

Gold, Crystal HLTH:EX

From: Cerna, Carolina [PHSA] <carolina.cerna@phsa.ca> on behalf of Morin, Benoit [PHSA] <benoit.morin@phsa.ca>
Sent: October 2, 2020 9:47 AM
To: XT:Morin, Benoit HLTH:IN; XT:Ulrich, Cathy HLTH:IN; Bell, Carolyn P HLTH:EX; Byres, David W HLTH:EX; XT:Dawkins, Laurie GCPE:IN; Gustafson, Reka [BCCDC]; Rongve, Ian HLTH:EX; 'IHEOCDirector@interiorhealth.ca'; XT:Lavery, John HLTH:IN; XT:MacNeil, Kathryn HLTH:IN; Diacu, Mariana HLTH:EX; Moneo, Mitch HLTH:EX; HLTH COVIDAnalytics HLTH:EX; Pokorny, Peter HLTH:EX; XT:HLTH Prentice, Cathy; XT:Dalton, Fiona HLTH:IN; XT:Jock, Richard HLTH:IN; Brown, Stephen R HLTH:EX; XT:Brown, Susan PSA:IN; XT:Manning, Tim HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:HLTH Eliopoulos, Vivian; Vowles, Wendy M HLTH:EX
Subject: Daily Dashboard - October 2, 2020
Attachments: 2020-10-02 Provincial Dashboards -- COVID Dashboard.xlsx

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*****Message sent on behalf of Benoit Morin, President & CEO, PHSA*****

Good Morning,

Please find attached the Daily Dashboard for Friday, October 2, 2020.

Kindly fan out as required.

Thank you.

Carolina Cerna

Manager, CEO Office Administration and Executive Assistant to Benoit Morin, President & CEO
Provincial Health Services Authority



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Provincial Supply Chain by Health Authority

Supply Chain COVID-19 Dashboard

2020-10-01 07:45 PM

Equipment by Category	Warehouse Qty on Hand					Days of Inventory on Hand at Warehouse					Daily Issued from Warehouse to HA's					Qty Ordered	Qty Received	Qty Remaining	Qty Consumed by Week
	Total Warehouse Qty on Hand	Lower Mainland	Interior	North	Island	AVG DDI (Last 30 Days)	Lower Mainland	Interior	North	Island	AVG Daily Usage (Last 30 Days)	Lower Mainland	Interior	North	Island				
<ul style="list-style-type: none"> Bouffants Coveralls Disinfectant Other Disinfectant Wipes (thins and cans) Face Shields Gloves Exam (pair) Gloves Nitrile Extended Cuff (pair) Goggles Gowns Chemo / Trauma Gowns Isolation - Unsterile Gowns Isolation Level 2 / 3 / 4 Hand Sanitizer Masks N95 Masks N95 Masks N95 Other Masks Procedure Other Respirators Reusable Elastomeric Shoe Covers Suits Viral 	s.13; s.17																		

Supply Chain COVID-19 Dashboard

2020-10-01 07:45 PM

Equipment by Category	Warehouse Qty on Hand					Days of Inventory on Hand at Warehouse					Daily Issued from Warehouse to HA's					Qty Ordered	Qty Received	Qty Remaining	Qty Consumed by Week
	Total Warehouse Qty on Hand	Lower Mainland	Interior	North	Island	AVG DDI (Last 30 Days)	Lower Mainland	Interior	North	Island	AVG Daily Usage (Last 30 Days)	Lower Mainland	Interior	North	Island				
<ul style="list-style-type: none"> Drapes Gloves Surgical (pair) Gown Surgical Level 3 Gown Surgical Level 4 Mask Surgical Other Procedure Packs Surgical Caps Surgical Packs, Abdominal Surgical Packs, Cardiovascular Surgical Packs, ENT Surgical Packs, General Surgical Packs, Breast 	s.13; s.17																		

- Surgical Packs, Obstetrics
- Surgical Packs, Ophthalmology
- Surgical Packs, Orthopedics
- Surgical Packs, Pediatrics
- Surgical Packs, Plastic
- Surgical Packs, Urology

s.13; s.17

Supply Chain COVID-19 Dashboard

2020-10-01 07:45 PM		Warehouse Qty on Hand					
Equipment by Sub-Category	Assumed Attribution	Current Mainland	Interiors	North	Island	Total	
Bottles		s.13; s.17					
Barbure							
Coveralls							
Disinfectant Other							
Disinfectant Wipes (tube and case)							
Electricity Resizable Respirators							
Gloves Exam Nitrile (L) (pair)							
Gloves Exam Nitrile (M) (pair)							
Gloves Exam Nitrile (S XS) (pair)							
Gloves Exam Nitrile (XL) (pair)							
Gloves Exam Vinyl (L) (pair)							
Gloves Exam Vinyl (M) (pair)							
Gloves Exam Vinyl (S XS) (pair)							
Gloves Exam Vinyl (XL) (pair)							
Gloves Nitrile Ext Cuff (L) (pair)							
Gloves Nitrile Ext Cuff (M) (pair)							
Gloves Nitrile Ext Cuff (S XS) (pair)							
Gloves Nitrile Ext Cuff (XL) (pair)							
Hand Sanitizer (L Refill)							
KN95							
Other							
Respirators Resizable Electronic							
Respirators Resizable Electronic Filters							
Respirators Resizable Electronic Masks							
Shoe Covers							
Snorkel Vial							
Surgical Isolation Level 2 / 3 / 4							

SPL 2 - Rated Source Coveralls (SPL) -
2-Box Surgical Source Level 3 or
4 Resizable Source

2020-10-01 07:45 PM		HA Site Inventory Counts						
Equipment by Sub-Category	Assumed Attribution	PHU	PHC	PHIA	PHB	PHBLA	PHCH	Total
Coveralls		s.13; s.17						
Disinfectant Other								
Disinfectant Wipes (tube and case)								
Face Shields								
Gloves Exam Nitrile (L) (pair)								
Gloves Exam Nitrile (M) (pair)								
Gloves Exam Nitrile (S XS) (pair)								
Gloves Exam Nitrile (XL) (pair)								
Gloves Exam Vinyl (L) (pair)								
Gloves Exam Vinyl (M) (pair)								
Gloves Exam Vinyl (S XS) (pair)								
Gloves Exam Vinyl (XL) (pair)								
Gloves Nitrile Ext Cuff (L) (pair)								
Gloves Nitrile Ext Cuff (M) (pair)								
Gloves Nitrile Ext Cuff (S XS) (pair)								
Gloves Nitrile Ext Cuff (XL) (pair)								
Gloves Surgical (pair) (S, S, and S, S)								
Gloves Surgical (pair) (S, S, S)								
Gloves Surgical (pair) (S, S, S)								
Gloves Surgical (pair) (S, S, S)								
Goggles								
Gown Surgical Level 3 (S)								
Gown Surgical Level 3 (S)								
Gown Surgical Level 3 (S, XS)								
Gown Surgical Level 4 (S)								
Gown Surgical Level 4 (S, XS, XS)								
Gown Chemical / Toxin								
Gown Isolation - Unrated								
Gown Isolation Level 2 / 3 / 4								

Supply Chain COVID-19 Dashboard

2020-10-01 07:45 PM		Warehouse Qty on Hand					
Equipment by Sub-Category	Assumed Attribution	Current Mainland	Interiors	North	Island	Total	
Gloves Exam Vinyl (S XS) (pair)		s.13; s.17					
Gloves Exam Vinyl (XL) (pair)							
Gloves Nitrile Ext Cuff (L) (pair)							
Gloves Nitrile Ext Cuff (M) (pair)							
Gloves Nitrile Ext Cuff (S XS) (pair)							
Gloves Nitrile Ext Cuff (XL) (pair)							
Hand Sanitizer (L Refill)							
KN95							
Other							
Respirators Resizable Electronic							
Respirators Resizable Electronic Filters							
Respirators Resizable Electronic Masks							
Shoe Covers							

2020-10-01 07:45 PM		HA Site Inventory Counts						
Equipment by Sub-Category	Assumed Attribution	PHU	PHC	PHIA	PHB	PHBLA	PHCH	Total
Gown Surgical Level 3 (S)		s.13; s.17						
Gown Surgical Level 3 (S, XS)								
Gown Surgical Level 4 (S)								
Gown Surgical Level 4 (S, XS, XS)								
Gown Chemical / Toxin								
Gown Isolation - Unrated								
Gown Isolation Level 2 / 3 / 4								
Hand Sanitizer (Refill)								
Hand Sanitizer (L Refill)								
Mask KN95								
Mask N95								
Mask N95								
Mask N95								

STAGING WAREHOUSE

PPE Category	Source	Quantity
Coveralls	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	s.13; s.17
Disinfectant Other	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Disinfectant Wipes (tubs and cans)	<input checked="" type="checkbox"/> NESS	
Face Shields	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	
Gloves Exam (pair)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gloves Nitrile Extended Cuff (pair)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gloves Surgical (pair)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Goggles	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gowns Isolation - Unrated	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gowns Isolation Level 2 / 3 / 4	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	

Clinical Assessment Rating 3: Item is not a standard inventory item, is not appropriate at this time, is in an acceptable condition and could be considered for use if we reach stage 6 (no other PPE options)

Clinical Assessment Rating 4: Item is unacceptable or is in unacceptable condition and there is no potential or possibility of it ever being used

Supply Chain COVID-19 Dashboard

Description

100

PPE Category

100

Clinical Assessment

100

Source

100

STAGING WAREHOUSE

PPE Category	Source	Quantity
Goggles	<input checked="" type="checkbox"/> NESS	s.13; s.17
Gowns Isolation - Unrated	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gowns Isolation Level 2 / 3 / 4	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Hand Sanitizer (bottles)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	
Mask Surgical	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Masks KN95	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	
Masks N95 Other	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Mask Procedure	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	

Clinical Assessment Rating 3: Item is not a standard inventory item, is not appropriate at this time, is in an acceptable condition and could be considered for use if we reach stage 6 (no other PPE options)

Clinical Assessment Rating 4: Item is unacceptable or is in unacceptable condition and there is no potential or possibility of it ever being used

s.13; s.17

<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Vendor
<input type="checkbox"/> Swiss Vival	<input checked="" type="checkbox"/> Donation
	<input checked="" type="checkbox"/> NESS
	<input checked="" type="checkbox"/> NESS

Provincial Lab Medicine Services Dashboard by Health Authority

	CHS (Kamloops)	CHS (Vancouver)	CHS (Port Moody)	CHS (Richmond)	CHS (Surrey)	CHS (Vancouver)	CHS (Vancouver)	CHS (Vancouver)	CHS (Vancouver)	CHS (Vancouver)	CHS (Vancouver)
Provincial Lab Medicine Services (PLMS)											
Today's instrument testing capacity (i.e. specimens/day) by testing site	2,400	745	452	450	2,400	832	100	264	3,000	1,200	11,843
Current pending (i.e. total # of specimens at testing site but not yet tested)		906	43	89	616	616	10	81	1,170	1,376	4,907
Number of tests performed and results reported since last reporting period	355	1,061	482	274	877	923	92	184	2,596	1,200	8,044
Number of days (i.e. estimated depletion date) for extraction reagent available on site based on current:											
testing volume	3	80	49	65	23			133	37	4	34
instrument testing capacity	5	85	30	23	26			93	32	4	28
Number of days (i.e. estimated depletion date) for analyzer reagent available on site based on current:											
testing volume	3	53	49	116	54		11	137	31	29	43
instrument testing capacity	5	57	30	42	60		10	95	26	29	35
Swabs days on hand (based on 14 day average usage)	27	66	25		6		201	22	10	35	142
Number of tests performed to date	71,026	56,350	64,035	77,631	66,167	5,317	12,669	101,299	54,322	508,816	

Notes:

IHA has one extractor down; some specimens were sent to BCCDC

NHA data from October 1 report

To be validated

Data from September 30

Legend of number of days on hand available of extraction and analyzer reagent

< 0 days

> 0 and < 2 days

>= 2 and < 3 days

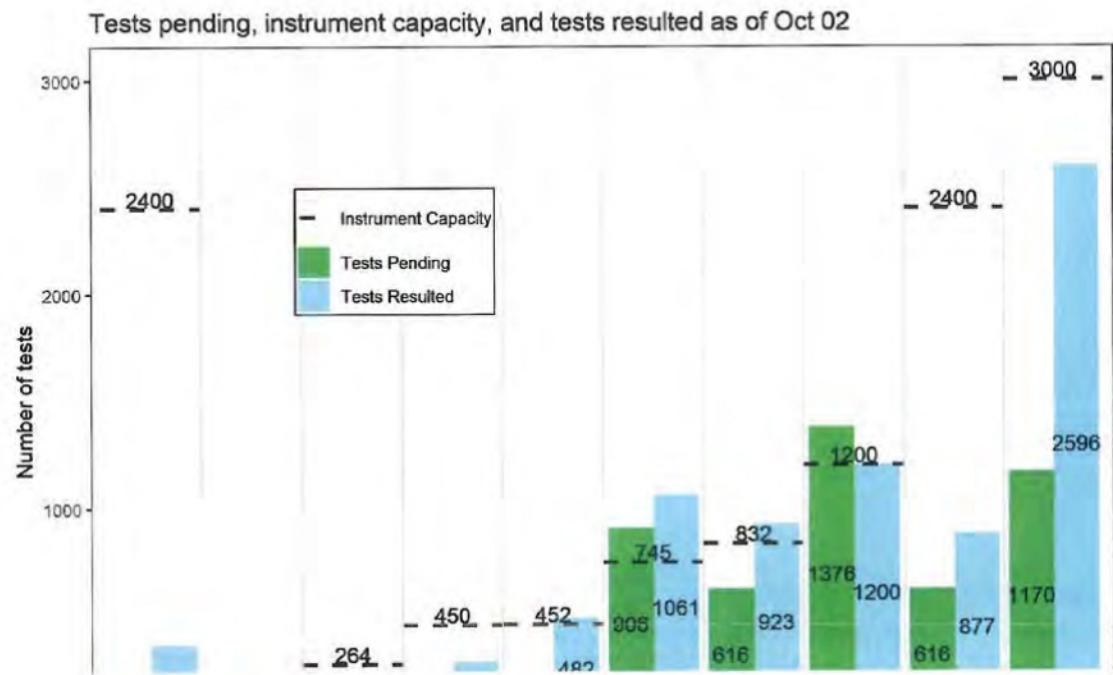
>= 3 days

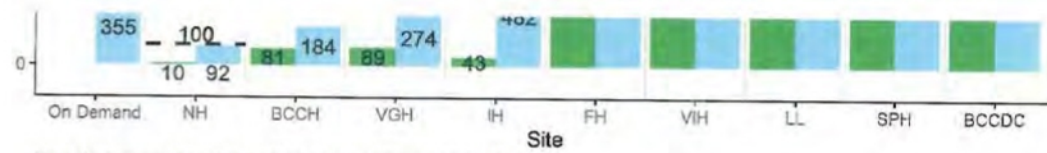
Interpretation

- 1) Line one is a leading indicator of forecasted instrument capacity
- 2) Line two is the current status of pending tests to be completed this day
- 3) Confirmed that as long as pending is lower than forecasted capacity TAT is <24 hrs.

Notes:

- The capacity numbers on this dashboard reflect the real-time daily capacity based on operational capacity and testing demand. It is subject to change.
- Number of tests performed to date is a cumulative number. Due to reporting delays, data is subject to change with reconciliation.
- Extraction reagent for GeneXpert and Biofire are not reported as GeneXpert and Biofire kits contain all reagents in single cartridge.
- On Demand capacity will be utilized as needed.
- On Demand is excluded from all calculations except provincial capacity and number of tests performed and results reported.





Note: On Demand pending tests data are unavailable on a daily basis

Provincial BC Emergency Health Services Dashboard by Health Authority

	Island Health	Fraser Health	Vancouver Island Health	Coast Health	Squamish Health	PHSA	Providence - SIREN
BC Emergency Health Services (BCEHS)							
Total 9-1-1 Medical Priority Dispatch System (MPDS) call volumes	270	521	358	305	101		1,555
Total 9-1-1 Medical Priority Dispatch System (MPDS) calls - Transported to Hospital	195	326	207	216	70		1014
Total Influenza-Like Illness (ILI) calls - Dispatch-identified (see note below)	28	69	44	38	11		190
Total COVID-19 calls - SIREN (see note below)	7	32	24	8	5		76
Hospital delays (in hours)	2.7	12.4	1.5	4.7	0.6		21.8
Transfer Events - Transported Total	77	58	34	30	26	1	226
Transfer Events - Transported PTN-COVID (Suspected/Confirmed)							8
Ambulance out of service OOS (hours)	243.9	130	130.6	42.8	305.8		853.1
OOS by Type (hours)							
Cleaning	5.9	20.4	13.6	4.3	1.3		45.5
Mech/No-Veh	4.3						4.3
Other	8.9	19.9	28.9	3.9	3.9		65.5
Staff-Half-Crew	42.7	32.3	24.5	8.3	67.6		175.4
Staff-No-Crew	182.1	57.4	63.6	26.3	233		562.4

Total Influenza-Like Illness (ILI) calls - Dispatch-identified

BCEHS call takers use a screening tool to identify a potential ILI patient and add a flag that notifies the paramedic specialist (PS) in the dispatch centre to review the call. There have been some minor changes over time but the general process is the same.

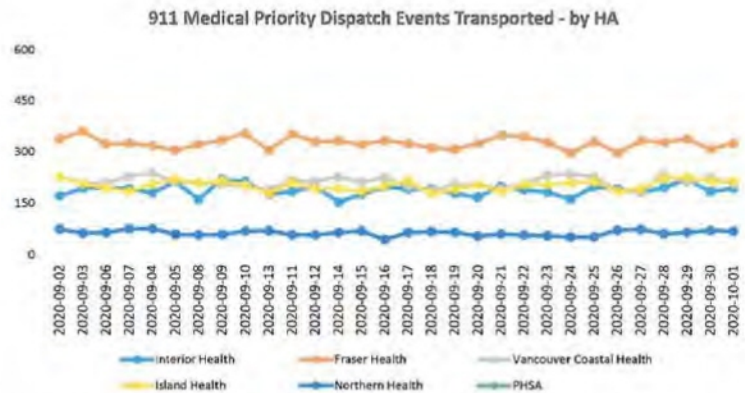
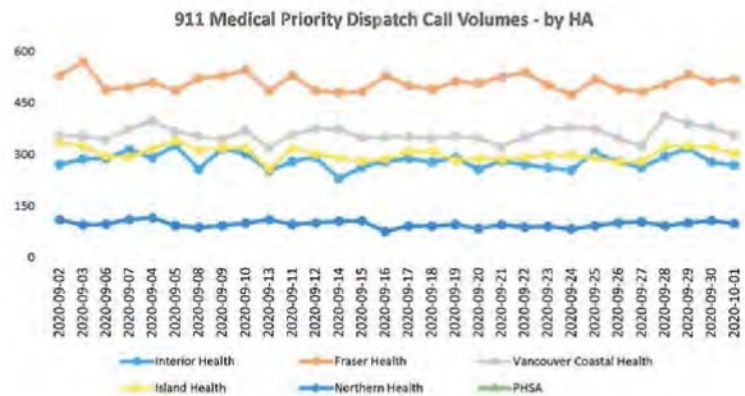
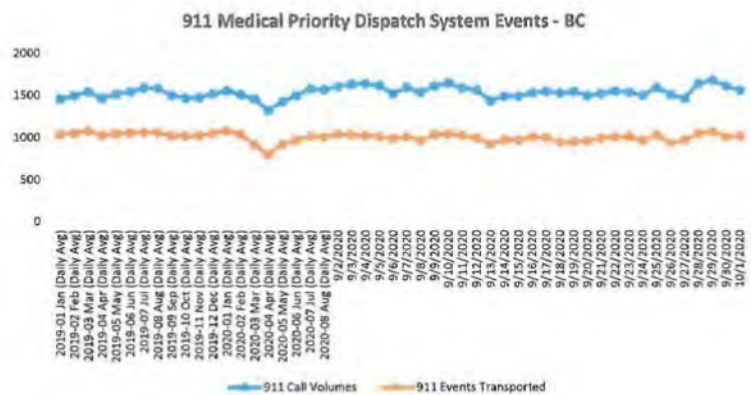
NOTE: This measure only shows the number of patients that are reporting flu-like symptoms.

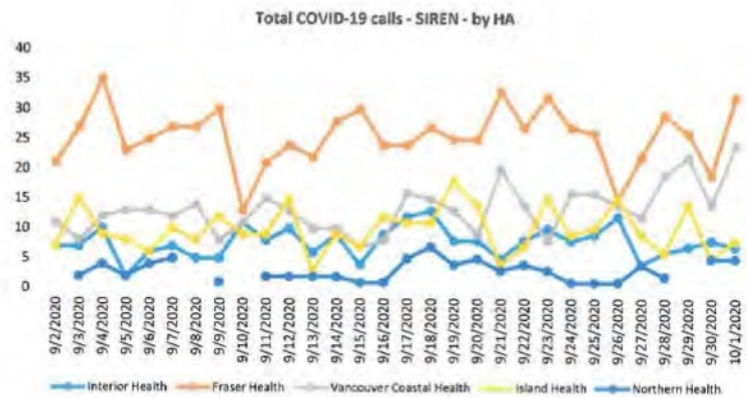
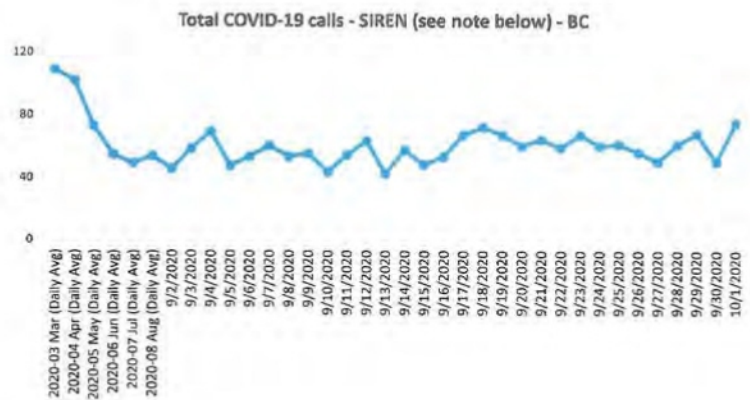
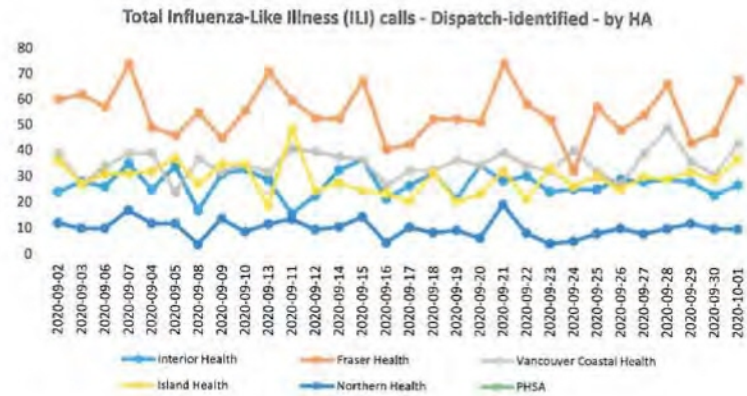
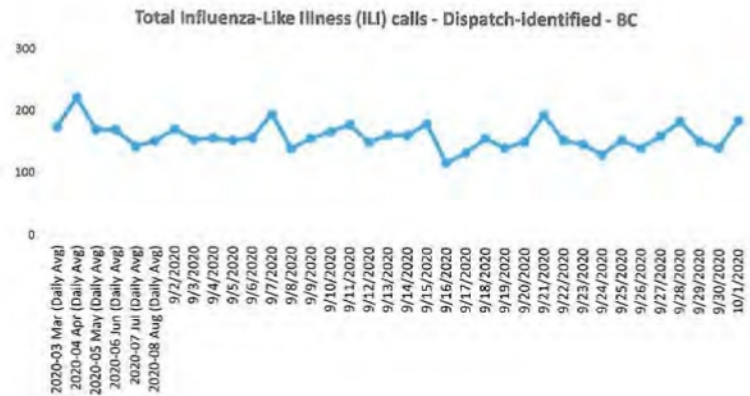
Total COVID-19 calls - SIREN

BCEHS implemented a mandatory COVID-19 screening tool in the paramedic patient care record system (SIREN) on Mar 12. It was based on early screening tools that used travel and exposure to infected people as the main consideration. The tool is still valid, but will be less effective with COVID-19 now being community spread.

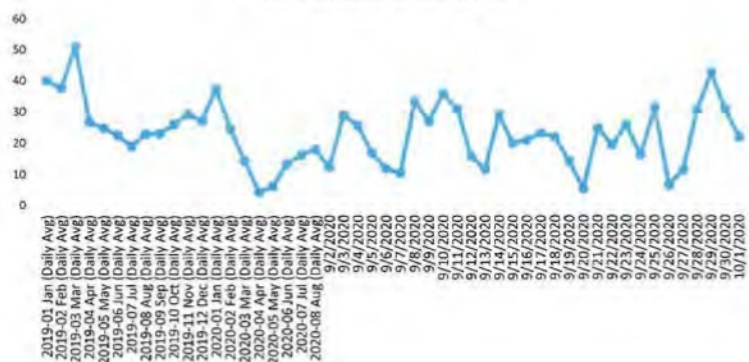
NOTE: Paramedics are not conducting any testing of patients for COVID, so again this is only symptom based.

Definition of Date reflects time range





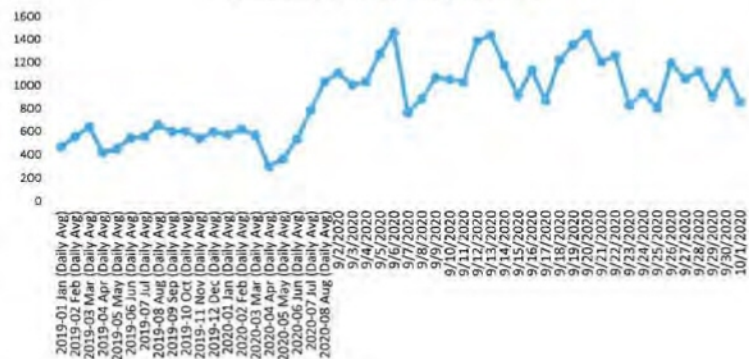
Hospital delays (in hours) - BC



Hospital delays (in hours) - by HA



Ambulance out of service (hours) - BC



Ambulance out of service (hours) - by HA



Provincial COVID-19 Hospitalizations Dashboard by Health Authority

	Seaton Health	Fraser Health	Vancouver Coastal Health	PeaceHealth Inland Care	Island Health	Northern Health	PHSA	Prochem Health
COVID-19 Hospitalizations								
Total number of COVID patients in critical care	0	6	3	9	0	1	0	19
Total number of suspected COVID patients in critical care	1	0	0	0	3	1	0	5

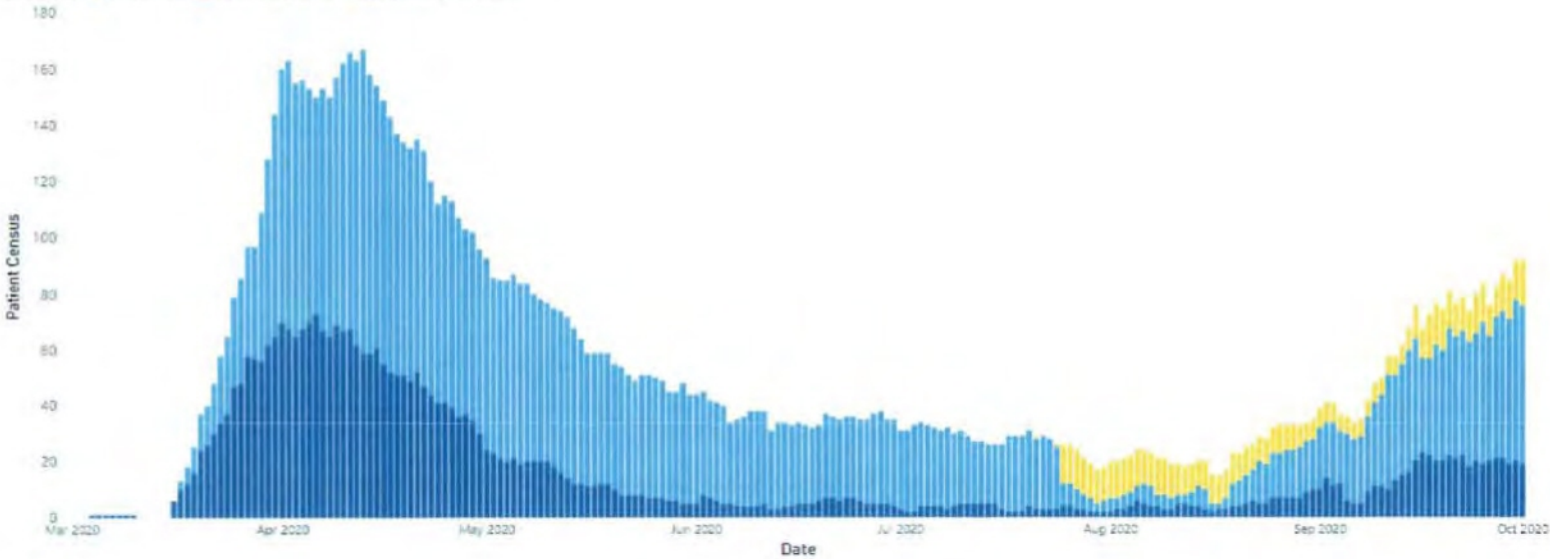
COVID19 Hospitalizations

Health Authority
FHA IHA NHA PHC PHSA VCH VIHA

Provincial COVID19 Monitoring Solution (PCMS)

Hospital Category
COVID (Pri/Sec) Non-COVID

Care Level
Critical Care Non-Critical Care Discontinued Isolation



Last Data Entry
10/1/2020 11:40:19 AM

Access & Flow

Health Authority
FHA NHA PHSA VIHA

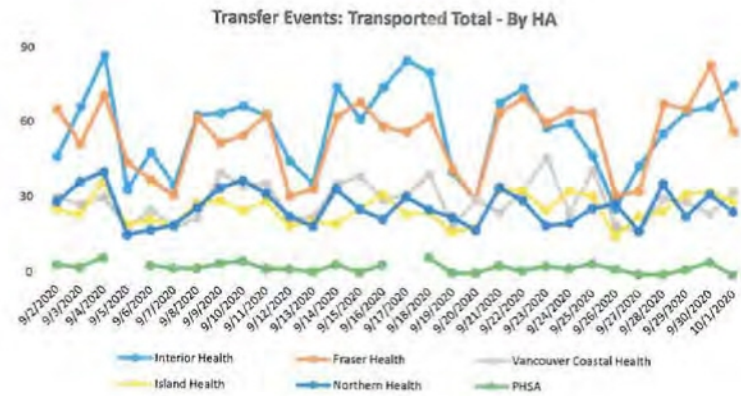
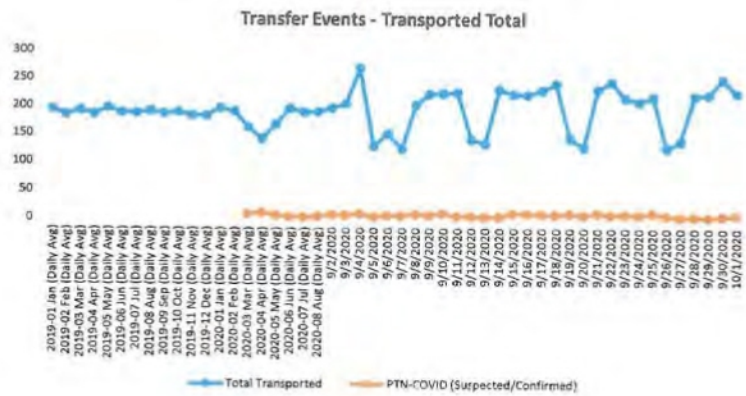
IHA PHC VCH

Hospital Category

Provincial COVID19 Monitoring Solution (PCMS)

Critical Care COVID Positive and Suspected Patient Census





COVID (Pri/Sec)

Non-COVID

Positive Suspected

From: HLTH COVID CRHEM HLTH:EX
Sent: October 2, 2020 1:28 PM
To: Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Moulton, Holly HLTH:EX
Cc: Prevost, Jean-Marc GCPE:EX; Henry, Bonnie HLTH:EX; Lawrie, Hannah GCPE:EX; 'nicola@nlkstrategies.ca'; Rongve, Ian HLTH:EX; Vandermolen, Chad HLTH:EX; Wright, Martin P HLTH:EX; Collins, Teri HLTH:EX; Smith, Paula GCPE:EX; Walsh, Sara M HLTH:EX; May, Stephen GCPE:EX
Subject: COVID Update October 2
Attachments: Oct 2 Daily COVID-19 Report-CORRECTED.docx

Good afternoon,

Attached please find today's COVID update.

Thank you.



COVID Response and Health Emergency Management Division
Ministry of Health

Email: COVID.CRHEM@gov.bc.ca

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Oct 2, 2020

Daily COVID-19 Report

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Contents

Case Counts (as of Oct 2/10:00)	2
Epi-Linked Probable Cases (as of Oct 2/10:00)	3
Long Term Care / Assisted Living / Independent Living / Facilities (as of Oct 2/10:00)	4
Testing Inclusive of Community Assessment Sites (as of Oct 1/23:59)	10
BCCDC Population Health Survey "Your Story, Our Future" (as of June 1/10:30am)	10
International Arrivals (as of Oct 1/23:59)	11
Occupancy Rates & ED Visits (as of Sept 30/23:59)	12
Emergency Department Visits (as of Oct 1/23:59)	13
BC Emergency Health Services Influenza Like Illness (ILI) Calls (as of Oct 1/23:59)	14
BC Emergency Health Services Total Call Volumes (as of Oct 1/23:59)	14
8-1-1 Data (as of Oct 1/23:59)	15
Self Assessment Tool - BCCDC.com (as of Oct 1/23:59)	16
BC COVID19 APP (as of Oct 1/23:59)	17
Virtual Health Usage (Zoom and Intouch Tools) (as of Sept 27/23:59)*	17
Home Health Monitoring (as of Oct 1/16:00)	18
1-888-COVID19 (as of Oct 1/23:59)	18
Chat Bot / Digital Assistant (as of Oct 1/17:00)	19
BC 2-1-1 Referral Line (as of Oct 1/23:59)	20
Temporary Emergency Registrants (as of Aug 28/11:30)	21
PHO Orders	24

Case Counts (as of Oct 2/10:00)

Total Cases (lab confirmed and lab probable)	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
9,212 (↑159 ^a)	161	7,813 (↑118)	63 (↓6)	16 (↓3)	11 (↓1)	238 (↑3)

FHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
4,728 (↑78 ^a)	79	3,843 (↑45)	33 (↓3)	6	6 (↑1)	110 (↑2)

IHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
506	0	521 (↑5)	2	0	0	2

VIHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
205	0	199	0	0	0	6

NHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
293 ^a	1	285 (↑5)	0 (↓2)	0 (↓1)	0 (↓1)	3 (↑1)

VCHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
3,393 (↑80)	80	2,885 (↑63)	27 (↓1)	10 (↓2)	5 (↑1)	117

Out of Canada:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
87 (↑1)	1	80	1			0

^a The remaining two are epi-linked (1 FHA and 1 NHA).

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Epi-Linked Probable Cases (as of Oct 2/10:00)

Total Cases, inclusive of Epi-linked Cases
9,381 (↑161)

Total Epi-linked Cases by Region							
Date	FHA	IHA	VIHA	NHA	VCH	Out of Canada*	Total
Oct 2	63 (↑1)	29	4	25 (↑1)	47	1	169 (↑2)
Oct 1	62	29 (↑1)	4	24	47	1	167 (↑1)
Sept 30	62 (↑1)	28	4	24 (↓1)	47 (↓1)	1	166 (↓1)
Sept 29	61 (↑1)	28	4	25 (↑1)	48 (↑1)	1	167 (↑3)
Sept 28	60 (↑3)	28 (↑1)	4	24 (↑3)	47 (↑3)	1	164 (↑10)
Sept 25	57	27	4	21 (↑1)	44	1	154 (↑1)
Sept 24	57 (↑3)	27	4	20 (↑2)	44 (↑7)	1	153 (↑12)
Sept 23	54 (↑3)	27	4	18 (↑1)	37 (↑1)	1	141 (↑5)
Sept 22	51 (↑1)	27	4	17 (↑3)	36 (↑3)	1	136 (↑7)
Sept 21	50 (↑4)	27	4	14 (↑1)	33 (↑2)	1	129 (↑7)

* Section contains non-residents (e.g., temporary foreign workers, or travelers) who were Epi-linked or have been provided an epi-probable diagnosis of COVID-19 while in BC.

Long Term Care / Assisted Living / Independent Living / Facilities (as of Oct 2/10:00)

Total Cases:

Reported Outbreaks

- One new outbreak has been reported since yesterday (Surrey Memorial Hospital-5W – FHA).
- Two outbreaks have been declared over since yesterday (Peace Arch Hospital-5N – FHA, Yaletown House – VCH).
- There are currently 19 active outbreaks.
- There have been 105 total outbreaks reported since January 1, 2020.

Outbreaks in Care Facilities

- 86 (↑1) were reported in care facilities (56 LTCF, 18 (↑1) acute, 5 independent living, 5 assisted living, 1 other residential facility, 1 group home).
 - 17 (↓1) are currently active.
 - One new outbreak has been reported since yesterday (Surrey Memorial Hospital-5W – FHA).
 - Two outbreaks have been declared over since yesterday (Peace Arch Hospital-5N – FHA, Yaletown House – VCH).
 - Total outbreaks:
 - 54 (↑1) in FHA, 30 in VCH, 2 in IHA
 - 69 (↑2) have been declared over (42 (↑1) FHA, 25 (↑1) VCH, 2 IHA).
 - Total cases:
 - 864 (↑4) cases (513 residents and 351 (↑2) staff/other) and 171 (↑2) deaths (all in residents)*
 - 4 new cases (1 residents and 3 staff/other), and 2 new deaths since yesterday.

Outbreaks in Other Settings

- 19 outbreaks were reported in other settings (10 workplaces, 3 workplace/communal living, 3 correctional facilities, 1 conference, 1 shelter, 1 religious institution).
 - 2 are currently active.
 - No new outbreaks have been reported since yesterday
 - No outbreaks have been declared over since yesterday
 - 10 in FHA, 5 in IHA, 1 VCH, 3 Provincial
 - 17 have been declared over (10 FHA, 4 IHA, 1 VCH, 2 Provincial).
 - Total cases:
 - 512 cases (122 residents and 390 staff/other) and 2 deaths (1 resident and 1 staff/other)
 - No new cases and no new deaths since yesterday

* 1 resident case from the previous report has been reclassified as staff/other due to a data correction. As a result, while day-over-day case counts increased by 1 resident and 3 staff/other over the current reporting period, the total change reported for residents and staff are 0 and 2, respectively

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Provincial/Interprovincial Outbreaks:

Provincial/Interprovincial Outbreaks		
Facility Name	Total Confirmed Cases	Total Deaths
Teck Coal Mine	1	0

Provincial/Interprovincial Outbreaks - Declared Over		
Facility Name	Total Confirmed Cases	Total Deaths
1. Pacific Dental Conference	87 Staff/Other	1
2. Kears Lake, Workplace/Communal Living	28 Staff/Other	0

Individual Facilities VCHA:

VCHA: Long Term Care / Assisted Living / Independent Living						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Point Grey Hospital, LTCF	15	5	7	0	22	5
2. St. Paul's Hospital 8A	1	0	5 (↑1)	0	6 (↑1)	0
3. Banfield Pavilion – 4 th Floor West	0	0	1	0	1	0
4. Holy Family Hospital, Neighbourhood 1 and 2	0	0	1	0	1	0
5. Haro Park Centre, Special Care Unit	10	0	2 (↑2)	0	12 (↑2)	0

VCHA: Acute Sites						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

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VCHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Arbutus Care Centre, LTCF	0	0	1	0	1	0
2. Richmond Lions Manor – Bridgeport LTCF	0	0	1	0	1	0
3. Joseph & Rosalie Segal Family Health Centre	0	0	2	0	2	0
4. South Granville Park Lodge, LTCF	9	2	9	0	18	2
5. German Canadian Benevolent Society Home, LTCF ^a	0	0	1	0	1	0
6. Little Mountain, LTCF	0	0	1	0	1	0
7. Inglewood, LTCF	0	0	1	0	1	0
8. Villa Cathay, LTCF	0	0	1	0	1	0
9. Hollyburn House, LTCF	1	0	0	0	1	0
10. Central City Lodge, LTCF	0	0	1	0	1	0
11. Lynn Valley, LTCF	53	20	26	0	79	20
12. Windermere Care Centre, LTCF	2	1	12	0	14	1
13. Lions Gate Hospital (6E & NCU/7E), Acute ^b	15	8	13	0	28	8
14. Richmond Hospital (2S)	4	2	2	0	6	2
15. Haro Park, LTCF	55	13	34	0	89	13
16. Evergreen House, LTCF	0	0	1	0	1	0
17. Amica Edgemont, LTCF	9	3	10	0	19	3
18. Royal Arch Masonic Home, LTCF	26	12	11	0	37	12
19. Berkley Care Centre, LTCF	12	5	13	0	25	5
20. St. Paul's Hospital, NICU	0	0	0	0	0	0
21. Holy Family Hospital	53	21	35	0	88	21
22. Holy Family Hospital, Neighborhood 2 – LTCF	0	0	1	0	1	0
23. Royal Arch Masonic Home 2, LTCF	0	0	1	0	1	0
24. OPAL by Element, LTCF	0	0	1	0	1	0
25. NEW -Yaletown House, LTCF	0	0	1	0	1	0

^a Previously reported as "German Canadian House"

^b Previously reported as "Lions Gate Hospital (Unit 6 East)"

VCHA: Other Shared Living / Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
No New Facilities	-	-

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Individual Facilities FHA:

FHA: Long Term Care / Assisted Living / Independent Living/ Acquired Brain Injury Unit						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Evergreen Hamlets - LTCF	0	0	1	0	1	0
2. New Vista Care Centre	26	11	18	0	44	11
3. Cherington Place	7	3	5	0	12	3
4. Kin Village	3	1	1	0	4	1
5. Rideau Retirement Centre – LTCF	1	0	0	0	1	0
6. Milieu Children and Family Services Society	6	0	13	0	19	0
7. Harrison West at Elm Village	0	0	1	0	1	0
8. Thornebridge Gardens	1	0	1	0	2	0
9. George Derby Centre 2	0	0	1	0	1	0

FHA: Acute Sites						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Delta Hospital 2S	16 (↓1) ^a	5 (↑2)	7 (↑1) ^b	0	23	5 (↑2)
2. Peace Arch Hospital-SN	1	0	0	0	1	0
3. NEW – Surrey Memorial hospital -SW	1 (↑1)	0	0	0	1 (↑1)	0

FHA: Correctional Facilities						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

a. Decrease of one case due to data correction.

b. Increase of one case due to data correction.

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FHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed	Total Deaths
1. Mission Memorial Hospital – MM-2S	9	1	5	0	14	1
2. Langley Memorial Hospital long term care – Maple Hill	1	1	2	0	3	1
3. Tabor Home	1	1	0	0	1	1
4. Langley Lodge, LTCF	51	26	16	0	67	26
5. New World Technologies	0	0	3	0	3	0
6. Valhaven, LTCF	3	1	6	0	9	1
7. Maersk Co Distributing	0	0	2	0	2	0
8. Nature's Touch Frozen Fruits	0	0	5	0	5	0
9. Oppenheimer Group	0	0	4	0	4	0
10. Delta View, LTCF	0	0	1	0	1	0
11. Evergreen Heights Complex, Assisted Living	1	0	0	0	1	0
12. The Harrison at Elim Village, LTCF	0	0	1	0	1	0
13. Shaughnessy Care Center, LTCF	1	1	2	0	3	1
14. Amica Retirement Home, LTCF (White Rock)	0	0	1	0	1	0
15. Langley Lodge, LTCF	0	0	1	0	1	0
16. Langley Gardens, LTCF	3	0	3	0	6	0
17. Guildford Seniors Village, LTCF	0	0	1	0	1	0
18. MSA Manor, LTCF	0	0	1	0	1	0
19. Swedish Canadian Manor, Assisted Living	11	3	2	0	13	3
20. Cedarbrook Chateau, Independent Living	3	0	2	0	5	0
21. Ridge Meadows Hospital (Medicine unit 3N), Acute	11	4	1	0	12	4
22. MSA (Rehab Unit WP1W), Acute (includes Worthington Pavilion)	10	4	6	0	16	4
23. Dufferin Care Centre, LTCF	14	4	8	0	22	4
24. Ridge Meadows Hospital (Rehab AM)	7	2	5	0	12	2
25. Ridge Meadows Hospital (Unit 3W)	3	1	0	0	3	1
26. United Poultry ^a	0	0	36	0	36	0
27. Mission Institution Medium Security Correctional Facility	121	1	13	0	134	1
28. Residence at Clayton Heights, Acquired Brain Injury Unit	3	2	2	0	5	2
29. Chartwell Willow, LTCF	15	2	5	0	20	2
30. Eden Care Centre, LTCF	8	1	0	0	8	1
31. Abbotsford Regional Hospital AB-4YICU & AB-4YHAU	1	0	10	0	11	0
32. Worthington Pavilion, LTCF	2	1	5	0	7	1
33. The Cedars in Mission, ALF	1	0	0	0	1	0
34. New Vista Society, LTCF	5	1	1	0	6	1
35. Superior Poultry	0	0	61	0	61	0
36. Fraser Valley Specialty Poultry	0	0	7	0	7	0
37. Beresford Warming Centre	0	0	3	0	3	0
38. Nicola Lodge	1	0	0	0	1	0
39. Fraser Valley Packers	0	0	81	0	81	0
40. Dania Home – Long Term Care Facility	0	0	1	0	1	0
41. Maple Ridge Seniors Village – LTCF	0	0	1	0	1	0
42. Langley Memorial Hospital - 2N	2	0	0	0	2	0
43. Derby Manor – Independent Living	0	0	1	0	1	0

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Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Confirmed Cases	Deaths
44. George Derby Centre	3	1	4	0	7	1
45. Czorny Alzheimer's Centre	0	0	1	0	1	0
46. MSA Manor 2	1	0	0	0	1	0
47. Queen's Park 3C-NMSK, Acute Care	9	1	1	0	10	1
48. Bear Creek Villa	1	0	0	0	1	0
49. Normanna – LTCF	0	0	1	0	0	0
50. Loblaw's Warehouse	0	0	20	0	20	0
51. Surrey Memorial Hospital – SM-T72	2	1	2	0	4	1
52. Burnaby Hospital BH-3C	1	0	5	0	6	0
53. NEW - Peace Arch Hospital -SN	3	0	1	0	4	0

*Three of these cases live in Fraser Health and are reported under Fraser Health Totals.

Individual Facilities IHA:

IHA: Long Term Care / Assisted Living / Independent Living						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

IHA: Correctional Facilities						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time						

IHA: Other Shared Living/ Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
Calvary Chapel Church	5	-

IHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Krazy Cherry Farm	0	0	4	0	4	0
2. Okanagan Correctional Centre High Security	1	0	0	0	1	0
3. Kootenay Street Village	0	0	1	0	1	0
4. Hawthorn Park/Orchard Manor, LTCF	0	0	1	0	1	0

Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Confirmed Cases	Deaths
5. Byland Nursery, Workplace/Communal living	0	0	23	0	23	0
6. Okanagan Correctional Centre 2	0	0	7	0	7	0

Testing Inclusive of Community Assessment Sites (as of Oct 1/23:59)

Total Patient Tests Completed	Tested Negative	Tested Positive ^a	Patient Samples Pending	Projected Testing Capacity for Today
567,034 (↑11,862 ^b)	557,822 (↑11,705)	9,212 (↑159)	4,907 (↓871)	11,843

^a Reported positive test numbers are relative to the number of lab-confirmed case counts each day and do not include individuals who test positive multiple times.

^b Total tests completed includes tests with invalid lab codes (failed tests, distinct from indeterminate tests which are weak positives). The change in total tests from day-to-day only includes valid tests and these numbers are reflected on the BCCDC Dashboard website.

BCCDC Population Health Survey "Your Story, Our Future" (as of June 1/10:30am)

This survey is now closed. No further submissions will occur.

