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Subject: No Fault Vaccine Injury Compensation Program Background - For EOC members only
Date: December 24, 2020 10:02:11 AM
Attachments: No Fault Vaccine Injury Compensation Background.pdf

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Sent on behalf of Martin Lavoie

Dear IBCOC colleagues,

As promised a little while ago, here is some background info on No Fault Vaccine Injury Compensation that was developed a number of years ago.

Please do not circulate further, as this was part of a 2013 report that was never published after submission to PHAC.

Cheers,

Martin

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- *Explore means to support vaccine evaluation studies and vaccine readiness studies:* Vaccine evaluations have been identified as significant in influencing the development of vaccine improvements. Since Canada is an early adopter of many newer vaccines it might be in a position to provide a significant contribution in this area. Vaccine readiness studies would facilitate the introduction of new priority vaccines.
- *Address perceived conflict of interest issues with the regulator working with the industry early in the vaccine development stage and industry funding research, particularly socio-economic cost-benefit studies:* There are benefits to having the regulator be involved in the early stages of clinical studies so that these studies conform to regulatory requirements; however, the mechanism for such cooperation will need to guarantee real and perceptual regulatory independence and impartiality. Industry's funding of and/or participation in vaccine research often leads to a perception that the research findings are biased in favour of the funding industry. Agriculture and Agri-Food Canada has had some success in developing research approaches with industry that could be examined and possibly emulated.

J. No-Fault Vaccine Injury Compensation

SITUATION

To be effective in reducing the incidence and severity of vaccine-preventable diseases, immunization programs seek to achieve very high levels of vaccination on the part of populations at risk, including those who may pass the disease on to more vulnerable populations. High rates of vaccination are not only of direct benefit to those who are successfully inoculated but also of value to those who, for a variety of reasons, cannot be vaccinated, are ineffectively vaccinated, or refuse to be vaccinated. High levels of vaccination contribute to “herd immunity” by providing a kind of “firewall” (i.e., the large numbers of vaccinated individuals) between those who are infected and those who are susceptible.

The problem is that current high standards for establishing vaccine safety may miss risks that fall below a detection level, which at the population level can be significant. Thus, there is always the rare possibility of serious harm resulting from adverse immunization events. The achievement of high levels of vaccination constitutes a significant public good and a highly cost-effective method of achieving public health goals. It is therefore important that those who suffer serious harm from adverse events in the course of contributing to this public good receive appropriate compensation. It is also important that the processes by which their claims are handled are expedient and just and in particular do not “re-victimize” the injured by presenting bureaucratic and costly hurdles that might even discourage them from seeking the compensation they deserve.

Reliance on traditional tort (“civil wrong”) litigation (“suing for damages”) is generally inadequate and often counter-productive in addressing vaccine injuries, since adverse vaccine events most often relate to idiosyncratic *unavoidable* or *unintended* injuries arising from the administration of regulated vaccines that have been developed, approved and delivered in good faith and to high standards of risk management. Since the goal is the provision of appropriate, predictable and fair *compensation* to the injured rather than the *punishment* of wrong-doing or *deterrence* from doing harm to others, no-fault compensation is more appropriate.

As an alternative to tort litigation, a no-fault program for victims of adverse events following immunization can provide more expeditious, efficient, consistent, predictable and fair compensation for unavoidable and unintended vaccine injuries. As noted above, in providing such compensation—and doing so in a highly visible and transparent manner—one source of opposition to large-scale and/or mandatory vaccine programs can be removed, namely, fear of uncompensated injuries and burdens.

Key reasons for the establishment of no-fault vaccine injury compensation programs in Québec, the U.S. and other jurisdictions centre on the following:

1. *It's the right and fair thing to do for those who are injured from vaccines.*

- Those who participate in vaccine programs should receive fair, prompt and convenient consideration, support and compensation for their injuries.
- This is particularly true when vaccines are mandatory and when participation provides a broad public benefit beyond that for the individual being vaccinated.
- A no-fault program provides the most direct, accessible, convenient, non-complicated and predictable support and compensation for those injured.
- Since most injuries cannot be attributed to negligence on the part of anyone in the vaccine supply chain, a no-fault program is vital to ensure appropriate compensation for the rare cases of unexpected and unavoidable injuries.
- Costs of the no-fault program can readily be shared by society at large, whether directly funded by governments or recovered from vaccine suppliers and shared equally and equitably across all relevant vaccine programs.

2. *A publicly managed no-fault injury compensation program reduces costs and burdens to individuals, governments, and industry alike.*

- *Injured individuals* avoid the expenditure of personal time, effort and money that would otherwise be required to pursue civil suits (tort) to seek compensation; given the low likelihood of successful claims, this would largely be a waste, made all the worse by protracted processes whose outcomes are highly uncertain.
- *Governments* avoid the legal defence costs, adverse publicity and distraction of being embroiled in lawsuits initiated by injured individuals, as governments would almost certainly be named in civil suits, given their roles in vaccine regulation, the making of vaccination mandatory, vaccine delivery and vaccine risk communication. (Note: Even if not named as respondents directly by the injured individuals, they would likely be named as third parties by vaccine manufacturers when they are sued.) While governments would in almost all cases be able to successfully defend claims, they would not likely be able to recover their costs, let alone overcome adverse publicity and distraction from their primary mission. (Note: Direct legal costs would be borne by the respective Health and Justice/Attorney General functions of the respective F/P/T jurisdictions. Moreover, the tendency would be for ALL relevant jurisdictions to be named, especially in class action suits.)
- *Governments* also reduce the general administrative and procedural costs associated with hearing and overseeing civil claims in the courts, not all of which (and likely little of which) can be recovered through judgments on “costs” in unsuccessful claims. Since most cases would likely result in dismissal, this would be seen as a waste of public resources, especially if much less costly processes such as a no-fault program could otherwise be made available.

- *Vaccine suppliers* avoid the legal defence costs, adverse publicity and distraction of being embroiled in lawsuits initiated by injured individuals; while suppliers would in almost all cases be able to successfully defend claims, they would not likely be able to recover their costs, let alone overcome adverse publicity and distraction from their primary mission.
 - *Society in general* avoids the general negative fall-out that would otherwise be associated with civil claims, especially high-profile class action suits, which are increasingly a possibility for consumer injuries in Canada. Even though it is likely that most cases would be successfully defended against negligence, there is a risk that the public will generally conjure the mistaken notion that vaccines are much riskier than they are.
3. *A no-fault injury compensation program is vital to maintaining the active participation of a suitably competitive number of drug manufacturers in the generally non-lucrative vaccine business.*
- The avoidance of costly legal defence and adverse publicity associated with civil suits helps ensure that drug manufacturers can remain involved in vaccine supply, which they generally see as a non-lucrative aspect of their business, undertaken largely as a matter of public service. The chilling effect on industry of exposure to civil claims—even where such claims can be successfully defended—has been empirically demonstrated with the U.S. experience before the introduction of the U.S. no-fault program, compared to after.
4. *A no-fault injury compensation program helps remove one of the arguments against vaccination put forward by the anti-vaccine movement.*
- While there is no evidence (thus far) to indicate whether the existence of no-fault vaccine injury compensation programs either enhances vaccine take-up (overcome fear that any injuries would go uncompensated or require costly and uncertain legal claims) or diminishes vaccine take-up (implicitly remind/signal that vaccines *do* have risks), the presence of a no-fault injury compensation program at least takes away one potential anti-vaccine argument.
5. *Waiting for a crisis related to potential AEFIs before instituting a no-fault compensation program can result in a problematic response to the handling of compensation demands.*
- Reactive development of a no-fault compensation program in response to a crisis in confidence related to vaccines or an increase in vaccine-related injury litigation would likely result in a sub-optimal program. Increasingly complex immunization schedules, with the periodic introduction of new vaccines, add to the probability of AEFIs. At the same time, evolving changes in the legal environment also increase the likelihood of class action lawsuits. Pre-emptively designing a program to address anticipated increases in the risk of lawsuits related to AEFIs and the impact they would have on public confidence and vaccine manufacturers would allow for the careful development of such a program that takes into account all relevant considerations.

Government Sector Considerations

Provinces and territories have strong and direct interests in the issue of no-fault compensation for vaccine injury because they have primary responsibility for the design and implementation of vaccine programs for their respective populations. They have an interest in ensuring high levels of participation and high levels of public confidence in, and support for, immunization programs, and in avoiding costly and time-consuming legal actions in the event of injuries that may reasonably be attributed to vaccination.

At the same time, P/Ts generally wish to ensure that their handling of public concerns—such as injury compensation—in their own jurisdiction is reasonably consistent with the handling of such issues by their counterparts in other jurisdictions. They also wish to minimize the risk of dubious, let alone frivolous, claims, and to ensure that whatever compensation may be made available is reasonable and sustainable. A well-designed no-fault injury compensation program can achieve that by minimizing the need for tort litigation, setting well-prescribed and limited terms for compensation, and offering an accessible and efficient application process for claimants. Collaboration amongst the provinces and territories can help ensure reasonable consistency, sharing of best practices, and possibly even achievement of administrative efficiencies through some form of shared services or processes. The latter would be particularly important for smaller provinces, for which the establishment of their own administrative mechanisms would not be cost efficient.

As noted above, Québec already has a no-fault injury compensation program. Law reform commissions in Saskatchewan and Manitoba had also earlier concluded that some form of no-fault injury compensation scheme would be appropriate, although uncertainty at the time of the magnitude of financial and other implications prevented those jurisdictions from proceeding with programs. Since that time, however, the practical experience in Québec, the U.S., the U.K., New Zealand and other jurisdictions has shown that the rate of claims is modest and the magnitude of compensation relatively low. In Québec, for example, the number of cases between 1988 and 2009 averaged only 4.5 per year (99 cases in total in the time period, amounting to 0.7 cases per million population annually), with about one third resulting in compensation. Very few claimants had need for legal representation, with the greatest use being in appeals. Anecdotal evidence suggests that the program averted the need for civil litigation. Even in the U.S., where civil litigation is more prominent than in Canada, the number of claimants from 1988 to 2009 amounted to only 2.15 cases per million population.

While provinces and territories have responsibility for vaccination programs for their respective general populations, the Government of Canada is also interested and engaged because it regulates vaccines, recommends them for P/T programs, actively promotes their importance and benefit, and administers them to federal populations. (Indeed, with interests in and certain responsibilities for First Nations, Inuit, federal inmates, incoming immigrant and refugee populations, RCMP, forces personnel, veterans and others, the Government of Canada ranks fifth among Canadian jurisdictions in terms of the size of population for which it has immunization responsibilities.)

