

From: Anderson, Kristy HLTH:EX
Sent: March 16, 2020 7:29 PM
To: Sid Sharma; Brown, Stephen R HLTH:EX
Cc: Collins, Teri HLTH:EX
Subject: RE: Elective Surgery Cancellations

Hi Sid – I hope you are doing well and hanging in there yourself. I appreciate the note and want to assure you that we will be in touch soon to discuss options.

Cheers,

Kristy Anderson

Executive Director, Access and Wait Times
Specialized Services Division, Ministry of Health
(250) 952-3387 (desk)
(250) 920-6324 (mobile)
Kristy.Anderson@gov.bc.ca

From: Sid Sharma <Sid.Sharma@clearpointhealth.ca>
Sent: March 16, 2020 7:05 PM
To: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>
Subject: Elective Surgery Cancellations

Dear Stephen; Dear Kristy,

Hope you are able to keep your head above water during these testing and challenging times.

Apologize to add to your worries, we received directive today from VCH that they will not be sending surgery slates to False Creek, following the Minister's announcement to cancel all elective surgeries. Since this directive was focused towards hospitals, I thought we will not fall within it's purview. On the contrary, I believe, we can walk shoulder to shoulder as an able ally to help you fight increased threat posed by COVID-19.

False Creek is more than ready to offload day surgeries from VCH to help ease pressure and create room for critical care in hospitals. We do not employ staff from the Health Authorities, but rely on retired and semi retired staff and anesthesiologists. We urge you to see us as your partners during these critical times.

Please let me know if I can personally help out in any way to mobilize resources to support the Ministry and the Health Authorities.

Good luck!

Best regards

Sid



Sid Sharma | Chief Financial Officer

Clearpoint Health Network

Tel: 604.739.9695 ext. 474 | 1.866.363.4494 | Mobile: 604.362.7474

555 W 8th Ave., 6th Floor, Vancouver, BC V5Z 1C6

sid.sharma@clearpointhealth.ca

VANCOUVER | CALGARY | WINNIPEG | TORONTO | MISSISSAUGA

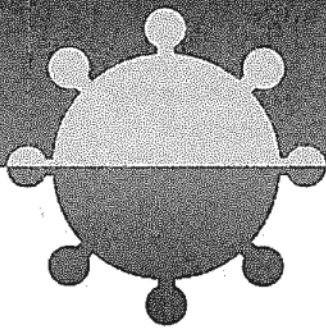
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From: Halls, Lori D EMBC:EX
Sent: March 16, 2020 7:06 PM
To: BCPSA Agency DMC List
Subject: Essential Service Workers
Attachments: COVID-19 Essential Service Workers Travel Mar 16 2020.pdf

Deputies

Please find attached new guidance from Dr. Bonnie Henry on essential service workers. Definition has been expanded beyond first responders. Please distribute through your networks as appropriate.

Lori Halls
Deputy Minister
Emergency Management BC



Key Facts

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



We are focused on slowing the spread of COVID-19 in our communities.

A sudden increase in people becoming infected with COVID-19 may impact the capacity of our health system to provide care to everyone who needs it.

By slowing the spread of the virus, our most vulnerable will be able to access care when and where they need it.

80% of people who are infected will have mild symptoms that will not require care outside of the home.

Around 1 out of 6 people who get COVID-19 may become seriously ill and develop difficulty breathing.

Older people, and those with preexisting medical conditions such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

WHAT YOU CAN DO TO SLOW TRANSMISSION

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Monitor yourself.

If you have a fever, a new cough or difficulty breathing, call 8-1-1 for guidance.

WHAT BUSINESSES CAN DO TO SLOW TRANSMISSION

Support hand washing, social distancing, and adopt flexible sick-leave policies to allow people who are sick to stay home.

Clean and disinfect frequently touched surfaces using routine practices and consider cleaning and disinfecting twice a day if possible.

COVID-19 and Determination of Return to Work of Essential Service Workers Who Have Traveled Out of Canada

The definition of what constitutes essential services, and which workers in those essential service are critical for business continuity, varies between organizations in the public and private sector. Generally essential services are those considered critical to preserving life, health and basic societal functioning. For example, this includes first responders to life threatening events, health care workers who are essential to delivering patient care and life-saving services, critical infrastructure workers such as drinking water, hydro, internet and natural gas and workers who are essential to supply society with critical goods such as food and medicines.

Primary prevention is key so essential service workers should not travel outside Canada unless travel is part of the essential service that they provide.

Principles to determine whether a worker in an essential service should return to work earlier than 14 days after returning from essential travel outside of Canada include:

- Preventing new introductions of SARS-CoV-2, the virus that causes COVID-19, into BC is of paramount importance to limiting the spread of the virus.
- As a baseline, ALL travellers from outside of Canada are considered potential carriers of the virus and must self-isolate at home or a similar place in which to stay.

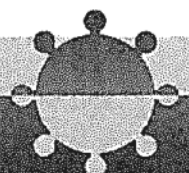


Ministry of Health

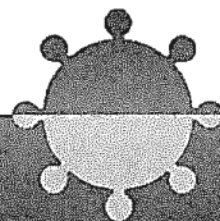


BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



- To preserve essential services, it is key to consider the risk that a returning worker could pose by endangering the health of multiple other essential service staff, which could jeopardize the ability to provide essential services.
- Leadership of essential service should follow the recommended 14-day self-isolation after travel guidance as far as practical and establish thresholds where the delivery of the essential services can no longer be delivered and then, and only then, make decisions to waive individual workers from the self-isolation protocol based on an overall risk assessment of:
 - Where the person travelled, recognizing that many countries in the world are experiencing significant community transmission of the virus
 - Duration and type of activity while away (family visit versus large gathering events)
 - Current symptoms of the individual or household. If there are any symptoms demonstrated by the individual or those they live with, they should be assessed by a health professional before returning to work.
 - Essential service type and overall risk of reduced or minimal staffing
 - Work environment of the individual e.g. whether they work independently, outside or in a group setting.
- Essential services must establish a protocol to prevent risk of transmission by an essential service worker with a travel history, support rapid response to an essential service worker with a travel history who develops symptoms while at work and maintain high levels of hygiene. Key elements of such a protocol, which are to be modified depending on the work site are:
 - Workers who return from travel and are critical to the delivery of an essential service may return to work if approved by their leadership but must take the following additional precautions to reduce the risk to their clients, colleagues, and the public should they become symptomatic:
 - Self-monitor daily for signs and symptoms of illness
 - Follow infection prevention and control protocols including diligent hand hygiene
 - Reduce close contact with other workers i.e., maintain a two metre separation and avoid shared spaces where possible
 - Avoid close contact with others when travelling to and from work and between shifts
 - Self-isolate at home on days when not required at their workplace
 - Avoid any unnecessary public establishments
 - Implement an organization-wide, self-distancing policy for all employees requiring a minimum physical distance of 1-2 meters between individuals. This includes avoiding standard greetings that require physical contact such as shaking hands.
 - Increase regularly scheduled cleaning with a disinfecting agent such as antimicrobial disposable wipes or a diluted bleach solution
 - Require workers to self-declare to dispatch and to 811 or their health care practitioner, if they have come in contact with anyone who has COVID-19 and self-isolate if instructed by a health practitioner.



- Require workers, if they exhibit symptoms of COVID-19 (e.g., fever, dry cough, etc.) to call 811 or their health practitioner, and self-isolate for 14 days unless instructed otherwise by a health practitioner

March 16 2020

COVID-19 and Determination of Return to Work of Essential Service Workers Who Have Traveled Out of Canada

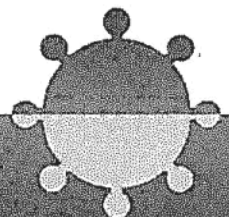


Ministry of
Health



BC Centre for Disease Control

**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**



Brown, Stephen R HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: March 16, 2020 6:49 PM
To: Kennedy, Christine PREM:EX
Cc: Brown, Stephen R HLTH:EX
Subject: Re: s.13; s.17

Hi Christine. I'm on it and will follow up with you ASAP. Thanks

Peter

On Mar 16, 2020, at 6:13 PM, Kennedy, Christine PREM:EX <Christine.Kennedy@gov.bc.ca> wrote:

Stephen / Peter, I'm sorry to bother you with this as I know you have a whole system to run.

s.13; s.17

Thanks,

Christine

From: Geoff Meggs <Geoff.Meggs@gov.bc.ca>
Date: Monday, March 16, 2020 at 5:22 PM
To: "Wright, Don J. PREM:EX" <Don.J.Wright@gov.bc.ca>
Cc: "Ralston, Bruce EMPR:EX" <Bruce.Ralston@gov.bc.ca>, Fazil Mihlar <Fazil.Mihlar@gov.bc.ca>, "Dix, Adrian HLTH:EX" <Adrian.Dix@gov.bc.ca>
Subject: Fwd:s.13; s.17

Don, do you mind checking again?

Geoff

Sent from my iPhone

Begin forwarded message:

From: Sue Paish <s.22>
Date: March 16, 2020 at 4:49:32 PM PDT
To: "Meggs, Geoff PREM:EX" <Geoff.Meggs@gov.bc.ca>
Subject: RE: Abcellera

s.13; s.17

Sent from Mail for Windows 10

From: Meggs, Geoff PREM:EX
Sent: Monday, March 16, 2020 8:06 AM
To: Sue Paish
Subject: Re: s.13; s.17

Sue,
s.13; s.17

Geoff

Sent from my iPhone

On Mar 15, 2020, at 9:47 PM, Sue Paish <s.22 > wrote:

s.13; s.17

Sent from
Mail<<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%3FLinkId%3D550986&data=02%7C01%7C%7C0b462ab6f9ac42c52efe08d7c9bba21e%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637199680020708898&sdata=dHh%2FzAOGXwk6Tp%2BXGN372XfawVXo%2BMulgqL4K7NFpZE%3D&reserved=0>> for Windows 10

From: Meggs, Geoff PREM:EX<<mailto:Geoff.Meggs@gov.bc.ca>>
Sent: Sunday, March 15, 2020 9:45 PM
To: Sue Paish<<mailto:s.22>>
Subject: Re:s.13; s.17

Thanks Sue. Just heard if this an hour or so ago and will follow up in the morning.

