

**From:** Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>  
**Sent:** August 25, 2020 10:54 AM  
**To:** 'Cleaver, Dennis' <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>  
**Cc:** XT:Robbestad, Melanie HLTH:IN <[melanie.robbestad@northernhealth.ca](mailto:melanie.robbestad@northernhealth.ca)>; XT:HLTH De Croos, Mark <[mark.decroos@northernhealth.ca](mailto:mark.decroos@northernhealth.ca)>; Caouette, Janice [NHA] <[Janice.Caouette@northernhealth.ca](mailto:Janice.Caouette@northernhealth.ca)>; Ellis, Megan [NHA] <[Megan.Ellis@northernhealth.ca](mailto:Megan.Ellis@northernhealth.ca)>; Viray, Rhoda [NHA] <[Rhoda.Viray@northernhealth.ca](mailto:Rhoda.Viray@northernhealth.ca)>; Yarmish, Kelsey [NHA] <[Kelsey.Yarmish@northernhealth.ca](mailto:Kelsey.Yarmish@northernhealth.ca)>; XT:Kim, Jong HLTH:IN <[jong.kim@northernhealth.ca](mailto:jong.kim@northernhealth.ca)>; XT:Williams, David HLTH:IN <[david.williams@northernhealth.ca](mailto:david.williams@northernhealth.ca)>; Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Dennis,

I just left you a vm and hope we can jump on a quick call to s.13; s.17  
s.13; s.17

And yes, the Ministry is finalizing a FAQ document that will be shared with all stakeholders (MHOs, HR, Pandemic Response, etc.) If you have any specific questions you would like clarity on please send them to us and we can be sure they are included in the FAQ. I've copied Miranda Mason from the Ministry so she's aware.

Talk soon,  
Adam  
604.875.7382

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**From:** Cleaver, Dennis [<mailto:Dennis.Cleaver@northernhealth.ca>]  
**Sent:** Monday, August 24, 2020 3:52 PM  
**To:** Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>; Rajsic, Christina [PHSA] <[Christina.Rajsic@phsa.ca](mailto:Christina.Rajsic@phsa.ca)>  
**Cc:** Robbestad, Melanie [NHA] <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; De Croos, Mark [NHA] <[Mark.DeCroos@northernhealth.ca](mailto:Mark.DeCroos@northernhealth.ca)>; Caouette, Janice [NHA] <[Janice.Caouette@northernhealth.ca](mailto:Janice.Caouette@northernhealth.ca)>; Ellis, Megan [NHA] <[Megan.Ellis@northernhealth.ca](mailto:Megan.Ellis@northernhealth.ca)>; Viray, Rhoda [NHA] <[Rhoda.Viray@northernhealth.ca](mailto:Rhoda.Viray@northernhealth.ca)>; Yarmish, Kelsey [NHA] <[Kelsey.Yarmish@northernhealth.ca](mailto:Kelsey.Yarmish@northernhealth.ca)>; Kim, Jong [NHA] <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>; Williams, David (VPHR) [NHA] <[David.Williams@northernhealth.ca](mailto:David.Williams@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Adam, with the current understanding the 500 provincial target is the number of nursing individuals to be added to the contact tracing pool, Northern Health anticipates it will need 25 retired people to support our efforts if the Covid-19 wave is high. Please recall our NH plan will be responsive as the number of Covid-19 cases moves through low/med/high numbers.

With the above in mind, please use 25 as the NH target number of retired people to be added to the contact tracing pool.

Adam, with there being so many questions arising by the many people working on the initiative to sign on 500 people across BC to support contact tracing, do you know if a FAQ is being developed?

Regards,  
Dennis

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**From:** Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>  
**Sent:** Tuesday, August 18, 2020 3:57 PM  
**To:** Cleaver, Dennis <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>; Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Cc:** Robbestad, Melanie <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; De Croos, Mark <[Mark.DeCroos@northernhealth.ca](mailto:Mark.DeCroos@northernhealth.ca)>; Caouette, Janice <[Janice.Caouette@northernhealth.ca](mailto:Janice.Caouette@northernhealth.ca)>; Ellis, Megan <[Megan.Ellis@northernhealth.ca](mailto:Megan.Ellis@northernhealth.ca)>; Viray, Rhoda <[Rhoda.Viray@northernhealth.ca](mailto:Rhoda.Viray@northernhealth.ca)>; Yarmish, Kelsey <[Kelsey.Yarmish@northernhealth.ca](mailto:Kelsey.Yarmish@northernhealth.ca)>; Anguish, Penny <[Penny.Anguish@northernhealth.ca](mailto:Penny.Anguish@northernhealth.ca)>; Kim, Jong <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Hi Dennis,

s.17

Thanks again and don't hesitate to reach out with any questions.  
Adam

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**From:** Cleaver, Dennis [<mailto:Dennis.Cleaver@northernhealth.ca>]  
**Sent:** Tuesday, August 18, 2020 3:51 PM  
**To:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>; Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>  
**Cc:** Robbestad, Melanie [NHA] <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; De Croos, Mark [NHA] <[Mark.DeCroos@northernhealth.ca](mailto:Mark.DeCroos@northernhealth.ca)>; Caouette, Janice [NHA] <[Janice.Caouette@northernhealth.ca](mailto:Janice.Caouette@northernhealth.ca)>; Ellis, Megan [NHA] <[Megan.Ellis@northernhealth.ca](mailto:Megan.Ellis@northernhealth.ca)>; Viray, Rhoda [NHA] <[Rhoda.Viray@northernhealth.ca](mailto:Rhoda.Viray@northernhealth.ca)>; Yarmish, Kelsey [NHA] <[Kelsey.Yarmish@northernhealth.ca](mailto:Kelsey.Yarmish@northernhealth.ca)>; Anguish, Penny [NHA] <[Penny.Anguish@northernhealth.ca](mailto:Penny.Anguish@northernhealth.ca)>; Kim, Jong [NHA] <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Adam, you were looking for NH's updated FTE numbers. We have a fairly robust plan behind the numbers and budget.

Note, we are planning to be able to respond to 3 scenarios: low/medium/high numbers of Covid-19. We will line everyone up, train a core group to be able to respond to low/medium numbers, and then ramp up just in time as numbers continue to increase. Jong/Megan/Rhoda/I will look forward to further discussions.

s.17

Regards,  
Dennis

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**From:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Sent:** Tuesday, August 18, 2020 12:46 PM  
**To:** Charania, Adam <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>; Kim, Jong <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Cc:** Robbestad, Melanie <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; Cleaver, Dennis <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Thanks Adam for following up.

Take care

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**From:** Charania, Adam [PHSA]  
**Sent:** Monday, August 17, 2020 10:23 PM  
**To:** Kim, Jong [NHA] <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>; Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Cc:** Robbestad, Melanie [NHA] <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; Cleaver, Dennis <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Hi Jong,

I can confirm your numbers were included in the 500. They are on the low side compared to the other HAs so let us know if that number should be higher.

In terms of funding, I've reached out to the Ministry to confirm the funding process and timing and will let you know when we hear back. Appreciate the patience while we wait to hear from them.

Thanks  
Adam

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**From:** Kim, Jong [<mailto:Jong.Kim@northernhealth.ca>]  
**Sent:** Monday, August 17, 2020 10:42 AM  
**To:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Cc:** Robbestad, Melanie [NHA] <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>; Cleaver, Dennis <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Christina, thanks so much for your help and connecting us with Adam.

Adam, thanks for your help earlier with compiling our staffing plan. We are trying to keep moving NH mobilization moving forward. It would be much appreciated if you can confirm that our recruitment plan (17-21 FTEs) is included in the provincial 500 people and ministry is committed to provide funding.

That will provide clarification for our financing department and keep the momentum of NH planning. I cc'ed Dennis, NH VP of population & public health here.  
Thanks in advance for your help.

Dennis, Adam (to whom Andrew previously provided NH's staffing needs) is leading financial planning of PHSA's provincial contact tracer work.

Jong

Dr. Jong Kim, MD, MSc, FRCPC  
Interim Chief Medical Health Officer  
**Northern Health**

Tel: 250-261-7235  
Cell: 250-793-3751

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**From:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Sent:** Sunday, August 16, 2020 9:21 AM  
**To:** Kim, Jong <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Cc:** Robbestad, Melanie <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; Charania, Adam <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Hi Adam,

s.13

Please let me know if I can help with this,

Thanks  
Christina

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**From:** Kim, Jong [<mailto:Jong.Kim@northernhealth.ca>]  
**Sent:** Friday, August 14, 2020 4:36 PM  
**To:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Cc:** Robbestad, Melanie [NHA] <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Thanks Christina. Please invite Dennis – this is our priority work. He can delegate to our RD as appropriate.

On the other hand, could I have a quick chat with you on the provincial plan? This is putting all-stop to NH plan as our finance and HR team want to wait until they get clarify on the provincial plan. At the leadership meeting, I think the message is to go ahead with regional plan, and will reconcile with provincial plan later through hybrid model.

If I can have a quick chat (if you have 15min break somewhere, that would be fine) with you on this topic to confirm at high level, not details, to ensure NH urgent mobilization plan is not disrupted, I'd much appreciate.

Sorry to ask for your time when you must be very busy. Thanks for your help.

Jong

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**From:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Sent:** Friday, August 14, 2020 1:09 PM  
**To:** Kim, Jong <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Hi Jong,

I am thinking your regional director would be best.

Thanks so much for follow up.

Take care  
Christina

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**From:** Kim, Jong [<mailto:Jong.Kim@northernhealth.ca>]  
**Sent:** Friday, August 14, 2020 12:43 PM  
**To:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Cc:** Henderson, Marianne [BCCDC] <[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)>; Cleaver, Dennis <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>  
**Subject:** Meeting for Hybrid Model: operational leader?

Christian, thanks for organizing meeting to discuss provincial contact tracing resource plan, especially about the hybrid model to reconcile with regional plans.  
Could I ask for clarification about 'operational leader' you are asking for this meeting?

NH has dyad leadership for PPH (CMHO and VP, I cc'ed Dennis VP PPH here ), as well as VP for pandemic response (covid-19 VP). I am wondering who you are seeking is at executive level or at regional director or regional manager. This is important meeting for our own planning too, so I'd like to ensure we have right person attending.

Thanks for your help.

Jong

Dr. Jong Kim, MD, MSc, FRCPC  
Interim Chief Medical Health Officer  
**Northern Health**

Tel: 250-261-7235  
Cell: 250-793-3751

<b>Topic:</b>	<b>COVID Contact Tracer/Vaccine Administration</b>		
<b>Date:</b>	August 11, 2020		
<b>Prepared For:</b>	VP's HR		
<b>Purpose:</b> <i>Please check only <u>one</u> of the four options</i>	<input type="checkbox"/> Information	<input type="checkbox"/> Decision	
	<input type="checkbox"/> Seeking Direction	<input checked="" type="checkbox"/> Discussion	

### BACKGROUND:

In mid-July, the Ministry of Health formally notified PHSA HR of the desire to significantly augment the current COVID tracing activities within BC. This will be achieved by having over 500 contact tracers hired by the middle of September 2020 in anticipation of greater tracking and tracing requirements related to positive and negative COVID results. In addition, the desire to link this role with vaccine/immunization administration has also been described.

These positions will be temporary and will be recruited by the Provincial Health Services Authority and the Regional Health Authorities, which will allow health authorities to increase their local pool of available public health professionals, while also providing a team of people that are available to be deployed across the province as needed. The Ministry of Health will be working with Health Match BC, PHSA, and the regional health authorities to manage the recruitment process.

It's anticipated that candidates will begin work in September 2020 and will be contracted until the end of March 2021, with opportunity for extension if needed.

The desire to augment contact tracing resources in BC was initiated by the Provincial Health Officer and Minister of Health. Consultation as to how to operationalize has occurred with provincial public health leadership and VP's HR.

- Several discussions on the contact tracing model have occurred during the provincial public health leadership calls over the course of the past 2-3 weeks
- A discussion with the VP's HR was held on July 31<sup>st</sup>

Through these discussions, we have landed on a hybrid model whereby each HA hires their own full time resources, and BCCDC will also hire a separate team of contact tracing resources to use as a rapid response pool that will be centrally managed and can be deployed to HAs as needed. Recruitment of the resources will be supported by Healthmatch BC and provincial reporting on recruitment & hiring will be coordinated by HMBC, ministry of health, and PHSA.

Discussions regarding provincial surveillance and systems/technology have been ongoing and continue at the provincial public health leadership table.

### CONTACT TRACING:

Contact tracing has three key components: 1) intake, 2) interview, 3) active daily monitoring. While these are consistent across HAs, the process flow, methodologies, and systems vary within each.

In addition, the Ministry has asked that these roles be recruited to take on additional responsibilities, including potentially conveying COVID-19 results information, education, and immunizations.

#### **HIRING:**

The Province will announce that we will hire approximately 500 health professionals to increase contact tracing around British Columbia. A hybrid model will be implemented, whereby the health authorities hire, train, and manage their own full-time resources for contact tracing. BCCDC/PHSA hires resources to support the Province as “rapid deployment teams”. BCCDC will oversee the training & management of the rapid deployment team. Recruitment of the resources will be supported by Healthmatch BC and provincial reporting on recruitment & hiring will be coordinated by HMBC, ministry of health, and PHSA

The MHOs and public health teams across the regional health authorities have conducted planning and forecasting for this work and shared the following demand:

Health Authority	Total Demand (RHA Public Health & BCCDC)
<b>PHSA (BCCDC)</b>	Estimated ~ 150 for surge support
<b>VCH</b>	107
<b>FHA</b>	92
<b>VIHA</b>	121
<b>IHA</b>	16
<b>NHA</b>	21
<b>Total</b>	500

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#### **KEY TERMS AND CONDITIONS OF EMPLOYMENT:**

In determining the employment model, we want to ensure:

- We are not disrupting the existing workforce and system by posting these roles and having excessive internal movement,
- We are being flexible to address the changing nature of this work and the ability to redeploy as needed,

s.13; s.17

#### **TECHNOLOGY:**

All health authorities have adopted Telus home health monitoring and are using the application to various degrees. This technology can be used to support active daily monitoring, allowing infected individuals the ability to self-enter symptoms they may be experiencing.

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There are various Public Health systems currently in use across the health authorities. The Provincial Health Officer s.13; s.17

s.13; s.17

Current systems in use include:

- Panorama - Interior, VIHA, and PHSA
- Paris - Fraser Health
- Vancouver Coastal Health s.13; s.17  
s.13; s.17
- Northern is using a manual system and are able to provide data to feed in to the Panorama system

s.13; s.17

#### **NEXT STEPS:**

1. Finalize total requirements and needs by Health Authority with MHOs
2. Finalize terms and conditions of employment

3. HealthMatchBC to begin coordination of recruitment process with BCCNP and EPHR and share list of interested candidates with each HA
4. Recruit the rapid deployment team positions
5. PHSA to track and report weekly on hiring progress across all HAs
6. Finalize provincial surveillance / technology strategy





## JOB DESCRIPTION

JOB TITLE		JOB CODE
Registered Nurse – Case and Contact Tracing, Emerging Pathogens		007320
Pay Rate	Level 3	
Classification	25001 (CH1)	
Bargaining Unit	Nurses Bargaining Association	
Work Location/Union	Richmond Community, Vancouver Community, North Shore Community, Powell River Community, Sunshine Coast, Sea-to-Sky Community/(BCNU)	
Program/Department		
Operations	Regional VCH CDC Public Health, Community & Family Health	
Professional Practice	Nursing	
Supervisor's Title		
Operations	Manager/Program Leader	
Supervises	N/A	
Date Established	July 27, 2020	
Last Revision Date		

### JOB SUMMARY

Utilizes Public Health nursing knowledge and expertise to promote and protect the optimal health, well being and safety of patients, residents and clients at all ages and life stages through targeted emerging pathogens and viral case and contact tracing programming.

*Practices within the context of a client and family centered care model, and in accordance with the British Columbia College of Nursing Professionals (BCCNP) standards of practice and Code of Ethics for registered nurses, the Canadian Community Health Nursing Standards of Practice and the CHNC Public Health Nursing Discipline specific competencies and the scope of practice as set by the organization's policies, guidelines and clinical practice documents and within own competence. Practice is aligned with the vision, mission, goals and values of the organization as well as within the context of a public health care approach and the concept of a client and family centered care model.*

### EXAMPLES OF DUTIES & RESPONSIBILITIES

1. Provides public health follow-up of COVID-19 by conducting case management, education, referral as appropriate.
2. Identifies and follows up with contacts of COVID cases for the purpose of providing education, referral, and screening as required.
3. Provides information about disease process and prevention measures to the public and other clinicians. Collaborates with communicable disease partners and other personnel as appropriate.
4. Participates in other outbreak management and contact tracing activities as indicated.
5. Carries out responsibilities in accordance with WorkSafe BC and organizational Occupational Health and Safety policies and standards to meet safety requirements.

6. Immediately reports unsafe situations by notifying supervisor or other appropriate personnel and using online safety learning system (SLS). Shares learnings from safety events with team members and incorporates recommendations within clinical practice to enhance patient safety
7. Sets measurable personal performance goals in collaboration with the Manager for professional development such as updating own knowledge within area of practice by reviewing current literature and research, identifying new theories, trends and opportunities and developing a plan in collaboration with the Manager for professional development. Reviews progress to ensure that goals are achieved within established time frames.
8. Performs other related duties as required.

## **QUALIFICATIONS**

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### **Education & Experience**

Current practicing registration as a Registered Nurse with the British Columbia College of Nursing Professionals (BCCNP).

Recent, related public health nursing experience or an equivalent combination of education, training and experience. Valid BC Driver's License and access to a vehicle for local area travel may be required.

### **Knowledge, Skills & Abilities**

Comprehensive knowledge of public health nursing theory, practices and procedures.

Knowledge of community development and health promotion principles and practices.

Demonstrated ability to deal sensitively and tactfully with clients and provide culturally sensitive nursing services to diverse and marginalized populations.

Knowledge of communicable disease control practices and procedures including: prevention, promotion, reporting responsibilities and related procedures and immunization practices, including up to date immunization competency.

Demonstrated ability to communicate effectively both orally and in writing with co-workers, physicians, other health care staff, clients and their families and outside agencies.

Demonstrated knowledge of other health care disciplines and their role in client care, the ability to develop and maintain collaborative working relationships with co-workers, care team and community partners and the ability to identify and facilitate community resources appropriate to clients' and families' needs.

Demonstrated ability to counsel, teach, facilitate and coach individuals, families and groups.

Demonstrated ability to deal sensitively and tactfully with clients and provide culturally sensitive nursing services to diverse and marginalized populations.

Demonstrated ability to plan, organize and prioritise work.

Demonstrated ability to analyze situations, problem solve and facilitate resolutions.

Demonstrated ability to work independently and collaboratively with others to make evidence informed decisions.

Demonstrated ability to adjust to new and unexpected events.

Demonstrated facilitation, mediation and conflict resolution skills.

Demonstrated ability to participate in the development and delivery of educational materials based on education theories and best practices.

Demonstrated knowledge of basic research principles and procedures, such as research ethics, research question, hypothesis and qualitative vs. quantitative data analysis methods, and demonstrated ability to participate in research.

Demonstrated computer literacy to operate a computerized client care information system as well as applicable word processing, spreadsheet and database software applications.

Ability to operate related equipment.

Demonstrated physical ability to perform the duties of the position.

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Operations  
Signature

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Date

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Corporate Practice  
Signature

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Date

## JOB DESCRIPTION

JOB TITLE		JOB CODE
HSP – Case and Contact Tracing, Emerging Pathogens		007327
Pay Rate	Grid 8 TBD	
Classification		
Bargaining Unit	Health Sciences' Professionals Bargaining Association	
Work Location/Union	Richmond Community, Vancouver Community, North Shore Community, Powell River Community, Sunshine Coast, Sea-to-Sky Community/(CUPE/BCGEU)	
Program/Department		
Operations	Regional VCH CDC Public Health, Community & Family Health	
Professional Practice	Allied Professional Practice	
Supervisor's Title		
Operations	Manager/Program Leader	
Supervises	N/A	
Date Established	August 14, 2020	
Last Revision Date		

### JOB SUMMARY

Utilizes Public Health clinical practice knowledge and expertise to promote and protect the optimal health, well being and safety of patients, residents and clients at all ages and life stages through targeted emerging pathogens and viral case and contact tracing programming.

*Practices within the context of a client and family centered care model, and in accordance with the applicable British Columbia professional College or Association's standards and scope of practice as set by the organization's policies, guidelines and clinical practice documents and within own competence. Practice is aligned with the vision, mission, goals and values of the organization as well as within the context of a public health care approach and the concept of a client and family centered care model.*

### EXAMPLES OF DUTIES & RESPONSIBILITIES

1. Provides public health follow-up of COVID-19 by conducting case management, education, referral as appropriate.
2. Identifies and follows up with contacts of COVID cases for the purpose of providing education, referral, and screening as required.
3. Provides information about disease process and prevention measures to the public and other clinicians. Collaborates with communicable disease partners and other personnel as appropriate.
4. Participates in other outbreak management and contact tracing activities as indicated.
5. Carries out responsibilities in accordance with WorkSafe BC and organizational Occupational Health and Safety policies and standards to meet safety requirements.
6. Immediately reports unsafe situations by notifying supervisor or other appropriate personnel and using online safety learning system (SLS). Shares learnings from safety events with team members and incorporates recommendations within clinical practice to enhance patient safety
7. Sets measurable personal performance goals in collaboration with the Manager for professional development such as updating own knowledge within area of practice by reviewing current literature and

research, identifying new theories, trends and opportunities and developing a plan in collaboration with the Manager for professional development. Reviews progress to ensure that goals are achieved within established time frames.

8. Performs other related duties as required.

## QUALIFICATIONS

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### Education & Experience

Degree in a related Health Science discipline, supplemented with recent, related public health clinical experience, or an equivalent combination of training and experience. Registration with Provincial licensing/governing body as applicable to the profession. Valid BC Driver's License and access to a vehicle for local area travel may be required.

### Knowledge, Skills & Abilities

Comprehensive knowledge of public health clinical theory, practices and procedures.

Knowledge of community development and health promotion principles and practices.

Demonstrated ability to deal sensitively and tactfully with clients and provide culturally sensitive clinical services to diverse and marginalized populations.

Knowledge of communicable disease control practices and procedures including: prevention, promotion, reporting responsibilities and related procedures and immunization practices, including up to date immunization competency.

Demonstrated ability to communicate effectively both orally and in writing with co-workers, physicians, other health care staff, clients and their families and outside agencies.

Demonstrated knowledge of other health care disciplines and their role in client care, the ability to develop and maintain collaborative working relationships with co-workers, care team and community partners and the ability to identify and facilitate community resources appropriate to clients' and families' needs.

Demonstrated ability to counsel, teach, facilitate and coach individuals, families and groups.

Demonstrated ability to plan, organize and prioritise work.

Demonstrated ability to analyze situations, problem solve and facilitate resolutions.

Demonstrated ability to work independently and collaboratively with others to make evidence informed decisions.

Demonstrated ability to adjust to new and unexpected events.

Demonstrated facilitation, mediation and conflict resolution skills.

Demonstrated ability to participate in the development and delivery of educational materials based on education theories and best practices.

Demonstrated knowledge of basic research principles and procedures, such as research ethics, research question, hypothesis and qualitative vs. quantitative data analysis methods, and demonstrated ability to participate in research.

Demonstrated computer literacy to operate a computerized client care information system as well as applicable word processing, spreadsheet and database software applications.

Ability to operate related equipment.

Demonstrated physical ability to perform the duties of the position.

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Operations  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corporate Practice  
Signature

\_\_\_\_\_  
Date



## Job Description

<b>POSITION:</b>	COVID-19 Contact and Case Management
<b>LOCATION:</b>	Central City Tower
<b>PROGRAM/SERVICE:</b>	Public Health
<b>REPORTS TO:</b>	Manager, Clinical Services or designate
<b>BARGAINING ASSOCIATION:</b>	Nurses' Bargaining Association
<b>BARGAINING UNIT:</b>	British Columbia Nurses' Union (BCNU)
<b>CLASSIFICATION:</b>	Community Health Level 3 (CH1)
<b>JOB DESCRIPTION NUMBER:</b>	N0205
<b>JOB CODE:</b>	N_CH1

### JOB SUMMARY:

Consistent with nursing scope, practice and professional standards, established policies, and standards of care, the COVID-19 Registered Nurse provides nursing services in person or by telephone related to the assessment of individuals presenting with or at risk for COVID-19 by methods such as: communicating test results to COVID-19 infected and non-infected individuals and providing health information, counselling and referrals related to communicable diseases, immunizations and disease prevention and control. Carries out contact tracing duties and case management and provides information and guidance to interrupt ongoing transmission and reduce the spread. Assists with major communicable disease outbreak investigations by monitoring active cases, conducting surveillance follow-ups, administering immunizations, monitoring laboratory reports for new cases; providing information about the disease process and prevention measures to physician and the public. This position may be required to travel and/or work at multiple sites in support of the regional health authorities' COVID-19 response.

### DUTIES & RESPONSIBILITIES:

1. Provides nursing services in person or by telephone related to the assessment of individuals presenting with or at risk for COVID-19 by methods such as interviewing clients and taking history, gathering data appropriate to clinical assessment and diagnosis, involving client in a risk assessment for COVID-19.
2. Communicates test results to COVID-19 infected individuals, providing instructions, supportive counselling and assisting clients understanding of disease and treatment with information and education.
3. Interviews COVID-19 infected individuals to collect all available information regarding contact for a specific period of time; using information collected and investigative skills when information is limited to find named contacts.
4. Informs named contacts in person or by telephone that they have been exposed to someone with positive COVID-19 results and what action is recommended, and ensuring that confidentiality is maintained at all times.
5. Communicates with assigned contacts, obtains symptom information, refers contacts for testing, and provide instructions for quarantine. Follows up with contacts to document required testing and treatment and provides information and guidance to interrupt ongoing transmission and reduce spread of the disease.
6. Communicates test results to non-infected individuals and reinforces appropriate infection control practices to prevent any potential future transmission of disease.
7. Assists with major communicable disease outbreak investigations by monitoring active cases, conducting surveillance follow-ups, administering immunizations, monitoring laboratory reports for new cases; providing information about the disease process and prevention measures to physician and the public.

