be something that would come, and we'd have to change everything. You know, by the weekend. Yeah. And so that was that was challenging because I felt like we sort of had things under control here. But then external sources making us change things again.

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Eric: Yeah. Remember, like we had screening people at the front desk, which seems like such a long time ago, but it wasn't. Like we would, when visitors would come they would have to show there. What would they have to they agile either their vaccination status, and they'd have to answer questions. And we took their temperatures too, Like all that stuff, and we go in shifts, and then eventually we hired people to do that, like, well, your daughter, Georgia did that. And I think a Molinason. Oh, what's his name? Seamus, Seamus. Thank you. Let's go see Spencer Seamus. Did that. Like lots of people? Like Kim's daughter Megan did that like all the Yeah. All the things? Yeah. But I remember that, like we didn't have a case of COVID until I remember getting the call from Sue Ellen. I think it was on Boxing Day of that first year of 2020 that we had our first case and then and then when we had, but then the vaccines arrived in. Was it February.

Deb: It was January January of 2021 2021.

Eric: Which is pretty amazing that

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Deb: I know. Yeah, like less than a year we had a vaccine.

Eric: Yeah, like science. Yeah. Hurray for science.

Deb: Right for Hooray for science. Yeah. And we vaccinated as soon as we could in January. And, you know, public health was so great to work with during that time, because they knew we were scared. But we had our own vaccinators here and they helped us get the vaccine here, reconstituted because it was the Pfizer vaccine and get it out to the nurses to start giving. And, you know, that first day, it was just it was almost joyous. People were like, yep, give me one and they roll up their sleeves, and they were so happy to get vaccinated. Because they knew living in this community. It meant more freedom for them as soon as they could. And then right after we vaccinated, that's when we had our first big our first outbreak.

Eric: Yeah, I remember that. Because I remember my friend Rob Vanstone, from the Leader Post did a story on us. And like the day that eight. So he did a story on us the day that we were getting vaccines and

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people like like Seth on the RNs. And was Anna one of them, too, was, yeah, was giving the vaccines. And then the next day, the paper comes out. And it's like this great story. And that was the day that we had an outbreak I want to see in Kinsmen Village. Yeah. Yeah. So it was like, it was unfortunate timing. But I remember Do you remember the lady's name, she came with all the stuff and and I forget her name. She was from public health. And she came a few times.

Deb:

And because he was quite the reconstitution, but like, it was like, just swirl it and do it what like 16 times or whatever, like, flick this little tiny ball down so many times, but you couldn't shake it. You had to be very careful with it not to ruin the strands of mRNA in there and and then you had to be very careful about how you reconstituted, like how you put the solution into the vial. And then how you drew it up and like you couldn't tap it like nurses tap the tap the syringe to get air bubbles. Oh, we can't do that.

Eric: Oh, is that why they always do that? Always wanted that? Yeah. Arrow.

Deb: Yeah. But couldn't do that. Because same thing. You can't shake it. And it had to be in the dark. So she would take it out and put it in, put it in a little container and then put a lid over it, so no light would get in it. Yeah. Wow. Yeah, it was pretty crazy.

09:12

Eric: Do you remember like I remember the I remember the outbreak. Like our staff was amazing. I remember being

Deb: every open brain card stuff. Yeah.

Eric: Yeah. I remember being this. Not scared, but like, oh, shoot, like it's because we've seen here, it's here and we'd seen other outbreaks in other care homes. And then it was unfortunate timing too, because we were just getting the vaccine and then add the outbreak and yeah, 2021 Yeah, we had several outbreaks in 2021. I guess we did throughout. Yeah. But we had amazing staff. All the PPE and everything. Yeah.

Deb: Yeah, we felt I think staff felt safe and supported. During that time, like we we were available all the time for them. We made sure they had all They're PPE. Yeah. Yeah.

10:03

Eric: Did you? Did you see like, Was it hard for you to see like, some of our residents sort of struggling like mental health wise and like, for the longest time, we couldn't have families come and then if, if they could come it was only like one or two people per resident and stuff like that. Was it hard to see your residents?