Like the provinces and territories, the federal government generally has an interest in minimizing the risks of civil suits, which can be costly and can serve as a deterrent to vaccine innovation. It also has an interest in seeing Canada enjoy high levels of participation and high levels of public confidence in, and support for, immunization programs, particularly those that are the subject of guidance under the federal-led NACI process. The federal government is also generally interested in encouraging P/T measures that support federal (and broader common F/P/T) objectives in the public health field, including reduction of vaccine-preventable diseases. To the extent that a system of P/T no-fault injury compensation programs might help sustain public participation and confidence and minimize public costs associated with immunization programs, the federal government has an interest in facilitating P/T collaboration on such programs, including sharing of best practices, promotion of consistent approaches, and facilitating efficient administrative procedures and mechanisms among P/Ts.

ASSESSMENT: NO-FAULT INJURY COMPENSATION

The problem is that, while Québec has a no-fault vaccine injury compensation program, the rest of Canada does not. Indeed, Canada and Russia are the only G8 nations without state-wide no-fault vaccine injury compensation programs.

Absence of a Canada-wide no-fault compensation program is problematic for several reasons:

- Residents of all provinces and territories other than Québec lack access to no-fault compensation and must rely on tort litigation, with all of the drawbacks, burdens and limitations noted above.
- Since many—if not most—of such uncovered individuals lack the knowledge, time or financial ability to pursue litigation if injured, or believed to be injured, they either bear the costs and burdens of injury themselves, or they refuse to participate in vaccine programs because of the risk of uncompensated injury. The latter results in reduced coverage of the population overall, thereby undermining the effectiveness of vaccine programs in protecting against vaccine-preventable diseases.
- Gaps and inconsistencies in the level of support—including injury compensation—for vaccine programs from one jurisdiction to another weakens overall cohesiveness and consistency of Canada-wide vaccine programs, and militates against the achievement of what could otherwise be mutually supporting programs and public messages.

For the reasons set out above, there is a need in Canada for a nation-wide no-fault compensation program (or system of programs) that would fairly and expeditiously compensate those likely injured from any vaccine that is recommended.

Considerations

To ensure objectivity, fairness and transparency, such (a) no-fault compensation programs should be administered by an arm's length agency(ies), and operate independently of the branches of government responsible for the promotion and safety of vaccines.

To ensure efficiency, pragmatism and expediency, a reasonably short statute of limitations for filing claims should be set (e.g., three years from injury onset), in addition to requiring sufficient documentation to substantiate the injury and its etiology.

To avoid costly redundancy or overlap with other sources of support for the injured, and to avoid frivolous or punitive claims, the injury itself must result in some measurable *uninsured* damages or costs. In the case of death, a death benefit should be paid out similar to an accidental death insurance benefit.

Needs and Costs

Experience in Québec and in other jurisdictions internationally has shown that the overall rate of applications for compensation is very low (fewer than three cases annually per million population in the U.S., the U.K. and New Zealand, and less than one third that rate in Québec). It has also shown that well-designed no-fault vaccine injury compensation programs are very low cost, especially in relation to the overall costs of the immunization programs to which they apply. Informal estimates for a nation-wide system of programs for Canada, based largely on the Québec experience, would amount to about \$4

million to \$5 million for compensation payouts and overall program administration. In comparison, a single legal case in 1988 resulted in legal costs alone in excess of \$1 million.

Management of Claim Risks

As highlighted immediately below, an effective, responsible and sustainable no-fault injury compensation program requires suitable provisions to avoid dubious or frivolous claims, set realistic limits on eligibility and compensation terms, and ensure timely and efficient consideration of claims and handling of appeals. Practical experience in Québec and in other jurisdictions internationally has demonstrated that this can readily be achieved.

Potential Program Elements

Drawing upon the experience with the 13 jurisdictions around the world that have established no-fault compensation programs, there is considerable flexibility in how a program for Canada that would address domestic needs, values and priorities might be designed and implemented. This includes the following potential elements, approaches and options that reflect international practices and experiences:

- Administration by state ministries/agencies related to health, social welfare or labour or under legislation that governs an arm's length overseeing agency. (Note: Sweden is the only state whose no-fault program is covered under a *private* insurance compensation scheme.)
- Universal application to *all* populations experiencing adverse events OR, more restrictedly, to programs that target infants and school-age children, AND/OR to mandatory vaccinations required by state edict.
- A clearly articulated administrative review of the vaccine-related injury, in a manner similar to other accident insurance or disability schemes that do not require legal representation or the solicitation of expert representation of medical review (beyond the attending physician's report).
- Claims assessment overseen by a medical director taking into account administrative review of eligibility criteria and medical assessment by outside consultation from medical experts.
- Coverage of *uninsured* medical costs and, possibly, also special disability benefits, death benefits, economic damages (lost wages) and possibly even certain non-economic damages. This includes consideration of some threshold definition of eligible damages (e.g., serious injury or death, comparable to criteria for compensation applicable to accident or disability schemes).
- Funding of the program (typically modest in scale) from general government appropriations or possibly by a special vaccine excise tax paid by the purchaser or an injury premium paid by the manufacturers.
- Administration of the no-fault compensation program at arm's length from government branches or bureaus responsible for the approval, promotion and safety of vaccines and vaccine programs.

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Subject: Agenda | PHLC | Wednesday Dec 16th
Date: December 16, 2020 9:48:06 AM
Attachments: [Agenda Public Health Leadership Call Dec 16.docx](#)
[5. 007 UPDATE - dec 15 - PROTOCOL FOR COMMUNICATION AND TESTING RELATED TO COURT FACILITIES draft \(CLEAN\).docx](#)
[5. CourtProcessVisio_15dec2020.pdf](#)
[5. Guidance for Court Settings - Dec 14 2020.docx](#)
[A. Cover Sheet- CRG 52-3 MIS-C Clinician Guidance.docx](#)
[A. CRG 52-3 MIS-C Clinician Guidance Dec 8 2020 Changes Highlighted.docx](#)
[B. Backgrounder - Safe Voluntary Isolation Sites Program \(FINAL\).pdf](#)
[C. CRG Weekly Status Update 2020.12.11.pdf](#)
[D. Weekly COVID-19 Evidence Review Tracker_07Dec2020.pdf](#)

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Good morning,

Please find attached the agenda and material for today's Public Health Leadership Committee meeting.

Kind regards,

Marianne Henderson

Operations Coordinator – Central Administration
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**COMMUNICATION AND INCIDENT RESPONSE PROTOCOL:
NOTIFICATION OF POTENTIAL COVID-19 INCIDENTS AND/OR TESTING
AT OR RELATED TO COURTHOUSES**

December 15, 2020 DRAFT 007

BACKGROUND

Courthouses¹ occupy a unique and essential role in communities. They are a place where people come to access justice relating to a myriad of public and private legal matters that often engage public safety and individual liberty rights. People rely on the right to access courts to resolve their legal disputes s.13

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¹ Courthouses is used in this Protocol to refer to all court locations, including circuit court locations.

COURTHOUSE AND REGIONAL HEALTH AUTHORITY CONTACTS

The Court of Appeal, Supreme Court, Provincial Court, and Court Services Branch list of contacts and their email addresses are in *Appendix A* ("Court Contacts").

Appendix B identifies the locations of the Court of Appeal, Supreme Court, Provincial Court and locations shared by more than one Court.

Contact information for the Provincial Health Officer, BC Centre for Disease Control (BCCDC) and the Regional Health Authorities is in an *Appendix C* ("Public Health Contacts").

Appendix D is a flowchart describing public health actions and anticipated communications by the Regional Health Authority in the event of a COVID-19 Incident in a courthouse.

For each COVID-19 Incident, the courts have identified a lead contact (see *Appendix A*) who will be the lead or will provide the name of a designate. Public health officials will each identify a lead contact who will facilitate communication between the court and the Regional Health Authority.

I. COVID-19 COURTHOUSE GUIDANCE DOCUMENT

The BCCDC in collaboration with BC Ministry of Health has prepared a [Public Health Guidance document](#) for the prevention of and response to COVID-19 in courthouses that will be publicly posted.

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“COVID-19 Case” is a person with a confirmed COVID-19 laboratory test or is diagnosed as an epi-linked case by a public health official.

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“COVID-19 Exposure” is a circumstance where a known COVID-19 Case has attended a courthouse while infectious and may have exposed others to COVID-19 and for which
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III. TARGETED ACCESS TO COVID-19 TESTING FOR COURT PARTICIPANTS IN RELATION TO ANTICIPATED OR ONGOING COURT PROCEEDINGS

Situations will arise where special measures to access a COVID-19 test are required for the purpose of facilitating court proceedings including but not limited to:

- A Court Participant experiencing COVID-19 like symptoms or with a high degree of real or perceived risk where a clinical assessment including COVID-19 testing is required in order to inform the determination of whether the court proceeding can continue as scheduled;
- A Court Participant will experience significant negative consequence should the court proceedings be adjourned in order to access COVID-19 testing;
- A matter is proceeding in a courthouse and there is concern that Court Participants may be experiencing symptoms associated with COVID-19.

In the event the court requires assistance obtaining targeted access to testing of a Court Participant, the appropriate Court Contact will reach out to the appropriate Public Health Contact or local medical health officer to discuss the specific circumstance requiring facilitated COVID-19 testing, and plan for testing accordingly if warranted.