Geoff

Sent from my iPhone

On Mar 15, 2020, at 9:11 PM, Sue Paish <s.22 > wrote:

s.13; s.17

Sent from

Mail<<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%3FLinkId%3D550986&data=02%7C01%7C%7C0b462ab6f9ac42c52efe08d7c9bba21e%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637199680020708898&sdata=dHh%2FzAOGXwk6Tp%2BXGN372XfawVXo%2BMulgqL4K7NFpZE%3D&reserved=0>> for Windows 10

Brown, Stephen R HLTH:EX

From: Halls, Lori D EMBC:EX
Sent: March 16, 2020 5:51 PM
To: Hockin, Amber PREM:EX
Cc: Monroe, Danielle JEDC:EX; Sanderson, Melanie PSSG:EX; Brown, Stephen R HLTH:EX
Subject: RE: Oxygen Concentrators

Thanks Amber.

As this a medical supply issue, I've cc'd Stephen Brown for follow up as required.

Lori Halls
Deputy Minister
Emergency Management BC

From: Hockin, Amber PREM:EX <Amber.Hockin@gov.bc.ca>
Sent: March 16, 2020 3:58 PM
To: Halls, Lori D EMBC:EX <Lori.D.Halls@gov.bc.ca>
Cc: Monroe, Danielle JEDC:EX <Danielle.Monroe@gov.bc.ca>; Sanderson, Melanie PSSG:EX <Melanie.Sanderson@gov.bc.ca>
Subject: Oxygen Concentrators

Lori: Geoff received a message regarding oxygen concentrators and Christine Kennedy suggested that I pass along the information to yourself regarding supply chain. Below is a segment from an email that we received along with contact information, should you require it. Since the company is also looking to set up shop here in BC I have also copied the SMA of JEDC for follow up.

My client ON2 Solutions builds oxygen concentrators for use in hospitals to replace oxygen tanks - more cost effective and environmentally sound - including in several BC hospitals.

ON2 Solutions production plant is located in Morden, Manitoba but they are very interested in relocating to BC - and they expect to sign a U.S. contract that would allow significant expansion. They currently have about 60 workers and managers there.

All good news potentially for the BC government - an announcement possibly this year and ground breaking next spring.

The ON2 Solutions principal - Sabi Bining - and I discussed this with Bruce Ralston before he changed portfolios.

Regards,
Bill Tieleman
West Star Communications
Cell 778-896-0964 Office 604-844-7827

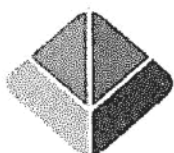
Amber Hockin, Deputy Chief of Staff
Office of the Premier
Cell: 778-584-0867
Email: amber.hockin@gov.bc.ca

Brown, Stephen R HLTH:EX

From: Mackenzie, Isobel HLTH:EX
Sent: March 16, 2020 5:46 PM
To: Brown, Stephen R HLTH:EX; Prevost, Jean-Marc GCPE:EX; Shewchuk, Chris GCPE:EX; Collins, Teri HLTH:EX; van Baarsen, Amanda HLTH:EX
Subject: Seniors Advocate- Recommendation for Community dwelling seniors
Attachments: Mar 16 2020 Stephen Brown.pdf

Hello all,
Please see attached. Happy to discuss. Mobile 250-208-2019

Isobel



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Memorandum

March 16, 2020

To: Stephen Brown
COVID 19 Deputy Ministers' Committee

From: Isobel Mackenzie
Seniors Advocate, Province of British Columbia

cc: Teri Collins, Jean-Marc Prevost, Chris Shewchuk, Amanda Van Baarsen

Re: Community mobilization to assist seniors with non-medical needs during COVID19 outbreak

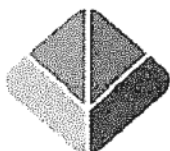
The health system is responding to the health needs of seniors through long-term care, home and community care, primary care and acute care services, each of whom have emergency preparedness plans that are implemented as needed. However COVID19 will also have an impact on community dwelling seniors who are peripheral to the formal health care system, and the unmet needs of these seniors will become more critical as the timeframe for our response measures increases.

Currently the situation in the community is not critical and that leaves us some time to create an infrastructure to respond to non-medical needs for community-dwelling seniors. Developing mitigating strategies to address the gaps in non medical supports for seniors to remain safe and healthy in our communities will allow healthcare services to focus on responding to COVID19.

The social needs of seniors can be met to a large extent through technology and encouraging people to reach out and talk to the elderly people in their lives and in their community. However, there are a number of seniors who rely on other people to perform tasks that cannot be done from a distance. The people who traditionally perform these tasks may be family members, friends or neighbours who, due to illness, will be unable to perform these tasks for a limited period of time. In addition Home and Community Care services will be challenged to meet the needs of urgent discharge from hospitals to community to reduce capacity challenge in acute care, while still being called upon to perform some of these non-essential, non-personal care tasks. As Home and Community Care resources become stretched, and families (the unpaid caregiver)supporting seniors are not able to continue to support their family members, the senior is placed at higher risk.

We also have a citizenry that is expressing a strong desire to assist the elderly in their community with tasks that will keep them safe and secure in their homes. As a government, we can provide them with an opportunity to do so either through generalized messages, as we have been doing to date, or through a more organized and provincially directed response.

The attached diagram demonstrates the number of services that are provided in the community that may be affected by the current pandemic:



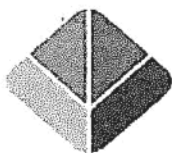
OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Memorandum

- **Better at Home Services:** these services are generally provided to lower income seniors and are offered by a combination of volunteers and staff people. The services can include housekeeping, grocery shopping and drives to medical appointments
- **Grocery shopping and delivery:** Seniors are less likely to have stockpiles of food and many depend on grocery stores to deliver. The grocery store delivery program is stretched and my office has received a communicate from Thrifty's to this effect (see attached).
- **Meal Preparation:** Many seniors, if they get the groceries can prepare their own meals, some however cannot and again, the premade meal companies will be stretched and using home support services for meal preparation may not be the most effective use of resources.
- **Drives/HandiDart:** Some seniors depend on other people to drive them. While we are asking seniors to be cautious about going out, they will still have medically necessary appointments.
- **Pharmacy delivery:** As with groceries, some seniors depend on pharmacies to deliver their medications and this system may be stretched.
- **Housekeeping and laundry services:** While not urgent for a week or two, going without housekeeping or laundry for an extended period of time can create health hazards. Again, using home support for these services may not be the optimum use of resources.
- **Faith Community-** many faith organizations provide outreach to the elders in their respective congregations
- **Delivery of library books and talking books:** While not critical for the short term, this could become more urgent in the long term. While most library systems have mobile book services, these could potentially become impacted.

As we look at the time limited nature of the COVID 19 response, it is likely possible that we could meet most short term gaps in service through a mobilized volunteer force. Attached is a flow chart of how this might work.

1. Establish a centralized provincial number for seniors (or others) that either wish to volunteer or who may need some support or assistance. This could be the existing 1-800 # for the OSA, or it could be BC211. In either case there is 24-hour response. BC211 does have the simplicity of a three digit number (although we need to accommodate province wide coverage in discussion with BC211)



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BRITISH COLUMBIA

Memorandum

2. A registry would be established for those who want to volunteer and those who need help. It would be a simple registry that could be populated by an operator with minimal training.
3. The initial intake would be sent to one of the Better at Home funded agencies and they could use their existing database to input and match volunteers and clients.
4. The government would promote the number and the program.

There may be additional funding needed to BC211, which is currently completely funded by the United Way of the Lower Mainland. The Better at Home program may need some additional funding if they require either additional staff or to pay overtime to current staff.

While it is highly recommended there be an in-person validation for volunteers who are unknown to the system, all of this work could be done by staff working from home, connected to the databases remotely. The OSA does have staff we could dedicate to the initial intake process if needed.

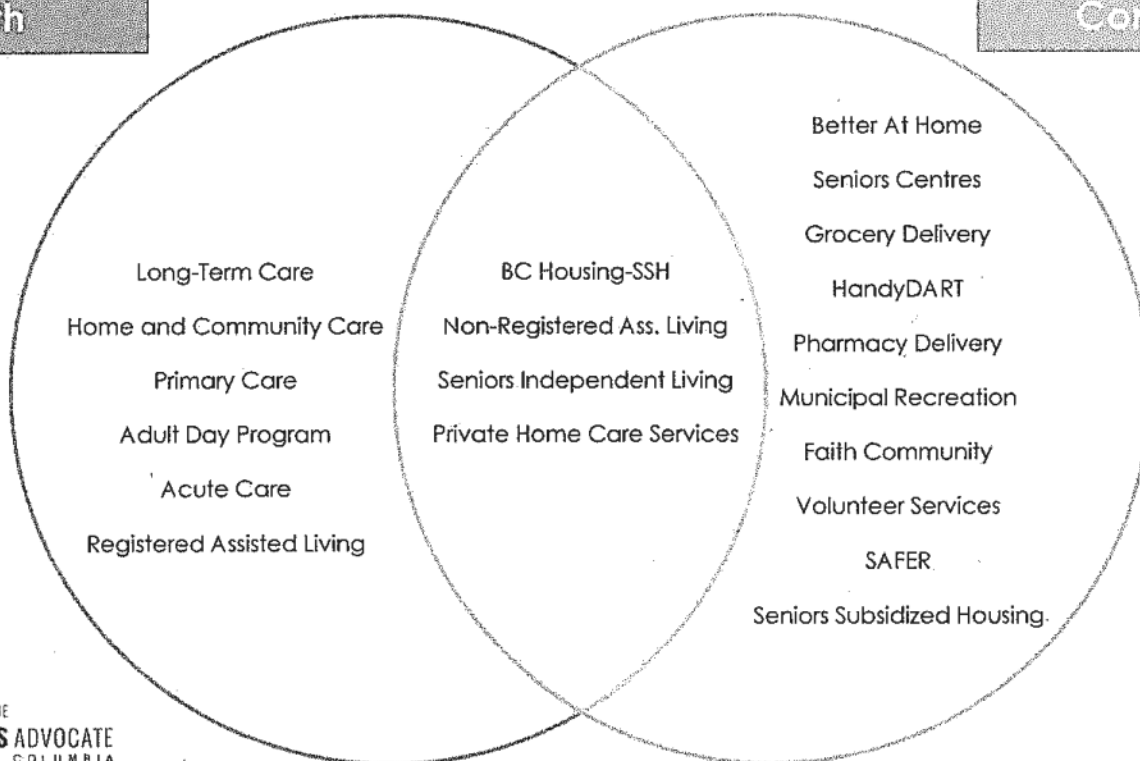
I would be pleased to discuss this with you in further detail. This is a strategy that could offer significant relief to unpaid caregivers, families and seniors striving to remain independent in the community.