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Deb: Yes, it was. And it was really hard to see that that first Christmas, because we couldn't, we didn't have families in yet. And I have a had a great rec person, Gil, working with me. And he was he was amazing. So he did, he did so much work before that party, that Christmas party, to ensure that as many residents got a message from their families, a video message from their family that we showed to everyone in the party. And I remember one of my, one of my residents, there was this message that was multiple family members. So it was like, one would be his sister and her husband. And then the next one would be his nephew and his his family and and he's sitting at the back of the room. And he's watching this and he sees all his family, and he's waving at them. Like he was just so excited to see them. And she had it they had seen them because we were able to do visits outside outside through a fence visits through 2020,

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Eric: We did a lot of altering of the physical environment at Sherbrooke. Not only within the building, but like, for those people that don't know what Sherbrooke's really big, we have 263 residents, but we also have like a big footprint in the neighbourhood. Like we've got big grounds and stuff. And we had to separate the grounds by like, specific neighborhoods because residents couldn't if you were on the fourth neighborhood or the fourth floor, you couldn't interact with people from Deb's neighborhood and first neighborhoods, first floor, et cetera, et cetera. So yeah, there was fences everywhere. Like a maze.

Deb: Yeah it and it was a, I think we must have had close to 20 Visiting spots for people to go and we you know, you had to book them. I had to be screened before you could come as visit your loved one rolling through the veins. When you actually think, like, holy, how did we ever manage that that first year? No, but we did it because it was so important to get the residents closer to their families, even though it was a fence. And you know, for the longest time, they were still able to bring special things in. And so they would, you know, bring us Sunday or a milkshake for their loved, drop it off the front door and then run around to visiting spot and we'd run from the front door to the visiting spot to deliver the milkshake or the milkshake so that they can have this visit with the milkshake together. And yeah, you know, when you think about that, the the incredible commitment that the staff had to making sure that residents saw their loved ones is was pretty incredible. And FaceTime visits. Yeah, you know, when it got too cold to be outside, iPads, phones, whatever, whatever we could use, we had people connecting, but you know, when you have someone who has dementia, you just can't connect the same way and it just didn't work.

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Eric: And I would say for the most part to like, our families were very supportive. I know. I know, like sometimes like I will get emails like with some hard questions or like email saying like, can we please come

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and you have to give them like, unfortunate news are like, sorry, these are other restrictions, but for the most part, like families were really, really wonderful to work with. And they understood and, and yeah, but it was also great to like when we could welcome families back in in a more just like, genuine way kind of deal. That was nice. Yeah. Trying to think of what else I should ask you Deb. When When did you, when did you start to think that like, not that the because technically we're still in a pandemic, like when are we out of a pandemic,

Deb: Now? Technically, not the World Health Organization.

Eric: or should That's right, yeah. Okay. Yeah. And when but when did you start to think like, oh, maybe like close? Yeah.

Deb: It was probably when we did our fifth dose of vaccine. And

14:45

Eric: when was that? Was that early 2023? Or was that 2022?

Deb: No, it was the end of 2022. Okay. And so we had we thinking it was the end of October beginning of November that we gave those doses. And what I saw at that point was, we were having, we were still having outbreaks. But there was almost no spread, right? So we would have two people, that would be considered positive for COVID. But they wouldn't be really sick. And they were recovering well, but then there was no spread to anyone else. So that's when I thought, okay, something's working, something's happening. And then we did a second booster just was at the beginning of May, April. May is kind of a blur. It's been a busy year.

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And we might have been the end of April that we did our first we did two days in April. And then we did a day because because those nurses in that two days, they did 201 doses of vaccine.

Eric: Wow. And that's the new by Vaillant. That's the next big game. And so that's what they've gotten.

Deb: These last two doses have been. Yeah. And again, that was Vaillant.. Wow. Like, we might have two people. That's an outbreak, but no spread.