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APPENDIX A

TABLE 1: PROVINCIAL COURT CONTACT LIST

	REGION	EMAIL
Mahar, Ryan <i>(Lead Court Contact)</i>	Executive Director of Organizational Services	RMahar@provincialcourt.bc.ca
Galbraith, Victor	Regional Administrative Judge (RAJ) Northern Region	s.17
Hamilton, Rob	RAJ Fraser Region	
Milne, John	RAJ Vancouver Region	
Rogers, Carmen	RAJ Vancouver Island Region	
Shaw, Meg	RAJ Interior Region	

TABLE 2: SUPERIOR COURTS CONTACT LIST

Bauman, Robert J.	Chief Justice of British Columbia	s.17
Hinkson, Christopher E.	Chief Justice of the Supreme Court	s.17
Holmes, Heather J.	Associate Chief Justice of the Supreme Court	s.17
McBride, Heidi <i>(Lead Court Contact)</i>	Executive Director and Senior Counsel	Heidi.McBride@bccourts.ca

TABLE 3: COURT SERVICES BRANCH CONTACT LIST

Jenny Manton <i>(Lead Court Contact)</i>	Assistant Deputy Minister	Jenny.Manton@gov.bc.ca
Paul Corrado	Chief Sheriff and Executive Director BC Sheriff Service	Paul.Corrado@gov.bc.ca
CSB Regional Management Team	Regional distribution list	CourthouseExposureNotifications@Victoria1.gov.bc.ca

**APPENDIX B
COURTHOUSE LIST**

Region	Court of Appeal	Supreme Court Only	Integrated Court Location (Supreme Court and Provincial Court)	Provincial Court Only
Vancouver Island Region	Victoria		Campbell River	Ganges
			Courtenay	Gold River
			Duncan	Port Hardy
			Nanaimo	Sidney
			Port Alberni	Tofino
			Powell River	Ucluelet
			Victoria	Western Communities
Vancouver Coastal Region	Vancouver Law Courts	Vancouver Law Courts		Downtown Community Court
				Justice Centre
				North Vancouver
				Pemberton
				Robson Square
				Sechelt
				Vancouver
				Bella Bella
				Bella Coola
				Klemtu
				Violation Ticket Centre - VTC
Fraser Region			Chilliwack	Abbotsford
			New Westminster	Port Coquitlam
			Abbotsford	Richmond
				Surrey
Interior Region	Kamloops		Cranbrook	Clearwater
	Kelowna		Golden	Nakusp
			Kamloops	Creston
			Kelowna	Fernie
			Nelson	Invermere
			Penticton	Sparwood
			Revelstoke	Lillooet
			Rossland	Merritt
			Salmon Arm	Castlegar
			Vernon	Princeton
				Grand Forks
				Ashcroft
				Chase
Northern Region	Yukon		Dawson Creek	Burns Lake
			Fort St John	Valemount
			Prince George	Mackenzie
			Prince Rupert	Chetwynd
			Quesnel	Tumbler Ridge
			Smithers	Atlin
			Terrace	Good Hope Lake (Cassiar)
			Williams Lake	Hudson's Hope

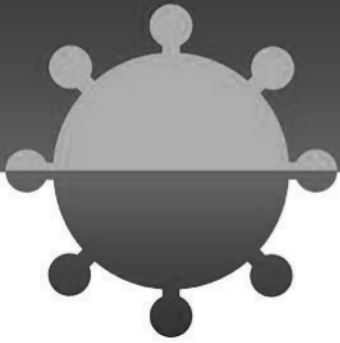
				Lower Post
				Queen Charlotte City
				Fort St James
				Fraser Lake
				Kwadacha (Fort Ware)
				Tsay Keh Dene
				Vanderhoof
				Hazelton
				Houston
				Dease Lake
				Kitimat Law Courts
				New Aiyansh
				Stewart
				McBride
				100 Mile House
				Masset
				Anahim Lake

APPENDIX C

Regional Health Authority contacts:

APPENDIX D

COMMUNICATION DIAGRAM



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Guidance for Court Proceedings During the COVID-19 Pandemic

This guidance is intended for The Court of Appeal, The Supreme Court, and The Provincial Court and is based on known evidence as of December 14, 2020.

Legal disclaimer:

The purpose of this guidance is to provide practical public health advice to reduce the transmission of COVID-19 in British Columbia. This guidance does not have legal authority; however, not following the guidance in this document may leave individuals or organizations open to legal action. This guidance does not supersede orders or direction under the *Public Health Act* or any other provincial or federal legislation. This guidance is subject to updates.

Introduction

Court proceedings are critical and essential services in the province of British Columbia. Courthouses are settings where people access justice relating to a myriad of public and private legal matters that often engage public safety and individual liberty rights. People rely on the right to access courts to resolve their legal disputes. Not all people who attend court choose to be there but are compelled to attend through the legal process.

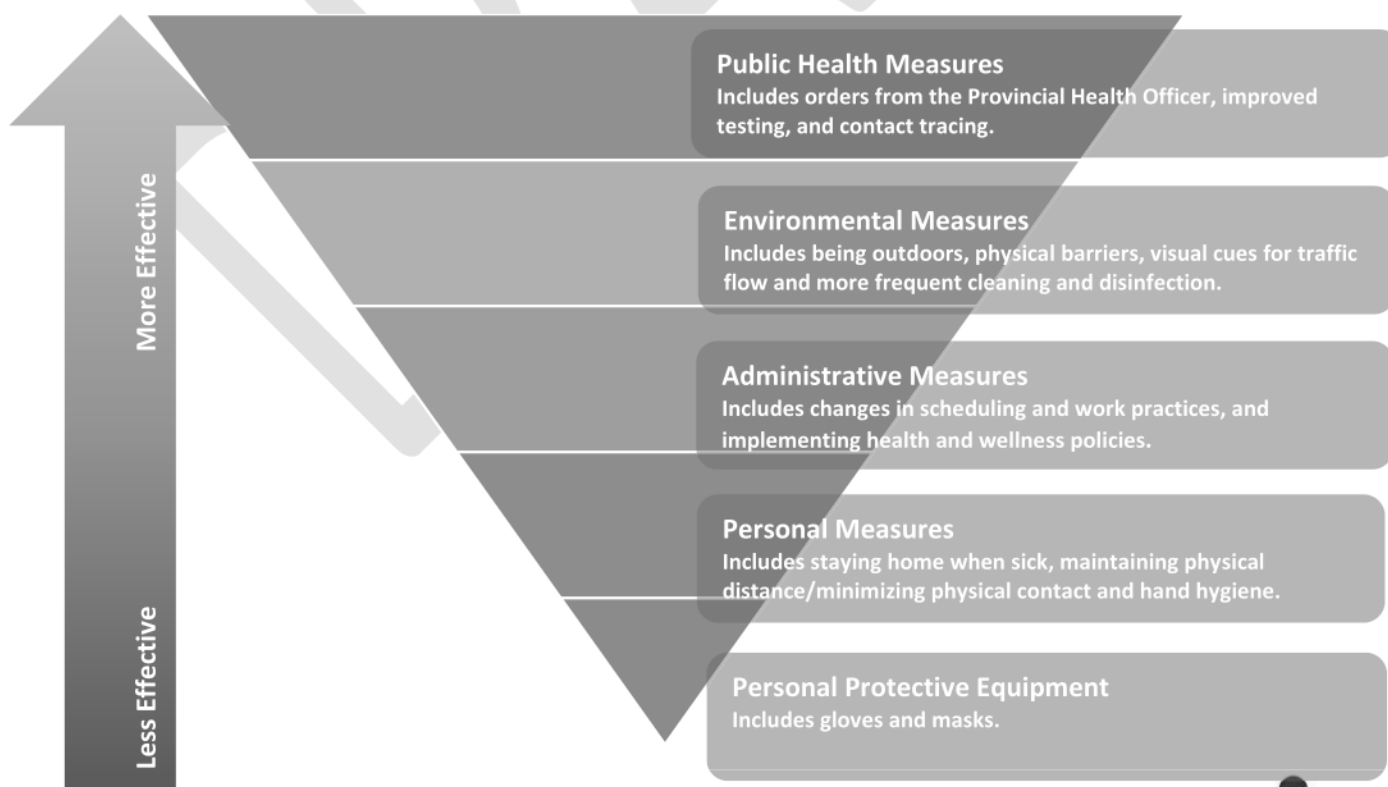
During the COVID-19 pandemic, concerns about individual safety and potential exposure risks have been highlighted by those who use the court system. This guidance document provides an explanation of infection prevention and control measures that can be implemented in court settings and includes thresholds for the ordering of COVID-19 testing for individuals who are scheduled to be present in the court house.

Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable diseases like COVID-19. These are more effective in controlled environments where multiple measures of various effectiveness can be routinely and consistently implemented.

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease describes measures that should be taken to reduce the transmission of COVID-19 in court settings. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



Public Health Measures

Public health measures are actions taken across society at the population level to limit the spread and reduce the impact of the COVID-19, such as Provincial Health Officer Orders and case finding, contact tracing, and outbreak management.

Provincial Health Officer Orders

The Provincial Health Officer (PHO) has issued several Orders to protect public health. Orders are developed, amended, and rescinded based on the evolution of the pandemic. Please visit the [PHO website](#) regularly for updates.

The following PHO Orders are relevant to court settings as of December 14, 2020:

- Workplace Safety Plans, which requires all workplaces to develop a COVID-19 Safety Plan
- Gatherings and Events, which restricts the number of people who can gather for an event
- Travellers and Employers, which outlines restrictions on travellers who come to BC from outside of Canada

Case Finding, Contact Tracing and Outbreak Management

Case finding involves active testing of anyone with symptoms of COVID-19 to identify cases early in the course of the disease. Contact tracing is a process conducted by public health where close contacts of a positive case of a communicable disease are identified and followed up with. Not everyone who has been in contact with a confirmed case of COVID-19 is considered a close contact; public health makes this determination when conducting contact tracing. Outbreak management is overseen by public health and determines the scope of an outbreak or cluster of cases.

Environmental Measures

Environmental measures are changes to the physical environment that reduce the risk of exposure, such as choosing outdoor spaces where possible, using visual cues for maintaining physical distance, erecting physical barriers where appropriate, and frequent cleaning and disinfection.

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. The premises should be cleaned and disinfected in accordance with the BCCDC's [Cleaning and Disinfectants for Public Settings](#) document.

Clean and disinfect the premises at least once every 24 hours, and clean and disinfect frequently touched surfaces (e.g., door knobs, toilet handles, light switches, desks, chairs) at least twice every 24 hours.

Support Physical Distancing

Use floor markings and posters to encourage physical distancing. This may include designated entrance and exit doors. Do not reduce the number of exits. Ensure any alterations to the premises adheres to the fire code. Reduce the number of seats in waiting areas, and limit or reduce the number of seats in court rooms.



Physical Barriers

Barriers can be installed in places where physical distance cannot regularly be maintained, such as reception areas.

Administrative Measures

Administrative measures are policies, procedures, training and education that reduce the risk of exposure.

Supportive Sick Leave Policies

Anyone who is experiencing symptoms of COVID-19 should be supported to stay home through the implementation of sick leave policies that do not negatively impact employment. Work from home policies are an option when or if a person does not feel well.

Ordering COVID-19 Tests for Individuals Scheduled to be in Court Settings

Testing for COVID-19 is available for people with symptoms that are indicative of the infection. If an individual has no symptoms, testing is not required. Testing is generally not available through the provincial health care system for people without symptoms, including routine screening for employment, travel, school, before surgery or other settings.

The rationale for this stance is the low numbers of confirmed active cases in BC and that the majority of identified cases have a known source of exposure. Resources to expand screening for asymptomatic individuals are high in relation to the expected low yield of detecting new cases; a significant amount of resources would be required to test asymptomatic individuals, and would impact laboratory testing costs, health system costs, and personal protective equipment. Asymptomatic individuals are also more likely to receive a false positive test, which has implications for the individual (e.g., unnecessary restriction of individuals) and the public health system (i.e., to conduct contact tracing).

