

Sullivan, Michelle A HLTH:EX

Subject: Influenza Policy - Application to Non-HEABC Employers
Location: Matt to Call Dr. Henry

Start: Mon 2020-01-06 2:00 PM
End: Mon 2020-01-06 2:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Matt Prescott

Categories: Teleconference

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus
Location: Collingwood Room(Locations\Renfrew)/Conference Call (details below)
Start: Fri 2020-01-24 12:00 PM
End: Fri 2020-01-24 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Collingwood Room

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

Provincial Health Officer Dr. Bonnie Henry has offered to provide a briefing to health sectors union leaders regarding the novel coronavirus infection that has arisen in China and the steps we are taking here in BC.

Please respond to this invitation as soon as possible and, if you're unable to attend the call, feel free to forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus
Location: UPDATED LOCATION: Fraserview Room(Locations\Renfrew), Conference Call (details below)
Start: Fri 2020-01-31 12:00 PM
End: Fri 2020-01-31 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Fraserview Room
Categories: Teleconference

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

Leader Pin: s.15; (Matt only)

Provincial Health Officer Dr. Bonnie Henry has offered to provide a briefing to health sectors union leaders regarding the novel coronavirus infection that has arisen in China and the steps we are taking here in BC.

Please respond to this invitation as soon as possible and, if you're unable to attend the call, feel free to forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus
Location: Fraserview Room(Locations\Renfrew)/Conference Call (details below)
Start: Fri 2020-02-07 12:00 PM
End: Fri 2020-02-07 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Fraserview Room
Categories: Teleconference

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

Leader Pin: s.15; (Matt only)

If you're unable to attend the call please forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus - NEW TIME
Location: Fraserview Room(Locations\Renfrew)/Conference Call (details below)
Start: Fri 2020-02-14 2:00 PM
End: Fri 2020-02-14 2:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Fraserview Room

**Apologies for the short notice but an urgent conflict has come up for Dr. Henry at noon on Friday. If you're unable to call in at 2 pm tomorrow (Feb. 14th) please arrange for a delegate to attend or contact Lindsay Rodrigues at HEABC (Lindsay.Rodrigues@heabc.bc.ca) if you have a strong preference to reschedule the call for Tuesday.

Matt

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

Leader Pin: s.15; s.17 (Matt only)

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus
Location: Britannia Room(Locations\Renfrew), Conference Call (Details below)
Start: Fri 2020-02-21 12:00 PM
End: Fri 2020-02-21 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Britannia Room
Categories: Teleconference

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

If you're unable to attend the call please forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus
Location: Killarney room; Conference Call (Details below)
Start: Fri 2020-02-28 12:00 PM
End: Fri 2020-02-28 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Britannia Room
Categories: Teleconference

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

If you're unable to attend the call please forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re: Novel Coronavirus
Location: Britannia Room(Locations\Renfrew), Conference Call (details below)
Start: Tue 2020-03-03 1:30 PM
End: Tue 2020-03-03 2:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Categories: Teleconference

Conference Call-in Details –

Dial In: [s.15](#); [s.17](#)

Code: [s.15](#); [s.17](#)

If you're unable to attend the call please forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: COVID - ACTION REQUIRED - Healthcare Worker requirements for self-isolation
Location: t-conn
Start: Sat 2020-03-14 6:30 PM
End: Sat 2020-03-14 7:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Howatson, Evan HLTH:EX
Required Attendees: Corneil, Trevor HLTH:EX; Byres, David W HLTH:EX; 'Michael McMillan'; Henry, Bonnie HLTH:EX; Armitage, Mark W HLTH:EX; Pokorny, Peter HLTH:EX; 'Matt Prescott'

For those who are available

Join by phone

Local - Victoria: [s.15](#); [s.17](#) (BC, Canada) English (United States)
Local - Vancouver: [s.15](#); [s.17](#) (BC, Canada) English (United States)
Toll-Free: [s.15](#); [s.17](#) (BC, Canada) English (United States)

[Find a local number](#)

Conference ID: [s.15](#); [s.17](#)

[Forgot your dial-in PIN?](#) | [Help](#)

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re Novel Coronavirus
Location: Michael's Office

Start: Mon 2020-03-16 2:00 PM
End: Mon 2020-03-16 2:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Matt Prescott
Resources: Crossroads Room