8. Plans and develops in consultation with other team members educational resources regarding appropriate infection control practices to prevent transmission of communicable diseases.
9. Maintains individual records and necessary documentation according to the policies and procedures as well as the Standards of Practice set out by the British Columbia College of Nursing Professionals (BCCNP).
10. Participates in the orientation and continuing education of nursing and other allied healthcare staff and students by preceptoring and mentoring.
11. Participates in program planning and research as needed by working on committees and teams to identify problems, solve problems, and develop strategies; participating in quality and safety initiatives, accreditation and other FHA initiatives; providing input into research planning; implementing research activities, and assisting in review of research results.
12. Performs other related duties as assigned.

### **QUALIFICATIONS:**

#### **Education, Training & Experience**

Current Current practicing registration as a Registered Nurse with the British Columbia College of Nursing Professionals (BCCNP).

Travel outside of existing geographic area may be required, and will be compensated in accordance with applicable collective agreement language.

#### **Skills & Abilities**

- Comprehensive knowledge of the BCCNP standards for RN nursing practice.
- Broad knowledge of communicable disease control practices and procedures including: prevention, promotion, reporting responsibilities and related procedures.
- Broad knowledge of community development and health promotion principles and practices and the determinants of health.
- Demonstrated ability to conduct relevant assessments.
- Working knowledge of immunization protocols.
- Ability to successfully complete the Provincial Immunization Certification
- Demonstrated ability to deal sensitively and tactfully with clients and provide culturally sensitive services to diverse and marginalized populations.
- Demonstrated ability to work collaboratively and to communicate effectively both orally and in writing with co-workers, physicians, other health care staff, clients and their families and outside agencies
- Demonstrated ability to develop and maintain collaborative working relationships with clients, families, members of the team, staff and community partners.
- Demonstrated ability to adjust to new or unexpected events.
- Demonstrated ability to plan, organize and prioritize work.
- Demonstrated facilitation, mediation and conflict resolution skills.
- Demonstrated analytical and problem solving skills.
- Demonstrated ability to work independently and interdependently and make sound nursing practice decisions.
- Knowledge of research process and methodology.
- Demonstrated ability to critically read and utilize current health research in evidence based practice.
- Demonstrated ability to identify community resources appropriate to client/family/community needs.
- Demonstrated computer skills including the ability to effectively use a computerized client care information system and Windows applications.
- Demonstrated skill in CPR techniques.
- Demonstrated physical ability to perform the duties of the position.
- Demonstrated ability to use related equipment.

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Manager

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Date

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Employee Experience

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Date

Revised: 21/Aug/2020

Replaces:



## BC Centre for Disease Control Job Description

### *COVID-19 Licensed Practical Nurse*

### **Nurses' BCNU**

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<b>Department/Program:</b>	Clinical Prevention Services	<b>Classification:</b>	Community Care – LPN 1
<b>Location:</b>	BCCDC	<b>Class Code:</b>	26004
<b>Reports to:</b>	Manager or designate	<b>Rate Code:</b>	Level 1

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### **Job Summary**

In accordance with the Mission, Vision and Values, and strategic directions of Provincial Health Services Authority patient safety is a priority and a responsibility shared by everyone at PHSA, and as such, the requirement to continuously improve quality and safety is inherent in all aspects of this position. Consistent with nursing scope, practice and professional standards, established policies, standards of care and philosophy at BC Centre for Disease Control, with a focus on individuals with stable and/or predictable states of health, the COVID-19 LPN provides nursing services in person or by telephone related to the assessment of individuals presenting with or at risk for COVID-19 by methods such as: testing and sample collection, communicating test results to COVID-19 infected and non-infected individuals and providing health information, counselling and referrals related to communicable diseases, immunizations and disease prevention and control. Carries out contact tracing duties, provides information and guidance to interrupt ongoing transmission and reduce spread and maintains individual records and necessary documentation according to the policies and procedures as well as the Standards of Practice set out by the British Columbia College of Nursing Professionals (BCCNP). Assists with major communicable disease outbreak investigations by monitoring active cases, conducting testing, conducting surveillance follow-ups, administering immunizations, monitoring laboratory reports for new cases; providing information about the disease process and prevention measures to physician and the public. This position may be required to travel and/or work at multiple sites in support of the regional health authorities' COVID-19 response.

### **Duties**

1. Provides nursing services in person or by telephone related to the assessment of individuals with stable and/or predictable states of health who are presenting with or at risk for COVID-19 by methods such as interviewing clients and taking history, gathering data appropriate to clinical assessment and diagnosis, involving client in a risk assessment for COVID-19.
2. Communicates test results to COVID-19 infected individuals, providing instructions, supportive counselling and assisting clients understanding of disease and treatment with information and education.
3. Interviews COVID-19 infected individuals to collect all available information regarding contact for a specific period of time; using information collected and investigative skills when information is limited to find named contacts.

4. Informs named contacts in person or by telephone that they have been exposed to someone with positive COVID-19 results and what action is recommended, and ensuring that confidentiality is maintained at all times.
5. Communicates with assigned contacts, obtains symptom information, refers contacts for testing, and provide instructions for quarantine. Follows up with contacts to document required testing and treatment and provides information and guidance to interrupt ongoing transmission and reduce spread of the disease.
6. Communicates test results to non-infected individuals and reinforces appropriate infection control practices to prevent any potential future transmission of disease.
7. Assists with major communicable disease outbreak investigations by monitoring active cases, conducting testing, conducting surveillance follow-ups, administering immunizations, monitoring laboratory reports for new cases; providing information about the disease process and prevention measures to physician and the public.
8. Plans and develops in consultation with other team members educational resources regarding appropriate infection control practices to prevent transmission of communicable diseases.
9. Maintains individual records and necessary documentation according to the policies and procedures as well as the Standards of Practice set out by the British Columbia College of Nursing Professionals (BCCNP).
10. Participates in the orientation and continuing education of nursing and other allied healthcare staff and students by preceptoring and mentoring.
11. Participates in program planning and research as needed by working on committees and teams to identify problems, solve problems, and develop strategies; participating in quality and safety initiatives, accreditation and other PHSA initiatives; providing input into research planning; implementing research activities, and assisting in review of research results.
12. Performs other related duties as assigned.

## **Qualifications**

### **Education, Training and Experience**

Current practicing registration as a Licensed Practical Nurse with the British Columbia College of Nursing Professionals (BCCNP).

Travel outside of existing geographic area may be required, and will be compensated in accordance with applicable collective agreement language.

### **Skills and Abilities**

- Comprehensive knowledge of the BCCNP standards for LPN nursing practice.
- Broad knowledge of communicable disease control practices and procedures including: prevention, promotion, reporting responsibilities and related procedures.
- Broad knowledge of community development and health promotion principles and practices and the determinants of health.
- Demonstrated ability to conduct relevant assessments.
- Working knowledge of immunization protocols.
- Ability to successfully complete the Provincial Immunization Certification

- Demonstrated ability to deal sensitively and tactfully with clients and provide culturally sensitive services to diverse and marginalized populations.
- Demonstrated ability to work collaboratively and to communicate effectively both orally and in writing with co-workers, physicians, other health care staff, clients and their families and outside agencies
- Demonstrated ability to develop and maintain collaborative working relationships with clients, families, members of the team, staff and community partners.
- Demonstrated ability to adjust to new or unexpected events.
- Demonstrated ability to plan, organize and prioritize work.
- Demonstrated facilitation, mediation and conflict resolution skills.
- Demonstrated analytical and problem solving skills.
- Demonstrated ability to work independently and interdependently and make sound nursing practice decisions.
- Knowledge of research process and methodology.
- Demonstrated ability to critically read and utilize current health research in evidence based practice.
- Demonstrated ability to identify community resources appropriate to client/family/community needs.
- Demonstrated computer skills including the ability to effectively use a computerized client care information system and Windows applications.
- Demonstrated skill in CPR techniques.
- Demonstrated physical ability to perform the duties of the position.
- Demonstrated ability to use related equipment.

**For HR Use:**

**Date JD Created:** August 12, 2020

**Date JD Revised:**

**Job Code: N00533**



## BC Centre for Disease Control Job Description

### *COVID-19 Registered Nurse*

### Nurses' BCNU

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**Department/Program:** Clinical Prevention Services  
**Location:** BCCDC  
**Reports to:** Manager or designate

**Classification:** Community Health 1  
**Class Code:** 25001  
**Rate Code:** Level 3

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#### **Job Summary**

In accordance with the Mission, Vision and Values, and strategic directions of Provincial Health Services Authority patient safety is a priority and a responsibility shared by everyone at PHSA, and as such, the requirement to continuously improve quality and safety is inherent in all aspects of this position. Consistent with nursing scope, practice and professional standards, established policies, standards of care and philosophy at BC Centre for Disease Control, the COVID-19 Registered Nurse provides nursing services in person or by telephone related to the assessment of individuals presenting with or at risk for COVID-19 by methods such as: testing and sample collection, communicating test results to COVID-19 infected and non-infected individuals and providing health information, counselling and referrals related to communicable diseases, immunizations and disease prevention and control. Carries out contact tracing duties, provides information and guidance to interrupt ongoing transmission and reduce spread and maintains individual records and necessary documentation according to the policies and procedures as well as the Standards of Practice set out by the British Columbia College of Nursing Professionals (BCCNP). Assists with major communicable disease outbreak investigations by monitoring active cases, conducting testing, conducting surveillance follow-ups, administering immunizations, monitoring laboratory reports for new cases; providing information about the disease process and prevention measures to physician and the public. This position may be required to travel and/or work at multiple sites in support of the regional health authorities' COVID-19 response.

#### **Duties**

1. Provides nursing services in person or by telephone related to the assessment of individuals presenting with or at risk for COVID-19 by methods such as interviewing clients and taking history, gathering data appropriate to clinical assessment and diagnosis, involving client in a risk assessment for COVID-19.
2. Communicates test results to COVID-19 infected individuals, providing instructions, supportive counselling and assisting clients understanding of disease and treatment with information and education.
3. Interviews COVID-19 infected individuals to collect all available information regarding contact for a specific period of time; using information collected and investigative skills when information is limited to find named contacts.

4. Informs named contacts in person or by telephone that they have been exposed to someone with positive COVID-19 results and what action is recommended, and ensuring that confidentiality is maintained at all times.
5. Communicates with assigned contacts, obtains symptom information, refers contacts for testing, and provide instructions for quarantine. Follows up with contacts to document required testing and treatment and provides information and guidance to interrupt ongoing transmission and reduce spread of the disease.
6. Communicates test results to non-infected individuals and reinforces appropriate infection control practices to prevent any potential future transmission of disease.
7. Assists with major communicable disease outbreak investigations by monitoring active cases, conducting testing, conducting surveillance follow-ups, administering immunizations, monitoring laboratory reports for new cases; providing information about the disease process and prevention measures to physician and the public.
8. Plans and develops in consultation with other team members educational resources regarding appropriate infection control practices to prevent transmission of communicable diseases.
9. Maintains individual records and necessary documentation according to the policies and procedures as well as the Standards of Practice set out by the British Columbia College of Nursing Professionals (BCCNP).
10. Participates in the orientation and continuing education of nursing and other allied healthcare staff and students by preceptoring and mentoring.
11. Participates in program planning and research as needed by working on committees and teams to identify problems, solve problems, and develop strategies; participating in quality and safety initiatives, accreditation and other PHSA initiatives; providing input into research planning; implementing research activities, and assisting in review of research results.
12. Performs other related duties as assigned.

## **Qualifications**

### **Education, Training and Experience**

Current practicing registration as a Registered Nurse with the British Columbia College of Nursing Professionals (BCCNP).

Travel outside of existing geographic area may be required, and will be compensated in accordance with applicable collective agreement language.

### **Skills and Abilities**

- Comprehensive knowledge of the BCCNP standards for RN nursing practice.
- Broad knowledge of communicable disease control practices and procedures including: prevention, promotion, reporting responsibilities and related procedures.
- Broad knowledge of community development and health promotion principles and practices and the determinants of health.
- Demonstrated ability to conduct relevant assessments.
- Working knowledge of immunization protocols.
- Ability to successfully complete the Provincial Immunization Certification

- Demonstrated ability to deal sensitively and tactfully with clients and provide culturally sensitive services to diverse and marginalized populations.
- Demonstrated ability to work collaboratively and to communicate effectively both orally and in writing with co-workers, physicians, other health care staff, clients and their families and outside agencies
- Demonstrated ability to develop and maintain collaborative working relationships with clients, families, members of the team, staff and community partners.
- Demonstrated ability to adjust to new or unexpected events.
- Demonstrated ability to plan, organize and prioritize work.
- Demonstrated facilitation, mediation and conflict resolution skills.
- Demonstrated analytical and problem solving skills.
- Demonstrated ability to work independently and interdependently and make sound nursing practice decisions.
- Knowledge of research process and methodology.
- Demonstrated ability to critically read and utilize current health research in evidence based practice.
- Demonstrated ability to identify community resources appropriate to client/family/community needs.
- Demonstrated computer skills including the ability to effectively use a computerized client care information system and Windows applications.
- Demonstrated skill in CPR techniques.
- Demonstrated physical ability to perform the duties of the position.
- Demonstrated ability to use related equipment.

**For HR Use:**

**Date JD Created:** August 6, 2020

**Job Code: N00532**

**Date JD Revised:**

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**From:** Mason, Miranda N HLTH:EX  
**Sent:** July 6, 2020 10:02 PM  
**To:** Heinze, Laura R HLTH:EX  
**Subject:** FW: Contact Tracing - Draft Proposal  
**Attachments:** RE: Meeting to discuss BCCNP TER - Contact Tracing ; Contact Tracing Recruitment Proposal.docx; Appendix A Contact Tracing Process Map.pdf

Some things have changed slightly since Audra and I put this together – please see below.

Thanks!

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**From:** Mason, Miranda N HLTH:EX  
**Sent:** July 2, 2020 11:02 AM  
**To:** MacKinnon, Mark HLTH:EX ; Younker, Katherine E HLTH:EX ; Blythe, Nancy HLTH:EX  
**Cc:** Prodan-Bhalla, Natasha L HLTH:EX  
**Subject:** FW: Contact Tracing - Draft Proposal

Hi everyone,

In preparation for this afternoon's meeting with BCCNP I would like to provide some updated information (not outlined in the attached proposal) and further direction that we have received from Dr. Henry and the DM this week regarding the contact tracing role:

- The employer will be PHSA – it will be a distributed model of employment;
- The role will have include two buckets of services: 1) contact tracing which will be performed virtually and 2) administering immunizations (likely flu shots in advance of the flu season);
- The contract will guarantee a minimum number of hours (TBD) and any hours that are worked beyond the minimum will be paid on an hourly basis;
- HealthMatch will facilitate the hiring process by acting as a point of contact, processing documentation, and making the connection with the employer – they will access the TER list in two ways: having BCCNP put out a call to those on the TER and providing HM's contact information and 2) granting them access to the EHPR (not all nurses on the TER signed up for the EHPR).

One important note, we will need to have the discussion about what happens to the TER once the state of emergency is lifted – it seems as though there are some options here.

Please let me know if you have any questions in advance of the call.

Thanks,

Miranda

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**From:** Smith, Leah M HLTH:EX <[Leah.Smith@gov.bc.ca](mailto:Leah.Smith@gov.bc.ca)>  
**Sent:** June 25, 2020 10:23 AM  
**To:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; Manuel, Vanessa HLTH:EX <[Vanessa.Manuel@gov.bc.ca](mailto:Vanessa.Manuel@gov.bc.ca)>  
**Cc:** Morris, Carolyn HLTH:EX <[Carolyn.Morris@gov.bc.ca](mailto:Carolyn.Morris@gov.bc.ca)>; Blythe, Nancy HLTH:EX <[Nancy.Blythe@gov.bc.ca](mailto:Nancy.Blythe@gov.bc.ca)>  
**Subject:** RE: Contact Tracing - Draft Proposal

Good morning all!

The documents look great to me. I've made one minor comment on the proposal, but have no concerns with it going forward as is.

Vanessa, Carolyn and Nancy, I've also attached an earlier email I sent to Miranda with additional feedback / context on the process map.

Kind regards, Leah

---

**From:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>

**Sent:** June 25, 2020 10:05 AM

**To:** Smith, Leah M HLTH:EX <[Leah.Smith@gov.bc.ca](mailto:Leah.Smith@gov.bc.ca)>; Manuel, Vanessa HLTH:EX <[Vanessa.Manuel@gov.bc.ca](mailto:Vanessa.Manuel@gov.bc.ca)>

**Cc:** Morris, Carolyn HLTH:EX <[Carolyn.Morris@gov.bc.ca](mailto:Carolyn.Morris@gov.bc.ca)>

**Subject:** Contact Tracing - Draft Proposal

Hi Leah, Vanessa and Carolyn,

Would you be able to take a quick look at this before I send it to Mark? He has asked for it before noon.

Thanks!

Miranda

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**Miranda Mason, MA | A/Executive Director |**

Strategic Priorities Hiring Coordination & Reporting Branch | Health Sector Workforce & Beneficiary Services Division

Ministry of Health | 3-1515 Blanshard Street | Victoria, BC | V8W 3C8

P: 778-698-2190 | C: 250-896-3659 | E: [Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)



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## Contact Tracing Recruitment Workflow – Draft

s.13; s.17

Page 024 of 116 to/à Page 025 of 116

Withheld pursuant to/removed as

s.13

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**From:** Smith, Leah M HLTH:EX  
**Sent:** June 25, 2020 10:06 AM  
**To:** Mason, Miranda N HLTH:EX  
**Subject:** RE: Meeting to discuss BCCNP TER - Contact Tracing  
**Attachments:** ASSISTANCE REQUIRED: Activation of the Emergency Health Provider Registry ; Assistance Required\_ Additional Information for Registrants – Emergency Health Provider Registry.msg

Hi Miranda,

I don't expect challenges developing a process for BCCNP to send materials to TERs as currently describe in the process map. I've confirmed with BCCNP that TERs are listed on the public register, but must be searched by name. This would allow Audra and team to confirm that the prospective employee is registered via a quick online search.

As for reporting back to BCCNP, it is helpful for them to have an awareness of how many TER are actively working – this is new terrain for us all and the information would help to ensure their approach is supportive and responsive to the evolving landscape (terrain and landscape in the same sentence – I need another coffee!).

For your reference, I've attached communication materials (two emails) we've previously sent to TERs (from BCCNP and other colleges / Associations). You are very welcome to share these with Audra & team for context.

Kind regards, Leah

---

**From:** Mason, Miranda N HLTH:EX <Miranda.Mason@gov.bc.ca>  
**Sent:** June 24, 2020 9:55 PM  
**To:** Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>  
**Subject:** RE: Meeting to discuss BCCNP TER - Contact Tracing

Thanks Leah. Attached is a revised process map that Audra and I have put together (the second page is some answers to her questions). I am working on putting a one-pager proposal document together outlining our potential next steps and will share it with you in the morning. Thanks so much for your help with this!

Miranda

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**From:** Smith, Leah M HLTH:EX <[Leah.Smith@gov.bc.ca](mailto:Leah.Smith@gov.bc.ca)>  
**Sent:** June 24, 2020 9:51 PM  
**To:** Sara Telfer <[Sara.Telfer@bccnp.ca](mailto:Sara.Telfer@bccnp.ca)>; Christine Penney <[Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; Prodan-Bhalla, Natasha L HLTH:EX <[Natasha.Prodan-Bhalla@gov.bc.ca](mailto:Natasha.Prodan-Bhalla@gov.bc.ca)>; Maclaren, Joanne HLTH:EX <[Joanne.Maclaren@gov.bc.ca](mailto:Joanne.Maclaren@gov.bc.ca)>; MacKinnon, Mark HLTH:EX <[Mark.MacKinnon@gov.bc.ca](mailto:Mark.MacKinnon@gov.bc.ca)>; Blythe, Nancy HLTH:EX <[Nancy.Blythe@gov.bc.ca](mailto:Nancy.Blythe@gov.bc.ca)>; Isles, Carina HLTH:EX <[Carina.Isles@gov.bc.ca](mailto:Carina.Isles@gov.bc.ca)>  
**Subject:** Meeting to discuss BCCNP TER - Contact Tracing

Hello Christine and Sara,

I hope this email finds you well.

The Ministry is in the process of expanding the provincial contact tracing capacity which will be critical as restrictions continue to be lifted. There have been preliminary conversations within the Ministry about looking to BCCNP's pool of temporary emergency registrants to support these efforts.

My colleague, Miranda Mason, A/Executive Director, Strategic Priorities Hiring, is leading this work and has connected with myself and our NPS colleagues. We were hoping to also bring BCCNP into the dialogue and wondered if you might be able to connect as early as Thursday or Friday?

The purpose of the meeting would be to share background on what is being contemplated and discuss the most effective approach to reaching out to existing TER, and how to expand the pool, if needed.

We appreciate these are busy times. If you are able to meet, please let myself and Carina Isles, Branch Administrator (copied here) know who from your team you'd like to include and we'll do our best to get something in everyone's calendars.

Kind regards, Leah

Leah Smith  
Director, Policy and Projects  
Professional Regulation and Oversight  
Health Sector Workforce and Beneficiary Services Division

Office: 778 698 1340

Mobile: 778 678 3207

Email: [leah.smith@gov.bc.ca](mailto:leah.smith@gov.bc.ca)

---

**From:** HECC Operations HLTH:EX  
**Sent:** April 10, 2020 10:54 AM  
**To:** jbouchard@collegeofdietitiansbc.org; dmillette@cptbc.org; XT:HLTH Corbett, Kathy; registrar@cmbc.bc.ca; hoetter@cpsbc.ca; cdebruin@CPSBC.CA; XT:HLTH Prins, Susan; Cynthia.Johansen@bccnp.ca; Christine.Penney@bccnp.ca; bob.nakagawa@bcpharmacists.org; Gillian.Vrooman@bcpharmacists.org; Hoon.Kim@bccsw.ca; Mark.Hillenbrand@bccsw.ca; awest@csrt.com; cmccoy@csrt.com; Danielle.McDonagh@interiorhealth.ca; mgiven@camrt.ca; igold@camrt.ca; serdelyi@camrt.ca  
**Subject:** ASSISTANCE REQUIRED: Activation of the Emergency Health Provider Registry  
**Attachments:** FAQ Emergency Health Provider Registry - Final April 9 2020.docx  
**Importance:** High

*Sent on behalf of Mark Armitage*

Dear colleagues,

Thank you for your ongoing efforts to support the provincial response to COVID-19.

We appreciate that health care providers have been impacted differently by COVID-19 and as a result, regulatory colleges and credentialing bodies have customized their approach to identifying registrants who are prepared to respond during this emergency. Some colleges have focused on emergency reinstatements, while others have connected with registrants who are now available to work in a health authority due to private practice closures. Regardless of the approach, many regulators and credentialing bodies have now identified a pool of registrants that are fit to practice and prepared to work in health authorities during the COVID-19 pandemic.

In response to the COVID-19 pandemic, the Ministry of Health is working with HealthLink BC to adapt and activate the Emergency Health Provider Registry, originally developed to respond to wildfires. The Emergency Health Provider Registry will be used to connect temporary emergency registrants to health authorities and also to connect existing registrants who are willing to be redeployed from private practice to health authorities.

In order to connect these registrants with health authorities, the Ministry is asking that you share the following link: <https://forms.hlth.gov.bc.ca/registry-covid-19> with recently reinstated temporary emergency registrants or existing registrants that responded to your call to be redeployed from private practice to health authorities and are not already connected with a health authority.

Registrants will need to complete a brief online form to be added to the Emergency Health Provider Registry. Once the registrant has completed the online form, the health authority will have the information and consent needed to directly contact the registrant. It is not necessary for temporary emergency registrants who are already connected with a health authority, such as privileged physicians, or those who intend to work in a private practice setting, such as a community pharmacy, to join the Registry at this time.

We are asking that colleges and credentialing bodies assist with pre-screening **by only sharing the link to the Emergency Health Provider Registry with registrants who have identified a willingness to participate in the COVID-19 response, are not currently a health authority employee/contractor and are in good standing (meet fitness to practice requirements) with the college or credentialing body.** In your communication to this limited group of registrants, please clearly request that they do not share the link to the Emergency Health Provider Registry with others. Limiting

access to the Emergency Health Provider Registry will help to prevent a situation where health authorities have to sort through lists of professionals who are unavailable or ineligible to work.

A list of Frequently Asked Questions is included to assist you in communicating the purpose of the Emergency Health Provider Registry and the online registration process. Health care providers are asked to complete the online form available at the above link. If problems with the form arise, health care providers may email: [healthlinkbc@gov.bc.ca](mailto:healthlinkbc@gov.bc.ca) for assistance and include "Emergency Health Provider Registry" in the subject.

If you or your team have questions please contact, Leah Smith, Director, Policy and Projects, Professional Regulation and Oversight Branch, by email at: [leah.smith@gov.bc.ca](mailto:leah.smith@gov.bc.ca), or phone at: (778) 678-3207.

Thank you again for your leadership and support during this unprecedented time.

Sincerely,

Mark Armitage MPA BSW  
Assistant Deputy Minister  
Health Sector Workforce and Beneficiary Services Division | Ministry of Health

## **Emergency Health Provider Registry of Non-Health Authority Employees — COVID-19 Response Frequently Asked Questions**

April 9, 2020

### **What is the Emergency Health Provider Registry?**

The Ministry of Health is working with HealthLink BC to adapt and activate an Emergency Health Provider Registry for use during the COVID-19 pandemic. This online registry was first developed to support deployment of health care providers during the wildfires. Activation of the Emergency Health Provider Registry is a proactive step to ensure our health care system is prepared to respond during this uncertain time.