This being said, a court may wish to test an individual for a variety of reasons, including:

- A court participant who is experiencing COVID-19 like symptoms or has a high degree of real or perceived risk where a clinical assessment including COVID-19 testing is required in order to inform the determination of whether the court proceeding can continue as scheduled;
- A court participant who will experience significant negative consequence should the court proceedings be adjourned in order to access COVID-19 testing.
- A matter is proceeding in court and there is concern that one or more participants may be experience symptoms associated with COVID-19.

In any of these events, court administration will connect with the local medical health officer to discuss the specific circumstance that requires facilitated COVID-19 testing and arrange for testing if warranted.

Personal Measures

Personal measures are actions individuals can take to protect themselves and others such as maintaining physical distance/minimizing physical contact, frequent hand washing, practicing respiratory etiquette and staying home if sick.



Stay Home When Sick

Anyone with cold, influenza, or COVID-19 symptoms should self-isolate and seek assessment by a health care provider or use the BC COVID-19 Self Assessment Tool. People who experience seasonal allergies or other COVID-19-like symptoms that are related to an existing condition can continue to attend court as long as they are experiencing these symptoms as normal. People whose household has a person with cold, influenza, or COVID-19 symptoms may attend court, provided they are asymptomatic and have not been directed by public health to self-isolate.

Screening others for symptoms, checking temperatures, or COVID-19 testing should be reserved for health-care professionals.

Hand Hygiene

Rigorous hand washing with plain soap and water is the most effective way to reduce the spread of illness. Everyone should practice diligent hand hygiene often. To learn about how to perform hand hygiene using soap and water or using alcohol-based hand sanitizer, please refer to the BCCDC's [hand washing poster](#).

Respiratory Etiquette

Everyone should:

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is the last and least effective of the infection prevention and exposure control measures and should only be considered after applying all other measures. PPE is not effective as a stand-alone preventive measure, should be suited to the task, and must be worn and disposed of properly. Outside of health care settings, the effectiveness of PPE is generally limited to protecting others from your droplets.

PPE, such as masks and gloves, is not needed for most staff beyond that used as part of routine practices for the hazards normally encountered in their regular course of work.

Non-Medical Masks

Non-medical masks or face coverings must be worn inside indoor public places by [Order of the Minister of Public Safety and Solicitor General](#). However, masks do not have to be worn inside of the courtroom.



Appendix A: Notification Process for Court Participants

NOTIFICATION PROCESS FOR COURT PARTICIPANTS REGARDING COVID-19 IN BC

s.13



Title: Multisystem Inflammatory Syndrome in Children (MIS-C) Temporally Associated with COVID-19: Guidance for Clinicians in B.C.	
New or revised?	
Revised	
Is this replacing an existing document? Yes/No (If Yes, the name of/link to the document being replaced is provided in the space below)	
Yes http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19 MIS-C ClinicianGuidance.pdf	
Content owner(s) for revisions /groups involved in creating original content	
Primary author: Catherine Biggs Reviewed by: Pediatrics Subcommittee, MIS-C Working Group	
Do the revision /new content in this document have implications for changes that may need to make in other documents? Yes/No If yes, please list documents	
Yes, content on the Pediatrics webpage http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/pediatrics under Multisystem Inflammatory Syndrome in Children may need to be updated.	
Target audience(s)	
Health care providers	
Target publication date	
As soon as possible	
Subject matter of new documents OR high-level summary of changes to revised document	
<ul style="list-style-type: none"> • Addition of questions within copy to help with organization of information • Update to content (changes highlighted in yellow) • Addition of workflow sheet (now referred to as Appendix B) as requested by stakeholders from the community, with incorporation of lab tests table as part of the flow chart and addition of table on patient presentation with clinical suspicion of Covid MIS-C • Update to resource list 	
Type of Document? (e.g., PDF, web content, social media post, flow sheet, FAQ)	
PDF	
Where is the information from? Select all that applies.	
<input type="checkbox"/> PHAC <input type="checkbox"/> Jurisdictional scan <input type="checkbox"/> Worksafe BC <input type="checkbox"/> SOWG	<input checked="" type="checkbox"/> New content/other (Please briefly describe): Pediatrics subcommittee, primary literature, guidance from the American College of Rheumatology
Is there an approval body that should discuss this as an early draft? Once reviewed, insert name/email of most responsible representative for the reviewing group. (e.g. IPC, SOWG, MoH etc.)	
No	

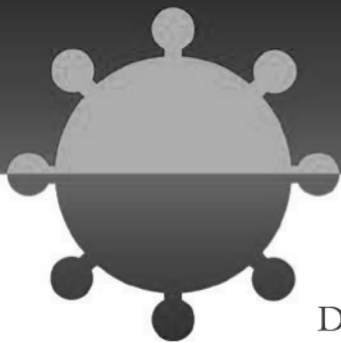
PHRG Guideline (#)	Target Pub Date	Guideline quality dimension: Scale: 1 (v poor) – 5 (excellent) or (n/a)	Rating:	Comments:
		Knowledge synthesis: Does it summarize all pertinent evidence? Does it draw from a diverse body of literature? Are there gaps?		
		Knowledge translation: Has a jurisdictional scan been completed? Is the guidance and messages in the document accurate and reflect the evidence?		
		Policy alignment: Does it align with regulations, orders, and policies already in place in BC?		
		Guidance alignment: Is the guidance consistent with other public health and clinical guidelines and protocols in BC?		
		Pragmatism: Is the guidance practical for providers and/or the target population to implement?		
		Editorial standard: Is the document well written and appropriate for the intended audience (s)?		
		User testing: Has the guideline been tested for user acceptability in messages?		

Reviewers. Once review by a group is complete, check the box and insert name/email of most responsible representative for the reviewing group.

<input type="checkbox"/>	KTSOC	Name/email:
<input type="checkbox"/>	PHRG	Name/email:
<input type="checkbox"/>	BC COVID Oversight	Name/email:
<input type="checkbox"/>	PHL	Name/email:
<input type="checkbox"/>	CHREM	Name/email:
<input type="checkbox"/>	THRIVE	Name/email:
<input type="checkbox"/>	8-1-1	Name/email:

Dissemination Suggestions (e.g. BCCDC Website, Social Media, Targeted Distribution)

BCCDC website
Sharing via Pediatrics subcommittee members' networks



DRAFT EDITED VERSION

Multisystem Inflammatory Syndrome in Children (MIS-C) Temporally Associated with COVID-19: Guidance for Clinicians in B.C.

Updated: December 8, 2020

s.13



December 8, 2020
Preliminary guidance for clinicians in British Columbia about:
Multisystem inflammatory syndrome in children (MIS-C) temporally associated with COVID-19

BACKGROUNDER

Safe Voluntary Isolation Sites Program (SVISP) for COVID-19

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CRG Weekly Status Update- December 11, 2020

CRG Subcommittee(s)	CRG Document Status
Pediatrics	<p>IN DEVELOPMENT</p> <ul style="list-style-type: none"> - CRG 72: Considerations for Children in Foster Care: Minimizing Trauma and Maximizing Resilience in the Context of Covid-19 <p>PENDING UPDATE:</p> <ul style="list-style-type: none"> - CRG 32: COVID-19: Management of Severe Respiratory Illness in Pediatric Patients during COVID-19 Pandemic - CRG 41-2: Infection Prevention and Control (IPAC) Protocol for Surgical Procedures During COVID-19: Pediatrics <p>PENDING REVIEW BY PHRG:</p> <ul style="list-style-type: none"> - CRG 52-3: Multisystem Inflammatory Syndrome in Children (MIS-C) Temporally Associated with COVID-19: Guidance for Clinicians in BC <p>PENDING APPROVAL:</p> <ul style="list-style-type: none"> - CRG 70: Caring for Families of Immunocompromised Children: Guidance for family physicians, primary care providers and general pediatricians— Sent to Ministry Nov 24 - CRG 50-3: Guidance for Families of Immunocompromised Children in School and Group Gatherings — Sent to Ministry Dec 4
Perinatal Care	<p>PENDING UPDATE:</p> <ul style="list-style-type: none"> - CRG 16: Antenatal Visits during COVID-19 Pandemic - CRG 33-1: Infection Prevention and Control Protocol for Obstetrical Procedures During COVID-19 <p>PENDING APPROVAL:</p> <ul style="list-style-type: none"> - CRG 22: Guideline for Lactation for Women/Individuals Who Are Confirmed or Suspect Cases of COVID-19— Sent to Ministry Nov 24 - CRG 62: Maternal and Newborn Discharge Planning and continued care in community settings during the COVID-19 pandemic— Sent to Ministry Nov 6
Critical Care/ Emergency Medicine	<p>BEING FINALIZED:</p> <ul style="list-style-type: none"> - CRG 56: Protocol for Code Blue During COVID 19 Pandemic Recovery
IPC/Perioperative	<p>PENDING UPDATE:</p> <ul style="list-style-type: none"> - CRG 49-2: Infection Prevention and Control Protocol for Surgical Procedures During COVID-19 Adult
Emergency Medicine	<p>PENDING UPDATE</p> <ul style="list-style-type: none"> - CRG 43-2: COVID-19: PPE Recommendations for Endotracheal Intubation of Suspected or Confirmed COVID-19 Patients in Critical Care and Emergency Departments <p>POSTED:</p> <ul style="list-style-type: none"> - CRG 57-3: Oxygenation & Intubation Threshold Guidance for Adults with Suspected Covid-19 in Rural Settings

Emerging Science Group - Public Health Agency of Canada

Weekly COVID-19 Evidence Review – December 7th, 2020

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Public Health Leadership Call Meeting Agenda

Wednesday, December 16th, 2020 ~ 11:30 AM – 12:30 PM

Zoom Coordinates in Calendar Invite

Attendees:

Aamir Bharmal (FHA)	Haley Miller (BCCDC)	Patty Daly (VCH)
Albert De Villiers (IHA)	Ian Rongve (ADM, MoH)	Perry Kendall (BCCSU)
Alexis Crabtree (GOV)	Ingrid Tyler (FHA)	Raina Fumerton (NHA)
Althea Hayden (VCH)	Ita Hyland (HEMBC)	Rakel Kling (NHA)
Andrew Gray (NHA)	Jason Wong (BCCDC)	Réka Gustafson (BCCDC)
Andrew Larder (BCCDC) <i>(Chair)</i>	Jat Sandhu (BCCDC)	Richard Stanwick (VIHA)
Ashraf Amlani (Bunyaad)	John Lavery (HEMBC)	Shannon McDonald (FNHA)
Bonnie Henry (PHO Office)	Jong Kim (NHA)	Sherri Moore-Arbour (Bunyaad)
Brian Emerson (PHO Office)	Kate Smolina (BCCDC)	Silvina Mema (IHA)
Catherine Elliott (YK)	Keren Massey (MoH)	Siu-Kae Yeong (BCCDC)
Daniele Behn Smith (PHO Office)	Lorie Hryciuk (MoH)	Stephen Brown (D MoH)
David Patrick (BCCDC)	Marianne Henderson <i>(Secretariat)</i>	Trevor Corneil (BCCDC)
Dee Hoyano (VIHA)	Mark Lysyshyn (VCH)	Troy Grennan (BCCDC)
Dennis Cleaver (NHA)	Mel Krajden (BCCDC)	Veronic Clair (BCCDC)
Eleni Galanis (BCCDC)	Monika Naus (BCCDC)	
Elizabeth Brodtkin (FHA)	Murray Fyfe (VIHA)	