Eric: I think to like, for people to understand, like, when before? Well, for a long time, the rules were like you had to go What was it as if a neighborhood was in an outbreak, which that was considered two or more residents tested positive. They you had to go 28 consecutive days without a new case. And if you

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went, say, 15 days and had a new case, it would reset to zero. So, you know, for a lot of people in the general public, they were told to, to stay at home for like a week or a couple of weeks, 10 days, like I remember my when my wife who's a teacher got it in January of 2022. She had to stay home for like a week. But then she could she could go back to work she got in the public, but for a lot of our residents. Like if they're you'd be a neighborhood of 40 residents and maybe three or four habit and you think, okay, 20 days a long time, you're getting close, and then another person gets it and the clock resets, like what Kinsmen Village was 57 days? 50 days? Like that's, that's hard, isn't it?

Deb: It's very hard. Yeah, that's a very long time to be isolated. Yeah. And some people were isolated to their rooms during that time. And that isolation was 10 days. And that's a very long time to be isolated. And if you didn't have TV, and we would have new people move in. Oh, and when you move in, there's you may not have a TV, you may not have internet, like you're not you may not have cable, and now you're isolated in a room for 10 days, or 14. So that was that was hard. I remember one of my last outbreaks. We had a gentleman that had been he grew up at home, he lived at home with his, his brothers and his mom looked after all of them. And he came in to Sherbrooke. And he, he had had the freedom for the first time to be in his wheelchair and be able to move around like a much larger space. So he would have his breakfast and he was gone. Because he he could go wherever he wanted and make friends and find pens and paper and whatever, you know, he loved to collect things and he loved teddy bears.

And he he ended up contracting COVID And we had to isolate him in his room at that time. And I actually believe that he just gave up. That the fact that he was gonna have to stay in his room was just too much for him. And he was like, I can't I can't I can't do this. And he died very quickly, actually, really, after, you know, being testing positive, which at that point wasn't happening very much. We didn't have very many deaths. No, no, we didn't point but he you know, I actually believe he gave up Yeah.

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Eric: I think to like, like people should understand to like the the residents that live here are very vulnerable in terms of their health, whether it's physical or mental, but like it was like we did have the deaths and it was because like the like, just over They're frail. Yeah, the frail people. Yeah. But like in ours, our staff, our staff just did like an amazing job. And we had amazing leaders, which is when you look back on a job, like are there some things that like, like that stand out in terms of like big lessons that you sort of learned or maybe like, as a management team learned or that, hopefully, hopefully, we don't have to deal with anything like this again, but

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Deb: I think that I've always known that communication is so important. But I think it became even more sort of, in my face how important communication was, and to do the message in a way that was easy to understand. And easy to access, like, someone's not going to read a whole page of, you know, 10, whatever that's called, you know, yet font size, font size of 10, they need bullet points of here's the highlights, this is what you need to know. So that and huddle talks became so prevalent for us, we did them all the time. And those those were also really short and concise, so that the information got out to staff as quickly as possible. I think that was that was important. I think the other thing is, for me was just how impressive our science community is, in terms of, you know, dropping everything else they were doing, and starting to work globally as a scientific community. And you know, I have this technology, you have this technology, let's put it together and see if we can come up with something. And, you know, to be able to create a vaccine in less than a year is like, amazing, it is, yeah. And to have a vaccine that is, is actually making it so that we can come back and live our lives normally is really huge. And the other thing is that I've really learned is the connection of family. And not just how important it is to our residents, but not only our residents to also the families, how important it is for them. And, you know, our nurses did such amazing work talking to so many families day after day.

Eric: And like hard conversations to yeah, really hard. And I know like some families were here in Saskatoon, but you had other families that were like, far away. And like I think of one of our residents, who I would receive emails sometimes from his daughter who lived in Toronto, and it's like, how is he doing? And I haven't heard in a couple of days, I know the nursery sounds busy. Here's what's like in Toronto, like what, you know, I see this in the news, like it's, it was just so hard. And yeah, distance makes it really hard. And one of the things I learned too, is like, we talked about it in the Eden alternative philosophy about the importance of strong leadership. And I'm so grateful that we had such a, like a leadership team, but also like a group of managers that, like we were meeting except like those first few months, we were meeting twice a day, every day, like first thing in the morning, and then again after lunch, because so many things were changing. And I just think of like some of the maybe the smaller care homes that wouldn't have had that. And we're trying to figure it out on their own. And yeah, how hard that would have been.