Re-scheduling to accommodate Dr. Henry's availability

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

If you're unable to attend the call please forward the invitation to a delegate who can attend in you

Sullivan, Michelle A HLTH:EX

Subject: Hold for Meeting with John
Location: Skype Meeting

Start: Wed 2020-03-18 2:30 PM
End: Wed 2020-03-18 3:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Howatson, Evan HLTH:EX
Required Attendees: Corneil, Trevor HLTH:EX; Sheila Vataiki; Michael McMillan

Sheila would you please forward the invite to John and if there are any materials would you please send those out as well 😊

[Join Skype Meeting](#)

Trouble Joining? [Try Skype Web App](#)

Join by phone

Local - Victoria: **s.15; s.17** (BC, Canada) English (United States)
Local - Vancouver: **s.15; s.17** (BC, Canada) English (United States)
Toll-Free: **s.15; s.17** (BC, Canada) English (United States)

[Find a local number](#)

Conference ID: **s.15; s.17**
[Forgot your dial-in PIN?](#) | [Help](#)

Sullivan, Michelle A HLTH:EX

Subject: Unions and N95 Messaging
Location: Teleconference | Dial in: s.15; s.17 | Conf ID:s.15; s.17 # | Moderator: Bonnie s.15; s.17
Start: Thu 2020-03-19 1:30 PM
End: Thu 2020-03-19 2:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Henry, Bonnie HLTH:EX
Required Attendees: Corneil, Trevor HLTH:EX; Nicola Lambrechts; Michael McMillan; Rongve, Ian HLTH:EX; Byres, David W HLTH:EX; Thistle-Walker, Carlene HLTH:EX; Armitage, Mark W HLTH:EX

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re Novel Coronavirus
Location: Zoom (details below)
Start: Fri 2020-03-20 12:00 PM
End: Fri 2020-03-20 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Resources: Britannia Room
Categories: Teleconference

If you're unable to attend the call please forward the invitation to a delegate who can attend on your behalf.

Carmen Hamilton is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

s.15; s.17

Topic: PHO Briefing re Novel Coronavirus

Time: Mar 20, 2020 12:00 PM Pacific Time (US and Canada)

Every week on Mon, Fri, until Apr 3, 2020, 5 occurrence(s)

Mar 20, 2020 12:00 PM

Mar 23, 2020 12:00 PM

Mar 27, 2020 12:00 PM

Mar 30, 2020 12:00 PM

Apr 3, 2020 12:00 PM

Please download and import the following iCalendar (.ics) files to your calendar system.

Weekly:

s.15; s.17

Meeting ID: s.15; s.17

One tap mobile

s.15; s.17

Canada

Canada

Dial by your location

s.15; s.17

Canada

Canada

Canada

Canada

Canada

s.15; s.17

Canada Toll-free

s.15; s.17

US (Houston)
US (New York)
US (San Jose)
US
US
US (Chicago)

s.15; s.17

US Toll-free
US Toll-free

Meeting ID: s.15; s.17

Find your local number: s.15; s.17

Join by Skype for Business

s.15; s.17

Sullivan, Michelle A HLTH:EX

Subject: PHO Briefing re Novel Coronavirus
Location: Conference Call (details below)

Start: Mon 2020-03-23 12:00 PM
End: Mon 2020-03-23 12:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Matt Prescott

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

If you're unable to attend the call please forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO - CLASS Order with respect to staff and visitors at licensed facilities and assisted living residences
Location: Skype Meeting
Start: Mon 2020-03-23 11:30 AM
End: Mon 2020-03-23 12:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Howatson, Evan HLTH:EX
Required Attendees: Matt Prescott; Emerson, Brian P HLTH:EX; Gow, Fiona S AG:EX

[Join Skype Meeting](#)

Trouble Joining? [Try Skype Web App](#)

Join by phone

Local - Victoria: [s.15](#); [s.17](#) # (BC, Canada) English (United States)
Local - Vancouver: [s.15](#); [s.17](#) # (BC, Canada) English (United States)
Toll-Free: [s.15](#); [s.17](#) # (BC, Canada) English (United States)

[Find a local number](#)

Conference ID: [s.15](#); [s.17](#)

[Forgot your dial-in PIN?](#) | [Help](#)