AGENDA

ITEM	TIMING	DESCRIPTION	LEAD/ACTION
1	11:30	Welcome and roll call	Andrew
2	11:32	Approval of agenda / addition of other items	Andrew
3	11:33	Follow up on action items from previous meeting – in action plan	Andrew
NEW BUSINESS			
4		Continued conversation from Monday's PHEC meeting	Lorie
5		Court Protocol	Trevor
6		Social outings/daypasses LTC	Ingrid
STANDING ITEMS			
7	12:25	Media Briefings	Bonnie
8	12:30	Adjournment	

Documents for consent (48 hours):

- A. CRG 52-3: Multisystem Inflammatory Syndrome in Children (MIS-C) Temporally Associated with COVID-19: Guidance for Clinicians in B.C. *[Revision, with main changes noted in cover sheet and highlighted in yellow in the attached Word document]*

Informational Items:

- B. Backgrounder - Safe Voluntary Isolation Sites Program (FINAL)
- C. CRG Weekly Status Update 2020.12.11
- D. Weekly COVID-19 Evidence Review
- E. Archive of CTS Meeting Minutes (Testing Subcommittee meeting minutes)

From: van Gelderen, Courtney [PHSA] on behalf of IBCOC
To: Brown, Stephen R HLTH:EX; Henry, Bonnie HLTH:EX; Miller, Haley HLTH:EX; Brown, Ross Dr [VCH]; XT:Naus, Monika HLTH:IN; Reedijk, Jill [BCCDC]; Lavoie, Martin HLTH:EX; Lawrie, Hannah GCPE:EX; XT:McDonald, Shannon HLTH:IN; XT:Dawkins, Laurie GCPE:IN; Delorme, Gerry (PHSA) [VIHA]; Prevost, Jean-Marc GCPE:EX; VPOEOC [PHSA]; Halicki, Ashley HLTH:EX; Galt, Jamie HLTH:EX; Pokorny, Peter HLTH:EX; Hassam, Noorjean [BCCDC]; "tim.byres@forces.gc.ca"; XT:HLTH Brown, Libby; Gustafson, Reka [BCCDC]; XT:Patrick, David HLTH:IN; "SHEA.BRAMLEY@forces.gc.ca"; "Patricia.Laing@forces.gc.ca"; Hinde, Grace [PHSA]; Smith, Paula GCPE:EX; XT:Pope, Darcia HLTH:IN; Bru, Carolyn GCPE:EX; "Deborah.Lester@redcross.ca"; "Robert.Macquarrie2@ecf.forces.gc.ca"; Quirk, Ron EHS:IN; Twyford, Philip HLTH:EX; Barclay, Corrie A HLTH:EX; Brach, Pader W EMBC:EX; XT:Palmer, Becky HLTH:IN; Virani, Alice [PHSA]; Thistle-Walker, Carlene HLTH:EX; IBCOC; Carroll, Jonathan C HLTH:EX; Greer, Shannon GCPE:EX; Achampong, Bernard HLTH:EX; Massey, Keren L HLTH:EX; Grieve, Chandler GCPE:EX; Youngs, Kirsten R GCPE:EX; Thompson, Laurel HLTH:EX; Forge, Kathryn EMBC:EX; XT:Lavery, John HLTH:IN; CoastalSMD; IBCOC
Subject: IBCOC Meeting Documents - December 18, 2020
Date: December 18, 2020 4:01:11 PM
Attachments: [Agenda-IBCO-2020-12-18.docx](#)
[Minutes-IBCO-2020-12-17.docx](#)
[Action-plan-IBCO-2020-12-18.xlsm](#)
[SBAR 009 - COVID-19 Vaccine Sequencing December 18 2020 224pm.docx](#)
[SBAR-010-Vaccine Delivery Sites-FNHA nursing stations Dec 17 2020.docx](#)

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

Good afternoon,

Please find attached the documents for today's Immunize BC Operations Centre meeting as received thus far:

- Agenda IBCOC 2020-12-18
- Minutes IBCOC 2020-12-17
- Action Plan IBCOC 2020-12-18
- SBAR-009-Vaccine Sequencing December 18 2020
- SBAR-010-Vaccine Delivery Sites-FNHA Nursing Stations Dec 17 2020

Thanks,

Courtney

Courtney van Gelderen

Executive Assistant to John Lavery, Executive Director HEMBC

Provincial Health Services Authority

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#	Relates to	Action	Priority	Assigned to	Date assigned	Due date	Status	Comments
A-044	Logistics and Planning	Monika to take issue of allocation and sequencing of Moderna vaccine, particularly to First Nations communities, to BCIC for input. An allocation algorithm will be proposed and brought to the IBCOC command as an SBAR.	High	Monika Naus	16-Dec-20	18-Dec-20	Open	Gerry Delorme, to provide list of communities with specific logistical concerns (seasonal and weather related travel restrictions). Becky Palmer to take concerns related to this topic to the FHNA Immunization Steering Committee for input.
A-045	Planning	Monika N to take issue of LTC staff vaccination reporting to BCIC for input, to find potential solutions to current reporting issues.	High	Monika Naus	17-Dec-20	18-Dec-20	Open	
A-046	Public Health and Planning and Logistics	Reka to take issue of Jan 4 Pfizer allocation decision to public health leadership group for recommendation. SBAR to be generated based off PHL decision, and brought to IBCOC command	high	Reka Gustafson	17-Dec-20	18-Dec-20	Open	
A-047	Logistics	Noorjean to create an SBAR based on the approved proposal to deliver moderna vaccine to 10 remote FN communities	high	Noorjean Hassam	17-Dec-20	18-Dec-20	Open	
A-048	Planning	All IBCOC command to review research priorities document circulated by David Patrick by end of day Dec 18.	high	David Patrick	17-Dec-20	18-Dec-20	Open	
A-037	Planning	Monica to provide VPO-EOC with update re: vaccine safety surveillance	Medium	Monica Naus	8-Dec-20	21-Dec-20	Open	Dec 10 - working on hiring nurses/clinical resources. December 14 - conversations today about AEFI reporting - plan in development.
A-041	Logistics	Noorjean will provide VPO-EOC with details as to which sites and health authorities are ready to receive -20 ° C vaccine.	Medium	Noorjean Hassam	8-Dec-20	18-Dec-20	In progress	Update 12/9/2020: List of sites across the province; request to circulate to the group so planning for distribution to secondary sites is supported. There are 85 sites that can accept -20C vaccine; 65 are able to move it at -20C. 12/10/2020 - will update at future meeting. Date TBD.

A-017	First Nations Health Authority	Determine who makes decisions (federal, provincial, etc.) regarding COVID-19 immunization for First Nations, and identify the impact on communities	High	Bonnie Henry; Shannon McDonald	3-Dec-20	21-Dec-20	In progress	Update 12/4/2020: Will engage with First Nations Leadership Council Update 12/6/2020: Indigenous Services Canada have requested number of HCWs working in First Nations Communities. Understanding that doses will come from provincial allocation. Update 12/7/2020: Shannon and Bonnie attended Special Advisory Committee today- lots of discussion around remote and isolated communities and federal definition; will be meeting again to talk about poverty, social determinants of health, weather-related barriers to delivery etc. First Nation Health Council is meeting on Friday. The first Internal Steering Committee took place today. Update 12/9/2020: Meeting deferred to Tuesday at 9am. Update 12/15/2020: PHO has met with FN community members, good engagement. FNHA developing communications stream. This will be an ongoing action item.
A-016	Planning	Bonnie to share a presentation on the national decisions re: vaccine roll-out	High	Bonnie Henry	3-Dec-20	4-Dec-20	Closed	
A-006	Documentation	HEMBC to organize for a Teamsite to be created for VPO-EOC documents	High	HEMBC/John Lavery	2-Dec-20	5-Dec-20	Closed	Update 12/3/2020: HEMBC will provide access to VPO-EOC membership; requires HA email for access (will be exploring workaround)
A-011	Planning	Monika to take prioritization criteria to PHEC for discussion and recommendations to bring back to VPO-EOC	Medium	Monika Naus	3-Dec-20	7-Dec-20	Closed	Update 12/4/2020: Had meeting today with BC Immunization Committee and discussed the more detailed sequencing in respect to roll-out; will be taken to PHEC meeting on Monday Update 12/6/2020: Reviewed this morning at PHEC, for early doses VCH plans are LTC; FH are having a meeting this week (similar approach is likely)
A-029	Planning	Monika to verify through which committee Public Health Agency Canada are connected to the UK and ensure access to the emerging information	Medium	Monika Naus	6-Dec-20	7-Dec-20	Closed	Update 12/7/2020: Connected with PHAC, Health Canada, CAF; Monika doesn't have names of who they are connected in with but confirmed that they are connected
A-010	Planning	Monika to explore whether 2cc saline product can be acquired	Medium	Noorjean Hassam; Todd Cooper	3-Dec-20	7-Dec-20	Closed	Update 12/4/2020: Reassigned to Supply Chain for consideration Update 12/6/2020: Noorjean is following up item with Supply Chain; Reassigned to Noorjean and Todd Update 12/7/2020: Confirmation that there is no 2cc available. Action closed.
A-027	First Nations Health Authority; VPO-EOC structure	Becky Palmer to be added FNHA box	High	HEMBC	6-Dec-20	7-Dec-20	Closed	Added 12/6/2020
A-028	Logistics; VPO-EOC structure	Remove Todd Cooper from Logistics box; Noorjean to put forward recommendation	Medium	HEMBC; Noorjean Hassam	6-Dec-20	7-Dec-20	Closed	Added 12/6/2020
A-030	Ethics	David to invite Alice Virani to provide ethics support to VPO-EOC	High	David Patrick	6-Dec-20	7-Dec-20	Closed	Added 12/6/2020
A-009	Logistics	Noorjean to share vaccination roll-out deadline dates with John for tracking	Medium	Noorjean Hassam	3-Dec-20	7-Dec-20	Closed	Update 12/4/2020: First draft to John on 12/7/2020 Update 12/6/2020: Mapping exercise will provide these dates
A-021	Planning	Monika and Peter to connect regarding licensing of retired nurses	High	Monika Naus; Peter Pokorny	4-Dec-20	8-Dec-20	Closed	Update 12/6/2020: Peter and Monika to connect tomorrow; Monika to send over details. Becky Palmer to be linked in. Update 12/8/2020: Monika is connected with Mark Armitage; nursing policy secretariat involved - there is a specific process for retired nurses
A-007	Logistics	Peter Pokorny and Philip Twyford to take forward -20°C Freezer Procurement Briefing Note for financial decision	High	Peter Pokorny; Philip Twyford	3-Dec-20	8-Dec-20	Closed	Update 12/4/2020: Noorjean has revised and sent through. Philip supportive will bring back tomorrow Update 12/7/2020: Peter confirmed that this has been approved
A-014	Provincial Immunization Registry and Digital Solutions	VPO-EOC to draft document outlining the recommendation of one provincial recording system for sign off by Dr. Henry and the Minister	Medium	Jill Reedijk; Corrie Barclay	3-Dec-20	9-Dec-20	Closed	Update 12/4/2020: Needs a VPO-EOC lead assigned Update 12/6/2020: Corrie to provide update on this in a couple of weeks. Update 12/8/2020: Date is currently set to Dec 21, will need to bring forward