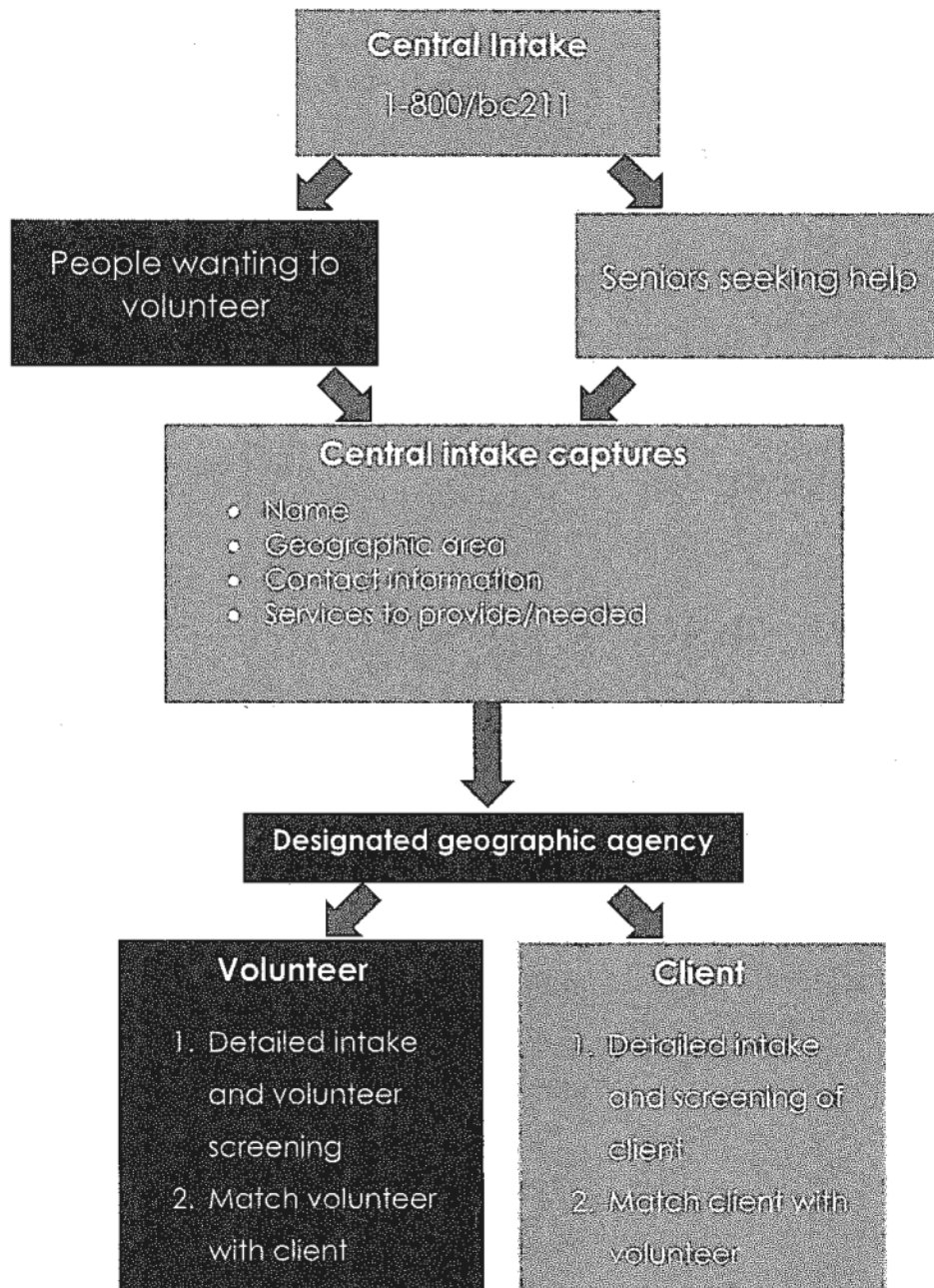
Sincerely,

Isobel Mackenzie
Seniors Advocate

Health

Community





OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

From: Mackenzie, Isobel HLTH:EX
To: Caspick, Jane HLTH:EX
Subject: FW: grocery shopping for seniors
Date: March 16, 2020 5:22:02 PM

From: Smith, Lynanne <lynanne.smith@thriftyfoods.com>
Sent: March 16, 2020 2:55 PM
To: Mackenzie, Isobel HLTH:EX <Isobel.Mackenzie@gov.bc.ca>
Subject: grocery shopping for seniors

Hi Isobel,

I'm reaching out to you in hopes you can provide some guidance.

You are fully aware of Sendial and the service it provides to hundreds of isolated and mobility or cognitively challenged community citizens. Thrifty Foods is working hard to ensure all of our registered customers continue to receive support and deliveries. As you will appreciate, we are unable to accept new customers at this time; it is absolutely chaotic for retail grocery right now.

At some of our Lower Mainland Safeway stores, we are unable to continue with the Shop by Phone program which is offered in conjunction with the Health Authority. This is due to the third party delivery solution no longer willing to deliver to customer homes.

Our stores at both banners are receiving calls from seniors looking for help with grocery shopping and we are at a loss as to where to direct them. Any suggestions would be appreciated.

With thanks,

Lynanne

Lynanne Smith | Sendial Program Coordinator

Thrifty Foods | t 250.978.0551 | c 250.858.9759

106-3030 Merchant Way, Victoria BC, V9B 0X1

www.thriftyfoods.com/sendial

Analytical Harmony Responsibility Deliberative Consistency

Brown, Stephen R HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: March 16, 2020 5:22 PM
To: Henry, Bonnie HLTH:EX
Subject: Re: Public Health measures group

Thks

Sent from my iPhone

On Mar 16, 2020, at 4:44 PM, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

Attached is the minutes of our PH meeting yesterday. And the items for the coming days.
B

Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca

Phone: 250 952-1330

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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<RoD COVID-19 CMHO call March 15 2020 revised.docx>

Brown, Stephen R HLTH:EX

From: Henry, Bonnie HLTH:EX
Sent: March 16, 2020 4:44 PM
To: Brown, Stephen R HLTH:EX
Subject: Public Health measures group
Attachments: RoD COVID-19 CMHO call March 15 2020 revised.docx

Attached is the minutes of our PH meeting yesterday. And the items for the coming days.

B

Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca

Phone: 250 952-1330

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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**Record of Decisions of COVID-19 Public Health Issues teleconference
March 15 2020, 530-630 pm**

Participants: Reka Gustafson, Bonnie Henry, Richard Stanwick, Andrew Larder, Patty Daly, Raina Fumerton, Sue Pollock, Danielle Behn-Smith, Trevor Corneil, Brian Emerson, Shannon McDonald, Monika Naus (recorder)

Action items/ discussion:

1. Testing guidelines (attachment from VCH circulated)

- **Decision: Period of self-isolation following onset of symptoms in untested people with or without travel history:** agreement to a 14 day period of self isolation following onset of symptoms, with the proviso that prolonged cough may be the only remaining symptom following the 14 day post symptom onset period. Household contacts of such individuals should self monitor for symptoms. Noted that the majority of these will not have COVID-19, and that Public Health England guidance does not require such people to self-isolate.
- Testing of first responders e.g., police, coast guard, RCMP, etc. Noted that organizations are holding up activities pending testing for symptomatic individuals. No specific decision made regarding need to test such individuals.
- Noted that in specific high-risk situations e.g., clusters in settings like oncology settings, would still warrant testing at the direction of the MHO.
- Clarified that LifeLabs is increasing testing capacity by 600/day.

2. When can cases be cleared?

Do other countries have different criteria for clearance? Should the criteria be same for all e.g., HCWs who have tested positive? Current criteria are presenting some challenges for clearance, because of persistent detection by PCR; this has been an issue in the VCH LTCF outbreak. Reka indicated that in the rapid review countries seemed to be following two serial negatives, including in the ECDC document.

ACTION: need a review of primary literature on duration of shedding/ infectiousness.