Date	Surveys Completed to Date
June 1	356,196
May 30	n/a
May 29	n/a
May 28	n/a
May 27	328,618
May 25	313,350
May 23	305,000
May 22	n/a

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International Arrivals (as of Oct 1/23:59)

Arrivals by Method			
Description	Sept 21 – Sept 27	Previous Week's Total	YTD April 10 – Sept 27
Total Air Arrivals	4,774	8,184	95,333
Total Land Passengers	1,153	1,659	59,533
Total Marine Crossings	10	5	208
Total Unknown Entry Point	139	220	2,672
Total Arrivals	6,076 (↓3,992)	10,068	157,746

Self Isolation Plan			
Description	Daily Total	Previous 24 hours	YTD Since April 10
SI Plan No Support Required	67	55	29,546
SI Plan Support Required	3	3	9,959
Total Registered¹	70 (↑12)	58	39,505

¹SI Plans as of April 11th including the future travel registered plans. One SI Plan is completed for each family/group travelling. Does not include April 8-11th as those are from interim process and are being cleaned up and reconciled. Support required indicates support for accommodation and supplies (medication, groceries, etc.).

Accommodations Required*			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Currently in Provincial YVR Accommodation	-	-	109
Currently in Provincial Land Accommodation (Canadian Red Cross)	-	-	45
Total Provided Accommodation	-	-	154

*Tracking and reporting accommodations has moved to the Federal Government of Canada and is not being updated on the Daily Minister's Report at this time. Efforts are being made to collect accommodations data for future reporting.

Follow-Up Calls			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Calls Confirmed SI plan being followed	195	227	100,266
Call not answered	885	1,177	87,759
Referred to 811/APP	1	10	344
Referred to PSSG	4	1	8,562
Referred to Tier 2 for follow-up	11	5	14,391
Total Citizen Calls²	1,732 (↓528)	2,260	190,567

² The Total Citizen Calls is a direct count from the Service BC system. The total is not a sum of the other rows; as an example, a referral to 811 can be a Confirmed SI plan call and a tier 2 call at the same time.

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Temporary Foreign Workers			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Total Temporary Foreign Workers	4 (↑2)	2	4,586

Occupancy Rates & ED Visits (as of Sept 30/23:59)

	Pre-COVID-19 Response Occupancy Rate (Dec 12 2019)	Current Occupancy Rate Snapshot	Change in Occupancy Rate	Total Vacant Beds*	Total Beds	Total Adult Critical Care Beds	Adult Critical Care Bed Occupancy Rate	Total Vacant Adult Critical Care Beds	ED Visits (past 24 hours)
IHA ^a	102.9%	94.0%	-8.9%	87	1,445	84	86.9%	11	1,287
FHA	106.9%	62.2%	-44.7%	1,481	3,918	268	42.2%	155	1,849
VCHA	100.5%	83.2%	-17.3%	394	2,343	184	65.8%	63	992
VIHA	106.6%	91.6%	-15.0%	160	1,901	73	74.0%	19	1,082
NHA	105.0%	60.5%	-44.5%	338	855	58	34.5%	38	586
PHSA	73.8%	64.2%	-9.6%	251	701	28	35.7%	18	95
BC Total	103.5%	75.7% (↓0.2%)	-27.8%	2,711 (↑21)	11,163	695	56.3% (↓1.5%)	304 (↑11)	5,891 (↑64)
Previous Totals									
Sept 30	103.5%	75.9% (↓1.3%)	-27.6%	2,690 (↑148)	11,163	695	57.8% (↑0.2%)	293 (↓2)	5,827 (↓126)
Sept 29	103.5%	77.2% (↑1.2%)	-26.3%	2,542 (↓140)	11,163	695	57.6% (↑1.2%)	295 (↓8)	5,953 (↓109)
Sept 28	103.5%	76.0% (↑1.5%)	-27.5%	2,682 (↓168)	11,163	695	56.4% (↑2.3%)	303 (↓16)	6,062 (↑716)
Sept 27	103.5%	74.5% (↑0.2%)	-29.0%	2,850 (↓21)	11,163	695	54.1% (↓2.2%)	319 (↑15)	5,346 (↓498)
Sept 25	103.5%	74.3% (↓2.6%)	-29.2%	2,871 (↑291)	11,163	695	56.3% (↓1.4%)	304 (↑10)	5,844 (↑301)
Sept 24	103.5%	76.9% (↓0.2)	-26.6%	2,580 (↑25)	11,163	695	57.7% (↑0.9%)	294 (↓6)	5,543 (↓16)
Sept 23	103.5%	77.1% (↓0.3%)	-26.4%	2,555 (↑29)	11,163	695	56.8% (↓6.8%)	300 (↑47)	5,559 (↓425)
Sept 22	103.5%	77.4% (↑1.7%)	-26.1%	2,526 (↓182)	11,163	695	63.6% (↑3.7%)	253 (↓26)	5,984 (↓161)
Sept 21	103.5%	75.7% (↑1.3%)	-27.8%	2,708 (↓178)	11,163	695	59.9% (↑0.3%)	279 (↓2)	6,145 (↑586)

*Excludes Critical Care NICU Bassinets

^a 6 Critical Care beds in IHA are currently counted as ICU/HAU, however they can only function as HAU and cannot function as ICU

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Current Neonatal Bassinet Occupancy Rate			
Health Authority	Total Critical Care Bassinets	Critical Care Bassinets Occupancy Rate	Total Vacant Critical Care Bassinets
IHA	14	57.1%	6
FHA	112	53.6%	52
VCHA	21	76.2%	5
VIHA	31	58.1%	13
NHA	8	87.5%	1
PHSA	70	74.3%	18
BC Total	256	62.9%	95 (↑2)
Previous Totals			
Sept 30	256	63.7%	93 (↓1)
Sept 29	256	63.3%	94 (↓1)
Sept 28	256	62.9%	95 (↑2)
Sept 27	256	63.7%	93 (↑11)
Sept 25	256	68.0%	82 (↓3)
Sept 24	256	66.8%	85 (↓3)
Sept 23	256	65.6%	88 (↑1)
Sept 22	256	66.0%	87 (↓4)
Sept 21	256	64.5%	91 (↑2)

Emergency Department Visits (as of Oct 1/23:59)

Emergency Department Visits, March 9 and Oct 1, by Health Authority			
Health Authority	09-Mar	1-Oct	% Change
IHA	1,388	1,287	-7.3%
FHA	2,092	1,849	-11.6%
VCHA	1,227	992	-19.2%
VIHA	964	1,082	12.2%
NHA	733	586	-20.1%
PHSA	155	95	-38.7%
Total	6,559	5,891	-10.2%

BC Emergency Health Services Influenza Like Illness (ILI) Calls (as of Oct 1/23:59)

ILI Events						
Date	FHA	IHA	NHA	VCHA	VIHA	TOTAL ILI
Oct 1	69	28	11	44	38	190 (↑46)
Sept 30	48	24	11	31	30	144 (↓12)
Sept 29	44	29	13	37	33	156 (↓30)
Sept 28	67	30	11	49	29	186 (↑22)
Sept 27	55	29	9	40	31	164 (↑20)
Sept 26	49	30	11	28	26	144 (↓13)
Sept 25	58	26	9	33	31	157 (↑24)
Sept 24	33	26	6	41	27	133 (↓17)
Sept 23	53	25	5	33	34	150 (↓5)
Sept 22	59	30	9	35	22	155 (↓41)
Average Pre-COVID-19 ILI Events was ~6 events/week across BC						

BC Emergency Health Services Total Call Volumes (as of Oct 1/23:59)

Provincial Call Volumes for BCEHS						
Date	IHA	FHA	VCHA	VIHA	NHA	TOTAL
Oct 1	270	521	358	305	101	1,555 (↓53)
Sept 30	280	513	382	324	109	1,608 (↓65)
Sept 29	320	534	391	326	102	1,673 (↑38)
Sept 28	296	505	414	326	94	1,635 (↑176)
Sept 27	263	484	325	282	105	1,459 (↓42)
Sept 26	281	491	348	279	102	1,501 (↓87)
Sept 25	307	520	377	291	93	1,588 (↑94)
Sept 24	256	475	380	299	84	1,494 (↓38)
Sept 23	263	502	375	300	92	1,532 (↓13)
Sept 22	271	540	351	294	89	1,545 (↑28)
Average Pre-COVID (Mar 2019) BCEHS Call Volume: 1,540/day						

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8-1-1 Data (as of Oct 1/23:59)

Date	Calls Received	Calls Answered	Abandon Rate %	Average Wait (mins)	Max Wait of Answered (mins)	Average Handle Time (mins)
Oct 1	4,110 (↓551)	3,498 (↑356)	14.9%	4.0	40.9	3.2
Sept 30	4,661 (↓317)	3,142 (↓308)	32.6%	10.8	44.3	3.6
Sept 29	4,978 (↓730)	3,450 (↓204)	30.7%	9.8	42.0	3.8
Sept 28	5,708 (↑1,736)	3,654 (↑963)	36.0%	12.9	51.9	3.6
Sept 27	3,972 (↑522)	2,691 (↑337)	32.3%	14.2	68.6	3.4
Sept 26	3,450 (↓570)	2,354 (↓519)	31.8%	10.9	105.9	3.4
Sept 25	4,020 (↓582)	2,873 (↑182)	28.5%	9.1	38.4	3.5
Sept 24	4,602 (↑240)	2,691 (↓986)	41.5%	15.9	87.3	3.5
Sept 23	4,362 (↓425)	3,677 (↑4)	15.7%	4.5	28.2	3.2
Sept 22	4,787 (↓1,016)	3,673 (↓302)	23.3%	6.5	37.3	3.3
Pre-COVID-19 call volume was 1,250/day						

The total calls received on October 1-2020 was 4,110 of which 2,515 were COVID specific

Efforts to enhance capacity and meet demand include:

- 38 additional nurses added to staff complement.
- 61 Patient navigation staff added to staff complement.
- 5 Medical office assistants to support the new 8-1-1 virtual physician model. Recruitment to add additional, temporary medical office assistants is in progress.
- To date, a total of 11,600 (↑58) calls have been referred from a nurse to a virtual physician for consultation.

Self Assessment Tool - BCCDC.com (as of Oct 1/23:59)

Date	Distinct Users (last 24 hours)	Peak Activity (users/min)	Average Activity (users/hour)	BC-based Users
Oct 1	12,545 (↓924)	41.1	522.7	98.0%
Sept 30	13,469 (↓1,081)	42.6	561.2	98.0%
Sept 29	14,550 (↓1,641)	48.2	606.3	98.0%
Sept 28	16,191 (↑6,185)	51.5	674.6	98.0%
Sept 27	10,006 (↑677)	29.6	416.9	98.0%
Sept 26	9,329 (↓3,172)	30.5	388.7	98.0%
Sept 25	12,501 (↓1,614)	41.0	520.9	98.0%
Sept 24	14,115 (↓223)	43.3	588.1	98.0%
Sept 23	14,338 (↑88)	43.7	597.4	98.0%
Sept 22	14,250 (↓1,933)	44.5	593.8	98.0%

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BC COVID19 APP (as of Oct 1/23:59)

Date	Total App Users
Oct 1	370,532 (↑1,755)
Sept 30	368,777 (↑1,643)
Sept 29	367,134 (↑1,846)
Sept 28	365,288 (↑2,177)
Sept 27	363,111 (↑1,550)
Sept 26	361,561 (↑1,360)
Sept 25	360,201 (↑1,506)
Sept 24	358,695 (↑2,083)
Sept 23	356,612 (↑1,952)
Sept 22	354,660 (↑1,783)

**Virtual Health Usage (Zoom and Intouch Tools)
(as of Sept 27/23:59)***

* Next update will be provided on Wednesday, Oct 7, 2020.

Date (week of)	Active Virtual Health Users (by week)
Sept 21	5,850 (↓214)
Sept 14	6,064 (↑1,171)
Sept 7	4,893 (↓263)
August 31	5,156 (↑136)
August 24	5,020 (↑150)
August 17	4,870 (↑174)
August 10	4,696 (↑274)
August 3	4,422 (↓588)
July 27	5,010 (↑262)
July 20	4,748 (↓466)

- Since March 16th 27,616 users have been provisioned for virtual health licenses.

* NHA has trouble reporting their InTouch numbers this week due to a technical glitch. Therefore, the data provider has used the same numbers they reported last week provided that this will be fixed next week and updated with accurate numbers.

Home Health Monitoring (as of Oct 1/16:00)

Date	Total Actively Monitored COVID Patients	Total Patients Discharged since March 26
Oct 1	407 (↓88)	7,316 (↑107)
Sept 30	495 (↓24)	7,209 (↑33)
Sept 29	519 (↓74)	7,176 (↑81)
Sept 28	593 (↓120)	7,095 (↑141)
Sept 25	713 (↓25)	6,954 (↑50)
Sept 24	738 (↓50)	6,904 (↑83)
Sept 23	788 (↓31)	6,821 (↑58)
Sept 22	819 (↓27)	6,763 (↑72)
Sept 21	846 (↓156)	6,691 (↑206)
Sept 18	1,002 (↓88)	6,485 (↑106)
Total COVID Patients monitored to date: 7,723 (↑19)		

1-888-COVID19 (as of Oct 1/23:59)

Date	Calls Received	Calls Answered	Average Speed of Answer (Min:Sec)	Abandon Rate	Max Wait (Min:Sec)	Average Handle Time (Min:Sec)	Texts
Oct 1	745 (↓27)	726 (↓25)	00:48	2.4%	13:45	02:39	14
Sept 30	772 (↓155)	751 (↓160)	02:28	2.7%	15:14	2:30	15
Sept 29	927 (↓89)	911 (↓100)	01:23	1.7%	06:42	02:34	26
Sept 28	1,016 (↑543)	1,011 (↑544)	00:25	0.5%	02:29	02:22	20
Sept 27	473 (↑16)	467 (↑21)	00:09	0.8%	03:24	02:01	12
Sept 26	457 (↓234)	446 (↓212)	00:05	2.4%	04:32	02:23	8
Sept 25	691 (↓105)	658 (↓97)	01:40	4.6%	09:40	02:55	12
Sept 24	796 (↓39)	755 (↓19)	00:07	5.2%	14:27	02:53	24
Sept 23	835 (↑66)	774 (↑13)	00:31	7.3%	10:47	02:45	18
Sept 22	769 (↓263)	761 (↓262)	02:13	1.0%	04:46	02:48	36

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Chat Bot / Digital Assistant (as of Oct 1/17:00)

Sessions (Measured from 17:00 to 16:59)	
Date	Number of Sessions (to 5pm)
Oct 1	10,178 (↓65)
Sept 30	10,243 (↓1,063)
Sept 29	11,306 (↑1,112)
Sept 28	10,194 (↑3,082)
Sept 27	7,112 (↓8)
Sept 26	7,120 (↓1,330)
Sept 25	8,450 (↓2,721)
Sept 24	11,171 (↓495)
Sept 23	11,666 (↓535)
1,770,225 sessions since 4pm Thursday April 10	

Average of 1.7 questions per session.

The top questions for the past week have been:

Question Type	%
When can I get my results?	29.2
How many cases in BC today?	5.6
Should I get tested?	2.5
I am having COVID-like symptoms, do I have COVID?	2.4
What can you tell me?	2.2
Can I travel out of province?	2.1
I am a healthcare worker where can I get tested?	2.0
Can I go back to school?	1.7
What are guidelines for pediatric testing?	1.6
What are guidelines for planning an event?	1.3

BC 2-1-1 Referral Line (as of Oct 1/23:59)

Date	Incoming Calls	Calls Answered	Wait Time (Min:Sec)	Abandonment Rate	Max Wait of Answered Calls (Min:Sec)	Average Handle Time (Min:Sec)
Oct 1	29 (↑4)	29 (↑5)	0:13	0%	1:23	5:52
Sept 30	25 (↓10)	24 (↓9)	0:09	4%	0:18	5:14
Sept 29	35 (↑10)	33 (↑8)	0:12	6%	1:28	4:53
Sept 28	25 (↑13)	25 (↑14)	0:18	0%	3:32	5:39
Sept 27	12 (↓2)	11 (↓3)	0:44	8%	5:53	3:04
Sept 26	14 (↓17)	14 (↓16)	0:15	0%	0:45	8:08
Sept 25	31 (↓4)	30 (↓3)	0:12	3%	0:47	4:57
Sept 24	35 (↓11)	33 (↓12)	0:11	6%	0:50	4:31
Sept 23	46 (↑8)	45 (↑8)	0:11	2%	0:47	5:13
Sept 22	38 (↑8)	37 (↑8)	0:21	3%	3:59	6:05

Note: Data in table above is data recorded for Safe Seniors, Strong Communities program only and does not reflect the bc211 business activities related to other community referrals.

Service Activity to Date^[1]:

- 335,320 (1107^[2]) total services provided:
 - 173,844 (254) wellness visits and needs assessments^[3]
 - 34,338 (220) grocery deliveries
 - 77,955 (130) meals prepared or packaged and delivered
 - 929 (8) prescriptions picked up and delivered
 - 3,418 (5) transportation services
 - 502 (8) laundry services
 - 44,334 (482) other services^[4]

Total 211 Registrations to Date:

	bc211 Registrations	Direct Better at Home Registrations	Total
Seniors	4,907 (5)	10,651 (17)	15,558 (22)
Volunteers	7,400 (1)	3,649 (3)	11,049 (4)

^[1] Manual data submission may encounter delays and result in data being restated periodically.

^[2] Added in this reporting period.

^[3] Initial contacts, virtual visits, and phone check-ins.

^[4] Other services encompass ad-hoc requests such as assistance with IT, online shopping, etc.

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Temporary Emergency Registrants (as of Aug 28/11:30)

The most recent update is for the period of Aug 4 – Aug 28. The next update will be provided on Monday, October 5.

The College of Physicians and Surgeons (CPSBC) deactivated the TER class of registration as of June 30; however, the list could be reactivated within 24-48 hours if needed and the CPSBC is open to registering physicians on a temporary emergency basis at the request of an HA where a need has been identified.

Temporary Emergency Registrants - Physicians																	
Date	Family Physician	Pediatrics	Infectious Diseases	Public Health/ Preventative Med	Community Med	Medical Microbiology	Psychiatry	Anesthesiology	Internal Med *	Ophthalmology	OBGYN/ Maternal-fetal med	General Surgery	Obstetrics/ Gynecology	Occupational Med	Diagnostic Radiology	Urology	Total Registrants to Date
Aug 28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July 31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June 26	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 19	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 12	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 5	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 29	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 22	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 15	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74

*Internal Medicine includes 1 Gastroenterology, 1 Critical Care Medicine and 1 Nephrology.

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Temporary Emergency Registrants - Nursing							
Date	Licensed Practical Nurse (LPN)	Registered Nurse	Registered Psychiatric Nurse	Nurse Practitioner	Health Care Assistant*		Total Registrants to Date
					HCA (New)	HCA (Temporary)	
Aug 28	87	466	4	2	1,978	224	2,761 (↑277)
July 31	83	452	5	2	1,727	214	2,484 (↑234)
July 3	79	441	5	2	1,516	207	2,250 (↑56)
June 26	78	439	4	2	1,464	207	2,194 (↑72)
June 19	77	439	4	2	1,395	205	2,122 (↑55)
June 12	78	439	4	4	1,339	203	2,067 (↑55)
June 5	79	440	4	4	1,285	200	2,012 (↑52)
May 29	80	438	4	4	1,235	199	1,960 (↑2)
May 22	77	436	4	4	1,156	197	1,874 (↑65)
May 15	77	431	4	4	1,104	189	1,809 (↑27)

*HCA numbers reflect new temporary registrant category added April 7, 2010. Prior to April 7, HCA reporting reflected new/full HCAs only.

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Temporary Emergency Registrants – Allied Health							
Date	Midwives	Social Workers	Pharmacists	Dieticians	Physical Therapists	Occupational Therapists	Total Registrants to Date
Aug 28	0	43	34	10	0	0	87 (↑10)
July 31	0	34	33	10	0	0	77 (↑13)
July 3	0	26	28	10	0	0	64 (↓9)
June 26	9	26	28	10	0	0	73 (↑3)
June 19	9	24	27	10	0	0	70 (↑3)
June 12	9	21	27	10	0	0	67 (↓1)
June 5	10	21	27	10	0	0	68 (↑3)
May 29	10	19	26	10	0	0	65 (↑4)
May 22	10	17	24	10	0	0	61 (↑1)
May 15	10	16	24	10	0	0	60 (↑1)
Number of Private Practice Registrants Willing to be Redeployed - Allied Health							
Date	Occupational Therapist	Dieticians	Physical Therapists	Total Registrants to Date			
Aug 28	130	44	392	566			
July 31	130	44	392	566			
July 3	130	44	392	566			
June 26	130	44	392	566			
June 19	130	44	392	566			
June 12	130	44	392	566			
June 5	130	44	392	566			
May 29	130	44	392	566			
May 22	130	44	392	566			
May 15	130	44	392	566			

Note:

The College of Dieticians, College of Physical Therapists and College of Occupational Therapists have emergency registration in place. The current focus is to contact registrants impacted by COVID-19 private practice closures regarding their willingness to be redeployed to work in a health authority as part of the pandemic response.

PHO Orders

September 18, 2020: The PHO repealed and replaced the order of August 7, 2020 on [Gathering and Events](#)

September 18, 2020: The PHO repealed and replaced the order of July 31, 2020 on [Food and Liquor Serving Premises](#)

September 16, 2020: The PHO issued an order on [Registered Nurse Public Health Pharmacotherapy](#).

August 30, 2020: The Federal Chief PHO issued updates to the [Federal Quarantine Order](#) on Minimizing the Risk of Exposure to COVID-19 in Canada.

July 2, 2020: The PHO repealed and replaced the order of April 23, 2020 on [Industrial Camps](#).

May 29, 2020: The PHO issued an order on [Overnight Camps for Children and Youth](#).

May 28, 2020: The PHO repealed and replaced the PHO oral order of March 27, 2020 and the written order of April 15, 2020 on [Vending Markets](#).

May 14, 2020: The PHO cancelled the order of April 16, 2020 on [Personal Services](#).

May 14, 2020: The PHO issued an order on [Workplace COVID-19 Safety Plans](#).

May 7, 2020: The PHO issued an order on [Licensed Practical Nurse SARS-CoV-2 Swabbing](#).

April 15, 2020: The PHO amended the order of April 10, 2020 on [Health Care Labour Adjustment](#) with respect to [Facility Staff Assignment](#).

April 14, 2020: The PHO amended the order of April 10, 2020 on [Health Care Labour Adjustment](#) with respect to [Travellers and Employers](#).

April 10, 2020: The PHO issued an order on [Health Care Labour Adjustment](#).

April 10, 2020: The PHO issued an order on [Information Collection from Long Term Care Facility Staff](#).

March 25, 2020: The Federal Chief PHO amended the order of March 24, 2020 on [Essential Services](#).

For other COVID-19 related notices and guidance please see the following:

[PHO COVID-19 Orders, Notices & Guidance](#)

[BCCDC COVID-19 Care Resources](#)

Gold, Crystal HLTH:EX

From: Blake, Sylvia HLTH:EX
Sent: October 2, 2020 2:07 PM
To: Pokorny, Peter HLTH:EX; Rongve, Ian HLTH:EX; Bell, Carolyn P HLTH:EX; Therrien, Darlene HLTH:EX
Cc: Samra, Kevin HLTH:EX; BC IGR HLTH:EX; Vandermolen, Chad HLTH:EX; Ackenhusen, Mary HLTH:EX; Ruffell, Renata HLTH:EX; Blake, Sylvia HLTH:EX
Subject: Weekly Rollup of COVID-19 federal requests & reporting requirements--Oct 2 edition
Attachments: 2020 10 02_BC Roll-up of FPT COVID-19 Requests & Reporting Requirements.docx

Good afternoon,

The weekly roll-up of federal requests and reporting requirements (as of Oct 2) is attached.

Kind regards,

Sylvia Blake, Ph.D.

Senior Policy Analyst, Intergovernmental Relations
Intergovernmental Relations, Partnerships & Innovation Division
Ministry of Health

Pronouns: she/her/hers

I acknowledge with gratitude that I live and work on the ancestral territory of the Lekwungen people.

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

Snapshot

of active requests: 1
 # of overdue requests: 0
 # of completed requests: 29
 Total requests: 30

Active Requests

Recurring

Date of original request	Due Date	Request	Point of Contact	BC Status	Comment
2020-04-08 to DMs	RECURRING WEEKLY <i>Due every Wednesday</i>	S.16		*Recurring* See comment	Submission for week of September 28th completed by CRHEM.

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

One-Off Requests:

Date of original request	Due Date	Request	Point of Contact	BC Status	Comment
		None at this time			

Previous Requests (Complete)

Date of original request	Due Date	Request	Point of Contact	BC Status	Comment
(29) 2020-09-21, repeated verbally 2020-09-30	Original date 2020-09-25, Repeated verbally on Sept 30 ADM Committee call with due date 2020-10-01	s.16		Completed By Ian Rongve, October 1	
(28) 2020-09-25	2020-09-29 by 9:00 a.m. PT			Complete Dr. Henry submitted response to SAC prior to deadline. PLBSD and CRHEM review indicated no feedback required, so no further feedback was submitted to the FPT ADM Committee.	

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

(27) 2020-09-04 to DMs	No Due Date Specified	S.16
(26) 2020-09-08 to DMs	2020-SEPT-18	
(25) 2020-09-11	2020-SEPT-14	
(24) 2020-08-19 to DMs	2020-AUG-31	

Submitted on October 1, 2020 by Carolyn Bell	<ol style="list-style-type: none"> 1. Carolyn Bell (MOH) 2. Wendy Vowles (MOH) 3. Kal Parmar (MOH) 4. Alexandra Flatt (PHSA) 5. Melinda Mui (PHSA) 6. Vince Chow (BC Cancer)
Submitted on Sept 22 by Chad Vandermolen	
Submitted on Sept 16 by Michelle Relf	
Submitted on Sept 16 by Chad Vandermolen	CRHEM coordinated a response with HSD and other program leads as required.

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

(23) 2020-08-07	No Due Date Specified		Submitted on Sept 10 by Daniele Chang on behalf of Ian Rongve
(22) 2020-07-22 (revised request to DMs on 2020-JUL-30)	Extended to 2020-AUG-04 (Originally due 2020-JUL-24)		Submitted on July 31 by Chad Vandermolén 1) Ian Rongve, MOH 2) Dr. Bonnie Henry, PHO 3) Dr. Réka Gustafson as back-up for Dr. Henry
(21) 2020-05-12 to DMs	No Due Date Specified		Completed First contact (C. Bell) submitted by Chad V. on June 12; additional names later submitted by CRHEM Logistics and Strategy.
(20) 2020-06-13	2020-JUN-26		Submitted on July 15 by Sylvia Blake

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

(19) 2020-06-12	Extended to 2020-JUN-29 (originally due 2020-JUN-19)
(18) 2020-06-02	<i>No Due Date Specified</i>
(17) 2020-06-08 to DMs	2020-JUN-09 EOD

S.16

Submitted on July 10 by Sylvia Blake	
Complete - No revisions submitted.	HSD did not indicate concerns with the document as presented.
Submitted on June 18 by Chad Vandermolen.	

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

(16) 2020-05-28	No Due Date Specified	s.16	Submitted on May 28 by Chad Vandermolén	BC Contact: Ian Rongve
(15) 2020-05-28	2020-MAY-29		Submitted on May 29 by Sylvia Blake	
(14) 2020-05-27 to DMs	2020-MAY-29		Submitted on May 29 by Renata Ruffell	
(13) 2020-05-25	No Due Date Specified		Submitted on May 26 by Chad Vandermolén	BC contact: Natasha Prodan-Bhalla
(12) 2020-05-15 to DMs	2020-05-19		Submitted on May 22 by Chad Vandermolén	
(11) 2020-05-09 to DMs	EOD 2020-05-16		Submitted by Dr. Reka Gustafson (BCCDC) on May 13	Dr. Gustafson's email submission was to Nancy Hamzawi. DM Brown and Dr. Bonnie Henry were copied. Health Canada Special Advisor Neil Yeates was supposed to receive the response in addition to Nancy Hamzawi but did not. BCIGR

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

		s.16
(10) 2020-05-08	2020-MAY-20	
(9) 2020-05-12 to DMs	2020-MAY-14	
(8) 2020-04-17 to DMs	2020-APR-19	
(7) 2020-04-07 Initial request on 2020-04-05 to DMs	2020-APR-09	

	was also not copied on the submission, but became aware of it via HECC Ops.
Submitted on June 4 th by Martin Wright	
Submitted on May 15 by Chad Vandermolén	BC Contact: Dr. Bonnie Henry
Submitted by Kevin Samra on April 18 th	BC Contact: Mitch Moneo for the FPT ADM Drug Shortages Table; Tijana Fazlagic for the Drug Shortages Task Force
Submitted on April 9 by Chad Vandermolén	BC Contact: Peter Pokorny

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

S.16

(6) 2020-04-07 to DMs	As req'd
(5) 2020-04-01 to DMs	n/a
(4) 2020-03-26 to DMs	n/a

Submitted on April 14 by Chad Vandermolén	Contact: Natasha Prodan-Bhalla
Submitted	Health Canada has noted status as complete. IGR was not cc'd on any submission in response to this 'joint call-out'
Submitted	Health Canada has noted status as complete. Believe Peter Pokorny was identified directly by DM Brown as our single window contact re PPE procurement (based on verbal remarks from Peter), but we've not been cc'd on any related

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

		s.16
(3) 2020-03-23 to DMs	n/a	
(2) 2020-03-22 to DMs	n/a	
(1) 2020-03-20 to DMs	n/a	

	communications to PHAC/the LAC account.
Submitted	Health Canada has noted status as complete. IGR isn't cc'd on BC orders/requests. As relates to PPE, Peter would presumably action these (possibly via our LAC reps).
Submitted	Health Canada has noted status a complete. (IGR believes BC submissions are occurring on an on-going basis through the Special Advisory Committee process.)
Submitted on March 22 nd by Chad Vandermolen	Health Canada has noted status as complete.

s.13

Roll-Up of Federal/Health Canada COVID-19 Requests to PTs— October 2, 2020 Update

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S.13

From: Edgeworth, Jaci [PHSA] <Jaci.Edgeworth@phsa.ca>
Sent: October 2, 2020 3:34 PM
To: Bell, Carolyn P HLTH:EX; Pokorny, Peter HLTH:EX
Cc: XT:HLTH Chan, Thomas
Subject: 2020-10-02 PPE on hand and stockpiling report
Attachments: 2020-10-02 PPE on hand and stockpiling report.pdf

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

Hi Carolyn and Peter,

We have shared the on-hand section of this report as part of the weekly executive supply chain summary that is sent to CEO's each Friday.

I am attaching the full version for you. The full version includes on-hand, stockpiling targets & sourcing complete, and delivery schedule.

Of note: we have added the on-hand calculation based on modelling.

Please let us know if you have any questions or comments.

Best regards,

Jaci Edgeworth

Vice President & Chief of Staff, CEO Office
Provincial Health Services Authority

Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1
Phone: 604-875-7148 (Ext. 557148) | Mobile: 604-834-0115
Email: jaci.edgeworth@phsa.ca | www.phsa.ca | jobs.phsa.ca



Category	Item Description	Warehouse Inventory on Hand 10/1	MR Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on Hand 10/1 Based on stock	Days on Hand 10/1 Based on last 30 days	Status	Status Comments	Current Monthly Usage 10/1	Current Target New Model Option 3 - Full MR Inventory	Inventory Completed To Date	% Inventory complete	Status	Transfer	Existing Item (Y/N)	Manufacturing location	Vendor Reliability	Revised Art/Flag	Revised Lead	Delivery Date	Delivery Date	Delivery Date	Delivery Date	Delivery Date	Delivery Date	Delivery Date	Delivery Date
Essential Respiratory Breathers	Mask for Customer																										
	Respirator																										
	Procedure Mask with Valve																										
	Mask																										
	Mask																										
	Mask																										
	Mask																										
	Mask																										
	Mask																										
	Mask																										
	Mask																										
PPE	Procedure Mask																										
	Surgical Mask - Asymmetrical																										
	Surgical Mask - Cardiac/Catheter																										
	Surgical Mask - ENT																										
	Surgical Mask - General																										
	Surgical Mask - Neonatal																										
	Surgical Mask - Ocular																										
	Surgical Mask - Ophthalmology																										
	Surgical Mask - Otolaryngology																										
	Surgical Mask - Pediatric																										
Other	Other																										
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	Other																										
	Other																										

Notes: Days on hand is calculated last week. Columns Based on FY19 utilization modeling using scenario 3, and Item (3) based on the actual utilization for the previous month. Status: red = 90 days on hand, yellow 10-89 days on hand, green 10 days on hand

Notes: The target targets were set based on modeling of utilization October 1, 2020 - March 31, 2021. Inventory complete means that a PPE has been received and is confirmed to be usable. Vendor reliability indicates the level of confidence in the delivery schedule and is based on the PPE supply chain history working with the vendor and vendor relationships, as well as the status of the current global supply chain issues.

s.13; s.17

s.17

s.17

Notes: Days on hand is calculated last week (column 15) based on PPE utilization modeling using scenario 3, Inventory (15) based on the actual utilization for the previous month. Status: red = No days on hand, yellow 15-30 days on hand, green 30+ days on hand

Notes: Stocking targets were set based on modeling of utilization October 1, 2020 - March 31, 2021. Stocking complete means that a PPE has been received and is ready for use. Status: red = no stock, yellow = stock is low, green = stock is good. Status: red = no stock, yellow = stock is low, green = stock is good. Status: red = no stock, yellow = stock is low, green = stock is good.

Gold, Crystal HLTH:EX

From: Kellow, Hayley [PHSA] <hayley.kellow@phsa.ca> on behalf of Morin, Benoit [PHSA] <benoit.morin@phsa.ca>
Sent: October 2, 2020 4:25 PM
To: XT:Morin, Benoit HLTH:IN; Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Byres, David W HLTH:EX; XT:Manning, Tim HLTH:IN; XT:Ulrich, Cathy HLTH:IN; XT:Dalton, Fiona HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:MacNeil, Kathryn HLTH:IN; XT:Jock, Richard HLTH:IN; XT:Brown, Susan PSA:IN; XT:HLTH Eliopoulos, Vivian
Cc: Walsh, Sara M HLTH:EX; Gold, Crystal HLTH:EX; Sheppard, Jenifer A HLTH:EX; XT:HLTH Prentice, Cathy; XT:Edgeworth, Jaci HLTH:IN; Office of the CEO (PH); XT:Chipman, Desa HLTH:IN; XT:James, Lisa HLTH:IN; XT:Parker, Lori HLTH:IN; XT:Calla, Susanna HLTH:IN; XT:HLTH Schroeder, Tracey; XT:HLTH Price, Winnie; XT:HLTH Chan, Thomas; Bell, Carolyn P HLTH:EX; Mui, Melinda [PHSA]; Cerna, Carolina [PHSA]
Subject: Supply Chain Report
Attachments: 2020-10-02 Supply Chain Weekly Executive Report.pdf; 2020-10-02 PPE on Hand Report.pdf

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

Hello All,

Please find attached the weekly supply chain executive summary report. While this report is confidential, you may share with your CFO, but please do not distribute broadly.

The executive report provides an update on the management of PPE supplies, and highlights any key issues or new developments within the supply chain from the previous week.

If you have any immediate questions, please contact Jaci Edgeworth, Vice President & Chief of Staff.

Best regards,

Benoit Morin

President & CEO
Provincial Health Services Authority
Suite 200 - 1333 West Broadway
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Topic:	Supply Chain Executive Summary Report		
Date:	10/02/2020		
Prepared For:	Deputy Minister Stephen Brown; Associate Deputy Minister Corporate Services Peter Pokorny; Associate Deputy Minister Clinical Leadership David Byres; PHSA Board Chair Tim Manning; Health Authority CEOs		
Purpose: <i>Please check only one of the four options</i>	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion	
	<input type="checkbox"/> Seeking Direction	<input type="checkbox"/> Decision	

EXECUTIVE SUMMARY:

The supply chain executive summary report is issued every Friday and provides an update on the management of PPE supplies and highlights any key issues or new developments within the supply chain from the previous week.

PPE SUPPLIES & TRENDS

Warehouse Inventory / Days of Inventory on Hand

s.13; s.17

Page 060 of 281

Withheld pursuant to/removal as

s.17



Shipments in the Last Week

- Bouffant –^{s.17} Each
- Disinfectant Wipes –^{s.17}
- Face Shields –^{s.17} Each
- Gloves Exam –^{s.17} Pair
- Gloves Nitrile Exam Extended Cuff –^{s.17} Pair
- Gowns Unrated –^{s.17} Each
- Gowns Isolation 2/3/4 –^{s.17} Each
- Hand Sanitizer –^{s.17} Each
- Masks N95 ^{s.17} –^{s.17}) Each
- Masks N95 ^{s.17} –^{s.17} Each
- Masks N95 Other –^{s.17} Each
- Masks Procedure –^{s.17} Each
- Respirators Reusable Elastomeric –^{s.17} Each
- Shoe Covers –^{s.17} Each
- Swabs –^{s.17}

Donations in the Last Week

- Federal / NESS
 - Face Shields –^{s.17} Each
 - Gloves Nitrile Exam –^{s.17} Pair

STOCKPILE

Please see attached file for inventory levels and monthly usage.

CHALLENGES

- Supply Chain continues to work with the Lab on central distribution of swab and saline gargle to the 104 collection sites across the Province. The number of collection sites has gone up by more than 10 over the last week. Ordering frequency, products required, distribution network and service/transportation costs are being finalized.
- Supply Chain continues to source additional PPE to build inventory up to the stockpile levels and continue to work on securing additional warehouse spaces to accommodate storage for the stockpile PPE as well as the ongoing pandemic stock. [s.13](#)
- All health authorities except FHA have finalized their choice and provided their respective initial ordering quantity for the bottle holder for hand sanitizer. Supply Chain will be placing the order for the holders on Friday October 2.

PPE On Hand Report Date: October 02, 2020

Category	Item Description	Warehouse Inventory on Hand 10/1	HA Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on hand 10/1 (based on model)	Days on Hand 10/1 (based on last 30-days)	status	Status Comments	Current Monthly Usage 10/1
PPE & Critical Supplies On Hand (based on the current monthly usage rates)									
Disinfectants	Disinfectant Wipes	s. 13; s. 17							
Face Shields	Face Shields								
Footwear	Shoe Covers								
Gowns	Chemo								
	Isolation Gown Unrated								
	Isolation Gown 2/3/4								
	Surgical 3 - Small								
	Surgical 3 - Large								
	Surgical 3 - XL, XXL								
	Surgical 4 - Large								
	Surgical 4 - XL, XXL, XXXL								

PPE On Hand Report Date: October 02, 2020

Category	Item Description	Warehouse Inventory on Hand 10/1	HA Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on hand 10/1 (based on model)	Days on Hand 10/1 (based on last 30-days)	status	Status Comments	Current Monthly Usage 10/1
PPE & Critical Supplies On Hand (based on the current monthly usage rates)									
Goggles	Goggles	s.13; s.17							
	Nitrile Exam Small								
	Nitrile Exam Medium								
	Nitrile Exam Large								
	Nitrile Exam X-Large								
	Vinyl Exam Gloves Small								
	Vinyl Exam Gloves Medium								
	Vinyl Exam Gloves Large								
	Vinyl Exam Gloves X-Large								
	Nitrile Extended Cuff Gloves Xsmall and Small								
	Nitrile Extended Cuff Gloves Medium								
	Nitrile Extended Cuff Gloves Large								
	Nitrile Extended Cuff Gloves X Large								
	Surgical Gloves 6.5 and smaller								
	Surgical Gloves 7.0 and 7.5								

PPE On Hand Report Date: October 02, 2020

Category	Item Description	Warehouse Inventory on Hand 10/1	HA Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on hand 10/1 (based on model)	Days on Hand 10/1 (based on last 30-days)	status	Status Comments	Current Monthly Usage 10/1
PPE & Critical Supplies On Hand (based on the current monthly usage rates)									
		s.13; s.17							
	Surgical Gloves 8 and 8.5								
Gloves	Surgical Gloves 9 and larger								
	Bottles								
Hand Sanitizers	1L Refill								
	Bouffant								
Headwear	Surgical Caps								
	Safety Needle 25G X 1"								
	BD305761								
	Safety Needle 25G X 1"								
	348-SN2510								
	Safety Needle 25G X 1.5"								
	BD305767								
	Safety Needle 25G X 1.5"								
	348-SN2515								
	Blunt Fill Safety Needle 18G X 1.5"								
	BD305180								

PPE On Hand Report Date: October 02, 2020

Category	Item Description	Warehouse Inventory on Hand 10/1	HA Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on hand 10/1 (based on model)	Days on Hand 10/1 (based on last 30-days)	status	Status Comments	Current Monthly Usage 10/1
PPE & Critical Supplies On Hand (based on the current monthly usage rates)									
Injection Equipment	Blunt Fill Needle 18G X 1" 348-110021								
	Syringe 3ml LL BD309657								
	Syringe 3CC LL 348-18003								
	Syringe 3CC with Safety Needle 25G X 1" BD305787								
	Elastomeric Reusable Respirators								
Masks	Filter for Elastomeric								
	Procedure								
	Procedure Mask with Visor								
	Surgical								
	3M 1870+								
	3M 1860								
	3M 1860s								

PPE On Hand Report Date: October 02, 2020

Category	Item Description	Warehouse Inventory on Hand 10/1	HA Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on hand 10/1 (based on model)	Days on Hand 10/1 (based on last 30-days)	status	Status Comments	Current Monthly Usage 10/1
PPE & Critical Supplies On Hand (based on the current monthly usage rates)									
N95	3M 1804	s.13; s.17							
	3M 1804s								
	3M 8210								
	KC46727								
	Procedure Packs								
	Surgical Packs - Abdominal								
	Surgical Packs - Cardiovascular								
	Surgical Packs - ENT								
	Surgical Packs - General								
	Surgical Packs - Neuro								
	Surgical Packs - Obstetrics								
	Surgical Packs - Ophthalmology								
	Surgical Packs - Orthopedics								
	Surgical Packs - Plastics								
	Surgical Packs - Urology								
Packs									
Others	Laryngoscope Blades								
	LTV Circuit 1000								
	LTV Circuit 1200								
	Swabs								

PPE On Hand Report Date: October 02, 2020

Category	Item Description	Warehouse Inventory on Hand 10/1	HA Inventory on Hand 10/1	Total Inventory on Hand 10/1	Days on hand 10/1 (based on model)	Days on Hand 10/1 (based on last 30-days)	status	Status Comments	Current Monthly Usage 10/1
PPE & Critical Supplies On Hand (based on the current monthly usage rates)									

Notes: Days on hand is calculated two ways: (column F) based on PPE utilization modelling using scenario 3, (column G) based on the actual utilization for the previous month. Status: red <30 days on hand , yellow 30-60 days on hand, green >60 days on hand

Gold, Crystal HLTH:EX

From: Armitage, Mark W HLTH:EX
Sent: October 3, 2020 7:30 AM
To: Pokorny, Peter HLTH:EX; Howatson, Evan HLTH:EX; Henry, Bonnie HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Moulton, Holly HLTH:EX
Subject: FW: Correspondence for the immediate attention of Deputy Minister Brown and Assistant Deputy Minister Armitage
Attachments: DM Stephen Brown and ADM Mark Armitage MoH PPE 10-02-20.pdf; 16832 - HSABC and NUPGE October 2, 2020 Paper F2.pdf

Hi,

Please see below/attached. It would be good to connect ahead of the mtg. on Tuesday.

Thanks

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: Jeanne Meyers <JMeyers@hsabc.org>
Sent: October 2, 2020 3:50 PM
To: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>
Cc: Val Avery <VAvery@hsabc.org>; Sheila Vataiki <SVataiki@hsabc.org>; David Durning <DDurning@hsabc.org>; Michael Wisla <Michael.Wisla@hsabc.org>
Subject: Correspondence for the immediate attention of Deputy Minister Brown and Assistant Deputy Minister Armitage

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

Attached hereto please find my letter of today's date, with attachment

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October 2, 2020

Stephen Brown
Deputy Minister of Health
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Delivered via email to: Stephen.Brown@gov.bc.ca

Mark Armitage
Assistant Deputy Minister
Workforce Compensation, Agreements and
Beneficiary Services Division
3-1, 1515 Blanshard Street
Victoria, BC V8W 3C8
Mark.Armitage@gov.bc.ca

Dear Sirs:

Re: Personal Protective Equipment/ Aerosol Transmission

I attach hereto a copy of Dr. John Murphy's October 2, 2020 report commissioned by HSA and NUPGE. Dr. Murphy has reviewed research regarding aerosol transmission of SARS CoV-19 (Covid-19) published in the period subsequent to the preparation of his earlier report of March 22, 2020. You have been provided previously with a copy of that report.

Dr. Murphy reviews published findings regarding aerosol transmission of the virus and of risk to health care workers which suggest that "health care workers may be at increased risk of SARS CoV-2 infection at a magnitude 4 to 12 times higher than the general population (at page 12). See Appendix 1.

You will be aware that HSA and NUPGE have expressed concerns about aerosol transmission which have been largely disregarded by the BCCDC in its public pronouncements. Our concerns increased as we witnessed the inconsistent directives adopted by various national and international public health authorities

As you will see from his report, following an extensive review of the evidence and literature current to date, Dr. Murphy goes on to conclude at page 12 that:

Based on the emerging picture on the significance and potential dominance of aerosol transmission mode for COVID-19, and the substantial evidence of elevated risk among health care workers, it seems likely that near field aerosol transmission is happening in certain care setting interactions. Given the overall picture of the evidence on airborne transmission, this means that that is occurring as a result of exposure to non-visible aerosols, and not "droplets" as wrongly conceived by the world's major public health authorities.

In his opinion "N95 respiratory infection protection for health care workers is warranted for all scenarios described in Appendix 3" which is found at page 26 of his report.

.../2

Deputy Minister Stephen Brown
Assistant Deputy Minister Mark Armitage
October 2, 2020
Page 2

Accordingly we write for three reasons:

1. To insist that the health care workers represented by the HSA and the HSPBA be provided immediately with N95 Respiratory Infection Protection in all scenarios set out in Appendix 3. A coordinating meeting must be convened without delay.
2. To advise that we will be advising our members of their right to access to appropriate PPE in accordance with the Report's recommendations, as well as providing a copy of same to the Facilities Bargaining Association, the Community Bargaining Association, the Nurses' Bargaining Association and the Community Social Services Bargaining Association.
3. To insist that the Ministry of Health deliver its long overdue response to the Joint Union submission on PPE allocation provided March 27, 2020.

We expect these matters to be on the agenda of the briefing Tuesday, October 6 given the central importance of maintaining the safety and security of our health care teams in the management of Covid-19. We look forward to your response at that meeting.

Yours truly,



M. Jeanne Meyers, Barrister & Solicitor
Executive Director, Legal Services and Labour Relations
HEALTH SCIENCES ASSOCIATION OF BC

MJM/mn

Encl.

cc: Val Avery, President, HSA
Sheila Vataiki, Labour Relations Coordinator, HSA
David Durning, OH&S Officer, HSA
Mike Wisla, OH&S Representative, HSA

I:\DOCUMENTS\EXECUTIVE\EXEC DIR LEGAL\Ministry of Health\DM Stephen Brown and ADP Mark Armitage 10-02-20

TRANSMITTED BY: EMAIL

October 02, 2020

REA Project No. 16832

Please quote our file number in any communiques

Ms. Val Avery
President
Health Sciences Association of British Columbia
180 East Columbia Street
New Westminster, BC V3L 0G7

Dear Ms. Avery,

Subject: Update on Evidence for Aerosol Transmission of COVID-19 and Implications for Health Care Worker Respiratory Protection

In response to your September 24th request I have prepared this letter for HSABC and NUPGE, to provide an update on the evidence concerning airborne transmission of COVID-19 that has emerged subsequent to my March 20th letter for HSABC and NUPGE, and to discuss the official opinions of key public health agencies regarding this mode of transmission.

Attached as Appendix 1 is a list of papers I consulted in preparation of this letter, most of which have publication dates post March 2020.

Context for the March 20, 2020 Letter

I believe it helpful to begin by recapping the circumstances leading to my March letter. The March letter was prepared to supplement information provided in an earlier more comprehensive report that I produced for HSABC and NUPGE in September 2009, at that time in the context of concerns over H1N1. The focus of the September 2009 report was evidence for modes of transmission of influenza, and implications for protection of health care workers, those being subjects of interest to HSABC and NUPGE, in order to inform organizational positions regarding the need for N95 respiratory protection for health care workers.

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The September 2009 report summarized evidence accumulated to that time, which pointed to the likelihood that influenza was most likely transmitted primarily by inhalation of respiratory aerosols in close proximity to an emitter, and not, contrary to public health and medical nostrum, solely via contact with visible droplet expulsions and fomites. That report also spoke to the implications for environmental infection prevention and control measures, and protective equipment requirements for health care workers flowing from the evidence on modes of transmission.