Sullivan, Michelle A HLTH:EX

Subject: FW: PHO Briefing re Novel Coronavirus
Location: Conference Call (details below)
Start: Mon 2020-03-23 12:00 PM
End: Mon 2020-03-23 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott
Categories: Teleconference
Importance: Low

From: Matt Prescott

Sent: Monday, March 16, 2020 4:59:32 PM (UTC-08:00) Pacific Time (US & Canada)

To: Matt Prescott; Miller, Kailey; Young, Lisa; Moninder Singh; Naomi Inglehart; Mary Russell; 'Tigran.Bajgoric2@vch.ca'; quinn_danyluk_fraserhealth_ca; Sasha Zalyvadna; s.22 ; 'sshore@doctorsofbc.ca'; madair@doctorsofbc.ca; Dave Hanacek; Buckler, Darren; Georgina Hackett; Tones, Richard; Idormer@doctorsofbc.ca; 'closito@cupe.ca'; 'rbray@pea.org'; Cameron Brine; 'Rathbone, Chris PSEC:EX'; Armitage, Mark W HLTH:EX; Allison Turpin; Wayne Balshin; Brett Sparks; Christopher De Bono; David Williams; Jaci Edgeworth; Mal Griffin; Sharon Torgerson; Cathy Nelson; Emily Plummer; Katie Twaites; Ken Casorso; mike_jackson_interiorhealth_ca; Pam Costanzo; Tammy Young; Vickie Horton; Christina Zacharuk; Robert Pauliszyn; Scott McCannell; Corneil, Trevor HLTH:EX; Linnea Ofstie; Lara Acheson; Rob Jandric; Samantha Montgomery; Melissa Moroz; Brett Harper; 'Wade, Jennifer'; Sandra (Sandy) Merlo; Sabrina Aujla

Cc: 'Thompson, Laurel HLTH:EX'

Subject: PHO Briefing re Novel Coronavirus

When: Occurs every Monday from 12:00 PM to 12:30 PM effective 3/23/2020 until 3/30/2020.

Where: Conference Call (details below)

Conference Call-in Details –

Dial In: s.15; s.17

Code: s.15; s.17

If you're unable to attend the call please forward the invitation to a delegate who can attend in your absence.

Sullivan, Michelle A HLTH:EX

Subject: PHO Staffing Orders - Brian, Matt, Christina, David, Michael
Location: s.15; s.17 - ID: s.15; s.17

Start: Tue 2020-03-24 7:00 PM
End: Tue 2020-03-24 8:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Matt Prescott

s.15; s.17 - ID: s.15; s.17

Matt leader pin: s.15; s.17

Sullivan, Michelle A HLTH:EX

Subject: T/C Senior Union Leadership Re: HHR
Location: Call in: s.15; s.17 Participant ID: s.15; s.17 Minister to Moderate

Start: Thu 2020-03-26 5:00 PM
End: Thu 2020-03-26 6:00 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Minister, Meetings HLTH:EX
Required Attendees: Brown, Stephen R HLTH:EX; christinesorensen@bcnu.org; usheikh@bcnu.org; bnederpel@heu.org; jwhiteside@heu.org; Vavery@hsabc.org; JMeyers@hsabc.org; kathleenross@telus.net; XT:Seckel, Allan 2 HLTH:IN; president@bcgeu.ca; Brent.Camilleri@bcgeu.ca; president@residentdoctorsbc.ca; harry@residentdoctorsbc.ca; troy.clifford@apbc.ca; michael.mcmillan@heabc.bc.ca; Armitage, Mark W HLTH:EX; Henry, Bonnie HLTH:EX

Categories: Teleconference

Call in: s.15; s.17
Participant ID: s.15; s.17

Sullivan, Michelle A HLTH:EX

Subject: Fw: FW: PMSEC- Half Day Meeting
Location: Zoom Conference s.15; s.17 Meeting ID: s.15; s.17
Start: Thu 2020-03-26 1:00 PM
End: Thu 2020-03-26 4:00 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Yvonne Lam

Meeting forwarded by patrick.oconnor@vch.ca on behalf of Yvonne.Lam@heabc.bc.ca.