3. School closures (see circulated PHAC documents):

Fewer than 2 % of Hubei cases were <20. No reports of school outbreaks or evidence that schools are an amplifier of COVID-19. Adults infect children but not able to find that children are a key source of infection for adults. There is only one positive pediatric case in the BCCDC laboratory testing data. A lot of pressure to close schools, however. s.13

s.13 Most other Canadian P/Ts have closed schools. s.13

s.13

s.13 Noted that Alberta has messaged that schools will be closed indefinitely. Evidence for influenza is that to have an effect the closures must be 6+ weeks. s.13

s.13

4. Day nursery closures:

Most other P/Ts have also closed daycares. The group was less convinced that this is a necessary measure in BC. Size tends to be far smaller than schools. Closing daycares can be prohibitive with respect to infrastructure as many parents would not be able to find alternative arrangements. Issues regarding child:staff ratios if symptomatic workers are excluded from work. Andrew reported on a paper published March 4; AR in kids were same as in adults. Kids get mild illness or are asymptomatic. However transmissibility from children to adults is not clear.

ACTION: Andrew will share the paper with Reka for distribution. All to step up recommendations to daycares regarding preventive measures.

5. Surrey and Vancouver will close libraries and community centers.

6. Management of flights:

National decision made today that we will not be requesting manifests for any international flights with a COVID-19 case aboard; these will be posted in the public domain. Will still try to obtain manifests of affected domestic flights. PHAC will post on a public web site domestic flights where there was a confirmed case. A couple of these have been identified in BC. Sue commented that had 17 passengers to contact related to recent Kelowna flight and felt this was worthwhile given evolution of cough illness during travel.

7. Management of cruise ships:

Cruise ships with COVID-19 will also be posted publicly. However these appear to have a substantially higher risk of transmission given observed instances to date and passengers are to continue to be notified individually.

ACTION: BCCDC to do follow-up of cruise ship passengers.

8. Land border and cruise ships from Seattle/ US to Victoria:

Bonnie is working on this including the option of excluding visitors (without an address in BC) from entering across the land border.

9. First Nations community issues:

Shannon raised the issue of testing in First Nations communities and potential importation to such communities from returning travellers including international. First Nations Health Authority has been working with communities on their emergency plans including transfer and isolation settings; communities are considering potential local solutions such as local hotels or RVs. First Nations Health Authority are meeting with Indigenous Services Canada tomorrow and some regional staff (e.g., VCH) have been invited; Danielle will also participate.

10. Reporting of daily numbers and additional details:

Raina indicated that in the north releasing the level of detail that is being released is an issue with respect to risk of reidentification; at the same time, not naming the affected community is also creating problems. Bonnie indicated lack of support for naming communities. As of yesterday have only presented the numbers by region and not named the communities. It was pointed out that in small communities, such information gets out very quickly. If do not provide the associated variables (e.g., age, gender, travel history) then the case cannot be reidentified.

Bonnie will be discussing with the minister a proposed format for provincial and regional communication, including proposed specific parameters of daily reporting, including what should be reported at the regional level related to the regional response.

11. Advice for returning travellers and lack of retroactivity:

Bonnie clarified that new recommendations regarding self isolation for 14 days following travel are effective for those returning after March 12th; additional recommendations for contacting public health exist for those from Hubei/Iran/Italy.

12. Lottery corporation will announce that casinos will close at midnight Monday March 16th.

13. Temporary foreign workers: deferred

14. Large gatherings: deferred

15. For future call: entertainment venues, restaurants, cafes

Brown, Stephen R HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: March 16, 2020 4:25 PM
To: Brown, Stephen R HLTH:EX
Subject: Fwd: Health Authority Testing Sites_Mar 16.docx
Attachments: Health Authority Testing Sites_Mar 16.docx; ATT00001.htm

Hi Steve - have not reviewed yet (just received) but passing on what Ian has uncovered re: testing sites so far.

Peter Pokorny
Associate Deputy Minister
Corporate Services
Ministry of Health
(778) 698-8046

Begin forwarded message:

From: "Rongve, Ian HLTH:EX" <Ian.Rongve@gov.bc.ca>
Date: March 16, 2020 at 4:15:14 PM PDT
To: "Pokorny, Peter HLTH:EX" <Peter.Pokorny@gov.bc.ca>, "Byres, David W HLTH:EX" <David.Byres@gov.bc.ca>, "Corneil, Trevor HLTH:EX" <Trevor.Corneil@gov.bc.ca>, "Moulton, Holly HLTH:EX" <Holly.Moulton@gov.bc.ca>
Subject: Health Authority Testing Sites_Mar 16.docx

Have received all HA community testing reports. Have asked that we be kept up to date as plans I'm HAs change.

Community Testing Sites – Key activities *Updated March 16, 2020*

INTERIOR		FRASER	ISLAND	NORTHERN	VANCOUVER	PHSA
Community Testing Sites:	Swab count as of March 9, 2020	Community testing sites are available for testing. Testing in ERs are only recommended if there are no community based options recommended	Offsite Community Testing Opening: <ul style="list-style-type: none"> Victoria - Open Port McNeil – March 17/18 Port Alberni – March 18 Nanaimo (Hospital Commons) – March 18 	Community Testing ¹ : <ul style="list-style-type: none"> Burns Lake Fraser Lake Vanderhoof Fort St. James Quesnel McBride Valemount Mackenzie Prince George (Parkwood Mall) Online Clinic and information Line specific for northern residents <ul style="list-style-type: none"> Virtual screening, assessment by nurse Potential visits with Physician or NP 	Community Testing Sites <ul style="list-style-type: none"> Vancouver General Hospital Blusson: 800-1600 Lions Gate Hospital: Open in Gym (not in hospital) 900-1900 	Community Testing Centre: <ul style="list-style-type: none"> Children and Women's – Shaughnessy Building Open 900- 2300 daily Open to staff and physicians ONLY across PHSA in Vancouver area who meet criteria for testing
Vernon UPCC: 1600 -2000 hours daily (S,A,T) ² Completion March 7, 2020	30	Fraser Health has partnered with the FNW Division of Family Practice on a community assessment site. Enhanced capacity is available at: <ul style="list-style-type: none"> Surrey UPCC MR UPCC Chilliwack Health Unit FNW Clinic (adjacent to RCH). 	No confirmed sites for: <ul style="list-style-type: none"> SaltSpring WestShore Cowichan Lake Mill Bay / Cobble Hill 		To be determined: <ul style="list-style-type: none"> Vancouver Community <ul style="list-style-type: none"> 3 options Richmond 	
Kelowna UPCC: 1630 -2030 hours daily (S,A,T) Completion March 7, 2020	35					
Kamloops UPCC: 1630 -2030 hours daily (S,A,T) Completion March 7, 2020	100					
Penticton UPCC: 1630 -2030 hours daily (S,T) Completion March 9, 2020	20					
Next Steps: Implementation planning for Testing and Assessment: <ul style="list-style-type: none"> Williams Lake Salmon Arm Cranbrook Trail Nelson 100 Mile House Castlegar 		Next Steps: <ul style="list-style-type: none"> Exploring home health based testing Langley Home Health Centre to be open March 16 Planning to use Burnaby Edmonds UPCC If there is a need there are plans to provide increased assessment capacity at our three tertiary sites (SMH, ABH and RCH).	Next Steps: Testing Sites to be determined: <ul style="list-style-type: none"> Courtney Comox – operational review and exploration of funding and timelines Campbell River – two options – explorations of funding and timelines Port Hardy – requirement of partition wall Parksville -barrier is not enough staffing Tofino – in the works – barriers is staffing Duncan – easy open, identify timelines soon Ladysmith – will choose an urgent care centre 	Next Steps: <i>**detailed information on virtual screening, contact information for community testing, hours, intake screening process in email from NHA - March 16, 2020</i>	Next Steps: Setting up assessment sites which will provide collection and testing for: <ul style="list-style-type: none"> VCH staff and physicians Community GP Health care workers from our affiliated sites EHS 	Next Steps: <ul style="list-style-type: none"> Request for PHSA staff and physicians who work and live in other HA's have the ability to access testing centres in that HA

¹ Hours for each site vary and most require calling ahead for appointment

² S-Screening; A- Assessment; T-Testing

INTERIOR	FRASER	ISLAND	NORTHERN	VANCOUVER	PHSA
		<ul style="list-style-type: none"> Sidney – will confirm selected site 			
New or Outstanding Barriers/Challenges: 1. Limited supply of red top nasopharyngeal swabs for each site <ol style="list-style-type: none"> Weekend amounts equally distributed amongst sites Coordination of red top swabs for each site through EOC MOH and with Dan Hildenbrand Monitoring and facilitating availability of swabs with EOC and with Dan Hildenbrand 2. Looking at introducing security at some sites to handle some client aggressiveness, spitting and refusal to comply with mask wearing. Staff are requesting further PPE. Infection Control-Prevention is ensuring safety compliance-standard with each site	New or Outstanding Barriers/Challenges:	New or Outstanding Barriers/Challenges:	New or Outstanding Barriers/Challenges:	New or Outstanding Barriers/Challenges:	New or Outstanding Barriers/Challenges:
Urgent Primary Care Centres:	Urgent Primary Care Centres: UPCCs would continue to see regular patients during this period so adjustments to the service delivery model will comply with the following principles: <ol style="list-style-type: none"> Separation or segregation of suspected patients during testing and assessments, Minimize referrals to the ER unless clinically appropriate, and Efficient use of supplies.	Urgent Primary Care Centres:	Urgent Primary Care Centres:	Urgent Primary Care Centres:	Urgent Primary Care Centres:

Brown, Stephen R HLTH:EX

From: s.22
Sent: March 16, 2020 4:02 PM
To: Brown, Stephen R HLTH:EX
Cc: XT:Ackenhusen, Mary HLTH:IN; Chittock, Dean [VA]
Subject: Fwd: URGENT Frontline Message from VGH ICU -- CONFIDENTIAL
Attachments: image001.png

Stephen here it is

Penny Ballem MD FRCP FCAHS
Mobile 604-551-1477

----- Forwarded message -----

From: "Penny Ballem" <s.22>
Date: Sun, Mar 15, 2020 at 4:36 PM -0700
Subject: RE: URGENT Frontline Message from VGH ICU -- CONFIDENTIAL
To: "Finlayson, Gordon [VCH]" <Gordon.Finlayson@vch.ca>
Cc: "Eliopoulos, Vivian [VCH]" <Vivian.Eliopoulos@vch.ca>, "Chittock, Dean [VCH]" <Dean.Chittock@vch.ca>

Thank Gordon – it is an ongoing discussion in the provincial government with our MHOs providing input pb

Penny Ballem MD FRCP FCAHS
Mobile 604-551-1477

From: Finlayson, Gordon [VCH] <Gordon.Finlayson@vch.ca>
Sent: March 15, 2020 4:10 PM
To: 'Penny Ballem' <s.22>
Cc: Eliopoulos, Vivian [VCH] <Vivian.Eliopoulos@vch.ca>; Chittock, Dean [VCH] <Dean.Chittock@vch.ca>
Subject: RE: URGENT Frontline Message from VGH ICU -- CONFIDENTIAL

Thanks Penny. We are *desperate* for a decisive move that mandates social isolation. Our province needs definitive protection.