**The Emergency Health Provider Registry will focus on connecting health care providers who are currently not health authority employees with health authorities through an online registry.** The Registry will be used to connect health care providers who normally work in private practice with health authorities and to connect recently registered temporary emergency registrants with health authorities.

### **Who should register with the Emergency Health Provider Registry?**

Health care providers who have been contacted by their regulatory college or credentialing body and invited to sign onto the Emergency Health Provider Registry. This includes:

- Health care providers in good standing (meet fitness to practice requirements) with their health profession regulatory college or credentialing body, who usually work in private practice and would now like to be redeployed to work in a health authority as part of the COVID-19 response.
- Health care providers who have registered on a temporary emergency basis with their health profession regulatory college or credentialing body and are willing to work in a health authority.

### **Do current health authority employees or contactors who would like to be deployed in the COVID-19 response need to register in the Emergency Health Provider Registry?**

No, health authority employees interested in being deployed as part of the COVID-19 response do not have to register with the Emergency Health Provider Registry. The Emergency Health Provider Registry is primarily focused on recruitment of health care providers who do not currently have a relationship with a health authority.

### **How do health care providers register with the Emergency Health Provider Registry?**

Health care providers in good standing with their regulatory college or credentialing body can fill out the online registration form. Health care providers are asked in the form to give consent for their personal information to be shared with health authorities.

The online form can be accessed via a link which will be shared by health profession regulatory colleges with their registrants, or by another credentialing body such as a professional association, to members in good standing who meet the fitness to practice requirements for the profession. Health care

providers will be asked to confirm in the online form that they are a registrant in good standing or have been given emergency temporary registration by their respective regulatory or credentialing body.

### **How will the Emergency Health Provider Registry be used?**

The Emergency Health Provider Registry will be used when health authorities require additional health care providers in response to COVID-19. Health authorities will be able to access and use the Emergency Health Provider Registry to initiate contact with a broad range of health care providers, if/when additional assistance is required.

### **If I join the Emergency Health Provider Registry when will I be called?**

Ensuring a highly trained group of health care providers are ready to provide care is critical to planning for a quickly evolving pandemic. The full impact of COVID-19 is not yet clear and this makes it difficult to be certain of the number and type of health care providers that will be needed to care for British Columbians.

Some health care providers may be contacted shortly after completing the online form. Some others that sign up may not be contacted.

### **What role do health professional regulatory colleges, registries or other credentialing bodies play in the Emergency Health Provider Registry?**

Health profession regulatory colleges, the BC Care Aide and Community Health Worker Registry and other credentialing bodies are critical to connecting health care providers with health authorities. These bodies have identified a pool of registrants/members that are prepared to work in health authorities during the pandemic and have been asked by government to send information about the Emergency Health Provider Registry including a link to the HealthLink BC online registration form to their registrants/members who are in good standing/meet fitness to practice requirements and:

- Responded to their call to be redeployed from private practice to health authorities; or,
- Are recently reinstated emergency registrants interested in working in a health authority; or,
- Are new registrants (added since March 2020).

### **Why isn't the online registration form widely available? How do I sign up for the Emergency Health Provider Registry?**

The Ministry of Health is asking regulatory colleges and other credentialing bodies to assist with pre-screening **by only sharing the link to the Emergency Health Provider Registry's online form with registrants or members who are not currently a health authority employee/contractor, have identified a willingness to participate in the COVID-19 response, and are in good standing/meet fitness to practice requirements with the college or credentialing body.**

In communication to registrants and members, regulatory colleges and credentialing bodies are asked to clearly request that registrants or members do not share the link to the online form with others. This will help to prevent a situation where health authorities have to sort through lists of health care providers who are unavailable or ineligible to work.

**Who can health care providers contact for help in filling out the Emergency Health Provider Registry online registration form?**

Health professionals are asked to first attempt to complete the online form. If problems arise, please email HealthLink BC at [healthlinkbc@gov.bc.ca](mailto:healthlinkbc@gov.bc.ca) for assistance filling out the form. Be sure to include "Emergency Health Provider Registry" in the subject line of the email.

Questions about the nature of the work required or terms of employment can be best answered by a health authority representative once an offer of employment has been extended, not at the time of completing the online registration form for the Emergency Health Provider Registry.

Signing on to the Registry does not mean that a health care provider is required to accept an offer of employment from a health authority.

**As a health care provider, will I get a choice of where I will work and how will I be deployed? What protective precautions will be in place?**

Health care providers are asked to state their preferred locations for deployment when completing the Emergency Health Provider Registry's online registration form. The online registration form also includes questions about your willingness to care for patients who are known to have COVID-19 or affected communities, or whether your preference is to provide care within settings that pose a lower risk of transmission.

Questions related to your preferred work settings, locations, and protective precautions will be most accurately answered if/when a health authority extends an offer of employment to an individual health care professional.

Signing on to the Emergency Health Provider Registry does not mean that a health care provider is required to accept an offer of employment from a health authority, nor does it mean that a health care provider will receive an offer. Before a position is offered, a health authority representative will contact a health care provider to better understand individual competencies and practice experience.

**I've been out of practice for some time or I'm concerned that I may be unfamiliar with the care setting.**

Before a position is offered, a health authority representative will contact a health care provider to better understand individual competencies and practice experience. It is important to share any concerns you might have with the health authority. The health authority will be able to share

information on what orientation and onboarding supports may be available, and what ongoing supports might be available to you.

**What role do health authorities have in relation to the Emergency Health Provider Registry?**

Health authorities will be able to access the Emergency Health Provider Registry and review the list of active health care providers to find those who have the skills required to respond to the COVID-19 pandemic. Health authority representatives will contact health care providers directly to discuss employment opportunities and extend offers of employment.

**What about students other than employed student nurses?**

At this time, employed student nurses may sign on to the Emergency Health Provider Registry. In the future, the Emergency Health Provider Registry may be expanded as a registry for deploying health profession students in response to the COVID-19 pandemic.

\*\*\* Thank you for your efforts to support the provincial response to COVID-19 \*\*\*

**From:** HECC Operations HLTH:EX  
**Sent:** April 23, 2020 5:43 PM  
**To:** jbouchard@collegeofdietitiansbc.org; dmillette@cptbc.org; XT:HLTH Corbett, Kathy; registrar@cmbc.bc.ca; Cynthia.Johansen@bccnp.ca; Christine.Penney@bccnp.ca; bob.nakagawa@bcpharmacists.org; Gillian.Vrooman@bcpharmacists.org; Hoon.Kim@bccsw.ca; Mark.Hillenbrand@bccsw.ca; awest@csrt.com; cmccoy@csrt.com; Danielle.McDonagh@interiorhealth.ca; mgiven@camrt.ca; igold@camrt.ca; serdelyi@camrt.ca  
**Cc:** Smith, Leah M HLTH:EX; Cramb, Lorrie HLTH:EX; Manuel, Vanessa HLTH:EX; MacKinnon, Mark HLTH:EX; Brown, Kevin HLTH:EX; Swan, Rebecca HLTH:EX; Armitage, Mark W HLTH:EX; Bossert, Jess HLTH:EX; Prodan-Bhalla, Natasha L HLTH:EX; Maclaren, Joanne HLTH:EX  
**Subject:** Assistance Required: Additional Information for Registrants – Emergency Health Provider Registry

*Sent on behalf of Mark Armitage*

Dear Colleagues,

Thank you for your diligent work over these last weeks to ensure that the health professionals you oversee are available to support the provincial response to the COVID-19 pandemic.

In follow-up to my email of April 10, 2020, I am pleased to confirm that over 700 health care professionals have signed onto the Emergency Health Provider Registry within a week of sharing the online registration form.

As you know, [recent modeling](#) on this province's epidemiological curve indicates that the number of British Columbians with COVID-19 has plateaued and begun to decline. Based on this, it does not appear that a mass redeployment of health professionals will be required in the immediate future. However, the potential for transmission remains real and the full impacts of COVID-19 are not yet clear, making it difficult to be certain of the number and type of health care providers that will be needed to care for British Columbians as the pandemic evolves.

We continue to expand planning efforts beyond the health human resource impacts of a surge in the number of British Columbians with COVID-19 to focus on managing a longer-term pandemic. We also know that additional health human resources and strategies may be needed to minimize unintended consequences of necessary public health measures, as well as during reactivation of certain health care services. It is expected that the Emergency Health Provider Registry will continue to be an important tool to connect health professionals with health authorities.

We ask that you share the email below with registrants who received previous communication regarding the Emergency Health Provider Registry. The purpose of this email is to provide an update on the Emergency Health Provider Registry, a reminder to complete the online registration form for those who may not have done so already and express our gratitude for their willingness to "step up" and help. We ask that colleges and credentialing bodies continue to assist with pre-screening by only sharing the link to the Emergency Health Provider Registry and the email below with those who have identified a willingness to participate in the COVID-19 response, are not currently a health authority employee/contractor and are in good standing (meet fitness to practice requirements) with the college or credentialing body.

If you or a member of your team have questions please contact, Leah Smith, Director, Policy and Projects, Professional Regulation and Oversight Branch, by email at: [leah.smith@gov.bc.ca](mailto:leah.smith@gov.bc.ca), or phone at: (778) 678-3207.

Thank you for your ongoing leadership during this unprecedented time.

Sincerely,

Mark Armitage MPA BSW  
Assistant Deputy Minister  
Health Sector Workforce and Beneficiary Services Division, Ministry of Health

Email to health care professionals / registrants of EHPR – to be sent by regulatory colleges / credentialing bodies

**Subject:** Update: Emergency Health Provider Registry – COVID-19

*Sent on behalf of Mark Armitage, Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services Division, Ministry of Health*

Dear Health Professional,

Several weeks ago, some regulatory colleges and credentialing bodies put out a call to identify health professionals willing to assist in British Columbia's response to the COVID-19 pandemic. On behalf of the Ministry of Health, please accept my sincere gratitude for your willingness to join the provincial emergency response.

Activation of the Emergency Health Provider Registry is an important part of BC's plan to ensure that the health care system is prepared to care for British Columbians throughout the COVID-19 pandemic. There is cautious optimism that BC will not experience a surge in the number of patients with COVID-19 in the near future. Based on this, it is unlikely that large numbers of health care professionals from the Emergency Health Provider Registry will be called upon in the immediate future. However, the full impact of COVID-19 is not yet clear, making it difficult to be certain of the number and type of health care providers that will be needed to care for British Columbians as the pandemic evolves over the coming weeks and months.

The Emergency Health Provider Registry will continue to be an important tool as government, health authorities and partner organizations proactively prepare for a longer-term pandemic that will place unknown challenges on health care professionals and patients. If you have not already signed on to the Emergency Health Care Provider Registry and continue to be available, please register at the following link: <https://forms.hlth.gov.bc.ca/registry-covid-19>. If problems with the online registration form arise, please refer to the FAQs document linked to the form for help or email [healthlinkbc@gov.bc.ca](mailto:healthlinkbc@gov.bc.ca) for assistance. Be sure to include "Emergency Health Provider Registry" in the subject. *Note: We ask that you continue to treat this link as confidential as only health care providers with certain qualifications are invited to join the registry at this time.*

I know many of you have felt the physical, emotional and financial impacts of COVID-19. I want to acknowledge the challenging context within which you have stepped forward and renewed your commitment to ensuring that British Columbians have access to safe and appropriate care.

Thank you,

Mark Armitage MPA BSW  
Assistant Deputy Minister  
Health Sector Workforce and Beneficiary Services Division, Ministry of Health

**From:** Heinze, Laura R HLTH:EX  
**Sent:** August 31, 2020 8:53 AM  
**To:** Mason, Miranda N HLTH:EX  
**Subject:** FW: Update on contact tracing -- announcement today - questions from IH

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**From:** Donkersloot, Timothy HLTH:EX  
**Sent:** August 17, 2020 1:43 PM  
**To:** Heinze, Laura R HLTH:EX ; Perri, Maria A HLTH:EX  
**Cc:** Mason, Miranda N HLTH:EX  
**Subject:** RE: Update on contact tracing -- announcement today - questions from IH

Hi Laura, Sorry, but at this point there is no info available. I will be sure to advise as soon as it becomes available.

No problem, definitely not bugging... feel free to contact me for any update.

Tim

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**From:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>  
**Sent:** August 17, 2020 1:36 PM  
**To:** Donkersloot, Timothy HLTH:EX <[Timothy.Donkersloot@gov.bc.ca](mailto:Timothy.Donkersloot@gov.bc.ca)>; Perri, Maria A HLTH:EX <[Maria.Perri@gov.bc.ca](mailto:Maria.Perri@gov.bc.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>  
**Subject:** RE: Update on contact tracing -- announcement today - questions from IH

Hi Tim,

Nice to meet you! I'm just checking in to see if you have an ETA on info for these questions – all the HAs are looking for guidance around the funding pieces here to begin hiring and there is a significant time pressure on them to do so.

Sorry to bug and happy Monday!!

Thanks

Laura

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**From:** Donkersloot, Timothy HLTH:EX <[Timothy.Donkersloot@gov.bc.ca](mailto:Timothy.Donkersloot@gov.bc.ca)>  
**Sent:** August 14, 2020 4:08 PM  
**To:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>; Perri, Maria A HLTH:EX <[Maria.Perri@gov.bc.ca](mailto:Maria.Perri@gov.bc.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>  
**Subject:** RE: Update on contact tracing -- announcement today - questions from IH

Hi Laura, I have received your questions and will get a response for you. By the way, its nice to meet you and feel free to contact me with any further questions you may have.

I am including my contact info.

Thanks

Tim

Tim Donkersloot, MBA  
Director, Health Authority Funding | Regional Grants and Decision Support  
**Finance and Corporate Services | Ministry of Health**  
Ph: 250-952-2068 | Mobile: 250 896-3324 | Fax: 250 952-1420  
Email: [Timothy.Donkersloot@gov.bc.ca](mailto:Timothy.Donkersloot@gov.bc.ca)

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**From:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>  
**Sent:** August 14, 2020 4:04 PM  
**To:** Perri, Maria A HLTH:EX <[Maria.Perri@gov.bc.ca](mailto:Maria.Perri@gov.bc.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; Donkersloot, Timothy HLTH:EX <[Timothy.Donkersloot@gov.bc.ca](mailto:Timothy.Donkersloot@gov.bc.ca)>  
**Subject:** RE: Update on contact tracing -- announcement today - questions from IH

Ok great, thanks – hi Tim!

I expect that the other HAs will have similar questions, so will be good to ensure alignment with all.

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**From:** Perri, Maria A HLTH:EX <[Maria.Perri@gov.bc.ca](mailto:Maria.Perri@gov.bc.ca)>  
**Sent:** August 14, 2020 4:01 PM  
**To:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; Donkersloot, Timothy HLTH:EX <[Timothy.Donkersloot@gov.bc.ca](mailto:Timothy.Donkersloot@gov.bc.ca)>  
**Subject:** RE: Update on contact tracing -- announcement today - questions from IH

Hi Laura

Tim Donkersloot is the Director responsible for IHA, he will be able to help you.

**Maria Perri** | Director  
Health Authority Funding - PHSA  
Regional Grants and Decision Support  
Finance and Corporate Services Division  
Ministry of Health Ph: 250 952 2280

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**From:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>  
**Sent:** August 14, 2020 3:41 PM  
**To:** Perri, Maria A HLTH:EX <[Maria.Perri@gov.bc.ca](mailto:Maria.Perri@gov.bc.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>  
**Subject:** FW: Update on contact tracing -- announcement today - questions from IH

Hi Maria,

Hope you are doing well. I'm not sure if you are the right person to connect with here, so if not, my apologies – pls just redirect me as needed 😊

I've received a few questions on the contact tracing project from Interior Health, and a couple relate to funding, so I'm hoping you can help address those.

The ones I'm specifically looking for info from you or your team are:

1. What is the funding mechanism?
2. Will the budget resources IH receive include overhead costs?

Just let me know if you need any other info – thank you!

Laura

**Laura Heinze**

Director, Strategic Priorities, Recruitment and Reporting, Ministry of Health

778-698-7122 cell: 250-886-2833

[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)

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**From:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>

**Sent:** Wednesday, August 12, 2020 12:57 PM

**To:** 'Gustafson, Reka [BCCDC]' <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>; Mema, Dr. Silvina <[Silvina.Mema@interiorhealth.ca](mailto:Silvina.Mema@interiorhealth.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Behn Smith, Daniele HLTH:EX <[Daniele.BehnSmith@gov.bc.ca](mailto:Daniele.BehnSmith@gov.bc.ca)>; XT:HLTH Fyfe, Murray <[murray.fyfe@viha.ca](mailto:murray.fyfe@viha.ca)>; Daly, Patty [VCH] <[Patricia.Daly@vch.ca](mailto:Patricia.Daly@vch.ca)>; Corneil, Trevor HLTH:EX <[Trevor.Corneil@gov.bc.ca](mailto:Trevor.Corneil@gov.bc.ca)>; XT:McDonald, Shannon HLTH:IN <[Shannon.McDonald@fnha.ca](mailto:Shannon.McDonald@fnha.ca)>; s.22

s.22 XT:Hanley, Brendan HLTH:IN <[Brendan.Hanley@gov.yk.ca](mailto:Brendan.Hanley@gov.yk.ca)>; XT:Larder, Andrew Fraser Health Authority EAO:IN <[andrew.larder@fraserhealth.ca](mailto:andrew.larder@fraserhealth.ca)>; Pollock, Dr. Sue <[Sue.Pollock@interiorhealth.ca](mailto:Sue.Pollock@interiorhealth.ca)>; Elliott, Catherine [EXT] <[Catherine.Elliott@gov.yk.ca](mailto:Catherine.Elliott@gov.yk.ca)>; XT:Lysyshyn, Mark Dr. HLTH:IN <[Mark.Lysyshyn@vch.ca](mailto:Mark.Lysyshyn@vch.ca)>; Naus, Monika [PHSA] <[Monika.Naus@bccdc.ca](mailto:Monika.Naus@bccdc.ca)>; XT:HLTH Stanwick, Richard <[richard.stanwick@viha.ca](mailto:richard.stanwick@viha.ca)>; Kling, Rakel [NHA] <[Rakel.Kling@northernhealth.ca](mailto:Rakel.Kling@northernhealth.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Tyler, Ingrid Dr. HLTH:IN <[ingrid.tyler@fraserhealth.ca](mailto:ingrid.tyler@fraserhealth.ca)>; Henderson, Marianne [BCCDC] <[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)>; Kim, Jong [NHA] <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>; Fumerton, Raina [NHA] <[Raina.Fumerton@northernhealth.ca](mailto:Raina.Fumerton@northernhealth.ca)>; XT:HLTH Brodtkin, Elizabeth <[elizabeth.brodtkin@fraserhealth.ca](mailto:elizabeth.brodtkin@fraserhealth.ca)>; Galanis, Eleni [PHSA] <[Eleni.Galanis@bccdc.ca](mailto:Eleni.Galanis@bccdc.ca)>; Wong, Jason [BCCDC] <[Jason.Wong@bccdc.ca](mailto:Jason.Wong@bccdc.ca)>; De Villiers, Albert <[Albert.DeVilliers@interiorhealth.ca](mailto:Albert.DeVilliers@interiorhealth.ca)>; Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>; Edgeworth, Jaci [PHSA] <[jaci.edgeworth@phsa.ca](mailto:jaci.edgeworth@phsa.ca)>; Krajden, Mel [PHSA] <[Mel.Krajden@bccdc.ca](mailto:Mel.Krajden@bccdc.ca)>; Massey, Keren L HLTH:EX <[Keren.Massey@gov.bc.ca](mailto:Keren.Massey@gov.bc.ca)>; Lavery, John [PHSA] <[John.Lavery@phsa.ca](mailto:John.Lavery@phsa.ca)>; Patrick, David [PHSA] <[David.Patrick@bccdc.ca](mailto:David.Patrick@bccdc.ca)>; Singal, Mayank [BCCDC] <[mayank.singal@bccdc.ca](mailto:mayank.singal@bccdc.ca)>; Corneil, Trevor [BCCDC] <[trevor.corneil@bccdc.ca](mailto:trevor.corneil@bccdc.ca)>

**Cc:** XT:Hayden, Althea HLTH:IN <[althea.hayden@vch.ca](mailto:althea.hayden@vch.ca)>; Aiken, Ciaran [PHSA] <[Ciaran.Aiken@bccdc.ca](mailto:Ciaran.Aiken@bccdc.ca)>; Edgeworth, Jaci [PHSA] <[jaci.edgeworth@phsa.ca](mailto:jaci.edgeworth@phsa.ca)>

**Subject:** Update on contact tracing -- announcement today

Hello there,

I'm writing to follow up on our previous conversations about the contact tracing recruitment project. This is being announced today by the Premier and Minister Dix at 1pm.

While there are still a few outstanding pieces that we are working through, I am able to confirm these details of what this project will look like (this is in line with the previous conversations we have had on this):

- We will collectively be recruiting approximately 500 additional individuals to perform contact tracing as well as some other public health duties, such as immunization, education, results follow up, etc.
- These will be recruited into the hybrid model we discussed previously – so as regional health authorities you will be able to access this pool to recruit directly into your positions as needed, and PHSA will be recruiting an

additional “rapid response pool” which will be able to be deployed into areas as needed. This will help to support additional needs if there is an outbreak, etc.

- We will first be looking to pull from the emergency registries we already have set up, both through the BC College of Nursing Professionals and through the Emergency Health Provider Registry.
- Health Match BC will help to vet these candidates and will be able to provide you with lists of individuals who have indicated their desire to work in your region. You will then be able to work through the hiring and onboarding process directly.
- We will be requiring some centralized monitoring to ensure we are able to report out on the number of individuals hired through this initiative (this will likely be required weekly).
- Initial efforts will be focused on recruiting RNs, with LPNs as secondary sources and fourth year student nurses following that. If needed we will then look to health sciences professions.

As we have further details confirmed we will be sure to share them. Please just reach out to us if you have any additional questions.

Thank you very much for your ongoing feedback and assistance as we move this project forward.

Laura

**Laura Heinze**

Director, Strategic Priorities, Recruitment and Reporting, Ministry of Health

778-698-7122 cell: 250-886-2833

[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)



**From:** Mason, Miranda N HLTH:EX  
**Sent:** July 15, 2020 10:17 AM  
**To:** 'Audra Fediurek'  
**Cc:** Heinze, Laura R HLTH:EX; Morris, Carolyn HLTH:EX  
**Subject:** PH Contact Tracing Recruitment Workflow v3 .pdf  
**Attachments:** PH Contact Tracing Recruitment Workflow v3.pdf

Hi Audra,

Please see attached an updated version of the workflow map for contact tracing – this includes two “streams”: 1) through the EHPR and 2) through a call out from BCCNP.

Please let me know your thoughts and if there is anything to edit/update. I anticipate we will be asked to share this at our meeting with PHSA this afternoon.

Thanks!

Miranda

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Sent:** August 14, 2020 4:32 PM  
**To:** 'Audra Fediurek' <[Audra.Fediurek@heabc.bc.ca](mailto:Audra.Fediurek@heabc.bc.ca)>  
**Cc:** Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>;  
Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>  
**Subject:** RE: Contact Tracing - Next Steps and Scope Changes

Thanks Audra. I know there has been a lot going.... Really appreciate all the great work and I will let the DM know the timeframe for the landing page to be implemented.

Once the landing page is in place please send me the hyperlink to it.

Thanks again,

Mark

Mark Armitage MPA BSW  
Assistant Deputy Minister  
Health Sector Workforce and Beneficiary Services Division | Ministry of Health  
1515 Blanshard St., Victoria, B.C. | T: 250-952-3519

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**From:** Audra Fediurek <[Audra.Fediurek@heabc.bc.ca](mailto:Audra.Fediurek@heabc.bc.ca)>  
**Sent:** August 14, 2020 3:27 PM  
**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Cc:** Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>  
**Subject:** Contact Tracing - Next Steps and Scope Changes

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Mark,

In follow-up to our earlier call, my team is working on operationalizing the latest elements of the provincial contact tracing project:

- We are developing a landing page and EOI which we feel confident we can have up by end of day Monday.
- We are coordinating with your team and the team at PHSA on key messaging.
- As of now, anyone who emails [communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org) receives a reply that they will be contacted within two business days or they can use our scheduling app to set up a call with one of my recruiters.
- Given the expanded scope of this project, we hope to quickly expand our capacity to respond to these emails with the assistance of a private recruitment agency that is already working

with us on the Health Career Access Program.<sup>s.13; s.17</sup>  
s.13; s.17

s.13; s.17

In the past two weeks, our role has evolved in two substantial respects. On the front-end, we have become the main point of contact for public inquiries through the new landing page and email address, and we are working to resource our candidate-facing service accordingly. For example, when we created the email address [communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org) it was meant to be shared with the BCCNP temporary registration pool. This email address has now been used as a public call to action for anyone interested in these roles.

s.13; s.17

PHSA has set up a regional HA recruiter call on Monday, during which we hope to sort through workflow, roles, responsibilities, etc.

Please let me know if you have any questions.

Thank you,  
Audra

Page 045 of 116 to/à Page 047 of 116

Withheld pursuant to/removed as

s.13 ; s.14 ; s.17

Jong

Dr. Jong Kim, MD, MSc, FRCPC  
Interim Chief Medical Health Officer  
**Northern Health**

Tel: 250-261-7235  
Cell: 250-793-3751

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**From:** Rajsic, Christina [BCCDC] <[christina.ajsic@bccdc.ca](mailto:christina.ajsic@bccdc.ca)>  
**Sent:** Sunday, August 16, 2020 9:21 AM  
**To:** Kim, Jong <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Cc:** Robbestad, Melanie <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>; Charania, Adam <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Hi Adam,

I wonder if you could connect with Jong/ Dennis regarding the process for receiving the funds for hiring the contact tracing teams.