A-003	Communication	Decision as to where detailed information on vaccination program for the public will be hosted	Medium	Jean Marc Prevost	2-Dec-20	9-Dec-20	Closed	Update 12/3/2020: Gerry to connect with Jean Marc Update 12/4/2020: Gerry and Jean Marc have connected; Ross also to connect with Jean Marc Update 12/7/2020: Meeting this morning with Jean Marc; no conclusion yet. Jean Marc is working with Catherine on a process for the triaging - good plan in place for approval of products for Wednesday's event.
A-013	Provincial Immunization Registry and Digital Solutions	Jill to present draft COVID-19 vaccinations workflow based on engagements with BC Immunization Committee	High	Jill Reedijk	3-Dec-20	10-Dec-20	Closed	12/11/2020 - closing item, and rolling into items A-042 and A-043
A-020	Reporting	VPO-EOC to assemble a group that can advise on real time reporting for vaccination program	Medium	Corrie Barclay; Jill Reedijk; Ron Quirk	4-Dec-20	10-Dec-20	Closed	12/4/2020: Need to assign a sponsor from VPO-EOC Update 12/6/2020: Inventory Management Team (Rachel is lead) is responsible for this; need to identify whether they need to be connected with any members/teams from VPO-EOC. Arrange to
A-023	Planning	Monika to consider who could represent Data, Safety and Monitoring planning section	Medium	Monika Naus	4-Dec-20	10-Dec-20	Closed	Update 12/6/2020: Box to be removed; will be reported on under Planning
A-043	Non-clinical Immunization Reporting	Reporting requirements for non-clinical data must be established (sites, dosage shipments, etc.). Data for those requirements must be sourced. The processes by which that data will be reported must be identified. New IT support systems must be implemented were appropriate.	High	HEMBC, Noorjean Hassam, Peter Pokorny	11-Dec-20	11-Dec-20	Closed	12/11/2020: Item closed. Report out to occur under Health System Operations on the agenda.
A-042	Immunization and Clinical Data Reporting	Reporting Requirements for clinical vaccination information must be defined. Data for those requirements must be sourced. The processes by which that data will be reported must be identified. New IT support systems must be implemented were appropriate.	High	Peter Pokorny, Jill Reedijk, Corrie Barclay, Martin Lavoie	11-Dec-20	11-Dec-20	Closed	12/11/2020: Action item closed. Plan is being led by Martin Lavoie, report out to occur on agenda under Health System Operations
A-038	Planning	Monika and Bonnie to meet with CMHOs re: vaccination preparation in the other health authorities	Medium	Monika Naus; Bonnie Henry	8-Dec-20	14-Dec-20	Closed	Update 12/9/2020: All HAs prepared to receive vaccine and rollout; template with level of detail sought vs trusting HAs to know their regions; Reka suggested asking HAs if they have plans and then synthesize that information to avoid adding additional burden.
A-026	First Nations Health Authority; Logistics; Planning	Noorjean, Becky and Robert to connect regarding commercial resources and planning	Medium	Noorjean Hassam, Robert Macquarrie; Becky Palmer	4-Dec-20	16-Dec-20	Closed	
A-024	Logistics; Planning	Deb, Noorjean and Monika to connect regarding possible provision of Red Cross clinical and non-clinical volunteers	Medium	Noorjean Hassam; Deb Lester; Monika Naus	4-Dec-20	16-Dec-20	Closed	Update 12/6/2020: Deb has details; will be connecting with Noorjean and Monika. Need to add additional groups.
A-034	Health System Operations	Budget documents to be drafted and shared at VPO-EOC	High	Peter Pokorny; Philip Twyford	7-Dec-20	21-Dec-20	Closed	Update 12/8/2020: Working with colleagues at PHSA to pull together. Budget itself will be due first week of January, needs to go through approval process. Target to have final draft in two weeks. Focus required for period up to 03/31/2021, followed by April 2021 onwards. Update 12/14/2020 - item closed. Will be a regular update going forward.
A-031	Red Cross Logistics	Deb to provide a comprehensive list of what CRC can provide in a document for sharing at VPO-EOC tomorrow	Medium	Deb Lester	6-Dec-20	23-Dec-20	Closed	
A-002	VPO-EOC	Define the roles and responsibilities of the different sections within the VPO-EOC	Medium	All Members	2-Dec-20	Mondays	Closed	Update 12/3/2020: VPO-EOC will continue to develop this Update 12/11/2020: Closed - this is ongoing work of HEMBC
A-005	VPO-EOC structure	Members to direct any amendments to the VPO-EOC structure or names to be added to John and Haley	Medium	All Members	2-Dec-20	Mondays	Closed	Update 12/3/2020: Ongoing, will do a check on this every day
A-040	Public Health Operations	Peter to provide directive on the need for vaccination records to be inputted into system immediately	Medium	Peter Pokorny	8-Dec-20		Closed	12/11/2020 - closing item, and rolling into items A-042 and A-043
A-039	IMIT	Corrie and Jill to follow up with MHOs on whether the identified nine sites across the province are ready to vaccinate, and as to how they are going to enter the information into the Provincial Immunization Registry	Medium	Corrie Barclay; Jill Reedijk	8-Dec-20		Closed	Update 12/9/2020: Remove as tracking item

A-025	Logistics; Planning	HEMBC will be asking external groups represented at VPO-EOC what capabilities they have for the different phases of vaccine roll-out	Medium	Gerry Delorme; HEMBC	4-Dec-20		Closed	Update 12/6/2020: Gerry to connect in with Deb etc. A-024 Update 12/8/2020: Three meetings today: CAF, CRC, RCMP. Finalizing documents on how to activate capabilities on the ground etc. Gerry to share document when complete.
A-032	First Nations Health Authority; Public Health Operations	Ross and Shannon to connect with Joint Standing Committee on Rural Issues regarding definition of rural and remote communities in BC	Medium	Ross Brown; Shannon McDonald	7-Dec-20		Closed	Update 12/8/2020: Connection today with JSC- provided a list from that describes each of the communities in RSA and their level- anyone on the A list should be considered rural and remote. HEMBC to email to all VPO-EOC members. Further work needs to be done as to where these communities fit in sequence - item will be returning to PHEC on Monday.
A-033	Health System Operations	HEMBC to send Peter early version of Op Immunize	Medium	HEMBC	7-Dec-20		Closed	Update 12/8/2020: This is the outward facing version, when the more tactical information has been developed this will be shared with Peter
A-035	Planning	Identify appropriate support (administration, project management and nursing) for planning section (Monika)	High	HEMBC	7-Dec-20		Closed	Update 12/8/2020: John has made connections at PHSA; Monika to send John email outlining exact need
A-036	Communication	Noorjean to provide Jean Marc with VCH and FH contacts for the recording of vaccine arrival	Medium	Noorjean Hassam	7-Dec-20		Closed	
A-018	Provincial Immunization Registry and Digital Solutions	Corrie/Jill/Ron to consider where digital solutions fits best within EOC structure; return to VPO-EOC with a recommendation	Medium	Corrie Barclay; Jill Reedijk; Ron Quirk	4-Dec-20		Closed	
A-019	Logistics	Gerry will connect with Noorjean over the weekend for input on the preliminary product to be used for VPO-EOC tabletop exercise	High	Gerry Delorme; Noorjean Hassam	4-Dec-20		Closed	Update 12/4/2020: Met today to discussion planning TTX- date TBD. Initial plan is to have exercise with Noorjean's team; will feedback to VPO-EOC.
A-022	Logistics	Noorjean to remove locations from BCCDC infographic	High	Noorjean Hassam	4-Dec-20		Closed	Update 12/6/2020: Noorjean has asked to team to remove
A-008	Logistics	Noorjean to bring SBAR regarding procurement of -80°C shippers to VPO-EOC	High	Noorjean Hassam	3-Dec-20		Closed	
A-015	Logistics	Gerry to support Noorjean in mapping process for vaccination roll-out	Medium	Gerry Delorme; Noorjean Hassam	3-Dec-20		Closed	Update 12/4/2020: Updates to follow; discussed under agenda item 3 Update 12/6/2020: Information will be shared with VPO-EOC and risks identified flagged with appropriate leads
A-001	Public Health Operations	VPO-EOC to make a decision as to whether to contract with Vaccination Evaluation Centre	Medium	Reka Gustafson	2-Dec-20		Closed	Update 12/3/2020: David has been in touch with people that might be able to help with the research piece; Manish Sadarangani is interested in participating so will be added to the research subgroup - David will approach about being his alternate Update 12/4/2020: Manish confirmed as David's alternate
A-004	VPO-EOC structure	John to organize for EMBC and Red Cross representation at VPO-EOC	High	John Lavery	2-Dec-20		Closed	Update 12/3/2020: Red Cross said they would get back to us today; John to follow up Update 12/4/2020: Deb Lester has joined the VPO-EOC from Red Cross, Pader Brach from EMBC
A-012	Research	David to connect with John re: identifying where research group fits within EOC structure	Medium	David Patrick	3-Dec-20		Closed	
A-049								
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2020-12-17

#	Responsible Party	Action
1	Peter Pokorny and Ross Brown	Peter P and Ross B to determine placement for Bernard Achampong on IBCOC org. chart
2	All	Notify IBCOC@phsa.ca if you will be away for holidays, and who is covering for you.
3	Peter Pokorny	Peter P to locate, and share with command, the letter that was sent to regional health authorities about the use of the e-form, and other data reporting requirements.