My March 2020 letter summarized the additional evidence developed in the period between September 2009 and early 2020 with respect to close proximity aerosol transmission of viral respiratory diseases, and in particular those caused by other corona viruses, specifically SARS and MERS. At the time of my research for the March 2020 letter it was the emerging stage of the COVID-19 pandemic, and to that time there was little in the way of quality evidence published specifically with respect to aerosol transmission of COVID-19. There had, however, been a considerable amount of additional relevant evidence on virus aerosol transmission produced between 2009 and 2020, which strengthened understanding of aerosol transmission dynamics, pointed to the likelihood of aerosol transmission in clinical settings for SARS and MERS, and pointed to the likelihood of a similar picture emerging for SARS CoV-2 and COVID-19.

Despite the absence of specific evidence in March 2020 on modes of transmission for COVID-19, public health authorities in Canada and abroad expressed their consensus opinion that transmission was via droplet¹ and contact modes, and not via aerosols. This was a convenient position for governmental public health agencies, given the publicized shortages of N95-type respirators at the time, and the notion that N95 protection wasn't needed for protection against droplet and contact transmission. The commonly cited authority for this position on modes of transmission was the World Health Organization (WHO), which published statements to that effect on several occasions between January and March. WHO's position was ultimately memorialized in a WHO Scientific Brief published on March 29, 2020²,

¹ Many guidance documents produced by Canadian public health authorities provided no definition of a "droplet", but in cases where a definition was offered it was invariably a liquid phase particle having a diameter of 5 micrometers or larger, which purportedly would fallout onto surfaces under the influence of gravity within 1 to 2 meters of generation, which was contrasted to an "aerosol", which consisted of particles under 5 micrometers in diameter and remained airborne. In this context it is interesting to observe that until 2016, the Public Health Agency of Canada had defined a "droplet" as having a diameter of 50 (fifty) microns and larger (<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>), and indicated that N95 respiratory protection was needed for "aerosols", which were smaller than 50 microns. The basis for the change of definition is unknown.

² <https://apps.who.int/iris/handle/10665/331616?show=full>. The original Scientific Brief was updated in on July 9, 2020 (<https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for->

which cited seven sources as forming the basis for its conclusion. In fact, the sources cited by WHO in the March 29 Scientific Brief did not demonstrate the absence of aerosol transmission, nor even opine on modes of transmission.³

Brief Summary of the Main Conclusions of my March 2020 Letter

As indicated in my March letter, considerable evidence developed over the past two decades informs our understanding of how infectious viral respiratory diseases such as influenza, SARS and MERS can be transmitted by aerosol inhalation between persons in close proximity to one another. The transmission process can be explained as follows:

- A variety of expiratory actions – breathing, talking, singing, laughing, coughing, and sneezing – result in the emission of respiratory aerosols, which are expelled from the airway into the air volume in front of the source individual's face, in a form that can be thought of as a "cloud", comprised of liquid phase particles, and a mix of gases saturated with water vapour.
- Different types of expiratory actions produce populations of respiratory aerosols that differ in six main respects:
 - The total volume of liquid from the sum of all droplets⁴
 - The numbers of droplets of different diameters contained in the initial release
 - The distance travelled by the cloud.
 - The change in cloud shape as it projects outward from the airway.
 - The initial cloud velocity, and its rate of deceleration as it flows through the atmosphere.

[infection-prevention-precautions](#)), and described the emerging evidence suggesting aerosol transmission. Yet, despite canvassing the emerging evidence, WHO still concluded, based on the same sources cited on March 29th, that "SARS-CoV-2 transmission appears to mainly be spread via droplets and close contact with infected symptomatic cases".

³ The attached Appendix 2 provides my critique of the March 29th Scientific Brief, submitted to the editor of the *Bulletin of the World Health Organization*, which they declined to publish notwithstanding peer reviewer concurrence with my conclusions. The letter addresses the absence of evidence for the assertions of the March 29 2020 WHO Scientific Bulletin, and the misrepresentation of evidence presented in the published sources cited.

⁴ In this context I am not using "droplet" to only mean a liquid phase particle with a diameter over 5 micrometers. I mean any droplet of any size.

- The directional trajectory of the cloud.
- The total volumes of liquid expelled by each type of expiratory actions differ considerably. Typical values are on the following orders of magnitude:
 - normal breathing 1 nanolitre (nL) per minute
 - moderate volume talking 10 nL per minute
 - loud talking 50 nL per minute
 - coughing 100 nL per cough
 - sneezing 500,000 nL per sneeze.

There are variations in these volumes between and within individuals.

- When an individual's airway tissues are infected by a population of viruses, viruses are emitted in the cloud discharged by the various expiratory actions.
- The quantity of virus present in the expiratory cloud is proportionate to the concentration of viruses in the fluids lining the airway at the loci of droplet creation.
- Virus concentrations in airway fluids generally differ along the pathway between between the sinus / mouth and alveoli, as a function of the prevalence of target tissues, and the effects of respiratory mucus and airflows on the redistribution of extracellular viruses and cells shed from the epithelia. Virus concentrations in airway fluids also change over the cycle of infection, which in turn affects the quantities of viruses discharged by expiratory actions over time.
- The droplets released by breathing are mostly under 0.5 microns in diameter and are formed in the alveoli and terminal bronchioles. Talking produces the same droplet constellation as breathing, and overlays a second distribution with an upper size limit of 1 micron that emanates from the larger diameter bronchi, and a third overlaid distribution with an upper size limit of 10 microns that emanates from the tracheal pharyngeal region. Air and aerosols expelled by breathing and talking are emitted at relatively low velocity, and tend to immediately rise upward in indoor atmospheres due to thermal buoyancy and the upward convection flows generated by the exterior temperature of the body. This effectively results in the concentrations of respiratory aerosols being only 5% to 10% of their initial concentrations at a distance of 1.5 meters from the mouth and nose of the emitter.

- Coughing includes all of the droplet size distributions observed in talking, with increased overall contribution by droplets from the tracheal pharyngeal region, and the addition of a small percentage of larger droplets up to 20 microns that originate in the mouth, plus occasional large visible spittle expulsions. The velocity of cough expulsions is much higher than the air and aerosol velocities of expulsions from breathing or talking. As a result, cough clouds follow an outward trajectory which can deliver relatively constant aerosol concentrations for distances up to 3 meters from the source.
- Sneezing includes all of the droplet size distributions observed in coughing, and overlays two additional size spectra of droplets originating in the sinuses, that are more or less normally distributed, with median droplet diameters centred near 100 microns and 600 microns, with an upper limit of 1000 microns. Sneezes are emitted at very high velocities at trajectories perpendicular to the face. These velocities carry larger ballistic droplets to distances of a few meters before fallout, and carry the cloud and entrained non-visible droplets up to 7 meters or more.
- Almost instantaneously upon discharge, droplets expelled by breathing, talking and coughing lose their water fraction, leaving droplet nuclei, which are solid particles typically $1/5^{\text{th}}$ the diameter of the original droplet, comprised of inorganic and organic solutes. If the original droplet was large enough to harbour one or more virions, those will be adhered to or insinuated in the solutes in the droplet nucleus.
- When indoors in adequately ventilated spaces, the clouds produced by breathing and talking travel approximately 1.5 meters before losing momentum, and coughs clouds can travel 3 meters before losing momentum. By the point in space where the cloud's momentum is lost, the droplet nucleus concentration has dropped within the cloud as a result of cloud volume expansion and removal by the surrounding airflows, resulting in a concentration that is 10 to 20 times lower than at the point of discharge from the nose or mouth. The cloud then dissipates, with the solid droplet nuclei dispersing into the air, and the concentration approaches the background concentration in the space. That point where the cloud concentration drops to the background concentration can be considered the boundary between the "near field" and the "far field". This cloud behaviour for breathing, talking and coughing, and the associated virus concentration attenuation reduces the potential for aerosol infection transmission beyond a near field boundary in indoor spaces, so long as those spaces are not small and confined, or poorly ventilated.
- Indoors in adequately ventilation spaces, the sneezes more commonly project aerosols 3 to 7 meters, meaning that 7 meters should be considered the edge of the near field boundary for a sneeze. The largest visible droplets generated by a sneeze travel ballistically and can fallout onto surfaces before transforming to droplet nuclei. Those which fallout are not available for inhalation,

and those with diameters above 100 micrometers that temporarily remain airborne cannot be readily inhaled because of the low entrainment velocities associated with inhalation. In contrast to breathing, talking, and coughing, the smaller droplet fractions generated by a sneeze can travel further and persist for several seconds longer before converting to droplet nuclei, owing to the airflow and humidity conditions in the fast flowing sneeze cloud. This behaviour, and the comparatively larger liquid volumes expelled by a sneeze, can result in elevated airborne virus concentrations several meters from the source, even in large well-ventilated spaces.

- With the exception of the large visible droplets that behave ballistically in a sneeze, all other droplets expelled by a sneeze, and released by the other expiratory actions, rapidly convert to droplet nuclei, remain suspended in air for considerable lengths of time, can be inhaled by persons sharing the same space as an infected emitter, and with sufficient concentrations the dose inhaled can be large enough to initiate infection. The long held notion, frequently cited in the peer reviewed literature and public health agency guidance documents, that droplets 5 microns and larger rapidly falling out onto surfaces within a distance of one to two meters from the emitter is simply incorrect, was demonstrated mathematically to be incorrect in the 1930s, and has been empirically disproven by many studies in the past two decades. In effect, most droplets generated by expiratory actions are in fact inhalable droplet nuclei that remain suspended in ventilated spaces indefinitely until removed by air extraction ventilation, electrostatic deposition onto surfaces, or filtration. Respiratory protection guidance of public health agencies based on the assertion that 5 micron droplets behave ballistically is a longstanding frequently restated misconception based on misunderstandings of fundamental aerosol physics.
- Inhalation by a non-infected person of virus-laden respiratory aerosols creates potential for initiation of an infection. The virus dose and timeframe of delivery necessary to cause infection is unknown, but for influenzas, SARS and MERS it has been variously estimated to be on the order of 100 to 1000 virions.
- In view of the above, whether infection occurs as a result of exposure to expiratory emissions of an infected person depends on many variables, including:
 - the concentrations of the virus in the respiratory fluids that give rise to the expelled liquid;
 - the volume of liquid expelled by the particular combination of expiratory actions;
 - the size distribution of the droplets;
 - the atmospheric transport and dispersal of the droplets;

- the resulting air concentration in the downstream individual's breathing zone;
- the duration of time exposed to that concentration;
- the target individual's breathing rate;
- the target individuals inhaled and deposited dose;
- the infectious dose for the virus; and
- individual susceptibility to initiation of infection.

Current Understanding of Near Field Transmission Risk from Respiratory Virus Aerosol Emission, Transport and Dispersal

A considerable amount of new evidence specifically implicating aerosol transmission of COVID-19 has developed between April and September 2020. This includes,

- demonstration of aerosol transmission in animal test systems in controlled conditions;
- detection of viable SARS CoV-2 viruses in air in health care settings;
- demonstration that air suspended SARS CoV-2 viruses can remain viable for several hours under ideal conditions;
- demonstration that the likely airborne half-life for viable SARS CoV-2 in air is on the order of 1.5 hours;
- outbreak clusters in a wide variety of indoor settings that are either only explained, or best explained, by aerosol transmission;
- evidence that community masking is effective in reducing identified positive cases.

Interest among the medical and scientific community in the potential for significant near field aerosol transmission of COVID-19 started in April, as reflected by several commentary and opinion papers in the peer reviewed literature, culminating in communiques in July to the US CDC and WHO by a group of 239 experts from a variety of disciplines outlining the overwhelming evidence for aerosol transmission of

COVID-19, and urging official acknowledgement of the phenomenon⁵. The subject commentary was published on July 7, 2020.⁶

On August 26 and 27, the National Academies of Medicine Engineering and Science hosted a virtual workshop by academic and government experts covering the evidence for aerosol transmission of COVID-19. Many of those presenters subsequently compiled a web site, just released on September 26, containing an extensive series of questions and answers regarding aerosol transmission, supported by citations to relevant peer reviewed literature⁷. The information provided on their web site is based substantially on the same body of publications contained herein in Appendix 1, and sources cited in my March 2020 report. The following figure from that web site provides an excellent visual summary of the lines of evidence now strongly pointing to aerosol transmission as a significant mode for COVID-19.

Type of Evidence	Droplets	Fomites	Aerosols	Key:
Outdoors << Indoors	✓	✓	✓	✓ : evidence
Similar viruses demonstrated	X	✓	✓	✓✓ : very strong ev.
Animal models	?	✓	✓	X: no evidence
Superspreading events	X	X	✓	X: evidence against
Supersp. Patterns similar to known aerosol diseases	n/a	n/a	✓	n/a: not applicable
Importance of close proximity	✓	X	✓	(v1 45, 11-Sep-2020)
Consistency of close prox. & room-level	X	X	✓	
Physical plausibility (talking)	✓	✓	✓	
Physical plausibility (cough, sneeze)	✓	✓	✓	
Impact of reduced ventilation	X	X	✓	
SARS-CoV-2 infectivity demonstrated in real world	X	X	✓	
SARS CoV-2 infectivity demonstrated in lab	X	✓	✓	
"Droplet" PPE works reasonably well	✓	✓	✓	
Transmission by aspre-symptomatic (no cough)	X	✓	✓	
Infection through eyes	✓	✓	✓	
Transmission risk models	✓	✓	✓	

Figure 1 - Types of Evidence for COVID-19 Modes of Transmission

A few weeks following the publication of the July 7 2020 paper, the United States Centers for Disease Control revised the COVID-19 mode of transmission information on its web site, indicating that aerosol transmission appeared to be significant mode. A week thereafter that information was removed and

⁵ <https://www.ncbi.nlm.nih.gov/search/research-news/10574/>.

⁶ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa939/5867798>

⁷ https://docs.google.com/document/d/1f8SpysccOHvxphpTmCG_TGdytavMmc1cUumn8m0pwzo/mobilebasic

said to have been posted in error. As of September 30, WHO, US CDC, and PHAC continue to assert that COVID-19 is transmitted principally by droplets and contact. Juxtaposed against this is the fact that Dr. Anthony Fauci, the much heralded Director of the US National Institutes of Health, stated September 9 in an on-line presentation for Harvard Medical School clinical rounds⁸, and again on September 25 in an on-line interview with the Journal of the American Medical Association⁹ that he is convinced that the aerosol scientists view on COVID-19 aerosol transmission is correct. In the Harvard Medical School clinical rounds presentation he went so far as saying that the medical, public health and infection control communities have “had it all wrong about droplets for a long time” (or words to that effect).

As of March 2020, there were no published estimates for an infectious aerosol dose of SARS CoV-2. Since then, patterns of person-to-person transmission, measured concentrations of SARS CoV-2 RNA copies in endotracheal fluids and saliva, and integration of that information into the knowledge base on respiratory aerosol dynamics, has lead to speculation that the infectious dose for SARS CoV-2 infection is likely on the order of 1000 virions deposited in the airway over a timeframe ranging from perhaps a few minutes to several hours, either via continuous low concentration exposure, or intermittent bursts of elevated exposure, or some combination. This order of magnitude is in line with prior estimates developed for influenzas, SARS and MERS.

The quantity of viruses thought necessary to initiate infection has important implications for aerosol transmission, because it allows us to develop predictions regarding the types of expiratory event exposure scenarios where aerosol transmissions are most likely to occur, and therefore provides a more logical basis for respiratory protection recommendations.

Is Aerosol Transmission Significant Among Health Care Workers in Canada?

On September 3, 2020, the Canadian Institute for Health Information published a tabulation of health care worker cases across Canada, as of July 23 2020, and calculated their representation as a percentage of total cases (see Figure 2)¹⁰.

⁸

https://partners.mediasite.com/mediasite/Play/17db07327ba3458cb647cb511c3aa2f71d7fbclid=IwAR2LCxeCth3wweD9HHIgtLRP6aUusITFuvnRIPub_g45MjIFGudZwYxNSI

⁹ <https://www.youtube.com/watch?v=R84Rvcc9mu0>. See video at 27:35 to 29:00.

¹⁰ <https://www.cihi.ca/en/covid-19-cases-and-deaths-among-health-care-workers-in-canada>

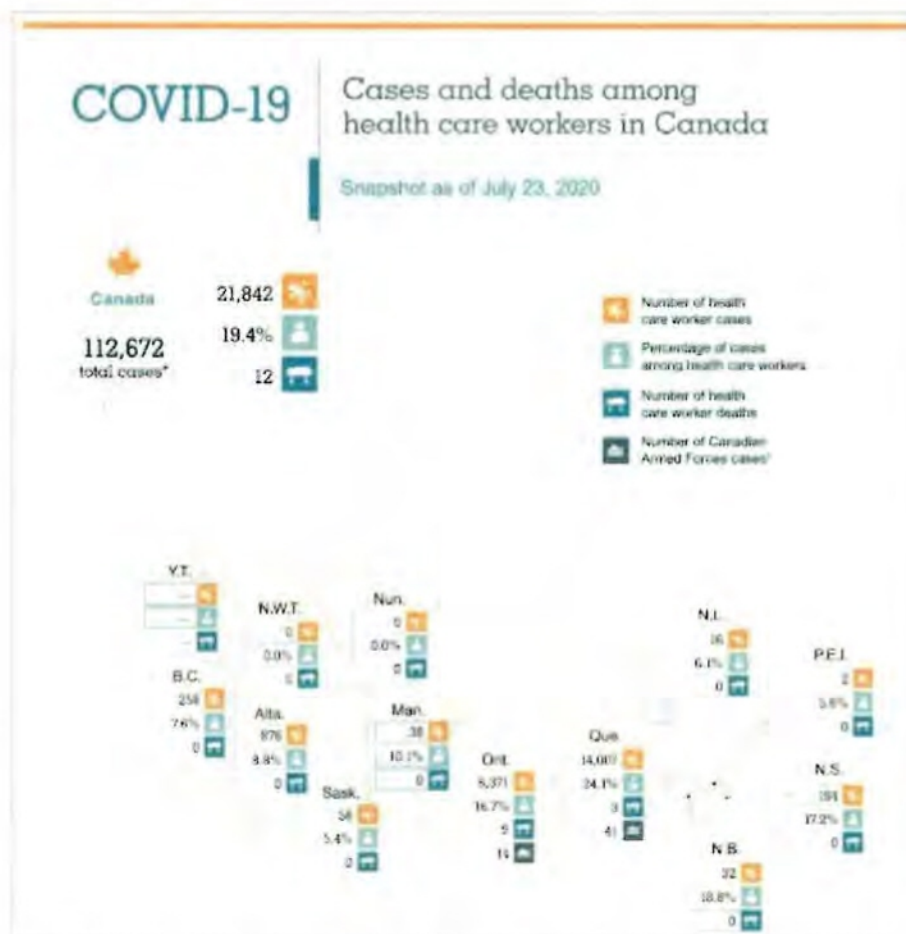


Figure 2 - Health Care Worker COVID-19 Infections in Canada, as of July 23 2020¹¹

¹¹ Figures for Canadian Armed Forces personnel performing care functions in long term care settings are also included in view of their deployments in the spring and summer 2020.

The only province that appears to present daily updates on health care work case statistics is Ontario, where health care workers¹² represented 13.6% (7044 cases) of all identified cases as of September 29 2020.¹³ According to the CIHI there were 511,517 health care workers in Ontario as of a 2018. If we assume a comparable number of health care workers in 2020, the case rate for Ontario health care workers would be $7,044 / 511,517 = 0.0138$, or approximately 14 cases per 1000 workers. By comparison, the non-health care worker general population rate to September 29 in Ontario is $(51,170 \text{ total cases} - 7,044 \text{ health care worker cases}) / (14,734,014 \text{ total population}^{14} - 511,517 \text{ health care workers}) = 0.0031$, or approximately 3 cases per 1000 persons. It is reasonable to assume that a portion of the cases identified among health care workers were contracted outside of health care settings in the community, and if that occurred at the same rates as the non-health care general population (3 per 1000), it yields an adjusted case rate for health care workers of 11 cases per 1000 in Ontario. This suggests the occupational attack rate among health care workers in Ontario is 3.7x higher than the non-health care worker general population attack rate. Similar calculations cannot be made for other provinces because the necessary information is not readily available on the internet, or in the on-line collection of the University of Toronto Library System.

An evidence brief published on June 12 2020 by the Emerging Science Secretariat of the Public Health Agency of Canada¹⁵ summarized research reports to that date from various jurisdictions on the representation of health care workers among cases and elevated risk, noting the following findings:

- The risk of testing positive for SARS CoV-2 infection was approximately 7.6 times higher for a cohort of health care workers in the United Kingdom as compared to the community at large.
- A comparative survey of health care workers and community controls in the United States and United Kingdom conducted in March 2020 found that,

¹² Ontario defines this group as health care worker, doctor, nurse, dentist, dental hygienist, midwife, other medical technicians, personal support worker, respiratory therapist, or first responder.

<https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/07/covid-19-epi-health-care-workers-ontario.pdf?la=en>

¹³ <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool>. This is slightly lower than the percentage for Ontario in July, most likely because of the September surge in community cases in the province, which would reduce the contribution of health care workers to the total.

¹⁴ Statistics Canada estimate, 3rd quarter 2020:
<https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1710000901>

¹⁵ Public Health Agency of Canada. *COVID-19 Summary of the Risk of Outbreaks in the Workplace*. June 12 2020.

- Frontline health care workers were approximately 12 times more likely to test positive for SARS CoV-2 than non-health care workers.
- Health care workers who considered their personal protective equipment to be inadequate had a 23% higher likelihood of testing positive than health care workers who considered their protective measures adequate.
- As compared to health care workers not caring for patients with documented COVID-19, those caring for such patients were 4.9 times more likely to test positive if they considered their PPE adequate, and 5.9 times more likely if they considered their PPE inadequate.
- To June 2020 there had been more than six dozen case reports published internationally describing occupational outbreaks among health care workers.

All the above suggests that health care workers may be at increased risk of SARS CoV-2 infection at a magnitude 4 to 12 times higher than the general population.¹⁶

Based on the emerging picture on the significance and potential dominance of aerosol transmission mode for COVID-19, and the substantial evidence of elevated risk among health care workers, it seems likely that near field aerosol transmission is happening in certain care setting interactions. Given the overall picture of the evidence on airborne transmission, it is likely that is occurring as a result of exposure to non-visible aerosols, and not “droplets” as wrongly conceived by the world’s major public health authorities.

Below I describe the scenarios where, based on evidence to date, there is likely to be an elevated risk of health care worker occupational infection by COVID-19 aerosol transmission.

Implications of COVID-19 Aerosol Transmission for Respiratory Protection for Health Care Workers

Evidence to date on SARS CoV-2 virus concentrations in respiratory fluids, changes in virus loads over the cycle of infection, liquid volumes expelled by various types of expiratory actions, and the droplet size

¹⁶ *Are health care workers significant vectors for community transmission?* Given the higher risk faced by health care workers, and the likelihood that there are many unrecognized asymptomatic cases among health care workers, it is reasonable to suspect that health care workers make a disproportionate contribution to COVID-19 spread in the community at large. While there are case reports of care workers being index cases for outbreaks in residential long-term care settings, I found no studies that specifically explored the possible role of health care workers as vectors in the community at large.

[Signature]

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Appendix 2 – Letter to the Editor, Bulletin of the World Health Organization

June 2, 2020

Dear Sir / Madam,

Subject: Expression of Concern - Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, Scientific Brief, 29 March 2020

This letter expresses concern over what must be considered misleading statements in the World Health Organization document entitled “Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations, Scientific Brief, 29 March 2020”.¹⁸

The Scientific Brief states “According to current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes” and cites six papers as authority for the statement¹⁹. The Scientific Brief further defines “respiratory droplets” as those that are “>5-10 µm in diameter”.

A careful review of the six referenced papers (five original research, and a WHO Report) reveals that none provide any “evidence” supporting the mode-of-transmission claim quoted above. In fact, none of the authors discuss, speculate on, nor draw conclusions regarding modes of transmission. Three papers (Liu et al, Burke et al, Huang et al) simply note that transmission between cases and new infectees appeared to be related to “close contact”. None actually define “close contact”, nor conclude transmission was via the “contact route” or “respiratory droplets >5-10 µm in diameter”. Two papers (Chan et al, Li et al) simply indicate their findings suggest “person-to-person transmission”.

The WHO-China Joint Mission Report, also cited as evidence for modes of transmission, claims that “COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infector and infectee” but the Report presents no evidence in support of that statement, and offers no definition of “droplet”. In contrast to the inference of the Scientific Brief that the modes of transmission are known, the WHO-China Joint Mission Report

¹⁸ <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

¹⁹ (1) Liu J, Liao X, Qian S et al. Community transmission of severe acute respiratory syndrome coronavirus 2, Shenzhen, China, 2020. *Emerg Infect Dis* 2020 doi.org/10.3201/eid2606.200239; (2) Chan J, Yuan S, Kok K et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet* 2020 doi: 10.1016/S0140-6736(20)30154-9; (3) Li Q, Guan X, Wu P, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *N Engl J Med* 2020; doi:10.1056/NEJMoa2001316; (4) Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020; 395: 497–506; (5) Burke RM, Midgley CM, Dratch A, Fenstersheib M, Haupt T, Holshue M, et al. Active monitoring of persons exposed to patients with confirmed COVID-19 — United States, January–February 2020. *MMWR Morb Mortal Wkly Rep.* 2020 doi : 10.15585/mmwr.mm6909e1external icon; World Health Organization. (6) Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) 16-24 February 2020 [Internet]. Geneva: World Health Organization; 2020.

states that one of the "Knowledge gaps and key questions to be answered to guide control strategies..." is the "Role of aerosol transmission in non-health care settings."

The Scientific Brief concludes with this: "Based on the available evidence, including the recent publications mentioned above, WHO continues to recommend droplet and contact precautions for those people caring for COVID-19 patients. WHO continues to recommend airborne precautions for circumstances and settings in which aerosol generating procedures and support treatment are performed, according to risk assessment." These conclusions are not warranted by information contained in the cited authorities.

I leave it to readers to consider the scientific ethics of the misrepresentations outlined above, and the implications for health care workers around the world.

John H Murphy MHSc PhD ROH CIH MACE
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Appendix 3 – High Risk Routine Encounter Scenarios for Health Care Worker COVID-19 Transmission

Type of Patient / Client ²⁰ Expiratory Action	Estimated Quantity of SARS CoV-2 Emitted from Patient / Client Breathing Zone ²¹	Comments on Drivers of the Estimated Quantity	Scenarios Where Aerosol Transmission Could Occur ²²
Breathing Only (with no Talking, Coughing or Sneezing)	100 per minute	While virus concentrations are higher in lung fluid than saliva, breathing generates a very small total volume of expelled liquid, and the small droplet size distribution precludes presence of virus in most droplets and hence nuclei	<p><u>Well Ventilated Indoor Locations²³:</u> Face-to-face interactions with infected persons at a distance of 1.5 meters or closer for a cumulative duration of 10 minutes or more during a work shift. Note: if two patients / clients are close together such that there is simultaneous proximity of 1.5 meters or less, that counts as a double exposure for purposes of tallying up total exposure duration.</p> <p><u>Poorly Ventilated Indoor Locations:</u> The scenario above applies. In addition to the above, cumulative unprotected presence at a distance of more than 2 meters away from the patient's breathing zone, in a single patient / client room for 2 hours per shift. Reduce this pro rata</p>

²⁰ I use both patient and "client" in recognition of (1) there being care-giving settings where the individual is not ill and not receiving treatment for an illness (e.g. nutrition, counselling, physiotherapy, etc.), and may not be thought of as a "patient", and (2) the likelihood that in those care settings there is a statistical likelihood that the percentage of persons getting care who are SARS CoV-2 positive, asymptomatic and unidentified, will be comparable to the percentage in the general population.

²¹ Totals are for inhalable fraction only, which includes any droplet that is originally 100 microns or smaller at the time of expulsion, or which converts to a droplet nucleus 100 microns or smaller before being transported away from the breathing zone of the health care worker. Particles larger than 100 microns are unlikely to be inhaled for aerodynamic reasons.

²² Patients / clients are assumed to not be masked or have other devices in use to block their expiratory actions.

²³ Herein, "well-ventilated" means a space with total and outside supply air volumes, air velocities, and exhaust volumes (where applicable) in line with recommendations provided in ASHRAE 62.1-2019, or ASHRAE 170-2017.

			for rooms with more than one patient (e.g. maximum 1 hour in that case).
Talking (with no Coughing or Sneezing)	1000 per minute	Higher total volume of liquid expelled, increasing droplet size distribution permits increased prevalence of viruses in expelled droplets.	<u>Poorly Ventilated Indoor Locations:</u> The scenario above applies. In addition to the above, cumulative unprotected presence at a distance of more than 2 meters away from the patient's breathing zone, in a single patient / client room for 12 minutes per shift. Reduce this pro rata for rooms with more than one patient (e.g. maximum 6 minutes in that case).
Coughing	6000 per cough	Much higher total volume of liquid expelled per event, larger droplets almost certain to contain one or more virions. However, virus concentrations in saliva have been found to be one or more orders of magnitude lower than in respiratory fluids, so the larger liquid volume doesn't result in proportionately greater virus shedding.	<u>Well Ventilation Indoor Locations:</u> Any face-to-face interactions with infected persons who are coughing. <u>Poorly Ventilated Indoor Locations:</u> Any entry into a room where the person is present and is, was, or likely will be coughing.
Sneezing	70,000 per sneeze	Very high total volume of liquid expelled per event, most emanating from the sinuses. In addition to underlying low volume distributions of small lower airway droplets, sneezing discharges most of its volume in high velocity liquid sheets that immediately shear to form large ballistic droplets. The total droplet count can be close to half-million, but most fallout ballistically and / or are too large to be inhaled. Sneezing theoretically presents contact and fomite transmission risks not associated with the other	<u>Well Ventilation Indoor Locations:</u> Any face-to-face interactions with infected persons who are coughing. Face or eye protection also recommended. <u>Poorly Ventilated Indoor Locations:</u> Any entry into a room where the person is present and is, was, or likely will be coughing. Face or eye protection also recommended.

		expiratory events above. While total liquid discharge volume is high, virus concentrations in sinus and oral fluids are much lower than in lung respiratory fluids.	
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From: Armitage, Mark W HLTH:EX
Sent: October 3, 2020 7:50 AM
To: Val Avery; 'christinesorensen@bcnu.org'; 'stephanie.smith@bcgeu.ca'; 'Mike Old'
Cc: Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Moulton, Holly HLTH:EX
Subject: Covid 19 Fall and Winter Key Action Items
Attachments: Covid 19 Fall and Winter Key Action Items.pdf

Good Morning.

As discussed at our mtg. last Tuesday, please find attached the two page summary of the Covid-19 Fall and Winter Key Action Items.

Happy to discuss any questions at our upcoming mtg. on October 6th.

Thanks

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

HEALTH SECTOR PLAN FOR FALL/WINTER 2020/21 MANAGEMENT OF COVID-19

ACTIONS

Population and Public Health

1. [Engage population and individuals to maintain control measures](#)
2. [Guidance for commercial, public and domestic settings on control measures](#)
3. [Testing, contact tracing and case management](#)
 - 3.1 [Daily testing capacity/wait times](#)
 - 3.2 [Contact tracing & case management capacity](#)
 - 3.3 [Use of contact tracings app\(s\)](#)
 - 3.4 [IMIT tools for integrated information capture and reporting](#)
4. [Flu immunization](#)
5. [Preparation for COVID 19 immunization](#)

Primary Care

6. [Primary care readiness for routine and COVID care delivery](#)
7. [Primary care guidelines and pathways for COVID patients](#)
8. [Healthy@Home for higher risk patients](#)
9. [Preparation for acute respiratory care centres](#)

Specialized Community Care

10. [HCC](#)
 - 10.1 [IPC](#)
 - 10.2 [Increased care to keep individuals out of LTC proactively](#)
 - 10.3 [Increased care to allow individuals to defer admission to LTC for fall/winter \(incl recruitment\)](#)
11. [LTC preparation](#)
 - 11.1 [Visitor policy and management](#)
 - 11.2 [FluzoneHD immunizations](#)
 - 11.3 [Policy on admission, transfer, absences linked to community-based risk analysis](#)
 - 11.4 [IPC](#)
 - 11.5 [Single site on going management and resolution of issues](#)
 - 11.6 [New contract framework](#)
 - 11.7 [Recruitment initiative](#)
12. [Support and care for vulnerable populations](#)

Lab Services

13. [20k daily processing capacity](#)
14. [Industrial/business testing \(as requested\)](#)
15. [Serological \(as available and relevant\)](#)

Hospital Care

16. [IPC](#)
17. [Transportation, testing, and support in rural BC](#)

- 17.1 [Paramedic capacity](#)
 - 17.2 [Medical transportation capacity](#)
 - 17.3 [Short term housing](#)
 - 17.4 [Virtual care \(rural\)](#)
 - 17.5 [Testing access \(rural\)](#)
 - 18. [Surge bed capacity](#)
 - 19. [Community capacity to support hospital care if needed](#)
 - 20. [Hospital care management](#)
 - 20.1 [ED pathways](#)
 - 20.2 [Visitor policy \(acute\)](#)
 - 20.3 [Bed management](#)
 - 20.4 [COVID-19 Cohorted Units](#)
 - 20.5 [Critical Care](#)
 - 21. [Critical care capacity](#)
 - 22. [Hospital@home](#)
 - 23. [Hospital HHRM](#)
 - 23.1 [HA hiring status](#)
 - 23.2 [Preparation for redeployment](#)
- Logistics
- 24. [PPE](#)

From: Pokorny, Peter HLTH:EX
Sent: October 3, 2020 8:12 AM
To: Barclay, Corrie A HLTH:EX
Cc: Payne, Paul G HLTH:EX
Subject: Re: ? : COVID-19 Test notifications Health Gateway

Let's send clarity on Monday. Thanks

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

On Oct 3, 2020, at 7:35 AM, Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca> wrote:

Hi Peter, this communication was sent out Thursday to HA's to communicate the phased approach for Health Gateway, before we had our discussion yesterday. Did you want us to send a clarifying note, or can we wait until we meet on Monday to determine best approach and then communicate? This would be my preference.

Corrie

From: HLTH CRHEM Planning HLTH:EX
[\[mailto:CRHEM.PLAN@gov.bc.ca\]](mailto:CRHEM.PLAN@gov.bc.ca)
Sent: October 1, 2020 4:23 PM
To: Kow, Janet [PH]; Bloemink, Karen [IHA]; Katie Hughes; Flatt, Alexandra [PHSA]; Dempster, Linda [FH]; Brown, Ross Dr [VCH]; Hampe, Tanis [NHA]; Pandemic Planning; Schmid, Victoria [EXT]
Cc: Payne, Paul G HLTH:EX; Brown, Libby [PHSA]; Therrien, Darlene [EXT]; Bell, Carolyn P HLTH:EX; Greer, Bonnie [NHA]; Davies, Gillian [VIHA]; Jordan, Jana [VCH]; Kirby, Liana [FH]; Kaluza, Lindsay [IHA]; Hicks, Paula [PH]; MacNeil, Sharon [PHSA]
Subject: COVID-19 Test notifications Health Gateway

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

*****Sent on Behalf of MoH Health Sector IMIT Division*****

Hi all,

I'm sending you an update about the Health Gateway COVID-19 results notification feature. As discussed when I attended the committee meeting last month, the Health Gateway and PHSA team is proceeding with phased communications to collection sites.

We will initiate our communication by making updates to the BCCDC website early next week to include information about Health Gateway. Later that week, we'll start providing information to the Vancouver Coastal Health collection sites, followed by Fraser, Northern, Interior and Island Health regions **over the next 1-2 weeks**. The Ministry's Health Gateway team is working closely with PHSA, who have established contacts at the regional collection sites.

In light of the recent election announcement, there will be no broad public announcements regarding Health Gateway at this time. We have also re-confirmed approval of the Health Gateway communication plan with our Assistant Deputy Minister.

Please reach out with any questions or comments, and thank you for your ongoing support.

Gold, Crystal HLTH:EX

From: Christine Sorensen <christinesorensen@bcnu.org>
Sent: October 5, 2020 9:24 AM
To: Armitage, Mark W HLTH:EX; Val Avery; 'stephanie.smith@bcgeu.ca'; 'Mike Old'
Cc: Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Moulton, Holly HLTH:EX; Donna Bouzan
Subject: RE: Covid 19 Fall and Winter Key Action Items

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Thanks Mark,

Please add **Leave** for those identified at COVID +, Contact to C+ or care of family members with symptoms/illness (ie children and elderly)

Also, I would like to know who is keeping track of **Health care worker C+ infections** as this seems to be absent. Regular reporting would be helpful.

Mental Health supports for nurses and other HCWs

Other items I raised last week which I believe you and Stephen were following up on:

- HCW prioritization for COVID testing
- Clarity on guidelines for HCW returning from international travel

I look forward to our discussion tomorrow am

C

Christine Sorensen BSN ICD.D
President
BC Nurses' Union
Pronouns: She, her, hers

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Year of the
Nurse
2020



BC NURSES'
UNION

Standing up for health care

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

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: Saturday, October 3, 2020 7:50 AM

To: Val Avery <VAvery@hsabc.org>; Christine Sorensen <christinesorensen@bcnu.org>; 'stephanie.smith@bcgeu.ca' <stephanie.smith@bcgeu.ca>; 'Mike Old' <oldm@heu.org>

Cc: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>; Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>;

Gold, Crystal HLTH:EX

From: Edgeworth, Jaci [PHSA] <Jaci.Edgeworth@phsa.ca>
Sent: October 5, 2020 10:10 AM
To: Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Rongve, Ian HLTH:EX; Byres, David W HLTH:EX
Cc: XT:Morin, Benoit HLTH:IN
Subject: Lab NEGATIVE results notification
Attachments: BN - lab negative results automation 10_05_20.pdf

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Sending on behalf of Benoit Morin, President & CEO PHSA

As a follow-up to the PHSA bilateral meeting last week, please see attached briefing note which outlines current state of COVID NEGATIVE results notification to patients and proposed avenues to enable improvements to the speed of the NEGATIVE results notification process. This work is happening in partnership between Corrie Barclay (MOH), Mitch Moneo (MOH), Ron Quirk (PHSA IMITS), and Donna Wilson (Provincial Lab Services).

Best regards,

Jaci Edgeworth

Vice President & Chief of Staff, CEO Office
Provincial Health Services Authority

Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1
Phone: 604-875-7148 (Ext. 557148) | Mobile: 604-834-0115
Email: jaci.edgeworth@phsa.ca | www.phsa.ca | jobs.phsa.ca



CONFIDENTIAL – FOR ADVICE AND RECOMMENDATIONS

Topic:	COVID negative results technology	
Date:	10/05/2020	
Prepared For:	Deputy Minister, Stephen Brown	
Purpose: <small>Please check only <u>one</u> of the four options</small>	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking Direction	<input type="checkbox"/> Decision
Prepared by:	PHSA	

EXECUTIVE SUMMARY:

The purpose of this briefing note is to outline current state of COVID NEGATIVE results notification to patients and proposed avenues to enable improvements to the current state.

BACKGROUND:

Currently all COVID results across BC end up in a single location: the COVID data store. While there are currently a few ways for patients to access or receive their result, the citizen experience is variable and less than ideal in some cases.

As COVID testing capacity and activity ramps up across the province, the limitations of some of our current solutions are becoming apparent. The workflow from start to finish is complex with a number of stakeholders and stages which are supported by people, process, and technology, and includes: referral, scheduling, specimen collection, receipting at the lab, testing, resulting, results distribution, and finally notification. In order to improve the capability and capacity across the province all aspects (people, process, and technology) at all stages need to be addressed, so as to not simply push bottlenecks or manual workloads to other stages in the process. In order to expedite implementation of solutions, we can address some of these stages separately while also being mindful of the larger holistic process. **This BN focuses on immediate improvements to the last stage of the workflow – results notification.**

Through lots of good work earlier this year, we now have a provincial COVID results data repository – a single location where all COVID test results are sent. There is however, no single robust scalable solution to pro-actively notify citizens of their NEGATIVE result. POSITIVE results are handled through a separate process; escalated through Public Health Officers.

Current state ways for citizens to obtain their COVID NEGATIVE result are listed in Table 1. All these solutions have pros and cons. The limitations of the current CDC Phone system have already been recognised and approval was recently given to upgrade the solutions (implementing Genesys).

Table 1: Current ways for Citizens to be notified of COVID NEGATIVE Result¹

Scope / Region	Method	How	Pros	Cons
Province-wide	Push & Pull	MOH Health Gateway portal	s.13	
Province-wide	Push	SMS Text message – register at BC CDC online form		
Province-wide	Pull	Phone BC CDC Labs 1-833-707-2792		
All HAS except IHA & VIHA	Push & Pull	Excelleris my ehealth portal		
IHA	Pull	IHA MyHealthPortal		
VIHA	Pull	Phone Island Labs Call Centre 1-888-370-8355		

DISCUSSION:

A rapid assessment of the current state has surfaced a few possible paths to improving capacity, reliability and scalability of the negative results notification. **There are three potential avenues to improve the process for negative results notification.**

(1) BCCDC Text Notification

s.13

s.13

(2) MOH Health Gateway Improvement

s.13

(3) BCCDC Phone update

s.13



RECOMMENDATION:

We recommend 3 initiatives concurrently, all of which will support more rapid communication of negative results to patients.

s.13

NEXT STEPS:

Provincial direction of the work to improve the overall process and flow of lab testing includes leadership & partnership between Corrie Barclay (MOH), Mitch Moneo (MOH), Ron Quirk (PHSA IMITS), and Donna Wilson (Provincial Lab Services).

While the immediate work on the negative results automation is underway, the team is also assessing options to improve the first stage of the workflow – patient registration. More information will be provided in the coming days.

From: Helmuth, Antje HLTH:EX
Sent: October 5, 2020 10:19 AM
To: HLTH HA CEO
Cc: hlth HA CEO Assistants; Collins, Teri HLTH:EX; Pokorny, Peter HLTH:EX
Subject: LC: 2020-10-02 COVID-19 Fall-Winter Status Report Week 1.xlsx
Attachments: 2020-10-02 COVID-19 Fall-Winter Status Report Week 1.xlsx

Relating to the LC discussion that the DM is having with you right now.