It seems the communication from the Ministry may not have flowed from finance to all operational/ financial contacts.

Please let me know if I can help with this,

Thanks  
Christina

---

**From:** Kim, Jong [<mailto:Jong.Kim@northernhealth.ca>]  
**Sent:** Friday, August 14, 2020 4:36 PM  
**To:** Rajsic, Christina [BCCDC] <[christina.ajsic@bccdc.ca](mailto:christina.ajsic@bccdc.ca)>  
**Cc:** Robbestad, Melanie [NHA] <[Melanie.Robbestad@northernhealth.ca](mailto:Melanie.Robbestad@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Thanks Christina. Please invite Dennis – this is our priority work. He can delegate to our RD as appropriate.

On the other hand, could I have a quick chat with you on the provincial plan? This is putting all-stop to NH plan as our finance and HR team want to wait until they get clarify on the provincial plan. At the leadership meeting, I think the message is to go ahead with regional plan, and will reconcile with provincial plan later through hybrid model.

If I can have a quick chat (if you have 15min break somewhere, that would be fine) with you on this topic to confirm at high level, not details, to ensure NH urgent mobilization plan is not disrupted, I'd much appreciate.

Sorry to ask for your time when you must be very busy. Thanks for your help.

Jong

---

**From:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Sent:** Friday, August 14, 2020 1:09 PM  
**To:** Kim, Jong <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>  
**Subject:** RE: Meeting for Hybrid Model: operational leader?

Hi Jong,

I am thinking your regional director would be best.

Thanks so much for follow up.

Take care  
Christina

---

**From:** Kim, Jong [<mailto:Jong.Kim@northernhealth.ca>]  
**Sent:** Friday, August 14, 2020 12:43 PM  
**To:** Rajsic, Christina [BCCDC] <[christina.rajsic@bccdc.ca](mailto:christina.rajsic@bccdc.ca)>  
**Cc:** Henderson, Marianne [BCCDC] <[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)>; Cleaver, Dennis <[Dennis.Cleaver@northernhealth.ca](mailto:Dennis.Cleaver@northernhealth.ca)>  
**Subject:** Meeting for Hybrid Model: operational leader?

Christian, thanks for organizing meeting to discuss provincial contact tracing resource plan, especially about the hybrid model to reconcile with regional plans.  
Could I ask for clarification about 'operational leader' you are asking for this meeting?

NH has dyad leadership for PPH (CMHO and VP, I cc'ed Dennis VP PPH here ), as well as VP for pandemic response (covid-19 VP). I am wondering who you are seeking is at executive level or at regional director or regional manager. This is important meeting for our own planning too, so I'd like to ensure we have right person attending.

Thanks for your help.

Jong

Dr. Jong Kim, MD, MSc, FRCPC  
Interim Chief Medical Health Officer  
**Northern Health**

Tel: 250-261-7235  
Cell: 250-793-3751

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s.13 ; s.14

**From:** Mason, Miranda N HLTH:EX  
**Sent:** July 22, 2020 2:41 PM  
**To:** 'Christine Penney'; Blythe, Nancy HLTH:EX; Karen Salamat  
**Cc:** Heinze, Laura R HLTH:EX; MacKinnon, Mark HLTH:EX  
**Subject:** RE: Miranda Mason contact info

Hi everyone,

Just wanted to follow up and provide an update – we are just sorting out the contract, job description, and process with the PHSA and BCCDC. We anticipate that we will be ready to send out the message by the end of next week or early the following week.

I do have one question that I have been asked by the BCCDC – is it possible to provide a geographical breakdown of where nurses on the list are located (by health authority)?

Thanks so much,

Miranda

---

**From:** Christine Penney  
**Sent:** July 6, 2020 1:31 PM  
**To:** Mason, Miranda N HLTH:EX ; Blythe, Nancy HLTH:EX ; Karen Salamat  
**Cc:** Heinze, Laura R HLTH:EX ; MacKinnon, Mark HLTH:EX  
**Subject:** RE: Miranda Mason contact info

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Ok perfect. Thx...C

**ChristinePenney**, RN, MPA, PhD  
*Chief Officer, Regulatory Policy & Programs*  
Regulatory Policy & Programs

**BCCNP**

British Columbia College of Nursing Professionals  
900 - 200 Granville St., Vancouver, BC, V6C 1S4  
T604.742.6200 Ext. 6201 | TF1.866.880.7101 | F604.899.0794  
EChristine.Penney@bccnp.ca | [www.bccnp.ca](http://www.bccnp.ca)

*BCCNP's offices are located on unceded Coast Salish territory, represented today by the Musqueam, Squamish and Tsleil-Waututh Nations.*

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---

**From:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>  
**Sent:** July 6, 2020 1:30 PM

**To:** Christine Penney <[Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca)>; Blythe, Nancy HLTH:EX <[Nancy.Blythe@gov.bc.ca](mailto:Nancy.Blythe@gov.bc.ca)>; Karen Salamat <[Karen.Salamat@bccnp.ca](mailto:Karen.Salamat@bccnp.ca)>

**Cc:** Heinze, Laura R HLTH:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>; MacKinnon, Mark HLTH:EX <[Mark.MacKinnon@gov.bc.ca](mailto:Mark.MacKinnon@gov.bc.ca)>

**Subject:** RE: Miranda Mason contact info

Wonderful. Thank you so much Christine, I will send the messaging shortly. Please let me know if there is anything I can do to assist.

Best,

Miranda

---

**Miranda Mason, MA | A/Executive Director |**

Health Workforce Planning & Implementation Branch | Health Sector Workforce & Beneficiary Services Division

Ministry of Health | 3-1515 Blanshard Street | Victoria, BC | V8W 3C8

P: 778-698-2190 | C: 250-896-3659 | E: [Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)



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---

**From:** Christine Penney <[Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca)>

**Sent:** July 6, 2020 1:28 PM

**To:** Blythe, Nancy HLTH:EX <[Nancy.Blythe@gov.bc.ca](mailto:Nancy.Blythe@gov.bc.ca)>; Karen Salamat <[Karen.Salamat@bccnp.ca](mailto:Karen.Salamat@bccnp.ca)>

**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; [mmackinnon@gov.bc.ca](mailto:mmackinnon@gov.bc.ca)

**Subject:** RE: Miranda Mason contact info

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Hi Miranda

s.13

Best regards  
Christine

**ChristinePenney, RN, MPA, PhD**



British Columbia College of Nursing Professionals  
900 - 200 Granville St., Vancouver, BC, V6C 1S4  
T604.742.6200 Ext. 6201 | TF1.866.880.7101 | F604.899.0794  
EChristine.Penney@bccnp.ca | [www.bccnp.ca](http://www.bccnp.ca)

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---

**From:** Blythe, Nancy HLTH:EX <[Nancy.Blythe@gov.bc.ca](mailto:Nancy.Blythe@gov.bc.ca)>  
**Sent:** July 2, 2020 2:38 PM  
**To:** Christine Penney <[Christine.Penney@bccnp.ca](mailto:Christine.Penney@bccnp.ca)>; Karen Salamat <[Karen.Salamat@bccnp.ca](mailto:Karen.Salamat@bccnp.ca)>  
**Cc:** Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>  
**Subject:** Miranda Mason contact info

Hi Christine and Karen – below is Miranda’s contact information (and have copied Miranda on this email):

**Miranda Mason, MA | A/Executive Director |**  
Strategic Priorities Hiring Coordination & Reporting Branch | Health Sector Workforce & Beneficiary Services Division  
Ministry of Health | 3-1515 Blanshard Street | Victoria, BC | V8W 3C8  
P: 778-698-2190 | C: 250-896-3659 | E: [Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)

I’ll also forward to you the emails between Leah and Sara regarding continuation of TER.

Nancy Blythe  
Manager, Policy and Projects  
Professional Regulation and Oversight  
Health Sector Workforce and Beneficiary Services Division  
Ministry of Health | Ph: 250 952-1529 | Email: [nancy.blythe@gov.bc.ca](mailto:nancy.blythe@gov.bc.ca)  
3rd floor, 1515 Blanshard Street, Victoria, BC | PO Box 9638 Stn Prov Govt V8W 9P1

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# COVID-19 Contact Tracing and Immunizations Support

## **Bulletin for BCCNP Website:**

### **Temporary Opportunities to Support COVID Response**

As British Columbia moves forward with its COVID response, the Province is looking to hire hundreds of staff to help support the provision of public health support, including contact tracing and immunizations through the fall and winter.

These positions will allow you to put your valuable skills and experience to work to further our COVID efforts, and will help support the Province during our most critical time.

- These will be temporary positions through your regional health authority or the Provincial Health Services Authority.
- They are expected to be approximately 7-8 months in duration, running from August/September 2020 to the end of March 2021.
- At this time, it is expected that the services provided will include contact tracing, immunizations, education and/or providing test results. Work may be a combination of in-person and virtual /remote work, depending on the region and support required.

### **Who can apply**

- Current non-practicing licensed registered nurses (RNs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs) who are in good standing and meet the practice hours requirement.
- Former B.C. RN, LPN and RPN registrants who are in good standing and meet the practice hours requirement.
- RNs, LPNs and RPNs with current practicing registration in good standing in Canada.
- RNs, LPNs and RPNs in the Canadian armed forces.
- Allied Health Professionals (not applicable to BCCNP)

### **How to apply**

If you are interested in learning more about these opportunities, please contact HealthMatch BC and they will answer any questions and walk you through the process.

Email: [communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org) and indicate in the subject line: "COVID Contact Tracing Positions."

## COVID-19 Contact Tracing and Immunizations Support

### **Bulletin for BCCNP Website:**

#### **Temporary Opportunities to Support COVID Response**

As British Columbia moves forward with its COVID response, the Province is looking to hire hundreds of staff to help support the provision of public health support, including contact tracing and immunizations through the fall and winter.

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- Current non-practicing licensed registered nurses (RNs), and registered psychiatric nurses (RPNs) who are in good standing and meet the practice hours requirement.
- Former B.C. RN and RPN registrants who are in good standing and meet the practice hours requirement.
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- Allied Health Professionals (not applicable to BCCNP)

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If you are interested in learning more about these opportunities, please contact HealthMatch BC and they will answer any questions and walk you through the process.

Email: [communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org) and indicate in the subject line: "COVID Contact Tracing Positions."

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# COVID-19 Contact Tracing Recruitment Follow Up

Presentation to  
Public Health Leadership

Miranda Mason  
A/ED, Health Workforce Planning & Implementation  
Ministry of Health  
July 2020



Ministry of  
Health

# Overview



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Health

1. Update on Work
  - a. Timeline
  - b. Confirmation of role description
  - c. Occupations/providers
2. Outstanding Questions
3. Next Steps
4. Questions?

# 1. Contact Tracing – Update on Work

## Timeline:

- Recognition that this is needed now/ASAP
  - Rapid work this week to identify outstanding issues/questions and resolve
  - Presentation to VPs of HR July 31 for decision
  - Minister to announce program week of Aug 4; recruitment to start immediately following

## Confirmation of role description:

- Support contact tracing – in person and virtually as needed
- Support immunizations
- Follow up on COVID results
- Potential add-ons (not confirmed):
  - Education
  - Additional communicable disease services

# 1. Contact Tracing – Update on Work

## Occupations/providers:

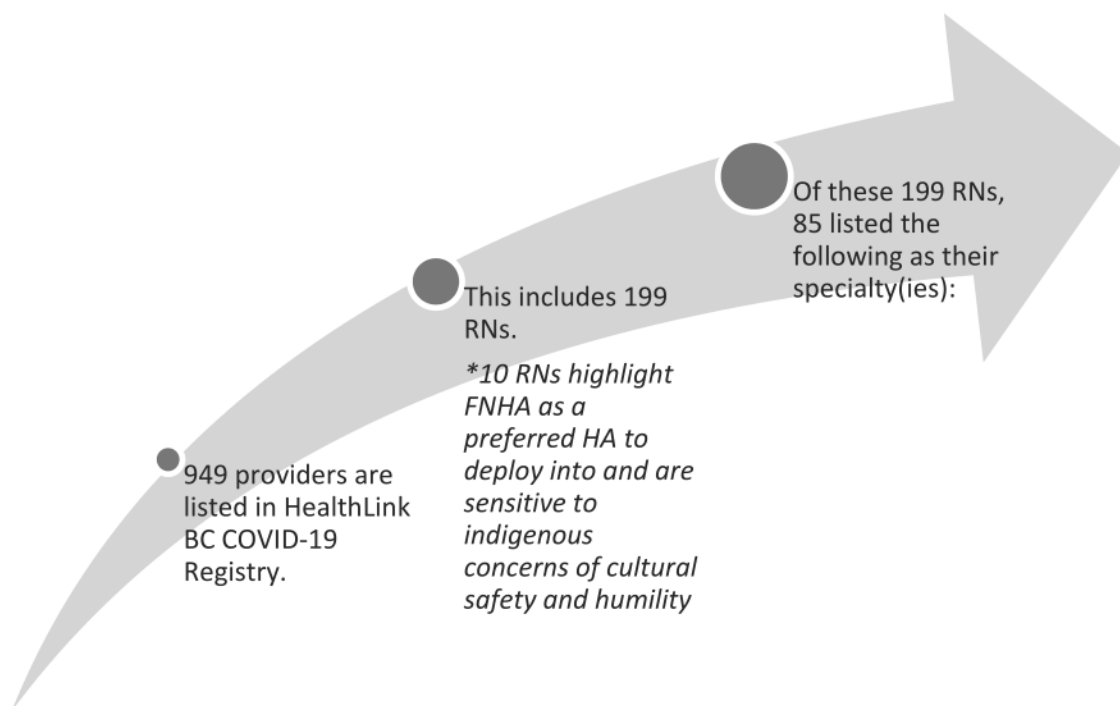
- Confirmation that additional providers COULD perform majority of functions if needed.
  - Medical students not available
  - LPNs or pharmacists could do some of the work
- Initial round will focus on RNs, but subsequent recruitment drive could add other providers if needed.

# Summary of RN Skills/Experience

\* Based on self-report listed in HLBC's COVID-19 Registry 30July2020



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Cardiovascular	1
Community Health	12
Critical Care - Adult	4
Critical Care - Pediatrics	1
Emergency Adult	10
Gerontological	5
High Acuity	1
Home Care	7
IENs	1
Intensive Care	7
Labour and Delivery	3
Medical Surgical	13
Nursing MGT	1
Obstetrics	1
Occupational Health	1
Perioperative	6
Primary Care	3
Psychiatric and Mental Health	7
Public Health	11
Rehabilitation	2
RN First Call	1
Rural/Remote	1
Wound, Ostomy and Continence	2

## 2. Outstanding Questions



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### Employment Model:

1

Need to confirm who the employer/contractor is:

- PHSA
- Regional health authorities
- A combination of the two.

2

Need to confirm whether these will be employed or contracted providers – working with HEABC.

- Implications with collective agreements.
- Will affect compensation, posting, scheduling model

### 3. Next Steps



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- Meeting with VPs HR and subsequent decisions – **July 31**
- Minister's announcement – **August 4 TBC**
- Finalize contract and job descriptions (PHSA) – **Week of Aug 4**
- Connecting with EHPR and TER registrants to inform of opportunity – **Week of Aug 4**
- Bulletin on BCCNP website to garner interest from other nurses – **Week of Aug 4**
- Ideally, start onboarding process **mid-August**

## 4. Questions



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What else do we need to be thinking about?

## Contact Tracing – Recruitment Process: Proposal

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# COVID-19 Contact Tracing Recruitment

Presentation to  
Public Health Leadership

Miranda Mason  
A/ED, Health Workforce Planning & Implementation  
Ministry of Health  
July 2020



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# Overview



Ministry of  
Health

1. Capacity/Supply Concerns
2. Supply Streams
3. Recruitment Process
4. Contract Employment Model
5. Next Steps
6. Questions for Discussion

# 1. Contact Tracing – Capacity Concerns



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- Scan of health authorities:
  - 667 people currently available/trained and 264 actively tracing
- Approximately an additional 500 people needed in the fall
- Concern of capacity/supply outside of the lower mainland
- Timeline – implementation by mid-September

## 2. Recruitment & Supply



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### Two potential supply/recruitment streams:

1

BC College of Nursing  
Professionals (BCCNP)

Temporary Emergency  
Registrants (TER)

**530 nurses :**

- **444 RNs**
- 79 LPNs
- 2 NPs
- 5 RPNs

2

Emergency Health  
Provider Registry

As of July 2020, **237\*** RNs were  
registered

\*This includes RNs captured in the TER count

# Regional Breakdown



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\*

Region based on self-reported information provided at registration.

Region	LPN	NP	RN	RPN
Lower Mainland - VCHA	11	1	78	1
Lower Mainland - FHA	13	0	93	2
IHA	19	0	73	1
Island Health	11	0	84	1
NHA	3	0	9	0
Out-of-Province	22	1	107	0
profession total	<b>79</b>	<b>2</b>	<b>444</b>	<b>5</b>
grand total	<b>530</b>			

# 3. Recruitment Process



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## Stream 1

BCCNP sends a “call out” to TERS and others



Interested candidates contact Health Match BC (HMBC) & submit documentation



## Stream 2

HMBC contacts TERS on EHPR



Interested candidates submit documentation to HMBC

HMBC – screening & referral process



PHSA facilitates hiring process & administration of contract

# 4. Contract Employment Model



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## Standardized Provincial Contract for Nurses

- Guaranteed # of hours
- September -> end of FY 20/21
- Administered by PHSA
- Net new funding

## Primary Employment Relationship

- Regional health authority contact tracing teams

### Role/services

- Contact tracing
- Way to integrate vaccination?

## 5. Next Steps



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- Finalization of
  - Job Description - PHSA
  - Provincial Contract – PHSA
- BCCNP call-out to TER nurses
- Health Match BC recruitment process
- Contract administration, onboarding & operational process determined
- In place by mid-September 2020

## 6. Questions for discussion



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1. How best to operationalize this? Are there aspects of contact tracing that be done virtually to address regional disparities?
2. What is the contact tracing model/methodology to use? Current model, or something different?
3. How can vaccination be integrated into this role?
4. Other factors to consider?

## COVID-19 Contact Tracing and Immunization Support

### Email to EHPR registrants:

Email subject line: REPLY NEEDED: Emergency Health Provider Registry information request

Dear Registrant,

You are receiving this message because you have signed up to provide emergency health services in British Columbia – thank you for your willingness to support the province’s COVID-19 response.

As you likely know, here in British Columbia we are fortunate that we have been able to flatten the curve, and to date have avoided significant pressures on our health care system from this virus. This is in large part thanks to the dedication of all British Columbians – particularly our health care workers.

However, continued vigilance and work is still necessary as we head towards the fall and a potential second wave. **To that end, we are reaching out to you now to ask if you would consent to allow Health Match BC (HMBC), the province’s provincial health recruitment service, to access your registration and contact information to contact you about future opportunities related to the COVID response.**

HMBC would not share your information, and would only access it to contact you about opportunities directly related to the COVID response, or other emergency health workforce needs. You would be under no obligation to accept any offer they presented.

***To provide your consent to share your contact information with Health Match BC, please reply or email [healthlinkbc@gov.bc.ca](mailto:healthlinkbc@gov.bc.ca).***

We value your privacy and have set up the registry so that only health authorities and the Ministry of Health are able to access your information for the purposes of filling workforce gaps in the case of an emergency. If you do not provide your consent as outlined above, your information will not be shared with HMBC.

Thank you for your continued dedication to serving the people of British Columbia.

Sincerely,

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## **MINISTRY OF HEALTH INFORMATION BRIEFING NOTE**

**Cliff #**

**PREPARED FOR:** Mark Armitage, Assistant Deputy Minister, Health Sector  
Workforce and Beneficiary Serves - **FOR INFORMATION**

**TITLE:** COVID-19 Contact Tracing and Immunization Recruitment Project

**PURPOSE:** This IBN outlines the current state and next steps of the Ministry's  
COVID-19 Contact Tracing and Immunization Recruitment project.

### **BACKGROUND:**

As part of British Columbia's ongoing response to the COVID-19 pandemic, and in preparation for a second wave of cases which may present in the fall, the Ministry is working to contract between 500 and 700 health professionals to provide contact tracing and immunization services across the province.

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Contact tracing is crucial to support the response to the pandemic, by following up with each person who has tested positive for COVID-19 to understand who their contacts may be and provide appropriate follow up. Health authorities' public health teams typically have several staff who do contact tracing of communicable diseases as part of their regular work, but given the scale of the response needed for COVID, additional supports are necessary.

In addition, these positions will help to provide influenza and other immunizations to the public. This will support the pandemic response by reducing the number of people who contract influenza, which can present very similarly to COVID-19. To manage the response and keep the pandemic curve low, it will be necessary for anyone who has symptoms of influenza or COVID to get tested. By reducing the number of individuals ill with influenza we will also reduce the burden on our laboratory testing infrastructure. These resources may also be able to support the provision of the childhood immunization schedule, which is a critical program to protect public health across the province.

### **DISCUSSION:**

These positions will be able to be done both in person and remotely. Health authorities currently perform contact tracing activities both in person and over the phone, with variation depending on rurality and HA. Immunizations would need to be done in person, predominantly at local public health clinics.

Many nurses and other providers have put forward their names as being willing to support the emergency response to COVID-19 through the British Columbia College of

Nursing Professionals (BCCNP) and through the Emergency Health Provider Registry, and the Ministry is working with these to canvas interest in these positions.

As part of the pandemic response, the BCCNP granted temporary registration to eligible registered nurses (RNs), nurse practitioners (NPs), registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs). This registration was set to expire when the provincial state of emergency was lifted, but the College is in the process of updating their board policy to allow these registrants to maintain their status after the provincial state of emergency has been lifted. This will allow these registrants the ability to support this work moving forward.

As of July 9, 2020, the BCCNP had granted temporary emergency registration to 530 individuals, including:

- 444 RNs
- 79 LPNs
- 2 NPs
- 5 RPNs

In addition, 237 RNs also signed up for the Emergency Health Provider Registry, which is a registry managed centrally by HealthLink BC, which allows health authorities to hire staff during an emergency (this number will include some of the nurses captured in the 530 outlined above, as well as additional, previously registered, nurses).

The Ministry is working with Health Match BC (HMBC) to manage the recruitment process for these positions.

#### Current status

The Ministry has drafted a communication to go out to all RNs who signed up for Temporary Emergency Registration to inform them of this opportunity via the BCCNP, and to ask them to connect with HMBC for further information and to move along in the process. In addition, the BCCNP will be posting a bulletin on their website informing all registrants of the opportunity. These communications will be going out the week of August 4.

HLBC is also connecting with all nurses registered through the EHPR to ask if they will provide consent for HMBC to have access to their information, for the purposes of contacting them about additional opportunities to support the pandemic response. This is required under privacy laws, as the registry is currently set up to only allow the Ministry and health authorities access to this information. This communication is targeted for the week of August 3.<sup>s.17</sup>

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The Ministry is also working with HMBC and PHSA to draft an appropriate job description for these positions, which capture the appropriate requirements without being overly restrictive to ensure maximum reach.

Despite the large number of nurses captured through the TER and EHPR, there will likely be the need for additional nurses to fill these positions. Initial efforts will focus on RNs,

but subsequent recruitment drives may look to make use of additional professionals, such as those outlined above.

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#### Next steps

This issue will be discussed with the health authorities' VPs of HR on July 31, with a request for decision on outstanding points addressed above. The Ministry will also provide an update to the Chief Medical Officers of Health on July 31, in advance of a public announcement the week of August 4.

Once the communications have gone out through the BCCNP and the EHPR, HMBC will begin actively following up with inquiries and expressions of interest from potential candidates. There will not be an extensive hiring process, as these are contracted positions, so the process will be able to move relatively quickly. Once the candidates have presented all necessary documentation (proof of registration and required practice hours), they will be connected with PHSA/regional health authority (RHA) for the signing process.

Candidates will be located all across the province, in each of the regions. Appropriate training will be provided to all contracted staff via either the BC Centre for Disease Control or the RHA, depending on where they will be working.

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It is anticipated that candidates will begin work in August or September 2020 and will be contracted until the end of March 2021, with opportunity for extension if needed.

As this initiative is implemented, the Division will provide regular progress reporting to outline how many people have been recruited to these roles, and highlight any issues or concerns.

#### **ADVICE:**

The contact tracing and immunization recruitment project will require between 500 and 700 additional positions to support the pandemic response across the province. The Ministry is working with Health Match BC and PHSA to rapidly begin hiring qualified RNs over the summer to work between August 2020 and March 2021.

---

**Program ADM/Division:** (enter info in this section unbolded)

**Telephone:**

**Program Contact (for content):** Laura Heinze

**Drafter:** Laura Heinze

**Date:** July 14, 2020

**File Name with Path:**

# COVID-19 Contact Tracing

Presentation to  
Provincial Medical Health Officers

July 2020



Ministry of  
Health

# We know....



Ministry of  
Health

Contact tracing is crucial to support the response to the pandemic.

HAs are currently conducting contact tracing across their regions.

We need to plan for a second round of COVID-19 in the fall.

# Status of Contact Tracing across BC currently



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Health

	# available now	# actively tracing	# trained but working elsewhere	# planned to be available by fall
FNHA	5	5	Some community RNs	20 across BC
IHA	110 Investigators available 10 communicable disease (CD) specialist staff 100 trained PHNs	10 Investigators	90 PHNs	110 available but any deployment would come at the expense of other public health activities
Island Health	35 communicable disease Case Investigators (10 CD Nurse and 25 PHNs)	3 PHNs monitoring	10 CD Nurses and coordinators 22 PHNs	35 Communicable Disease Case Investigators presently
FHA	228 FTE nurses and allied health	80 seconded staff in addition to 90 PHNs	148	228, however other services would be continued to be halted in addition to new staff hired
VCH	273	70	41	Approximately 260
NHA	5	5	36	Plan to be developed July/August
PHSA - BCCDC	5	4	20	35
PHSA- Workplace Health	6 (not all full time)	0	No – doing own contact tracing	4
	<b>667</b>	<b>264</b>	<b>367</b>	<b>692</b>

# Do HAs feel they have enough support?



Ministry of  
Health

1. How can MoH support HAs with their current response if a potential second wave of COVID-19 presents in the fall?
2. Appreciating that influenza presents similarly to COVID-19, is there a way to couple immunization with contact tracing?