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Deb: Do you remember at one point, there was so much stuff coming at us so fast that we created the wall? And the two wall? That's right. Yes. Yeah, I took all the work standards. And we sort of put them together based on theme so that our nurses, our staff, our housekeepers, everyone, plus all the work standards we created. Yeah, they could come and they knew that that was the place to see the most up to date information. Yeah. And that was very helpful to them.



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Eric: That was super helpful. Yeah, just to know, just know that, like, everyone's trying to pull in the same direction. And then like sharing openly, like this is what yeah, this is what we're doing.

Deb: Don't does that make sense to us? But yes, yes, it doesn't. Yeah, yeah. That's very true.

Yeah, times things didn't make sense.

Eric: No. No, no, they they didn't end. But I love how I think we had the confidence and the autonomy here at Sherbrooke to if there were scenes that didn't make sense. We would be like, Okay, well, we're not, we're not going to do this, or we're going to tweak it in a way that makes sense for our, for our community. Yeah, I'm very proud of the fact I felt like we were the, I believe we were the first care home in Saskatchewan to close our doors. And we're it says, sounds weird to say like, I'm proud of that. But like we were, we could see what was happening in Ontario. And then I think like the first case, it was the genome weekend, and 2020. And like the first case happened in Saskatchewan. And yeah, and then it was just like, no, like, we got to get out ahead of this. And then a lot of those policies we developed, like right away in the first couple of days and week, were later adopted by the SHA two share province wide, so late, like I really, I think we can toot our own horn a little bit in terms of like, we, we worked really hard to protect our community, and then Central Haven, and then share that information. Just like all the scientists around the world, started pulling in the same direction and shared and

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Deb: The other thing that was really good was the collaboration we had with infection control, and prevention. And, you know, as we're sort of started coming out of the pandemic, we noticed that people weren't as sick, they weren't as sick as long. And we could have that conversation with them and say, Okay, this is what we're seeing on the front in a front. Like, right here. Yeah. And they were able to then say, okay, like, things are, things are obviously changing, and they would listen to us. And so then they, they shorten the sort of the incubation period up. And, and that was really good to know that people were actually listening and hearing, you know, our experience. And that saying, you know, yeah, and it's shortened up even again, because we kept talking and saying, "This is what we're seeing. Now, we're having no spread. And, you know, we may have one or two people that aren't even connected, like they're not even close to each other. Why are we in an outbreak?" "Well, that you're right, that doesn't make sense. Let's talk to the medical health officer." And then it would be to suspect outbreaks, which is much shorter than a full-on outbreak. And so there became this really great collaborative, they trusted us, we trusted them. And knowing that we wanted the best for the residents and their family.

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Eric: Yeah, yeah. So I liked that story, too, because I think it shows the importance of like, you have two different or, like organizations or bodies working together with the same goal. It's not like a, like a pissing contest, where it's like, I know what I'm doing. No, I know what I'm doing. And it's like, you're butting heads and say, no, like, we're both smart. But like, let's work together. And yeah, yeah.

Deb: Well, and in the beginning, I was like, you guys, tell me what I need to do. Because you're, you're you know what's happening way more than what I do? Yeah, I'm listening to what's happening on the news. I am not in those meetings, where you're hearing from scientists.

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Eric: And that was a scary thing to do. Because like, there was so much unknown, like, no one knew what this was about, like, I remember there was that, that cruise ship somewhere, like in Japan, or whatever, and they were like, they were studying it because COVID was spreading through the cruise ship, but it was like, real life science happening. Like in real time. And like, yeah, that was just that was just so there was so much unknown. And yeah, we're, everyone's learning about it. And, and, like, I, I think back like, those first, like few weeks, I would come home and I'd, I would take off all my clothes and put on new clothes, because it's like, we didn't know like, didn't know, does it live on clothes? And then what types of surfaces does it live on? And why am I buying all this toilet paper in the grocery store? Like that doesn't make sense.