From: Penny Ballem [mailto:s.22]
Sent: Sunday, March 15, 2020 2:39 PM
To: Finlayson, Gordon [VCH] <Gordon.Finlayson@vch.ca>
Cc: Eliopoulos, Vivian [VCH] <Vivian.Eliopoulos@vch.ca>; Chittock, Dean [VCH] <Dean.Chittock@vch.ca>
Subject: RE: URGENT Frontline Message from VGH ICU -- CONFIDENTIAL

Hi Gordon – thanks so much for your note – it has been a wild and woolly week but we have made significant progress in VCH thanks to a remarkable level of support from all our staff and physicians. I completely agree that we must *flatten the curve and prepare for the surge*.

Re stronger public health measures - the returning health workers issue you have raised is something that we are pushing hard on with the CMHO Dr Bonnie Henry – it is under active discussion as I believe many share your concerns including the BCNU.

Re: critical supplies – there are multiple channels working on this at the FPT level through the federal access to emergency supplies of PPE as well as as well as the province.^{s.13}

s.13

s.13 We have the resources to do this. In the meantime I know you are looking at our ability within the HA to innovate while we await the delivery of new respirators and other equipment – this is a good thing and the ideas need to be channelled back through the REOC and Ross Brown who is the incident commander. We will be shortly making decisions in regard to elective surgery which will make a significant difference in our capacity – both HR, space and equipment for critical care expansion to meet the needs of COVID – 19.

I am working hard to ensure that our work is appropriately positioned and reflected with provincial decision-makers and through strong relationships which have been built by senior staff over the years we are getting a very timely and appropriate reception to our issues and proposed solutions. I really appreciate your commitment and all your care for patients from around BC. Please keep in touch and I have asked that we organize a town hall/webinar to connect with our medical staff early in this week. All the best pb

Penny Ballem MD FRCP FCAHS
Mobile 604-551-1477

From: Finlayson, Gordon [VCH] <Gordon.Finlayson@vch.ca>

Sent: March 15, 2020 10:12 AM

To: VCH Board Chair [VCH] <VCH.BoardChair@vch.ca>; 's.22' >; Chittock, Dean [VCH] <Dean.Chittock@vch.ca>; Eliopoulos, Vivian [VCH] <Vivian.Eliopoulos@vch.ca>; Ackenhusen, Mary [VCH] <Mary.Ackenhusen@vch.ca>; 'ian.rongve@gov.bc.ca' <ian.rongve@gov.bc.ca>; Zalunardo, Nadia [Dr.][VCH] <Nadia.Zalunardo@vch.ca>

Subject: URGENT Frontline Message from VGH ICU -- CONFIDENTIAL

Please forward to Dr. Ballem's personal email should my contact information be incorrect.

Dear Dr. Ballem:

As the medical director of the VGH ICU, I am reaching out to you at a pivotal moment in Canadian healthcare.

To begin, let me first express my gratitude for your service and guidance as Board Chair of our organization. Your message while addressing members of VMAC last month resonated with me personally. I am responding to your request for feedback on critical threats to the delivery of quality care.

I am confident of your rich background understanding of the Covid pandemic upon our doorstep. Internationally, the direct health impact of the disease is determined by:

- 1) it's growth rate and
- 2) capacity to provide acute and critical care support.

To fight it, we must *flatten the curve and prepare for the surge.*

Stronger public health measures are needed to reduce community growth. For example, exempting health care workers from self-isolation upon returning from spring break travel is a Trojan horse to the hospital and has real

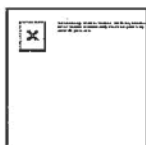
potential to weaken our capacity to tolerate a surge. A well intentioned caveat perhaps, but an alarming decision nonetheless. This disease is transmissible while incubating in the pre-symptomatic phases. We also need further strong direction from public health for strict social distancing in our community.

I am bombarded daily with requests to provide an updated inventory of ventilators. Not only are we fighting Covid in our community, but we are racing against the world to compete for access to scarce medical essentials (ventilators and PPEs) to ensure the level of care patients deserve, can be delivered by our organization. Ventilator supply chains are over overwhelmed.

We are profoundly concerned with our capacity to protect all frontline healthcare workers and at the same time respond effectively to growing numbers of sick patients. Emails from neighbouring intensivists in Seattle report they are already without access to n95s. It is clear no one can provide commentary on current inventory or future supply. How can we ask health care workers to weigh the moral burden of patient care and risking transmission to themselves and vulnerable loved ones?

With this knowledge, we have been scrambling to think of makeshift solutions. This includes reaching out across the country to pitch a model of interprovincial sharing of these crucial resources. This works only if there are major temporal differences in case surges. Other strategies include connecting to our committed philanthropists for backdoor access to overseas manufacturers.

We look to you for assistance with public health advocacy and strategy for increasing our hospital's capacity and safety. The VGH ICU is a provincial asset. We aim to provide strong guidance and leadership to all critical care teams in BC.



Sincerely,
Gord Finlayson

Brown, Stephen R HLTH:EX

From: Morin, Benoit [PHSA] <benoit.morin@phsa.ca>
Sent: March 16, 2020 3:27 PM
To: XT:Lee, Victoria HLTH:IN; XT:Ackenhusen, Mary HLTH:IN; XT:Ulrich, Cathy HLTH:IN; XT:Dalton, Fiona HLTH:IN; XT:Brown, Susan PSA:IN; XT:MacNeil, Kathryn HLTH:IN; XT:Jock, Richard HLTH:IN
Cc: Brown, Stephen R HLTH:EX
Subject: Fwd: CAPEX Coronavirus Response
Attachments: LTR_CV19 PHSA BM March, 2020.pdf; ATT00001.htm

Hi all,
Received this pro bono offer to help set up temporary bed capacity.
Thought relevant to share.
Best,
B

Benoit Morin
President & CEO
Provincial Health Services Authority
Suite 200 - 1333 West Broadway
Vancouver, British Columbia
V6H 4C1 Canada
604-675-7489 Phone
604-708-2789 Fax
Benoit.morin@phsa.ca

Province-wide solutions.
Better health.



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Begin forwarded message:

From: tom sparrow <tom@capexprojects.com>
Date: March 16, 2020 at 12:38:49 PDT
To: "Morin, Benoit [PHSA]" <benoit.morin@phsa.ca>
Cc: "david.ingram@phsa.ca" <david.ingram@phsa.ca>, "Lee, Eleanor [PHSA]" <elee@phsa.ca>, Mark Bullen <mark@capexprojects.com>, arshad bastani <arshad@capexprojects.com>
Subject: CAPEX Coronavirus Response

Benoit,

I hope you're well.

I'm reaching out to convey the attached correspondence.

Do let me know if you have any questions, or would like to follow up.

Thank you,

Tom.

Tom Sparrow PMP MBA MSc

Director

Capex Project Advisory

142-757 West Hastings Street, PMB 633

Vancouver, BC V6C 1A1

Phone: (250) 661-6411



CAPEX | PROJECT | ADVISORY

Capex Project Advisory Services Inc.
142-757 West Hastings Street, PMB 633
Vancouver BC, V6C 1A1

Date: March 16, 2020

To: Benoit Morin

Dear Benoit,

CAPEX Coronavirus Response

We are reaching out concerning the Coronavirus situation, which is clearly very concerning for all of us, and increasingly so as each day passes.

The availability of beds and front line services within the healthcare system certainly appears to be a real constraint and we have heard that some jurisdictions are looking at how they can create extra capacity by delivering temporary facilities to provide additional beds and programs to help meet anticipated demand over the coming weeks and months.

While we are not aware that this is currently happening in BC, if you do become aware of any such plan, we would appreciate if you could help make it known that CAPEX is keen to offer our support and we are prepared to offer our services to assist in any way that we can on a pro bono basis to help plan, procure and manage project delivery.

The resources we have available who have appropriate skillsets and the necessary can-do attitude are listed below, and we would highlight the fact that Tom also has valuable experience in emergency management and procurement services:

- ✉ Mark Bullen
- ✉ Tom Sparrow
- ✉ Arshad Bastani

Please feel free to share this communication with decision-makers within the Health Authority and Ministry.

Kind Regards,

Mark Bullen
Partner
Email: mark@capexprojects.com
Tel: 778-985-2649

Arshad Bastani
Partner
Email: arshad@capexprojects.com
Tel: 778-929-4956

Tom Sparrow
Director
Email: tom@capexprojects.com
Tel: 250-661-6411

Brown, Stephen R HLTH:EX

From: Bob Mackin <bob@thebreaker.news>
Sent: March 16, 2020 2:49 PM
To: FOI Health Education CITZ:EX; Brown, Stephen R HLTH:EX; Henry, Bonnie HLTH:EX; a.dix@leg.bc.ca
Subject: Re: FOI Request HTH-2020-00871

Hello,

I would ask that the Ministry reconsider and broadly and generally apply section 25, as the subject matter is about the pandemic. None of the requests for which I cite section 25 should involve sensitive personal information. I do not seek sensitive personal information.