Antje Helmuth | Director | Strategy Management Office, DMO | Ministry of Health | Mailing address: 1515 Blanshard St., 5th floor, PO Box 9639 Stn Prov Govt, Victoria BC, V8W 9P1 | Antje.Helmuth@gov.bc.ca; Ph: 250 952-1478

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HEALTH SECTOR PLAN FOR FALL/WINTER 2020/21 MANAGEMENT OF COVID-19

Instructions:

- 1) Go to the tab for your portfolio
- 2) For the current week, review and update the status of each milestone. Status options are:
 - Green = No issues
 - Yellow = Issues exist but will be resolved within the week
 - Red = Issues exist that will not be resolved within the week
- 3) If there are issues associated with a milestone (i.e. status is yellow or red), document it on the next open line in the Issue Registry tab and then enter the issue ID number for that milestone in the next column.
- 4) Please do not add or delete rows, columns, or make any changes to the spreadsheet aside from the steps outlined above. If changes are required, contact Thomas.Harrison@gov.bc.ca

Questions can be directed to Thomas.Harrison@gov.bc.ca

in your portfolio tab

HEALTH SECTOR PLAN FOR FALL/WINTER 2020/21 MANAGEMENT OF COVID-19

Week of:

Portfolio

Population and Public Health
Primary Care
Specialized Community Services
Laboratory Services
Hospital Care
Logistics

28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov
GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN
RED	YELLOW	GREEN	GREEN	GREEN	GREEN
GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
RED	RED	GREEN	GREEN	GREEN	GREEN
GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Green = No issues

Yellow = Issues exist but will be resolved within the week

Red = Issues exist that will not be resolved within the week

HEALTH SECTOR PLAN FOR FALL/WINTER 2020/21 MANAGEMENT OF COVID-19

Week of:

Portfolio	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov
Population and Public Health	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
1. Engage population and individuals to maintain control measures	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
2. Guidance for commercial, public and domestic settings on control measures	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
3. Testing, contact tracing and case management	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
3.1 Daily testing capacity/wait times	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
3.2 Contact tracing & case management capacity	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
3.3 Use of contact tracings app(s)	GREEN	GREEN	N/A	N/A	N/A	N/A
3.4 IMIT tools for integrated information capture and reporting	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
4. Flu Immunization	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
5. Preparation for COVID 19 Immunization	GREEN	N/A	N/A	N/A	N/A	N/A
Primary Care	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN
6. Primary care readiness for routine and COVID care delivery	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN
7. Primary care guidelines and pathways for COVID patients	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
8. Healthy@Home for higher risk patients	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN
9. Preparation for acute respiratory care centres	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

HEALTH SECTOR PLAN FOR FALL/WINTER 2020/21 MANAGEMENT OF COVID-19

		Week of:					
Portfolio		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov
Specialized Community Care		RED	YELLOW	GREEN	GREEN	GREEN	GREEN
10. HCC		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
10.1 IPC		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
10.2 Increased care to keep individuals out of LTC proactively		GREEN	N/A	N/A	N/A	N/A	N/A
10.3 Increased care to allow individuals to defer admission to LTC for fall/winter (incl recruitment)		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
11. LTC preparation		RED	YELLOW	GREEN	GREEN	GREEN	GREEN
11.1 Visitor policy and management		GREEN	YELLOW	GREEN	GREEN	N/A	GREEN
11.2 FluzoneHD immunizations		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
11.3 Policy on admission, transfer, absences linked to community-based risk analysis		RED	YELLOW	GREEN	GREEN	GREEN	GREEN
11.4 IPC		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
11.5 Single site on going management and resolution of issues		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
11.6 New contract framework		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
11.7 Recruitment initiative		RED	GREEN	GREEN	GREEN	GREEN	GREEN
12. Support and care for vulnerable populations		RED	GREEN	GREEN	GREEN	N/A	N/A
Lab Services		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
13. 20k daily processing capacity		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
14. Industrial/business testing (as requested)		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
15. Serological (as available and relevant)		N/A	N/A	N/A	N/A	N/A	N/A

HEALTH SECTOR PLAN FOR FALL/WINTER 2020/21 MANAGEMENT OF COVID-19

Week of:

Portfolio

28-Sep 05-Oct 13-Oct 19-Oct 26-Oct 02-Nov

Hospital Care	RED	RED	GREEN	GREEN	GREEN	GREEN
16. IPC	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
17. Transportation, testing, and support in rural BC	YELLOW	GREEN	N/A	N/A	N/A	GREEN
17.1 Paramedic capacity	GREEN	N/A	N/A	N/A	N/A	N/A
17.2 Medical transportation capacity	GREEN	N/A	N/A	N/A	N/A	N/A
17.3 Short term housing	GREEN	N/A	N/A	N/A	N/A	N/A
17.4 Virtual care (rural)	GREEN	N/A	N/A	N/A	N/A	N/A
17.5 Testing access (rural)	GREEN	N/A	N/A	N/A	N/A	N/A
18. Surge bed capacity	RED	RED	GREEN	GREEN	GREEN	GREEN
19. Community capacity to support hospital care if needed	GREEN	GREEN	N/A	N/A	GREEN	N/A
20. Hospital care management	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
20.1 ED Pathways	GREEN	N/A	N/A	N/A	N/A	N/A
20.2 Visitor policy (acute)	GREEN	N/A	N/A	N/A	N/A	N/A
20.3 Bed management	GREEN	N/A	N/A	N/A	N/A	N/A
20.4 COVID-19 Cohorted Units	GREEN	N/A	N/A	N/A	N/A	N/A
20.5 Critical Care	GREEN	N/A	N/A	N/A	N/A	N/A
21. Critical care capacity	GREEN	GREEN	GREEN	GREEN	N/A	N/A
22. Hospital@home	RED	RED	N/A	N/A	N/A	GREEN
23. Hospital HHRM	GREEN	GREEN	N/A	N/A	N/A	N/A
23.1 HA hiring status	GREEN	N/A	N/A	N/A	N/A	N/A
23.2 Preparation for redeployment	GREEN	GREEN	N/A	N/A	N/A	N/A
Logistics	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
24. PPE	GREEN	GREEN	N/A	GREEN	GREEN	GREEN

Issue Register		After entering an issue, please remember to update the corresponding milestone with the Issue ID Number			
ID	STATUS	Portfolio	Issue	Action	Status2
1	YELLOW	Primary Care	Key Action #6 Clarify access to PPE and mechanisms	Decision Briefing Note for PPE access approach for community physicians developed; awaiting DM review, discussion, decision week of Oct 5. Should be resolved and back on track week of Oct 5.	Open
2	YELLOW	Primary Care	Key Action #8 MoH (PCD, HISIMIT) and PHSA staff to confirm objective, roles and responsibilities	Meeting on Oct 2 to gain clarity on objective and plan.	Open
3	RED	Specialized Community Services	Key Action #11.7 Collection of baseline/vacancy data	Recommend this milestone is moved to October 26 to align with Employer EOI process that will be launched as a means to collect vacancy and baseline data	
4					
5	RED	Hospital Capacity	Key Action #18 Daily Reporting: 1. Standardized definitions and bed count approach across all HAS 2. Amend to daily reporting format for COVID-19 sites	Currently receiving in weekly format; CRHEM is working to reconcile bed numbers and revise report, working firstly to put into automated format for DM	
6	RED	Specialized Community Services	Key Action 11.3 LTC/AL Policy Review: Review temporary policy adjustments made in the Spring and consult with HAS on impact/effect	Consultation with HA/MoH HCC Committee complete; Ongoing detailed discussion underway with LTC leads; Meeting October 6, 2020 re impact of restrictions and unintended consequences	
7	RED	Specialized Community Care	Key Action #12 Shelters & Congregate Housing	Recommended milestone and timeline revisions articulated in Issues Note	
8	RED	Hospital Care	Key Action #22 Physician Compensation	Targeting October 23, 2020 Tariff Committee meeting. Will be seeking ex	
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Population and Public Health

Population and Public Health		Week of:						Issue ID
Milestones		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status is
1. Individual and population engagement in maintaining essential control measures to suppress transmission is high								
• Project team established	GREEN							
• Draft analysis completed of major areas, populations and/or activities linked to transmission	GREEN							
• Review and outline of messaging to date	GREEN							
• Review and outline of any communication materials	GREEN							
• Review and outline of messaging to date		GREEN						
• Review and outline of any communication materials		GREEN						
• Segmented analysis of major areas, populations and/or activities linked to transmission completed		GREEN						
• Draft outline of targeted engagement and communication strategies			GREEN					
• Detailed outline of engagement and communication strategies, timelines, budget				GREEN				
• Draft communications materials developed				GREEN				
• Draft communication materials developed					GREEN			
• Draft communication materials developed						GREEN		
2. Guidance for commercial, public and domestic settings on control measures								
• Project team established	GREEN							
• Review and outline of guidance to date	GREEN							
• Draft analysis completed of key commercial, public and domestic situations linked to virus transmission		GREEN						
• Review and outline of communication/engagement strategies and campaign targeting these settings to date		GREEN						
• Final analysis completed including settings; review of guidance documents and any communication strategies			GREEN					
• Recommendations, prioritization, timelines for settings that would benefit from revised or new guidelines and or communication/engagement strategies			GREEN					
• Draft guidelines, communication and engagement materials for prioritized settings			GREEN					
• Draft guidelines, communication and engagement materials for prioritized settings				GREEN				
• Draft guidelines, communication and engagement materials for prioritized settings					GREEN			
• Draft guidelines, communication and engagement materials for prioritized settings						GREEN		
• Draft guidelines, communication and engagement materials for prioritized settings							GREEN	

Population and Public Health

Population and Public Health		Week of:						Issue ID
Milestones		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
3. Testing, contact tracing and case management								
3.1 Daily testing capacity/wait times								
• MOH/PHO reviews strategy, guidance, and communication strategy for testing and type of testing to be used fall/winter	GREEN							
• MOH to identify potential range of professionals who could additionally deliver testing and sets out an approval/engagement process for completion in six weeks	GREEN							
• RHAs provide a detailed list and capacity (target number of tests administered per day within 20 mins) of testing sites in place and planned to be in service by the end of October	GREEN							
• LC reviews and signs off testing strategy; distribution and total capacity of testing; expansion of professionals able to do testing	GREEN							
• RHAs complete review to further streamline and develop their regional testing strategies to be able to meet maximum capacity with a “public friendly” process and a high efficiency processing line	GREEN							
• RHAs set out plan to review and modify each of their testing sites over the next four weeks	GREEN							
• MOH update on approval/engagement process for additional professionals			GREEN					
• RHAs review sites and modify as needed			GREEN					
• MOH update on approval/engagement process for additional professionals				GREEN				
• RHAs review sites and modify as needed				GREEN				
• MOH update on approval/engagement process for additional professionals					GREEN			
• RHAs review sites and modify as needed					GREEN			
• MOH approval for professionals						GREEN		
• RHAs review sites and modify as planned							GREEN	
							GREEN	

Population and Public Health

Milestones	Week of:					Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov
3.2 Adequate community based contact tracing and case management capacity						
• MOH SET and LC to review/revise contact tracing staffing targets	GREEN					
• MOH/VP COVID-19 leads review recruitment/hiring criteria, process and make modifications to improve efficiency and effectiveness. Reset weekly targets for next five weeks aligned with LC decision.	GREEN					
• MOH SET and LC reviews weekly results		GREEN				
• Ongoing monitoring, reporting and issues mitigation on contact tracing recruitment and hires in place		GREEN				
• MOH SET and LC reviews weekly results			GREEN			
• Ongoing monitoring, reporting and issues mitigation on contact tracing recruitment and hires in place			GREEN			
• MOH SET and LC reviews weekly results				GREEN		
• Ongoing monitoring, reporting and issues mitigation on contact tracing recruitment and hires in place				GREEN		
• MOH SET and LC reviews weekly results					GREEN	
• Ongoing monitoring, reporting and issues mitigation on contact tracing recruitment and hires in place					GREEN	
• MOH SET and LC reviews weekly results						GREEN
• Ongoing monitoring, reporting and issues mitigation on contact tracing recruitment and hires in place						GREEN
3.3 Digital contact tracing application						
• Complete engagement with and evaluation of federal application (COVID Alert) with recommendations to PHO/LC; identify any other currently potential/viable applications	GREEN					
• LC/PHO decision to move forward or not with one or more applications		GREEN				
3.4 IMIT tools for integrated information capture and reporting						
• Confirm PHO/BCCDC/Public Health; Regional HA SET; DMO requirements; interface requirements with contender solution	GREEN					
• Demo contender solution with PHO/BCCDC/Public Health; Regional HA SET; DMO		GREEN				
• Complete work with contender and prepares decision note		GREEN				
• PHO and LC approval			GREEN			
• Finalize procurement and contractual terms and sign			GREEN			
• Commence build of solution			GREEN			
• Continue build of solution				GREEN		
• Continue build of solution					GREEN	
• Implement solution						GREEN

Population and Public Health

Population and Public Health		Week of:						Issue ID
Milestones		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
4. Flu immunization								
• Drafting immunization operational action plan establishing timing, locations, staffing, and distribution mechanisms across health authority regions	GREEN							
• Update on action plan to MOH SET and LC		GREEN						
• Complete immunization operational action plan		GREEN						
• Drafting communications and promotion plan and materials		GREEN						
• MOH SET and LC signs off operational action plan and communications plan/materials			GREEN					
• Ensure logistics in place for distribution, providers, PPE			GREEN					
• Ensure logistics in place for distribution, providers, PPE				GREEN				
• Launch communications and engagement plan					GREEN			
• Ensure logistics in place for distribution, providers, PPE						GREEN		
• Commence flu immunizations							GREEN	
• Prepare for weekly report outs starting November 9							GREEN	
5. Preparation for COVID 19 immunization								
• BCCDC provides plan to PHO/DM for discussion	GREEN							

Primary Medical and Specialist Community Care

Primary Medical and Specialist Community Care		Week of:					Issue ID
Milestones	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status is
6. Primary care readiness for routine and COVID care delivery							
• Ministry staff to meet with HA, Division and GPSC partners to clearly identify and resolve any outstanding issues, reaffirm priority areas for focus/planning and address any questions regarding the updated funding parameters and process	GREEN						
• Clarify access to PPE and mechanisms	YELLOW	1					
• Confirm provincial planning dollars for family physicians	GREEN						
• Initiate engagement with CPS regarding professional expectations for primary care physicians if required	GREEN						
• Initiate engagement with PHO regarding updating communications/messaging to family physicians regarding safe practice	GREEN						
• Regional Health Authorities completing Inventory of COVID Primary Care Services (Oct 1 – March 30)	GREEN						
• Develop enhanced communications and engagement strategy for GP practices to keep them informed of developments and relevant information on COVID-19 as well as local transmission information	GREEN						
• Review inventory of COVID Services (March 2021) from Health Authorities. for gaps/risks; hold follow up regional meetings to go over feedback	GREEN						
• Ministry to issue further guidance as required on any issues identified, including on access to PPE and funding to support physician participation in planning for fall/winter services.			GREEN				
• Active engagement with PCNs, HAs/Divisions to ensure shared understanding and agreement on directions and deliverables for fall/winter			GREEN				
• Pathways (GPSC) virtual physician service directory (linked with HealthLink BC) and public communications plan complete and ready for launch			GREEN				
• Active planning underway across PCNs, Divisions/HAs				GREEN			
• Active planning underway across PCNs, Divisions/HAs					GREEN		
• Receive all Regional Plans					GREEN		
• Stabilize funding for Real-time Virtual Service (RTVS) pathways that are delivering virtual care in rural, remote and indigenous communities and across the province.					GREEN		
• Plans confirmed by Ministry.						GREEN	
• Launch public communication						GREEN	

Primary Medical and Specialist Community Care

Milestones	Week of:					Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov
7. Primary care guidelines and pathways for COVID patients						
• Guidelines under review and development	GREEN					
• RHAs development of CHSA specific directions for accessing testing and higher levels of care (specialized community services or acute hospital care) underway	GREEN					
• Guidelines under review and development		GREEN				
• RHAs development of CHSA specific directions for accessing testing and higher levels of care (specialized community services or acute hospital care) underway		GREEN				
• Guidelines under review and development			GREEN			
• RHAs development of CHSA specific directions for accessing testing and higher levels of care (specialized community services or acute hospital care) underway			GREEN			
• Guidelines approved by Clinical Reference Group				GREEN		
• Linked guidelines and pathways are reviewed and signed off by working group				GREEN		
• Communications strategy and dissemination plan developed				GREEN		
• Review and sign off by MOH SET and LC					GREEN	
• Prepare for dissemination					GREEN	
• Dissemination of guidance underway; posted to BCCDC website; distributed through GPAC and other professional channels						GREEN

Primary Medical and Specialist Community Care

Milestones	Week of:						Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
8. Healthy@Home for higher risk patients							
• MoH (PCD, HSIMIT) and PHSA staff to confirm objective, roles and responsibilities.	YELLOW						2
• MOH SET/LC discussion of Healthy@Home concept and challenges/opportunities	GREEN						
• Working group established	GREEN						
• Healthy@Home program outline/description	GREEN						
• Guidelines either under review (existing) or in development (new) to cover proactive care to prevent/reduce hospital admissions and responsive care if a patient becomes COVID-19 positive	GREEN						
• Guidelines either under review (existing) or in development (new)		GREEN					
• RHAs develop regional plans to implement Healthy@Home program		GREEN					
• Regional provider and patient identification processes established		GREEN					
• Guidelines either under review (existing) or in development (new)			GREEN				
• RHAs develop regional plans to implement Healthy@Home program			GREEN				
• Regional provider and patient identification processes established			GREEN				
• Communication/engagement strategy developed			GREEN				
• Guidelines either under review (existing) or in development (new)				GREEN			
• RHAs develop regional plans to implement Healthy@Home program				GREEN			
• Regional provider and patient identification processes established				GREEN			
• Provider (GPs and Medical Specialists) engagement commences				GREEN			
• MOH SET and LC sign-off					GREEN		
• Prepare for launch					GREEN		
• Provider engagement underway					GREEN		
• Provider engagement continues and patient engagement commences						GREEN	
• Public communication						GREEN	

Primary Medical and Specialist Community Care

Primary Medical and Specialist Community Care	Week of:						Issue ID
Milestones	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
9. Preparation for acute respiratory care centres							
• LC discuss the use, scope and timing of using UPCCs as “acute respiratory assessment centres”	GREEN						
• MOH Primary Care to engage with GPSC, Divisions, PCNs to discuss the use, scope and timing of using UPCCs and specific primary care clinics as “acute respiratory assessment centres” if there are high levels of COVID-19 positive in the community	GREEN						
• Health Authorities completing Inventory of COVID Services (Oct 1 – March 30)	GREEN						
• MOH Primary Care to engage with GPSC, Divisions, PCNs to discuss the use, scope and timing of using UPCCs and specific primary care clinics as “acute respiratory assessment centres” if there are high levels of COVID-19 positive in the community		GREEN					
• Receive Inventory of COVID Services (March 2021) from Health Authorities. MoH to review for gaps/risks		GREEN					
• Feedback from community discussions reviewed at LC and direction provided on moving forward			GREEN				
• RHA/Divisional/PCN planning as required				GREEN			
• RHA/Divisional/PCN planning as required					GREEN		
• Receive all Regional Plans					GREEN		
• RHA/Divisional/PCN planning as required						GREEN	

Specialized Community Services

Specialized Community Services

Milestones	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	Issue ID
If status is red, click here to							
10. HCC							
10.1 IPC							
• MOH compiles a comprehensive list of existing and proposed IPC standards/guidelines for health sector as a whole	GREEN						
• MOH completes initial review of which should be updated and prioritize focus	GREEN						
• MOH/RHAs review standards/guidelines to make final decision on any gaps or that require revision		GREEN					
• Draft or update standard/guideline documents as needed		GREEN					
• Communication and engagement with service delivery management and staff		GREEN					
• RHAs undertake program-based assessment of practice to identify gaps or need for improvement including additional staff		GREEN					
• Draft or update standard/guideline documents			GREEN				
• RHAs continue program-based assessment of practice to identify gaps or need for improvement including additional staff			GREEN				
• Draft or update standard/guideline documents				GREEN			
• RHAs continue program-based assessment of practice to identify gaps or need for improvement including additional staff				GREEN			
• RHA assessment of current IPC performance and development of implementation specific mitigation plans as required					GREEN		
• MOH/RHAs agree ongoing monitoring, audit and reporting protocols					GREEN		
• MOH/RHAs agree outbreak review protocols and processes					GREEN		
• Consistent implementation underway						GREEN	
• Monitoring, audits, and reporting commence						GREEN	
10.2 Increased care to keep individuals out of LTC proactively	GREEN						

Specialized Community Services

Specialized Community Services	Milestones	Week of:						Issue ID
		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	
If status is red, click here to								
10.3 Increased care to allow individuals to defer admission to LTC for fall/winter (incl recruitment)								
• (b1) Scope of program and target demographic determined (including services provided, characteristics of who can be hired etc.).		GREEN						
• (b2) Provision for IADLs in Home Support utilizing CHW1s: Review Island Health CHW1 pilot including evaluation..		GREEN						
• (b2) Increased Access to Short Term HCC Services: Review VCH Patient Stabilization and Island Health Enhanced Discharge Programs.		GREEN						
• (b1) Eligibility criteria for program and assessment tools and process established.			GREEN					
• (b2) Provision for IADLs in Home Support utilizing CHW1s: Draft DBN on labour challenges in community sector with options to address.			GREEN					
• (b2) Increased Access to Short Term HCC Services: Identify specific expectations for reablement services.			GREEN					
• (b1) Funding model confirmed.				GREEN				
• (b1) Proposed project and policy for approval (including analysis of risk and liabilities as well as options for mitigation).				GREEN				
• (b2) Increased Access to Short Term HCC Services: Draft Policy				GREEN				
• (b1) Draft program package complete for DM approval including: - Policies and guidelines - Monitoring and reporting indicators - Communication and implementation plan.					GREEN			
• (b2) Provision for IADLs in Home Support utilizing CHW1s: Develop provincially standard orientation for CHW1 role.					GREEN			
• (b2) Provision for IADLs in Home Support utilizing CHW1s: Develop Evaluation Criteria.					GREEN			
• (b2) Provision for IADLs in Home Support utilizing CHW1s: Executive Approval of Policy					GREEN			
• (b2) Increased Access to Short Term HCC Services: Executive Approval of Policy.					GREEN			
• (b2) Increased Access to Short Term HCC Services: Develop Evaluation Criteria					GREEN			
• LC review and discussion						GREEN		
• RHA engagement with program managers and staff						GREEN		
• RHA engagement with program managers and staff							GREEN	
• Public communication							GREEN	
• Begin implementation							GREEN	

Specialized Community Services

Specialized Community Services		Week of:						Issue ID
Milestones		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status is red, click here to
11. LTC preparation								
11.1 Visitor policy and management								
• Review current guidelines on family/social visitation and recommend changes	GREEN							
• Identify the appropriate legal authority upon which visitor restrictions and ensure consistently applied in all HA	GREEN							
• Develop supplemental document or interpretive guide in alignment with acute care for essential visits		GREEN						
• Develop risk-based criteria for visitor restrictions in fall/winter		YELLOW						
• Determine an appeals process/avenue for complaints in both private and public settings and develop public-facing accessible materials			GREEN					
• Develop fair procedures that will apply if a visitor is at risk of losing their essential or family/social visitor status.			GREEN					
• Prepare an initial response to OSA concerns/provide written response to survey				GREEN				
• Provide written response to Ombudsperson letter & recommendations						GREEN		
11.2 FluzoneHD immunizations								
• Drafting Fluzone HD immunization operational action plan establishing timing, locations, staffing, and distribution mechanisms across health authority regions/sites	GREEN							
• Update on action plan to MOH SET and LC		GREEN						
• Complete immunization operational action plan		GREEN						
• Drafting communications and promotion plan and materials		GREEN						
• MOH SET and LC signs off operational action plan and communications plan/materials			GREEN					
• Ensure logistics in place for distribution, providers, PPE			GREEN					
• Ensure logistics in place for distribution, providers, PPE				GREEN				
• Launch communications and engagement plan with LTC/AL sites					GREEN			
• Ensure logistics in place for distribution, providers, PPE					GREEN			
• Commence flu immunizations						GREEN		
• Prepare for weekly report outs starting November 9						GREEN		
11.3 Policy on admission, transfer, absences linked to community-based risk analysis								
• Review temporary policy adjustments made in the Spring and consult with HAs on impact/effect – did the restrictions achieve the intended outcome? Were they implemented at the right time?	RED							6
• Review recommendations from Ernst & Young Report	YELLOW	YELLOW						
• Develop risk-based criteria for policy restrictions in fall/winter (admissions, transfers, absences)			GREEN					
• Consult with HAs, OSA and Industry Associations (BCCPA, DHA, BCSLA) on risk based criteria to identify unintended consequences and required mitigation				GREEN				
• Obtain Executive Approval, in consultation with PHO					GREEN			
• Communicate policy direction to sector						GREEN		

Specialized Community Services

Specialized Community Services	Milestones	Week of:					Issue ID	
		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status is red, click here to
11.4 IPC								
• MOH compiles a comprehensive list of existing and proposed IPC standards/guidelines for health sector as a whole	GREEN							
• MOH completes initial review of which should be updated and prioritize focus	GREEN							
• MOH/RHAs review standards/guidelines to make final decision on any gaps or that require revision		GREEN						
• Draft or update standard/guideline documents as needed		GREEN						
• Communication and engagement with service delivery management and staff		GREEN						
• RHAs undertake program-based assessment of practice to identify gaps or need for improvement including additional staff		GREEN						
• Draft or update standard/guideline documents				GREEN				
• RHAs continue program-based assessment of practice to identify gaps or need for improvement including additional staff				GREEN				
• Draft or update standard/guideline documents					GREEN			
• RHAs continue program-based assessment of practice to identify gaps or need for improvement including additional staff					GREEN			
• RHA assessment of current IPC performance and development of implementation specific mitigation plans as required						GREEN		
• MOH/RHAs agree ongoing monitoring, audit and reporting protocols						GREEN		
• MOH/RHAs agree outbreak review protocols and processes						GREEN		
• Consistent implementation underway							GREEN	
• Monitoring, audits, and reporting commence							GREEN	
11.5 Single site on going management and resolution of issues								
• MOH reviews status of single site working directive with HAs, providers, and unions to identify any unforeseen negative consequences and mitigating strategies. Prepare to discuss with LC	GREEN							
• LC discussion and direction on any mitigating strategies		GREEN						
• MOH work with partners on mitigation strategies for key issues, barriers and/or negative consequences		GREEN						
• MOH work with partners on mitigation strategies for key issues, barriers and/or negative consequences			GREEN					
• MOH work with partners on mitigation strategies for key issues, barriers and/or negative consequences				GREEN				
• MOH work with partners on mitigation strategies for key issues, barriers and/or negative consequences					GREEN			
• Update of progress to LC							GREEN	
• MOH work with partners on mitigation strategies for key issues, barriers and/or negative consequences							GREEN	

Specialized Community Services

Specialized Community Services	Milestones	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	Issue ID
Week of: If status is red, click here to								
11.6 New contract framework								
• Actioned: MOH retained Ernst & Young (EY) to assist in developing new funding model and template contract.		GREEN						
• Actioned: Jurisdictional scan on funding models completed by EY.		GREEN						
• Actioned: Interviews with diverse stakeholders to inform new contract and funding mode.		GREEN						
• Actioned: MOH initiated online reporting tool for LTC, reviewing data		GREEN						
• MOH initiate legal analysis of options for post EPA enforcement of single site conditions. Establish a working group key partners		GREEN						
• Finalize draft project plan based on review of Ernst & Young report on funding for LTC sector. Initiate analysis of existing contract templates Initiate financial modelling for level wage options Initiate evaluation of safety impact of single site order		GREEN						
• Briefing to LC			GREEN					
• MOH consult with HEABC on single site transition framework (SSTF) and collective agreement implications			GREEN					
• MOH consult with HEABC on single site transition framework (SSTF) and collective agreement implications				GREEN				
• MOH prepare briefing on SSTF and collective agreement implications					GREEN			
• MOH complete evaluation of safety impact					GREEN			
• Update briefing to LC						GREEN		
• MOH initiates engagement plan for LTC sector on permanent single site model						GREEN		
• Collect feedback from partners and stakeholders on the proposed path forward.							GREEN	
11.7 Recruitment initiative								
• Actioned: EOI opened September 9, 2020 – 7902 EOIs received to date		GREEN						
• Actioned: Jan-Sept candidates qualified for expedited pathway 192 with 163 registered for processing		GREEN						
• Actioned: HEABC-FBA Joint Care Aide Recommendation Report Working Draft completed		GREEN						
• Review approach and sign off by DM – including expansion to include home care and number of positions available		GREEN						
• Update to LC		GREEN						
• Establish cross sector steering committee: RHAs, BCCP, DCP, FBA		GREEN						
• EOI candidates contacted for initial program screening		YELLOW						
• Collection of baseline/vacancy data across sector		RED					3	
• Establish reporting mechanism for reporting out weekly on progress		YELLOW						
• Job description and classification work completed		YELLOW						
• Analysis of cost to close differential between FBA and CBA rates sooner than 2021		GREEN						
• Agree expedited hiring process with RHAs and agencies		GREEN						
• Continued marketing of expedited pathway		GREEN						
• HEABC-FBA Report submitted to MOH		GREEN						
• Update to LC			GREEN					

Specialized Community Services

Milestones	Week of:						Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	
• Eligible candidates made available to regional employers based on geography and area of interest		GREEN					If status is red, click here to

Specialized Community Services

Milestones	Week of:						Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	
• Review modular approach to training and sign off approach and scheduled launch by DM, AEST and PSI as needed		GREEN					
• Continued marketing of expedited pathway		GREEN					
• MOH response to report submitted to committee		GREEN					
• Update to LC			GREEN				
• Eligible candidates made available to regional employers based on geography and area of interest			GREEN				
• Commence weekly reporting of hiring/region			GREEN				
• Modular training approach under development			GREEN				
• Continued marketing of expedited pathway			GREEN				
• HEABC-FBA-MOH joint action plan developed			GREEN				
• Update to LC				GREEN			
• Eligible candidates made available to regional employers based on geography and area of interest				GREEN			
• Weekly reporting of hiring/region				GREEN			
• Modular training approach under development				GREEN			
• Continued marketing of expedited pathway				GREEN			
• Commence implementation of action plan				GREEN			
• Update to LC					GREEN		
• Eligible candidates made available to regional employers based on geography and area of interest					GREEN		
• Weekly reporting of hiring/region					GREEN		
• Modular training approach under development					GREEN		
• Continued marketing of expedited pathway					GREEN		
• Implementation of action plan					GREEN		
• Update to LC						GREEN	
• Eligible candidates made available to regional employers based on geography and area of interest						GREEN	
• Weekly reporting of hiring/region						GREEN	
• Modular training approach under development						GREEN	
• Continued marketing of expedited pathway						GREEN	
• Implementation of action plan						GREEN	
12. Support and care for vulnerable populations							
• Develop guidance for RHAs and agencies for fall/winter and funding levels	RED						7
• Commence development of guidelines for Rx Alternative strategy	GREEN						
• LC reviews guidance/funding and provides direction		GREEN					
• MOH/RHAs agree monitoring and reporting mechanisms		GREEN					
• Commence implementation and reporting			GREEN				
• Rx Alternatives implementation commences				GREEN			

Specialized Community Services

Milestones

Week of:						Issue ID
28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status is red, click here to

Laboratory Services

Milestones	Week of:						Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
13. 20k daily processing capacity							
• Actioned: Engaged with PLMS, lab leaders, EOC and others regarding the Surge business plan and activities on the ground. Reviewed Surge recovery plan to understand shortfalls and gaps.							
• Actioned: Completed agreement to increase LifeLabs' contribution to the provincial capacity target of 20,000 tests/day by October 1, 2020 by entering into a short-term agreement with the possibility of extension.							
• Actioned: Health Gateway (HG) includes COVID-19 Lab Results for citizens to access (positive and negative results) (HSIMIT)							
• MOH/PHSA establish a working group with governance structure to integrate the pre-analytics work done at collection centres with the laboratory system.	GREEN						
• PHSA provide support to Valley Medical (procurement of kits and reagents) the Panther non-fusion equipment into function which could provide additional COVID testing capacity in Interior Health	GREEN						
• Consideration of testing modality options within surge plan (saliva, nasal swab, other)	GREEN						
• LC reviews surge plan		GREEN					
• MOH actively monitors implementation of the PLMS surge plan, including initiatives related to: - procurement of additional infrastructure, equipment and facilities by monitoring the transfer of capital funding to PHSA/HAs - exploring potential for sample pooling and its potential contribution to enhance the provincial capability to deliver 20,000 tests/day by October 1, 2020 - developing enhanced workflows - implementation of bidirectional interface - enhancing HHR by working with responsible ministry divisions - Identify risks and mitigation strategies. - Incorporate the actions identified and resulting from the Deloitte workshop for the laboratory services		GREEN					
• MOH actively monitors implementation of the PLMS surge plan and reports out on system test lab processing capacity from end of previous week			GREEN				
• MOH actively monitors implementation of the PLMS surge plan and reports out on system test lab processing capacity from end of previous week				GREEN			
• MOH finalize citizen flow and enabling technology solutions linked to Health Gateway (HG) providing COVID-19 Lab Results for citizens to access (positive and negative results) (HSIMIT)				GREEN			

Laboratory Services

Milestones	Week of:						Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	
• MOH actively monitors implementation of the PLMS surge plan and reports out on system test lab processing capacity from end of previous week					GREEN		
• MOH announcement on Health Gateway					GREEN		
• HAs begin regional communication to citizens re access to Health Gateway					GREEN		
• Assessment of lab processing capacity against 20,000 daily capacity target and identification of additional action if required						GREEN	
14. Industrial/business testing (as requested)							
• Actioned: DBNs in approvals to confirm Ministry position and next steps regarding private pay asymptomatic testing (by private accredited labs); provision of asymptomatic testing by industry for employees; and provision of serology testing by the private sector.							
• Actioned: Identification of 8 potential models for industry's provision of asymptomatic testing, and the regulatory requirements and obligations associated with each.							
• Actioned: Discussions with Diagnostic Accreditation Program to confirm DAP accreditation requirements for accredited facilities, lab-assisted and non-lab assisted testing, diagnostic vs non-diagnostic (screening) tests, and point of care testing.							
• Actioned: Discussions with industry to better understand the model they are proposing and clarify for them the legislative and regulatory obligations.							
• Actioned: Working with BCCDC and PLMS to develop information, including a questionnaire or "requirements" tool, for posting on the BCCDC website to assist labs and other businesses wanting to be listed on the BCCDC webpage of labs providing private pay testing.							
• Then, As Needed: Draft, with PMLS, information clarifying the requirements for organizations wanting to provide private pay testing in BC and be listed on the BCCDC website	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
• Then, As Needed: Respond to industry, addressing specific questions and proposals for providing asymptomatic testing on private pay basis	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
• Then, As Needed: Monitor Health Canada approvals of new tests, including antigen tests, and incorporate into BC information	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
• Then, As Needed: Monitor developing PT approaches to testing and private pay testing for potential approaches in BC	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	
15. Serological (as available and relevant)							

Hospital Care

Milestones	Week of:					Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov
16. IPC						
• MOH compiles a comprehensive list of existing and proposed IPC standards/guidelines for health sector as a whole	GREEN					
• MOH completes initial review of which should be updated and prioritize focus	GREEN					
• MOH and HAS scope out a communication and engagement strategy for hospital-based management, physicians, and staff on self management/protection away from work and IPC at work	GREEN					
• MOH/HAS review standards/guidelines to make final decision on any gaps or that require revision		GREEN				
• Draft or update standard/guideline documents as needed		GREEN				
• MOH and HAS finalize communication and engagement strategy for hospital-based management, physicians, and staff on self management/protection away from work and IPC at work		GREEN				
• HAS undertake hospital-based assessment of practice to identify gaps or need for improvement including additional staff starting with nineteen COVID-19 sites		GREEN				
• Draft or update standard/guideline documents			GREEN			
• HAS undertake hospital-based assessment of practice to identify gaps or need for improvement including additional staff starting with nineteen COVID-19 sites			GREEN			
• Commence ongoing communication and engagement with hospital-based management, physicians, and staff on self management/protection away from work and IPC at work			GREEN			
• Draft or update standard/guideline documents				GREEN		
• HAS undertake hospital-based assessment of practice to identify gaps or need for improvement including additional staff starting with nineteen COVID-19 sites				GREEN		
• HA assessment of current IPC performance across nineteen COVID-19 sites and development of implementation specific mitigation plans as required					GREEN	
• MOH/HAS agree ongoing monitoring, audit and reporting protocols					GREEN	
• MOH/HAS agree outbreak review protocols and processes					GREEN	
• Consistent implementation underway						GREEN
• Monitoring, audits, and reporting commence						GREEN

Hospital Care

Hospital Care

Milestones	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	Issue ID
17. Transportation, testing, and support in rural BC							
• Actioned: (c) Health authority plans submitted to MOH (Current Status: Complete).	GREEN						
• Actioned: (c) Health authorities to establish transport plans from rural communities (Current Status: Complete).	GREEN						
• Actioned: (c) Health authorities to implement CCCs proximally to larger acute care centers (Current Status: Complete).	GREEN						
• Actioned: (c) MoH to communicate funding to health authorities (Current Status: Complete).	YELLOW						
• Actioned: (a)(b) BCEHS draft fall/winter staffing plan (Current status: On Track).	GREEN						
• Prepare update BN for LC on overall status of implementation by health region (a)-(e)	GREEN						
• LC to review status note and provide any direction required		GREEN					
• (a)(b) BCEHS staff deployed						GREEN	
17.1 Paramedic capacity							
	GREEN						
17.2 Medical transportation capacity							
	GREEN						
17.3 Short term housing							
	GREEN						
17.4 Virtual care (rural)							
	GREEN						
17.5 Testing access (rural)							
	GREEN						

Hospital Care

Hospital Care		Week of:						Issue ID
Milestones		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status is
18. Surge bed capacity								
• Actioned: HAs have completed an initial assessment of actions lined to implementing surge capacity against 4 scenarios	GREEN							
• MOH modifies daily reporting on hospital occupancy against detail on COVID-19 sites and then other hospitals to provide a more accurate picture of current status	RED							
• MOH establishes protocols and process routines for review of current hospital occupancy status with each HA	RED	5						
• HAs complete detailed planning for adding surge bed capacity across nineteen COVID-19 sites and other hospitals as required for scenarios 1-3; complete a contingency assessment for scenario 4	GREEN							
• Implement new daily reporting format		RED						
• HAs complete detailed planning for adding surge bed capacity across nineteen COVID-19 sites and other hospitals as required for scenarios 1-3; complete a contingency assessment for scenario 4		GREEN						
• LC review of overall plans for adding surge capacity and mitigation strategies to close any gaps			GREEN					
• On going site-based preparation				GREEN				
• On going site-based preparation					GREEN			
• On going site-based preparation						GREEN		
19. Community capacity to support hospital care if needed								
• Actioned: Spring approach to canvassing GPs/NPs reviewed and updated to incorporate learnings for Fall/Winter, September 25	GREEN							
• Contacts re-established in each regional health authority and a new communication to GPs and NPs drafted and signed by Ministry, Doctors of BC and NNPBC, October 2	GREEN							
• First request to identify available GPs/NPs sent out through GPSC to Divisions of Family Practice, to NPs through NNPBC, October 2	GREEN							
• Second request to canvass for available GPs/NPs to be sent out through GP and NP channels, Oct 9		GREEN						
• Clear requirements in place for appropriate privileging and credentialing; compensation, etc., October 9		GREEN						
• Up-to-date GP/NP inventories in place in each regional health authority, October 30 with clear process and information for licensure, privileging and credentialing; compensation arrangements						GREEN		

Hospital Care

Hospital Care		Week of:						Issue ID
Milestones		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
20. Hospital care management								
• Review and document preparation of nineteen COVID-19 hospital sites against (i), (ii), (iii), (iv), and (v)		GREEN						
• (ii) Drafting Visitor and Essential Visitor Interpretive Guidance - Acute Care		GREEN						
• Complete review and document preparation of nineteen COVID-19 hospital sites against (i), (ii), (iii), (iv), and (v)			GREEN					
• (ii) Final Visitor and Essential Visitor Interpretive Guidance - Acute Care and hospital management and staff communication plan developed			GREEN					
• LC review of COVID-19 site readiness document				GREEN				
• (ii) Communication of Visitor and Essential Visitor Interpretive Guidance - Acute Care to hospital management and staff				GREEN				
• HAS undertake mitigation actions as required					GREEN			
• HAS undertake mitigation actions as required						GREEN		
• COVID-19 site planning completed							GREEN	
20.1 ED pathways								
		GREEN						
20.2 Visitor policy (acute)								
		GREEN						
20.3 Bed management								
		GREEN						
20.4 COVID-19 Cohorted Units								
		GREEN						
20.5 Critical Care								
		GREEN						

Hospital Care

Milestones	Week of:						Issue ID
	28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	If status i
21. Critical care capacity							
• Actioned: Ethics Allocation Framework: FINAL version approved.	GREEN						
• Pandemic Mechanical and Fleet Ventilation Logistics Working Group (PMF VLWG)							
- TOR Drafted	GREEN						
- Members invited							
• PHSA implements a provincially coordinated approach to Biomedical support services	GREEN						
• PMF VLWG functioning		GREEN					
• Identify any distribution issues		GREEN					
• Incorporate daily reporting on ventilator capacity linked to COVID-19 site reports (including utilization, equipment or staff issues)		GREEN					
• Report to LC any issues/concerns			GREEN				
• HAs take mitigation actions as required				GREEN			
22. Hospital@home							
• Actioned: Project team for prototype sites already working	GREEN						
• Interim policy framework established	GREEN	GREEN					
• Labour Engagement and Readiness completed	GREEN	YELLOW					
• Physician compensation framework completed	RED	RED					8
• LC briefed on launch of two prototype sites		GREEN					
• Establish MOH/RHA working group to plan for provincial expansion across COVID-19 sites		GREEN					
• Prototypes launched VIHA and NHA						GREEN	
23. Hospital HHRM							
• Report out to LC on (a)-(c)		GREEN					
• Report out to LC on (d) against COVID-19 sites		GREEN					
23.1 HA hiring status							
	GREEN						
23.2 Preparation for redeployment							
• Report out to LC on (b.ii.)	GREEN	GREEN					

Logistics

Logistics	Milestones	Week of:						Issue ID
		28-Sep	05-Oct	13-Oct	19-Oct	26-Oct	02-Nov	
24. PPE								
• PHSA/MOH bilateral reviews current status of PPE preparedness for fall/winter		GREEN						
• Report out to LC			GREEN					
• PPE Health Sector Testing Approach and Capacity – Draft Plan					GREEN			
• PHSA Warehousing Plan and Costs – Plan Reviewed and Recommendations Provided by Ministry					GREEN			
• Detailed Cumulative PPE Reporting from March 2020 to October 30 – Draft for Review						GREEN		
• PPE IPC Policy Clarification and Guidance For High Priority Areas – Assessment and Policy Completed							GREEN	

From: Pokorny, Peter HLTH:EX
Sent: October 5, 2020 11:15 AM
To: HLTH COVID CRHEM HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Moulton, Holly HLTH:EX; Rongve, Ian HLTH:EX; Bell, Carolyn P HLTH:EX; Prevost, Jean-Marc GCPE:EX
Subject: Re: PPE Messaging (Monday October 5)

Approved from my perspective.

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

On Oct 5, 2020, at 11:05 AM, HLTH COVID CRHEM HLTH:EX <COVID.CRHEM@gov.bc.ca> wrote:

Good morning,

Below please find PPE messaging for today's briefing.

Thank you.



COVID Response and Health Emergency Management Division
Ministry of Health

Email: COVID.CRHEM@gov.bc.ca

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PPE Update – Monday October 5, 2020

- To recap BC's cumulative totals, from March to last week's report on Monday September 28, the following PPE has arrived in BC:
 - **Just over 6,800,000 N95 or equivalent respirators**

- **Just over 59,500,000 surgical or procedure masks**
 - **Just over 2,700,000 pieces of eye protection, including goggles and face shields**
 - **Almost 136,000,000 pairs of gloves**
 - **Almost 9,700,000 gowns**
- Many of the items listed above, and other supplies and equipment that have recently arrived, are in our testing process to make sure product meets or exceeds safety requirements before being used in BC's healthcare system.
- Over the last week (since the update last week on Monday September 28 up until yesterday), the following PPE has arrived in BC:
 - **153,119 N95 or equivalent respirators**
 - **275,400 surgical or procedure masks**
 - **3,644 pieces of eye protection**
 - **7,410,050 pairs of gloves**
 - **476,430 gowns**
- BC continues to source and test PPE and are working hard to pursue any and all credible leads for safe and effective product for our health system.

Gold, Crystal HLTH:EX

From: Cerna, Carolina [PHSA] <carolina.cerna@phsa.ca> on behalf of Morin, Benoit [PHSA] <benoit.morin@phsa.ca>
Sent: October 5, 2020 11:55 AM
To: XT:Morin, Benoit HLTH:IN; XT:Ulrich, Cathy HLTH:IN; Bell, Carolyn P HLTH:EX; Byres, David W HLTH:EX; XT:Dawkins, Laurie GCPE:IN; Gustafson, Reka [BCCDC]; Rongve, Ian HLTH:EX; 'IHEOCDirector@interiorhealth.ca'; XT:Lavery, John HLTH:IN; XT:MacNeil, Kathryn HLTH:IN; Diacu, Mariana HLTH:EX; Moneo, Mitch HLTH:EX; HLTH COVIDAnalytics HLTH:EX; Pokorny, Peter HLTH:EX; XT:HLTH Prentice, Cathy; XT:Dalton, Fiona HLTH:IN; XT:Jock, Richard HLTH:IN; Brown, Stephen R HLTH:EX; XT:Brown, Susan PSA:IN; XT:Manning, Tim HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:HLTH Eliopoulos, Vivian; Vowles, Wendy M HLTH:EX
Subject: Daily Dashboard - October 5, 2020
Attachments: 2020-10-05 Provincial Dashboards -- COVID Dashboard.xlsx

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

*****Message sent on behalf of Benoit Morin, President & CEO, PHSA*****

Good Morning,

Please find attached the Daily Dashboard for Monday, October 5, 2020.

Kindly fan out as required.

Thank you.

Carolina Cerna

Manager, CEO Office Administration and Executive Assistant to Benoit Morin, President & CEO
Provincial Health Services Authority



Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1

Phone: 604-675-7497 (Ext. 557497) | Email: carollna.cerna@phsa.ca | www.phsa.ca | jobs.phsa.ca

Provincial Supply Chain by Health Authority

Supply Chain COVID-19 Dashboard

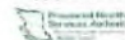


2020-10-04 07:45 PM

Equipment by Category	Warehouse Qty on Hand					Days of Inventory on Hand at Warehouse					Daily Issued from Warehouse to HA's					Qty Ordered	Qty Received	Qty Remaining	Qty Confirmed by Vendor
	Total Warehouse Qty on Hand	Lower Mainland	Interior	North	Island	AVG DCH (Last 30 Days)	Lower Mainland	Interior	North	Island	AVG Daily Usage (Last 30 Days)	Lower Mainland	Interior	North	Island				
BeaFlora																			
Coveralls																			
Disinfectant Other																			
Disinfectant Wipes (Rolls and case)																			
Face Shields																			
Gloves Exam (pair)																			
Gloves Nitrile Extended Cuff (pair)																			
Goggles																			
Gown Clinical / Trauma																			
Gown Isolation - Universal																			
Gown Isolation Level 1 / 2 / 3 / 4																			
Hand Sanitizer																			
Mask N95																			
Mask N95																			
Mask N95 Other																			
Mask Procedure																			
Other																			
Respirators Reusable (Stationary)																			
Shoe Covers																			
Suicide Vest																			

S.13; s.17

Supply Chain COVID-19 Dashboard



2020-10-04 07:45 PM

Equipment by Category	Warehouse Qty on Hand					Days of Inventory on Hand at Warehouse					Daily Issued from Warehouse to HA's					Qty Ordered	Qty Received	Qty Remaining	Qty Confirmed by Vendor
	Total Warehouse Qty on Hand	Lower Mainland	Interior	North	Island	AVG DCH (Last 30 Days)	Lower Mainland	Interior	North	Island	AVG Daily Usage (Last 30 Days)	Lower Mainland	Interior	North	Island				
<input type="checkbox"/> Goggles	S.13; s.17																		
<input type="checkbox"/> Gown Surgical (pair)																			
<input type="checkbox"/> Gown Surgical Level 1																			
<input type="checkbox"/> Gown Surgical Level 4																			
<input type="checkbox"/> Mask Surgical																			
<input type="checkbox"/> Other																			
<input type="checkbox"/> Procedure Pouch																			
<input type="checkbox"/> Surgical Cape																			
<input type="checkbox"/> Surgical Pouch, Abdominal																			
<input type="checkbox"/> Surgical Pouch, Cardiovascular																			
<input type="checkbox"/> Surgical Pouch, ENT																			
<input type="checkbox"/> Surgical Pouch, General																			
<input type="checkbox"/> Surgical Pouch, Gynec																			
<input type="checkbox"/> Surgical Pouch, Obstetric																			

S.13; s.17

- s.13; s.17

Warehouse Qty on Hand					
Revised Character	Lower Material	Transfer	North	West	Total
<p>s.13; s.17</p>					

s.13; s.17

Warehouse Qty on Hand					
Assessed Alternative	Lower Warehouse	Interior	North	South	Total
s.13; s.17					

s.13: s.17



DONATIONS

Category	Item Description	Qty	Assessment	Date Expected	Status	Comments	Destination
Mask N95	Zhejiang Baifu	800		5/25/2020	Received		LPC



STAGING WAREHOUSE

PPE Category	Source	Quantity
Coveralls	<input type="checkbox"/> Donation <input type="checkbox"/> NESS <input type="checkbox"/> Vendor	s.13; s.17
Disinfectant Other	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Disinfectant Wipes (tube and can)	<input type="checkbox"/> NESS	
Face Shields	<input type="checkbox"/> Donation <input type="checkbox"/> NESS <input type="checkbox"/> Vendor	
Gloves Exam (pair)	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Gloves Nitrile Extended Cuff (pair)	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Gloves Surgical (pair)	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Goggles	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Gowns Isolation - Unrated	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Gowns Isolation Level 2 / 3 / 4	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	

Clinical Assessment Rating 3: Item is not a standard inventory item, is not appropriate at this time, is in an acceptable condition and could be considered for use if we reach stage 6 (no other PPE options)

Clinical Assessment Rating 4: Item is unacceptable or is in unacceptable condition and there is no potential or possibility of it ever being used

Supply Chain COVID-19 Dashboard

Description
A:PPE Category
JHClinical Assessment
JHStatus
JH

STAGING WAREHOUSE

PPE Category	Source	Quantity
Goggles	<input type="checkbox"/> NESS	s.13; s.17
Gowns Isolation - Unrated	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Gowns Isolation Level 2 / 3 / 4	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Hand Sanitizer (bottles)	<input type="checkbox"/> Donation <input type="checkbox"/> NESS <input type="checkbox"/> Vendor	
Mask Surgical	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Masks KN95	<input type="checkbox"/> Donation <input type="checkbox"/> NESS <input type="checkbox"/> Vendor	
Masks N95 Other	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Masks Procedure	<input type="checkbox"/> Donation <input type="checkbox"/> NESS <input type="checkbox"/> Vendor	
Other	<input type="checkbox"/> Donation <input type="checkbox"/> NESS	
Snacks Viral	<input type="checkbox"/> NESS	

Clinical Assessment Rating 3: Item is not a standard inventory item, is not appropriate at this time, is in an acceptable condition and could be considered for use if we reach stage 6 (no other PPE options)

Clinical Assessment Rating 4: Item is unacceptable or is in unacceptable condition and there is no potential or possibility of it ever being used

Provincial Lab Medicine Services Dashboard by Health Authority

	Southwest	Central Fraser	Western Health	Comox Valley Health	Providence Health Care	Inner Health	Northwest Health	C&W	BCCDC	UpeVice	Providence
Provincial Lab Medicine Services (PLMS)											
Today's instrument testing capacity (i.e. specimens/day) by testing site	2,400	745	452	450	2,400	1,086	100	326	3,000	1,200	12,159
Current pending (i.e. total # of specimens at testing site but not yet tested)		205	72	92	467	444	9	96	1,395	1,263	4,043
Number of tests performed and results reported since last reporting period	34	488	591	227	514	870	29	185	2,137	1,200	6,275
Number of days (i.e. estimated depletion date) for extraction reagent available on site based on current:											
testing volume		3	63	55	108	22		131	44	3	40
instrument testing capacity		1	83	28	23	18		74	31	3	25
Number of days (i.e. estimated depletion date) for analyzer reagent available on site based on current:											
testing volume		3	42	55	194	57	53	135	37	29	53
instrument testing capacity		2	55	28	41	46	15	76	26	29	33
Swabs days on hand (based on 14 day average usage)		22	67	26		12	171	21	8	19	126
Number of tests performed to date		73,512	57,994	66,680	80,327	68,860	5,477	13,209	105,097	58,796	529,952

Notes:

SMH next reagent order has been placed and shall arrive this week. If there are any issues, samples can be sent to BCCDC.

IHA has one extractor down; some specimens were sent to BCCDC.

VIHA capacity increased due to new extractor go live.

C&W capacity increased due to BioFires go live.

To be validated.

Data from October 01.

Legend of number of days on hand available of extraction and analyzer reagent

= 0 days

> 0 and < 2 days

>= 2 and < 3 days

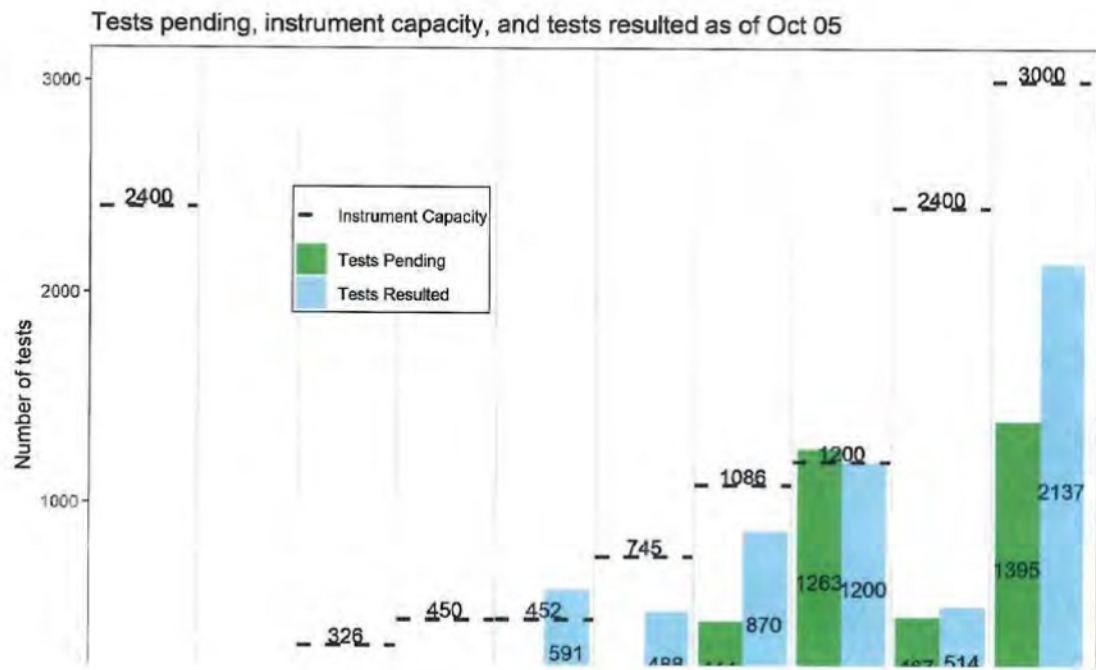
>= 3 days

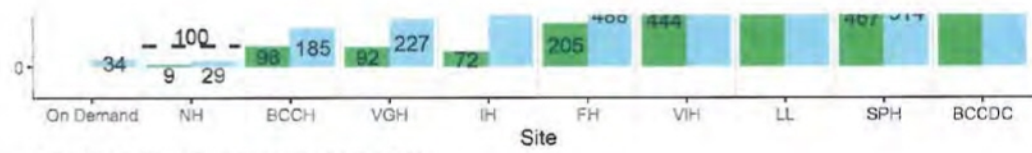
Interpretation

- 1) Line one is a leading indicator of forecasted instrument capacity
- 2) Line two is the current status of pending tests to be completed this day
- 3) Confirmed that as long as pending is lower than forecasted capacity TAT is <24 hrs.