# Context



Ministry of  
Health

In early July, MoH began work with HealthMatch BC (HMBC) and HealthLink BC (HLBC), recognizing that a provincial approach to recruit providers to conduct contact tracing could assist existing regional efforts.

Two potential recruitment streams were mapped:

1. Via the British Columbia College of Nursing Professionals (BCCNP) who has granted temporary emergency registration (TER) to eligible RNs, NPs, RPNs, and LPNs based on a previous call to action.
  - HMBC would act as the recruitment interface between those on the TER list and the HA.
2. Via the existing Emergency Health Provider Registry managed by HLBC.

# Status of each stream



Ministry of  
Health

## Stream 1: EHPR

The EHPR is managed centrally by HealthLink BC. It is an efficient way for health providers to voluntarily register to help out their colleagues in a time of emergency. HAs access it when they need additional HHR resources.

As of 21<sup>st</sup> July, **241** (of an overall 947) individuals had registered:

- 198 RNs
- 37 LPNs
- 1 NP (located in Toronto)
- 5 RPNs

## Stream 2: TER

The BCCNP granted TER to eligible RNs, NPs, RPNs and LPNs and is in the process of updating their policy to allow these registrants to maintain their TER after the provincial state of emergency has been lifted.

As of 9<sup>th</sup> July, **530** individuals were granted TER:

- 444 RNs
- 79 LPNs
- 2 NPs
- 5 RPNs

*\*A portion of the same individuals may be counted in both streams\**

## Public Health Contact Tracing Recruitment Workflow

s.13; s.17

# Questions for discussion



Ministry of  
Health

1. Into the fall, do you expect to have enough HHR capacity within your HA without a provincial approach?  
If no, what would be the most effective employment model for a provincial process?
2. Is there a way to pair contact tracing with immunization?
3. Can either of these tasks be done virtually?
4. What practice requirements are needed? Could other providers (not just RNs) conduct contract tracing?
5. Other factors to consider?

## COVID-19 Contact Tracing and Immunization Support

### Email to College registrants:

Dear colleagues,

You are receiving this message because you have indicated that you are interested in helping to support the province's COVID-19 response, by offering your valuable skills and experience within our health care system.

As you likely know, here in British Columbia we are fortunate that we have been able to flatten the curve, and to date have avoided significant pressures on our health care system from this virus. This is in large part thanks to the dedication of all British Columbians – particularly our health care workers.

However, continued vigilance and work is still necessary as we head towards the fall and a potential second wave. To that end, I am reaching out to you now to ask for your continued support. **The Province is looking to hire a number of staff who have already indicated their interest in supporting the COVID response, to provide crucial public health support. This work would potentially include contact tracing, education and/or immunization services.**

These will be temporary positions through the regional health authorities or the Provincial Health Services Authority. They are expected to be approximately seven or eight months in duration, running from August/September 2020 to the end of March 2021.

If you are interested in learning more about these opportunities, please contact HealthMatch BC and they will answer any questions and walk you through the process.

*Email: [communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org) and indicate in the subject line: "COVID Contact Tracing Positions."*

Thank you very much for your commitment to helping us keep B.C.'s curve low.

Sincerely,

Mark Armitage  
Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services  
Ministry of Health

## COVID-19 Contact Tracing and Immunization Support

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As you likely know, here in British Columbia we are fortunate that we have been able to flatten the curve, and to date have avoided significant pressures on our health care system from this virus. This is in large part thanks to the dedication of all British Columbians – particularly our health care workers.

However, continued vigilance and work is still necessary as we head towards the fall and a potential second wave. To that end, I am reaching out to you now to ask for your continued support. **The Province is looking to hire a number of staff who have already indicated their interest in supporting the COVID response, to provide crucial public health support. This work would potentially include contact tracing, education and immunization services.**

These will be temporary positions, contracted through the regional health authorities or the Provincial Health Services Authority. They are expected to be approximately seven or eight months in duration, running from August/September 2020 to the end of March 2021.

If you are interested in learning more about these opportunities, please contact HealthMatch BC and they will answer any questions and walk you through the process.

*Email: [communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org) and indicate in the subject line: "COVID Contact Tracing Positions."*

Thank you very much for your commitment to helping us keep B.C.'s curve low.

Sincerely,

Mark Armitage

Assistant Deputy Minister, Health Sector Workforce and Beneficiary Services

<b>Topic:</b>	<b>COVID Contact Tracer/Vaccine Administration &amp; Large Scale Recruitment</b>		
<b>Date:</b>	July 31, 2020		
<b>Prepared For:</b>	VPs of HR		
<b>Purpose:</b> <i>Please check only <u>one</u> of the four options</i>	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Decision	
	<input type="checkbox"/> Seeking Direction	<input type="checkbox"/> Discussion	

### BACKGROUND:

The Ministry of Health has formally notified PHSA of the desire to significantly augment the current COVID tracing activities within BC. This will be achieved by having over 500 contact tracers by the middle of September 2020 in anticipation of greater tracking and tracing requirements related to positive and negative COVID results. This requirement would come about as it relates to an anticipated second wave.

In addition, the desire to link this role with vaccine/immunization administration has also been described.

### CONTACT TRACING:

Contact tracing has three key components: 1) intake, 2) interview, 3) active daily monitoring. While these are consistent across HAs, the process flow and systems vary within each.

In addition, the Ministry has asked that these roles be recruited to take on additional responsibilities, including potentially conveying COVID-19 results information, communicable disease work (COVID-19), immunizations, education, and potentially perform the swab for the COVID-19 test

### DEMAND:

s.13

Health Authority	Total Demand (BCCDC)	Already Hired (not redeployed roles)	Net Positions Needed	Positions Posted	Type of Positions Posted
PHSA	Surge pool TBD				s.13; s.17
VCH / PHC	125	59		17	
FHA	225	1		82 (+12 more to come)	
VIHA	75	9		3	
IHA	75				
NHA	50				
<b>Total</b>	<b>550</b>				

In discussions with the BCCDC, they are using technology (HHR) for COVID positive cases to be able to support active daily monitoring and enter any symptoms they may be experiencing. This type of

technology would significantly reduce the amount of time contact tracers need to spend on the phone with COVID positive cases and would reduce the demand for resources.

s.13; s.17

#### **OPTIONS:**

There are a few options to consider based on direction from the Ministry:

s.13; s.17

See appendix C for details and pros and cons of each option

#### **RECOMMENDATION:**

The recommendation is for the Hybrid model to be implemented.

**KEY TERMS AND CONDITIONS OF EMPLOYMENT:**

In determining the employment model, we want to ensure:

- We are not disrupting the existing workforce and system by posting these roles and having excessive internal movement,
- We are being flexible to address the changing nature of this work and the ability to redeploy as needed.

s.13; s.17

**NEXT STEPS:**

1. Finalize implementation approach with agreement of Ministry and VPs HR
2. Finalize terms and conditions of employment
3. s.13; s.17
- 4.
5. Market positions
6. Finalize recruitment workflow
7. Begin recruitment
8. PHSA to track and report weekly on hiring progress across all HAs

## APPENDIX A – CONTACT TRACING CAPACITY FOR HA – CONSIDERATIONS (BCCDC)

There are 3 components to contact tracing:

- 1) Intake includes phone number, address and verify positive status of test (this can be automated from labs)
- 2) Interview includes: key questions where, who, how long, key contact information for all contacts-
- 3) Daily monitoring of symptoms (this can be completed through HHM)

s.13

Capacity	Staffing/per day	Automated Option	Staffing need per week	Comments
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s.13; s.17

## APPENDIX B – BCCNP EMERGENCY REGISTRANTS (FROM BCCNP)

### Purpose

This document presents select demographics on British Columbia's nursing population<sup>1</sup>, including registration status and geographic area. The intent of the report is to provide data informing health human resource planning during the 2020 COVID-19 pandemic. The following profiles are provided:

- 1) the current nursing population, including overall changes per week as of July 9, 2020
- 2) employed student registrants as of July 9, 2020
- 3) nurses holding temporary emergency registration as of July 9, 2020
- 4) Non-complex registration applications in progress as of July 9, 2020

### Current Nursing Population

#### Current Nursing Population Overview

Designation	Status	Change by Week	Total
LPN	Practicing = 13,085	+118	13,710
	Non-Practicing = 359	-2	
	Provisional = 187	-83	
	Temp. Emergency = 79	0	
NP	Practicing = 575	0	627
	Non-Practicing = 24	0	
	Provisional = 26	+1	
	Temp. Emergency = 2	0	
LGN	Practicing = 24	0	25
	Non-Practicing = 1	0	
	Provisional = 0	0	
	Temp. Emergency = 0	0	
RN	Practicing = 39,455	+100	41,963
	Non-Practicing = 1,282	+4	

<sup>1</sup> "Nurse" refers to all BCCNP registrants, including: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

Designation	Status	Change by Week	Total
	Provisional = 782	-27	
	Temp. Emergency = 444	+3	
RPN	Practicing = 2,925	-2	3,093
	Non-Practicing = 97	+2	
	Provisional = 66	0	
	Temp. Emergency = 5	0	
ESN	Practicing = 566	+25	541
ESPN	Practicing = 57	0	57
<b>Grand Total</b>			<b>60,016</b>

Note: Provisional status is granted to registrants needing to meet outstanding requirements, including students who have successfully completed a nursing education program and are awaiting an exam.

## Employed Student Registrants

Employed Student Registrants'(ESR) are nursing students enrolled in an entry-level registered nursing or registered psychiatric education program in BC and employed by a health authority in the ESN/ESPN role.

Health Authority	Total by Designation	Total
Fraser	ESN = 177 ESPN =21	198
First Nations	ESN = 0 ESPN = 0	0
Interior	ESN = 133 ESPN = 5	138
Island Health	ESN = 40 ESPN = 0	40
Northern Health	ESN = 92 ESPN =1	93
Providence	ESN = 49 ESPN = 16	65

PHSA	ESN = 18 ESPN = 1	19
Vancouver Coastal	ESN = 54 ESPN = 13	67
Other	ESN = 3 ESPN = 0	4
<b>Grand Total</b>		623

## Temporary Emergency Registration

Temporary emergency registration is available to current non-practicing and former registrants who meet the hour requirements, as well as nurses holding practicing registration in other Canadian provinces and Territories and the armed forces.

Geographic Area <sup>2</sup>	Total by Designation	Total by Area
Lower Mainland - Coastal	LPN = 11	91
	NP = 1	
	RN = 78	
	RPN = 1	
Lower Mainland - Fraser	LPN = 13	108
	NP = 0	
	RN = 93	
	RPN = 2	
Interior	LPN = 19	93
	NP = 0	
	RN = 73	
	RPN = 1	
Vancouver Island	LPN = 11	96
	RN = 84	

<sup>2</sup> Geographic area is estimated based on self-reported information provided at registration.

Geographic Area <sup>2</sup>	Total by Designation	Total by Area
North	RPN = 1	12
	LPN = 3	
	NP = 0	
	RN = 9	
	RPN = 0	
Out of Province	LPN = 22	130
	NP = 1	
	RN = 107	
<b>Grand Total</b>		<b>530</b>

## New Applicants

The table below provides data on non-complex<sup>3</sup> applications for registration in progress as of JuL 9, 2020.

Applicant Class	Applicant Type	Total
Practicing LPN	BC Graduate = 179	239
	Can Graduate = 5	
	Can Applicant = 55	
Practicing RN	BC Graduate = 344	552
	Can Graduate = 58	
	Can Applicant = 150	
Practicing RPN	BC Graduate = 8	11
	Can Applicant = 3	
Employed Student Registrant	ESN = 68	72
	ESPN = 4	
<b>Grand Total</b>		<b>874</b>

<sup>3</sup> Non-complex applications include those submitted for practicing or employed student registration by graduates of nursing education programs in BC or Canada's provinces and territories and nurses registered in other Canadian provinces and territories.

## APPENDIX C – EVALUATION OF IMPLEMENTATION OPTIONS

OPTION	BCCDC/PHSA RESPONSIBILITIES	HA RESPONSIBILITIES	HEALTHMATCHBC RESPONSIBILITIES	PROS	CONS
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s.13; s.17

OPTION	BCCDC/PHSA RESPONSIBILITES	HA RESPONSIBILITIES	HEALTHMATCHBC RESPONSIBILITIES	PROS	CONS
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s.13; s.17



## APPENDIX D – DRAFT RECRUITMENT PROCESS FLOW: TO BE REVIEWED

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### Public Health Contact Tracing Recruitment Workflow

s.13; s.17

---

**From:** Mason, Miranda N HLTH:EX  
**Sent:** July 31, 2020 12:03 PM  
**To:** Heinze, Laura R HLTH:EX <Laura.Heinze@gov.bc.ca>  
**Subject:** FW: Hiring Temp Nurses for Contact Tracing (information provided in invite)

See attached – looks like we are going with the hybrid model and will have HM support HA recruitment

---

**From:** Edgeworth, Jaci [PHSA] <[Jaci.Edgeworth@phsa.ca](mailto:Jaci.Edgeworth@phsa.ca)>  
**Sent:** July 31, 2020 5:52 AM  
**To:** XT:Williams, David HLTH:IN <[david.williams@northernhealth.ca](mailto:david.williams@northernhealth.ca)>; [alla.ushkaltseva@viha.ca](mailto:alla.ushkaltseva@viha.ca); Proudfoot, Anne [PHSA] <[anne.proudfoot@phsa.ca](mailto:anne.proudfoot@phsa.ca)>; XT:HLTH Griffin, Mal <[Mal.Griffin@interiorhealth.ca](mailto:Mal.Griffin@interiorhealth.ca)>; Charania, Adam [PHSA] <[adam.charania@phsa.ca](mailto:adam.charania@phsa.ca)>; XT:Brine, Cameron HLTH:IN <[cameron.brine@fraserhealth.ca](mailto:cameron.brine@fraserhealth.ca)>; Brown, Kevin HLTH:EX <[Kevin.Brown@gov.bc.ca](mailto:Kevin.Brown@gov.bc.ca)>; Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; XT:De Bono, Chris HLTH:IN <[cdebono@providencehealth.bc.ca](mailto:cdebono@providencehealth.bc.ca)>; [ErinC@heabc.bc.ca](mailto:ErinC@heabc.bc.ca); Stewart, Sharon A HLTH:EX <[Sharon.Stewart@gov.bc.ca](mailto:Sharon.Stewart@gov.bc.ca)>; XT:Milone, Rick HLTH:IN <[Rick.milone@fnha.ca](mailto:Rick.milone@fnha.ca)>; [Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca); [Elizabethw@healthmatchbc.org](mailto:Elizabethw@healthmatchbc.org); Coughlin, Sandy [PH] <[scoughlin@providencehealth.bc.ca](mailto:scoughlin@providencehealth.bc.ca)>; XT:HLTH Post, Robyn <[rpost@phsa.ca](mailto:rpost@phsa.ca)>  
**Subject:** Hiring Temp Nurses for Contact Tracing (information provided in invite)

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Good morning,

Please find attached briefing note to support our discussion today at 8:00.

This document is a draft for discussion, there are several points that remain to be determined as to how we operationalize this program.

Talk soon,

Jaci

Page 01 of 43

Withheld pursuant to/removed as

s.12 ; s.13 ; s.17

Page 02 of 43 to/à Page 05 of 43

Withheld pursuant to/removed as

s.12 ; s.13

Page 06 of 43

Withheld pursuant to/removed as

s.12 ; s.13 ; s.17

Page 07 of 43 to/à Page 08 of 43

Withheld pursuant to/removed as

s.12 ; s.13

Page 09 of 43 to/à Page 12 of 43

Withheld pursuant to/removed as

s.12 ; s.13 ; s.17

Page 13 of 43 to/à Page 14 of 43

Withheld pursuant to/removed as

s.12 ; s.13

Page 15 of 43 to/à Page 43 of 43

Withheld pursuant to/removed as

s.12 ; s.13 ; s.17

## Sullivan, Michelle A HLTH:EX

---

**From:** Corneil, Trevor HLTH:EX  
**Sent:** July 23, 2020 12:22 PM  
**To:** 'Gustafson, Reka [BCCDC]'; Henry, Bonnie HLTH:EX  
**Subject:** RE: Contact Tracing - Ian Rongve/Mark Armitage/Reka Gustafson/ Miranda Mason/Audra Fediurek

Hi Reka, I'll work with Noorjean, Boobi, and Mark A to get the ball rolling s.22

Best,  
Trevor

Trevor Corneil MD FRCPC  
COVID-19 | BCCDC | MOH BC Gov  
604 218 5718

---

**From:** Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>  
**Sent:** July 23, 2020 11:55 AM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Corneil, Trevor HLTH:EX <Trevor.Corneil@gov.bc.ca>  
**Subject:** Fwd: Contact Tracing - Ian Rongve/Mark Armitage/Reka Gustafson/ Miranda Mason/Audra Fediurek

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Bonnie and Trevor,

Please see below my e-mail yo Mark Armitage last week.. We said the same thing, which is that it is a great idea. s.13

Will be great to have this workforce on hand.

Thanks

Reka

Sent from my iPhone

Begin forwarded message:

**From:** "Armitage, Mark W HLTH:EX" <Mark.Armitage@gov.bc.ca>  
**Date:** July 18, 2020 at 6:20:37 AM PDT  
**To:** "Gustafson, Reka [BCCDC]" <reka.gustafson@phsa.ca>, "Rongve, Ian HLTH:EX" <Ian.Rongve@gov.bc.ca>, "Mason, Miranda N HLTH:EX" <Miranda.Mason@gov.bc.ca>, "Audra.Fediurek@heabc.bc.ca" <Audra.Fediurek@heabc.bc.ca>  
**Cc:** "Therrien, Darlene HLTH:EX" <Darlene.Therrien@gov.bc.ca>, "Henderson, Marianne [BCCDC]"

<marianne.henderson@bccdc.ca>

**Subject: RE: Contact Tracing - Ian Rongve/Mark Armitage/Reka Gustafson/ Miranda Mason/Audra Fediurek**

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and do not open attachments or click on links.

Hi Reka,

Thank you again for your helping us connect with Public Health Leadership group. We will follow up with them<sup>s.22</sup> and I am sure be in contact when you return.

Thanks again,

Mark

Mark Armitage MPA BSW  
Assistant Deputy Minister  
Health Sector Workforce and Beneficiary Services Division | Ministry of Health  
1515 Blanshard St., Victoria, B.C. | T: 250-952-3519

**From:** Gustafson, Reka [BCCDC] <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>  
**Sent:** July 17, 2020 2:29 PM  
**To:** Rongve, Ian HLTH:EX <[Ian.Rongve@gov.bc.ca](mailto:Ian.Rongve@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Mason, Miranda N HLTH:EX <[Miranda.Mason@gov.bc.ca](mailto:Miranda.Mason@gov.bc.ca)>; 'Audra.Fediurek@heabc.bc.ca' <[Audra.Fediurek@heabc.bc.ca](mailto:Audra.Fediurek@heabc.bc.ca)>  
**Cc:** Therrien, Darlene HLTH:EX <[Darlene.Therrien@gov.bc.ca](mailto:Darlene.Therrien@gov.bc.ca)>; Henderson, Marianne [BCCDC] <[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)>  
**Subject:** RE: Contact Tracing - Ian Rongve/Mark Armitage/Reka Gustafson/ Miranda Mason/Audra Fediurek

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear All,

Thank you for the update on the work to secure human resources for contact tracing. I summarized our meeting for the Public Health Leadership group (Chief Medical Health Officers and the PHO) and they would welcome a presentation at the Public Health Leadership call.<sup>s.22</sup> but Marianne can ensure that a time is found that is convenient for you. The work will likely be very helpful for them, as all RHAs are looking for staff to support contact tracing.

Thank you for including me and look forward to hearing the outcome of the conversations.<sup>s.22</sup>

My best,

Reka

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

**From:** Rongve, Ian HLTH:EX [<mailto:Ian.Rongve@gov.bc.ca>]

**Sent:** Friday, July 10, 2020 2:49 PM

**To:** Rongve, Ian HLTH:EX; Armitage, Mark W HLTH:EX; Gustafson, Reka [BCCDC]; Mason, Miranda N HLTH:EX; 'Audra.Fediurek@heabc.bc.ca'

**Cc:** Therrien, Darlene HLTH:EX

**Subject:** Contact Tracing - Ian Rongve/Mark Armitage/Reka Gustafson/ Miranda Mason/Audra Fediurek

**When:** Wednesday, July 15, 2020 3:30 PM-4:00 PM (UTC-08:00) Pacific Time (US & Canada).

**Where:** Skype Meeting

EXTERNAL SENDER. If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and do not open attachments or click on links.

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## Join Skype Meeting

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Join by phone

s.15; s.17

[Find a local number](#)

Conference ID: s.15; s.17

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

---

## Sullivan, Michelle A HLTH:EX

**From:** Henderson, Marianne [BCCDC] <marianne.henderson@bccdc.ca>  
**Sent:** July 27, 2020 4:18 PM  
**To:** Behn Smith, Daniele HLTH:EX; XT:HLTH Brodtkin, Elizabeth; Corneil, Trevor HLTH:EX; Daly, Patty [VCH]; Elliott, Catherine [EXT]; Emerson, Brian P HLTH:EX; XT:HLTH Fyfe, Murray; Grennan, Troy [BCCDC]; Gustafson, Reka [BCCDC]; XT:Hanley, Brendan HLTH:IN; Henry, Bonnie HLTH:EX; Kendall, Perry [EXT]; XT:Kim, Jong HLTH:IN; XT:Kling, Rakel HLTH:IN; XT:Krajden, Mel HLTH:IN; XT:Larder, Andrew Fraser Health Authority EAO:IN; XT:Lysyshyn, Mark Dr. HLTH:IN; XT:McDonald, Shannon HLTH:IN; XT:Mema, Dr. Silvina HLTH:IN; XT:Morimoto, Courtney HLTH:EX; XT:Naus, Monika HLTH:IN; XT:HLTH Pollock, Sue; Sandhu, Jat [BCCDC]; Singal, Mayank [BCCDC]; Skowronski, Danuta [BCCDC]; XT:HLTH Stanwick, Richard; Thom, Rachael [NHA]; Tyler, Ingrid Dr. HLTH:IN; 'Vivian Masigan'; Wong, Jason [BCCDC]  
**Subject:** Minutes | Public Health Leadership Call - Monday July 27  
**Attachments:** Minutes Public Health Leadership Call July 27 finalized.docx

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

Please find attached the minutes from today's call.

### Action Items from the meeting:

- Miranda and her team will proceed on the basis of this advice including bringing these individuals on board ASAP.
- Each Health Authority to send their number of contacts followed to Bonnie today. BCCDC will define the information/ processes for reporting of the aggregate number of contacts and provide this to the health authority data reporting teams.
- RHAs to provide distribution list for email receipt of results before/ after 4 pm to Mel, if not already communicated to Mel Krajden.

If there are any action items outstanding, please let me know and I can add it to the minutes.

Kind regards,

### Marianne Henderson

Coordinator, Administrative Operations – Central Administration  
BC Centre for Disease Control  
Office: 604-707-5681  
Cell: 778-951-3070

**From:** Henderson, Marianne [BCCDC]  
**Sent:** Monday, July 27, 2020 9:27 AM  
**To:** Behnsmith, Daniele. [EXT] <daniele.behnsmith@gov.bc.ca>; Brodtkin, Elizabeth Dr. [FH] <Elizabeth.Brodtkin@fraserhealth.ca>; Corneil, Trevor [EX] <Trevor.Corneil@gov.bc.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; Elliott, Catherine [EXT] <Catherine.Elliott@gov.yk.ca>; Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>; Fyfe, Murray W. (Dr) [VIHA] <Murray.Fyfe@viha.ca>; Grennan, Troy [BCCDC] <Troy.Grennan@bccdc.ca>; Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; Hanley, Brendan [EXT]

<brendan.hanley@gov.yk.ca>; Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>; Kendall, Perry [EXT]  
s.22 ; Kim, Jong [NHA] <Jong.Kim@northernhealth.ca>; Kling, Rakel [NHA]  
<Rakel.Kling@northernhealth.ca>; Krajden, Mel [BCCDC] <Mel.Krajden@bccdc.ca>; Larder, Andrew [FH]  
<Andrew.Larder@fraserhealth.ca>; Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>; McDonald, Shannon [EXT]  
<shannon.mcdonald@fnha.ca>; Mema, Dr. Silvina [IHA] <Silvina.Mema@interiorhealth.ca>; Morimoto, Courtney [FH]  
<Courtney.Morimoto@fraserhealth.ca>; Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>; Pollock, Dr. Sue [IHA]  
<Sue.Pollock@interiorhealth.ca>; Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca>; Singal, Mayank [BCCDC]  
<mayank.singal@bccdc.ca>; Skowronski, Danuta [BCCDC] <Danuta.Skowronski@bccdc.ca>; Stanwick, Richard (Dr)  
[VIHA] <Richard.Stanwick@viha.ca>; Thom, Rachael [NHA] <Rachael.Thom@northernhealth.ca>; Tyler, Ingrid [FH]  
<ingrid.tyler@fraserhealth.ca>; 'Vivian Masigan' <admin.assistant@bccsu.ubc.ca>; Wong, Jason [BCCDC]  
<Jason.Wong@bccdc.ca>  
Cc: 'Mason, Miranda N HLTH:EX' <Miranda.Mason@gov.bc.ca>; Laura.Heinze@gov.bc.ca [EXT]  
<Laura.Heinze@gov.bc.ca>  
**Subject:** Agenda | Public Health Leadership Call - Monday July 27

Good morning,

Attached is the Agenda for today's call.