I would rather not resort to involving the OIPC or telling the public that government is not adhering to the Public Interest Paramount section of the law.

As the Dalai Lama said, "a lack of transparency results in distrust and a deep sense of insecurity."

Under the circumstances, now is the time to follow the Public Interest Paramount section of FIPPA, because trust and confidence are necessary and transparency is the way to achieve that.

Sincerely,

Bob Mackin
reporter, theBreaker.news
604-982-9130

On Mon, Mar 16, 2020 at 2:04 PM FOI Health Education CITZ:EX <FOI.Health.Education@gov.bc.ca> wrote:

Hello Bob,

In response to your inquiry below, I would like to inform you the Ministry is aware you have requested consideration under s.25 of FOIPPA. While any responsive records will be reviewed by the public body for possible release under s.25, IAO will continue to process this FOI request per Division 1 of FOIPPA. Information deemed suitable for immediate public release per s.25 of FOIPPA can be found on the Government of BC website, the BCCDC website, and the verbal briefings and communications from the Provincial Health Officer and the Minister of Health. We endeavour to respond to FOI requests in a timely manner and will do so in this case as well.

Many thanks,

Arielle Andrews | Team Lead | Information Access Operations | Ministry of Citizens' Services | p: 778 698-3198 |
e: Arielle.Andrews@gov.bc.ca | m: PO Box 9569 Stn Prov Govt Victoria BC V8W 9K1

From: Bob Mackin <bob@thebreaker.news>
Sent: March 13, 2020 10:31 AM

To: Sudireddy, Arun CITZ:EX <Arun.Sudireddy@gov.bc.ca>; Vanzetta, Maxine CITZ:EX
<Maxine.Vanzetta@gov.bc.ca>
Subject: Re: FOI Request HTH-2020-00871

Hello,

Based on the subject matter, there should be no delay. Section 25 should prevail. Could you please reconsider and rescind the delay, and provide the records at the soonest practicable time?

Sincerely,

Bob Mackin

On Fri, Mar 13, 2020 at 10:05 AM <Arun.Sudireddy@gov.bc.ca> wrote:

Please see the attached regarding your FOI request.

Thank you.

Information Access Operations
Ministry of Citizens' Services
PO Box 9569 Stn Prov Govt Victoria BC V8W 9K1
Phone: 250 387-1321
Fax: 250 387-9843
www.gov.bc.ca/freedomofinformation

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From: Letnick, Norm <N.Letnick@leg.bc.ca>
Sent: March 16, 2020 2:43 PM
To: Dix, Adrian HLTH:EX
Cc: van Baarsen, Amanda HLTH:EX; Brown, Stephen R HLTH:EX
Subject: Questions from bc Liberal mlas

Minister Dix. Thank you for agreeing to speak with me this afternoon. The list of questions has grown since we communicated this morning. Perhaps staff can assist by responding to this email with answers that are currently available? Thank you to you and your team during these challenging times.

1. Apparently Icbc is charging \$25 for cancelling driving tests even if people are self isolating. Can we stop this practice?
2. Pharmaceutical shortages is a concern in our health community. Are we currently facing any due to the pandemic? Solutions?
3. Can we have more clarity re limits on gatherings banned if >50 especially as it applies to restaurants? Ie can Kelly O's still serve more than 50 people so long as they are not one group of 50? If not can some accommodations be made for rural BC who are already struggling economically?
4. Golf course asks if they are allowed more than 50 people in their building just not all in one gathering?
5. It's federal but any idea if foreign farm workers are also banned from Canada?
6. Do we have a way to support shut ins for food and medicine?
7. Do municipal governments require a procedural by law to hold their meetings remotely?
8. Constituents flying home through yvr....will they be allowed to transfer to domestic flights?
9. Any idea how previously direct flights from Mexico to Kelowna PG Victoria etc will be handled? Ie sunwing charters
10. Rural mlas continue to ask which city or town have cases. Please recap the rationale for withholding the information.
11. What plans are in place to avoid work disruption at site C?
12. We have volunteers and volunteer organizations willing to step up if needed. How do we channel this resource?
13. When will the public hear the province's-plan to help small businesses and their employees and others who have no symptoms but no income because of the pandemic?
14. Is anything being done to address over buying at grocery stores?
15. Can we ask stores to reserve the first hour to high need groups? (Seniors, disabled)
16. Who should we ask about strata corporations that delay their agm and wish to remain legal?
17. SD91 spring break starts this coming Friday. Board meeting tonight about starting earlier. Not sure what is happening with private schools in my riding but I believe they are still operating. When can we expect some clarity on the school and day care question?
18. What is the government going to do for people with disabilities who have caregivers for people with disabilities who are on a low income and having to make sure they have everything in case they have to isolate because a lot of us do have compromised immune systems?
19. When are we going to get the MLA and ca hotline info?

Brown, Stephen R HLTH:EX

From: Brubacher, Kelly PSA:EX
Sent: March 16, 2020 2:33 PM
To: BCPSA Agency DMC List
Cc: BCPSA Agency DMC Admin & Operational Support; Davison, John C PSA:EX; Bronee, Rueben PSA:EX
Subject: UPDATE: COVID-19 FAQs and Summary Sheet
Attachments: COVID-19 FAQ_March 16.pdf; COVID-19 Summary_March 16.pdf

Hello,

Please note the FAQs on COVID-19 have been updated and we have created a new summary of our response.

These materials have been shared with your SHR leads and are now available on the [MyHR COVID-19](#) page.

John Davison
A/Deputy Minister
BC Public Service Agency

BC PUBLIC SERVICE COVID-19 RESPONSE FAQs

Updated March 16, 2020

Part 1: General Information

1. What is a Novel CoronaVirus?

There are several types of coronavirus. The common coronavirus is one type of virus responsible for the common cold and causes an infection in your nose, sinuses, or upper airways. The illness is often short-lived and mild but may cause discomfort with cold or flu-like symptoms.

A new coronavirus originally named Novel CoronaVirus and now officially named COVID-19 was discovered in the Wuhan area of China in December 2019. This virus was responsible for the deaths of several people who developed a more severe respiratory illness (pneumonia).

2. How does COVID-19 compare to other viruses like influenza (the flu)?

Influenza and COVID-19 are different viruses, but both can result in similar symptoms of fever, headache, cough, sore throat, runny nose, sneezing, and difficulty breathing. Gastrointestinal symptoms such as nausea, vomiting and/or diarrhea are also reported. Symptoms in both cases can range in severity from mild to severe. Like influenza, some groups may be at increased risk for more severe illness—even death—such as older adults or those with underlying health conditions. Both illnesses are droplet-spread so preventative measures such as washing your hands; not touching your eyes, nose and mouth with your hands, and covering up a cough/sneeze are effective methods.

3. How is COVID-19 spread?

Like influenza (the flu) or a cold, COVID-19 is thought to be spread through person to person contact. A cough or sneeze generates small droplets into the air from the infected person that we then breathe in, or we touch a surface that has the droplets on it and we then touch our face, eyes, nose or mouth.

The same basic hygiene steps to prevent the spread of cold or flu in the workplace are recommended to reduce the risk of getting or spreading COVID-19.



Where ideas work

1 | COVID-19 FAQs

The BC Centre for Disease Control has recently advised to “consider fecal – oral transmission.” This refers to the possibility of exposure to COVID-19 through the feces of an affected individual and then entering an unaffected person through the mouth.

4. What is the risk of me contracting COVID-19?

The first Canadian cases of COVID-19 were confirmed in Ontario on January 25th, 2020, in a traveller and his spouse. The first presumptive case in B.C. was announced January 28th and occurred in a man who regularly travels to China.

On March 11, 2020 the UN World Health Organization characterized the COVID-19 spread as a pandemic because of the multiple-nation spread and the rising global number of cases. WHO also noted this does not change their estimation of the threat posed by the virus. While cases in British Columbia remain low, this is a strong signal to get prepared for future cases. This does not change current risk levels or recommended precautions here in B.C. or our workplaces.

The Public Health Agency of Canada state the risk as low for the general population in Canada but this could change rapidly. There is an increased risk for more severe outcomes for Canadians: aged 65 and over, with compromised immune systems, with underlying medical conditions.

The BCCDC advises: “There have been a few instances of transmissions before the person became sick or the symptoms were mild that the person did not know they were sick. Those are exceptions as most people became ill from being in close contact with someone who showed symptoms such as coughing and sneezing, therefore transmitting the virus through droplets. This is why B.C. health officials are focused on putting protection around people are ill and showing symptoms, in order to decrease the spread to others.”

5. Is there a vaccine for the COVID-19?

No, not at this time, but researchers are working on it.

6. What steps can be taken to limit exposure to COVID-19?

Regular seasonal influenza is currently circulating in B.C. and the same precautions that help protect us from colds and the flu are recommended to reduce the risk of exposure to COVID-19.

These include:

- Good health practices can help - such as healthy eating and staying well-rested.



- If you are sick with a flu-like illness, stay away from the workplace. Work from home if operationally possible, otherwise take sick leave. Call your supervisor in advance before returning to the workplace.
- Washing your hands frequently using both soap and water or alcohol-based hand sanitizers where washing facilities are unavailable. For info on hand washing techniques: <https://www.healthlinkbc.ca/healthlinkbc-files/hand-washing>. Proper hand washing helps prevent the transfer of infectious material from the hands to other parts of the body – particularly the eyes, nose and mouth – or to other surfaces that are touched.
- Ensure frequent cleaning practices for personal and commonly-shared hard surfaces such as tabletops, doorknobs, telephones and keyboards to reduce risk of spreading viruses. Regular household cleaners are adequate for cleaning surfaces.
- Increase social distancing and forgo usual greeting practices (e.g. handshakes).
- Cough and sneeze into your sleeve, and flush the toilet with the lid closed (where possible).
- Reduce attendance at large events and meetings (see Q30).