Deb: Oh, wiping your groceries. That was yes. Oh my gosh.

Eric: yeah. We're wiping our groceries. Yeah.

29:01

Deb: You know, I remember people bringing stuff into CBP. And they would be a whole crew of just wiping down boxes. Yeah. Yeah. Which. Yeah, we didn't know.

Eric: We didn't know. So I've covered a lot. And then else you want to say for this lovely story project. Oh, do you have any questions?

Interviewer: I guess. What are the, what were the three most important moments that you notice? Through whole pandemic?

Deb: Through the whole? I think the three for me were one the first day we closed our doors. And and then you know, having having to explain it to staff. I remember spending pretty much to brewery here at like

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630 in the morning. 530 in the morning. Oh, yes. I thought we went over a quote. We closed here and then we close central Haven and then

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Eric: we went in We did a Facebook Live that night from Sherbrooke saying this is what we're doing. And then yeah, we had and then Yeah, cuz there was morning staff coming. So we had to get here early get here early. My wife was on a stagette that night. And she was at. She was a prime or I think, what was the holster open? She was a primer or the holes. Primer was a great restaurant by the way. Shameless plug. But yeah, and it was like, she probably should take at that time, but no one knew again, no, nobody knew. But yeah, we had to get here the next morning.

Deb: We had to get here the next morning to tell staff that we were closing the doors, and that we were not going to let sort of people in that, that weren't working here. And I think the I think for me, you know, the fear I saw, then, but also the relief I saw from our staff was like, Oh, you are like proactive. I feel safe here. I feel and that, you know, I've heard that over and over again that that people felt safe.

I think the next big thing was the first vaccine dose. Yeah, that was a pretty incredible day. I actually went that morning and got my vaccine. And then public health came. And then we vaccinated. I don't know how many residents that day. And then the next day, we vaccinated again.

And I think the next time the next thing I remember was the day the masks actually came off. That was a big thing.

I think the other thing that that we should talk about is the anxiety that people felt once they were able to go out into the community. So for a long time, our residents like weren't allowed to leave the community. Like public health, like Nope, you stay in your little bubble. And what our, especially our recreation staff saw, was that people were very anxious then to go back into the community. And I guess I hadn't actually thought that that would be a thing for people. I sort of expected everyone to be excited about being able to go back and for us, we'd had sort of a staggered, you know, wearing masks so we could still be out in public. And then no, you don't have to wear a mask, but you can if you want to. And so people were and weren't and and then it was lifted everywhere. So I think for lots of our residents that that was a hard, that was a hard thing for them to go back into the community back into real life and be part of, of what's what's happening out there because they should be.

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Eric: I remember thinking that too. I thought some residents were like super eager, like, let's go let's go to you know, blades game or a rush game or, you know, a restaurant kind of deal. But then a movie theater. I can think of one resident in particular who was not eager to go on I was surprised by it. Because this resident was very, very active out in the community. And then they were just not ready to go out in the, in the community. They were worried about getting virus and is it am I going to be safe out there. And, and I know we have like some we had we had some of that to like, in April, like the day that the masks came off. That was so weird to in a way because we there was no build up to it at all.

It was just like on a Monday, the one of the ministers for like rural health, Edward Hindley mentioned like, yeah, we're in talks about like maybe getting rid of masking in like hospitals and long-term care homes. And it's like, what, huh? And then we hadn't heard anything official from SHA at all. And then like, the next day, like 1030, we got an email saying like, as of like, right now, you don't have to. And so like we quickly spread the word. But again, some residents were like, No, and some staff too. Yeah, you just in my mind, and I don't know why I had this date picked, but I thought we'd be wearing masks till 2025 I just thought that would be I did I just thought like, yeah, because if it hadn't changed out with it, the greater community, you know, had been maskless for a long time. And, and the numbers were, you know, were lower than what they were and, you know, thanks to vaccines and everything. So I just but in my mind, I was like long term care is going to be the last place that

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Deb: Well and that's what Dr. Sharpe said. Yeah, was that long term care would be the last place that we will take masks away from so I, I'm with you. I expected us to be masked for a long time. Yeah. So do you still look for your mask when you leave your office?