Kind regards,

**Marianne Henderson**

Coordinator, Administrative Operations – Central Administration  
BC Centre for Disease Control  
Office: 604-707-5681  
Cell: 778-951-3070

**From:** Henderson, Marianne [BCCDC]

**Sent:** Friday, July 24, 2020 3:48 PM

**To:** Behnsmith, Daniele. [EXT] <daniele.behnsmith@gov.bc.ca>; Brodtkin, Elizabeth Dr. [FH]  
<Elizabeth.Brodtkin@fraserhealth.ca>; Corneil, Trevor [EX] <Trevor.Corneil@gov.bc.ca>; Daly, Patty [VCH]  
<Patricia.Daly@vch.ca>; Elliott, Catherine [EXT] <Catherine.Elliott@gov.yk.ca>; Emerson, Brian [EXT]  
<Brian.Emerson@gov.bc.ca>; Fumerton, Raina [NHA] <Raina.Fumerton@northernhealth.ca>; Fyfe, Murray W. (Dr)  
[VIHA] <Murray.Fyfe@viha.ca>; Galanis, Eleni [BCCDC] <Eleni.Galanis@bccdc.ca>; Gilbert, Mark [BCCDC]  
<Mark.Gilbert@bccdc.ca>; Grennan, Troy [BCCDC] <Troy.Grennan@bccdc.ca>; Gustafson, Reka [BCCDC]  
<reka.gustafson@phsa.ca>; Hanley, Brendan [EXT] <brendan.hanley@gov.yk.ca>; Hayden, Althea [VCH]  
<Althea.Hayden@vch.ca>; Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>; Kendall, Perry [EXT]  
s.22 Kim, Jong [NHA] <Jong.Kim@northernhealth.ca>; Kling, Rakel [NHA]  
<Rakel.Kling@northernhealth.ca>; Krajden, Mel [BCCDC] <Mel.Krajden@bccdc.ca>; Larder, Andrew [FH]  
<Andrew.Larder@fraserhealth.ca>; Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>; McDonald, Shannon [EXT]  
<shannon.mcdonald@fnha.ca>; Mema, Dr. Silvina [IHA] <Silvina.Mema@interiorhealth.ca>; Morimoto, Courtney [FH]  
<Courtney.Morimoto@fraserhealth.ca>; Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>; Patrick, David [BCCDC]  
<David.Patrick@bccdc.ca>; Pollock, Dr. Sue [IHA] <Sue.Pollock@interiorhealth.ca>; Sandhu, Jat [BCCDC]  
<jat.sandhu@bccdc.ca>; Singal, Mayank [BCCDC] <mayank.singal@bccdc.ca>; Skowronski, Danuta [BCCDC]  
<Danuta.Skowronski@bccdc.ca>; Stanwick, Richard (Dr) [VIHA] <Richard.Stanwick@viha.ca>; Thom, Rachael [NHA]  
<Rachael.Thom@northernhealth.ca>; Tyler, Ingrid [FH] <ingrid.tyler@fraserhealth.ca>; 'Vivian Masigan'  
<admin.assistant@bccsu.ubc.ca>; Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>  
Cc: Mason, Miranda N HLTH:EX <Miranda.Mason@gov.bc.ca>; Laura.Heinze@gov.bc.ca [EXT]  
<Laura.Heinze@gov.bc.ca>  
**Subject:** Call-out for Agenda Items | Public Health Leadership Call - Monday

Hi,

Please let me know if you have any Agenda items for Monday's Public Health Leadership call.

Brian will be chairing and we have two guests joining the call (Miranda Mason and Laura Heinze) to give an update on the work done securing human resources for contact tracing.

Have a great weekend!

Thank you,

**Marianne Henderson**

Coordinator, Administrative Operations – Central Administration

**BC Centre for Disease Control**

**Provincial Health Services Authority**

655 West 12<sup>th</sup> Avenue

Vancouver, BC, V5Z 4R4

Office: 604-707-5681

Cell: 778-951-3070

[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)

**CMHO COVID-19 Public Health Measures call – July 27<sup>th</sup>, 2020**  
**11:30am- 12:30pm**  
**Record of Discussion and Decisions**

**Participants:** Brian Emerson (chair), Marianne Henderson (recorder), Perry Kendall, Elizabeth Brodtkin, Mark Lysyshyn, Trevor Corneil, Bonnie Henry, Daniele Behn Smith, Sean Wachtel, Andrew Gray, Dianne Lepa, Monika Naus (minutes finalization), Patty Daly, Mel Krajden, Silvina Mema, Richard Stanwick

Guest: Keren Massey, Miranda Mason, Laura Heinze

**Bring-forward action items (from July 24<sup>th</sup>, 2020)**

- Brian to share his Advanced Education contact's details with Andrew
- Brian to check with Ian Ronvge, include them in Monday's meeting with Advanced Education
- Brian to update the Gatherings and Events Order as per the group's recommendations
- Sue to connect with Mel about lab testing capacity registry.

**New Business**

**1. Update on securing human resources for contact tracing (Miranda Mason)**

s.13; s.17

**2. Contact tracing support from BCCDC for Health Authorities over the long weekend and beyond (Richard)**

Richard raised the concern because people are going on vacation, and he wanted to know if BCCDC has a plan in place to help with contact tracing support. Trevor responded saying that BCCDC does have capacity to offer day-to-day support – either half a day or full day shifts, 2-3 nurses at a time.

**3. Serological Testing Results reported to VCH (Patty)**

#### 4. Reporting of contacts by RHAs (Monika)

Monika asked Bonnie to clarify the level of detail requested by Bonnie about contacts of cases being managed actively; this question came up recently and there are two options: 1) Aggregate counts from each of the health authorities or 2) s.13

s.13

s.13

Bonnie indicated that at this time aggregate numbers of contacts being impacted by exposures and managed by public health is sufficient for her communication purposes to demonstrate impact of these processes. s.13

s.13

ACTION: Each Health Authority to send their number of contacts followed to Bonnie today. BCCDC will define the information/ processes for reporting of the aggregate number of contacts and provide this to the health authority data reporting teams.

#### Standing Items:

##### Roundtable

Mel indicated that there are challenges with the RCD reporting to health authorities after hours. The laboratory does report by RCDs, the results go into PLOVER, and they are willing to do the reporting (as are other labs) as long as it's standardized across the regions. VCH does not need different reporting processes after 4 pm and can provide a single email distribution list for sending of the information before/ after 4 pm.

ACTION: RHAs to provide distribution list for email receipt of results before/ after 4 pm to Mel, if not already communicated to Mel Krajden.

Silvina reported that Sue has reported that the number of Kelowna outbreak cases are winding down. s.13

Asked whether any regions

have done this and what their experience has been. s.13

s.13

s.13 Asymptomatic testing has only been done at the direction of the MHO in high risk settings where the testing van goes to a specific site. s.13

s.13

VCH found very few positives when testing asymptomatic; in s.22 only one such.

*Next Meeting: Wednesday July 29<sup>th</sup> @ 11:30 – 12:30*

## Sullivan, Michelle A HLTH:EX

**From:** Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>  
**Sent:** August 7, 2020 4:34 PM  
**To:** Gustafson, Reka [BCCDC]; 'Albert.DeVilliers@interiorhealth.ca'; Behn Smith, Daniele HLTH:EX; XT:HLTH Brodtkin, Elizabeth; Corneil, Trevor HLTH:EX; Daly, Patty [VCH]; Elliott, Catherine [EXT]; Emerson, Brian P HLTH:EX; XT:Fumerton, Raina HLTH:IN; XT:HLTH Fyfe, Murray; XT:HLTH Galanis, Eleni; Grennan, Troy [BCCDC]; XT:Hanley, Brendan HLTH:IN; XT:Hayden, Althea HLTH:IN; Henderson, Marianne [BCCDC]; Henry, Bonnie HLTH:EX; Kendall, Perry [EXT]; XT:Kim, Jong HLTH:IN; XT:Kling, Rakel HLTH:IN; XT:Krajden, Mel HLTH:IN; XT:Larder, Andrew Fraser Health Authority EAO:IN; XT:Lysyshyn, Mark Dr. HLTH:IN; XT:McDonald, Shannon HLTH:IN; XT:Mema, Dr. Silvina HLTH:IN; XT:Naus, Monika HLTH:IN; XT:Patrick, David HLTH:IN; XT:HLTH Pollock, Sue; Singal, Mayank [BCCDC]; XT:HLTH Stanwick, Richard; Tyler, Ingrid Dr. HLTH:IN; Corneil, Trevor [BCCDC]  
**Cc:** Massey, Keren L HLTH:EX; XT:Lavery, John HLTH:IN  
**Subject:** RoD | Public Health Leadership Call | Aug 7  
**Attachments:** Minutes Public Health Leadership Call Aug 7.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi all,

Please find attached the RoD for today's Public Health Leadership call. For your convenience, the action items are included below:

- s.13
- RHAs to get feedback from frontline staff and bring it back for decision on Monday.
- Reka will bring up with Bonnie s.13 and will bring back to this table for our next call.
- s.13
- 
- For this weekend, Linda will call the MHOs on call
- Linda will develop a proposal [for reporting results] and bring it back to the table for discussion.
- s.13

Thanks. Have a great weekend!

Jason

# Public Health Leadership Call

## Meeting Minutes

Friday, August 7<sup>th</sup>, 2020 ~ 11:30 AM – 12:30 PM  
Zoom Coordinates in Calendar Invite

### Attendees:

✓ Albert De Villiers (IHA)	✗ Ingrid Tyler (FH)	✓ Reka Gustafson (BCCDC) ( <i>Chair</i> )
✗ Althea Hayden (VCH)	✓ Jason Wong (BCCDC)	✗ Richard Stanwick (VIHA)
✗ Andrew Larder (FH)	✗ Jong Kim (NHA)	✗ Shannon McDonald (FNHA)
✓ Andrew Gray (NHA)	✓ Marianne Henderson ( <i>Secretariat</i> )	✓ Silvina Mema (IHA)
✗ Bonnie Henry (PHO Office)	✓ Mark Lysyshyn (VCH)	✗ Sue Pollock (IHA)
✗ Brendan Hanley (YK)	✗ Mel Krajden (BCCDC)	✓ Trevor Corneil (BCCDC)
✗ Brian Emerson (PHO Office)	✓ Murray Fyfe (VIHA)	
✓ Catherine Elliott (YK)	✓ Patty Daly (VCH)	✓ Adam Charania ( <i>Guest</i> )
✗ Daniele Behn Smith (PHO Office)	✓ Perry Kendall (BCCSU)	✓ Miranda Mason ( <i>Guest</i> )
✓ David Patrick (BCCDC)	✗ Raina Fumerton (NH)	✓ Linda Hoang ( <i>Guest</i> )
✓ Elizabeth Brodtkin (FH)	✗ Raket Kling (NHA)	✓ Ita Hyland ( <i>Guest</i> )

TOPIC	DISCUSSION
1. Welcome and roll call	Reka welcomed everybody to the meeting
2. Approval of agenda / addition of other items	Linda Hoang asked to join the call today because there is an urgent issue that needs to be discussed about calling out lab results.
<b>TODAY'S AGENDA</b>	
3. Follow up on Action Items from Previous Minutes	<ul style="list-style-type: none"> <li>Bonnie asked if Eleni could send her an example of information s.13</li> <li>Miranda to send the briefing notes that they used for the VPs of HR meeting, to the group today. Group members to review the Briefing Notes by Friday. (<i>Attached</i>)</li> <li>Marianne to invite Miranda and Adam for Friday's meeting, bringing this topic back for further discussion. (<i>Done</i>)</li> <li>s.14</li> <li>Eleni to bring the LHA options to next Monday or Wednesday's meeting.</li> <li>All: Review serology guidance (imbedded in the minutes) and provide comments to Mel</li> <li>Marianne to add Asymptomatic testing for travelers to the Agenda for next Wednesday -s.22</li> <li>s.22</li> </ul>
s.13	
5. Consent to contact progress report and implications	<p>David reported on the process of catching up on people who have not previously consented to being contacted for research in VCH and FHA. s.13</p> <p>s.13 Differences in acceptability may be caused by the timing of the request s.13</p> <p>s.13 the letter from Bonnie, or the interviewers (they are medical students dedicated to this task, i.e. not doing contact tracing).</p> <p>David is looking for some thought from the Chiefs for planning and going forward.</p> <p>s.13</p>

	s.13
	ACTION: RHAs to get feedback from frontline staff and bring it back for decision on Monday.
6. Re-establish, confirm standing items / weekly topics	<p>Marianne wanted some clarity on the current standing items. Currently the standing items are as follows:</p> <ul style="list-style-type: none"> <li>• Monday: Surveillance</li> <li>• Wednesday: Testing</li> <li>• Friday: Research</li> <li>• s.13 to be changed to ad hoc (and moving it to Mondays so that Shannon McDonald can attend)</li> </ul> <p>Influenza planning was added as a standing item last week. Feedback from PHEC was that their table needs to focus on core public health functions, and influenza vaccination planning was discussed on that call –to avoid duplicating discussions, maybe this should go back to PHEC instead.</p>

s.13

s.12; s.13; s.17

11. Reporting	s.13
ACTION: Linda will develop a proposal and bring it back to the table for discussion.	
<b>STANDING ITEMS</b>	
12. Research update	
13. Influenza Vaccination Planning	Don't want to have two processes or two tables where this is discussed – work is being discussed elsewhere, and this maybe should not be a standing item for this table.
14. Roundtable	s.13
15. Adjournment	Meeting adjourned at 12:32pm

**Attachments:**

- 

Minutes Public  
Health Leadership C  
#3



4. Briefing Notes -  
COVID Contact Traci  
#4



5. Options for  
Consent to Contact  
#5

## Sullivan, Michelle A HLTH:EX

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**From:** Prevost, Jean-Marc GCPE:EX  
**Sent:** August 10, 2020 5:54 PM  
**To:** Dix, Adrian HLTH:EX; Brown, Stephen R HLTH:EX; Henry, Bonnie HLTH:EX; Hold - 200921 - Yeung, Lucinda HLTH:EX  
**Cc:** Lawrie, Hannah GCPE:EX  
**Subject:** Contact Tracing hires NR  
**Attachments:** NR\_Contact Tracers Hiring\_Aug 6 2020\_10am.docx; QA\_Contact Tracers Hiring\_Aug 6 2020\_1045am.docx

**Expires:** September 29, 2020 12:00 AM

Hello all,

This is our first cut of the contact tracers news release and Q&A.

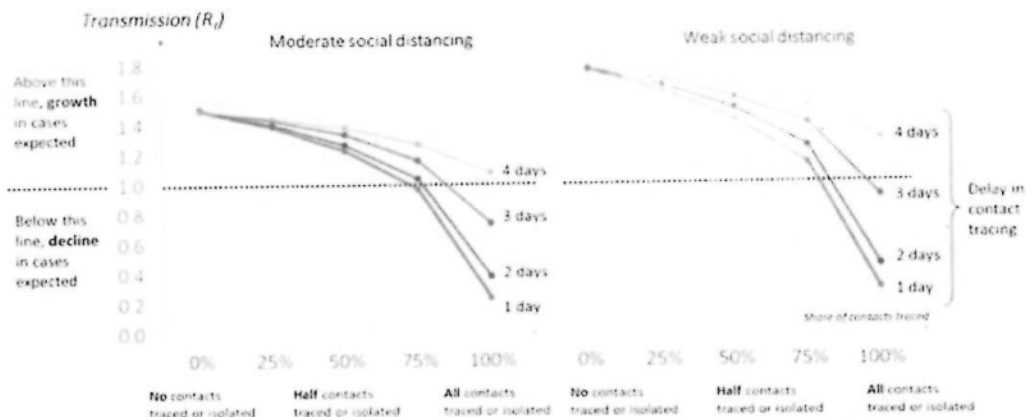
It references the approx. 500 temporary positions we will hire for – and we are working to get details on the additional permanent positions.

If you would like it to be more bellicose – we can talk about this as tripling our contact tracing capacity... and/or try to generate statistics on how this works to reduce the amount of per case transmission.

We addressed this in our June 23 modelling presentation: <https://news.gov.bc.ca/files/2020-06-23-Modelling-Technical-Briefing.pdf>

## Contact Trace Modelling: Scenarios

With relaxed distancing, contact tracing needs to be both complete and prompt in order to prevent sustained transmission.

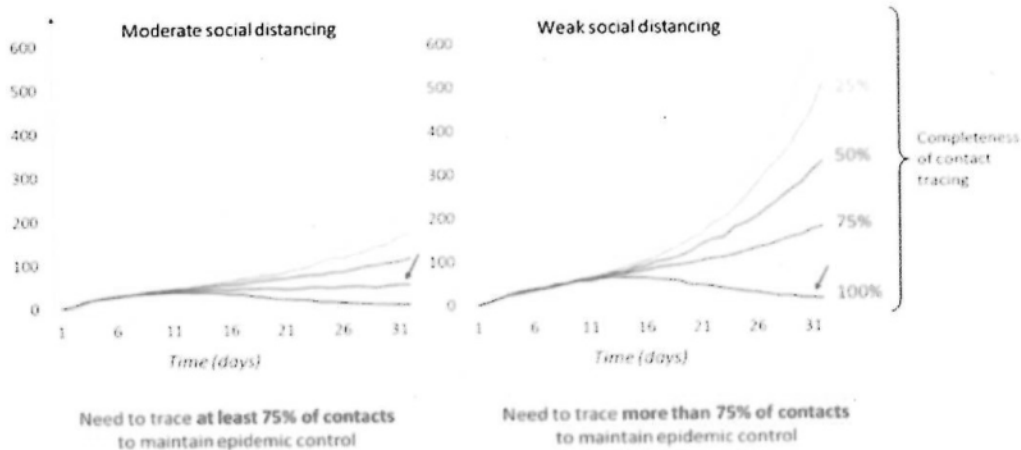


COVID-19 IN BC

18

## Contact Trace Modelling: Scenarios

Complete contact tracing helps to ensure epidemic control when population level restrictions are relaxed.



Need to trace at least 75% of contacts to maintain epidemic control

Need to trace more than 75% of contacts to maintain epidemic control

COVID-19 IN BC

19

Thanks,

**JMP**

Desk: 236-478-0302

Cell: 250-886-2154

---

## NEWS RELEASE

For Immediate Release  
[release number]  
Aug. xx, 2020

Ministry of Health

### **Hundreds of contact tracers to be hired in B.C.**

VICTORIA – The Province will hire approximately 500 health professionals to increase contact tracing around British Columbia, helping keep communities safe as it continues its COVID-19 Restart Plan.

“As we have seen in recent weeks, strong contact tracing is absolutely crucial when dealing with community outbreaks as we slowly and safely increase our contacts,” said Adrian Dix, Minister of Health. “Our health-care workers have gone beyond the call of duty during the pandemic and we are putting out this call to these dedicated professionals to help us keep our curve flat and our communities safe through effective contact tracing.”

Contact tracing works by following up with each person who has tested positive for COVID-19 to understand who their contacts may be and provide appropriate follow up. Health authorities’ public health teams typically have staff who do contact tracing of communicable diseases as part of their regular work but given the scale of the response needed for COVID-19, additional supports are necessary.

As well, some of these positions will help to support public health services, such as providing education in our communities, and possibly influenza and other immunizations. Reducing the number of people with the flu also helps reduce the burden on provincial laboratory testing infrastructure and protects acute care capacity in our hospitals as we approach respiratory illness season this fall.

s.13

These positions will be temporary and will be recruited by the Provincial Health Services Authority and the Regional Health Authorities, which will allow health authorities to increase their local pool of available public health professionals, while also providing a team of people that are available to be deployed across the province as needed. The Ministry of Health will be working with Health Match BC and the health authorities to manage the recruitment process.

It’s anticipated that candidates will begin work in September 2020 and will be contracted until the end of March 2021, with opportunity for extension if needed.

**Media contact:** Ministry of Health Communications  
250 952-1887 (media line)

# INTERNAL QUESTIONS AND ANSWERS

## CONTACT TRACING HIRING

Aug. xx, 2020

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### **Q1. What are you announcing today?**

- As part of British Columbia's ongoing response to the COVID-19 pandemic, and in preparation for a second wave of cases which may present in the fall, the Ministry is working to recruit approximately 500 health professionals to provide contact tracing services across the province.

### **Q2. Why are you doing this?**

- Health authorities' public health teams typically have staff who do contact tracing of communicable diseases as part of their regular work but given the scale of the response needed for COVID, additional supports are necessary.
- As we have seen in recent weeks, strong contact tracing is absolutely crucial when dealing with community outbreaks as we slowly and safely increase our contacts.
- Our health-care workers have gone beyond the call of duty during the pandemic and we are putting out this call to these dedicated professionals to help us keep our curve flat and our communities safe through effective contact tracing.

### **Q3. What is contact tracing?**

- Contact tracing is crucial to support the response to the pandemic, by following up with each person who has tested positive for COVID-19 to understand who their contacts may be and provide appropriate follow up.

### **Q4. How many contact tracers are there currently?**

- Health authorities currently have about 260 contact tracers working in these roles; however, they have trained additional staff who can assist if needed. Generally, those additional staff are all individuals whose main roles fulfill other needs within the HAs.
- By hiring these additional contact tracers, we will be able to support HAs to ensure they aren't pulling these staff away from other work which is also needed.
- Regional Health Authorities have already started or are in the process of recruiting these positions, and PHSA is working on the development and recruitment of a rapid response pool to support the Province as needed.

## INTERNAL QUESTIONS AND ANSWERS

### Q5. What professions will perform this work?

- These positions will be available for a wide variety of health professionals, ranging from health science professionals to nursing staff, and possibly others.
- Our goal is not to disrupt the existing healthcare operations and the vital role that all our health professionals are currently playing across the system. We will be working with our Union partners to support this.
- We are hopeful that we can recruit many retired health professionals, including nurses who recently retired and have registered with the BC College of Nursing Professionals (BCCNP) under the Temporary Emergency Registration Category to help out with COVID-19 efforts.
- However, there are other professions who may potentially be able to fill these roles as well, such as LPNs, medical students, 4<sup>th</sup> year nursing students, and allied health professionals.

### Q6. What else will these people be hired to do?

- In addition, these positions may also be able to support additional public health activities as needed, such as providing education, COVID-19 test results and other communicable disease services. Some positions may also help to provide influenza and other immunizations to the public.
- This will support the pandemic response by reducing the number of people who contract influenza, which can present very similarly to COVID-19.
- To manage the response and keep the pandemic curve low, it will be necessary for anyone who has symptoms of influenza or COVID to get tested.
- By reducing the number of individuals ill with influenza we will also reduce the burden on our laboratory testing infrastructure.

### Q7. Why are you hiring registered nurses?

- Recruitment of nurses is only supply pool of many that we will be tapping into to fill these critical roles.
- Health Match BC will be reaching out to nurses with Temporary Emergency Registration status who have the health-care experience to help with contact tracing as well as to provide immunizations.

## INTERNAL QUESTIONS AND ANSWERS

- However, there will be the opportunity for other health professions to fill these roles, depending on the specific functions needed across health authorities.

### **Q8. How will the recruitment process work?**

- The Ministry is working with Health Match BC (HMBC) and all the Health Authorities to manage the recruitment process for these positions.
- In addition to recruiting at the local health authority level, HMBC will work with the regional health authorities and PHSA to identify their needs and help to match appropriate candidates to their regions.
- There are a number of health professionals (including nurses) who have already put forward their names as being interested and able to help support the COVID response as needed, and HMBC will be contacting these individuals to see if this role is of interest.
- In many cases these are healthcare professionals who are not currently practicing, but who have the skills and experience needed for these temporary roles.
- The Ministry and HMBC will also be working with the BC College of Nursing Professionals and other Colleges as needed, to find qualified candidates.

### **Q9. How much will it cost to hire these positions?**

- The Ministry is investing \$X to increase contact tracing and public health services across the province.

### **Q10. Are you worried that by hiring nurses, there will be shortages elsewhere in the health-care system?**

- Our goal is not to disrupt the existing operations and support provided by healthcare professionals, including nurses. That's why we are launching a broad recruitment to fill these positions.
- We will be focusing our efforts on reaching people who are not currently employed – or not employed full-time – in the health system, but who have indicated that they would be willing to help out to support the fight against COVID.
- This could include nurses who have retired or are no longer working in the sector, but who have the skills needed for this temporary opportunity.
- It is crucial that we support the efforts of our public health system to contain the spread of COVID-19 through effective case management and contact tracing.

## INTERNAL QUESTIONS AND ANSWERS

### **Q11.** What is the time frame?

- The Ministry will work with HMBC, PHSA, and the Regional Health Authorities to ensure the hiring process is mapped out to allow for an efficient and streamlined process.
- It is anticipated that candidates will begin work in August or September 2020 and will be contracted until the end of March 2021, with opportunity for extension if needed.

## Sullivan, Michelle A HLTH:EX

---

**From:** Dix, Adrian HLTH:EX  
**Sent:** August 10, 2020 6:01 PM  
**To:** Prevost, Jean-Marc GCPE:EX  
**Cc:** Brown, Stephen R HLTH:EX; Henry, Bonnie HLTH:EX; Hold - 200921 - Yeung, Lucinda HLTH:EX; Lawrie, Hannah GCPE:EX  
**Subject:** Re: Contact Tracing hires NR

No need to be bellicose I don't think. The basic details are pretty strong

On Aug 10, 2020, at 5:54 PM, Prevost, Jean-Marc GCPE:EX <Jean-Marc.Prevost@gov.bc.ca> wrote:

Hello all,

This is our first cut of the contact tracers news release and Q&A.