Notes:

- The capacity numbers on this dashboard reflect the real-time daily capacity based on operational capacity and testing demand. It is subject to change.
- Number of tests performed to date is a cumulative number. Due to reporting delays, data is subject to change with reconciliation.
- Extraction reagent for GeneXpert and Biofire are not reported as GeneXpert and Biofire kits contain all reagents in single cartridge.
- On Demand capacity will be utilized as needed.
- On Demand is excluded from all calculations except provincial capacity and number of tests performed and results reported.





Note: On Demand pending tests data are unavailable.

Provincial BC Emergency Health Services Dashboard by Health Authority

	Lower Mainland Health	Vancouver Coastal Health	Island Health	Fraser Health	Stikine	Providence
BC Emergency Health Services (BCEHS)						
Total 9-1-1 Medical Priority Dispatch System (MPDS) call volumes	321	529	346	292	88	1,576
Total 9-1-1 Medical Priority Dispatch System (MPDS) calls - Transported to Hospital	218	334	199	192	54	997
Total Influenza-Like Illness (ILI) calls - Dispatch-identified (see note below)	35	66	42	32	10	185
Total COVID-19 calls - SIREN (see note below)	13	37	11	12	3	76
Hospital delays (in hours)	0.6	7.5	1.9	2.6		12.6
Transfer Events - Transported Total	33	40	18	21	17	129
Transfer Events - Transported PTN-COVID (Suspected/Confirmed)						6
Ambulance out of service OOS (hours)	575.1	357.9	301.8	103.4	382.6	1720.8
OOS by Type (hours)						
Cleaning	2.2	11.4	12.4	1	0.2	27.2
Mech/No-Veh	0.1	9.3				9.4
Other	8.3	26.2	28.7	3.3	4.2	70.7
Staff-Half-Crew	158.4	34.4	40.2	11.2	145.9	390.1
Staff-No-Crew	406.1	276.6	220.5	87.9	232.3	1223.4

Total Influenza-Like Illness (ILI) calls - Dispatch-identified

BCEHS call takers use a screening tool to identify a potential ILI patient and add a flag that notifies the paramedic specialist (PS) in the dispatch centre to review the call. There have been some minor changes over time but the general process is the same.

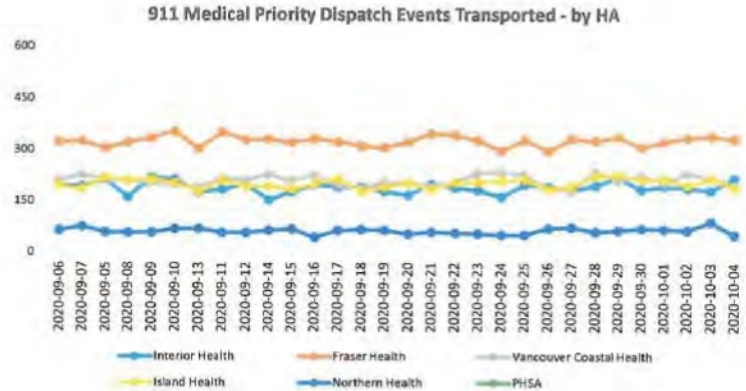
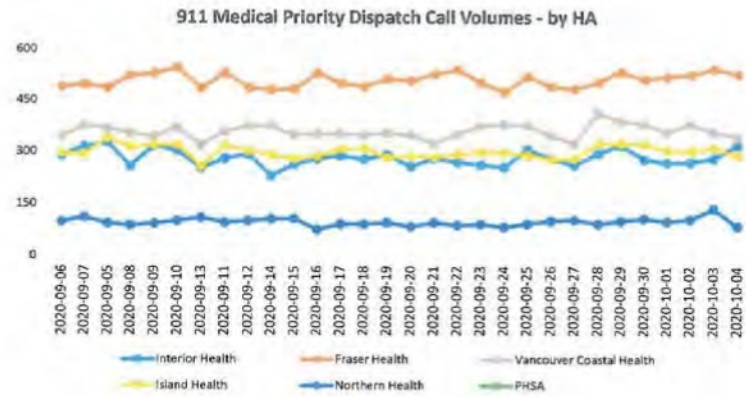
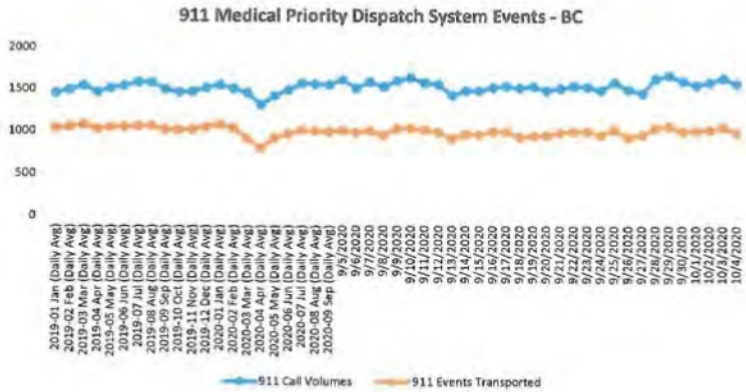
NOTE: This measure only shows the number of patients that are reporting flu-like symptoms.

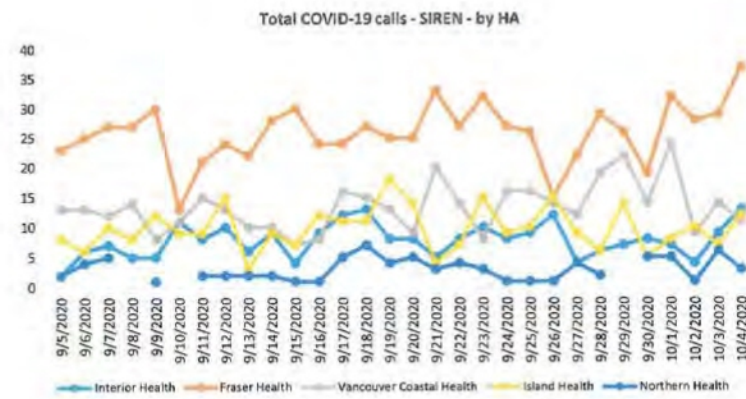
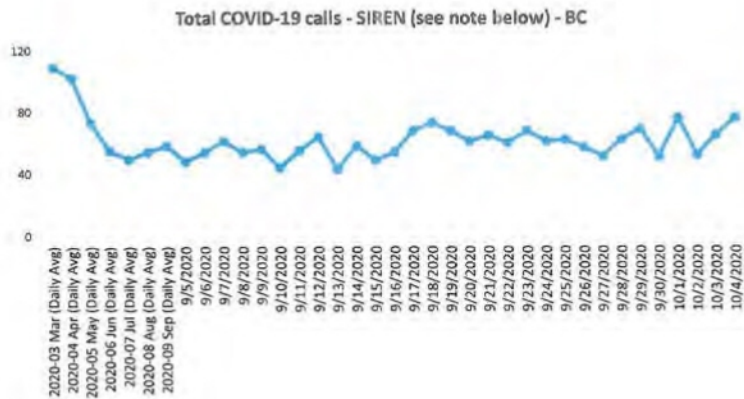
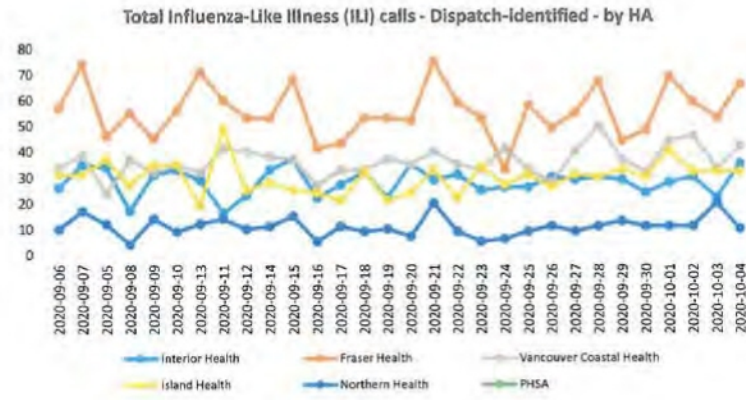
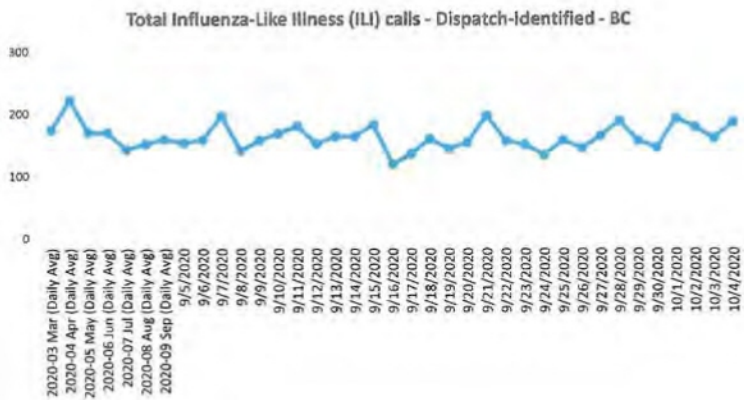
Total COVID-19 calls - SIREN

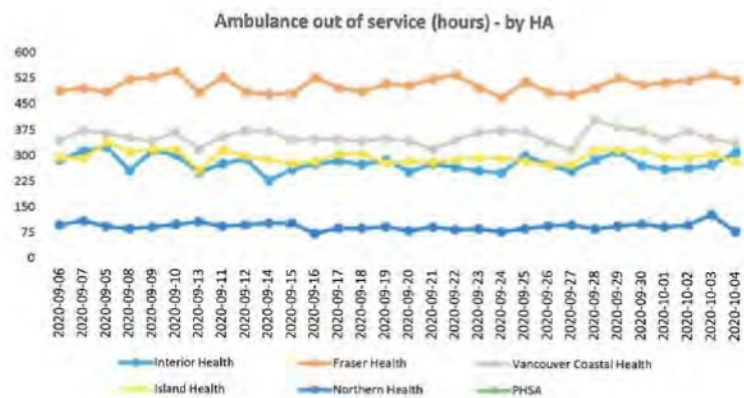
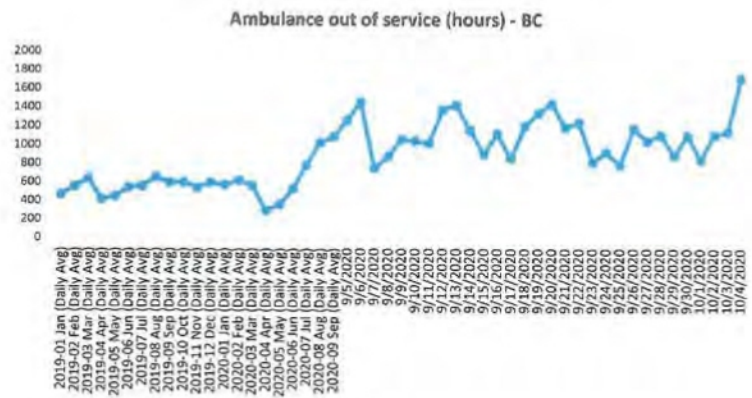
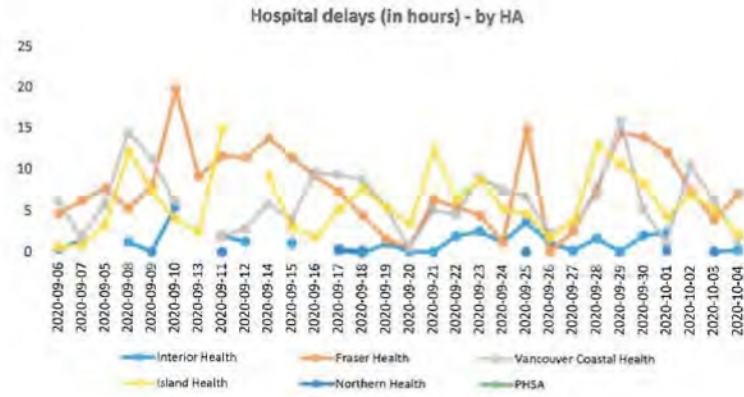
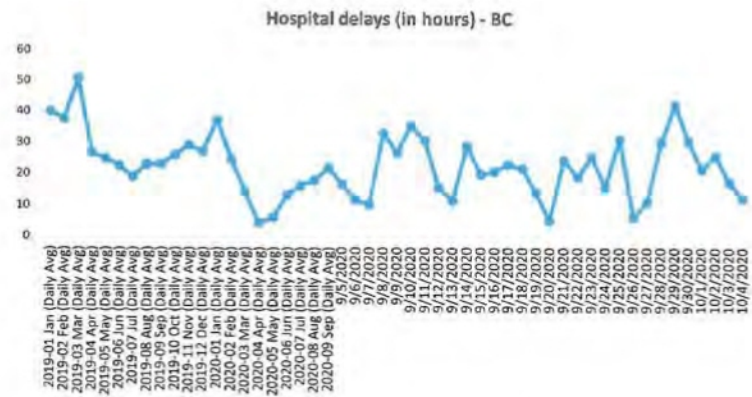
BCEHS implemented a mandatory COVID-19 screening tool in the paramedic patient care record system (SIREN) on Mar 12. It was based on early screening tools that used travel and exposure to infected people as the main consideration. The tool is still valid, but will be less effective with COVID-19 now being community spread.

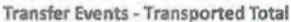
NOTE: Paramedics are not conducting any testing of patients for COVID, so again this is only symptom based.

Definition of Date reflects time range









report run time: 10-5-2020 10:43 AM

time range: 10-4-2020 12:00 AM

to 10-5-2020 12:00 AM

date 2020-10-04

As reported as of 0900am each day; data prior to March 25/20 is incomplete

Provincial COVID-19 Hospitalizations Dashboard by Health Authority

	Western Health	Fraser Health	Manitowish Coastal Health	Assiniboine HealthCare	Island Health	Northern Health	PRISM	Province wide
COVID-19 Hospitalizations								
Total number of COVID patients in critical care	0	6	3	9	0	0	0	18
Total number of suspected COVID patients in critical care	3	0	0	0	1	0	0	4

COVID19 Hospitalizations

Health Authority

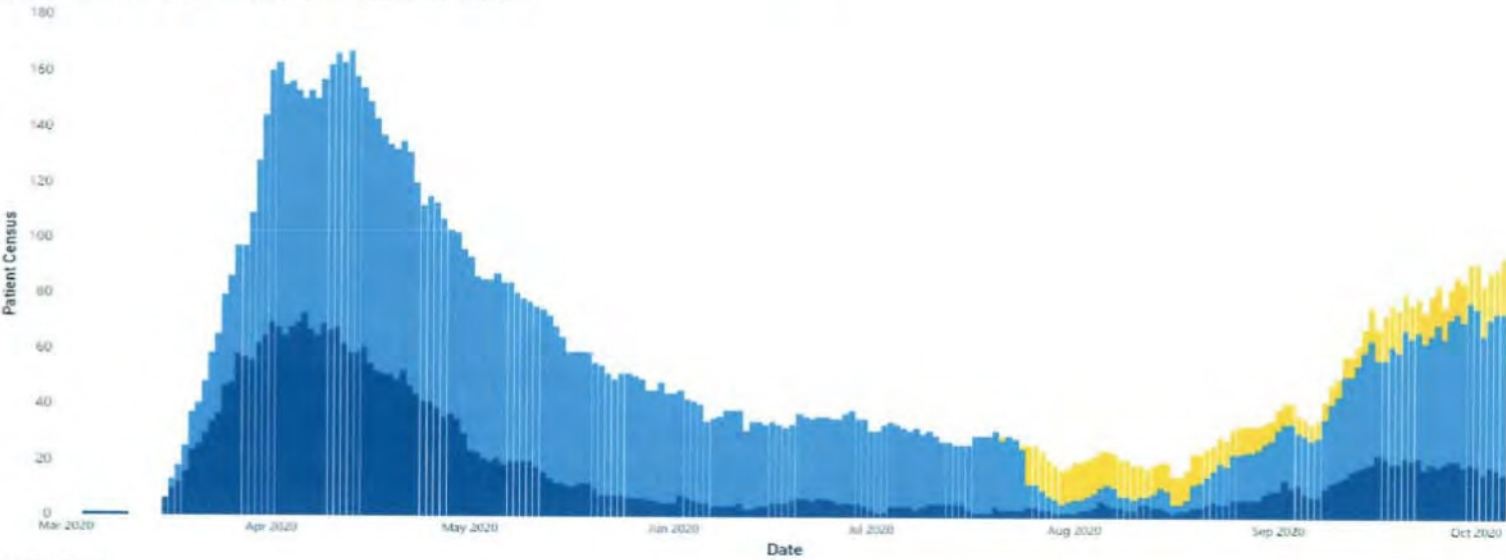
FHA IHA NHA PHC PHSA VCH VIHA

Provincial COVID19 Monitoring Solution (PCMS)

Hospital Category

COVID (Pos/Sec) Non-COVID

Care Level Critical Care Non-Critical Care Discontinued Isolation



Last Data Entry
10/5/2020 9:25:23 AM

Access & Flow

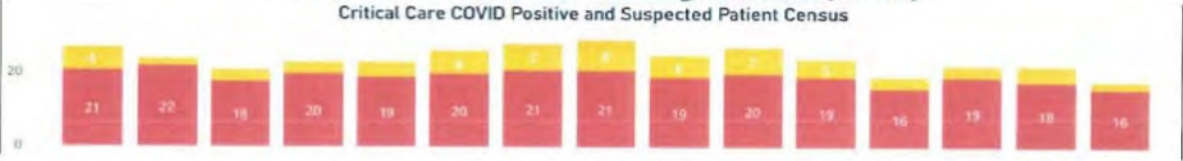
Health Authority

FHA NHA PHSA VIHA
IHA PHC VCH

Provincial COVID19 Monitoring Solution (PCMS)

Critical Care COVID Positive and Suspected Patient Census

Monthly Patients



Hospital category

COVID (Positive) Non-COVID

21 Septe... 22 Septe... 23 Septe... 24 Septe... 25 Septe... 26 Septe... 27 Septe... 28 Septe... 29 Septe... 30 Septe... 1 October 2 October 3 October 4 October 5 October

Positive Suspected

Gold, Crystal HLTH:EX

From: Tang, Lydia HLTH:EX
Sent: October 5, 2020 12:28 PM
To: Bell, Carolyn P HLTH:EX; tony.bamford@fnha.ca; Everett, Kirsten F HLTH:EX; XT:Pica, Fernando HLTH:IN; XT:Simmers, Brian HLTH:IN; Brittany Deeter; 'april.macnaughton@fnha.ca'; XT:Liggett, Brenda HLTH:IN; 'melinda.mui@phsa.ca'; 'Dean.Chittock@vch.ca'; XT:HLTH De Croos, Mark; XT:Bayzand, Laurence EHS:IN; Schmid, Victoria; Danyluk, Quinn [FH]; Vowles, Wendy M HLTH:EX; XT:Bloemink, Karen HLTH:IN
Cc: Pokorny, Peter HLTH:EX; Poonam Rajappa; Mui, Melinda [PHSA]; Grant, Kristen L HLTH:EX
Subject: RE: Supply Chain/Logistics Meeting
Attachments: 2020 10 05 SC Log Com Agenda.docx

Hi all,

Attached is the agenda for today's Supply Chain meeting. Please let me know if you have any items you would wish to add.

Thanks,
Lydia

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

From: Bell, Carolyn P HLTH:EX <Carolyn.Bell@gov.bc.ca>
Sent: July 27, 2020 11:41 AM
To: Bell, Carolyn P HLTH:EX; tony.bamford@fnha.ca; Everett, Kirsten F HLTH:EX; XT:Pica, Fernando HLTH:IN; XT:Simmers, Brian HLTH:IN; Brittany Deeter; 'april.macnaughton@fnha.ca'; XT:Liggett, Brenda HLTH:IN; 'melinda.mui@phsa.ca'; 'Dean.Chittock@vch.ca'; XT:HLTH De Croos, Mark; XT:Bayzand, Laurence EHS:IN; 'andrew.pattison@interiorhealth.ca'; Schmid, Victoria; Danyluk, Quinn [FH]; Vowles, Wendy M HLTH:EX
Cc: Pokorny, Peter HLTH:EX; Poonam Rajappa; Mui, Melinda [PHSA]; Grant, Kristen L HLTH:EX; Tang, Lydia HLTH:EX
Subject: Supply Chain/Logistics Meeting
When: October 5, 2020 1:30 PM-2:00 PM (UTC-08:00) Pacific Time (US & Canada).
Where: Skype Meeting

July 27th update:

Going forward, this meeting will be scheduled from Carolyn Bell's calendar.

June 5th update:

This meeting series will continue as of June 8th on Monday, Wednesday and Fridays. Thank you

June 2 Update:

As discussed at yesterday's meeting, we have condensed the Supply Chain and Logistics Committee distribution list. Going forward, if you would like an alternate please contacts us, **do not forward this meeting invitation.**

Please refer to the SharePoint site below to access your Daily Dashboards.

<https://biportal.phsa.ca/reports/powerbi/SC/PHSA%20Supply%20Chain%20Dashboard/Supply%20Chain%20COVID19%20Dashboard>

Join Skype Meeting

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

Join by phone

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

[Find a local number](#)

Conference ID: s.15; s.17

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

Would like to discuss the “strategy” below and the role of attendees in this approach:

s.13

Supply Chain/Logistics Committee

Date: October 5, 2020
1:30 to 2 p.m.

Members				
<input type="checkbox"/> Brenda Liggett (FHA)	<input type="checkbox"/> April MacNaughton (FNHA)	<input type="checkbox"/> John Jinn (PHC)	<input type="checkbox"/> Victoria Schmidt (VIHA) Krystal for Victoria	<input type="checkbox"/> Carolyn Bell (MOH)
<input type="checkbox"/> Quinn Danyluck (FHA)	<input type="checkbox"/> Poonam Rajappa (FNHA)	<input type="checkbox"/> Brian Simmers (PHC)	<input type="checkbox"/> Dean Chittock (VCHA)	<input type="checkbox"/> Wendy Vowles (MOH)
<input type="checkbox"/> Tony Bamford (FNHA)	<input type="checkbox"/> Karen Bloemink (IHA)	<input type="checkbox"/> Melinda Mui (PHSA)	<input type="checkbox"/> Fernando Pica (VCHA)	<input type="checkbox"/> Lydia Tang (MOH)
<input type="checkbox"/> Brittany Deeter (FNHA)	<input type="checkbox"/> Mark De Croos (NHA)	<input type="checkbox"/> Laurence Bayzand (PHSA) Reuben for Laurence	<input type="checkbox"/> Kirsten Everett (MOH)	<input type="checkbox"/> Kristen Grant (MOH)
<input type="checkbox"/> Craig Paynton (IHA)				

October 5, 2020 Agenda

#	ITEM	LEAD	ACTION
1	Roll call	All	
2	Agenda Review, addition items and approval of meeting agenda, action items from last meeting	Carolyn	
3	MOH Update	Carolyn	
4	PHSA Update	Melinda	
5	Allocation formula	Fernando	
6	Wrap-up	All	

Allocation Table

#	ITEM	For allocation this week
s.17	N95 masks	TBD
	N95 masks	TBD
	S/M/L Nitrile Gloves	TBD
	1L Deb 807	TBD
	Needles Blunt Fill 18G X 1.5"	TBD
	Syringes 3ml LL without needles	TBD

Decisions

ITEM	Owner

Action Items and Issues Log

ITEM	Date	Action
Longer-term nitrile gloves to stay on allocation until confident in supply; formula to stay as is	Oct 2, 2020	none
NHA alternate representative	Oct 2, 2020	MoH to reach out to NHA
November 1-7 Immunization week with flu vaccine campaign	Oct 2, 2020	None
Masking, acute care, GP and ED PPE guidelines in next 3 weeks	Oct 2, 2020	MoH to update committee
GP PPE distribution solution mid-late Nov (FHA MOU with distributor expires end of month)	Oct 2, 2020	MoH to connect with PHSA
Testing to take over from Labs Oct 12	Oct 2, 2020	PHSA to write BN to move forward

Gold, Crystal HLTH:EX

From: Corneil, Trevor HLTH:EX
Sent: October 5, 2020 12:28 PM
To: Brown, Stephen R HLTH:EX; Rongve, Ian HLTH:EX; Byres, David W HLTH:EX; Byres, David W HLTH:EX; Collins, Teri HLTH:EX; Pokorny, Peter HLTH:EX
Subject: FW: Oct 5th 2020 COVID Update - HA case and outbreak tallies
Attachments: Oct 5th 2020 COVID Update - HA case and outbreak tallies
Categories: Printed for Review/Meeting Material

October 5, 2020: COVID-19 cases and outbreaks reported by Health Authorities to BCCDC by 10am

Data is confidential and embargoed until 4pm on current day

Reported Cases

- 358 new cases have been reported since October 2
 - 8 new epi-linked cases have been reported since October 2 (4 FHA, 3 IHA, 1VCH)

Table 1. Reported cases by health authority of residence ^{a,b,c}

	Health Authority of Residence ^c						Total N (%)
	FHA	IHA	VIHA	NHA	VCH	Out of Canada	
Total number of cases ^{a,b}	4,980	548	220	322	3,580	89	9,739
Number of new cases since October 2 ^e	189	13	11	4	140	1	358
New cases between October 2 and 3 ^e	66	11	1	0	52	0	130
New cases between October 3 and 4 ^e	56	1	5	1	45	0	108
New cases between October 4 and 5 ^e	67	1	5	3	43	1	120
Number of lab-confirmed and lab-probable cases	4,913	516	216	298	3,532	88	9,563
Number of epi-linked probable cases ^{b,d}	67	32	4	24	48	1	176
Ever Hospitalized ^f	422	41	25	30	279	6	803 (8%)
Currently in Hospital ^f	31	2	0	0	31	2	66
Deaths ^f	113	2	6	3	118	0	242 (2%)
New deaths since October 2 ^e	3	0	0	0	1	0	4
New deaths between October 2 and 3 ^e	3	0	0	0	1	0	4
New deaths between October 3 and 4 ^e	0	0	0	0	0	0	0
New deaths between October 4 and 5 ^e	0	0	0	0	0	0	0
Number known to be pregnant	30	3	3	5	23	0	64
Discontinued isolation ^g	3,998	527	204	300	3,005	81	8,115 (83%)
Currently active cases ^h	846	19	10	19	452	7	1,353 (14%)
Number of contacts under active public health monitoring ⁱ	1,659	64	75	59	1,153	0	3,010

- a. Total COVID-19 cases includes lab-confirmed, lab-probable and epi-linked cases. Case definitions can be found at: [http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-\(novel-coronavirus\)](http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus)). As of July 3, residents of other Canadian provinces/territories are reported by their provinces/territories of residence.
- b. Epi-linked cases reported on or after May 19, 2020 are included.
- c. As of July 9, cases are reported by health authority of residence. When health authority of residence is not available, cases are assigned to the health authority reporting the case. Cases whose primary residence is outside of Canada are reported as "Out of Canada". Previously, cases were assigned to the health authority that reported the case. Please note that the health authority of residence and the health authority reporting the case do not necessarily indicate the location of exposure or transmission.
- d. Epi-linked case counts may decrease if cases are tested and meet a different case classification.
- e. "New" cases and deaths reflect the difference in counts reported to the BCCDC between one day and the next as of 10am (net new). This may not be equal to the number of cases/deaths by date reported to HAs, as: (1) cases/deaths reported prior to 10am would be included as new cases/deaths in the current day's count and cases reported after 10am would be included in the next day's count; (2) there may be some delays between cases/deaths being reported to HAs and then reported to BCCDC; and (3) cases may be attributed to different health authorities or may be excluded from case counts as new information is obtained.
- f. Serious outcome (e.g. hospitalization, death) tallies may be incomplete or out of date (i.e. under-estimates) owing to the timing and processes for case status update.
- g. Self-isolation has been discontinued per the criteria outlined in the BC guidelines for public health management of COVID-19: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf
- h. Active cases exclude those who have died, discontinued isolation or been lost to follow up (n=29).
- i. This represents the number of contacts being managed on this date as reported in aggregate by each health authority.

Version: October 5, 2020; 10:00AM

1

BC Centre for Disease Control

Provincial Health Services Authority

October 5, 2020: COVID-19 cases and outbreaks reported by Health Authorities to BCCDC by 10am
Data is confidential and embargoed until 4pm on current day

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Version: October 5, 2020; 10:00AM

Gold, Crystal HLTH:EX

From: Cerna, Carolina [PHSA] <carolina.cerna@phsa.ca> on behalf of Morin, Benoit [PHSA] <benoit.morin@phsa.ca>
Sent: October 5, 2020 2:06 PM
To: XT:Morin, Benoit HLTH:IN; XT:Ulrich, Cathy HLTH:IN; Bell, Carolyn P HLTH:EX; Byres, David W HLTH:EX; XT:Dawkins, Laurie GCPE:IN; Gustafson, Reka [BCCDC]; Rongve, Ian HLTH:EX; 'IHEOCDirector@interiorhealth.ca'; XT:Lavery, John HLTH:IN; XT:MacNeil, Kathryn HLTH:IN; Diacu, Mariana HLTH:EX; Moneo, Mitch HLTH:EX; HLTH COVIDAnalytics HLTH:EX; Pokorny, Peter HLTH:EX; XT:HLTH Prentice, Cathy; XT:Dalton, Fiona HLTH:IN; XT:Jock, Richard HLTH:IN; Brown, Stephen R HLTH:EX; XT:Brown, Susan PSA:IN; XT:Manning, Tim HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:HLTH Eliopoulos, Vivian; Vowles, Wendy M HLTH:EX
Subject: Additional Information - Daily Dashboard - October 5, 2020

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

Message sent on behalf of Benoit Morin, President & CEO, PHSA

Good afternoon,

Please see below additional information concerning the Daily Dashboard for Monday, October 5, 2020.

Our data integration team has just noted some data quality issues the critical care hospitalization totals from Saturday and Sunday. Initial investigation indicates that the VCH critical care numbers may higher by a count of 2 hospitalizations than it should be. We are currently working with VCH to determine what the issue is and will correct it after we have confirmation.

Warm regards,

Carolina Cerna

Manager, CEO Office Administration and Executive Assistant to Benoit Morin, President & CEO
Provincial Health Services Authority

Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1

Phone: 604-675-7497 (Ext. 557497) | Email: carolina.cerna@phsa.ca | www.prsa.ca | jobs.prsa.ca

From: Cerna, Carolina [PHSA] On Behalf Of Morin, Benoit [PHSA]

Sent: Monday, October 05, 2020 11:55 AM

To: Morin, Benoit [PHSA] <benoit.morin@phsa.ca>; Ulrich, Cathy [NHA] <Cathy.Ulrich@northernhealth.ca>; 'Carolyn Bell' <carolyn.bell@gov.bc.ca>; 'David Byres (David.byres@gov.bc.ca)' <David.byres@gov.bc.ca>; Dawkins, Laurie [PHSA] <laurie.dawkins@phsa.ca>; Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; 'ian.rongve@gov.bc.ca' <ian.rongve@gov.bc.ca>; 'IHEOCDirector@interiorhealth.ca'; Lavery, John [PHSA] <john.lavery@phsa.ca>; MacNeil, Kathryn (Kathy) [VIHA] <Kathryn.Macneil@VIHA.CA>; 'Mariana.Diacu@gov.bc.ca' <Mariana.Diacu@gov.bc.ca>; Mitch.Moneo@gov.bc.ca [EXT] <Mitch.Moneo@gov.bc.ca>; HLTH.COVIDAnalytics@gov.bc.ca; 'Peter Pokorny (Peter.pokorny@gov.bc.ca)' <Peter.pokorny@gov.bc.ca>; Prentice, Cathy [PHSA] <cathy.prentice@phsa.ca>; Dalton, Fiona [PH] <fdalton@providencehealth.bc.ca>; 'richard.jock@fnha.ca' <richard.jock@fnha.ca>; 'Stephen Brown (Stephen.Brown@gov.bc.ca)' <Stephen.Brown@gov.bc.ca>; Brown, Susan (CEO) [IHA]

<Susan.BrownCEO@interiorhealth.ca>; Manning, Tim [PHSA] <TManning@phsa.ca>; Lee, Victoria [FH]
<Victoria.Lee@fraserhealth.ca>; Eliopoulos, Vivian [VCH] <Vivian.Eliopoulos@vch.ca>; Vowles, Wendy [EXT]
<wendy.vowles@gov.bc.ca>
Subject: Daily Dashboard - October 5, 2020

*****Message sent on behalf of Benoit Morin, President & CEO, PHSA*****

Good Morning,

Please find attached the Daily Dashboard for Monday, October 5, 2020.

Kindly fan out as required.

Thank you.

Carolina Cerna

Manager, CEO Office Administration and Executive Assistant to Benoit Morin, President & CEO
Provincial Health Services Authority



Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1

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From: HLTH COVID CRHEM HLTH:EX
Sent: October 5, 2020 2:26 PM
To: Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Moulton, Holly HLTH:EX
Cc: Prevost, Jean-Marc GCPE:EX; Henry, Bonnie HLTH:EX; Lawrie, Hannah GCPE:EX; 'nicola@nlkstrategies.ca'; Rongve, Ian HLTH:EX; Vandermolen, Chad HLTH:EX; Wright, Martin P HLTH:EX; Collins, Teri HLTH:EX; Smith, Paula GCPE:EX; Walsh, Sara M HLTH:EX; May, Stephen GCPE:EX
Subject: COVID Update October 5
Attachments: Oct 5 Daily COVID-19 Report.docx
Categories: Printed for Review/Meeting Material

Good afternoon,

Attached please find today's COVID update.

Thank you.



COVID Response and Health Emergency Management Division
Ministry of Health

Email: COVID.CRHEM@gov.bc.ca

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Oct 5, 2020

Daily COVID-19 Report

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Contents

Case Counts (as of Oct 5/10:00).....	2
Epi-Linked Probable Cases (as of Oct 5/10:00)	4
Long Term Care / Assisted Living / Independent Living / Facilities (as of Oct 5/10:00).....	5
Testing Inclusive of Community Assessment Sites (as of Oct 4/23:59)	11
BCCDC Population Health Survey "Your Story, Our Future" (as of June 1/10:30am)	12
International Arrivals (as of Oct 4/23:59)	13
Occupancy Rates & ED Visits (as of Oct 4/23:59).....	14
Emergency Department Visits (as of Oct 4/23:59).....	15
BC Emergency Health Services Influenza Like Illness (ILI) Calls (as of Oct 4/23:59).....	16
BC Emergency Health Services Total Call Volumes (as of Oct 4/23:59).....	16
8-1-1 Data (as of Oct 4/23:59).....	17
Self Assessment Tool - BCCDC.com (as of Oct 4/23:59).....	18
BC COVID19 APP (as of Oct 5/23:59).....	19
Virtual Health Usage (Zoom and Intouch Tools) (as of Sept 27/23:59)*	19
Home Health Monitoring (as of Oct 2/16:00)	20
1-888-COVID19 (as of Oct 4/23:59).....	20
Chat Bot / Digital Assistant (as of Oct 4/17:00).....	21
BC 2-1-1 Referral Line (as of Oct 4/23:59)	22
Temporary Emergency Registrants (as of October 2/11:30)	23
PHO Orders.....	26

Case Counts (as of Oct 5/10:00)

Date	Total Cases (lab confirmed and lab probable)	New Cases (last 24 hrs, Incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	9,563 (↑120)	120	8,115 (↑302) *	66 (↑3) *	16	8 (↑3)	242
Oct 4	9,443 (↑108)	108			16	5 (↓6)	242
Oct 3	9,335 (↑123) *	130			16	11	242 (↑4)

FHA:

Date	Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	4,913 (↑67)	67	3,998 (↑155) *	31 (↓2) *	6	4 (↓1)	113
Oct 4	4,846 (↑56)	56			6	5 (↓1)	113
Oct 3	4,790 (↑62) *	66			6	6	113 (↑3)

IHA:

Date	Total Cases	New Cases (last 24 hrs, Incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	516 (↑1)	1	527 (↑6) *	2	0	0	2
Oct 4	515 (↑1)	1			0	0	2
Oct 3	514 (↑8) *	11			0	0	2

VIHA:

Date	Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	216 (↑5)	5	204 (↑5) *	0	0	0	6
Oct 4	211 (↑5)	5			0	0	6
Oct 3	206 (↑1)	1			0	0	6

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NHA:

Date	Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	296*	0	300 (↑15) ^b	0	0	0	3
Oct 4	296 (↑1)	1			0	0	3
Oct 3	295 (↑2) ^a	3			0	0	3

VCHA:

Date	Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	3,532 (↑43)	43	3,005 (↑120) ^a	31 (↑4) ^a	10	4 (↓1) ^a	118
Oct 4	3,489 (↑45)	45			N/A ^a	N/A ^a	118
Oct 3	3,444 (↑51) ^a	52			N/A ^a	N/A ^a	118 (↑1)

^a VCHA did not report ICU and MV data to BCCDC over the weekend. This is being followed up by BCCDC.

Out of Canada:

Date	Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
Oct 5	88 (↑1)	1	81 (↑1) ^a	2 (↑1) ^a			0
Oct 4	88	0					0
Oct 3	88	0					0

^a The remaining cases are epi-linked (4 FHA, 3 IHA and 1 VCH). Epi-linked cases are not broken down by day over the weekend. As such, new epi-linked cases have been attributed to the indicated day.

^b Indicated increase/decrease in numbers are relative to the October 2 numbers.

* There is currently a discrepancy between the daily new cases and TOTAL for the BCCDC's reporting. A request for clarification has been sent and data will be updated. BCCDC currently reports a total 298 cases in total, but only an increase of 3 lab confirmed tests from Friday's total of 293, giving 296.

Epi-Linked Probable Cases (as of Oct 5/10:00)

Date	Total Cases, inclusive of Epi-linked Cases
Oct 5	9,739 (↑358)*

Total Epi-linked Cases by Region							
Date	FHA	IHA	VIHA	NHA	VCH	Out of Canada*	Total
Oct 5	67 (↑4)*	32 (↑3)*	4	24 (↓1)*	48 (↑1)*	1	176 (↑7)*
Oct 2	63 (↑1)	29	4	25 (↑1)	47	1	169 (↑2)
Oct 1	62	29 (↑1)	4	24	47	1	167 (↑1)
Sept 30	62 (↑1)	28	4	24 (↓1)	47 (↓1)	1	166 (↓1)
Sept 29	61 (↑1)	28	4	25 (↑1)	48 (↑1)	1	167 (↑3)
Sept 28	60 (↑3)	28 (↑1)	4	24 (↑3)	47 (↑3)	1	164 (↑10)
Sept 25	57	27	4	21 (↑1)	44	1	154 (↑1)
Sept 24	57 (↑3)	27	4	20 (↑2)	44 (↑7)	1	153 (↑12)
Sept 23	54 (↑3)	27	4	18 (↑1)	37 (↑1)	1	141 (↑5)
Sept 22	51 (↑1)	27	4	17 (↑3)	36 (↑3)	1	136 (↑7)

* Section contains non-residents (e.g., temporary foreign workers, or travelers) who were Epi-linked or have been provided an epi-probable diagnosis of COVID-19 while in BC.

* Indicated changes are relative to the Oct 2 numbers.

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Long Term Care / Assisted Living / Independent Living / Facilities (as of Oct 5/10:00)

Total Cases:

Reported Outbreaks

- Four new outbreaks have been reported since October 2 (Chartwell Crescent Gardens; Langley Lodge 3; MSJ Distribution at Valhalla Distribution; White Rock Seniors Village – all FHA).
- One outbreak has been declared over since October 2 (Holy Family Hospital, Neighbourhood 1 and 2 – VCH).
- There are currently 22 active outbreaks.
- There have been 109 total outbreaks reported since January 1, 2020.

Outbreaks in Care Facilities

- 89 (↑3) were reported in care facilities (59 (↑3) LTCF, 18 acute, 5 independent living, 5 assisted living, 1 other residential facility, 1 group home).
 - 19 (↑2) are currently active.
 - Three new outbreaks have been reported since October 2, 2020 (Chartwell Crescent Gardens; Langley Lodge 3; White Rock Seniors Village – all FHA).
 - One outbreak has been declared over since October 2, 2020 (Holy Family Hospital, Neighbourhood 1 and 2 – VCH).
 - Total outbreaks:
 - 57 (↑3) in FHA, 30 in VCH, 2 in IHA
 - 70 (↑1) have been declared over (42 FHA, 26 (↑1) VCH, 2 IHA).
 - Total cases:
 - 876 (↑12) cases (517 (↑4) residents and 359 (↑8) staff/other) and 173 (↑2) deaths (all in residents)
 - 12 new cases (4 residents and 8 staff/other), and 2 new deaths since October 2, 2020.

Outbreaks in Other Settings

- 20 (↑1) outbreaks were reported in other settings (11 (↑1) workplaces, 3 workplace/communal living, 3 correctional facilities, 1 conference, 1 shelter, 1 religious institution).
 - 3 (↑1) are currently active.
 - One new outbreak have been reported since October 2, 2020 (MSJ Distribution at Valhalla Distribution - FHA).
 - No outbreaks have been declared over since October 2, 2020.
 - 11 in FHA, 5 in IHA, 1 VCH, 3 Provincial
 - 17 have been declared over (10 FHA, 4 IHA, 1 VCH, 2 Provincial).
 - Total cases:
 - 540 (↑28) cases (122 residents and 418 (↑28) staff/other) and 2 deaths (1 resident and 1 staff/other)
 - 28 new cases (all staff/other) and no new deaths since October 2, 2020.

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Provincial/Interprovincial Outbreaks:

Provincial/Interprovincial Outbreaks		
Facility Name	Total Confirmed Cases	Total Deaths
Teck Coal Mine	1	0

Provincial/Interprovincial Outbreaks - Declared Over		
Facility Name	Total Confirmed Cases	Total Deaths
1. Pacific Dental Conference	87 Staff/Other	1
2. Kearl Lake, Workplace/Communal Living	28 Staff/Other	0

Individual Facilities VCHA:

VCHA: Long Term Care / Assisted Living / Independent Living						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Point Grey Hospital, LTCF	15	6 (↑1)	7	0	22	6 (↑1)
2. St. Paul's Hospital 8A	1	0	5	0	6	0
3. Banfield Pavilion – 4 th Floor West	0	0	1	0	1	0
4. Holy Family Hospital, Neighbourhood 1 and 2	0	0	1	0	1	0
5. Haro Park Centre, entire facility, LTCF	12 (↑2)	0	4 (↑2)	0	16 (↑4)	0

VCHA: Acute Sites						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

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VCHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Arbutus Care Centre, LTCF	0	0	1	0	1	0
2. Richmond Lions Manor – Bridgeport LTCF	0	0	1	0	1	0
3. Joseph & Rosalie Segal Family Health Centre	0	0	2	0	2	0
4. South Granville Park Lodge, LTCF	9	2	9	0	18	2
5. German Canadian Benevolent Society Home, LTCF ^a	0	0	1	0	1	0
6. Little Mountain, LTCF	0	0	1	0	1	0
7. Inglewood, LTCF	0	0	1	0	1	0
8. Villa Cathay, LTCF	0	0	1	0	1	0
9. Hollyburn House, LTCF	1	0	0	0	1	0
10. Central City Lodge, LTCF	0	0	1	0	1	0
11. Lynn Valley, LTCF	53	20	26	0	79	20
12. Windermere Care Centre, LTCF	2	1	12	0	14	1
13. Lions Gate Hospital (6E & NCU/7E), Acute ^b	15	8	13	0	28	8
14. Richmond Hospital (2S)	4	2	2	0	6	2
15. Haro Park, LTCF	55	13	34	0	89	13
16. Evergreen House, LTCF	0	0	1	0	1	0
17. Amica Edgemont, LTCF	9	3	10	0	19	3
18. Royal Arch Masonic Home, LTCF	26	12	11	0	37	12
19. Berkley Care Centre, LTCF	12	5	13	0	25	5
20. St. Paul's Hospital, NICU	0	0	0	0	0	0
21. Holy Family Hospital	53	21	35	0	88	21
22. Holy Family Hospital, Neighborhood 2 – LTCF	0	0	1	0	1	0
23. Royal Arch Masonic Home 2, LTCF	0	0	1	0	1	0
24. OPAL by Element, LTCF	0	0	1	0	1	0
25. Yaletown House, LTCF	0	0	1	0	1	0

^a Previously reported as "German Canadian House"

^b Previously reported as "Lions Gate Hospital (Unit 6 East)"

VCHA: Other Shared Living / Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
No New Facilities	-	-

Individual Facilities FHA:

FHA: Long Term Care / Assisted Living / Independent Living/ Acquired Brain Injury Unit						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Evergreen Hamlets - LTCF	0	0	1	0	1	0
2. New Vista Care Centre	26	11	18	0	44	11
3. Cherington Place	7	3	5	0	12	3
4. Kin Village	3	1	1	0	4	1
5. Rideau Retirement Centre – LTCF	1	0	0	0	1	0
6. Milieu Children and Family Services Society	6	0	13	0	19	0
7. Harrison West at Elm Village	0	0	1	0	1	0
8. Thornebridge Gardens	1 (↑1)	0	3 (↑2)	0	5 (↑3)	0
9. George Derby Centre 2	0	0	1	0	1	0
10. NEW - Chartwell Crescent Gardens, LTCF	0	0	1 (↑1)	0	1 (↑1)	0
11. NEW - Langley Lodge 3, LTCF	0	0	1 (↑1)	0	1 (↑1)	0
12. NEW - White Rock Seniors Village, LTCF	0	0	1 (↑1)	0	1 (↑1)	0

FHA: Acute Sites						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Delta Hospital 2S	17 (↑1)	6 (↑1)	8 (↑1)	0	25 (↑2)	6 (↑1)
2. Peace Arch Hospital-5N	1	0	0	0	1	0
3. Surrey Memorial hospital -SW	1	0	0	0	1	0

FHA: Correctional Facilities						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

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FHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed	Total Deaths
1. Mission Memorial Hospital – MM-2S	9	1	5	0	14	1
2. Langley Memorial Hospital long term care – Maple Hill	1	1	2	0	3	1
3. Tabor Home	1	1	0	0	1	1
4. Langley Lodge, LTCF	51	26	16	0	67	26
5. New World Technologies	0	0	3	0	3	0
6. Valhaven, LTCF	3	1	6	0	9	1
7. Maersk Co Distributing	0	0	2	0	2	0
8. Nature's Touch Frozen Fruits	0	0	5	0	5	0
9. Oppenheimer Group	0	0	4	0	4	0
10. Delta View, LTCF	0	0	1	0	1	0
11. Evergreen Heights Complex, Assisted Living	1	0	0	0	1	0
12. The Harrison at Elim Village, LTCF	0	0	1	0	1	0
13. Shaughnessy Care Center, LTCF	1	1	2	0	3	1
14. Amica Retirement Home, LTCF (White Rock)	0	0	1	0	1	0
15. Langley Lodge, LTCF	0	0	1	0	1	0
16. Langley Gardens, LTCF	3	0	3	0	6	0
17. Guildford Seniors Village, LTCF	0	0	1	0	1	0
18. MSA Manor, LTCF	0	0	1	0	1	0
19. Swedish Canadian Manor, Assisted Living	11	3	2	0	13	3
20. Cedarbrook Chateau, Independent Living	3	0	2	0	5	0
21. Ridge Meadows Hospital (Medicine unit 3N), Acute	11	4	1	0	12	4
22. MSA (Rehab Unit WP1W), Acute (includes Worthington Pavilion)	10	4	6	0	16	4
23. Dufferin Care Centre, LTCF	14	4	8	0	22	4
24. Ridge Meadows Hospital (Rehab AM)	7	2	5	0	12	2
25. Ridge Meadows Hospital (Unit 3W)	3	1	0	0	3	1
26. United Poultry ^a	0	0	36	0	36	0
27. Mission Institution Medium Security Correctional Facility	121	1	13	0	134	1
28. Residence at Clayton Heights, Acquired Brain Injury Unit	3	2	2	0	5	2
29. Chartwell Willow, LTCF	15	2	5	0	20	2
30. Eden Care Centre, LTCF	8	1	0	0	8	1
31. Abbotsford Regional Hospital AB-4YICU & AB-4YHAU	1	0	10	0	11	0
32. Worthington Pavilion, LTCF	2	1	5	0	7	1
33. The Cedars in Mission, ALF	1	0	0	0	1	0
34. New Vista Society, LTCF	5	1	1	0	6	1
35. Superior Poultry	0	0	61	0	61	0
36. Fraser Valley Specialty Poultry	0	0	7	0	7	0
37. Beresford Warming Centre	0	0	3	0	3	0
38. Nicola Lodge	1	0	0	0	1	0
39. Fraser Valley Packers	0	0	81	0	81	0
40. Dania Home – Long Term Care Facility	0	0	1	0	1	0
41. Maple Ridge Seniors Village – LTCF	0	0	1	0	1	0
42. Langley Memorial Hospital – 2N	2	0	0	0	2	0
43. Derby Manor – Independent Living	0	0	1	0	1	0

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Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Confirmed Cases	Deaths
44. George Derby Centre	3	1	4	0	7	1
45. Czorny Alzheimer's Centre	0	0	1	0	1	0
46. MSA Manor 2	1	0	0	0	1	0
47. Queen's Park 3C-NMSK, Acute Care	9	1	1	0	10	1
48. Bear Creek Villa	1	0	0	0	1	0
49. Normanna – LTCF	0	0	1	0	0	0
50. Loblaw's Warehouse	0	0	20	0	20	0
51. Surrey Memorial Hospital – SM-T72	2	1	2	0	4	1
52. Burnaby Hospital BH-3C	1	0	5	0	6	0
53. Peace Portal Seniors Village	3	0	1	0	4	0

* Three of these cases live in Fraser Health and are reported under Fraser Health Totals.