2020-12-16

#	Responsible Party	Action
1	Noorjean Hassam	Noorjean H to connect with Becky P and Robert M regarding commercial resources and planning
2	Gerry Delorme	Gerry D to connect with Reka G regarding planning approach to expanding vaccine delivery to practitioners outside of public health staff.
3	Noorjean Hassam	Noorjean H to work with Gerry D to develop weekly logistics work plan.

2020-12-15

#	Responsible Party	Action
1	Bonnie Henry	Bonnie H discuss the distribution of Moderna Vaccines with Monika N and Reka G
2	Peter Pokorny	Peter P to share Regional Health Authority Clinic and Immunization plans with this group as they are received.
3	Corrie Barclay	Corrie B to connect with Monika N regarding AEFI reporting requirements.
4	Peter Pokorny	Peter P to connect with Reka G and Corrie B regarding reporting requirements and way to avoid reporting duplication, as well as streamlining data entry processes.
5	Corrie Barclay	Corrie B to connect with Noorjean H and Monika N regarding regional representatives to discuss monitoring and reporting on vaccine inventory.
6	Monika Naus	Monika N to connect with Becky P regarding BC's AEFI surveillance
7	Corrie Barclay	Corrie B to connect with Becky P and Shannon M regarding FN data collection
8	Bonnie Henry	Bonnie H to provide ethnicity standards for disaggregated data for case report forms to Jill R.
9	David Patrick	David P to develop a plan for research ramp-up.
10	Peter Pokorny	Peter P to locate information on federal cost recovery and coverage, and provide to Philip T
11	Shannon Greer	Shannon G to connect with Monika N regarding public vaccine safety messaging

2020-12-14

#	Responsible Party	Action
1	HEMBC	SitRep template to be developed and distributed
2	Noorjean Hassam	SBAR-005 approved, to be actioned by Noorjean H
3	Monika Naus and Peter Pokorny	Monika to follow up with Meghan Will and Kiersten Fischer regarding LTC staff numbers. Peter P to provide assistance in the event of delayed information.
4	Corrie Barclay	Corrie B to connect with Lexie Flatt regarding the streamlining of data input processes
5	Peter Pokorny	Peter P to work with Pandemic VPs to create immunization clinic plans, which will be shared with this table upon completion.
6	Corrie Barclay and Peter Pokorny	Corrie B and Peter P to work with Shannon M to ensure that indigenous status data is being collected, and clarify associated processes.
7	Shannon MacDonald	Shannon to seek clarification on how immunizations will be getting to remote and FN communities. Issue to be addressed Dec 15 in conversation with PHO and FNHA.
8	Noorjean Hassam	Noorjean H to ensure that FNHA is included in logistical planning activities, such as the RHA tabletops.
9	Peter Pokorny	Peter P to connect Corrie B and David P regarding information flows.
10	Robert Macquarrie	Robert M to connect with Gerry and HEMBC regarding additional support capacity.

2020-12-13

#	Responsible Party	Action
1	Reka Gustafson	Reka G to provide Peter P with contact names and information for the VCH immunization clinic.
2	Corrie Barclay	Corrie B to connect with Shannon M regarding adding indigenous status information collection in e-form
3	Corrie Barclay	Corrie B to connect with Monika N regarding AEFI reporting process
4	John Lavery	John L to report to Ross B on situation reporting process
5	Robert Macquarrie	Rob M to connect with Gerry D and Jonathan C regarding updates to possible support offered by CAF
6	Shannon Greer	Shannon G to advise Ross B on when GCPE will be able to provide push updates on information to the EOC.
7	Bonnie Henry and Ross Brown	Bonnie H and Ross B to determine if/when/how GCPE will be present at the vaccine rollout on Dec 15
8	Bonnie Henry	Bonnie H to connect with Ross B regarding op-ed or media availability re: safety of Pfizer vaccine and mRNA vaccine technology.
9	Noorjean Hassam	Noorjean H to confirm with John L that FH and VCH have security planned overnight in case of early vaccine delivery.

2020-12-11

#	Responsible Party	Action
1	Noorjean Hassam	Provide a list of all the sites with a -80C freezer, that are getting vaccine in December
2	Monika Naus	Monika N to share the prioritization matrix for selection of LTC sites receiving vaccines with Bonnie H.
3	Noorjean Hassam	Noorjean H to move forward with the SBAR presented today, as it was approved.
4	Gerry Delorme	Gerry D to send preparedness materials to Peter P, Ross B, and Bonnie H, following validation on Dec 12.
5	HEMBC	Create central site where "intel" can be saved for awareness of all. Note: information sharing site in Microsoft Teams is available, and information on access was sent to all members of this committee.
6	Reka Gustafson and Ross Brown	Reka G and Ross B to determine solution for ensuring effective connection between existing public health structures and the IBCOC
7	Reka Gustafson	Reka G to set up a call with Elizabeth Brodtkin and Patty Daly and Bonnie H over the weekend
8	Monika Naus	Monika N to send VCH and FH immunization clinic plans to this group

2020-12-10

#	Responsible Party	Action
1	All	All command staff must identify alternates for their own and other key positions, to ensure continuity of operations.
2	John Lavery	John L to connect with Corrie B regarding consolidating action tracker items related to data and reporting.
3	David Patrick	David P to share updated modeling with the command group on December 11 th .
4	All	This table will revisit the topic of the ethical considerations regarding holding back Pfizer dose withholding, on Sunday December 13 th .
5	All	This table to decide, by Dec. 15, to what extent future Pfizer shipments in December will be concentrated in the lower mainland.
6	Monika Naus	Monika and the BCCDC will distribute clinical information materials once the ethical considerations from Item #5 are addressed.

7	John Lavery	HEMBC team to produce a plan and progress update for Ross B that can be used for briefing purposes.
8	Bonnie Henry	Bonnie H, Becky P, and Shannon M to discuss whether nursing staff in FN communities should be prioritised for vaccination over the December holiday timeframe.
9	Jill Reedijk and Corrie Barclay	Jill R and Corrie B to validate FH/VCH solutions required for entering immunization data, and produce one-page summary outlining current situation and needs by This weekend (Dec. 12-13)
10	Martin Lavoie	Martin L to facilitate meeting on the topic of reporting requirements with necessary stakeholder groups.
11	Monika Naus	Monika N to provide Martin L with examples of existing reporting templates
12	Jill Reedijk	Jill R to create summary of data flow within, and in to, the Provincial Immunization Registry.
13	Gerry Delorme and Robert Macquarie	Gerry and Robert to connect regarding information sharing and organizational practices.

Agenda: Immunize BC Operations Centre

Zoom Meeting Information			
Join meeting on a computer → Join meeting by phone →		Click on the Zoom link Dial s.15	Meeting ID s.15 Password s.15
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
12/18/2020	16:30-17:30	Ross Brown	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Ross Brown	
<ul style="list-style-type: none"> Land Acknowledgement Opening comments from Bonnie Minutes Membership updates 			
2. Situation Updates		Ross Brown Noorjean Hassam	
3. New Business		Ross Brown Noorjean Hassam	
<ul style="list-style-type: none"> SBAR 009-Sequencing of COVID-19 Vaccines in BC SBAR 010-Vaccine Delivery Sites – FNHA Nursing Stations 			
4. Action Log		Ross Brown	
5. Logistics		Noorjean Hassam	
6. Public Health Operations		Reka Gustafson	
7. Health System Operations		Peter Pokorny	
7a. Reporting		Corrie Barclay, Jill Reedijk, Martin Lavoie	
7b. IMIT		Corrie Barclay, Ron Quirk	
7c. Human Resources		TBD	
8. Planning		Monika Naus	
8a. Research		David Patrick, VEC	
9. Finance and Procurement		Philip Twyford	
10. First Nations Health Authority		Shannon McDonald	
11. HEMBC		John Lavery	
12. EMBC Liaison		Kathryn Forge	
13. Canadian Armed Forces		Robert Macquarrie	

14. Communication	Shannon Greer Kirsten Youngs	
15. Red Cross Logistics	Deborah Lester	
16. Priorities for Operational Period	Ross Brown	
17. Closing/Next Meeting	Ross Brown	

Minutes: Immunize BC Operations Centre

Zoom Meeting Information			
Join meeting on a computer → Join meeting by phone →		Click on the Zoom link Dial s.15	Meeting ID s.15 Password s.15
Date (mm/dd/yyyy)	Time (24 hr)	Chair	Recorder
12/17/2020	16:30-17:30	Ross Brown	HEMBC
Item		Lead	Notes
1. Welcome & Introductions		Ross Brown	Opening comments from Ross B and Martin L Membership update <ul style="list-style-type: none"> Kirsten Youngs, Director of COVID communications with GCPE.
2. Situation Updates		Ross Brown Noorjean Hassam	Pfizer and Moderna <ul style="list-style-type: none"> December arrival dates confirmed Decisions on where to allocate December and January doses needed before Dec 20. Vaccinations <ul style="list-style-type: none"> As of 16:23, 930 doses were administered today, for a new provincial total of 2141. We have confirmation that people are getting 6 doses per vial of the Pfizer vaccine, sometimes, rather than 5 (as on the label). Confirmed with Pfizer that that is fine. <ul style="list-style-type: none"> These extra doses are available roughly 60% of the time, but all planning will occur assuming 5 doses per vial.
3. New Business		Ross Brown Noorjean Hassam Alice Virani	Holiday Coverage <ul style="list-style-type: none"> Notify the s.17 if you will not be available and who is covering for you. IBCOC members will be considered to be available unless stated otherwise SBAR 008 – <ul style="list-style-type: none"> Seeking to approve the use of the new ethics framework put together by the provincial health ethics advisory team. Intended to ensure consistency by ethics groups across the province when answering HA questions, as well as providing a framework for decision making generally If approved, this document would be distributed to the health authorities to provide decision making support SBAR Approved <ul style="list-style-type: none"> A NACI briefing on ethics occurred today Martin L would like to have this document presented at SAC. First Nations Allocation Proposal <ul style="list-style-type: none"> Proposal brought forward by Noorjean H. Proposal: distribute Moderna Vaccine to 10 remote first nations when first allocation received. Proposal was developed in consultation with FNHA and ethics experts, and is in line with the provincial ethics framework. Significant discussion undertaken.