It references the approx. 500 temporary positions we will hire for – and we are working to get details on the additional permanent positions.

s.13

We addressed this in our June 23 modelling presentation: <https://news.gov.bc.ca/files/2020-06-23-Modelling-Technical-Briefing.pdf>

<image002.jpg>

Thanks,

**JMP**

Desk: 236-478-0302  
Cell: 250-886-2154

<NR\_Contact Tracers Hiring\_Aug 6 2020\_10am.docx>  
<QA\_Contact Tracers Hiring\_Aug 6 2020\_1045am.docx>

## Sullivan, Michelle A HLTH:EX

**From:** Henderson, Marianne [BCCDC] <marianne.henderson@bccdc.ca>  
**Sent:** August 10, 2020 9:06 AM  
**To:** 'Albert.DeVilliers@interiorhealth.ca'; Behn Smith, Daniele HLTH:EX; XT:HLTH Brodtkin, Elizabeth; Corneil, Trevor HLTH:EX; Daly, Patty [VCH]; Elliott, Catherine [EXT]; Emerson, Brian P HLTH:EX; XT:Fumerton, Raina HLTH:IN; XT:HLTH Fyfe, Murray; XT:HLTH Galanis, Eleni; Gray, Andrew Dr. HLTH:IN; Grennan, Troy [BCCDC]; Gustafson, Reka [BCCDC]; XT:Hanley, Brendan HLTH:IN; XT:Hayden, Althea HLTH:IN; Henry, Bonnie HLTH:EX; Kendall, Perry [EXT]; XT:Kim, Jong HLTH:IN; XT:Kling, Rakel HLTH:IN; XT:Krajden, Mel HLTH:IN; XT:Larder, Andrew Fraser Health Authority EAO:IN; XT:Lysyshyn, Mark Dr. HLTH:IN; XT:McDonald, Shannon HLTH:IN; XT:Mema, Dr. Silvina HLTH:IN; XT:Morimoto, Courtney HLTH:EX; XT:Naus, Monika HLTH:IN; XT:Patrick, David HLTH:IN; XT:HLTH Pollock, Sue; Sandhu, Jat [BCCDC]; Singal, Mayank [BCCDC]; Skowronski, Danuta [BCCDC]; XT:HLTH Stanwick, Richard; Thom, Rachael [NHA]; Tyler, Ingrid Dr. HLTH:IN; 'Vivian Masigan'; Wong, Jason [BCCDC]  
**Subject:** Public Health Leadership call | Agenda | Monday Aug 10th  
**Attachments:** Agenda Public Health Leadership Call Aug 10.docx

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good morning,

Please find attached the Agenda for today's meeting.

Imbedded within the Agenda is a final version of Friday's minutes.

### Action Items from the Aug 7<sup>th</sup> meeting:

- s.13
- RHAs to get feedback from frontline staff and to be given to David re: Consent to contact progress report and implications. Decision on Monday. (For discussion today)
- Reka will update Bonnie re:s.13 and bring it back to this table for our next call. (On the agenda)
- s.13
- 
- For this weekend, Linda will call the MHOs on call (Actioned)
- Linda will develop a proposal [for reporting results] and bring it back to the table for discussion. (Ongoing)
- s.13

Kind regards,

**Marianne Henderson**

Coordinator, Administrative Operations – Central Administration  
BC Centre for Disease Control  
Provincial Health Services Authority  
655 West 12<sup>th</sup> Avenue

Vancouver, BC, V5Z 4R4  
Office: 604-707-5681  
Cell: 778-951-3070  
[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)

## Sullivan, Michelle A HLTH:EX

---

**From:** Henry, Bonnie HLTH:EX  
**Sent:** August 11, 2020 10:14 AM  
**Subject:** RE: Public Health Leadership call | Agenda | Monday Aug 10th  
**Attachments:** 5c. COVID-19\_EvidenceBrief\_FaceMaskEfficacy\_CommunitySettings\_FINAL.pdf; 5b. PT Approaches to School and Community Masking Policies 2020\_08\_11.docx

FYI, these are being discussed on our SAC call today. Please forward any comments to me or Reka. We will let you know where the discussion goes.

My best,  
Bonnie

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

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

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**From:** Henderson, Marianne [BCCDC] <marianne.henderson@bccdc.ca>  
**Sent:** August 10, 2020 9:06 AM  
**To:** 'Albert.DeVilliers@interiorhealth.ca' <Albert.DeVilliers@interiorhealth.ca>; Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>; XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>; Corneil, Trevor HLTH:EX <Trevor.Corneil@gov.bc.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; Elliott, Catherine [EXT] <Catherine.Elliott@gov.yk.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; XT:Fumerton, Raina HLTH:IN <Raina.Fumerton@northernhealth.ca>; XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>; XT:HLTH Galanis, Eleni <eleni.galanis@bccdc.ca>; Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>; Grennan, Troy [BCCDC] <Troy.Grennan@bccdc.ca>; Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>; XT:Hayden, Althea HLTH:IN <althea.hayden@vch.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Kendall, Perry [EXT] <s.22>; XT:Kim, Jong HLTH:IN <jong.kim@northernhealth.ca>; XT:Kling, Rakel HLTH:IN <rakel.kling@northernhealth.ca>; XT:Krajden, Mel HLTH:IN <mel.krajden@bccdc.ca>; XT:Larder, Andrew Fraser Health Authority EAO:IN <andrew.larder@fraserhealth.ca>; XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>; XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>; XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>; XT:Morimoto, Courtney HLTH:EX <Courtney.Morimoto@fraserhealth.ca>; XT:Naus, Monika HLTH:IN <monika.naus@bccdc.ca>; XT:Patrick, David HLTH:IN <david.patrick@bccdc.ca>; XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>; Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca>; Singal, Mayank [BCCDC] <mayank.singal@bccdc.ca>; Skowronski, Danuta [BCCDC]

<Danuta.Skowronski@bccdc.ca>; XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>; Thom, Rachael [NHA] <Rachael.Thom@northernhealth.ca>; Tyler, Ingrid Dr. HLTH:IN <ingrid.tyler@fraserhealth.ca>; 'Vivian Masigan' <admin.assistant@bccsu.ubc.ca>; Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>  
**Subject:** Public Health Leadership call | Agenda | Monday Aug 10th

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Good morning,

Please find attached the Agenda for today's meeting.

Imbedded within the Agenda is a final version of Friday's minutes.

**Action Items from the Aug 7<sup>th</sup> meeting:**

- s.13
- RHAs to get feedback from frontline staff and to be given to David re: Consent to contact progress report and implications. Decision on Monday. (For discussion today)
- Reka will update Bonnie re: s.13 and bring it back to this table for our next call. (On the agenda)
- s.13
- 
- For this weekend, Linda will call the MHOs on call (Actioned)
- Linda will develop a proposal [for reporting results] and bring it back to the table for discussion. (Ongoing)
- s.13

Kind regards,

**Marianne Henderson**

Coordinator, Administrative Operations – Central Administration  
BC Centre for Disease Control  
Provincial Health Services Authority  
655 West 12<sup>th</sup> Avenue  
Vancouver, BC, V5Z 4R4  
Office: 604-707-5681  
Cell: 778-951-3070  
[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)

## Sullivan, Michelle A HLTH:EX

**From:** Henderson, Marianne [BCCDC] <marianne.henderson@bccdc.ca>  
**Sent:** August 11, 2020 2:24 PM  
**To:** 'Albert.DeVilliers@interiorhealth.ca'; Behn Smith, Daniele HLTH:EX; XT:HLTH Brodtkin, Elizabeth; Corneil, Trevor HLTH:EX; Daly, Patty [VCH]; Elliott, Catherine [EXT]; Emerson, Brian P HLTH:EX; XT:Fumerton, Raina HLTH:IN; XT:HLTH Fyfe, Murray; XT:HLTH Galanis, Eleni; Gray, Andrew Dr. HLTH:IN; Grennan, Troy [BCCDC]; Gustafson, Reka [BCCDC]; XT:Hanley, Brendan HLTH:IN; XT:Hayden, Althea HLTH:IN; Henry, Bonnie HLTH:EX; Kendall, Perry [EXT]; XT:Kim, Jong HLTH:IN; XT:Kling, Rakel HLTH:IN; XT:Krajden, Mel HLTH:IN; XT:Larder, Andrew Fraser Health Authority EAO:IN; XT:Lysyshyn, Mark Dr. HLTH:IN; XT:McDonald, Shannon HLTH:IN; XT:Mema, Dr. Silvina HLTH:IN; XT:Morimoto, Courtney HLTH:EX; XT:Naus, Monika HLTH:IN; XT:Patrick, David HLTH:IN; XT:HLTH Pollock, Sue; Sandhu, Jat [BCCDC]; Singal, Mayank [BCCDC]; Skowronski, Danuta [BCCDC]; XT:HLTH Stanwick, Richard; Thom, Rachael [NHA]; Tyler, Ingrid Dr. HLTH:IN; 'Vivian Masigan'; Wong, Jason [BCCDC]  
**Subject:** Public Health Leadership call | Minutes | Monday Aug 10th  
**Attachments:** Minutes Public Health Leadership Call Aug 10\_final.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Good afternoon,

Please find attached the minutes from yesterday's call.

s.13

Action items from this meeting:

- s.13
- Eleni to set up a meeting with Bonnie to discuss the frequency and content of daily reports
- Marianne to check that asymptomatic testing is on Wednesday's Agenda – yes it is.
- Mark to send his comments to Reka (with regards to the s.13 plans he's been reviewing)
- Marianne to invite Jean-Marc & Nicola to the Chiefs call.
- Reka to talk to each health care authority individually about LHA options, and then BCCDC to make a decision
- Bonnie to relay the discussion with Stephen, back to this group (about the hybrid model/hiring) (Done)
- Marianne to add "Inviting Martin, Lorie and/or Bernard to the call" as an agenda item for Wednesday (Done)

Kind regards,

**Marianne Henderson**

Coordinator, Administrative Operations – Central Administration  
BC Centre for Disease Control  
Office: 604-707-5681  
Cell: 778-951-3070

**From:** Henderson, Marianne [BCCDC]  
**Sent:** Monday, August 10, 2020 9:06 AM

To: 'Albert.DeVilliers@interiorhealth.ca' <Albert.DeVilliers@interiorhealth.ca>; Behnsmith, Daniele. [EXT] <daniele.behnsmith@gov.bc.ca>; Brodtkin, Elizabeth Dr. [FH] <Elizabeth.Brodtkin@fraserhealth.ca>; Corneil, Trevor [EX] <Trevor.Corneil@gov.bc.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; Elliott, Catherine [EXT] <Catherine.Elliott@gov.yk.ca>; Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>; Fumerton, Raina [NHA] <Raina.Fumerton@northernhealth.ca>; Fyfe, Murray W. (Dr) [VIHA] <Murray.Fyfe@viha.ca>; Galanis, Eleni [BCCDC] <Eleni.Galanis@bccdc.ca>; Gray, Andrew [NHA] <Andrew.Gray@northernhealth.ca>; Grennan, Troy [BCCDC] <Troy.Grennan@bccdc.ca>; Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; Hanley, Brendan [EXT] <brendan.hanley@gov.yk.ca>; Hayden, Althea [VCH] <Althea.Hayden@vch.ca>; Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>; Kendall, Perry [EXT] <b.22...>; Kim, Jong [NHA] <Jong.Kim@northernhealth.ca>; Kling, Rakel [NHA] <Rakel.Kling@northernhealth.ca>; Krajden, Mel [BCCDC] <Mel.Krajden@bccdc.ca>; Larder, Andrew [FH] <Andrew.Larder@fraserhealth.ca>; Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>; McDonald, Shannon [EXT] <shannon.mcdonald@fnha.ca>; Mema, Dr. Silvina [IHA] <Silvina.Mema@interiorhealth.ca>; Morimoto, Courtney [FH] <Courtney.Morimoto@fraserhealth.ca>; Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>; Patrick, David [BCCDC] <David.Patrick@bccdc.ca>; Pollock, Dr. Sue [IHA] <Sue.Pollock@interiorhealth.ca>; Sandhu, Jat [BCCDC] <jat.sandhu@bccdc.ca>; Singal, Mayank [BCCDC] <mayank.singal@bccdc.ca>; Skowronski, Danuta [BCCDC] <Danuta.Skowronski@bccdc.ca>; Stanwick, Richard (Dr) [VIHA] <Richard.Stanwick@viha.ca>; Thom, Rachael [NHA] <Rachael.Thom@northernhealth.ca>; Tyler, Ingrid [FH] <ingrid.tyler@fraserhealth.ca>; 'Vivian Masigan' <admin.assistant@bccsu.ubc.ca>; Wong, Jason [BCCDC] <Jason.Wong@bccdc.ca>

**Subject:** Public Health Leadership call | Agenda | Monday Aug 10th

Good morning,

Please find attached the Agenda for today's meeting.

Imbedded within the Agenda is a final version of Friday's minutes.

**Action Items from the Aug 7<sup>th</sup> meeting:**

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- RHAs to get feedback from frontline staff and to be given to David re: Consent to contact progress report and implications. Decision on Monday. (For discussion today)
- Reka will update Bonnie re:s.13 and bring it back to this table for our next call. (On the agenda)
- s.13
- 
- For this weekend, Linda will call the MHOs on call (Actioned)
- Linda will develop a proposal [for reporting results] and bring it back to the table for discussion. (Ongoing)
- s.13

Kind regards,

**Marianne Henderson**

Coordinator, Administrative Operations – Central Administration  
 BC Centre for Disease Control  
 Provincial Health Services Authority  
 655 West 12<sup>th</sup> Avenue  
 Vancouver, BC, V5Z 4R4  
 Office: 604-707-5681  
 Cell: 778-951-3070  
[marianne.henderson@bccdc.ca](mailto:marianne.henderson@bccdc.ca)

# Public Health Leadership Call Meeting Minutes

Monday, August 10<sup>th</sup>, 2020 ~ 11:30 AM – 12:30 PM  
Zoom Coordinates in Calendar Invite

## Attendees:

✓	Albert De Villiers (IHA)	✗	Jong Kim (NHA)	✓	Shannon McDonald (FNHA)
✗	Althea Hayden (VCH)	✓	Marianne Henderson ( <i>Secretariat</i> )	✗	Silvina Mema (IHA)
✗	Andrew Larder (FH)	✓	Mark Lysyshyn (VCH)	✗	Sue Pollock (IHA)
✓	Andrew Gray (NHA)	✗	Mel Krajden (BCCDC)	✓	Trevor Corneil (BCCDC)
✓	Bonnie Henry (PHO Office)	✓	Murray Fyfe (VIHA)		
✗	Brendan Hanley (YK)	✓	Patty Daly (VCH)	✓	David Patrick (BCCDC) (Guest)
✗	Brian Emerson (PHO Office)	✓	Perry Kendall (BCCSU)	✓	Eleni Galanis (BCCDC) (Guest)
✓	Catherine Elliott (YK)	✗	Raina Fumerton (NH)	✓	Ciaran Aiken (Guest)
✗	Daniele Behn Smith (PHO Office)	✗	Rakel Kling (NHA)	✓	Linda Hoang (Guest)
✓	Elizabeth Brodtkin (FH)	✓	Reka Gustafson (BCCDC) ( <i>Chair</i> )	✓	Sunny Mak (Guest)
✗	Ingrid Tyler (FH)	✗	Richard Stanwick (VIHA)		

TOPIC	DISCUSSION
1. Welcome and roll call	Reka welcomed everybody to the meeting
2. Approval of agenda / addition of other items	Elizabeth wanted to clarify the hybrid model for nursing resources
<b>TODAY'S AGENDA</b>	
3. Follow up on Action Items from Previous Minutes	<ul style="list-style-type: none"> <li>• s.13</li> <li>• RHAs to get feedback from frontline staff and to be given to David re: Consent to contact progress report and implications. Decision on Monday. (<i>On the agenda for discussion today</i>)</li> <li>• Reka will update Bonnie re:s.13 and bring it back to this table for our next call. (<i>On the agenda</i>)</li> <li>• s.13</li> <li>•</li> <li>• For this weekend, Linda will call the MHOs on call (<i>Actioned</i>)</li> <li>• Linda will develop a proposal [for reporting results] and bring it back to the table for discussion. (<i>Ongoing</i>)</li> <li>• s.13</li> </ul>
4. Frontline Staff feedback: Consent to contact progress implications	<p>David summarized that they've been having high success rates in getting cases to consent to participate in research, and they wanted to get some idea from the regional staff how they'd like to deal with these questions going forward. The key questions for the staff is s.13</p> <p><b>ACTION:</b> Marianne to put this on Wednesday's agenda.</p>
5. s.13	

s.13

6. Media briefing preparation

Bonnie and Minister Dix are doing media briefings on Mondays and Thursdays. Should we make some space at this meeting to discuss the key messages, things that might have to be emphasized? Agreement from the group to do this. Short conversations can be had to give Bonnie the lay of the land (Mondays & Wednesdays).

s.13

ACTION: Eleni to set up a meeting with Bonnie to discuss the frequency and content of daily reports

With regards to sending people for testing when they've possibly been exposed, the message need to make it clear that if people get tested and have no symptoms, it doesn't mean they're not infected and can stop self-isolating – they might be in the incubation period.

ACTION: Marianne to check that asymptomatic testing is on Wednesday's Agenda

7. s.13

8. s.13

ACTION: Mark to send his comments to Reka (with regards to the s.13 plans he's been reviewing)

s.13

ACTION: Marianne to invite Jean-Marc & Nicola to the Chiefs call.

9. LHA options

Eleni and Sunny explained the 4 options, as distributed.

s.13

The decision was made to release LHA data using cumulative data only with no suppression, s.13  
s.13

ACTION: Reka to talk to each health care authority individually, and then BCCDC to make a decision

10. US tug boat outbreak Mostly resolved, but can be moved to Wed. Elizabeth will be able to add something for this topic too.

11. Hybrid model discussion s.13

12. Documents and Guidelines Trevor spoke to the new document and guideline development process that has been implemented at BCCDC – moving forward BCCDC will be sending the guidelines through to the PHL committee. The more complex or sensitive ones will be put on the agenda for input and discussion, while the more straightforward ones will be sent as an FYI only. For those that are “FYI only”, if no concerns are expressed by email or comments before the following meeting (i.e. 48h), we’ll take silence as approval and post.

First FYI guidance document titled “Guidance for Community Cooling Centres” is imbedded below (#12)

#### STANDING ITEMS

13. Influenza Vaccination Planning ACTION: Marianne to check with Reka if Martin, Lorie and/or Bernard needs to be invited to the next meeting

14. Surveillance update Not discussed today

15. Roundtable Not discussed today

16. Adjournment Meeting adjourned at 12:40pm

## Attachments:



Minutes Public  
Health Leadership C  
#3



9. LHA



9. Mockup of  
display-release opti COVID19 Maps by LI



12. Guidance for  
community cooling  
#12

## Information:

s.13

## **Sullivan, Michelle A HLTH:EX**

---

**From:** Lawrie, Hannah GCPE:EX  
**Sent:** August 12, 2020 8:55 AM  
**To:** Gustafson, Reka [BCCDC]; Henry, Bonnie HLTH:EX; Prevost, Jean-Marc GCPE:EX  
**Subject:** Contact Tracers NR  
**Attachments:** NR\_Contact Tracers Hiring\_Aug 11\_855am.docx

Hi all,  
Bonnie, we've revamped your quote – happy to tweak as needed.  
Thanks!

**Hannah Lawrie | Communications Manager**  
Government Communications & Public Engagement  
Ministry of Health  
Office 250 952-2475  
Cell 250 507-1340

---

## NEWS RELEASE

For Immediate Release

[release number]

Aug. 12, 2020

Office of the Premier

Ministry of Health

### **Hundreds of contact tracers to be hired in B.C.**

VICTORIA – The Province will hire approximately 500 additional health professionals to increase contact tracing around British Columbia, helping keep communities safe as it continues its COVID-19 Restart Plan.

“We want to make sure people are kept safe in any COVID-19 outbreak and one of the ways to do that is through strong contact tracing,” said Premier John Horgan. “These new contact tracers will provide an extra layer of protection by jumping into action as soon as there is an outbreak and start their detective-style work to find out who may be infected in order to protect all British Columbians.”

Contact tracing works by following up with each person who has tested positive for COVID-19 to understand who their contacts may be and provide appropriate follow up. Health authorities’ public health teams typically have staff who do contact tracing of communicable diseases as part of their regular work but given the scale of the response needed for COVID-19, additional supports are necessary.

“As we have seen in recent weeks, strong contact tracing is absolutely crucial when dealing with community outbreaks as we slowly and safely increase our contacts,” said Adrian Dix, Minister of Health. “Our health-care workers have gone beyond the call of duty during the pandemic and we are putting out this call to these dedicated professionals to help us keep our curve flat and our communities safe through effective contact tracing.”

Some of these positions will also help to support public health services, such as providing education in our communities, and possibly influenza and other immunizations. Reducing the number of people with the flu also helps reduce the burden on provincial laboratory testing infrastructure and protects acute care capacity in our hospitals as we approach respiratory illness season this fall.

“When there is a community outbreak, time is of the essence,” said Provincial Health Officer Dr. Bonnie Henry. “These new contact tracers will join existing public health teams to help track down all those who may have been exposed, and support people to self-isolate when necessary. This role becomes even more crucial to contain the spread as we continue to open up our schools, economy and social activities, and as we prepare for the upcoming cold and flu season this fall.”

These positions will be temporary and will be recruited by the Provincial Health Services Authority and the regional health authorities. This will allow health authorities to increase their local pool of available public health professionals, while also providing a team of people that

are available to be deployed across the province as needed. The Ministry of Health is working with Health Match BC and the health authorities to manage the recruitment process.

It's anticipated that candidates will begin work in September 2020 and will be employed until the end of March 2021, with opportunity for extension if needed.

**Media contacts:**

Jen Holmwood  
Press Secretary  
Deputy Communications Director  
Office of the Premier  
Jen.Holmwood@gov.bc.ca  
250 818-4881

Ministry of Health Communications  
250 952-1887 (media line)

## **Sullivan, Michelle A HLTH:EX**

---

**From:** Belanger, Matthew GCPE:EX  
**Sent:** August 12, 2020 1:57 PM  
**To:** GCPE Communications - Health; hlth Regional Communications Directors; hlth Executive Committee; hlth Ministerial and Executive Assistants; hlth Key Contacts  
**Cc:** hlth Secretaries to the Executive Committee; Stearn, Anne HLTH:EX; Tyson, Jo HLTH:EX; Piasentin, Eddy HLTH:EX; Cambiazo, Valentina C HLTH:EX; Somner, Kurstie HLTH:EX; HLTH Health Issues HLTH:EX; Murray, Heather HLTH:EX; Will, Jordan HLTH:EX; Riley, Erin HLTH:EX; Windecker, Lindsay J HLTH:EX; Perez De Tagle, Michael HLTH:EX; Thistle-Walker, Carlene HLTH:EX; Bragg, Jacquelynn HLTH:EX; Thomson, Vanessa HLTH:EX; Massey, Keren L HLTH:EX; Hunter, Vicki HLTH:EX; Treacher, Noah HLTH:EX  
**Subject:** NEWS RELEASE: Hundreds of contact tracers to be hired in B.C.

Here is the news release that was distributed today.

### **Hundreds of contact tracers to be hired in B.C.**

Thank you,

**Matt Belanger | Health Communications**  
Government Communications & Public Engagement  
w: 250-952-1881 | m: 250-893-3925 | [matthew.belanger@gov.bc.ca](mailto:matthew.belanger@gov.bc.ca)

## Sullivan, Michelle A HLTH:EX

---

**From:** Hold - 200921 - Yeung, Lucinda HLTH:EX  
**Sent:** August 13, 2020 7:19 PM  
**To:** Greer, Shannon GCPE:EX; Henry, Bonnie HLTH:EX; Prevost, Jean-Marc GCPE:EX  
**Cc:** Lawrie, Hannah GCPE:EX; Hold - 200921 - Pham, Thuy HLTH:EX  
**Subject:** RE: question from yesterday

Thank you Shannon! This is really helpful.

Warmly,  
Lucinda

---

**From:** Greer, Shannon GCPE:EX <Shannon.Greer@gov.bc.ca>  
**Sent:** August 13, 2020 5:54 PM  
**To:** Yeung, Lucinda HLTH:EX <Lucinda.Yeung@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Prevost, Jean-Marc GCPE:EX <Jean-Marc.Prevost@gov.bc.ca>  
**Cc:** Lawrie, Hannah GCPE:EX <Hannah.Lawrie@gov.bc.ca>; Pham, Thuy HLTH:EX <Thuy.Pham@gov.bc.ca>  
**Subject:** RE: question from yesterday

Hi Lucinda,

Sorry for the slow response. Anyone interested in applying for these positions should email:  
[communitycare@healthmatchbc.org](mailto:communitycare@healthmatchbc.org)

Thank you,

Shannon

---

**From:** Yeung, Lucinda HLTH:EX <Lucinda.Yeung@gov.bc.ca>  
**Sent:** August 13, 2020 11:48 AM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Prevost, Jean-Marc GCPE:EX <Jean-Marc.Prevost@gov.bc.ca>  
**Cc:** Lawrie, Hannah GCPE:EX <Hannah.Lawrie@gov.bc.ca>; Greer, Shannon GCPE:EX <Shannon.Greer@gov.bc.ca>; Pham, Thuy HLTH:EX <Thuy.Pham@gov.bc.ca>  
**Subject:** question from yesterday

Hi Jean-Marc,

The health critic and media relations team are getting questions (formal and informal) about where to apply to be a contact tracer. I'm not familiar on the implementation of recruitment plan

Can you consult with program to find out best answer or resource to which people can go?