Eric: Yes, I do. i My office is in the business office and and we could we could take off our masks in our office if we were by herself. But then when we went out into like, common spaces, yeah. And then I remember the first like, the first day I felt so naked. I didn't have a mask on my face. I also I wasn't shaving as much as I normally was. So then it was like, oh, gosh, like, How do I look, I was my face. And there were so many, like, we hired a lot of staff during the pandemic. We've never seen their faces. The I gen students, the grade six class that spent their whole year spends their whole year here. This year's class, we hadn't seen their faces. And then I remember going down to Carrie and saying, like, like, Carrie, we can take it off like as of right now. And Carrie tells the story of like she went. So she's like, Okay, kids, like if you want to you can take your masks off. And a lot of the students flung their masks like it was like their

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graduation caps. And then Kerry went home at lunch, she tells a story. And she couldn't get her keys in the door because she was just so much shocked that she didn't. And teachers didn't have to wear it. But of course, she's a teacher in a long term care home. So she was like, probably the last teacher in Saskatoon that was still wearing a mask, or had that had to. And then all of a sudden she didn't have to and it sort of just blew her mind. But yeah, I don't know. That yeah, those would be the I think the main the main things I do.

I do remember, one of the main days that sticks out in my mind is the first Mother's Day at Sherbrooke, and that's because one family decided to their heart was in the right place. They really wanted to see their mother, the execution was not in the right place. They rented a cherry picker and brought it into the back alley behind Sherbrooke. And we're about to hoist themselves up until like the third story, and have a window visit with the mother. Which like there's so many bad things about that. And luckily, our food services team saw them do this, call the manager and call and we were able to stop because there were so many like health, or like health and safety reasons not to do it. Plus, if you're a resident with dementia, and you see someone floating in the air out your window, like that's going to be slightly confusing. So I mentioned that story for a couple of reasons. One, I think it goes to show how, how strongly families want to see their loved ones early on, and how difficult it was for them not to be able to come into the building to see their loved ones. But also just like people were willing to to anything to like to get to see that there was that there was a desperation. And so I think there was such relief when we did open the doors. And, and whether it was like one or two visitors at a time, at least there was you could see, you could see your loved one. I have a photo of that cherry picker though. In the back alley.

38:14

Deb: I have one more story to share. Okay, I broke a few rules for this story. I had a I had a resident who was dying. And his wife called me and said, my, my daughter has COVID. And she really wants to see her dad. And is you know, as she didn't actually call me she called the nurse and the community clerk and they then came talk to me. And then I called her. I said, Okay, he's in the room, at the very end of the hallway, on the main floor, you're gonna get your daughter to come in the door at the very end of the hallway with a mask on and go directly to his room, which was across the hall, have her visit with her dad, and then leave. And she said I knew you'd find a way. So she got to come and see her dad before he died. And you know, I thought as I did this, I'm like, this is the right thing to do. If I called anyone and asked what I should do I would have got no don't do it. Don't even think about it like and I just I couldn't not have him see his daughter before before he died. And and I don't regret the decision but for two weeks I lived in absolute fear. But I didn't.

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Eric: So and I think that's a great example to one of our principles here at Sherbrooke is we have an individuality principle. And I think that's an amazing example of UDL. Understanding, like the situation and, and make and like not not lumping everybody in and be like no this, this, this is what this person needs in this moment. We don't know, okay, this person needs this at this moment. And, you know, obviously the resident in the family member and you found a safe way to, to make it happen. So yeah, yeah. And I know I'm sure that meant the world to not only the resident, but the family as well. So

40:30

Deb: My community clerk came back to me and said, I knew you'd find a way.