FHA: Other Shared Living / Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
1. NEW – MSI Distribution at Valhalla Distribution	27 Staff/other (↑27)	0

Individual Facilities IHA:

IHA: Long Term Care / Assisted Living / Independent Living						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

IHA: Correctional Facilities						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time						

IHA: Other Shared Living/ Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
Calvary Chapel Church	6 staff/other (↑1)	-

IHA: The outbreaks in the following facilities have been <u>declared over</u>			
Facility Name	Residents	Staff	Totals

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	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Krazy Cherry Farm	0	0	4	0	4	0
2. Okanagan Correctional Centre High Security	1	0	0	0	1	0
3. Kootenay Street Village	0	0	1	0	1	0
4. Hawthorn Park/Orchard Manor, LTCF	0	0	1	0	1	0

Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Confirmed Cases	Deaths
5. Byland Nursery, Workplace/Communal living	0	0	23	0	23	0
6. Okanagan Correctional Centre 2	0	0	7	0	7	0

Testing Inclusive of Community Assessment Sites (as of Oct 4/23:59)

Total Patient Tests Completed	Tested Negative	Tested Positive*	Patient Samples Pending	Projected Testing Capacity for Today
600,443 (↑33,409)	566,683 (↑33,058)	351	4,043 (↓864)	12,159

* Reported positive test numbers are relative to the number of lab-confirmed case counts each day and do not include individuals who test positive multiple times.

* Total tests completed includes tests with invalid lab codes (failed tests, distinct from indeterminate tests which are weak positives). The change in total tests from day-to-day only includes valid tests and these numbers are reflected on the BCCDC Dashboard website. Changes for Monday Oct 4, 2020 data reflects total increase since Friday's BCCDC data.

**BCCDC Population Health Survey
"Your Story, Our Future" (as of June 1/10:30am)**

This survey is now closed. No further submissions will occur.

Date	Surveys Completed to Date
June 1	356,196
May 30	n/a
May 29	n/a
May 28	n/a
May 27	328,618
May 25	313,350
May 23	305,000
May 22	n/a

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International Arrivals (as of Oct 4/23:59)

Arrivals by Method			
Description	Sept 21 – Sept 27	Previous Week's Total	YTD April 10 – Sept 27
Total Air Arrivals	4,774	8,184	95,333
Total Land Passengers	1,153	1,659	59,533
Total Marine Crossings	10	5	208
Total Unknown Entry Point	139	220	2,672
Total Arrivals	6,076 (↓3,992)	10,068	157,746

Self Isolation Plan			
Description	Daily Total	Previous 24 hours	YTD Since April 10
SI Plan No Support Required	54	44	29,556
SI Plan Support Required	2	3	10,129
Total Registered¹	56 (↑9)	47	39,685

¹SI Plans as of April 11th including the future travel registered plans. One SI Plan is completed for each family/group travelling. Does not include April 8-11th as those are from interim process and are being cleaned up and reconciled. Support required indicates support for accommodation and supplies (medication, groceries, etc.).

Accommodations Required*			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Currently in Provincial YVR Accommodation	-	-	109
Currently in Provincial Land Accommodation (Canadian Red Cross)	-	-	45
Total Provided Accommodation	-	-	154

*Tracking and reporting accommodations has moved to the Federal Government of Canada and is not being updated on the Daily Minister's Report at this time. Efforts are being made to collect accommodations data for future reporting.

Follow-Up Calls			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Calls Confirmed SI plan being followed	-	-	100,676
Call not answered	-	-	88,704
Referred to 811/APP	-	-	346
Referred to PSSG	-	-	8,567
Referred to Tier 2 for follow-up	-	-	14,424
Total Citizen Calls²	-	-	192,249

² The Total Citizen Calls is a direct count from the Service BC system. The total is not a sum of the other rows; as an example, a referral to 811 can be a Confirmed SI plan call and a tier 2 call at the same time.

Temporary Foreign Workers			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Total Temporary Foreign Workers	1 (↓3)	4	4,610

Occupancy Rates & ED Visits (as of Oct 4/23:59)

	Pre-COVID-19 Response Occupancy Rate (Dec 12 2019)	Current Occupancy Rate Snapshot	Change in Occupancy Rate	Total Vacant Beds*	Total Beds	Total Adult Critical Care Beds	Adult Critical Care Bed Occupancy Rate	Total Vacant Adult Critical Care Beds	ED Visits (past 24 hours)
IHA ^a	102.9%	88.7%	-14.2%	164	1,445	84	81.0%	16	1,140
FHA	106.9%	59.2%	-47.7%	1600	3,918	268	42.5%	154	1,797
VCHA	100.5%	81.8%	-18.7%	426	2343	184	65.8%	63	957
VIHA	106.6%	89.5%	-17.1%	200	1,901	73	64.4%	26	1,025
NHA	105.0%	62.6%	-42.4%	320	855	58	44.8%	32	544
PHSA	73.8%	61.6%	-12.2%	269	701	28	32.1%	19	99
BC Total	103.5%	73.3% (↓0.5%)	-30.2%	2,979 (↑49)	11,163	695	55.4% (↓1.9)	310 (↑13)	5,562 (↓445)
Previous Totals									
Oct 2	103.5%	73.8% (↓1.9%)	-29.7%	2,930 (↑219)	11,163	695	57.3% (↑1.0%)	297 (↓7)	6,007 (↓116)
Oct 1	103.5%	75.7% (↓0.2%)	-27.8%	2,711 (↑21)	11,163	695	56.3% (↓1.5%)	304 (↑11)	5,891 (↑64)
Sept 30	103.5%	75.9% (↓1.3%)	-27.6%	2,690 (↑148)	11,163	695	57.8% (↑0.2%)	293 (↓2)	5,827 (↓126)
Sept 29	103.5%	77.2% (↑1.2%)	-26.3%	2,542 (↓140)	11,163	695	57.6% (↑1.2%)	295 (↓8)	5,953 (↓109)
Sept 28	103.5%	76.0% (↑1.5%)	-27.5%	2,682 (↓168)	11,163	695	56.4% (↑2.3%)	303 (↓16)	6,062 (↑716)
Sept 27	103.5%	74.5% (↑0.2%)	-29.0%	2,850 (↓21)	11,163	695	54.1% (↓2.2%)	319 (↑15)	5,346 (↓498)
Sept 25	103.5%	74.3% (↓2.6%)	-29.2%	2,871 (↑291)	11,163	695	56.3% (↓1.4%)	304 (↑10)	5,844 (↑301)
Sept 24	103.5%	76.9% (↓0.2)	-26.6%	2,580 (↑25)	11,163	695	57.7% (↑0.9%)	294 (↓6)	5,543 (↓16)
Sept 23	103.5%	77.1% (↓0.3%)	-26.4%	2,555 (↑29)	11,163	695	56.8% (↓6.8%)	300 (↑47)	5,559 (↓425)

* Excludes Critical Care NICU Bassinets

^a 6 Critical Care beds in IHA are currently counted as ICU/HAU, however they can only function as HAU and cannot function as ICU

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Current Neonatal Bassinet Occupancy Rate			
Health Authority	Total Critical Care Bassinets	Critical Care Bassinets Occupancy Rate	Total Vacant Critical Care Bassinets
IHA	14	57.1%	6
FHA	112	58.9%	46
VCHA	21	57.1%	9
VIHA	31	64.5%	11
NHA	8	75.0%	2
PHSA	70	78.6%	15
BC Total	256	65.2%	89 (↑1)
Previous Totals			
Oct 2	256	65.6%	88 (↓7)
Oct 1	256	62.9%	95 (↑2)
Sept 30	256	63.7%	93 (↓1)
Sept 29	256	63.3%	94 (↓1)
Sept 28	256	62.9%	95 (↑2)
Sept 27	256	63.7%	93 (↑11)
Sept 25	256	68.0%	82 (↓3)
Sept 24	256	66.8%	85 (↓3)
Sept 23	256	65.6%	88 (↑1)

Emergency Department Visits (as of Oct 4/23:59)

Emergency Department Visits, March 9 and Oct 4, by Health Authority			
Health Authority	09-Mar	4-Oct	% Change
IHA	1,388	1,140	-17.9%
FHA	2,092	1,797	-14.1%
VCHA	1,227	957	-22.0%
VIHA	964	1,025	6.3%
NHA	733	544	-25.8%
PHSA	155	99	-36.1%
Total	6,559	5,562	-15.2%

BC Emergency Health Services Influenza Like Illness (ILI) Calls (as of Oct 4/23:59)

ILI Events						
Date	FHA	IHA	NHA	VCHA	VIHA	TOTAL ILI
Oct 4	66	35	10	42	32	185 (↑25)
Oct 3	53	22	20	33	32	160 (↓18)
Oct 2	59	30	11	46	32	178 (↓12)
Oct 1	69	28	11	44	38	190 (↑46)
Sept 30	48	24	11	31	30	144 (↓12)
Sept 29	44	29	13	37	33	156 (↓30)
Sept 28	67	30	11	49	29	186 (↑22)
Sept 27	55	29	9	40	31	164 (↑20)
Sept 26	49	30	11	28	26	144 (↓13)
Sept 25	58	26	9	33	31	157 (↑24)
Average Pre-COVID-19 ILI Events was ~6 events/week across BC						

BC Emergency Health Services Total Call Volumes (as of Oct 4/23:59)

Provincial Call Volumes for BCEHS						
Date	IHA	FHA	VCHA	VIHA	NHA	TOTAL
Oct 4	321	529	346	292	88	1,576 (↓64)
Oct 3	283	545	360	314	138	1,640 (↑48)
Oct 2	272	527	381	305	107	1,592 (↑36)
Oct 1	270	521	358	305	101	1,556 (↓52)
Sept 30	280	513	382	324	109	1,608 (↓65)
Sept 29	320	534	391	326	102	1,673 (↑38)
Sept 28	296	505	414	326	94	1,635 (↑176)
Sept 27	263	484	325	282	105	1,459 (↓42)
Sept 26	281	491	348	279	102	1,501 (↓87)
Sept 25	307	520	377	291	93	1,588 (↑94)
Average Pre-COVID (Mar 2019) BCEHS Call Volume: 1,540/day						

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8-1-1 Data (as of Oct 4/23:59)

Date	Calls Received	Calls Answered	Abandon Rate %	Average Wait (mins)	Max Wait of Answered (mins)	Average Handle Time (mins)
Oct 4	4,064 (↑817)	2,598 (↓233)	36.1%	14.9	86.6	3.4
Oct 3	3,247 (↓1,055)	2,831 (↓168)	12.8%	3.4	20.4	3.2
Oct 2	4,302 (↑192)	2,999 (↑499)	30.30%	9.5	45.6	3.1
Oct 1	4,110 (↓551)	3,498 (↑356)	14.9%	4.0	40.9	3.2
Sept 30	4,661 (↓317)	3,142 (↓308)	32.6%	10.8	44.3	3.6
Sept 29	4,978 (↓730)	3,450 (↓204)	30.7%	9.8	42.0	3.8
Sept 28	5,708 (↑1,736)	3,654 (↑963)	36.0%	12.9	51.9	3.6
Sept 27	3,972 (↑522)	2,691 (↑337)	32.3%	14.2	68.6	3.4
Sept 26	3,450 (↓570)	2,354 (↓519)	31.8%	10.9	105.9	3.4
Sept 25	4,020 (↓582)	2,873 (↑182)	28.5%	9.1	38.4	3.5
Pre-COVID-19 call volume was 1,250/day						

The total calls received compared to COVID-19 specific calls are as follows:

- October 4-2020 of the 4,064 calls received, 2,428 were COVID-19 related
- October 3-2020 of the 3,247 calls received, 1,732 were COVID-19 related
- October 2-2020 of the 4,302 calls received, 2,575 were COVID-19 related

Efforts to enhance capacity and meet demand include:

- 38 additional nurses added to staff complement.
- 61 Patient navigation staff added to staff complement.
- 5 Medical office assistants to support the new 8-1-1 virtual physician model. Recruitment to add additional, temporary medical office assistants is in progress.
- To date, a total of 11,845 (↑245) calls have been referred from a nurse to a virtual physician for consultation.

Self Assessment Tool - BCCDC.com (as of Oct 4/23:59)

Date	Distinct Users (last 24 hours)	Peak Activity (users/min)	Average Activity (users/hour)	BC-based Users
Oct 4	10,768 (↑820)	35.2	448.7	98.1%
Oct 3	9,948 (↓3,437)	32.5	414.5	98.1%
Oct 2	13,385 (↑840)	41.5	557.7	98.1%
Oct 1	12,545 (↓924)	41.1	522.7	98.0%
Sept 30	13,469 (↓1,081)	42.6	561.2	98.0%
Sept 29	14,550 (↓1,641)	48.2	606.3	98.0%
Sept 28	16,191 (↑6,185)	51.5	674.6	98.0%
Sept 27	10,006 (↑677)	29.6	416.9	98.0%
Sept 26	9,329 (↓3,172)	30.5	388.7	98.0%
Sept 25	12,501 (↓1,614)	41.0	520.9	98.0%

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BC COVID19 APP (as of Oct 5/23:59)

Date	Total App Users
Oct 4	374,902 (↑1,555)
Oct 3	373,347 (↑1,188)
Oct 2	372,159 (↑1,627)
Oct 1	370,532 (↑1,755)
Sept 30	368,777 (↑1,643)
Sept 29	367,134 (↑1,846)
Sept 28	365,288 (↑2,177)
Sept 27	363,111 (↑1,550)
Sept 26	361,561 (↑1,360)
Sept 25	360,201 (↑1,506)

**Virtual Health Usage (Zoom and Intouch Tools)
(as of Sept 27/23:59)***

* Next update will be provided on Wednesday, Oct 7, 2020.

Date (week of)	Active Virtual Health Users (by week)
Sept 21	5,850 (↓214)
Sept 14	6,064 (↑1,171)
Sept 7	4,893 (↓263)
August 31	5,156 (↑136)
August 24	5,020 (↑150)
August 17	4,870 (↑174)
August 10	4,696 (↑274)
August 3	4,422 (↓588)
July 27	5,010 (↑262)
July 20	4,748 (↓466)

- Since March 16th 27,616 users have been provisioned for virtual health licenses.

* NHA has trouble reporting their InTouch numbers this week due to a technical glitch. Therefore, the data provider has used the same numbers they reported last week provided that this will be fixed next week and updated with accurate numbers.

Home Health Monitoring (as of Oct 2/16:00)

Date	Total Actively Monitored COVID Patients	Total Patients Discharged since March 26
Oct 2	396 (↓11)	7,331 (↑15)
Oct 1	407 (↓88)	7,316 (↑107)
Sept 30	495 (↓24)	7,209 (↑33)
Sept 29	519 (↓74)	7,176 (↑81)
Sept 28	593 (↓120)	7,095 (↑141)
Sept 25	713 (↓25)	6,954 (↑50)
Sept 24	738 (↓50)	6,904 (↑83)
Sept 23	788 (↓31)	6,821 (↑58)
Sept 22	819 (↓27)	6,763 (↑72)
Sept 21	846 (↓156)	6,691 (↑206)
Total COVID Patients monitored to date: 7,727 (↑4)		

1-888-COVID19 (as of Oct 4/23:59)

Date	Calls Received	Calls Answered	Average Speed of Answer (Min:Sec)	Abandon Rate	Max Wait (Min:Sec)	Average Handle Time (Min:Sec)	Texts
Oct 4	440 (↓22)	436 (↓21)	00:00	0.9%	07:59	01:57	3
Oct 3	462 (↓249)	457 (↓249)	00:05	0.9%	06:01	02:21	8
Oct 2	711 (↓34)	706 (↓20)	00:24	0.7%	05:15	02:20	12
Oct 1	745 (↓27)	726 (↓25)	00:48	2.4%	13:45	02:39	14
Sept 30	772 (↓155)	751 (↓160)	02:28	2.7%	15:14	2:30	15
Sept 29	927 (↓89)	911 (↓100)	01:23	1.7%	06:42	02:34	26
Sept 28	1,016 (↑543)	1,011 (↑544)	00:25	0.5%	02:29	02:22	20
Sept 27	473 (↑16)	467 (↑21)	00:09	0.8%	03:24	02:01	12
Sept 26	457 (↓234)	446 (↓212)	00:05	2.4%	04:32	02:23	8
Sept 25	691 (↓105)	658 (↓97)	01:40	4.6%	09:40	02:55	12

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Chat Bot / Digital Assistant (as of Oct 4/17:00)

Sessions (Measured from 17:00 to 16:59)	
Date	Number of Sessions (to 5pm)
Oct 4	7,197 (↓899)
Oct 3	8,096 (↓1,813)
Oct 2	9,909 (↓269)
Oct 1	10,178 (↓65)
Sept 30	10,243 (↓1,063)
Sept 29	11,306 (↑1,112)
Sept 28	10,194 (↑3,082)
Sept 27	7,112 (↓8)
Sept 26	7,120 (↓1,330)
Sept 25	8,450 (↓2,721)
1,795,427 sessions since 4pm Thursday April 10	

Average of 1.6 questions per session.

The top questions for the past week have been:

Question Type	%
When can I get my results?	29.3
How many cases in BC today?	5.6
I am having COVID-like symptoms, do I have COVID?	4.0
Can I travel out of province?	2.4
Should I get tested?	2.3
I am a healthcare worker where can I get tested?	1.7
What can you tell me?	1.5
Can I go back to school?	1.4
What do I do if I was outside of Canada?	1.4
What are guidelines for pediatric testing?	1.4

BC 2-1-1 Referral Line (as of Oct 4/23:59)

Date	Incoming Calls	Calls Answered	Wait Time (Min:Sec)	Abandonment Rate	Max Wait of Answered Calls (Min:Sec)	Average Handle Time (Min:Sec)
Oct 4	11 (↑5)	11 (↑5)	0:41	0%	1:46	4:38
Oct 3	6 (↓23)	6 (↓23)	0:12	0%	1:44	0:27
Oct 2	29 (0)	29 (0)	0:09	0%	6:21	0:36
Oct 1	29 (↑4)	29 (↑5)	0:13	0%	1:23	5:52
Sept 30	25 (↓10)	24 (↓9)	0:09	4%	0:18	5:14
Sept 29	35 (↑10)	33 (↑8)	0:12	6%	1:28	4:53
Sept 28	25 (↑13)	25 (↑14)	0:18	0%	3:32	5:39
Sept 27	12 (↓2)	11 (↓3)	0:44	8%	5:53	3:04
Sept 26	14 (↓17)	14 (↓16)	0:15	0%	0:45	8:08
Sept 25	31 (↓4)	30 (↓3)	0:12	3%	0:47	4:57

Note: Data in table above is data recorded for Safe Seniors, Strong Communities program only and does not reflect the bc211 business activities related to other community referrals.

Service Activity to Date^[1]:

- 335,320 (757^[2]) total services provided:
 - 173,844 (240) wellness visits and needs assessments^[3]
 - 34,338 (86) grocery deliveries
 - 77,955 (235) meals prepared or packaged and delivered
 - 929 (0) prescriptions picked up and delivered
 - 3,418 (4) transportation services
 - 502 (0) laundry services
 - 44,334 (192) other services^[4]

Total 211 Registrations to Date:

	bc211 Registrations	Direct Better at Home Registrations	Total
Seniors	4,884 (7)	10,651 (8)	15,535 (15)
Volunteers	7,393 (5)	3,649 (8)	11,042 (13)

^[1] Manual data submission may encounter delays and result in data being restated periodically.

^[2] Added in this reporting period.

^[3] Initial contacts, virtual visits, and phone check-ins.

^[4] Other services encompass ad-hoc requests such as assistance with IT, online shopping, etc.

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Temporary Emergency Registrants (as of October 2/11:30)

The most recent update on "temporary emergency registrant" and willing-to-redeploy" data includes totals as of Sept 30 (reporting is as of Sept 24 for nursing professionals, and as of Oct 2 for pharmacists). The next update will be provided on Monday, November 2, 2020.

The College of Physicians and Surgeons (CPSBC) deactivated the TER class of registration as of June 30; however, the list could be reactivated within 24-48 hours if needed and the CPSBC is open to registering physicians on a temporary emergency basis at the request of an HA where a need has been identified.

Temporary Emergency Registrants - Physicians																	
Date	Family Physician	Pediatrics	Infectious Diseases	Public Health/ Preventative Med	Community Med	Medical Microbiology	Psychiatry	Anesthesiology	Internal Med *	Ophthalmology	OBGYN/ Maternal-fetal med	General Surgery	Obstetrics/ Gynecology	Occupational Med	Diagnostic Radiology	Urology	Total Registrants to Date
Sept 30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aug 28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July 31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June 26	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 19	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 12	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 5	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 29	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 22	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74

*Internal Medicine includes 1 Gastroenterology, 1 Critical Care Medicine and 1 Nephrology.

CRHEM Division, Planning, Analysis and Reporting

Page 23 of 26

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Temporary Emergency Registrants - Nursing							
Date	Licensed Practical Nurse (LPN)	Registered Nurse	Registered Psychiatric Nurse	Nurse Practitioner	Health Care Assistant*		Total Registrants to Date
					HCA (New)	HCA (Temporary)	
Sept 30	90	499	4	2	2,230	234	3,059 (↑298)
Aug 28	87	466	4	2	1,978	224	2,761 (↑277)
July 31	83	452	5	2	1,727	214	2,484 (↑234)
July 3	79	441	5	2	1,516	207	2,250 (↑56)
June 26	78	439	4	2	1,464	207	2,194 (↑72)
June 19	77	439	4	2	1,395	205	2,122 (↑55)
June 12	78	439	4	4	1,339	203	2,067 (↑55)
June 5	79	440	4	4	1,285	200	2,012 (↑52)
May 29	80	438	4	4	1,235	199	1,960 (↑2)
May 22	77	436	4	4	1,156	197	1,874 (↑65)

*HCA numbers reflect new temporary registrant category added April 7, 2010. Prior to April 7, HCA reporting reflected new/full HCAs only.

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Temporary Emergency Registrants – Allied Health							
Date	Midwives	Social Workers	Pharmacists	Dieticians	Physical Therapists	Occupational Therapists	Total Registrants to Date
Sept 30	0	54	37	10	0	0	101 (↑14)
Aug 28	0	43	34	10	0	0	87 (↑10)
July 31	0	34	33	10	0	0	77 (↑13)
July 3	0	26	28	10	0	0	64 (↓9)
June 26	9	26	28	10	0	0	73 (↑3)
June 19	9	24	27	10	0	0	70 (↑3)
June 12	9	21	27	10	0	0	67 (↓1)
June 5	10	21	27	10	0	0	68 (↑3)
May 29	10	19	26	10	0	0	65 (↑4)
May 22	10	17	24	10	0	0	61 (↑1)
Number of Private Practice Registrants Willing to be Redeployed - Allied Health							
Date	Occupational Therapist	Dieticians	Physical Therapists	Total Registrants to Date			
Sept 30	130	44	392	566			
Aug 28	130	44	392	566			
July 31	130	44	392	566			
July 3	130	44	392	566			
June 26	130	44	392	566			
June 19	130	44	392	566			
June 12	130	44	392	566			
June 5	130	44	392	566			
May 29	130	44	392	566			
May 22	130	44	392	566			

Note:

The College of Dieticians, College of Physical Therapists and College of Occupational Therapists have emergency registration in place. The current focus is to contact registrants impacted by COVID-19 private practice closures regarding their willingness to be redeployed to work in a health authority as part of the pandemic response.

PHO Orders

September 18, 2020: The PHO repealed and replaced the order of August 7, 2020 on [Gathering and Events](#)

September 18, 2020: The PHO repealed and replaced the order of July 31, 2020 on [Food and Liquor Serving Premises](#)

September 16, 2020: The PHO issued an order on [Registered Nurse Public Health Pharmacotherapy](#).

August 30, 2020: The Federal Chief PHO issued updates to the [Federal Quarantine Order](#) on Minimizing the Risk of Exposure to COVID-19 in Canada.

July 2, 2020: The PHO repealed and replaced the order of April 23, 2020 on [Industrial Camps](#).

May 29, 2020: The PHO issued an order on [Overnight Camps for Children and Youth](#).

May 28, 2020: The PHO repealed and replaced the PHO oral order of March 27, 2020 and the written order of April 15, 2020 on [Vending Markets](#).

May 14, 2020: The PHO cancelled the order of April 16, 2020 on [Personal Services](#).

May 14, 2020: The PHO issued an order on [Workplace COVID-19 Safety Plans](#).

May 7, 2020: The PHO issued an order on [Licensed Practical Nurse SARS-CoV-2 Swabbing](#).

April 15, 2020: The PHO amended the order of April 10, 2020 on [Health Care Labour Adjustment](#) with respect to [Facility Staff Assignment](#).

April 14, 2020: The PHO amended the order of April 10, 2020 on [Health Care Labour Adjustment](#) with respect to [Travellers and Employers](#).

April 10, 2020: The PHO issued an order on [Health Care Labour Adjustment](#).

April 10, 2020: The PHO issued an order on [Information Collection from Long Term Care Facility Staff](#).

March 25, 2020: The Federal Chief PHO amended the order of March 24, 2020 on [Essential Services](#).

For other COVID-19 related notices and guidance please see the following:

[PHO COVID-19 Orders, Notices & Guidance](#)

[BCCDC COVID-19 Care Resources](#)

Gold, Crystal HLTH:EX

From: Tyson, Greg EMBC:EX
Sent: October 5, 2020 3:02 PM
To: Kot, Jill CITZ:EX; Halls, Lori D EMBC:EX; Pokorny, Peter HLTH:EX; Campbell, Tracy AG:EX
Cc: Schmidt, Tracee CITZ:EX; Nankivell, Nathan JEDC:EX; Gaber, Leon EMBC:EX
Subject: PSSCU Consolidated Weekly Dashboard – Oct 5 2020
Attachments: 2020-10-05_SupplyDemandInventory.pdf

Hi all,

Attached is the non-healthcare PSSCU Consolidated Weekly PPE Dashboard report.

Highlights since last week:

- N95 masks are now in stock!
- There is also increased inventory for the following products:
 - Level 1 masks
 - Nitrile gloves
 - Disinfectant Wipes
 - General purpose cleaner
 - Protective goggles
 - Face shields
 - Isolation gowns

Thanks,

Greg Tyson
Unit Lead, Critical Supplies Resourcing Unit
Emergency Management BC
greg.tyson@gov.bc.ca
tel 778 698 4004
cel: ^{S.17}

Non-Health Demand and Supply Inventory

[illegible]

S.13

OCV Warehouse Data Current to: **October 5, 2020**
ENBC Warehouse Data Current to: **October 5, 2020**
Demand Forecast Data Last Updated: **August 13, 2020**

- CONFIDENTIAL -

Source: Retail Supply Chain Report Data Current to: **September 8, 2020**

*Percentage of participants who reported the supply chain was stable. Green shades are stable, yellow shades are moderately stable, and red shades are unstable.

Use caution when interpreting this data as sample sizes are small as PPE is not the main focus for many of these retailers.

Disposable gloves continue to be challenging, particularly nitrile. Some less common sizes such as extra large tend to be hit and miss, which may be due to manufacturers focusing production capacity on the most commonly needed sizes.

The North America-wide shortage of disinfectant wipes continues with no relief in sight.

There is uncertainty as to how school reopening will impact the retail supply chain.

- CONFIDENTIAL -

Gold, Crystal HLTH:EX

From: Bell, Carolyn P HLTH:EX
Sent: October 5, 2020 5:47 PM
To: Pokorny, Peter HLTH:EX; Rongve, Ian HLTH:EX
Subject: Quick update on key deliverables

Operational Reporting Updates

- KPMG adjusting the current deck to include a slide that shows what we have in inventory for day to day use, what we are using, and what is in our stockpile/insurance bucket (separate from pre-COVID/historical use so not everything in the same inventory bucket)
- New slide in the Oct 8 operational report for review by the team

Cumulative PPE Reporting:

- KPMG was given the deliverable on Thursday Oct 1 and PHSA is providing the financial data; KPMG is proposing a format for reporting (monthly roll up or by item or by other..) and populating the first report for Thursday October 8; it will contain March 2020 to current data on X we have received, X we paid, X we have used, X assigned to alternate use; X assigned to spillage/potential write-off
- KPMG to recommend reporting frequency (eg. Bi-weekly, monthly, other) on October 8
- Full report updated with financial information week of October 12

Physician PPE Distribution (GPs and community specialists)

Ted, Ian Carolyn, Shana met October 5 to agree on workstreams

- letter in development from BCCPS to physicians for a return to office including a provincial solution for PPE for offices (use HA's for PPE until system is set up and communicated in early/mid November)
- Carlene, Shana, Carolyn working on the communications strategy October 5-9 including poster
- IPC team of Brian Sager and Halley Miller (in PHO/BCCDC) assigned task by Carolyn for producing a draft 2 page PPE Guideline for primary and community care by Tuesday October 13 (start with what exists and turn into a two page guideline at most)
- Draft review of guideline (and poster if needed) internal to the ministry and Peter/Mark to discuss with unions and DoBC week of October 13- October 20
- Final IPC guideline week of October 20
- CITZ/MoH met Oct 5 and confirmed the system approach; PHSA to be briefed tomorrow; project planning continues week of Oct 5; project plan and key milestones to be completed week of October 12
- With no payments required, project can be streamlined significantly as CITZ will not buy or sell goods, however CITZ will need business information for GPs and community specialists (Richele talking to Andrew Elderfield about a flat file transfer as required)
- EMU team is mostly being added to the project team to assist with project materials and workstreams for the next six weeks
- Carolyn, Ted, Shana to work with DoBC on the PPE allocation model for the system (likely manual and then electronic by early January or sooner);
-

PPE Testing Approach

- Caitlin McGuire, Wendy Vowles and Carolyn drafting a discussion paper on options and recommended approach; will engage others as needed
- Carolyn working with Gord Cross on PHSA PPE testing budget inclusion in updated budget letter ;
- Also looking at EMBC CSA contract at FHA (with Quinn/Leon) – Carolyn to connect week of Oct 5
- PHSA and HA consultations/input to options week of October 12; including confirmation of VCHA expected costs for one off testing of PPE (Fernando to provide some information)
- Draft options paper due week of October 19 for review by Peter/Ian

Warehousing Proposal from PHSA

Gord and Carolyn to meet to review week of October 12 and provide feedback to Peter, Ian, Philip

Other Priority IPC Policy

- Carolyn, Bernard, Brian, Halley met Oct 5 and Brian and Halley working on 2 page guidelines for masking for acute including ED – draft due to Carolyn, Ian , Peter by October 12
- Carlene and Halley to work on posters for locations and use of masks
- Peter, Mark to review with unions week of October 12 -19
- Long-term care and acute care IPC detailed 20 page guidelines underway under by Brian's team with oversight by Teri's team

Ventilators

- Lexi, Carolyn, Jan Butler working with Maureen and 3 VPs under a distribution working group to update the ventilator distribution policy and process over the next three weeks (not the ethics part of the use of ventilators as this is in a different documents); Carolyn's team providing secretariat support
- Policy and Process ready to share at LC (week of October 29 at the latest?)
- Teri's team reporting on progress
-

Treasury Board Funding for PPE

- Carolyn/Gord/Maria working on how to distribute the approved TB funding for PHSA purchase of COVID PPE (talked to Gord today and we are trying to determine where the HAs fit in for balancing the purchase of PPE, spillage and costing of PPE as expensed by the HA's when they pull from the PHSA system ^{s.13}

I am also hiring a director and some additional AO27s over the next two weeks so things are ramping up just when we need more resources.

Carolyn Bell, Executive Director/ Logistics Strategy/ COVID Response and Health Emergency Management Division/ BC Ministry of Health/ office: 778-698-1755/ cell: ^{s.17}

We are looking for the data highlighted in yellow ->
OK to send us the data needed in the format as currently reported
Please reach out if any questions, thanks

Gold, Crystal HLTH:EX

From: Barclay, Corrie A HLTH:EX
Sent: October 5, 2020 6:00 PM
To: Brown, Stephen R HLTH:EX; Byres, David W HLTH:EX; Gold, Crystal HLTH:EX; Helmuth, Antje HLTH:EX; Hewlett, Cheryl A HLTH:EX; Pokorny, Peter HLTH:EX; Sheppard, Jenifer A HLTH:EX; Walsh, Sara M HLTH:EX; XT:Brown, Susan PSA:IN; XT:Calla, Susanna HLTH:IN; XT:Cerna, Carolina HLTH:IN; XT:Chipman, Desa HLTH:IN; XT:Dalton, Fiona HLTH:IN; XT:HLTH Eliopoulos, Vivian; XT:HLTH Price, Winnie; XT:HLTH Schroeder, Tracey; XT:James, Lisa HLTH:IN; XT:Jock, Richard HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:MacNeil, Kathryn HLTH:IN; XT:Morin, Benoit HLTH:IN; XT:Narang, Colleen HLTH:IN; XT:Parker, Lori HLTH:IN; XT:Ulrich, Cathy HLTH:IN
Cc: Cross, Gordon HLTH:EX; Eaton, Kirk HLTH:EX; Harrison, Kerri HLTH:EX; Ranta, Michelle HLTH:EX; Twyford, Philip HLTH:EX; XT:Clement, Shera HLTH:IN; XT:Eckert, Peter HLTH:IN; XT:HLTH De Croos, Mark; XT:HLTH Weir, Sylvia; XT:Kerrone, Kim HLTH:IN; XT:Liggett, Brenda HLTH:IN; XT:Pica, Fernando HLTH:IN; XT:Simmers, Brian HLTH:IN; XT:HLTH Hunter, Jeff; XT:McWalter, Gregor HLTH:IN; Quirk, Ron EHS:IN; XT:Malovec, Shannon HLTH:IN; XT:Janssen, Norma HLTH:IN; XT:Weeks, Guy HLTH:IN; XT:ClaiterLarsen, Catherine HLTH:IN; Mah, Terry HLTH:EX; Godfrey, Layla HLTH:EX
Subject: Follow up from LC (CIS and Health Gateway)
Attachments: Data request - Hospital EHR footprint and Cost Structure.xlsx
Categories: Printed for Review/Meeting Material

Good evening Leadership Council,

CIS Review – Next Steps

- Thank you for your time today and feedback regarding the independent review to inform the Provincial CIS Strategy. As discussed, it would be valuable for McKinsey to interview each of the CEO's. My office will reach out to your assistants to schedule this in your calendar.
- Also attached is the data request we will be working with your CIO and CFO to complete as soon as they can, to ensure we understand the current state of the CIS in your health authority.

Health Gateway – please sign up

- It is very exciting to have the opportunity to share the Health Gateway today. This has been a collaboration between the Ministry of Health, PHSA and the Ministry of Citizen Services
- Please sign up for Health Gateway, by going to www.healthgateway.gov.bc.ca. Just go to this site and click register to get your mobile BC Services Card on your phone as the first step. You can also do this on a computer/laptop if you choose. ([how to set up a mobile card](#)).
- Once you have signed up, you will be able to view your dispensed medication history, make your own notes, and print records. If you have been tested for COVID-19, you will be able to access your test results. You can also sign up to be notified in real-time (SMS or email) when your COVID-19 test results are available.
- In the coming weeks, Health Gateway will offer parent access to their children's COVID-19 test results
- In the near future you will also access your other lab results, health visits, and immunization records.

Regards,
Corrie

Corrie Barclay

ADM | Health Sector IM/IT Division | Ministry of Health
P: 778.974.2796 C: s.17
| Corrie.Barclay@gov.bc.ca

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Data request - EHR hospital footprint

Health Authority	HDSA description	Hopsital ID	Hospital name	Total # beds
Vancouver Coastal Health Authority	Vancouver	101	Vancouver General Hospital	770
Fraser Health Authority	Fraser South	116	Surrey Memorial Hospital	658
Vancouver Island Health Authority	South Vancouver Island	201	Royal Jubilee Hospital	472
Interior Health Authority	Okanagan	302	Kelowna General Hospital	447
Vancouver Coastal Health Authority	Affiliate - Providence	102	St. Paul's Hospital	433
Fraser Health Authority	Fraser North	109	Royal Columbian Hospital	426
Vancouver Island Health Authority	South Vancouver Island	202	Victoria General Hospital	372
Vancouver Island Health Authority	Central Vancouver Island	501	Nanaimo Regional General Hospital	349
Provincial Health Services Authority	PHSA	105	Children's and Women's Health Centre of BC	312
Fraser Health Authority	Fraser East	609	Abbotsford Regional Hospital and Cancer Centre	271
Fraser Health Authority	Fraser North	130	Burnaby Hospital	268
Interior Health Authority	Thompson Cariboo Shuswap	401	Royal Inland Hospital	266
Northern Health Authority	Northern Interior	703	The University Hospital of Northern British Columbia	254
Vancouver Coastal Health Authority	North Shore / Coast Garibaldi	112	Lions Gate Hospital	239
Vancouver Coastal Health Authority	Richmond	121	Richmond Hospital	218
Provincial Health Services Authority	PHSA	928	Forensic Psychiatric Services	190
Fraser Health Authority	Fraser South	115	Langley Memorial Hospital	188
Interior Health Authority	Okanagan	301	Vernon Jubilee Hospital	186
Fraser Health Authority	Fraser South	131	Peace Arch District Hospital	171
Fraser Health Authority	Fraser North	136	Eagle Ridge Hospital and Health Care Centre	168
Fraser Health Authority	Fraser North	604	Ridge Meadows Hospital and Health Care Centre	157
Interior Health Authority	Okanagan	303	Penticton Regional Hospital	155
Fraser Health Authority	Fraser East	601	Chilliwack General Hospital	147
Vancouver Island Health Authority	North Vancouver Island	503	North Island Hospital, Comox Valley	146
Vancouver Island Health Authority	Central Vancouver Island	203	Cowichan District Hospital	134
Vancouver Island Health Authority	North Vancouver Island	508	North Island Hospital, Campbell River & District	105
Vancouver Coastal Health Authority	Affiliate - Providence	106	Mount St. Joseph Hospital	95
Interior Health Authority	East Kootenay	756	East Kootenay Regional Hospital	77
Fraser Health Authority	Fraser North	135	Queen's Park Care Centre	77
Interior Health Authority	Kootenay Boundary	801	Kootenay Boundary Regional Hospital	75

Vancouver Coastal Health Authority	Vancouver	123	U.B.C. Health Sciences Centre	71
Vancouver Coastal Health Authority	Affiliate - Providence	118	Holy Family Hospital	65
Vancouver Island Health Authority	South Vancouver Island	217	Saanich Peninsula Hospital	65
Vancouver Coastal Health Authority	Vancouver	119	GF Strong Centre	62
Fraser Health Authority	Fraser South	134	Delta Hospital	58
Vancouver Island Health Authority	Central Vancouver Island	851	West Coast General Hospital	52
Northern Health Authority	Northwest	912	Mills Memorial Hospital	49
Interior Health Authority	Thompson Cariboo Shuswap	22200	Hillside Psychiatric Centre	47
Vancouver Coastal Health Authority	North Shore / Coast Garibaldi	113	Sechelt Hospital/shishalh Hospital	46
Fraser Health Authority	Fraser East	602	Mission Memorial Hospital	45
Northern Health Authority	Northeast	704	Dawson Creek And District Hospital	44
Northern Health Authority	Northern Interior	705	GR Baker Memorial Hospital	44
Interior Health Authority	Thompson Cariboo Shuswap	404	Shuswap Lake General Hospital	43
Interior Health Authority	Thompson Cariboo Shuswap	20230	South Hills Tertiary Psych. Rehab Centre	40
Northern Health Authority	Northeast	701	Fort St. John General Hospital	40
Vancouver Coastal Health Authority	North Shore / Coast Garibaldi	111	Powell River General Hospital	33
Interior Health Authority	Kootenay Boundary	651	Kootenay Lake Hospital	30
Vancouver Island Health Authority	South Vancouver Island	211	Gorge Road Hospital	30
Interior Health Authority	Thompson Cariboo Shuswap	406	Cariboo Memorial Hospital	28
Fraser Health Authority	Fraser East	603	Matsqui-Sumas-Abbotsford General Hospital	25
Northern Health Authority	Northwest	902	Prince Rupert Regional Hospital	25
Fraser Health Authority	Fraser South	82213	Carelife Fleetwood	24
Interior Health Authority	East Kootenay	753	Elk Valley Hospital	20
Fraser Health Authority	Fraser North	132	Fellburn Care Centre	20
Vancouver Coastal Health Authority	North Shore / Coast Garibaldi	128	Squamish General Hospital	20
Vancouver Island Health Authority	South Vancouver Island	206	Lady Minto/Gulf Islands Hospital	20
Northern Health Authority	Northern Interior	702	St. John Hospital	20
Interior Health Authority	Okanagan	309	South Okanagan General Hospital	18
Northern Health Authority	Northwest	903	Bulkley Valley District Hospital	18
Northern Health Authority	Northwest	917	Kitimat General Hospital	17
Provincial Health Services Authority	PHSA	107	BC Cancer Agency	17
Interior Health Authority	East Kootenay	654	Creston Valley Hospital	16
Interior Health Authority	Thompson Cariboo Shuswap	708	100 Mile District General Hospital	16
Vancouver Island Health Authority	South Vancouver Island	204	Queen Alexandra Centre for Children's Health	14

Interior Health Authority	Kootenay Boundary	803	Boundary Hospital	12
Vancouver Island Health Authority	North Vancouver Island	510	Port Hardy Hospital	12
Northern Health Authority	Northwest	901	Wrinch Memorial Hospital	12
Northern Health Authority	Northern Interior	707	Lakes District Hospital and Health Centre	11
Interior Health Authority	Thompson Cariboo Shuswap	402	Queen Victoria Hospital	10
Fraser Health Authority	Fraser East	606	Fraser Canyon Hospital	10
Vancouver Island Health Authority	Central Vancouver Island	854	Tofino General Hospital	10
Vancouver Island Health Authority	North Vancouver Island	511	Port McNeill and District Hospital	10
Vancouver Coastal Health Authority	North Shore / Coast Garibaldi	904	R.W. Large Memorial Hospital	9
Vancouver Coastal Health Authority	North Shore / Coast Garibaldi	906	Bella Coola General Hospital	9
Northern Health Authority	Northeast	714	Fort Nelson General Hospital	9
Interior Health Authority	East Kootenay	409.00	Golden and District Hospital	8
Interior Health Authority	East Kootenay	755	Invermere and District Hospital	8
Interior Health Authority	Thompson Cariboo Shuswap	403	Nicola Valley Hospital and Health Centre	8
Interior Health Authority	Kootenay Boundary	655	Arrow Lakes Hospital	6
Interior Health Authority	Okanagan	305	Princeton General Hospital	6
Interior Health Authority	Thompson Cariboo Shuswap	417	Lillooet Hospital and Health Centre	6
Interior Health Authority	Thompson Cariboo Shuswap	419	Dr. Helmcken Memorial Hospital	6
Northern Health Authority	Northwest	907	Haida Gwaii Hospital and Health Centre-Xaayda Gwaay Ngaaysd	6
Northern Health Authority	Northern Interior	715	Mackenzie and District Hospital	5
Northern Health Authority	Northern Interior	717	Stuart Lake Hospital	5
Vancouver Island Health Authority	North Vancouver Island	507	Cormorant Island Health Centre	4
Northern Health Authority	Northeast	716	Chetwynd General Hospital	4
Northern Health Authority	Northwest	918	Northern Haida Gwaii Hospital and Health Centre	3
Northern Health Authority	Northern Interior	713	Mcbride and District Hospital	2

EXAMPLE FIELDS; FOR DISCUSSION – We would require the data covering the t

Hospital or EHR instance (depending on how EHR costs are currently tracked/accounted)

Annual EHR maintenance costs

- Licencing
- Hosting/storage (if on-prem)
- Network
- Maintenance / config / build labour
- Clinical informaticists for change validation
- Training and support team (include description of team structure)
- Time allocation for super user clinicians
- Issue resolution on helpdesk support

Upgrade costs* (if EHR was upgraded in the last 3 years)

- Description of change history
- Initial configuration costs (e.g., data and workflow mapping)
- System Integrator support fees
- Initial licencing

entire Province acute care EHRs. OK to supply information in existing report format

Units	2018	2019	2020 (to date)
\$			
\$			
\$			
\$ if outsourced, # FTEs and \$ if insourced			
Hours or \$			
\$ if outsourced, # FTEs and \$ if insourced			
Hours or \$			
\$ if outsourced, # FTEs and \$ if insourced			
free text - please include history of upgrades (instance/vendor prior to and post upgrade)			
\$			
\$			
\$			

Gold, Crystal HLTH:EX

From: Cerna, Carolina [PHSA] <carolina.cerna@phsa.ca> on behalf of Morin, Benoit [PHSA] <benoit.morin@phsa.ca>
Sent: October 6, 2020 10:02 AM
To: XT:Morin, Benoit HLTH:IN; XT:Ulrich, Cathy HLTH:IN; Bell, Carolyn P HLTH:EX; Byres, David W HLTH:EX; XT:Dawkins, Laurie GCPE:IN; Gustafson, Reka [BCCDC]; Rongve, Ian HLTH:EX; 'IHEOCDirector@interiorhealth.ca'; XT:Lavery, John HLTH:IN; XT:MacNeil, Kathryn HLTH:IN; Diacu, Mariana HLTH:EX; Moneo, Mitch HLTH:EX; HLTH COVIDAnalytics HLTH:EX; Pokorny, Peter HLTH:EX; XT:HLTH Prentice, Cathy; XT:Dalton, Fiona HLTH:IN; XT:Jock, Richard HLTH:IN; Brown, Stephen R HLTH:EX; XT:Brown, Susan PSA:IN; XT:Manning, Tim HLTH:IN; XT:Lee, Victoria HLTH:IN; XT:HLTH Eliopoulos, Vivian; Vowles, Wendy M HLTH:EX
Subject: Daily Dashboard - October 6, 2020
Attachments: 2020-10-06 Provincial Dashboards -- COVID Dashboard.xlsx

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

Message sent on behalf of Benoit Morin, President & CEO, PHSA

Good Morning,

Please find attached the Daily Dashboard for Tuesday, October 6, 2020. For your information, the team has provided additional details below:

Our data integration team continues to work through some data quality issues the critical care hospitalization totals. Initial investigation indicates that the VCH critical care numbers may higher by a count of 2 hospitalizations than it should be. We are currently working with VCH to determine what the issue is and will correct it after we have confirmation.

Kindly fan out as required.

Thank you.