Michael Ducie
Executive Director
Physician Engagement and Contract Strategies Vancouver Coastal Health 11th Floor 601 W. Broadway Vancouver, BC
V5Z 4C2
Tel: 604-875-5619
Mobile: 604-880-3674
Fax: 604-875-4593

From: Yvonne.Lam@heabc.bc.ca
When: 1:00 PM - 4:00 PM March 26, 2020
Subject: PMSEC- Half Day Meeting
Location: Zoom Conference s.15; s.17 Meeting ID: s.15; s.17

Updating PMSEC meeting to be half day 1:00 – 4:00PM

Topic: PMSEC Full day Meeting

At this time VPs of HR will be rescheduled to a later date

Teleconference Details:

Join Zoom Meeting
s.15; s.17

Meeting ID: s.15; s.17
Participant ID: #
Dial-in: s.15; s.17

Regards,

Yvonne Lam

Administrative Coordinator - Physician Services HEALTH EMPLOYERS ASSOCIATION OF BC

Sullivan, Michelle A HLTH:EX

Subject: FW: PHO Briefing re Novel Coronavirus
Location: Zoom (details below)
Start: Fri 2020-04-03 12:00 PM
End: Fri 2020-04-03 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Matt Prescott

Brian, were you going to call in obo Bonnie for this meeting with HEABC?

-----Original Appointment-----

From: Lindsay.Rodrigues@heabc.bc.ca **On Behalf Of** Matt Prescott

Sent: March 18, 2020 7:12 PM

To: Matt Prescott; Michael McMillan; Erin Cutler; 'Brent.Camilleri@bcgeu.ca'; 'harry@residentdoctorsbc.ca'; 'troy.clifford@apbc.ca'; 'usheikh@bcnu.org'; 'oldm@heu.org'; Henry, Bonnie HLTH:EX; Jeanne Meyers; Jennifer Whiteside; Marc Jones; Sandy Coughlin; Christine Sorensen; Dave Keen; John Bevanda; 'john.fitzgerald@viha.ca'; 'Patrick.whalen@phsa.ca'; 'stacy.sprague2@vch.ca'; Sheila Vataiki; 'adrianegear@bcnu.org'; Susan Firbank; directorprovincalsafety@gmail.com; Howatson, Evan HLTH:EX; Dave Deines; Corey Froese; 'Opel, Cina'; Carmen Hamilton; Miller, Kailey; Young, Lisa; Moninder Singh; Naomi Inglehart; Mary Russell; 'Tigran.Bajgoric2@vch.ca'; quinn_danyluk_fraserhealth_ca; Sasha Zalyvadna; [s.22](#) 'sshore@doctorsofbc.ca'; madair@doctorsofbc.ca; Dave Hanacek; Buckler, Darren; Georgina Hackett; Tones, Richard; Idormer@doctorsofbc.ca; 'closito@cupe.ca'; 'rbray@pea.org'; Kerri Berryman

Subject: PHO Briefing re Novel Coronavirus

When: April 3, 2020 12:00 PM-12:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Zoom (details below)

If you're unable to attend the call please forward the invitation to a delegate who can attend on your behalf.

Carmen Hamilton is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

[s.15](#); [s.17](#)

Topic: PHO Briefing re Novel Coronavirus

Time: Mar 20, 2020 12:00 PM Pacific Time (US and Canada)

Every week on Mon, Fri, until Apr 3, 2020, 5 occurrence(s)

Mar 20, 2020 12:00 PM

Mar 23, 2020 12:00 PM

Mar 27, 2020 12:00 PM

Mar 30, 2020 12:00 PM

Apr 3, 2020 12:00 PM

Please download and import the following iCalendar (.ics) files to your calendar system.

Weekly:
s.15; s.17

Meeting ID: s.15; s.17

One tap mobile
s.15; s.17

Canada
Canada

Dial by your location

s.15; s.17

Canada
Canada
Canada
Canada
Canada

s.15; s.17

Canada Toll-free

s.15; s.17

US (Houston)
US (New York)
US (San Jose)
US
US
US (Chicago)

s.15; s.17

US Toll-free
US Toll-free

Meeting ID: s.15; s.17

Find your local number: s.15; s.17

Join by Skype for Business

s.15; s.17



February 21, 2020

To British Columbia's Healthcare Unions:

We are now several weeks into British Columbia's novel coronavirus response – officially named COVID-19. To date, we have five confirmed cases of COVID-19 in the province and a small number of close contacts who are being monitored by public health. In addition, over 500 people with respiratory symptoms and risks, such as travel to high outbreak areas, have been safely assessed and tested for COVID-19 in our health system.