Eric: Yeah, there was a lot of creativity during the pandemic. Yeah, people found lots of creative ways to do lots of different things. So, yeah. Do you have any other questions?

Interviewer: Yeah, I guess the last one would be like, if you have the chance to tell someone who will experience these in the future, like, what would be your advice for someone.

Eric: The first thing I would say is having like I'd never done crisis communication before. And I quickly learned that like, when you're in a situation like this, especially when families can come in, and visitors can't come in, like, the more, the more communication, the better, I think. But also, like Deb said, to keep it short and sweet and clear communication. I look at some of our first like, we were doing daily updates, and then eventually switch to weekly updates. And I look at some of the first ones that I think oh, I could have, I could have edited some words out just to make it shorter and more succinct. And so you learn but I think like the communication, just getting getting the information out and then just being open to the fact that like, we're we're doing the best we can we held a couple of virtual town halls during the pandemic, where we would meet and like, we'd have like, 20 30, on WR on them to you and Kim and myself, and, and we would hear from families and they would just ask questions about, like how things are going. And it was a chance for families to not so much vent, but just sort of like, ask questions from their own opinions and perspectives. And, and those were great. I was nervous about those because I thought we were just gonna get yelled at for like an hour. And it wasn't that case at all. The families had some hard questions, but they just wanted to know, like, what what is happening, what's going on? Because we see things in the news and and stuff. And is that what's happening at Sherbrooke? And then we will give answers, but I think that would be one thing. If this were to ever happen again, in the future is like, really communicate clearly with your families. But communicate a lot. Yeah, that would be that's a big takeaway for me, Deb, you probably have like 17 takeaways.

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Deb: I think my biggest takeaway is actually to figure out what works for you to support your own personal mental health. And I think that's important for like our staff. But it's also important for our residents. And it's also important for our families. And I think, you know, honestly, when the pandemic started, I honestly thought was going to be couple of weeks. I did not anticipate three years. And you know, would that have changed the way I did things at home probably. And, you know, I remember the first time we went out for a walk as a family. We went down a grid road, and we got out of the car, and we walked with the dogs on a grid road, because there was no one around. And we were not likely to meet someone. And we saw lots of people walking by our neighborhood and my husband and I would go for a walk but like we like go on opposite sides of the street and someone was coming towards the you cross the street. And you know, some of those things are hard, hard on our mental health and the isolation and it's not the same when you can't be together FaceTime calls, or what was that there was one app, house house party or something. I

44:25

Eric: I remember doing a house party with Jen, my wife and her family. And it was it was so weird, but it was it was fun in the moment. But yeah, like I had never. Yeah, we all became zoom experts really quickly did when you talked about walking down the grid road. When the pandemic first started those first couple of weeks. So many people had to work from home. But we were we were still able to come to work and I have to say selfishly. I saw appreciate that like to get out of the house. My wife was a teacher. She couldn't go to school anymore. And that was the middle of March so she spent the last two and a half months. And you you had your three yeah You had your kids online. Yeah. Georgia and Ava, like so many people had to stay home but when we would drive because Deb and I were lived in the same neighborhood at the time like Eighth Street was like, so quiet when it's normally a busy like area of town busy strip. It was it was like those post apocalyptic movies and and in the evenings you would see people like Deb said walking, but yeah, like lots of distance and the occasional bike ride because it was springtime but like people will just wear to it. The city was so quiet.

45:31

Deb: I remember coming to work and not actually passing anyone. Yeah. Like not seeing anyone on the street. No one in cars. Nothing. Like Eighth street was like nothing. Yeah. Yeah, it was. It was quite incredible.

Eric: Crazy. Yeah.

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Hopefully we don't have to deal with that again. Yeah, yeah. I would say to if if you if something like this ever does happen again, like call Deb, because that will help you in whatever way you need it.

46:06

Interviewer: Do you have anything else?

Eric: That's good. Thanks for doing this.

Interviewer: Thank you so much.