Thanks very much,  
Lucinda

# **Presentation of COVID19 LHA Map Mock-ups for Public Release**

# Data

- Panorama/PARIS records in CD Mart
  - Comparison of counts against HA line list (CD Mart records vs HA line list)
  - IH=101%; VCH=97%; VIH=102%; NH=102%
- Fraser Health line list with LHA of residence
- Records with missing or undetermined LHA and out of province excluded from the map

# Need for Suppression?

- Re-identification risk
  - BCCDC 109.1 Re-identification Risk in Public Data Release policy
  - Will an adversary learn anything new from the disclosure of age group, sex, LHA, date of report?
  - Rule of 20; denominator-based approach
  - 15 LHAs with cells <20 persons (M/F 80-89, 90+)
- Stigmatization of a community or people group
  - 16 LHAs with FN population >25%

Page 04 of 52 to/à Page 09 of 52

Withheld pursuant to/removed as

s.13 ; s.22

## 7. Past 14 Days Counts and Rates – 80+ Suppression

No cases  
reported in  
LHAs  
requiring low  
population  
strata  
suppression

Page 11 of 52 to/à Page 12 of 52

Withheld pursuant to/removed as

s.22



BC Centre for Disease Control  
AN AGILITY OF THE PUBLIC HEALTH AGENCY OF BC

## Health Boundaries Reference Map

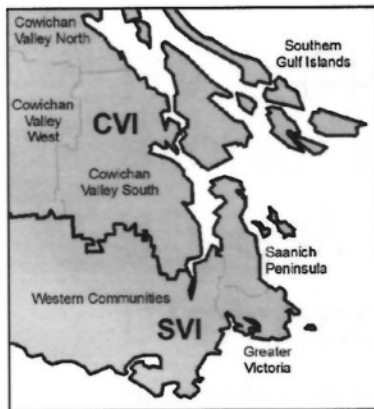
### Health Authorities (5)

- Interior
- Fraser
- Vancouver Coastal
- Vancouver Island
- Northern

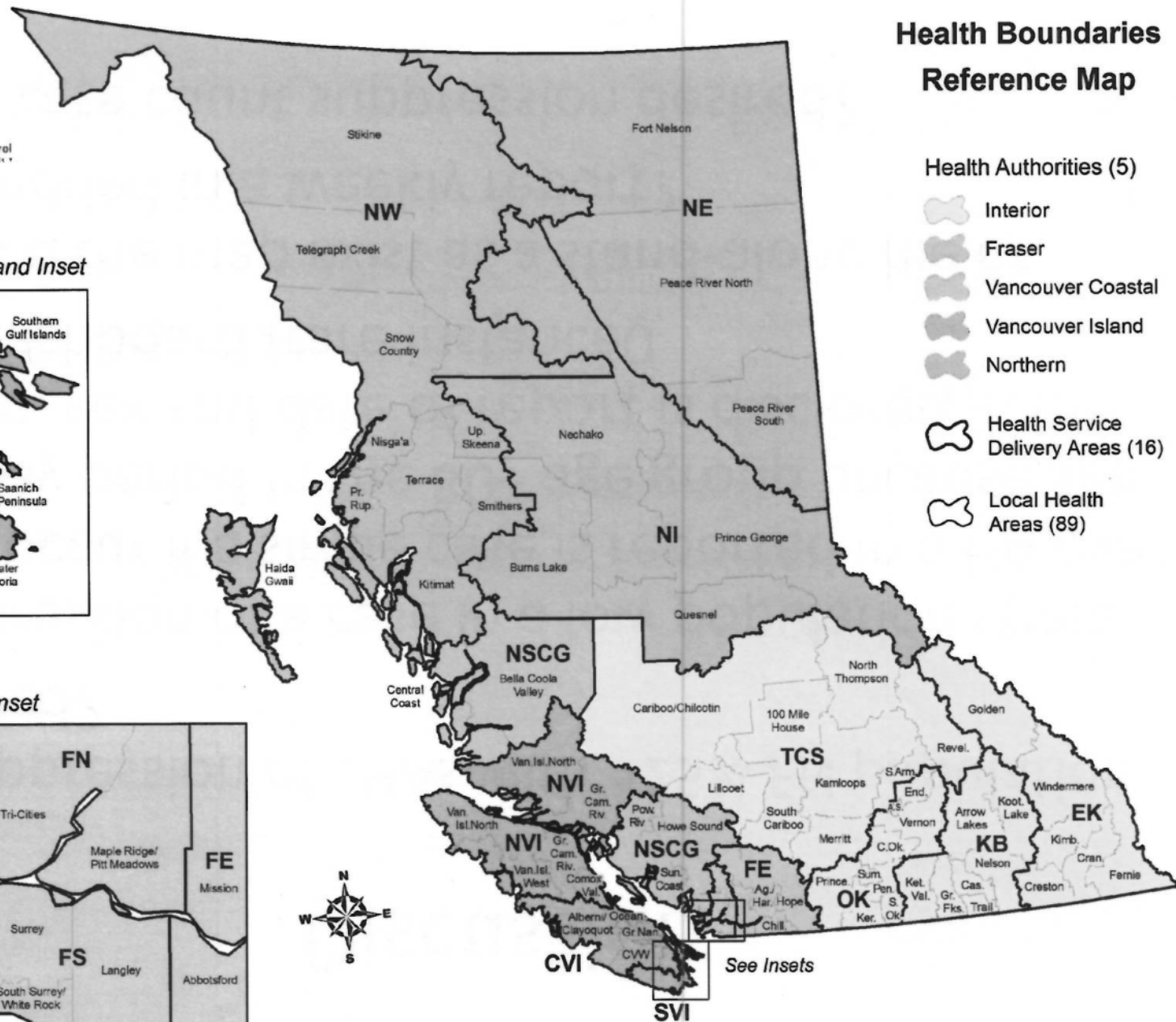
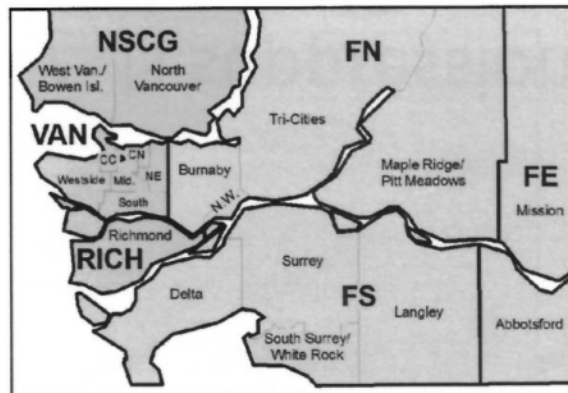
Health Service Delivery Areas (16)

Local Health Areas (89)

### South Vancouver Island Inset



### Greater Vancouver Inset



See Insets

Page 14 of 52

Withheld pursuant to/removed as

s.13

## Options for Consent to Contact Going Forward

### Background

- As discussed previously, we are contacting convalescing Covid-19 patients to request consent for contact for future research using a letter from Bonnie followed by telephone follow-up
- With 35% of the list contacted, our acceptance rate is 95%
- This is higher than the experience at point of first contact at FH or VCH. It is likely that the difference could be a product of a) timing b) Bonnie's letter and/or the more singular focus of the caller (Med students) on consent to contact
- Epidemiologists at RHAs have not yet incorporated answers to the two key questions into the CRF and follow up teams in all RHAs have not yet been able to operationalize consent to contact into the initial interview.

Because some studies will need to recruit people who are recently diagnosed, there will be a need to carry on this function. Here follow 3 options for doing so.

---

s.13

<b>Topic:</b>	COVID Contact Tracer/Vaccine Administration & Large Scale Recruitment		
<b>Date:</b>	August 5, 2020		
<b>Prepared For:</b>	VPs of HR PHO/MHOs		
<b>Purpose:</b> <i>Please check only <u>one</u> of the four options</i>	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Decision	
	<input type="checkbox"/> Seeking Direction	<input type="checkbox"/> Discussion	

s.13

s.13; s.17



s.13

s.13



## **APPENDIX A – BCCNP EMERGENCY REGISTRANTS (FROM BCCNP)**

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s.13

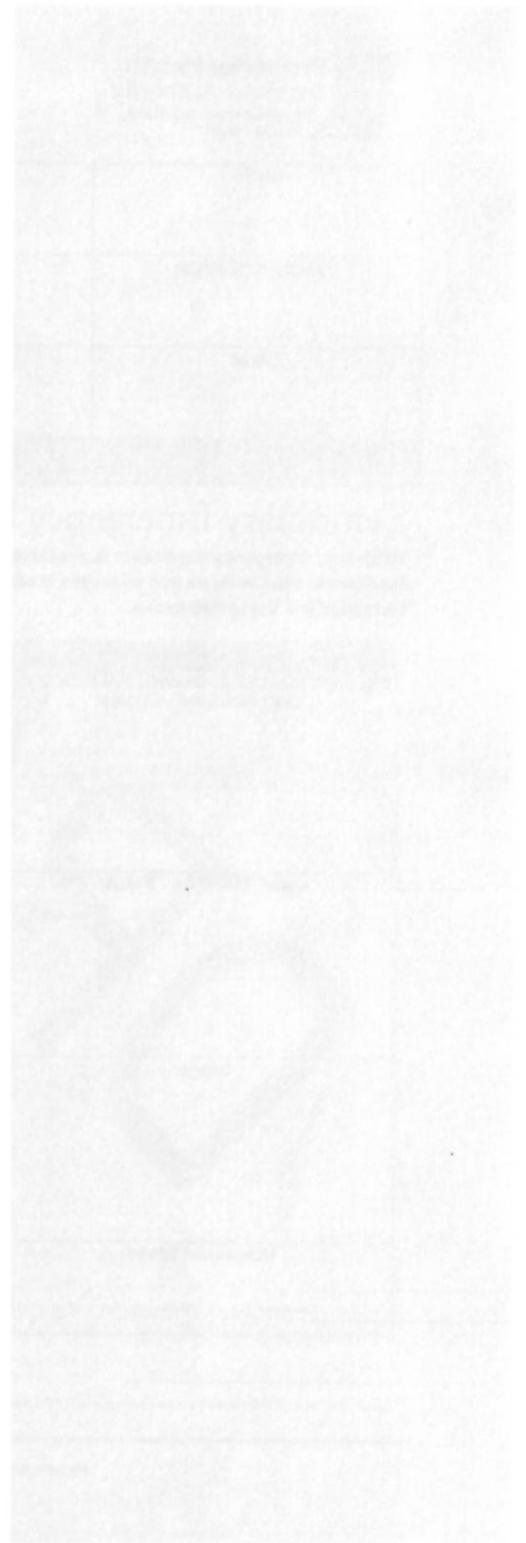
s.13





s.13

s.13



**APPENDIX B – DRAFT RECRUITMENT PROCESS FLOW: TO BE REVIEWED**

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s.13; s.17

# Public Health Leadership Call Meeting Minutes

Wednesday, August 5<sup>th</sup>, 2020 ~ 11:30 AM – 12:30 PM  
Zoom Coordinates in Calendar Invite

## Attendees:

✓	Albert De Villiers (IH)	✓	Ingrid Tyler (FH)	✓	Reka Gustafson (Chair)
✗	Althea Hayden (VCH)	✓	Jong Kim (NHA)	✗	Richard Stanwick (VIHA)
✗	Andrew Larder (FH)	✓	Marianne Henderson (Secretariat)	✗	Shannon McDonald (FNHA)
✓	Bonnie Henry (PHO Office)	✓	Mark Lysyshyn (VCH)	✗	Silvina Mema (IHA)
✗	Brendan Hanley (YK)	✓	Mel	✓	Sue Pollock (IHA)
✗	Brian Emerson (Chair)	✓	Murray Fyfe (VIHA)	✓	Trevor Corneil (BCCDC)
✗	Catherine Elliott (YK)	✓	Patty Daly (VCH)	✓	Adam Charania (Guest)
✗	Daniele Behn Smith (PHO Office)	✓	Perry Kendall	✓	Ciaran Aiken (Guest)
✓	Eleni Galanis (BCCDC)	✗	Raina Fumerton (NH)	✓	Keren Massey (Guest)
✓	Elizabeth Brodtkin (FH)	✗	Rakel Kling (NHA)	✓	Miranda Mason (Guest)

TOPIC	DISCUSSION
1. Welcome and roll call	Reka welcomed everybody and each person was asked to introduce themselves to Dr. Albert de Villiers.
2. Approval of agenda / addition of other items	No items were added to the Agenda but Bonnie had a request for Eleni. s.13
<b>TODAY'S AGENDA</b>	
3. Follow up on Action Items from Previous Minutes	<ul style="list-style-type: none"> <li>• Marianne to make sure asymptomatic testing is one of the standing items (Done)</li> <li>• Trevor will include the proportion of absenteeism as 10% in the PH guidance document</li> <li>• Brian will communicate the proportion of absenteeism update with the Ministry of Education</li> <li>• Jason to support development of impact of school closures document / infographics</li> <li>• On-call MHO's to send Bonnie and Jason an e-mail over the long weekend with their daily numbers</li> </ul>
4. Haida Gwaii update	<p>Jong wanted to give the team a quick update, as well as confirming how to end it. Haida Gwaii outbreak started mid-July and part of the community and local government's response was to minimize exposure. As of this morning, there were 24 cases, no new cases declared since Aug 1<sup>st</sup>. The last cases were contacts of pre-identified cases that had already been isolating. Jong wanted to know when can the community outbreak be declared as over? The standard seems to be about 4 weeks from the last case. Murray said there are certain similarities between Haida Gwaii and the Alert Bay outbreak, and recommended that Jong talk to Charmaine Enns, which he did.</p> <p>The consensus is to use two incubation periods (4 weeks) to call it "over." Eleni mentioned a discussion at the PH Measures WG where they standardized the declaration of the end of outbreaks; they ended up agreeing to 28 days (4 weeks).</p>

s.13; s.17

s.13; s.17

s.13; s.14

7. CMAJ COVID-19  
serology narrative  
review and guidance

Mel spoke about the CMAJ paper that explained that serology should be done for public health guidance in decision-making, which is its primary role. It has very limited benefits for clinical care but should be available to MHOs for clinical use, e.g. with a complex case that doesn't fit with the story. It should also be used by clinicians in a limited way, e.g. for kids with inflammatory syndromes.

s.13

The publication supports the draft public guidance document for British Columbia. It is still missing a process for ordering these tests Mel would like to know if CMHOs agree with the provincial guidance document and the proposed FAQs to be released? If no feedback is received by the end of tomorrow (Thursday) then Mel will publish/post.

ACTION: Review serology guidance and provide comments to Mel

ACTION: Marianne to add this item to the Agenda for next Wednesday s.22

#### STANDING ITEMS

9. Influenza Vaccination Planning	Not Discussed Today
10. Roundtable	Not Discussed Today
11. Adjournment	Meeting adjourned at 12:35pm

#### Attachments:



6. Mockup of COVID19 Maps by LI



7. CMAJ Article Serology.pdf



7. COVID19 antibodies FAQ July



7. Serology Testing Guidelines July 31 v:

## REVIEW

# SARS-CoV-2 (COVID-19) serology: implications for clinical practice, laboratory medicine and public health

Paul Van Caesele MD, for the Canadian Public Health Laboratory Network; Dana Bailey MSc PhD, for the Canadian Society of Clinical Chemists; Sarah E. Forgie MD MEd, for the Association of Medical Microbiology and Infectious Disease Canada; Tanis C. Dingle PhD, for the Canadian Association for Clinical Microbiology and Infectious Diseases; Mel Krajden MD, for the COVID-19 Immunity Task Force

■ Cite as: *CMAJ* 2020. doi: 10.1503/cmaj.201588; early-released August 4, 2020


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# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## HOW YOU CAN SLOW THE SPREAD OF COVID-19

**Take care of others by taking care of yourself**

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

**Stay at Home and Physically Distance**

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

## Guideline for the appropriate use of SARS-CoV-2 (COVID-19) Antibody (Serology) Testing

Aug xx, 2020

*Guidelines for COVID-19 testing in BC are periodically reviewed and updated based on COVID-19 epidemiology, seasonality, public health measures in place, testing capacity, and our evolving understanding of test performance in clinical settings. As a result, BC guidelines may differ from other national or provincial guidelines.*

### Message from the BCCDC Public Health Laboratory

The provincial microbiologists and the Provincial Medical Laboratory Services have developed this guidance document for the appropriate use of SARS-CoV-2 (COVID-19) serology testing.

Together with BC Children's, BC Women's and St. Paul's hospitals, we have collaborated on the validation of commercial laboratory-based SARS-CoV-2 serology.


Based on the published literature, commercial laboratory-based assays are about 95% sensitive at ~30 days post symptom onset and the specificity is approximately 99.5%.

At present clinical applications for serology are limited, and appropriate indications for ordering serological testing are outlined in this guidance document.


As of August xx, 2020, the BCCDC Public Health Laboratory (BCCDC PHL) will provide *limited* SARS-CoV-2 serological testing for the following clinical and public health indications:

#### Hospitalized patients:

- Patients who present with atypical clinical manifestations such as inflammatory syndromes (multisystem inflammatory syndrome in children)
- To help diagnose patients who are SARS-CoV-2 RNA negative, but present with a compatible syndrome, or who present later during their disease course. It is important to note that serological testing becomes reliable after 14 or more days post-symptom onset. Testing at earlier time points may result in false negative results.
- Case-by-case testing after consultation with a Clinical/Medical microbiologist.



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Non-medical inquiries (ex. travel, physical distancing):

1-888-COVID19 (1888-268-4319) or text 604-630-0300



Testing will also be available to address public health needs based on guidance from provincial and regional medical health officers.

To request testing, indicate COVID-19 serology on a serology or hospital requisition and submit a 5 mL gold top serum separator tube (SST). For detailed ordering information please visit the elab handbook

<http://www.elabhandbook.info/PHSA/Default.aspx>.

The BCCDC PHL will be performing orthogonal testing i.e., specimens will be screened by one manufacturer's assay and all positives will undergo supplemental testing to improve specificity. Positive or inconclusive serological tests performed in other laboratories, should also undergo supplemental testing with a second manufacturer's test to improve specificity.

This testing guideline will be adapted as our knowledge of SARS-CoV-2 continues to evolve.

### Key Points

At this time, COVID-19 antibody testing is **NOT** available in BC for routine clinical use **NOR** is it recommended for clinical diagnostic purposes in outpatient populations.

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Use of antibody testing is currently only recommended for

- a limited number of clinical scenarios, or
- at the direction of Medical Health Officers as part of public health investigations, or
- epidemiologic and research studies

Requests for serological testing for clinical purposes require prior approval by a Clinical or Medical Microbiologist.

### Introduction




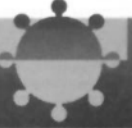
SARS-CoV-2 (COVID-19) antibody testing detects the presence of antibodies made in response to SARS-CoV-2 infection. Unlike direct viral detection methods such as nucleic acid testing (NAT) that identify acutely infected persons, antibody tests help determine if a person has been infected with SARS-CoV-2 in the past, as it can take 14 days or longer for antibodies to SARS-CoV-2 to be reliably detected.

In low prevalence settings such as BC, positive antibody results will be rare, and when they occur, many positive antibody results may in fact be false-positives. In general, tests that are conducted in low prevalence settings have lower accuracy. Antibody testing will therefore be of **most use in people who have a higher pre-test probability of infection**, including individuals with a history of symptoms suggestive of COVID-19, or a higher chance of having been exposed to someone with COVID-19 infection (e.g., contacts of a confirmed COVID-19 case).

As a novel virus, there are many outstanding questions regarding the immune response to COVID-19 infection, including whether antibodies confer protection from re-infection. BC is currently part of national research and public health initiatives to collect the evidence needed to answer many of these questions.

Provincial and regional health authority laboratories are continuing to assess the accuracy and performance of antibody testing, including high volume EIA (Enzyme Immuno-Assays) and point-of-care test kits.

### Indications for testing

 BRITISH COLUMBIA	 Ministry of Health	 BC Centre for Disease Control	<b>If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.</b> Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300	
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## 1. Clinical care

There are a limited number of clinical scenarios for which antibody testing may provide clinical utility, in particular in individuals with a higher pre-test probability of infection. These scenarios include:

- **The diagnosis of patients who present with atypical clinical manifestations that may be due to COVID-19 infection for whom COVID-19 NAT results are negative and antibody test results will affect clinical management, such as Multisystem Inflammatory Syndrome in Children [MIS-C].** To increase clinical sensitivity of serology, testing is best performed 14 days or more after symptom onset.
- **To aid in the diagnosis of acutely ill, hospitalized patients for whom COVID-19 NAT results are negative, yet clinical signs and symptoms are highly suggestive of COVID-19 infection.** For these cases, serological testing is not useful in the early stages of infection, and a negative result could be falsely reassuring. Testing should only be considered when the results will be used to guide patient management or an outbreak response.

Antibody testing is NOT recommended for:

- **The routine diagnosis of acute or recent COVID-19 infections.** As antibodies can take 14 days or more to be reliably detected, and by 14 days after symptom onset most patients with COVID-19 infection are no longer considered infectious, serology provides limited information to guide immediate clinical or public health action. NAT remains the test of choice for diagnosis of acute COVID-19 infection. Furthermore as time passes and the SARS-CoV-2 virus continues to circulate, a positive antibody result may be due to a prior infection and not necessarily reflect the cause of an individual's current symptoms.
- **Determining an individual's immune status or past exposure.** Antibody testing to document immunity to SARS-CoV-2 is NOT recommended as it has not yet been established whether the presence of antibodies provides protection from re-infection. It is also apparent that not everyone with past COVID-19 infection mounts a measurable antibody response that can be detected by laboratory testing, or for how long the antibodies persist. Therefore, antibody results cannot be used as proof of immunity for subsequent decision-making (e.g., decisions related to the use of personal protective equipment, adherence to physical distancing or other public health or workplace recommendations). Antibody testing is also not recommended to verify past exposure as a condition to employment or travel, in schools, prior to surgery or other medical procedures.

## 2. Public health indications

Medical Health Officers may recommend antibody testing for individuals who are part of a public health investigation of a case, cluster or outbreak, regardless of symptom profile.

## 3. Other uses

Serological testing is also being performed in BC as part of public health and clinical research studies, including sero-prevalence surveys, sero-immunity studies, therapeutic trials of donor blood plasma, and assessment of the immunogenicity of candidate vaccines to the SARS-CoV-2 virus.



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## Ordering, collection, and interpreting results

Ordering COVID-19 serology does NOT follow routine serology testing procedures. To request serology for COVID-19 for clinical purposes on a case-by-case basis, please consult your local or BCCDC Clinical or Medical Microbiologist. They will be able to advise on test utility, timelines for availability, and provide assistance with test interpretation.

Aug xx, 2020

Guideline for the appropriate use of SARS-CoV-2 (COVID-19) Antibody (Serology) Testing

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# Coronavirus COVID-19

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## COVID-19 Antibodies – Frequently Asked Questions

July 30, 2020

*This series of questions and answers is written for a general public audience.*

### 1. What do the results mean?

- **Positive** – you were exposed to the COVID-19 virus and your body made antibodies against the virus.
- **Negative** – antibodies against the COVID-19 virus were not found in your blood.
- **Inconclusive** – your test result does not tell us if you have or do not have antibodies against the COVID-19 virus. This could be because you were infected with the COVID-19 virus but your body did not make a lot of antibodies or because there was a problem with the test.

### 2. If my COVID-19 antibody result is positive, do I need to do anything?

No, you don't need to do anything. A positive result tells you about an infection that happened in the past. It does not mean you are currently infected. If you have symptoms and think that you have an infection now, please go to a test center to get a swab for COVID-19 PCR.

### 3. How accurate is the test?

From our experience with the tests so far, positive results are correct approximately 95% of the time (95 out of 100 results are correct). Negative results are correct approximately 99% of the time (99 out of 100 results are correct). No laboratory test is perfect, but the BCCDC Public Health Laboratory can test samples using a combination of different tests to try to improve accuracy.

### 4. What is the benefit of having antibodies to COVID-19?

At this time, we don't know much about the benefits of having antibodies to COVID-19. We are not sure for how long the antibodies last or if they provide protection against future COVID-19 infections. More research is being done around the world, including BC, to try to answer these questions. Even if you have antibodies to COVID-19, at the present time it does not mean that you are protected from being infected again, therefore you should still follow all recommendations from Public Health on how to keep yourself and others safe.

### 5. If I have antibodies can I get COVID-19 again?

We don't know yet. For some infections, having antibodies protects people from getting the infection again. For other infections, it doesn't.

### 6. Should I have another COVID-19 antibody test sometime in the future?

We don't have recommendations for getting tested for COVID-19 antibodies on a regular basis.



Ministry of Health



BC Centre for Disease Control

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7. Why do some people in my household have a positive test and others have a negative test?

Some people in a household can get sick while others do not. This is because some people are more likely to be infected. This could be because of how much virus they were exposed to, their age or if they have any other health problems. Also, people who are infected make different amounts of antibodies. If a person only makes a very small amount of antibodies, the test may not be able to measure it.

8. Does the test work equally well in kids, adults and elderly?

We don't know yet how well the antibody test works for children, as most studies on antibody tests have been done in adults. In general, elderly people may be less likely to produce high amounts of antibodies because their bodies don't respond to infections as actively as younger adults. This might also be true for COVID-19 antibodies.

Research is currently happening to understand COVID-19 antibodies in young children. In the future, if the test works well, young children may also be able to get tested.

9. I have read about saliva tests and finger poke tests for antibodies. Why is BCCDC Public Health Laboratory offering a blood test from a vein?

The accuracy of finger poke tests so far has not been shown to be as accurate as laboratory-based tests. Dried blood spot tests and saliva-based antibody tests are being studied.

10. What does it mean if I tested positive for COVID-19 from my nose swab test but my antibody test is negative?

Different people produce different amounts of antibody. If you had a positive result from the swab test but a negative antibody test now, this may be because you did not produce a lot of antibodies to the infection. This does not mean that your nose swab test result was wrong.

11. What does it mean if I tested negative from the nose swab test but my antibody test is positive?

The swab test may have been done when virus was not present in your nose or the nose swab did not get a good sample so the virus was not detected. The antibody test result shows that you were exposed to the virus and your body made antibodies. It does not tell you about when exactly you were infected or how the virus has impacted you.