Carolina Cerna

Manager, CEO Office Administration and Executive Assistant to Benoit Morin, President & CEO
Provincial Health Services Authority



Office: #200 – 1333 West Broadway, Vancouver, BC V6H 4C1

Phone: 604-675-7497 (Ext. 557497) | Email: carolina.cerna@phsa.ca | www.phsa.ca | jobs.phsa.ca

Provincial Supply Chain by Health Authority

Supply Chain COVID-19 Dashboard

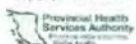


Inventory: All Item Description: All Category Type: Personal Protective Equipment Category: All

2020-10-05 06:45 PM

Equipment by Category	Warehouse Qty on Hand					Days of Inventory on Hand at Warehouse					Daily Issued from Warehouse to HA's					Qty Ordered	Qty Received	Qty Remaining	Qty Consumed by Vendor
	Total Warehouse Qty on Hand	Lower Mainland	Intracast	North	Island	Avg Days (Last 30 Days)	Lower Mainland	Intracast	North	Island	Avg Daily Usage (Last 30 Days)	Lower Mainland	Intracast	North	Island				
<input type="checkbox"/> BandAids <input type="checkbox"/> Coveralls <input type="checkbox"/> Disinfectant Other <input type="checkbox"/> Disinfectant Wipes (rub and cast) <input type="checkbox"/> Face Shields <input type="checkbox"/> Gloves Exam (pair) <input type="checkbox"/> Gloves Nitrile Extended Cuff (pair) <input type="checkbox"/> Goggles <input type="checkbox"/> Gowns Chemis / Trauma <input type="checkbox"/> Gowns Isolation - Unrated <input type="checkbox"/> Gowns Isolation Level 2 / 3 / 4 <input type="checkbox"/> Hand Sanitizer <input checked="" type="checkbox"/> Masks N95 s.17 <input type="checkbox"/> Masks N95 <input type="checkbox"/> Masks N95 Other <input type="checkbox"/> Masks Procedure <input type="checkbox"/> Other <input type="checkbox"/> Respirators Reusable Elastomeric <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Swabs Viral	s.13; s.17																		

Supply Chain COVID-19 Dashboard



Inventory: All Item Description: All Category Type: Masks, Gowns, Capes & Surgical PPE Category: All

2020-10-05 06:45 PM

Equipment by Category	Warehouse Qty on Hand					Days of Inventory on Hand at Warehouse					Daily Issued from Warehouse to HA's					Qty Ordered	Qty Received	Qty Remaining	Qty Consumed by Vendor
	Total Warehouse Qty on Hand	Lower Mainland	Intracast	North	Island	Avg Days (Last 30 Days)	Lower Mainland	Intracast	North	Island	Avg Daily Usage (Last 30 Days)	Lower Mainland	Intracast	North	Island				
<input type="checkbox"/> Drapes <input type="checkbox"/> Gloves Surgical (pair) <input type="checkbox"/> Gown Surgical Level 3 <input type="checkbox"/> Gown Surgical Level 4 <input type="checkbox"/> Mask Surgical <input type="checkbox"/> Other <input type="checkbox"/> Procedure Packs <input type="checkbox"/> Surgical Cap <input type="checkbox"/> Surgical Packs, Abdominal <input type="checkbox"/> Surgical Packs, Cardiovascular <input type="checkbox"/> Surgical Packs, ENT <input type="checkbox"/> Surgical Packs, General <input type="checkbox"/> Surgical Packs, Neuro	s.13; s.17																		

- Surgical Packs, Otolaryng
- Surgical Packs, Ophthalmology
- Surgical Packs, Orthopedics
- Surgical Packs, Plastic
- Surgical Packs, Urology

s.13; s.17

Supply Chain COVID-19 Dashboard

2020-10-05 06:45 PM		Warehouse Qty on Hand				
Equipment by Sub Category	Assured Alternative	Lowest Mainland	Interior	North	Island	Total
Bottles						
Bottleless						
Coveralls						
Disinfectant Other						
Disinfectant Wipes (Rolls and cans)						
Electronic Reusable Respirators						
Gloves Exam Nitrile (L) (pair)						
Gloves Exam Nitrile (M) (pair)						
Gloves Exam Nitrile (S) (pair)						
Gloves Exam Nitrile (XL) (pair)						
Gloves Exam Vinyl (L) (pair)						
Gloves Exam Vinyl (M) (pair)						
Gloves Exam Vinyl (S) (pair)						
Gloves Exam Vinyl (XL) (pair)						
Gloves Nitrile Ext Cuff (L) (pair)						
Gloves Nitrile Ext Cuff (M) (pair)						
Gloves Nitrile Ext Cuff (S) (pair)						
Gloves Nitrile Ext Cuff (XL) (pair)						
Hand Sanitizer 1L Refill						
KDSS						
Other						
Respirators Reusable (Electronic)						
Respirators Reusable Electronic Filters						
Respirators Reusable Electronic Masks						
Shoe Covers						
Sterile Vial						
Surgical Isolation Level 2 / 3 / 4						

(SPL 2 - Rated Glove, Coverall) / (SPL 2 - 2014 Surgical Glove Level 2 or 4 Reusable Glove)

Supply Chain COVID-19 Dashboard

2020-10-05 06:45 PM		Warehouse Qty on Hand				
Equipment by Sub Category	Assured Alternative	Lowest Mainland	Interior	North	Island	Total
Gloves Exam Vinyl (L) (pair)						
Gloves Exam Vinyl (M) (pair)						
Gloves Exam Vinyl (S) (pair)						
Gloves Exam Vinyl (XL) (pair)						
Gloves Nitrile Ext Cuff (L) (pair)						
Gloves Nitrile Ext Cuff (M) (pair)						
Gloves Nitrile Ext Cuff (S) (pair)						
Gloves Nitrile Ext Cuff (XL) (pair)						
Hand Sanitizer 1L Refill						
KDSS						
Other						
Respirators Reusable (Electronic)						
Respirators Reusable Electronic Filters						
Respirators Reusable Electronic Masks						

s.13; s.17

Date		HA Site Inventory Counts							Total
Equipment by Sub Category		HA	PH	VHA	HA	HA	PH	VCH	
Coveralls									
Disinfectant Other									
Disinfectant Wipes (Rolls and cans)									
Face Shields									
Gloves Exam Nitrile (L) (pair)									
Gloves Exam Nitrile (M) (pair)									
Gloves Exam Nitrile (S) (pair)									
Gloves Exam Nitrile (XL) (pair)									
Gloves Exam Vinyl (L) (pair)									
Gloves Exam Vinyl (M) (pair)									
Gloves Exam Vinyl (S) (pair)									
Gloves Exam Vinyl (XL) (pair)									
Gloves Nitrile Ext Cuff (L) (pair)									
Gloves Nitrile Ext Cuff (M) (pair)									
Gloves Nitrile Ext Cuff (S) (pair)									
Gloves Nitrile Ext Cuff (XL) (pair)									
Gloves Surgical (pair) (S, L and Smaller)									
Gloves Surgical (pair) (7.5-7.8)									
Gloves Surgical (pair) (8.4-8.5)									
Gloves Surgical (pair) (9.0 and Larger)									
Goggles									
Gown Surgical Level 1 (S)									
Gown Surgical Level 2 (S)									
Gown Surgical Level 3 (S, XL)									
Gown Surgical Level 4 (S)									
Gown Surgical Level 4 (S, XL, XXL, XXXL)									
Gown Chem / Trauma									
Gown Isolation - Unrated									
Gown Isolation Level 2 / 3 / 4									

s.13; s.17

Date		HA Site Inventory Counts							Total
Equipment by Sub Category		HA	PH	VHA	HA	HA	PH	VCH	
Gown Surgical Level 3 (S, XL)									
Gown Surgical Level 4 (S)									
Gown Surgical Level 4 (S, XL, XXL, XXXL)									
Gown Chem / Trauma									
Gown Isolation - Unrated									
Gown Isolation Level 2 / 3 / 4									
Hand Sanitizer 1L Refill									
Masks Surgical									
Masks KN95									
Masks N95 1864									
Masks N95 1864									
Masks N95 1864									

s.13; s.17

STAGING WAREHOUSE

PPE Category	Source	Quantity
Coveralls	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	s.13; s.17
Disinfectant Other	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Disinfectant Wipes (tubs and cans)	<input checked="" type="checkbox"/> NESS	
Face Shields	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	
Gloves Exam (pair)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gloves Nitrile Extended Cuff (pair)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gloves Surgical (pair)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Goggles	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gowns Isolation - Unrated	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gowns Isolation Level 2 / 3 / 4	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	

Clinical Assessment Rating 3: Item is not a standard inventory item, is not appropriate at this time, is in an acceptable condition and could be considered for use if we reach stage 6 (no other PPE options)

Clinical Assessment Rating 4: Item is unacceptable or is in unacceptable condition and there is no potential or possibility of it ever being used

Supply Chain COVID-19 Dashboard

STAGING WAREHOUSE

PPE Category	Source	Quantity
Goggles	<input checked="" type="checkbox"/> NESS	s.13; s.17
Gowns Isolation - Unrated	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Gowns Isolation Level 2 / 3 / 4	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Hand Sanitizer (bottles)	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Mask Surgical	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Masks KN95	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS <input checked="" type="checkbox"/> Vendor	
Masks N95 Other	<input checked="" type="checkbox"/> Donation <input checked="" type="checkbox"/> NESS	
Mask Procedure	<input checked="" type="checkbox"/> Donation	

Clinical Assessment Rating 3: Item is not a standard inventory item, is not appropriate at this time, is in an acceptable condition and could be considered for use if we reach stage 6 (no other PPE options)

Clinical Assessment Rating 4: Item is unacceptable or is in unacceptable condition and there is no potential or possibility of it ever being used

	<ul style="list-style-type: none"> ✓ NESS ✓ Vendor ✓ Donation ✓ NESS ✓ NESS 	s.13; s.17
Other		
Swedish Viral		

Provincial Lab Medicine Services Dashboard by Health Authority

	Public Health	Regional Health	Indigenous Health	University Health	Provincial Health	Health Canada	Health Services	Health	Health	Health	Health	Health
Provincial Lab Medicine Services (PLMS)												
Today's instrument testing capacity (i.e. specimens/day) by testing site	2,400	745	452	1,000	2,400	1,012	100	326	3,000	1,200	12,635	
Current pending (i.e. total # of specimens at testing site but not yet tested)		354	3	80	892	678	18	119	1,540	1,472	5,156	
Number of tests performed and results reported since last reporting period	209	298	574	239	683	765	61	179	2,325	1,200	6,533	
Number of days (i.e. estimated depletion date) for extraction reagent available on site based on current:												
testing volume		3	64	54	80	31		133	39	5	40	
instrument testing capacity		1	82	13	22	23		73	30	5	24	
Number of days (i.e. estimated depletion date) for analyzer reagent available on site based on current:												
testing volume		4	42	54	144	65	23	135	33	70	59	
instrument testing capacity		1	53	13	41	49	14	74	26	70	36	
Swabs days on hand (based on 14 day average usage)		30	63	24		8	170	21	7	32	125	
Number of tests performed to date		73,811	58,479	67,540	81,144	69,611	5,537	13,386	106,315	59,871	535,694	

Notes:

SMH next reagent order has been placed and shall arrive this week. If there are any issues, samples can be sent to BCCDC.

IHA has one extractor down; some specimens were sent to BCCDC.

VCH capacity increased due to Panther Fusion go live.

To be validated

Data from October 04

Legend of number of days on hand available of extraction and analyzer reagent

< 0 days

> 0 and < 2 days

>= 2 and < 3 days

>= 3 days

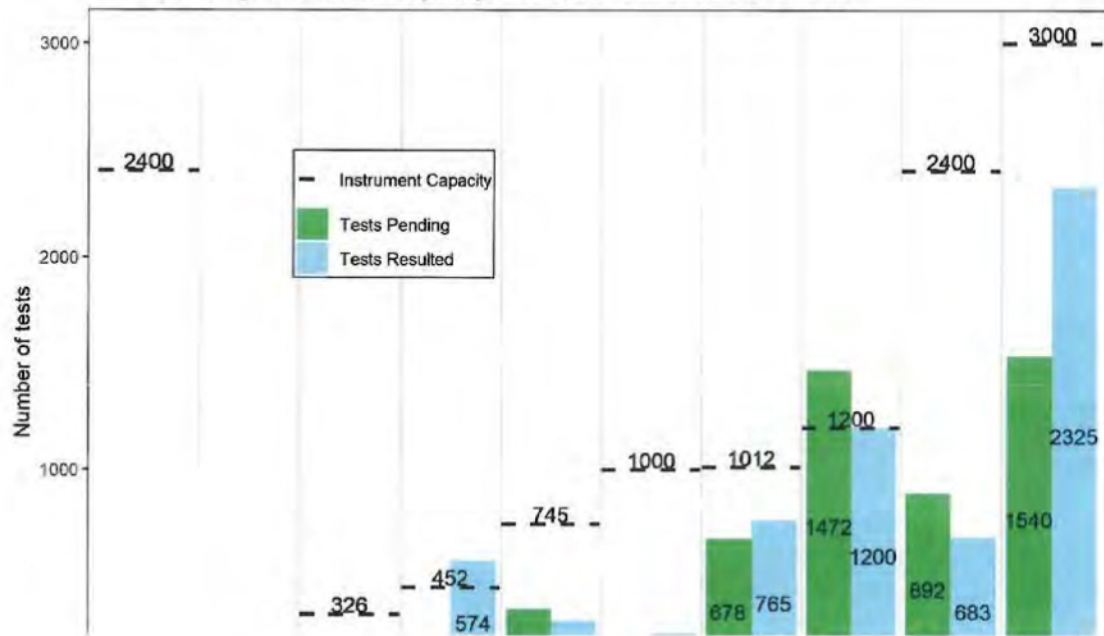
Interpretation

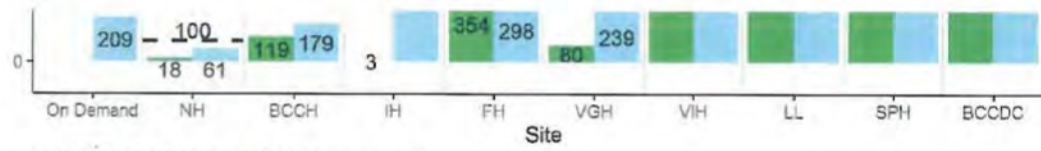
- 1) Line one is a leading indicator of forecasted instrument capacity
- 2) Line two is the current status of pending tests to be completed this day
- 3) Confirmed that as long as pending is lower than forecasted capacity TAT is <24 hrs.

Notes:

- The capacity numbers on this dashboard reflect the real-time daily capacity based on operational capacity and testing demand. It is subject to change.
- Number of tests performed to date is a cumulative number. Due to reporting delays, subject to change with reconciliation.
- Extraction reagent for GeneXpert and Biofire are not reported as GeneXpert and Bio contain all reagents in single cartridge.
- On Demand capacity will be utilized as needed.
- On Demand is excluded from all calculations except provincial capacity and number performed and results reported.

Tests pending, instrument capacity, and tests resulted as of Oct 06





Note: On Demand pending tests data are unavailable.

Provincial BC Emergency Health Services Dashboard by Health Authority

	Island Health	Fraser Health	Vancouver Coastal Health	St. John's Health	Metropolitan Health	Imperial	Providence Health
BC Emergency Health Services (BCEHS)							
Total 9-1-1 Medical Priority Dispatch System (MPDS) call volumes	302	528	388	272	103		1,593
Total 9-1-1 Medical Priority Dispatch System (MPDS) calls - Transported to Hospital	218	368	220	180	61		1,047
Total Influenza-Like Illness (ILI) calls - Dispatch-identified (see note below)	30	59	40	23	7		159
Total COVID-19 calls - SIREN (see note below)	6	25	16	8	3		58
Hospital delays (in hours)	0.7	17.5	11.6	7.1	0.3		37.1
Transfer Events - Transported Total	82	66	25	28	31	4	236
Transfer Events - Transported PTN-COVID (Suspected/Confirmed)							4
Ambulance out of service OOS (hours)	372.4	239.7	179	42.7	413.6		1247.4
OOS by Type (hours)							
Cleaning	4.8	21	8.5	1.6			35.9
Mech/No-Veh	1.8			2.9	1.4		6.1
Other	6.3	32.9	20.3	2	4.5		66
Staff-Half-Crew	128.6	35.3	14.6	14.1	115.4		308
Staff-No-Crew	230.9	150.5	135.6	22.1	292.3		831.4

Total Influenza-Like Illness (ILI) calls - Dispatch-identified

BCEHS call takers use a screening tool to identify a potential ILI patient and add a flag that notifies the paramedic specialist (PS) in the dispatch centre to review the call. There have been some minor changes over time but the general process is the same.

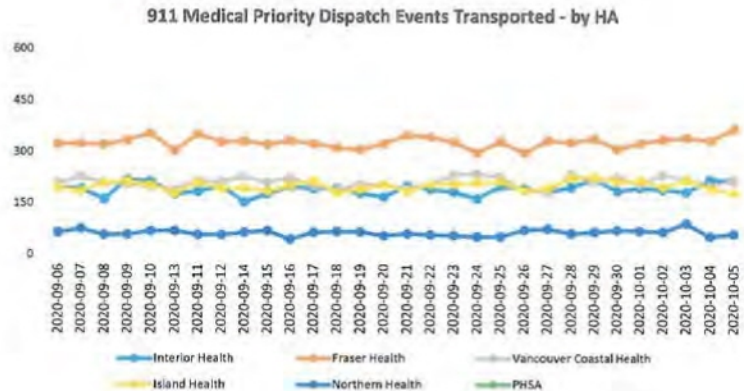
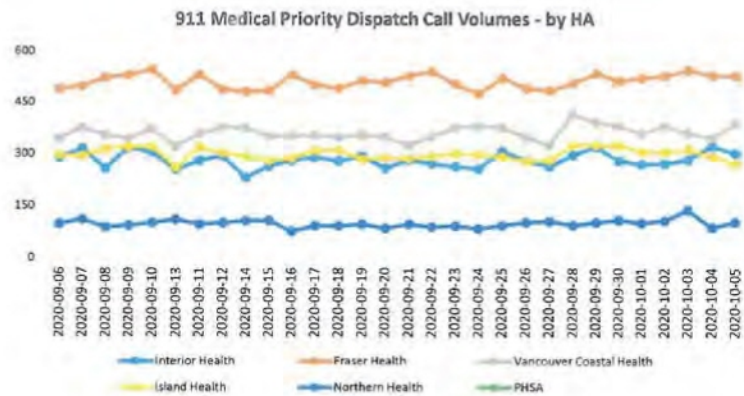
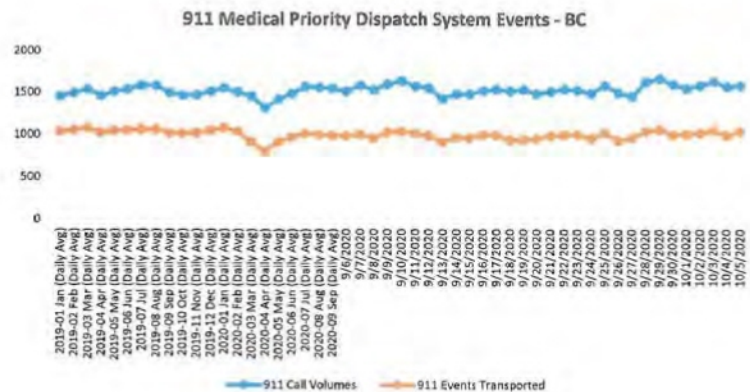
NOTE: This measure only shows the number of patients that are reporting flu-like symptoms.

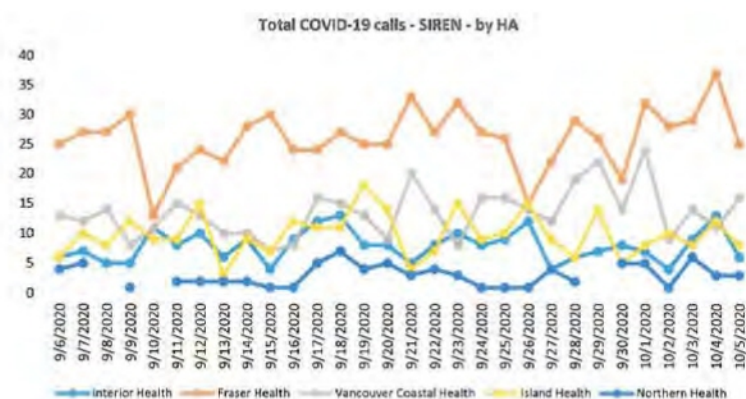
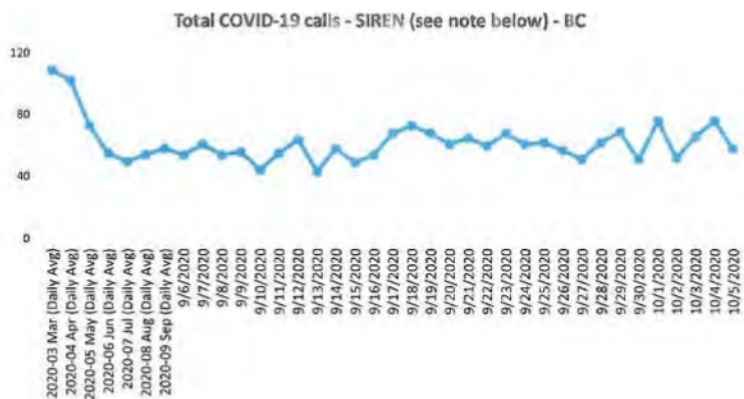
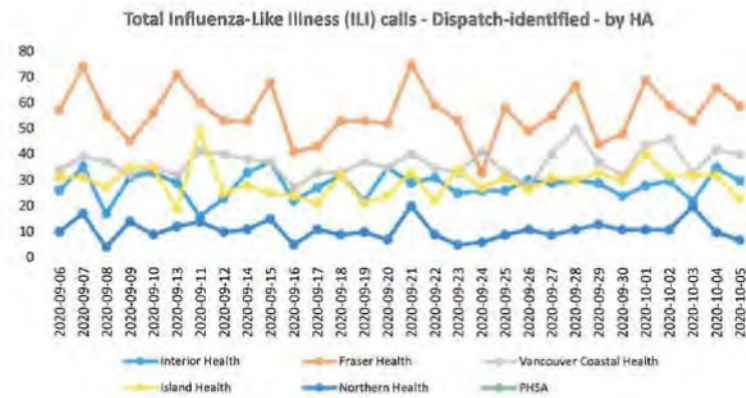
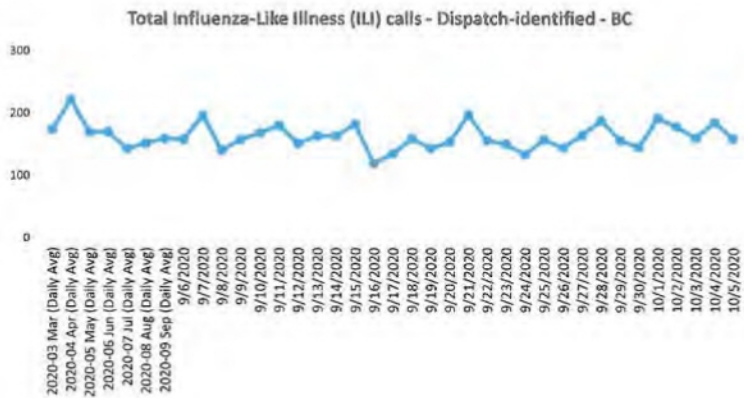
Total COVID-19 calls - SIREN

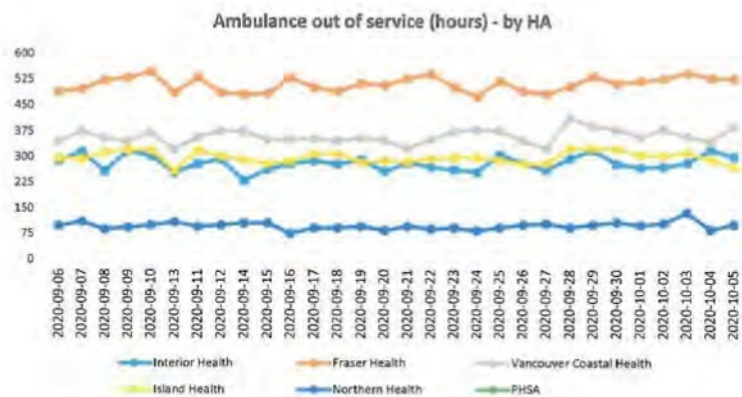
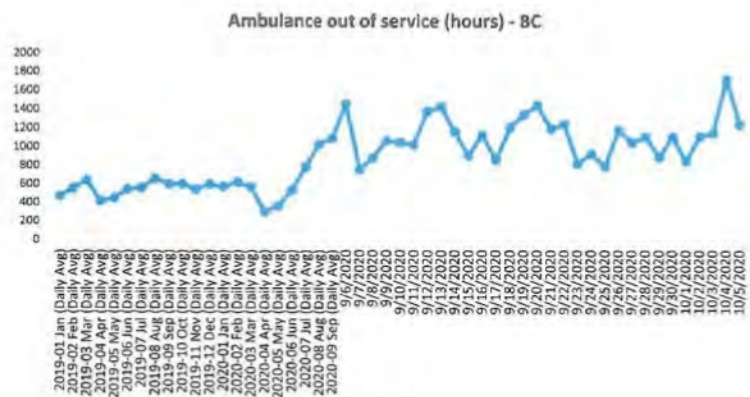
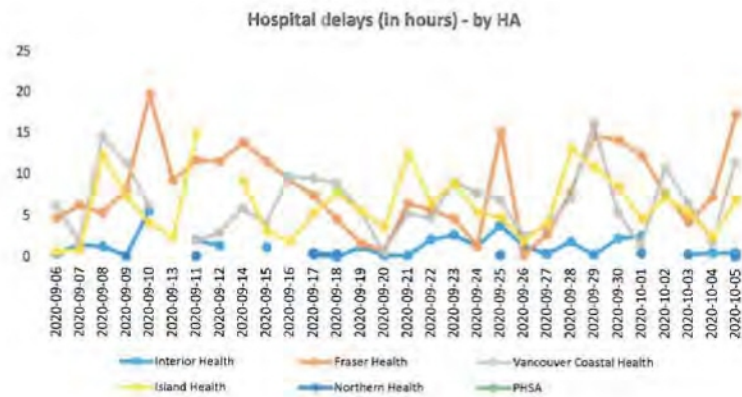
BCEHS implemented a mandatory COVID-19 screening tool in the paramedic patient care record system (SIREN) on Mar 12. It was based on early screening tools that used travel and exposure to infected people as the main consideration. The tool is still valid, but will be less effective with COVID-19 now being community spread.

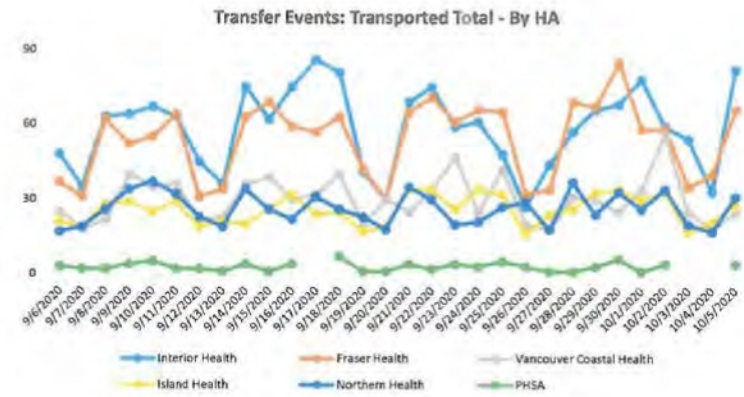
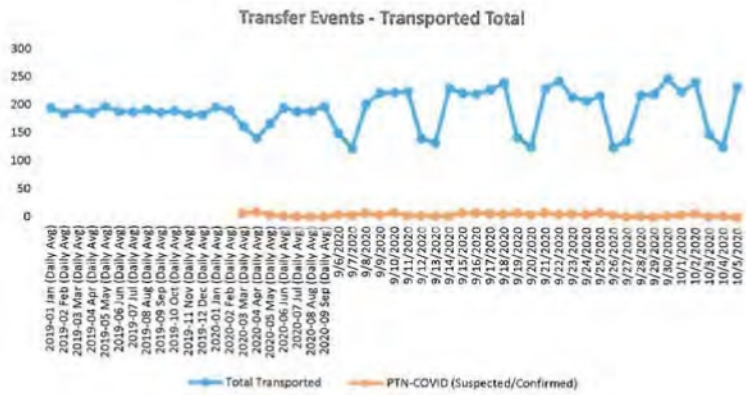
NOTE: Paramedics are not conducting any testing of patients for COVID, so again this is only symptom based.

Definition of Date reflects time range









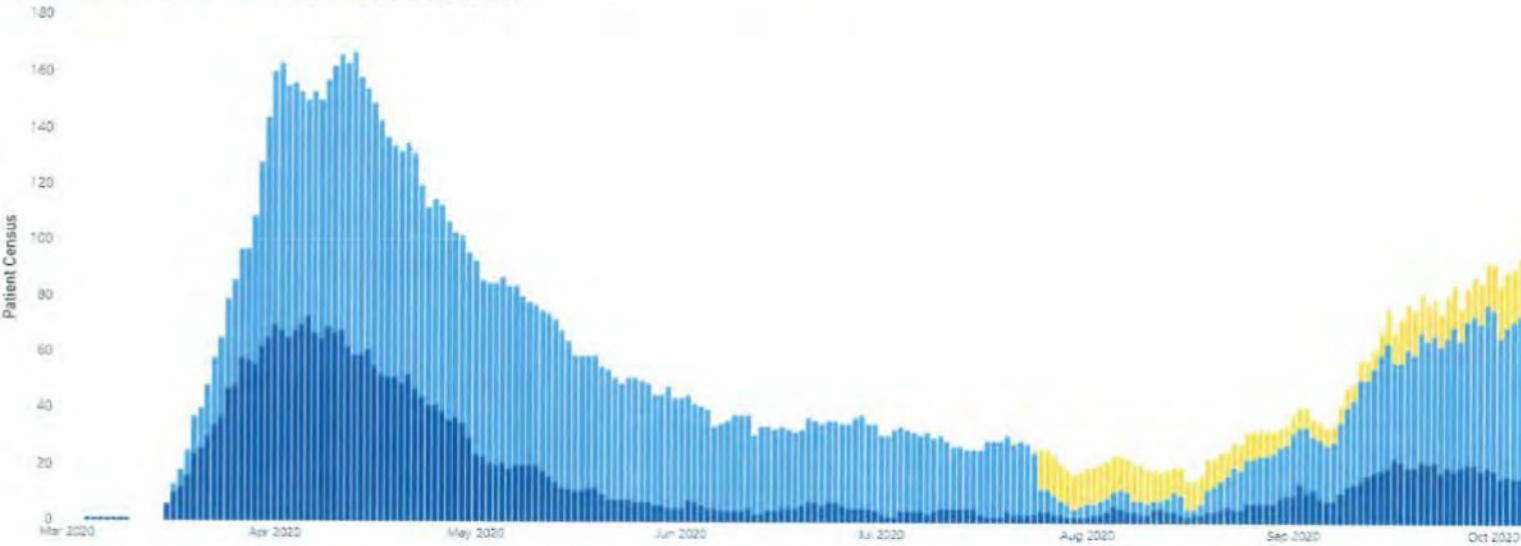
Provincial COVID-19 Hospitalizations Dashboard by Health Authority

	Sussex Health	Alameda Health	Vancouver Coastal Health	Providence Health Care	Stemed Health	Northern Health	PHSA	Province wide
COVID-19 Hospitalizations								
Total number of COVID patients in critical care	0	6	1	9	0	0	0	16
Total number of suspected COVID patients in critical care	2	0	0	0	0	0	0	2

COVID19 Hospitalizations

Health Authority
FHA IHA NHA PHC PHSA VCH VIHA

Care Level
Critical Care Non-Critical Care Discontinued isolation



Provincial COVID19 Monitoring Solution (PCMS)

Hospital Category
COVID (Pri/Sec) Non-COVID

Access & Flow

Health Authority
FHA NHA PHSA VIHA
IHA PHC VCH

Provincial COVID19 Monitoring Solution (PCMS)

Critical Care COVID Positive and Suspected Patient Census



Hospital Category

COVID (Pn/Sec)

Non-COVID

21 Septe... 22 Septe... 23 Septe... 24 Septe... 25 Septe... 26 Septe... 27 Septe... 28 Septe... 29 Septe... 30 Septe... 1 October 2 October 3 October 4 October 5 October

Discharge Greenhouse

Gold, Crystal HLTH:EX

From: Tang, Lydia HLTH:EX
Sent: October 6, 2020 11:03 AM
To: Bell, Carolyn P HLTH:EX; Poonam Rajappa; tony.bamford@fnha.ca; Everett, Kirsten F HLTH:EX; XT:Pica, Fernando HLTH:IN; XT:Simmers, Brian HLTH:IN; Brittany Deeter; 'april.macnaughton@fnha.ca'; XT:Liggett, Brenda HLTH:IN; 'melinda.mui@phsa.ca'; 'Dean.Chittock@vch.ca'; XT:HLTH De Croos, Mark; XT:Bayzand, Laurence EHS:IN; Schmid, Victoria; Danyluk, Quinn [FH]; Vowles, Wendy M HLTH:EX; XT:Bloemink, Karen HLTH:IN
Cc: Pokorny, Peter HLTH:EX; Mui, Melinda [PHSA]; Grant, Kristen L HLTH:EX; 'Speed, Kristal'
Subject: RE: Supply Chain/Logistics Meeting
Attachments: 2020 09 30 SC Log Com ROD.docx; 2020 10 02 SC Log Com ROD.docx; 2020 10 05 SC Log Com ROD.docx; 2020 10 07 SC Log Com Agenda.docx

Hi all,

Attached are the RODs from last week and the agenda for tomorrow's Supply Chain meeting. Please let me know if you have any items you would wish to add.

Cheers,
Lydia

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

From: Bell, Carolyn P HLTH:EX <Carolyn.Bell@gov.bc.ca>
Sent: July 27, 2020 11:41 AM
To: Bell, Carolyn P HLTH:EX; Poonam Rajappa; tony.bamford@fnha.ca; Everett, Kirsten F HLTH:EX; XT:Pica, Fernando HLTH:IN; XT:Simmers, Brian HLTH:IN; Brittany Deeter; 'april.macnaughton@fnha.ca'; XT:Liggett, Brenda HLTH:IN; 'melinda.mui@phsa.ca'; 'Dean.Chittock@vch.ca'; XT:HLTH De Croos, Mark; XT:Bayzand, Laurence EHS:IN; Schmid, Victoria; Danyluk, Quinn [FH]; Vowles, Wendy M HLTH:EX; XT:Bloemink, Karen HLTH:IN
Cc: Pokorny, Peter HLTH:EX; Mui, Melinda [PHSA]; Grant, Kristen L HLTH:EX; Tang, Lydia HLTH:EX; 'Speed, Kristal'
Subject: Supply Chain/Logistics Meeting
When: October 7, 2020 1:30 PM-2:00 PM (UTC-08:00) Pacific Time (US & Canada).
Where: Skype Meeting

July 27th update:

Going forward, this meeting will be scheduled from Carolyn Bell's calendar.

June 5th update:

This meeting series will continue as of June 8th on Monday, Wednesday and Fridays. Thank you

June 2 Update:

As discussed at yesterday's meeting, we have condensed the Supply Chain and Logistics Committee distribution list. Going forward, if you would like an alternate please contacts us, **do not forward this meeting invitation.**

Please refer to the SharePoint site below to access your Daily Dashboards.

<https://biportal.phsa.ca/reports/powerbi/SC/PHSA%20Supply%20Chain%20Dashboard/Supply%20Chain%20COVID19%20Dashboard>

Join Skype Meeting

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

Join by phone

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

[Find a local number](#)

Conference ID: s.15; s.17

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

Would like to discuss the “strategy” below and the role of attendees in this approach:

s.13

Supply Chain/Logistics Committee

Date: September 30, 2020
1:30 to 2 p.m.

Members				
<input type="checkbox"/> Brenda Liggett (FHA)	<input type="checkbox"/> April MacNaughton (FNHA)	<input type="checkbox"/> John Jinn (PHC)	<input type="checkbox"/> Victoria Schmidt (VIHA) Krystal for Victoria	<input checked="" type="checkbox"/> Carolyn Bell (MOH)
<input type="checkbox"/> Quinn Danyluck (FHA)	<input type="checkbox"/> Poonam Rajappa (FNHA)	<input type="checkbox"/> Brian Simmers (PHC)	<input type="checkbox"/> Dean Chittock (VCHA)	<input type="checkbox"/> Wendy Vowles (MOH)
<input checked="" type="checkbox"/> Tony Bamford (FNHA)	<input checked="" type="checkbox"/> Karen Bloemink (IHA)	<input checked="" type="checkbox"/> Melinda Mul (PHSA)	<input checked="" type="checkbox"/> Fernando Pica (VCHA) Maureen for Fernando	<input checked="" type="checkbox"/> Lydia Tang (MOH)
<input type="checkbox"/> Brittany Deeter (FNHA)	<input type="checkbox"/> Mark De Croos (NHA)	<input checked="" type="checkbox"/> Laurence Bayzand (PHSA) Reuben for Laurence	<input type="checkbox"/> Kirsten Everett (MOH)	<input checked="" type="checkbox"/> Kristen Grant (MOH)

September 30, 2020 Agenda

#	ITEM	LEAD	ACTION
1	Roll call	All	
2	Agenda Review, addition items and approval of meeting agenda, action items from last meeting	Carolyn	
3	MOH Update: <ul style="list-style-type: none"> -Stockpile planning <ul style="list-style-type: none"> • Ordered masks, gloves, gowns, equipment for next several months -PPE for physicians <ul style="list-style-type: none"> • Briefing Peter Pokorny on distribution -Provincial approach for Category 3 and 4 donations and equipment in HAs <ul style="list-style-type: none"> • Moving donations to EMBC – discussing legal agreements -Testing budget <ul style="list-style-type: none"> • Adding PHSA numbers to DBN -Ventilators <ul style="list-style-type: none"> • Working with Lexi Flatt • Ethical framework for ventilators • Karen to discuss with Carolyn 	Carolyn	
4	PHSA Update <ul style="list-style-type: none"> • Glove bulk purchase arriving 	Melinda	Nitrile gloves allocation for

	<ul style="list-style-type: none"> Some gloves currently in Category 3 that can be put to use, PDC Injection equipment arriving in Oct Recommending: all nitrile gloves on allocation for next 4-6 weeks as supply market is reviewed Appropriate use: use vinyl gloves instead of nitrile where possible 		discussion Friday
5	Allocation formula	Fernando	
6	KPMG supply sources and opportunities <ul style="list-style-type: none"> Continuing to source PPE that is not alternate PPE s.13; s.16 	Carolyn	
7	Wrap-up	All	

Allocation Table

#	ITEM	For allocation this week
s.17	N95 masks	Yes
	N95 masks	Yes
	S/M/L Nitrile Gloves	Yes
	1L Deb 807	Yes
	Needles Blunt Fill 18G X 1.5"	Yes
	Syringes 3ml LL without needles	Yes

Decisions

ITEM	Owner

Action Items and Issues Log

ITEM	Date	Action	Status
s.16	Sept. 2020	MoH to look into feasibility of request	Ongoing
Longer-term nitrile gloves allocation discussion	Sept. 2020	For discussion on Friday	Ongoing

Send out UK's PPE Strategy	Sept. 2020	Kristen to send	Complete
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Supply Chain/Logistics Committee

Date: October 2, 2020

1:30 to 2 p.m.

Members				
<input checked="" type="checkbox"/> Brenda Liggett (FHA)	<input type="checkbox"/> April MacNaughton (FNHA)	<input checked="" type="checkbox"/> John Jinn (PHC)	<input type="checkbox"/> Victoria Schmidt (VIHA) Krystal for Victoria	<input checked="" type="checkbox"/> Carolyn Bell (MOH)
<input type="checkbox"/> Quinn Danyluck (FHA)	<input type="checkbox"/> Poonam Rajappa (FNHA)	<input type="checkbox"/> Brian Simmers (PHC)	<input type="checkbox"/> Dean Chittock (VCHA)	<input type="checkbox"/> Wendy Vowles (MOH)
<input type="checkbox"/> Tony Bamford (FNHA)	<input type="checkbox"/> Karen Bloemink (IHA)	<input checked="" type="checkbox"/> Melinda Mui (PHSA)	<input type="checkbox"/> Fernando Pica (VCHA)	<input type="checkbox"/> Lydia Tang (MOH)
<input type="checkbox"/> Brittany Deeter (FNHA)	<input type="checkbox"/> Mark De Croos (NHA)	<input checked="" type="checkbox"/> Laurence Bayzand (PHSA) Reuben for Laurence	<input type="checkbox"/> Kirsten Everett (MOH)	<input checked="" type="checkbox"/> Kristen Grant (MOH)
<input checked="" type="checkbox"/> Craig Paynton (IHA)				

October 2, 2020 Agenda

#	ITEM	LEAD	ACTION
1	Roll call	All	
2	Agenda Review, addition items and approval of meeting agenda, action items from last meeting	Carolyn	
3	MOH Update	Carolyn	
4	PHSA Update	Melinda	
5	Allocation formula	Fernando	
6	Wrap-up	All	

Allocation Table

#	ITEM	For allocation this week
S.17	V95 masks	Yes
	N95 masks	Yes
	S/M/L Nitrile Gloves	Yes
	1L Deb 807	Yes
	Needles Blunt Fill 18G X 1.5"	Yes
	Syringes 3ml LL without needles	Yes

Decisions

ITEM	Owner

Action Items and Issues Log

ITEM	Date	Action	Status
Longer-term nitrile gloves to stay on allocation until confident in supply; formula to stay as is	Oct 2, 2020	none	Complete
NHA alternate representative	Oct 2, 2020	Kristen to reach out to NHA	Ongoing
November 1-7 Immunization week with flu vaccine campaign	Oct 2, 2020	None	Complete
Masking, acute care, GP and ED PPE guidelines in next 3 weeks	Oct 2, 2020	MoH to update committee	Ongoing
GP PPE distribution solution mid-late Nov (FHA MOU with distributor expires end of month)	Oct 2, 2020	MoH to connect with PHSA	Ongoing
Testing to take over from Labs Oct 12	Oct 2, 2020	PHSA to write BN to move forward	Ongoing
S.16	Sept. 2020	MoH to look into feasibility of request	Complete
Longer-term nitrile gloves allocation discussion	Sept. 2020	For discussion on Friday	Complete

Supply Chain/Logistics Committee

Date: October 5, 2020

1:30 to 2 p.m.

Members				
<input checked="" type="checkbox"/> Brenda Liggett (FHA)	<input type="checkbox"/> April MacNaughton (FNHA)	<input checked="" type="checkbox"/> John Jinn (PHC)	<input checked="" type="checkbox"/> Victoria Schmidt (VIHA) Krystal for Victoria	<input checked="" type="checkbox"/> Carolyn Bell (MOH)
<input checked="" type="checkbox"/> Quinn Danyluck (FHA)	<input type="checkbox"/> Poonam Rajappa (FNHA)	<input type="checkbox"/> Brian Simmers (PHC)	<input type="checkbox"/> Dean Chittock (VCHA)	<input checked="" type="checkbox"/> Wendy Vowles (MOH)
<input checked="" type="checkbox"/> Tony Bamford (FNHA)	<input type="checkbox"/> Karen Bloemink (IHA)	<input checked="" type="checkbox"/> Melinda Mui (PHSA)	<input checked="" type="checkbox"/> Fernando Pica (VCHA)	<input checked="" type="checkbox"/> Lydia Tang (MOH)
<input type="checkbox"/> Brittany Deeter (FNHA)	<input checked="" type="checkbox"/> Craig Paynton (IHA)	<input checked="" type="checkbox"/> Laurence Bayzand (PHSA)	<input type="checkbox"/> Kirsten Everett (MOH)	<input checked="" type="checkbox"/> Kristen Grant (MOH)
<input type="checkbox"/> Mark De Croos (NHA)				

October 5, 2020 Agenda

#	ITEM	LEAD	ACTION
1	Roll call	All	
2	Agenda Review, addition items and approval of meeting agenda, action items from last meeting	Carolyn	
3	MOH Update -PPE for physicians <ul style="list-style-type: none"> • Closer to having PPE distribution solution • Flow through CITZ, assist physicians if needed • Budget for PHSA on testing capacity established. Journal Voucher (JV) process if needed • Binder on deliverables for new government, includes updates on PPE for physicians, cumulative expenditure, usage, testing capacity • Logistics strategy upcoming, may need to look at different economic sectors 	Carolyn	Next Monday for discussion
4	PHSA Update <ul style="list-style-type: none"> • All HAs have decided on hand sanitizer holder. ~15,000 units ordered for end of Oct • Nitrile gloves DOH improving, more incoming. Remains on allocation 	Melinda	

	<ul style="list-style-type: none"> • Injection equipment on schedule • Discussing items that may be on allocation for a while 		
5	Allocation formula	Fernando	Kristen to follow up with Fernando
6	Wrap-up	All	

Allocation Table

#	ITEM	For allocation this week
s.17	N95 masks	Yes
	N95 masks	Yes
	S/M/L Nitrile Gloves	Yes
	1L Deb 807	Yes
	Needles Blunt Fill 18G X 1.5"	Yes
	Syringes 3ml LL without needles	Yes

Decisions

ITEM	Owner

Action Items and Issues Log

ITEM	Date	Action	Status
Invite Ted to Supply Chain for updates	Oct 5, 2020	Wendy to contact Ted	Ongoing
NHA alternate representative	Oct 2, 2020	Kristen to reach out to NHA	Complete
Masking, acute care, GP and ED PPE guidelines in next 3 weeks	Oct 2, 2020	MoH to update committee	Ongoing
GP PPE distribution solution mid-late Nov (FHA MOU with distributor expires end of month)	Oct 2, 2020	MoH to connect with PHSA	Ongoing
Testing to take over from Labs Oct 12	Oct 2, 2020	PHSA to write BN to move forward	Ongoing

Supply Chain/Logistics Committee

Date: October 7, 2020

1:30 to 2 p.m.

Members				
<input type="checkbox"/> Brenda Liggett (FHA)	<input type="checkbox"/> April MacNaughton (FNHA)	<input type="checkbox"/> John Jinn (PHC)	<input type="checkbox"/> Victoria Schmidt (VIHA) Krystal for Victoria	<input type="checkbox"/> Carolyn Bell (MOH)
<input type="checkbox"/> Quinn Danyluck (FHA)	<input type="checkbox"/> Poonam Rajappa (FNHA)	<input type="checkbox"/> Brian Simmers (PHC)	<input type="checkbox"/> Dean Chittock (VCHA)	<input type="checkbox"/> Wendy Vowles (MOH)
<input type="checkbox"/> Tony Bamford (FNHA)	<input type="checkbox"/> Karen Bloemink (IHA)	<input type="checkbox"/> Melinda Mui (PHSA)	<input type="checkbox"/> Fernando Pica (VCHA)	<input type="checkbox"/> Lydia Tang (MOH)
<input type="checkbox"/> Brittany Deeter (FNHA)	<input type="checkbox"/> Craig Paynton (IHA)	<input type="checkbox"/> Laurence Bayzand (PHSA)	<input type="checkbox"/> Kirsten Everett (MOH)	<input type="checkbox"/> Kristen Grant (MOH)
<input type="checkbox"/> Mark De Croos (NHA)				

October 5, 2020 Agenda

#	ITEM	LEAD	ACTION
1	Roll call	All	
2	Agenda Review, addition items and approval of meeting agenda, action items from last meeting	Carolyn	
3	MOH Update -PPE for physicians	Carolyn	
4	PHSA Update	Melinda	
5	Allocation formula	Fernando	
6	Wrap-up	All	

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Testing to take over from Labs Oct 12	Oct 2, 2020	PHSA to write BN to move forward	Ongoing

Gold, Crystal HLTH:EX

From: Corneil, Trevor HLTH:EX
Sent: October 6, 2020 12:18 PM
To: Brown, Stephen R HLTH:EX; Rongve, Ian HLTH:EX; Byres, David W HLTH:EX; Byres, David W HLTH:EX; Collins, Teri HLTH:EX; Pokorny, Peter HLTH:EX
Subject: FW: Oct 6th 2020 COVID Update - HA case and outbreak tallies
Attachments: Oct 6th 2020 COVID Update - HA case and outbreak tallies

From: HLTH COVID CRHEM HLTH:EX
Sent: October 6, 2020 1:22 PM
To: Brown, Stephen R HLTH:EX; Pokorny, Peter HLTH:EX; Moulton, Holly HLTH:EX
Cc: Prevost, Jean-Marc GCPE:EX; Henry, Bonnie HLTH:EX; Lawrie, Hannah GCPE:EX; 'nicola@nlkstrategies.ca'; Rongve, Ian HLTH:EX; Vandermolen, Chad HLTH:EX; Wright, Martin P HLTH:EX; Collins, Teri HLTH:EX; Smith, Paula GCPE:EX; Walsh, Sara M HLTH:EX; May, Stephen GCPE:EX
Subject: COVID Update October 6
Attachments: Oct 6 Daily COVID-19 Report.docx

Good afternoon,

Attached please find today's COVID update.