Part 2: Workplace Measures

7. Where can I get more information on current BC Public Service protocols for COVID-19?

The most current information related to the BC Public Service response to COVID-19 (including this FAQ document) is available on the MyHR site. It will be updated as needed as the situation with COVID-10 changes.

8. If I have questions about COVID-19 or other communicable diseases, who do I contact?

- For work related questions, contact the Workplace Health & Safety branch (BC Public Service Agency) using MyHR.
- In the case of a workplace safety emergency call 1 250 952 0911.
- For general health-related questions from Canadians, call 1 833 784 4397. Service is available from 7:00 a.m. to midnight EST.
- For non-medical-related questions about COVID-19, call 1-888-COVID19 (1-888-268-4319). Service is available from 7:30 a.m. to 8:00 p.m. seven days a week.
- Call 811 or your primary care provider if you are concerned you may have been exposed to or are experiencing symptoms of COVID-19.


9. I am not sick and have no symptoms. Should I wear a mask (surgical or N95 respirators) to protect myself against exposure to COVID-19?

No. There has been no general recommendation for everyone to wear personal protective equipment (PPE) such as surgical masks and N95 respirators. The BC Centre for Disease



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Control has recommended the use of PPE in specific situations such as healthcare professionals involved with patient care and when collecting biological samples for testing.

When sick, wearing a mask helps to prevent us from passing on illnesses to other people. But if you are not sick, we do not know if wearing a mask will prevent infection. People wearing a mask may also touch their faces more often, potentially increasing the risk of having the eyes, nose or mouth come into contact with the virus.

10. When do I need to ask an employee for an STO2 form or doctor's note?

In the circumstance of COVID-19 related absences, an STO2 form or certificate is not required for sick pay. Discussion between employee and supervisor can often resolve questions about prognosis.

In managing the workplace safety risks from COVID-19, there is a requirement for a form of confirmation that the isolation period or the illness is resolved when there was active COVID-19 illness or for close contact. This can be provided by any of the public health or other health care providers already supporting the absent employee.

On a temporary basis for other conditions, an STO2 may be required only for safety sensitive occupations other essential services employees to enable the employer to meet their legislated obligations to manage workplace safety. The STO2 form permits management of clearance to safety sensitive occupations and assists managing the workforce with advice regarding prognosis. The STO2 form also provides consent for the clinical team at Occupational Health Programs to work with employees on safe and sustainable return to work programs.

11. What is being done to address workplace cleanliness and hygiene?

The Ministry of Citizens' Services is working with Facilities Management Units in each ministry to support requests for increased cleaning services and hygiene supplies.

Janitorial service increases will focus on high-touchpoint areas (i.e. door handles, counters, elevator buttons, etc.), using approved procedures and disinfectants. Programs that deliver services directly to the public (e.g., social services and child support services) and buildings with high public access (e.g., courthouses) will be given priority for increased cleaning services.

The Ministry of Citizens' Services is working with suppliers to provide additional cleaning supplies where needed.

12. What do I advise an employee who works directly with the public who refuses to attend work or refuses to do client facing work?

Preventative measures are in place to reduce the risk of droplet transmission (hand washing, cough/sneeze etiquette, cleaning surfaces). WorkSafeBC states that respirators are currently only required for certain tasks in healthcare, not for general use. COVID-19 can be controlled with basic precautions, including social distancing.

With routine hand washing, the risk of contracting COVID-19 from receiving client documents, or passing documents, pens etc. back and forth is very low.

Workers can remind clients of the preventative measures in place. Ask them cover their mouths if they are coughing, if they look unwell ask if they wish to reschedule or come another time (if possible). At this time, community spread of COVID-19 with asymptomatic transmission is very low.

13. What is “social distancing” and how can it be practiced in the workplace?

Social distancing is an important way we can all help limit the spread of COVID-19 in the community. The recommendation for social distancing is that people stay at least two metres apart and avoid prolonged close personal contact. COVID-19 is transmitted by an infected person coughing or sneezing droplets and someone breathes them in. Typically, droplets travel less than two metres. The droplet can also land on hard surfaces that we touch and then we touch our faces. Ways to practice social distancing in the workplace include:

- Avoid shaking hands, wash your hands thoroughly, and stay home if you are sick.
- If you're having a conversation with someone in their office or cubical, stay at the door to increase the distance.
- Use Skype or instant messaging rather than face-to-face conversations.
- If meeting with a group, use the largest room available and use every other seat around the table, or space yourselves apart.
- Sit at least 2 metres apart in mobile work spaces if possible.
- Wipe down shared surfaces in mobile work spaces, meeting rooms and common areas.
- When working with clients, where possible keep the two-metre distance by standing back slightly at a service counter if necessary.
- Don't share food, plates or cutlery in staff rooms.
- Ensure staff room dishes are well cleaned.
- Don't leave items on staff room counters and tables overnight so janitorial staff can properly wipe down the entire surface.



Part 3: Exposure Due to Travel

14. Should employees cancel work-related travel plans to minimize risk of exposure?

The Provincial Health Officer recommends B.C. residents avoid all non-essential travel outside Canada. If an employee travels anywhere outside Canada, they should self-isolate for 14 days upon return to Canada. Given the constantly changing context, we recommend virtual meeting options to replace travel where possible.

15. An employee returned from travel outside of Canada before the new self-isolation recommendations were implemented (i.e. noon March 13, 2020). Does the 14-day self-isolation retroactively apply to my employee?

No, this recommendation is not retroactive, except for those returning from Iran, Italy, or Hubei China. For these returning employees, the previous recommendations from that time remain (i.e. The 14-day self-isolation starts from the date they returned to Canada even if before March 13, 2020).

16. My domestic partner, spouse or family returned from travel outside of Canada after the March 13, 2020 noon cut off and they do not have any symptoms. Do I need to self-isolate for 14 days if I have not travelled myself?

No, the self-isolation recommendation after travel is designed to stop the potential spread of COVID-19 should a returning traveler have had an exposure from abroad. Employees that have not travelled can continue to participate in the workplace and as usual should self-monitor for the development of COVID-19 symptoms.

If the partner, spouse or family member then develops illness within the 14 days of self-isolation, the employee should then remain out of the workplace and contact their supervisor. If operationally feasible, modified work can be offered otherwise the employee will be placed on sick leave. Public health officials will have further advice for family members and the employee.

17. An employee has returned from Italy, Iran, or Hubei province China (<https://travel.gc.ca/travelling/health-safety/travel-health-notices>). Are there any additional measures apart from self-isolation?

The Public Health Agency of Canada (PHAC) and BCCDC recommend travelers returning from Italy, Iran or Hubei province, China, or who have been in close contact with someone who has recently visited Italy, Iran or the Hubei province in China, must call the public



health office in their health authority within 24 hours and self-isolate for 14 days.

Maintain contact with your employees during their self-isolation. Near the end of 14 days of isolation, ask them to provide any medical clearance to return to work they may have already received. A separate STO2 (Doctor's Certificate form) is not required, as any person being medically followed under the relevant procedures will be provided with appropriate clearance by those medical authorities.

18. An employee refuses to comply with the PHO medical recommendation to self-isolate for 14 days following travel. They insist they can return to the workplace. How do I advise them?

Extraordinary measures can be seen worldwide to contain the spread of COVID -19. Senior leaders and public health officials have asked all Canadians to help with individual efforts (e.g. hand washing, cough/sneeze etiquette, staying home if sick). The 14-day self-isolation is a public health recommendation to stop the potential spread of infection. Employees are expected to comply with this recommendation and will not be permitted to return to work until the 14 days have elapsed. During this time they can work from home or access sick leave.

Employees and employers all have responsibilities and need to do our part. Employees are expected to comply with the health recommendations of the Provincial Health Officer. Employees also have obligations under the Workers Compensation Act to take reasonable care to protect the health and safety of themselves and others in the workplace. Employers also have a duty under Workers Compensation Act to remedy any workplace conditions that are hazardous to the health or safety of the employer's workers. Explain to the worker that following the Provincial Health Officer's directions helps the employer comply with this obligation.

If this does not resolve the situation, contact MyHR.

19. I have an employee traveling outside of Canada who is returning to work soon. They are doing well and are not feeling sick. Should I be concerned about spread of the novel coronavirus?

In accordance with the Provincial Health Officer's direction, employees returning from outside Canada, including the United States, must self-isolate for 14 days in order to help contain the spread of the disease.

If the employee becomes ill during isolation, they should contact their health care provider and notify local public health authorities through 811. The employee should inform the supervisor if they are going to be absent more than 14 calendar days and in advance of any return to work.



- 20. I have an employee entering self-isolation following return from travel, or who was medically recommended to self isolate for 14 days due to possible COVID-19 exposure. What options can the employer offer?**

If you are satisfied your employee can effectively work from home, you should authorize this arrangement. If you are not satisfied your employee can effectively work from home, you should put the employee under STIIP (Short Term Illness and Injury Plan) for the duration of the self-isolation.

- 21. I have an employee in self-isolation due to travel. The employee feels well and wants to return to work before 14 days of isolation. Should I allow them to return to the workplace?**

The isolation recommendations are designed to help control exposure for all citizens of British Columbia. The employee must remain in the recommended isolation for 14 days from the time they return to Canada. The supervisor should evaluate if remote work is operationally feasible. If you are not satisfied your employee can effectively work from home, you should put the employee under STIIP (Short Term Illness and Injury Plan) for the duration of the self-isolation.

Part 4: Exposure Irrespective of Travel

- 22. I supervise an employee who is sick with a fever and respiratory symptoms (e.g. cough, runny nose). There is no travel history and no history of exposure to someone who was ill and travelled. What should I do?**

If the employee is sick, they should be placed on sick leave unless they are able to work from home. The common cold or seasonal influenza is far more common than COVID-19, and employees should seek treatment advice from their health care provider.