We are paying close attention to the situation here in Canada, in China and around the globe, and, at this point, risk of transmission in BC remains low. This is in large part due to the rapid mobilization of our province's outbreak emergency response, enabled by BC's front-line public health, healthcare and EHS workers who have maintained continued vigilance in the face of this emerging public health issue. I thank you for your continued support at this critical time.

We are continuing to gather even more information about COVID-19. I am pleased to report that China is taking extraordinary control measures to contain this new virus at its epicenter. I will continue to monitor the effectiveness of these efforts. Together with our public health colleagues across Canada, the international community, and the World Health Organization (WHO), our goals are clear: to remain in step with global efforts and to ensure our healthcare system is well prepared to enable rapid identification of potential cases, safe and timely assessment, testing and care for those who need it, and prevention of further transmission.

We have also seen significant commentary, discussion and questions about the use of personal protective equipment (PPE), particularly the use of N95 respirators, in the healthcare system and with the public. When it comes to precautions for healthcare workers, we strongly support the approach and infection prevention and control (IPAC) guidance that has been developed by the Public Health Agency of Canada (PHAC) National Advisory Committee on Infection Prevention and Control. This approach is aligned with the guidance provided by the WHO and has been endorsed by a multi-disciplinary team here in BC.

The guidelines are based on the science and proven approaches from previous outbreaks including SARS and MERS. They emphasize that the full spectrum of infection prevention and control measures, from engineering and administrative controls to PPE, is required to ensure the safety of healthcare workers and patients. The key to exposure control in healthcare facilities is

...2

to have a multi-faceted plan that limits the spread of the virus and limits the number of workers who could be exposed to the virus. Critical to protection for all is early recognition of patients with respiratory illness, barriers in areas where initial assessment occurs, rapidly isolating anyone suspected of having COVID-19, and having patients wear a surgical mask and perform hand hygiene. Measures such as these reduce the likelihood for exposure of healthcare workers to the virus.

In keeping with the precautionary principle, the PHAC guidance recommends tiers of infection prevention and control measures to identify potentially infectious patients at the first point of contact, implement appropriate controls to protect those in the vicinity, and, importantly, reduce the potential for exposure. We believe this approach is the safest for all those who work in, are patients or visit our healthcare facilities.

We know that risk reduction in healthcare is a combination of education and training, following established protection protocols, having clear administrative and engineering controls, and using appropriate PPE. We recognize the critical importance of the point-of-care risk assessment and that individual healthcare workers are best positioned to determine the appropriate PPE required based on their interaction with an individual patient.

However, we have to remember that PPE is the last – not the first – line of defense against hazards that cannot otherwise be eliminated or controlled. Effectiveness of PPE is dependent on a number of factors, and only works if used throughout potential exposure periods.

In the case of COVID-19, experience globally shows most routine care of patients can be safely undertaken with a surgical mask, eye protection, and the appropriate use of gloves and hand hygiene. In line with previous studies on transmission of other respiratory viruses, such as influenza and SARS, current thinking is the use of N95 respirators is not generally required unless aerosol-generating medical procedures are planned.

Based on all the evidence so far, the primary route of transmission for COVID-19 is by droplets. With that in mind, we remind you of the importance of using eye protection, gloves, hand hygiene and gowns (if there is a risk of sprays or splashes), along with a mask or respirator. Equally important is source reduction from patients by putting a mask on them and instructing them in cough etiquette. These measures have proven to be effective in further protecting healthcare workers.

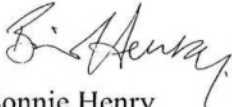
We continue to work with WorkSafe BC to ensure that all healthcare settings have comprehensive exposure control programs and have respiratory protection programs for those workers identified as potentially needing to use a respirator. Included as well is the need to have both masks and respirators available at the point-of-care in priority areas, so individual risk assessment can be undertaken in a meaningful way. We are also aware of the need to steward our use to ensure there are sufficient available for those critical situations such as when performing aerosol generating medical procedures.

...13

We still do not know how this outbreak will evolve but remain committed to doing all we can to control the virus in our communities and to protect our healthcare workers to ensure critical health services remain available for all. As the COVID-19 outbreak advances, we will continue to keep you apprised so that we may all respond effectively should our understanding change.

Thank you for your continued support and collaboration in this challenging time.