Thank you.



COVID Response and Health Emergency Management Division
Ministry of Health

Email: COVID.CRHEM@gov.bc.ca

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Oct 6, 2020

Daily COVID-19 Report

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Contents

Case Counts (as of Oct 6/10:00)	2
Epi-Linked Probable Cases (as of Oct 6/10:00)	4
Long Term Care / Assisted Living / Independent Living / Facilities (as of Oct 5/10:00)	5
Testing Inclusive of Community Assessment Sites (as of Oct 5/23:59)	11
BCCDC Population Health Survey "Your Story, Our Future" (as of June 1/10:30am)	11
International Arrivals (as of Oct 5/23:59)	13
Occupancy Rates & ED Visits (as of Oct 5/23:59)	14
Emergency Department Visits (as of Oct 5/23:59)	15
BC Emergency Health Services Influenza Like Illness (ILI) Calls (as of Oct 5/23:59)	16
BC Emergency Health Services Total Call Volumes (as of Oct 5/23:59)	16
8-1-1 Data (as of Oct 5/23:59)	17
Self Assessment Tool - BCCDC.com (as of Oct 5/23:59)	18
BC COVID19 APP (as of Oct 5/23:59)	19
Virtual Health Usage (Zoom and Intouch Tools) (as of Sept 27/23:59)*	19
Home Health Monitoring (as of Oct 5/14:53)	20
1-888-COVID19 (as of Oct 5/23:59)	20
Chat Bot / Digital Assistant (as of Oct 5/17:00)	21
BC 2-1-1 Referral Line (as of Oct 5/23:59)	22
Temporary Emergency Registrants (as of Oct 2/11:30)	23
PHO Orders	26

Case Counts (as of Oct 6/10:00)

Total Cases (lab confirmed and lab probable)	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
9,665 (↑102)	102	8,184 (↑69)	71 (↑5)	16	8	244 (↑2)

FHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
4,971 (↑58)	58	4,030 (↑32)	34 (↑3)	6	4	113

IHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
525 (↑9*)	8	529 (↑2)	2	0	0	2

VIHA:

Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
217 (↑1)	1	204	0	0	0	6

* One epi-linked case became lab confirmed (1 IHA)

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NHA:						
Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
299 (↑1 [*])	2	305 (↑5)	1 (↑1)	1 (↑1)	0	3

VCHA:						
Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
3,564 (↑32)	32	3,035 (↑30)	32 (↑1)	9 (↓1)	4	120 (↑2)

Out of Canada:						
Total Cases	New Cases (last 24 hrs, incl. Epi)	Recovered Cases	Currently in Hospital	Currently in ICU (and HAU)	Mechanical Ventilated (MV)	Deaths
89 (↑1)	1	81	2			0

* The remaining cases is epi-linked (1 NHA).

Epi-Linked Probable Cases (as of Oct 6/10:00)

Date	Total Cases, inclusive of Epi-linked Cases
Oct 6	9,841 (↑102)

Total Epi-linked Cases by Region							
Date	FHA	IHA	VIHA	NHA	VCH	Out of Canada*	Total
Oct 6	67	31 (↓1)	4	25 (↑1)	48	1	176
Oct 5	67 (↑4)	32 (↑3)	4	24 (↓1)	48 (↑1)	1	176 (↑7)
Oct 2	63 (↑1)	29	4	25 (↑1)	47	1	169 (↑2)
Oct 1	62	29 (↑1)	4	24	47	1	167 (↑1)
Sept 30	62 (↑1)	28	4	24 (↓1)	47 (↓1)	1	166 (↓1)
Sept 29	61 (↑1)	28	4	25 (↑1)	48 (↑1)	1	167 (↑3)
Sept 28	60 (↑3)	28 (↑1)	4	24 (↑3)	47 (↑3)	1	164 (↑10)
Sept 25	57	27	4	21 (↑1)	44	1	154 (↑1)
Sept 24	57 (↑3)	27	4	20 (↑2)	44 (↑7)	1	153 (↑12)
Sept 23	54 (↑3)	27	4	18 (↑1)	37 (↑1)	1	141 (↑5)

* Section contains non-residents (e.g., temporary foreign workers, or travelers) who were Epi-linked or have been provided an epi-probable diagnosis of COVID-19 while in BC.

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Long Term Care / Assisted Living / Independent Living / Facilities (as of Oct 5/10:00)

Total Cases:

Reported Outbreaks

- No new outbreaks have been reported since yesterday.
- No outbreaks have been declared over since yesterday.
- There are currently 22 active outbreaks.
- There have been 109 total outbreaks reported since January 1, 2020.

Outbreaks in Care Facilities

- 89 were reported in care facilities (59 LTCF, 18 acute, 5 independent living, 5 assisted living, 1 other residential facility, 1 group home).
 - 19 are currently active.
 - No new outbreaks have been reported since yesterday.
 - No outbreaks have been declared over since yesterday.
 - Total outbreaks:
 - 57 in FHA, 30 in VCH, 2 in IHA
 - 70 have been declared over (42 FHA, 26 VCH, 2 IHA).
 - Total cases:
 - 892 (↑16) cases (524 (↑7) residents and 368 (↑9) staff/other) and 174 (↑1) deaths (all in residents)
 - 16 new cases (7 residents and 9 staff/other), and 1 new death since yesterday
 - 1 new case (staff/other) has been added to an outbreak previously declared over

Outbreaks in Other Settings

- 20 outbreaks were reported in other settings (11 workplaces, 3 workplace/communal living, 3 correctional facilities, 1 conference, 1 shelter, 1 religious institution).
 - 3 are currently active.
 - No new outbreaks have been reported since yesterday
 - No outbreaks have been declared over since yesterday
 - 11 in FHA, 5 in IHA, 1 VCH, 3 Provincial
 - 17 have been declared over (10 FHA, 4 IHA, 1 VCH, 2 Provincial).
 - Total cases:
 - 544 (↑4) cases (122 residents and 422 (↑4) staff/other) and 2 deaths (1 resident and 1 staff/other)
 - 4 new cases (all staff/other) and no new deaths since yesterday.

Provincial/Interprovincial Outbreaks:

Provincial/Interprovincial Outbreaks		
Facility Name	Total Confirmed Cases	Total Deaths
Teck Coal Mine	1	0

Provincial/Interprovincial Outbreaks - Declared Over		
Facility Name	Total Confirmed Cases	Total Deaths
1. Pacific Dental Conference	87 Staff/Other	1
2. Kears Lake, Workplace/Communal Living	28 Staff/Other	0

Individual Facilities VCHA:

VCHA: Long Term Care / Assisted Living / Independent Living						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Point Grey Hospital, LTCF	15	7 (↑1)	7	0	22	7 (↑1)
2. St. Paul's Hospital 8A	1	0	5	0	6	0
3. Banfield Pavilion – 4 th Floor West	0	0	1	0	1	0
4. Holy Family Hospital, Neighbourhood 1 and 2	0	0	1	0	1	0
5. Haro Park Centre, entire facility, LTCF	12	0	5 (↑1)	0	17 (↑1)	0

VCHA: Acute Sites						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

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VCHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Arbutus Care Centre, LTCF	0	0	1	0	1	0
2. Richmond Lions Manor – Bridgeport LTCF	0	0	1	0	1	0
3. Joseph & Rosalie Segal Family Health Centre	0	0	2	0	2	0
4. South Granville Park Lodge, LTCF	9	2	9	0	18	2
5. German Canadian Benevolent Society Home, LTCF ^a	0	0	1	0	1	0
6. Little Mountain, LTCF	0	0	1	0	1	0
7. Inglewood, LTCF	0	0	1	0	1	0
8. Villa Cathay, LTCF	0	0	1	0	1	0
9. Hollyburn House, LTCF	1	0	0	0	1	0
10. Central City Lodge, LTCF	0	0	1	0	1	0
11. Lynn Valley, LTCF	53	20	26	0	79	20
12. Windermere Care Centre, LTCF	2	1	12	0	14	1
13. Lions Gate Hospital (6E & NCU/7E), Acute ^b	15	8	13	0	28	8
14. Richmond Hospital (2S)	4	2	2	0	6	2
15. Haro Park, LTCF	55	13	34	0	89	13
16. Evergreen House, LTCF	0	0	1	0	1	0
17. Amica Edgemont, LTCF	9	3	10	0	19	3
18. Royal Arch Masonic Home, LTCF	26	12	11	0	37	12
19. Berkley Care Centre, LTCF	12	5	13	0	25	5
20. St. Paul's Hospital, NICU	0	0	0	0	0	0
21. Holy Family Hospital	53	21	35	0	88	21
22. Holy Family Hospital, Neighborhood 2 – LTCF	0	0	1	0	1	0
23. Royal Arch Masonic Home 2, LTCF	0	0	1	0	1	0
24. OPAL by Element, LTCF	0	0	1	0	1	0
25. Yaletown House, LTCF	0	0	1	0	1	0

^a Previously reported as "German Canadian House"

^b Previously reported as "Lions Gate Hospital (Unit 6 East)"

VCHA: Other Shared Living / Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
No New Facilities	-	-

Individual Facilities FHA:

FHA: Long Term Care / Assisted Living / Independent Living/ Acquired Brain Injury Unit						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Evergreen Hamlets - LTCF	0	0	1	0	1	0
2. New Vista Care Centre	26	11	18	0	44	11
3. Cherington Place	7	3	5	0	12	3
4. Kin Village	3	1	1	0	4	1
5. Rideau Retirement Centre – LTCF	1	0	0	0	1	0
6. Milieu Children and Family Services Society	6	0	13	0	19	0
7. Harrison West at Elm Village	0	0	1	0	1	0
8. Thornebridge Gardens	3 (↑1)	0	3	0	6 (↑1)	0
9. George Derby Centre 2	0	0	1	0	1	0
10. Chartwell Crescent Gardens, LTCF	0	0	1	0	1	0
11. Langley Lodge 3, LTCF	0	0	1	0	1	0
12. White Rock Seniors Village, LTCF	0	0	1	0	1	0
13. Peace Portal Seniors Village, LTCF	8 (↑5)	0	1	0	9 (↑5)	0

FHA: Acute Sites						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
1. Delta Hospital 2S and 2N ^b	17	6	15 (↑7)	0	32 (↑7)	6
2. Peace Arch Hospital-5N	1	0	0	0	1	0
3. Surrey Memorial hospital -SW	2 (↑1)	0	0	0	2 (↑1)	0

^b Previously referred to as "Delta Hospital-2S"

FHA: Correctional Facilities						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

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FHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed	Total Deaths
1. Mission Memorial Hospital – MM-2S	9	1	5	0	14	1
2. Langley Memorial Hospital long term care – Maple Hill	1	1	2	0	3	1
3. Tabor Home	1	1	0	0	1	1
4. Langley Lodge, LTCF	51	26	16	0	67	26
5. New World Technologies	0	0	3	0	3	0
6. Valhaven, LTCF	3	1	6	0	9	1
7. Maersk Co Distributing	0	0	2	0	2	0
8. Nature's Touch Frozen Fruits	0	0	5	0	5	0
9. Oppenheimer Group	0	0	4	0	4	0
10. Delta View, LTCF	0	0	1	0	1	0
11. Evergreen Heights Complex, Assisted Living	1	0	0	0	1	0
12. The Harrison at Elim Village, LTCF	0	0	1	0	1	0
13. Shaughnessy Care Center, LTCF	1	1	2	0	3	1
14. Amica Retirement Home, LTCF (White Rock)	0	0	1	0	1	0
15. Langley Lodge, LTCF	0	0	1	0	1	0
16. Langley Gardens, LTCF	3	0	3	0	6	0
17. Guildford Seniors Village, LTCF	0	0	1	0	1	0
18. MSA Manor, LTCF	0	0	1	0	1	0
19. Swedish Canadian Manor, Assisted Living	11	3	2	0	13	3
20. Cedarbrook Chateau, Independent Living	3	0	2	0	5	0
21. Ridge Meadows Hospital (Medicine unit 3N), Acute	11	4	1	0	12	4
22. MSA (Rehab Unit WP1W), Acute (includes Worthington Pavilion)	10	4	6	0	16	4
23. Dufferin Care Centre, LTCF	14	4	8	0	22	4
24. Ridge Meadows Hospital (Rehab AM)	7	2	5	0	12	2
25. Ridge Meadows Hospital (Unit 3W)	3	1	0	0	3	1
26. United Poultry ^a	0	0	36	0	36	0
27. Mission Institution Medium Security Correctional Facility	121	1	13	0	134	1
28. Residence at Clayton Heights, Acquired Brain Injury Unit	3	2	2	0	5	2
29. Chartwell Willow, LTCF	15	2	5	0	20	2
30. Eden Care Centre, LTCF	8	1	0	0	8	1
31. Abbotsford Regional Hospital AB-4YICU & AB-4YHAU	1	0	10	0	11	0
32. Worthington Pavilion, LTCF	2	1	5	0	7	1
33. The Cedars in Mission, ALF	1	0	0	0	1	0
34. New Vista Society, LTCF	5	1	1	0	6	1
35. Superior Poultry	0	0	61	0	61	0
36. Fraser Valley Specialty Poultry	0	0	7	0	7	0
37. Beresford Warming Centre	0	0	3	0	3	0
38. Nicola Lodge	1	0	0	0	1	0
39. Fraser Valley Packers	0	0	81	0	81	0
40. Dania Home – Long Term Care Facility	0	0	1	0	1	0
41. Maple Ridge Seniors Village – LTCF	0	0	1	0	1	0
42. Langley Memorial Hospital - 2N	2	0	0	0	2	0
43. Derby Manor – Independent Living	0	0	1	0	1	0

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Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Confirmed Cases	Deaths
44. George Derby Centre	3	1	4	0	7	1
45. Czorny Alzheimer's Centre	0	0	1	0	1	0
46. MSA Manor 2	1	0	0	0	1	0
47. Queen's Park 3C-NMSK, Acute Care	9	1	1	0	10	1
48. Bear Creek Villa	1	0	0	0	1	0
49. Normanna – LTCF	0	0	1	0	0	0
50. Loblaw's Warehouse	0	0	20	0	20	0
51. Surrey Memorial Hospital – SM-T72	2	1	2	0	4	1
52. Burnaby Hospital BH-3C	1	0	5	0	6	0

* Three of these cases live in Fraser Health and are reported under Fraser Health Totals.

FHA: Other Shared Living / Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
1. MSJ Distribution at Valhalla Distribution	30 Staff/other (↑3)	0

Individual Facilities IHA:

IHA: Long Term Care / Assisted Living / Independent Living						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time	-	-	-	-	-	-

IHA: Correctional Facilities						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths
None at this time						

IHA: Other Shared Living/ Workplace		
Facility Name	Total Confirmed Cases	Total Deaths
Calvary Chapel Church	7 staff/other (↑1)	-

IHA: The outbreaks in the following facilities have been declared over						
Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Total Confirmed Cases	Total Deaths

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1. Krazy Cherry Farm	0	0	4	0	4	0
2. Okanagan Correctional Centre High Security	1	0	0	0	1	0
3. Kootenay Street Village	0	0	1	0	1	0
4. Hawthorn Park/Orchard Manor, LTCF	0	0	1	0	1	0

Facility Name	Residents		Staff		Totals	
	Confirmed Cases	Deaths	Confirmed Cases	Deaths	Confirmed Cases	Deaths
5. Byland Nursery, Workplace/Communal living	0	0	23	0	23	0
6. Okanagan Correctional Centre 2	0	0	7	0	7	0

Testing Inclusive of Community Assessment Sites (as of Oct 5/23:59)

Total Patient Tests Completed	Tested Negative	Tested Positive *	Patient Samples Pending	Projected Testing Capacity for Today
608,645 (↑8,202)	598,980 (↑8,100)	9,665 (↑102)	5,156 (↑1,113)	12,635 (↑476)

* Reported positive test numbers are relative to the number of lab-confirmed case counts each day and do not include individuals who test positive multiple times.

† Total tests completed includes tests with invalid lab codes (failed tests, distinct from indeterminate tests which are weak positives). The change in total tests from day-to-day only includes valid tests and these numbers are reflected on the BCCDC Dashboard website. Changes for Monday Oct 4, 2020 data reflects total increase since Friday's BCCDC data.

BCCDC Population Health Survey "Your Story, Our Future" (as of June 1/10:30am)

This survey is now closed. No further submissions will occur.

Date	Surveys Completed to Date
------	---------------------------

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June 1	356,196
May 30	n/a
May 29	n/a
May 28	n/a
May 27	328,618
May 25	313,350
May 23	305,000
May 22	n/a

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International Arrivals (as of Oct 5/23:59)

Arrivals by Method			
Description	Sept 28 – Oct 4	Previous Week's Total	YTD April 10 – Oct 4
Total Air Arrivals	5,070	4,774	100,403
Total Land Passengers	1,215	1,153	60,748
Total Marine Crossings	-	10	208
Total Unknown Entry Point	133	139	2,805
Total Arrivals	6,418 (↑342)	6,076	164,164

Self Isolation Plan			
Description	Daily Total	Previous 24 hours	YTD Since April 10
SI Plan No Support Required	63	54	29,558
SI Plan Support Required	2	2	10,185
Total Registered¹	65 (↑9)	56	39,743

¹SI Plans as of April 11th including the future travel registered plans. One SI Plan is completed for each family/group travelling. Does not include April 8-11th as those are from interim process and are being cleaned up and reconciled. Support required indicates support for accommodation and supplies (medication, groceries, etc.).

Accommodations Required*			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Currently in Provincial YVR Accommodation	-	-	109
Currently in Provincial Land Accommodation (Canadian Red Cross)	-	-	45
Total Provided Accommodation	-	-	154

*Tracking and reporting accommodations has moved to the Federal Government of Canada and is not being updated on the Daily Minister's Report at this time. Efforts are being made to collect accommodations data for future reporting.

Follow-Up Calls			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Calls Confirmed SI plan being followed	106	-	100,782
Call not answered	862	-	89,566
Referred to 811/APP	3	-	349
Referred to PSSG	5	-	8,572
Referred to Tier 2 for follow-up	17	-	14,441
Total Citizen Calls²	1,708	-	193,957

² The Total Citizen Calls is a direct count from the Service BC system. The total is not a sum of the other rows; as an example, a referral to 811 can be a Confirmed SI plan call and a tier 2 call at the same time.

Temporary Foreign Workers			
Description	Daily Total	Previous 24 hours	YTD Since April 10
Total Temporary Foreign Workers	4 (↑3)	1	4,614

Occupancy Rates & ED Visits (as of Oct 5/23:59)

	Pre-COVID-19 Response Occupancy Rate (Dec 12 2019)	Current Occupancy Rate Snapshot	Change in Occupancy Rate	Total Vacant Beds*	Total Beds	Total Adult Critical Care Beds	Adult Critical Care Bed Occupancy Rate	Total Vacant Adult Critical Care Beds	ED Visits (past 24 hours)
IHA ^a	102.9%	94.1%	-8.8%	85	1,445	84	84.5%	13	1,422
FHA	106.9%	60.8%	-46.1%	1,536	3,918	268	44.0%	150	1,943
VCHA	100.5%	83.4%	-17.1%	389	2,343	184	70.7%	54	1,066
VIHA	106.6%	91.2%	-15.4%	167	1,901	73	84.9%	11	1,154
NHA	105.0%	64.0%	-41.0%	308	855	58	39.7%	35	606
PHSA	73.8%	60.1%	-13.7%	280	701	28	32.1%	19	95
BC Total	103.5%	75.2%	-28.3%	2,765 (↓214)	11,163	695	59.4% (↑4.0)	282 (↓28)	6,286 (↑724)
Previous Totals									
Oct 3	103.5%	73.3% (↓0.5%)	-30.2%	2,979 (↑49)	11,163	695	55.4% (↓1.9)	310 (↑13)	5,562 (↓445)
Oct 2	103.5%	73.8% (↓1.9%)	-29.7%	2,930 (↑219)	11,163	695	57.3% (↑1.0%)	297 (↓7)	6,007 (↓116)
Oct 1	103.5%	75.7% (↓0.2%)	-27.8%	2,711 (↑21)	11,163	695	56.3% (↓1.5%)	304 (↑11)	5,891 (↑64)
Sept 30	103.5%	75.9% (↓1.3%)	-27.6%	2,690 (↑148)	11,163	695	57.8% (↑0.2%)	293 (↓2)	5,827 (↓126)
Sept 29	103.5%	77.2% (↑1.2%)	-26.3%	2,542 (↓140)	11,163	695	57.6% (↑1.2%)	295 (↓8)	5,953 (↓109)
Sept 28	103.5%	76.0% (↑1.5%)	-27.5%	2,682 (↓168)	11,163	695	56.4% (↑2.3%)	303 (↓16)	6,062 (↑716)
Sept 27	103.5%	74.5% (↑0.2%)	-29.0%	2,850 (↓21)	11,163	695	54.1% (↓2.2%)	319 (↑15)	5,346 (↓498)
Sept 25	103.5%	74.3% (↓2.6%)	-29.2%	2,871 (↑291)	11,163	695	56.3% (↓1.4%)	304 (↑10)	5,844 (↑301)
Sept 24	103.5%	76.9% (↓0.2)	-26.6%	2,580 (↑25)	11,163	695	57.7% (↑0.9%)	294 (↓6)	5,543 (↓16)

*Excludes Critical Care NICU Bassinets

^a 6 Critical Care beds in IHA are currently counted as ICU/HAU, however they can only function as HAU and cannot function as ICU

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Current Neonatal Bassinet Occupancy Rate			
Health Authority	Total Critical Care Bassinets	Critical Care Bassinets Occupancy Rate	Total Vacant Critical Care Bassinets
IHA	14	71.4%	4
FHA	112	53.6%	52
VCHA	21	52.4%	10
VIHA	31	71.0%	9
NHA	8	112.5%	-1
PHSA	70	80.0%	14
BC Total	256	65.6%	88 (↓1)
Previous Totals			
Oct 3	256	65.2%	89 (↑1)
Oct 2	256	65.6%	88 (↓7)
Oct 1	256	62.9%	95 (↑2)
Sept 30	256	63.7%	93 (↓1)
Sept 29	256	63.3%	94 (↓1)
Sept 28	256	62.9%	95 (↑2)
Sept 27	256	63.7%	93 (↑11)
Sept 25	256	68.0%	82 (↓3)
Sept 24	256	66.8%	85 (↓3)

Emergency Department Visits (as of Oct 5/23:59)

Emergency Department Visits, March 9 and Oct 5, by Health Authority			
Health Authority	09-Mar	5-Oct	% Change
IHA	1,388	1,422	2.4%
FHA	2,092	1,943	-7.1%
VCHA	1,227	1,066	-13.1%
VIHA	964	1,154	19.7%
NHA	733	606	-17.3%
PHSA	155	95	-38.7%
Total	6,559	6,286	-4.2%

BC Emergency Health Services Influenza Like Illness (ILI) Calls (as of Oct 5/23:59)

ILI Events						
Date	FHA	IHA	NHA	VCHA	VIHA	TOTAL ILI
Oct 5	59	30	7	40	23	159 (↓26)
Oct 4	66	35	10	42	32	185 (↑25)
Oct 3	53	22	20	33	32	160 (↓18)
Oct 2	59	30	11	46	32	178 (↓14)
Oct 1	69	28	11	44	40	192 (↑47)
Sept 30	48	24	11	32	30	145 (↓11)
Sept 29	44	29	13	37	33	156 (↓32)
Sept 28	67	30	11	50	30	188 (↑24)
Sept 27	55	29	9	40	31	164 (↑20)
Sept 26	49	30	11	28	26	144 (↓13)
Average Pre-COVID-19 ILI Events was ~6 events/week across BC						

BC Emergency Health Services Total Call Volumes (as of Oct 5/23:59)

Provincial Call Volumes for BCEHS						
Date	IHA	FHA	VCHA	VIHA	NHA	TOTAL
Oct 5	302	528	388	272	103	1,593 (↑17)
Oct 4	321	529	346	292	88	1,576 (↓64)
Oct 3	283	545	360	314	138	1,640 (↑48)
Oct 2	272	527	381	305	107	1,592 (↑36)
Oct 1	270	521	358	305	101	1,556 (↓52)
Sept 30	280	513	382	324	109	1,608 (↓65)
Sept 29	320	534	391	326	102	1,673 (↑38)
Sept 28	296	505	414	326	94	1,635 (↑176)
Sept 27	263	484	325	282	105	1,459 (↓42)
Sept 26	281	491	348	279	102	1,501 (↓87)
Average Pre-COVID (Mar 2019) BCEHS Call Volume: 1,540/day						

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8-1-1 Data (as of Oct 5/23:59)

Date	Calls Received	Calls Answered	Abandon Rate %	Average Wait (mins)	Max Wait of Answered (mins)	Average Handle Time (mins)
Oct 5	5,827 (↑1,763)	3,452 (↑854)	40.8%	14.2	58.2	3.2
Oct 4	4,064 (↑817)	2,598 (↓233)	36.1%	14.9	86.6	3.4
Oct 3	3,247 (↓1,055)	2,831 (↓168)	12.8%	3.4	20.4	3.2
Oct 2	4,302 (↑192)	2,999 (↑499)	30.30%	9.5	45.6	3.1
Oct 1	4,110 (↓551)	3,498 (↑356)	14.9%	4.0	40.9	3.2
Sept 30	4,661 (↓317)	3,142 (↓308)	32.6%	10.8	44.3	3.6
Sept 29	4,978 (↓730)	3,450 (↓204)	30.7%	9.8	42.0	3.8
Sept 28	5,708 (↑1,736)	3,654 (↑963)	36.0%	12.9	51.9	3.6
Sept 27	3,972 (↑522)	2,691 (↑337)	32.3%	14.2	68.6	3.4
Sept 26	3,450 (↓570)	2,354 (↓519)	31.8%	10.9	105.9	3.4
Pre-COVID-19 call volume was 1,250/day						

The total calls received compared to COVID-19 specific calls are as follows:

- October 5-2020 of the 5,827 calls received, 3,756 were COVID-19 related
- October 4-2020 of the 4,064 calls received, 2,428 were COVID-19 related
- October 3-2020 of the 3,247 calls received, 1,732 were COVID-19 related

Efforts to enhance capacity and meet demand include:

- 38 additional nurses added to staff complement.
- 61 Patient navigation staff added to staff complement.
- 5 Medical office assistants to support the new 8-1-1 virtual physician model. Recruitment to add additional, temporary medical office assistants is in progress.
- To date, a total of 11,901 (↑56) calls have been referred from a nurse to a virtual physician for consultation.

Self Assessment Tool - BCCDC.com (as of Oct 5/23:59)

Date	Distinct Users (last 24 hours)	Peak Activity (users/min)	Average Activity (users/hour)	BC-based Users
Oct 5	16,775 (↑6,007)	52.5	699.0	98.1%
Oct 4	10,768 (↑820)	35.2	448.7	98.1%
Oct 3	9,948 (↓3,437)	32.5	414.5	98.1%
Oct 2	13,385 (↑840)	41.5	557.7	98.1%
Oct 1	12,545 (↓924)	41.1	522.7	98.0%
Sept 30	13,469 (↓1,081)	42.6	561.2	98.0%
Sept 29	14,550 (↓1,641)	48.2	606.3	98.0%
Sept 28	16,191 (↑6,185)	51.5	674.6	98.0%
Sept 27	10,006 (↑677)	29.6	416.9	98.0%
Sept 26	9,329 (↓3,172)	30.5	388.7	98.0%

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BC COVID19 APP (as of Oct 5/23:59)

Date	Total App Users
Oct 5	377,076 (↑2,174)
Oct 4	374,902 (↑1,555)
Oct 3	373,347 (↑1,188)
Oct 2	372,159 (↑1,627)
Oct 1	370,532 (↑1,755)
Sept 30	368,777 (↑1,643)
Sept 29	367,134 (↑1,846)
Sept 28	365,288 (↑2,177)
Sept 27	363,111 (↑1,550)
Sept 26	361,561 (↑1,360)

**Virtual Health Usage (Zoom and Intouch Tools)
(as of Sept 27/23:59)***

* Next update will be provided on Wednesday, Oct 7, 2020.

Date (week of)	Active Virtual Health Users (by week)
Sept 21	5,850 (↓214)
Sept 14	6,064 (↑1,171)
Sept 7	4,893 (↓263)
August 31	5,156 (↑136)
August 24	5,020 (↑150)
August 17	4,870 (↑174)
August 10	4,696 (↑274)
August 3	4,422 (↓588)
July 27	5,010 (↑262)
July 20	4,748 (↓466)

- Since March 16th 27,616 users have been provisioned for virtual health licenses.

* NHA has trouble reporting their InTouch numbers this week due to a technical glitch. Therefore, the data provider has used the same numbers they reported last week provided that this will be fixed next week and updated with accurate numbers.

Home Health Monitoring (as of Oct 5/14:53)

Date	Total Actively Monitored COVID Patients	Total Patients Discharged since March 26
Oct 5	422 (↑26 ^a)	7,364 (↑33 ^a)
Oct 2	396 (↓11)	7,331 (↑15)
Oct 1	407 (↓88)	7,316 (↑107)
Sept 30	495 (↓24)	7,209 (↑33)
Sept 29	519 (↓74)	7,176 (↑81)
Sept 28	593 (↓120)	7,095 (↑141)
Sept 25	713 (↓25)	6,954 (↑50)
Sept 24	738 (↓50)	6,904 (↑83)
Sept 23	788 (↓31)	6,821 (↑58)
Sept 22	819 (↓27)	6,763 (↑72)
Total COVID Patients monitored to date: 7,786 (↑59 ^a)		

^a Difference since October 2nd

1-888-COVID19 (as of Oct 5/23:59)

Date	Calls Received	Calls Answered	Average Speed of Answer (Min:Sec)	Abandon Rate	Max Wait (Min:Sec)	Average Handle Time (Min:Sec)	Texts
Oct 5	1,000 (↑560)	985 (↑549)	00:32	0.6%	05:52	2:15	20
Oct 4	440 (↓22)	436 (↓21)	00:00	0.9%	07:59	01:57	3
Oct 3	462 (↓249)	457 (↓249)	00:05	0.9%	06:01	02:21	8
Oct 2	711 (↓34)	706 (↓20)	00:24	0.7%	05:15	02:20	12
Oct 1	745 (↓27)	726 (↓25)	00:48	2.4%	13:45	02:39	14
Sept 30	772 (↓155)	751 (↓160)	02:28	2.7%	15:14	2:30	15
Sept 29	927 (↓89)	911 (↓100)	01:23	1.7%	06:42	02:34	26
Sept 28	1,016 (↑543)	1,011 (↑544)	00:25	0.5%	02:29	02:22	20
Sept 27	473 (↑16)	467 (↑21)	00:09	0.8%	03:24	02:01	12
Sept 26	457 (↓234)	446 (↓212)	00:05	2.4%	04:32	02:23	8

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Chat Bot / Digital Assistant (as of Oct 5/17:00)

Sessions (Measured from 17:00 to 16:59)	
Date	Number of Sessions (to 5pm)
Oct 5	8,880 (↑1,683)
Oct 4	7,197 (↓899)
Oct 3	8,096 (↓1,813)
Oct 2	9,909 (↓269)
Oct 1	10,178 (↓65)
Sept 30	10,243 (↓1,063)
Sept 29	11,306 (↑1,112)
Sept 28	10,194 (↑3,082)
Sept 27	7,112 (↓8)
Sept 26	7,120 (↓1,330)
1,804,307 sessions since 4pm Thursday April 10	

Average of 1.7 questions per session.

The top questions for the past week have been:

Question Type	%
When can I get my results?	28.8
How many cases in BC today?	4.8
I am having COVID-like symptoms, do I have COVID?	4.4
Can I travel out of province?	2.3
Should I get tested?	1.9
I am a healthcare worker where can I get tested?	1.8
What can you tell me?	1.5
What do I do if I was outside of Canada?	1.4
What do I do if my test is negative?	1.4
What are guidelines for pediatric testing?	1.3

BC 2-1-1 Referral Line (as of Oct 5/23:59)

Date	Incoming Calls	Calls Answered	Wait Time (Min:Sec)	Abandonment Rate	Max Wait of Answered Calls (Min:Sec)	Average Handle Time (Min:Sec)
Oct 5	50 (↑39)	40 (↑29)	1:48	20%	15:40	5:14
Oct 4	11 (↑5)	11 (↑5)	0:41	0%	1:46	4:38
Oct 3	6 (↓23)	6 (↓23)	0:12	0%	1:44	0:27
Oct 2	29 (0)	29 (0)	0:09	0%	6:21	0:36
Oct 1	29 (↑4)	29 (↑5)	0:13	0%	1:23	5:52
Sept 30	25 (↓10)	24 (↓9)	0:09	4%	0:18	5:14
Sept 29	35 (↑10)	33 (↑8)	0:12	6%	1:28	4:53
Sept 28	25 (↑13)	25 (↑14)	0:18	0%	3:32	5:39
Sept 27	12 (↓2)	11 (↓3)	0:44	8%	5:53	3:04
Sept 26	14 (↓17)	14 (↓16)	0:15	0%	0:45	8:08

Note: Data in table above is data recorded for Safe Seniors, Strong Communities program only and does not reflect the bc211 business activities related to other community referrals.

Service Activity to Date^[1]:

- 340,623 (232^[2]) total services provided:
 - 176,032 (173) wellness visits and needs assessments^[3]
 - 34,839 (5) grocery deliveries
 - 79,632 (43) meals prepared or packaged and delivered
 - 936 (0) prescriptions picked up and delivered
 - 3,585 (2) transportation services
 - 511 (0) laundry services
 - 45,088 (9) other services^[4]

Total 211 Registrations to Date:

	bc211 Registrations	Direct Better at Home Registrations	Total
Seniors	4,922 (8)	10,699 (9)	15,621 (17)
Volunteers	7,409 (4)	3,675 (0)	11,084 (4)

^[1] Manual data submission may encounter delays and result in data being restated periodically.

^[2] Added in this reporting period.

^[3] Initial contacts, virtual visits, and phone check-ins.

^[4] Other services encompass ad-hoc requests such as assistance with IT, online shopping, etc.

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Temporary Emergency Registrants (as of Oct 2/11:30)

The most recent update on "temporary emergency registrant" and willing-to-redeploy" data includes totals as of Sept 30 (reporting is as of Sept 24 for nursing professionals, and as of Oct 2 for pharmacists). The next update will be provided on Monday, November 2, 2020.

The College of Physicians and Surgeons (CPSBC) deactivated the TER class of registration as of June 30; however, the list could be reactivated within 24-48 hours if needed and the CPSBC is open to registering physicians on a temporary emergency basis at the request of an HA where a need has been identified.

Temporary Emergency Registrants - Physicians																	
Date	Family Physician	Pediatrics	Infectious Diseases	Public Health/ Preventative Med	Community Med	Medical Microbiology	Psychiatry	Anesthesiology	Internal Med *	Ophthalmology	OB/GYN/ Maternal-fetal med	General Surgery	Obstetrics/ Gynecology	Occupational Med	Diagnostic Radiology	Urology	Total Registrants to Date
Sept 30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aug 28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July 31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June 26	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 19	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 12	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
June 5	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 29	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74
May 22	40	3	1	1	1	1	7	6	6	1	2	1	1	1	1	1	74

*Internal Medicine includes 1 Gastroenterology, 1 Critical Care Medicine and 1 Nephrology.

CRHEM Division, Planning, Analysis and Reporting

Page 23 of 26

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Temporary Emergency Registrants - Nursing							
Date	Licensed Practical Nurse (LPN)	Registered Nurse	Registered Psychiatric Nurse	Nurse Practitioner	Health Care Assistant*		Total Registrants to Date
					HCA (New)	HCA (Temporary)	
Sept 30	90	499	4	2	2,230	234	3,059 (↑298)
Aug 28	87	466	4	2	1,978	224	2,761 (↑277)
July 31	83	452	5	2	1,727	214	2,484 (↑234)
July 3	79	441	5	2	1,516	207	2,250 (↑56)
June 26	78	439	4	2	1,464	207	2,194 (↑72)
June 19	77	439	4	2	1,395	205	2,122 (↑55)
June 12	78	439	4	4	1,339	203	2,067 (↑55)
June 5	79	440	4	4	1,285	200	2,012 (↑52)
May 29	80	438	4	4	1,235	199	1,960 (↑2)
May 22	77	436	4	4	1,156	197	1,874 (↑65)

*HCA numbers reflect new temporary registrant category added April 7, 2010. Prior to April 7, HCA reporting reflected new/full HCAs only.

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Temporary Emergency Registrants – Allied Health							
Date	Midwives	Social Workers	Pharmacists	Dieticians	Physical Therapists	Occupational Therapists	Total Registrants to Date
Sept 30	0	54	37	10	0	0	101 (↑14)
Aug 28	0	43	34	10	0	0	87 (↑10)
July 31	0	34	33	10	0	0	77 (↑13)
July 3	0	26	28	10	0	0	64 (↓9)
June 26	9	26	28	10	0	0	73 (↑3)
June 19	9	24	27	10	0	0	70 (↑3)
June 12	9	21	27	10	0	0	67 (↓1)
June 5	10	21	27	10	0	0	68 (↑3)
May 29	10	19	26	10	0	0	65 (↑4)
May 22	10	17	24	10	0	0	61 (↑1)
Number of Private Practice Registrants Willing to be Redeployed - Allied Health							
Date	Occupational Therapist	Dieticians	Physical Therapists	Total Registrants to Date			
Sept 30	130	44	392	566			
Aug 28	130	44	392	566			
July 31	130	44	392	566			
July 3	130	44	392	566			
June 26	130	44	392	566			
June 19	130	44	392	566			
June 12	130	44	392	566			
June 5	130	44	392	566			
May 29	130	44	392	566			
May 22	130	44	392	566			

Note:

The College of Dieticians, College of Physical Therapists and College of Occupational Therapists have emergency registration in place. The current focus is to contact registrants impacted by COVID-19 private practice closures regarding their willingness to be redeployed to work in a health authority as part of the pandemic response.

PHO Orders

September 18, 2020: The PHO repealed and replaced the order of August 7, 2020 on [Gathering and Events](#)

September 18, 2020: The PHO repealed and replaced the order of July 31, 2020 on [Food and Liquor Serving Premises](#)

September 16, 2020: The PHO issued an order on [Registered Nurse Public Health Pharmacotherapy](#).

August 30, 2020: The Federal Chief PHO issued updates to the [Federal Quarantine Order](#) on Minimizing the Risk of Exposure to COVID-19 in Canada.

July 2, 2020: The PHO repealed and replaced the order of April 23, 2020 on [Industrial Camps](#).

May 29, 2020: The PHO issued an order on [Overnight Camps for Children and Youth](#).

May 28, 2020: The PHO repealed and replaced the PHO oral order of March 27, 2020 and the written order of April 15, 2020 on [Vending Markets](#).

May 14, 2020: The PHO cancelled the order of April 16, 2020 on [Personal Services](#).

May 14, 2020: The PHO issued an order on [Workplace COVID-19 Safety Plans](#).

May 7, 2020: The PHO issued an order on [Licensed Practical Nurse SARS-CoV-2 Swabbing](#).

April 15, 2020: The PHO amended the order of April 10, 2020 on [Health Care Labour Adjustment](#) with respect to [Facility Staff Assignment](#).

April 14, 2020: The PHO amended the order of April 10, 2020 on [Health Care Labour Adjustment](#) with respect to [Travellers and Employers](#).

April 10, 2020: The PHO issued an order on [Health Care Labour Adjustment](#).

April 10, 2020: The PHO issued an order on [Information Collection from Long Term Care Facility Staff](#).

March 25, 2020: The Federal Chief PHO amended the order of March 24, 2020 on [Essential Services](#).

For other COVID-19 related notices and guidance please see the following:

[PHO COVID-19 Orders, Notices & Guidance](#)

[BCCDC COVID-19 Care Resources](#)

Gold, Crystal HLTH:EX

From: Patterson, Catherine M HLTH:EX
Sent: October 6, 2020 1:30 PM
To: Pokorny, Peter HLTH:EX
Cc: Murray, Heather HLTH:EX; Rongve, Ian HLTH:EX
Subject: FOR REVIEW: Confidential Advice to Treasury Board - s.12
Attachments: FIN Questions for HLTH - October 6 2020.docx

Categories: Printed for Review/Meeting Material

Good afternoon Peter,

Attached please find the responses to Ministry of Finance as approved by ADM Rongve.

Regards,

Catherine



Catherine Patterson
Manager, Divisional Operations
COVID Response and Health Emergency Management Division
Ministry of Health
PO Box 9639 Stn Prov Govt, Victoria BC V8W 9P1
Tel: 778 698-1749
Email: Catherine.Patterson@gov.bc.ca

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Page 270 of 281 to/à Page 274 of 281

Withheld pursuant to/removed as

s.12 ; s.17

Gold, Crystal HLTH:EX

From: Oliver, Chrissy EMBC:EX
Sent: October 6, 2020 3:26 PM
To: Halls, Lori D EMBC:EX; Kot, Jill CITZ:EX; Pokorny, Peter HLTH:EX; Gaber, Leon EMBC:EX; Lansdell, Hayden CITZ:EX; Sadler, Bobbi CITZ:EX; Bell, Carolyn P HLTH:EX; Campbell, Tracy AG:EX
Cc: Roe, Sandra EMBC:EX; Fraser, Agnes EMBC:EX; Molyneux, Jennifer CITZ:EX; Korchinski, Jaime CITZ:EX; Boudhane, Nouria CITZ:EX; Gold, Crystal HLTH:EX
Subject: Agenda and Materials for October 7 Supply Chain PPE
Attachments: Frontline vinyl glove recommendation - Oct 7 2020.pptx

Please see agenda below, in preparation for the Supply Chain PPE meeting at 12:30 tomorrow. We likely won't need the full hour.

Agenda:

Item	Lead
Frontline Vinyl Gloves Recommendation	Leon
DM Comments/Questions	Lori/Jill/Peter

Frontline Vinyl Gloves

- PSCCU has ordered ^{s.17} pairs, ^{s.17} pair received to date;
- Proposal for PHSA to keep up to ^{s.13; s.17} pairs to support community doctors;
- **Recommendation:** PHSA keep ^{s.13; s.17} pairs of Frontline Vinyl gloves to support community doctors.

Vinyl - Frontline Inventory	s.17
Monthly Demand BC Stats - Sept 9, 2020	
Average Monthly Sales (4.5 Weeks)	s.13; s.17
Estimated Consumption Until Mar 31, 2020	
Safety Stock 1 Month	
Needed to support non-health to March 31, 2021	

COVID-19 IN BC

Gold, Crystal HLTH:EX

From: Bell, Carolyn P HLTH:EX
Sent: October 6, 2020 4:29 PM
To: Pokorny, Peter HLTH:EX
Subject: FW: Sharing a new masking guideline at Fraser Health
Attachments: Mask Guidelines and Protocols for Fraser Health Staff in Office and Admi....pdf

fyi

From: Bell, Carolyn P HLTH:EX
Sent: October 6, 2020 4:27 PM
To: Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>; Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Subject: Sharing a new masking guideline at Fraser Health

This was shared with me today. s.13
s.13

.thanks

Carolyn Bell, Executive Director/ Logistics Strategy/COVID Response and Health Emergency
Management Division/BC Ministry of Health/office: 778-698-1755/cell: s.17

Mask guidelines and protocols for Fraser Health staff and medical staff in offices, administrative areas and office-like settings

Given the continued transmission of COVID-19 in the community, and with more people returning to the workplace, Fraser Health is strongly recommending that all staff and medical staff wear a mask in the workplace when you cannot maintain a 2-meter distance from others, including your coworkers.

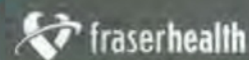
1. All health care workers providing care to patients in acute care, long-term care and in community settings must continue to follow current personal protective equipment (PPE) protocols as per Fraser Health's current COVID-19 documents.
2. In community office settings, it is strongly recommended that you wear a **non-medical mask** when in the office when you cannot keep a 2-meter distance from others. If you are interacting with patients/clients, you must wear a **procedure mask**.
3. If you work in an office setting or administrative area within a patient care unit/area, you must wear a **procedure mask** during your shift and continue to wear your mask in other common areas where you cannot keep a 2-meter distance from others, including your coworkers.
4. If you work in an office or an office-like setting (e.g. Central City building, corporate finance and human resource offices in New Westminster, administrative areas within acute care sites/community sites or non-health care environments) it is strongly recommended that you wear a **non-medical disposable or reusable cloth mask** when you are in common areas and when you cannot maintain a 2-meter distance from others. This could include places such as meeting rooms, hallways, bathrooms and elevators. You do not need to wear a mask in your office or cubicle if you are greater than a 2-meter distance from other staff or a physical barrier is in place. Staff in these office and office-like settings are encouraged to bring their own re-usable, non-medical cloth masks to work.

The most important thing to do to prevent the transmission of COVID-19 to others in the workplace is stay home when sick, even if you only have mild symptoms.

Why is it important to wear a mask when I cannot physically distance?

COVID-19 spreads mainly among people who are in close contact with one another (within approximately 2-meters), so the use of masks is particularly important in settings where people are close to each other or where physical distancing is difficult to maintain.

COVID-19



Masks are a method of source control and are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks or raises their voice.

What kind of mask should I wear?

There is a variety of mask options. Please reserve surgical, procedure masks and N95 respirators for health care providers and those caring for sick people. Refer to the table below for information on acceptable mask options based on your work environment.

Environment	Environment example	Type of Mask	Used by	Use case
Health care* facility	Patient care units/areas	Follow current COVID-19 PPE protocols for patient care.	Staff directly interacting with patients or within patient care areas.	PPE (and barrier where appropriate) to prevent transmission.
Health care* facility	Administrative areas and offices within patient care units/areas, such as a CNE/manager office/education room on a unit. Community health settings such as public health units or mental health and/or substance use facilities when there are patient or client interactions.	Procedure mask	All staff	PPE and barrier to prevent transmission.
Non-health care area (non-health care facility or separate area within a health-care facility)	Corporate offices, such as our Central City building, administrative areas within acute care sites, office areas within a community site or non-health care environments.	Non-medical mask: disposable or cloth mask	All staff	Barrier to limit spread and droplet dissemination.

* In the health care facility where staff are entering patient care areas, follow [Fraser Health's current COVID-19 PPE protocols](#).

The Ministry of Health and BCCDC guidelines recommend that physical distancing is the first level of protection from exposure followed by physical barriers such as plexiglass. If these measures cannot be maintained, then a mask should be worn.

Selecting and wearing a mask

- When choosing a non-medical cloth mask, select one that is made of at least two layers of tightly woven fabric. Ensure the material is made of washable, breathable fabric (e.g. 100 per cent cotton, polyester or a cotton-polyester blend).
- Do not wear a mask with an exhalation valve or vent, which can allow virus particles to escape.
- Your mask should completely cover your nose and mouth and fit snugly against the sides of your face with no gaps. Masks with adjustable nosepieces are preferable as they can help you get a snugger fit.

What is the correct way to use/handle my mask?

- Perform hand hygiene. Wash with soap and water or use alcohol-based hand rub (at least 70 per cent alcohol content) before putting on your mask.
- Replace the mask if it becomes damp, soiled or hard to breathe through.
- Avoid touching your mask while wearing it. If you touch your mask, perform hand hygiene.
- Perform hand hygiene before removing your mask (wash with soap and water or use alcohol-based hand rub).

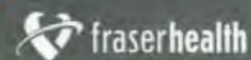
See images below for some DOs and DON'Ts of wearing a mask:



How often do I need to change my mask?

- Change your cloth mask daily; wash your reusable mask prior to reuse.
- Discard and replace your disposable non-medical mask before/after meal breaks.
- Replace your mask (including a non-medical disposable mask) if it becomes soiled, damp or hard to breathe through.

COVID-19



When do I need to wear a mask?

Wear a mask when you cannot maintain a 2-meter distance from others. Examples may include hallways, elevators and meeting rooms.

What do I do if I do not have a mask?

Staff working in corporate or administrative areas are encouraged to bring their own re-usable, non-medical cloth masks to work.

Fraser Health's corporate offices within the Central City building, corporate finance and human resource offices in New Westminster, as well as administrative areas within acute care sites have been provided with a supply of disposable non-medical masks in case you do not have a mask or forget to bring one. Speak with your manager to find out where you can obtain a mask for your area.

For more information

For questions about mask wearing guidelines and protocols for staff and medical staff, please email safety@fraserhealth.ca.

To arrange for a supply of non-medical masks in your office setting, please email PPEsupport@fraserhealth.ca.

References:

[BCCDC – Face Masks: How are they different?](#)

[CDC – Use of Masks to Help Slow the Spread of COVID-19](#)