- 23. I supervise an employee who tells me they have been medically advised to stay home as they are sick with a communicable disease (COVID-19). Are they eligible for sick leave?**

Yes. If an employee has been advised by a medical professional to remain at home on self-isolation because they are sick (or in hospital for treatment), they are eligible for sick leave.

- 24. I have an employee who was given a medical recommendation to self-isolate for 14 days as a precautionary measure because of close contact to a person sick with COVID-19. This may be the employee's spouse or child. The employee is doing well, with no symptoms, and would like to return to work. What should I do?**

Individuals who have been medically recommended by a health care professional to self-isolate, will be closely monitored for symptoms during their self-isolation and will have daily



checklists to complete. At the end of the 14 days of self-isolation, and in the absence of symptoms, the health care provider/public health will end the 14-day self-isolation and the worker can return to their usual routines. (See question 11 about work options and sick leave.)

25. I have an employee who wants to self-isolate. The employee doesn't have any COVID-19 symptoms, hasn't travelled out of Canada, and hasn't been directed by a medical professional to self-isolate. What are the options?

Contact the employee and ask the reasons why they want to self-isolate. Consider if there is widespread local transmission of COVID -19 in the community. Can the employee work from home? If so, then that option should be supported. Will the employee be in close contact with infected individuals, or have exposure to large gatherings? What modifications in the workplace are feasible? If the employee has a health condition that places them at increased risk of developing more severe illness or complications should they develop a COVID-19 infection, supervisors are encouraged to be flexible and creative with workplace solutions to reduce the risk of exposure.

If the above is not the case and when there is no widespread local transmission, provide them with the resources on MyHR and explain the steps being taken in your workplace to prevent transmission of COVID-19. If the employee will still not attend the worksite as directed, contact MyHR for assistance

26. I have an employee who will be coming back to work after recovering from an active COVID-19 infection. That employee feels well and is not having any further symptoms. What should I do?

Presently, all COVID-19 cases in BC are being medically followed by public health and are self-isolated from others. Once individuals recovering from COVID-19 infection have demonstrated they no longer require self isolation (two negative test samples), public health will advise these individuals they can return to their usual routines.

Ask your employee if they have been medically cleared to return to work and have the employee provide a written note from their health care provider stating they are fit to return to work. A separate STO2 (Doctor's Certificate form) is not required, as any person being medically followed under the relevant procedures will be provided with appropriate clearance by those medical authorities.

27. I supervise an auxiliary employee who falls under the circumstances in Questions 22-26. Are they eligible for weekly indemnity benefits?

Yes, all auxiliary employees are eligible for weekly indemnity benefits up to a maximum of 15 weeks under the circumstances in Questions 14-18. This is the case for COVID-19 related



absences even if the auxiliary employee has not accumulated 400 hours of auxiliary seniority or has lost their auxiliary seniority.

In addition, auxiliary employees will not have the one-week benefit waiting period for COVID-19 related absences. This means that employees are eligible for weekly indemnity benefits immediately and will receive the benefit as quickly as possible.

28. What does “close contact” mean?

For public health monitoring, a close contact is defined as a person who:

- Provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment, OR
- Who lived with or otherwise had close prolonged* contact (within 2 meters) with a probable or confirmed case while the case was ill, OR
- Had direct contact with the infectious body fluids of a probable or confirmed case (e.g. was coughed on or sneezed on) while not wearing recommended personal protective equipment.

*As part of the individual risk assessment, consider the duration of the contact’s exposure (e.g. a longer exposure time likely increases the risk), the case’s symptoms (coughing or severe illness likely increases exposure risk) and whether the exposure occurred in a health care setting.

29. An employee I supervise came to the office wearing a mask generating concerns among staff. What should I do?

You should first ask the employee about their health status in a respectful and private way. If the employee is sick or has cold/flu symptoms (regardless of any link to COVID-19), they should be asked to go home and be placed on sick leave.

If the employee is well health-wise and would like to wear the mask as a preventive measure, you should inform them there has been no general recommendation for everyone to wear personal protective equipment (PPE) such as surgical masks and N95 respirators; as we do not know if wearing a mask will prevent infection. People wearing a mask may also touch their faces more often, potentially increasing the risk of having the eyes, nose or mouth come into contact with the virus.

30. What are the considerations needed when planning for a work event or large meeting while there is the potential for exposure to COVID-19? If an event is already scheduled, should the event be cancelled?

The Provincial Health Officer has directed that all events being planned with over 50 people should be cancelled. This does not mean workplaces with more than 50 people need to close.

For events or meetings with less than 50 people, organizers and participants need to assess their situation on a case-by-case basis on individualized risk assessments. For example, characteristics of the population attending the event, where are they arriving from (COVID – 19 affected or certain countries), whether they are at greater risk for severe disease (older adults, those with certain health conditions), roles of the attendees (critical infrastructure), type of event activities (close physical contact, sharing food or beverage), distance between participants), resources available at event (hand hygiene, first responders), and local health system capacity are some of the examples outlined in the documents.

As noted by PHAC, decisions regarding mass gatherings can be considered on a continuum from no changes needed, to enhanced communication to attendees, to risk mitigation strategies being employed without cancelling the event, through to postponement or cancellation of the event.

For reference see: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/mass-gatherings-risk-assessment.html>

31. I have an employee who attended a public event where another attendee was subsequently confirmed as having COVID-19. Should my employee be required to self-isolate and do other staff in the same work location need to take any precautions?

Public health officials will be involved with COVID-19 positive case management and contact tracing. At this time there are no broad generalized health recommendations for all participants to self-isolate based on attending an event and each situation will require assessment and review on an ongoing basis as public health continues their contact tracing.

Keep an active list of the attendees and contact numbers in the event the workplace is contacted by public health. If the event is in another jurisdiction, more information may be available through that public health authority.

The worker and co-workers should self-monitor for symptoms, and if they develop flu like symptoms to then immediately self-isolate and contact local public health, or their health care provider should they need acute medical care.

As usual, hand washing, not touching faces, cleaning of commonly touched surfaces, cough/sneeze etiquette, and staying home if one is sick should be promoted at every opportunity.



BC PUBLIC SERVICE COVID-19 RESPONSE OVERVIEW

Updated March 16, 2020

As government continues to coordinate the provincial response to the COVID-19 pandemic, we know many BC Public Service employees also have concerns about ensuring their own health and safety. The most current information specific to the BC Public Service is available on the [MyHR website](#), but this document provides a summary of the key things you need to know.

WHAT WE ARE DOING

- **Following the Provincial Health Officer's lead.** We are ensuring the decisions we make about government operations and the workplace align with the direction of the Provincial Health Officer (PHO) to address the outbreak here in B.C. As this direction changes, we will adapt our approach. Because things can change quickly, we might not always be able to provide the answers you want right away. But we'll do our best to provide as much certainty as we can.
- **Requiring you to stay home if you're sick.** In cases of COVID-19 related absences, we are not requiring employees to provide a doctor's certificate or STO2 form to access sick pay.
- **Encouraging working from home.** Where it is operationally feasible, supervisors should support employees who can work from home. This isn't possible for many roles. But where it is possible, the more people who work from home the fewer people are in workplaces, which allows for greater social distancing.
- **Increasing workplace cleaning.** We are working with our partners and facilities leads to enhance cleaning measures and ensuring easy access to hygiene resources in all workplaces.
- **Promoting social distancing.** Ministries will implement social distancing options in face-to-face service delivery environments where practical to support the health of clients and employees.
- **Requiring self-isolation after international travel.** The PHO recommends not travelling outside Canada. However, any employees who do travel must self-isolate for 14 days immediately on their return to Canada in accordance with the PHO direction. Employees can work from home during their self-isolation where possible, or they can access sick pay.
- **Cancelling or postponing events.** We are cancelling or postponing any workplace events involving more than 50 people. Ministries will assess smaller events and meetings on a case-by-case basis with a focus on implementing social distancing measures where possible, such as reducing the number of attendees, using virtual options, and requiring anyone who is sick to stay home.
- **Minimizing work-related travel.** We are reducing work-related travel within B.C. where possible and encouraging the use of virtual meeting options as an alternative.



Where ideas work

WHAT YOU CAN DO

- **Your actions matter.** We are all obligated to follow the recommendations of the PHO: wash your hands, avoid touching your face, practice social distancing, cough or sneeze into your sleeve, and regularly clean surfaces. We are also all obligated to provide a safe and healthy work environment, including acting respectfully and professionally in our interactions with the public and each other. It's a stressful time, made less so if we act with kindness.
- **Stay home if you are sick.** Contact your supervisor and, if you are well enough, work from home if it's possible. If you are concerned you have been exposed to COVID-19 or have symptoms (such as fever, cough, difficulty breathing), call 811.
- **Don't travel outside of Canada.** If you do, you must self-isolate for 14 days immediately upon your return.
- **Trust our expert colleagues.** Follow and trust the most recent advice and recommendations from B.C.'s public health experts – and encourage your friends, family and colleagues to do the same. You can find current and accurate information online at the [BC Centre for Disease Control](#) and [HealthLinkBC](#). The most current information specific to the BC Public Service is available on the [MyHR website](#), and if you have workplace-specific questions not answered in those online resources you can contact MyHR for support.
- **Take care of yourself.** In addition to the preventive actions specific to reducing your exposure, make sure you're taking good general care of yourself by eating healthy and staying well-rested.
- **Take care of your community.** For the vast majority of British Columbians, if you contract the virus you will experience mild symptoms. But it's important that we all act to limit the spread of COVID-19 to protect our most vulnerable friends, neighbours and colleagues and ensure they can access the care they need. The steps all British Columbians are asked to take, while inconvenient, will help support that goal.