My very best,

A handwritten signature in black ink, appearing to read "Bonnie Henry". The signature is fluid and cursive, with the first name "Bonnie" and last name "Henry" clearly distinguishable.

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

Sullivan, Michelle A HLTH:EX

From: Christine Sorensen <christinesorensen@bcnu.org>
Sent: February 28, 2020 9:07 AM
To: Matt Prescott; Henry, Bonnie HLTH:EX; Howatson, Evan HLTH:EX
Cc: Moninder Singh; Adriane Gear
Subject: RE: COVID - Questions for Friday's call with Dr. Henry

Hi Matt et al,

I have had a request to add the following questions to the list from BCNU.

- 1) What plans are being made to address health care facilities surge capacity if required, including staffing plans?
- 2) What, if any specific plans are in place or in development with respect to BC's long term care facilities? (in light of reports that the most seriously impacted are 80+y)

Also, I would like to request that **we increase the frequency of these calls to twice a week (ie Tuesday/ Friday)** as questions are arising more quickly now from our members who are seeking factual information and not receiving it from the HA's.

If it is possible to hold a face to face meeting next week that would be even better. BCNU is willing to host such a meeting in our Burnaby office with conference call and zoom capabilities.

Thank you for your consideration of these questions and requests.

C

Christine Sorensen BSN ICD.D
President
BC Nurses' Union

From: Christine Sorensen <christinesorensen@bcnu.org>
Sent: Thursday, February 27, 2020 3:29 PM
To: Matt Prescott <MattP@heabc.bc.ca>; Bonnie.Henry@gov.bc.ca; Evan Howatson (evan.howatson@gov.bc.ca) <evan.howatson@gov.bc.ca>
Cc: Moninder Singh <monindersingh@bcnu.org>; Adriane Gear <adrianegear@bcnu.org>; Christine Sorensen <christinesorensen@bcnu.org>
Subject: COVID - Questions for Friday's call with Dr. Henry

Hi Matt,

BCNU has compiled a few questions that we would like clarification on from Dr. Henry and the MOH/HEABC during tomorrow's conference call:

1. What is the direction to healthcare staff who have travelled abroad: As per the BCCDC [http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel)), only those who travel from the Hubei Province are required to self isolate and yet we have s.22 members in FHA that have recently traveled to mainland China and s.22 member from Korea that have been directed to stay at home for 14 days. Apparently FHA has generated a list of countries that staff will be required to self isolate. Why? We have members and their families travelling to and from areas in China, Italy, Singapore etc. what should we be recommending to them.

2. While many facilities have the new Covid-19 signage and hand sanitizers, in some instances there are no masks (see the attached photo). Having to report to a healthcare worker or volunteer to collect a mask is onerous and by the time they locate someone, they have already potentially spread the pathogen (could be anything).
3. Most acute care facilities are 100%+ capacity right now due to influenza and other seasonal respiratory illnesses. ER rooms are filled with admitted patients and isolation rooms are not available. What plans are being put in place to decant hospitals and create isolation/assessment rooms for possible Covid-19 patients.
4. As we move from containment into mitigation strategies, what direction will be given to:
 - a. Nurses who are exposed as members of the public to suspected or confirmed cases of Covid-19
 - b. Nurses who are exposed while working but do not develop symptoms
 - c. Nurses who are exposed while working and develop symptoms

Information related to leave provisions for nurses under collective agreements, access to Medical EI (which was fast tracked during SARS) and compensation from WSBC would be helpful in these early stages to alleviate fears and rumors.

5. For those nurses who have not been FIT tested (35-50%), are there plans for redeployment when a suspect or confirmed case of COVID is assigned to them? This includes community nurses who are not FIT tested and may need to care for patients in the community.

I look forward to the update tomorrow.

Best
C

Christine Sorensen BSN ICD.D
President
BC Nurses' Union

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Year of the
Nurse
2020



**BC NURSES'
UNION**

Standing up for health care

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We respectfully acknowledge that we live and work on the traditional and unceded territories of Indigenous Peoples.

Sullivan, Michelle A HLTH:EX

From: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>
Sent: March 5, 2020 4:31 PM
To: Howatson, Evan HLTH:EX; Henry, Bonnie HLTH:EX
Cc: Matt Prescott
Subject: Questions/Comments from Unions
Attachments: Consolidated list of questions for Dr.Henry-2020-03-03.docx

Good afternoon,

The only Unions to send questions and commentary were the HSA and BCNU. I've provided some HEABC responses in red.

Matt will be attending in-person tomorrow on behalf of HEABC; I will be calling in.

Please let us know if you need anything else.

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Questions from BCNU

Containment strategies:

1. Most acute care facilities are 100%+ capacity right now due to influenza and other seasonal respiratory illnesses. ER rooms are filled with admitted patients and isolation rooms are not available. What plans are being put in place to decant hospitals and create isolation/assessment rooms for possible Covid-19 patients?
2. What plans are being made to address health care facilities surge capacity if required, including staffing plans?
3. What, if any specific plans are in place or in development with respect to BC's long term care facilities? (in light of reports that the most seriously impacted are 80+y)
4. Will respiratory testing sites be set up in areas across the province? Will the MMU be used in any capacity (ie screening or as an ICU)?
5. Patients who have respiratory symptoms and request testing (for legitimate reasons and to prevent spread) are being having difficulty getting tested. What recourse do they have to get tested? This particular individual went to three walk-in clinics who all had no idea what to do and directed him to VGH ER where he was denied testing.
6. How do we manage community testing at Life Labs when they are refusing to test people from high-risk countries?
7. What is the direction to healthcare staff who have travelled abroad: As per the BCCDC [http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel)), only those who travel from the Hubei Province are required to self isolate and yet we have two members in FHA that have recently traveled to mainland China and one member from Korea that have been directed to stay at home for 14 days .Apparently FHA has generated a list of countries that staff will be required to self isolate. Why? We have members and their families travelling to and from areas in China, Italy, Singapore etc. what should we be recommending to them?

Staffing:

8. What plans are being made to increase staffing in ER/ICU to address testing and treatment of suspect/Confirmed cases requiring inpatient care? These areas are already short staffed and working OT.
9. For those nurses who have not been FIT tested (35-50%), are there plans for redeployment when a suspect or confirmed case of COVID is assigned to them? This includes community nurses who are not FIT tested and may need to care for patients in the community
10. Due to the low levels of RNs and LPNs in long term care and the possible necessity for increased RN/LPN care by residents when COVID hits a long term care facility – what plans are in place to bring in RNs/LPNs to increase nurse staff levels appropriate to the patient/ resident needs (provide barrier nursing care etc.) if needed in these facilities? How will this be supported in private LTC facilities?
11. What plans are in place to get nurses deployed on a urgent basis as needed due to nurse sickness, increased patient needs etc. Will BC be looking at redeployment within health authorities, govt. support from the military health staff, agency nurses or?
12. 811 – The direction is for the public to call 811 – how is this being staffed to manage the call volume and where are people being directed for testing?

Compensation:

13. As we move from containment into mitigation strategies, what direction will be given to:
 - a. Nurses who are exposed as members of the public to suspected or confirmed cases of Covid-19
 - b. Nurses who are exposed while working but do not develop symptoms
 - c. Nurses who are exposed while working and develop symptoms

HEABC is working with health employers to provide direction regarding compensation.

14. Will sick notes for staff be waived during this period for respiratory or influenza symptoms? It is unreasonable for staff to be going to primary care physicians to get sick notes and fill valuable appointment times or spread their illness.

HEABC is working with health employers to address any labour relations issues that will arise.

Comments from BCNU:

Recent evidence published in the Lancet, a peer-reviewed medical journal, recommends “aggressive” protection for health-care workers caring for presumed and confirmed cases of COVID-19. The study noted that even a non-symptomatic person can spread COVID-19 “with high efficiency”; face masks and other conventional forms of protection, according to the article, “provide insufficient protection.” Ontario’s independent commission to investigate the introduction and spread of SARS identified a key lesson: In the absence of scientific certainty about how an infectious illness is transmitted, reasonable precautions must be taken. Justice Archie Campbell, who served as the commission’s chair, explained that this precautionary principle places the emphasis on safety, rather than science. In other words, if we don’t know exactly how a virus spreads, we shouldn’t wait for the science to be settled to protect health-care workers.

While many facilities have the new Covid-19 signage and hand sanitizers, in some instances there are no masks. Having to report to a healthcare worker or volunteer to collect a mask is onerous and by the time they locate someone, they have already potentially spread the pathogen (could be anything).

Questions from HSA:

We have reviewed the BC CDC pandemic plan. What appears to be missing from the plan is any specific reference to coordinating communication with the unions. This is evident also in that in most of the provincial communication plans the health authorities figure prominently, and we believe they are posting information on their websites, but we do not have access to their websites to know what they are posting. In many areas of the plan the health authorities have responsibilities for allocation and direction of staff who are union members in many cases. While we understand the employer's right to direct their employees, as union members many of these employees will be looking to the union for input. It would make sense for us to have a robust communication plan to ensure unions are informed and aware of policy as it is developed. This is particularly so should we end up in the midst of a pandemic.

Examples of where this will be necessary exist throughout the plans outlined in the pandemic planning document referenced by Dr. Henry last week. For example, In the pre-pandemic communication planning stages where the responsibility of government is to develop and test a provincial health emergency plan network for healthcare workers policy and decision-makers, develop key messages and strategic guidelines and support communication plans. Health authorities are supposed to develop and test local communication networks and define communication responsibilities at health authority levels, local and facility levels. In both cases these communication networks must include unions.

We appreciate the weekly and soon to be biweekly communication sessions at which we are briefed on important relevant information, but we believe it is also important that unions have access to information as it is developed and disseminated among the health authorities in the pre-pandemic stages so that we can test out those communication networks and ensure they are running smoothly. That way we can partner with sharing the information with our members when they come to us (which they frequently do to confirm or clarify what they are hearing from employers, especially when instructions or policy direction is unusual or unfamiliar).

During the pandemic phase of the plan, health authorities are charged with providing clear direction to workers to ensure essential services are provided. Provincially in the midst of a pandemic we will be in a crisis response mode. Members will be potentially being deployed in atypical scenarios, and will definitely be working in unusual situations. As issues arise, we need to have clear lines of communication across health authorities, employer associations, government, and unions. Our members will be coming to us with questions about issues such as those related to redeployment, workload, safety, stress, the mental health impact of the scenario. It is imperative that we are at communicating amongst unions, government, health authorities, and HEABC efficiently and effectively so that we are all on the same page, have troubleshooting and problem solving strategies in place.

At our last provincial call we asked to either have access to health authority websites for their Occupational Health & Safety information where policies and procedures related to COVID 19 are posted, or to have a common share point created where we can access all the information. Dr. Henry mentioned that we can go on her website, or the BC CDC website, or the PHAC website, but once we are in the midst of a pandemic should that occur, it would be more efficient and effective to have one common site where all the up-to-date information is posted so that parties are speaking from the same background. Having the union have to search through a variety of resources when trying to be responsive to member questions and concerns would be ideal and could cause unnecessary delays and interruptions in resolving concerns raised by our members. Please let us know your recommendations in this regard.

1. The pandemic plan makes reference to health authorities having responsibility for an emergency clinical health plan. It appears that each health Authority will have a different one. The plan is to ensure continual provision of medical services. We believe we should have access to these plans insofar as they relate to deployment of our members.
2. In several places in the plan there is a reference to the provision of essential services during a pandemic. As you are aware, this term "essential services" has a particular connotation for unions in the healthcare setting. What is the definition of essential services in the connotation of pandemic?
3. The plan makes reference to ensuring that our members know what to do. How will this information be communicated to them?

4. The plan speaks about a "reorganization" of healthcare service delivery to respond to the crisis. How will the decisions be made about whom to deploy, where to deploy them, when and how, etc. what is the plan to involve unions in these conversations?
5. There are references in the plan on Table A 7 at 14 (j) and (k) about collective agreement issues in light of pandemic manpower, and discussions with staff and professional associations. At what point do we convene a meeting to have these more in-depth discussions? What are the perceived collective agreement issues? What sort of discussions are anticipated with staff and professional associations? Please comment further
6. The pandemic plan speaks about training for lab staff. Please comment
7. I have noticed that there are a few unions who deliver services in healthcare (for example home care services) that are not on the calls. Are we going to be expanding the calls to include them?

The leads Unions of all health sector bargaining associations have been invited on the calls. When the calls were first set up, all participants were invited to pass the invitations along to anyone they felt were omitted. Representative Unions are welcome to invite constituent unions as they see fit.

8. Also there appears to be plenty of work going on to develop robust plans for health in the acute sector, and in facility care such as extended care and long-term care. We also represent members who work in other areas providing services such as Child development centers, what sort of information is being disseminated to workers in that sector?