Novel Coronavirus (COVID-19) Immunize BC Operations Centre

		<ul style="list-style-type: none"> • Proposal APPROVED <ul style="list-style-type: none"> ○ Four further decision points sought: <ol style="list-style-type: none"> 1. Should it be sent to all of these communities, or just some? <ul style="list-style-type: none"> ▪ Decision: All 2. What segment of the population should vaccines be supplied for? <ul style="list-style-type: none"> ▪ Decision: All adults 3. What percentage of vaccination uptake (vaccine acceptance) should be assumed for the communities? <ul style="list-style-type: none"> ▪ Decision: Assume 100% uptake 4. Should supplies be sent for first doses, or for both doses? <ul style="list-style-type: none"> ▪ Decision: Vaccines should be supplied in sufficient quantity to administer both doses. • The Proposal shall be submitted to this group as an SBAR for further approval. • Decision must be finalized at next IBCOC Command meeting, in order to ensure that delivery sites can be confirmed in time for Dec. 20 deadline. • Note: receiving sites do not have -20 freezers, and so vaccine will be stored in standard refrigeration. <ul style="list-style-type: none"> ○ Moderna vaccine can be kept in standard refrigeration for 30 days. ○ Minimum time between doses is 21 days. ○ This may cause some strain with communities in making sure that the second dose is delivered in time. ○ Work underway to see if it is possible to alter distribution plan to create additional time for second dose.
4. Action Log	Ross Brown	No Updates
5. Logistics	Noorjean Hassam	<p>Question: The Pfizer delivery of 16,575 doses on Jan 4, will we allocate that according to population across the HAs?</p> <ul style="list-style-type: none"> • Reka G to take the issue of Pfizer allocation for first week of January, to Dec 18 Public Health Leadership call for decision. • Monika N to send information regarding planning for Pfizer sequencing, in order to inform public health decision making. • An SBAR will then be generated based on the recommendations of the Public Health Leadership group, and brought to the IBCOC command call for approval. • Once SBAR is approved, Bonnie H and Steve B will take the recommendations to the Minister. • This is only for the shipment in the first week of Jan, the future decisions will go to BCIC first, then to PHEC, then IBCOC Command.
6. Public Health Operations	Reka Gustafson	No Updates
7. Health System Operations 7a. Reporting 7b. IMIT	Peter Pokorny Corrie Barclay, Jill Reedijk, Martin Lavoie Corrie Barclay, Ron Quirk	<p>HA Clinic Plans</p> <ul style="list-style-type: none"> • All HA Clinic Plans have been completed, and will be updated as the roll-out continues. <p>Several Decision points needed for planning purposes:</p> <ul style="list-style-type: none"> • What is the final plan for sequencing of the Pfizer vaccine?

Novel Coronavirus (COVID-19) Immunize BC Operations Centre

7c. Human Resources	TBD	<ul style="list-style-type: none"> What are the details of our second-dose scheduling plans? Supply forecasts (in so much as we have, for planning purposes) Information on the limitations on moving the vaccine Documented decision on the provision and use of the Provincial Immunization Registry Clear reporting requirements <p>IMIT</p> <ul style="list-style-type: none"> Work continues on refinement of the e-form and associated workflows. Peter to connect with Ian and Darlene ensuring that the data requirements for reporting to the minister are clear, and that connections are made so that all data requests are coming through a singular channel. <p>Reach-out to physicians and other providers</p> <ul style="list-style-type: none"> Messaging being developed to send out to docs etc. to ensure that they know that their assistance will be needed for vaccination, but isn't yet.
8. Planning 8a. Research	Monika Naus David Patrick, VEC	<p>Data Reporting</p> <ul style="list-style-type: none"> A letter has apparently been sent to regions regarding expectations for reporting into the registry <ul style="list-style-type: none"> Peter will find the letter and clarify the information, bringing it back to this group <p>Adverse event reporting</p> <ul style="list-style-type: none"> Need for clarification: what is our role in this, and what the roles of the other people who are becoming involved from across the ministry and health sector? Peter to report back with clarification on this matter <p>Vaccine injury compensation scheme</p> <ul style="list-style-type: none"> Presentation came out today from the federal government (to be shared with this group) Will be retroactive to Dec 8 Will be up and running in June, but not before. Will cover all vaccines approved by Health Canada This was discussed at SAC, and that information was sent to cabinet <ul style="list-style-type: none"> A decision must be made to either opt in or opt out We are likely to opt in <p>Research</p> <ul style="list-style-type: none"> First draft of knowledge gap analysis has been sent to IBCOC group for input, particularly looking for public health feedback Want to start sitting down with funders on Monday to get this work moving IBCOG members asked to submit feedback within 24 hours, if possible
9. Finance and Procurement	Philip Twyford	No updates
10. First Nations Health Authority	Shannon McDonald	No updates
11. HEMBC	John Lavery	No updates
12. EMBC Liaison	Katheryn Forge	No updates
13. Canadian Armed Forces	Robert Macquarrie	No updates
14. Communication	Shannon Greer	<p>Kirstin Young</p> <ul style="list-style-type: none"> New director of COVID communications with GCPE will have a dedicated COVID team working under her.

		<p>Healthcare workers are currently lined up outside the clinic in VCH</p> <ul style="list-style-type: none"> • Location of vaccine clinic is now public <p>Marketing meeting</p> <ul style="list-style-type: none"> • Government marketing vaccine comms plan will launch in Jan. • Work ongoing to put together a template HAs when communicating about their clinics
15. Red Cross Logistics	Deborah Lester	Available to support rural and remote communities with Moderna deliveries.
16. Priorities for Operational Period	Ross Brown	
17. Closing/Next Meeting	Ross Brown	December 18

#	Responsible Party	Action
1	Peter Pokorny and Ross Brown	Peter P and Ross B to determine placement for Bernard Achampong on IBCOC org. chart
2	All	Notifys.17 if you will be away for holidays, and who is covering for you.
3	Peter Pokorny	Peter P to locate, and share with command, the letter that was sent to regional health authorities about the use of the e-form, and other data reporting requirements.

Administrative Information				
EOC Lead/Sponsor	Ross Brown	Date	12/18/2020	
SBAR developed by	Haley Miller	Key stream	<input checked="" type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Logistics	<input type="checkbox"/> Information <input type="checkbox"/> Finance <input type="checkbox"/> Other
Please list anyone consulted in the development this SBAR	Public Health Executive Committee	Item is for	<input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Decision	
Please list any SBARs related to this decision	006: Allocation of Initial Doses (Approved)			
Cost associated (*see Step 2 in SBAR process)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; Finance representative has reviewed the Financial Considerations section: Name of representative consulted.	To be discussed at	<input checked="" type="checkbox"/> IBCOC <input type="checkbox"/> Public Health Leadership <input type="checkbox"/> Public Health Executive <input type="checkbox"/> Other (specify)	
FTE/staffing impact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Priority	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	

Title: Sequencing of COVID-19 Vaccines in British Columbia

Situation

A limited supply of COVID-19 vaccine has been delivered to BC to begin immunizing high risk priority populations. This limited supply is anticipated to continue into early January 2021, with increases in doses received weekly. Using recommendations from the National Advisory Committee on Immunization, public health leadership has identified sequencing of priority populations in British Columbia for whom vaccine will be offered.

Background

The nature of the COVID-19 immunization program, with multiple vaccine products, extreme storage and handling requirements, two-dose schedules, and uncertain timelines for vaccine availability means that equitable allocation of COVID-19 vaccines will be challenging. Initial doses provided by Pfizer will be in limited quantities for December 2020 and are expected to increase in January 2021 and beyond. Additional manufacturers will bolster BC's allocation of COVID-19 vaccines; however, due to the initial scarcity of doses, vaccines will not (and cannot) be made available to all people in BC at once.

Allocating vaccine as it arrives in limited quantity requires a fair and transparent process until enough vaccine arrives to offer it to the general population. A prevailing principle in the allocation of scarce resources is to seek to maximize benefit, that is, to prioritize people with the highest needs and greatest likelihood to benefit in order to maximize health benefits for the population overall. Therefore, the ethical approach to vaccine distribution is to offer vaccine to people with both the highest need and the greatest likelihood of benefiting and prioritize access that does not exacerbate the impact of COVID-19 to maximize the health benefits of the population. This approach is outlined in the recently IBCOC-approved COVID-19 Vaccine Allocation Ethical Decision-Making Framework.

The National Advisory Committee on Immunization (NACI) makes recommendations for the use of vaccines in Canada and identifies groups at risk for vaccine-preventable diseases for whom vaccination should be targeted. NACI recommends the following populations be offered COVID-19 vaccine:

- Residents and staff of congregate living settings that provide care for seniors;
- Adults 70 years of age and older, beginning with adults 80 years of age and older, then decreasing the age limit by 5-year increments to age 70 years as supply becomes available;
- Health care workers (including all those who work in health care settings and personal support workers whose work involves direct contact with patients); and
- Adults in Indigenous communities where infection can have disproportionate consequences.

In BC, public health leadership, in collaboration with the Provincial Health Officer, the First Nations Health Authority, and Indigenous leaders have adapted and refined the NACI recommendations to identify priority populations to receive the initial offer of protection. These priority populations have been identified in consideration of multiple and novel vaccine products, the complexity of cold-chain management, minimizing vaccine wastage, vaccine safety, areas with a high concentration of COVID-19 cases, and equitable geographical distribution.

INITIAL PHASE	QUARTER ONE	QUARTER TWO	QUARTER THREE	QUARTER FOUR
December 2020	January 1 – March 31, 2021	April 1 – June 30, 2021	July 1 – September 30, 2021	October 1 – December 2021
Doses expected: 33,150	Doses expected: 736,650	Doses expected: 5 million	Doses expected: TBD	Doses expected: TBD
<ul style="list-style-type: none"> • Planning and exercises to prepare for safe arrival and distribution • Initial doses received December 14, 2020 • First doses administered December 15, 2021 to workers in long-term care and assisted living facilities in the lower mainland • Additional December doses to continue to be offered to staff of LTC and Assisted Living Residences and to residents of these settings as transport/cold chain requirements allow 	<ul style="list-style-type: none"> • First priority group: staff and residents of long-term care and assisted living facilities; home care recipients and staff; HCWs working in ER/ICU/Medicine caring for COVID-19 patients and managing the COVID-19 response including testing and assessment sites, on site outbreak response teams and COVID-19 immunization clinics; essential visitors to long-term care and assisted living facilities; indigenous people living in rural and remote locations; residents, clients and workers in select congregate settings; people over 80 years old 	<ul style="list-style-type: none"> • Second priority group: older people under age 80; indigenous people living on and off reserve; key frontline workers including remaining health care workers; police; fire and first responders; teachers; people working in transportation; people working in manufacturing and production facilities 	<ul style="list-style-type: none"> • General population 	<ul style="list-style-type: none"> • General population

Assessment

The first delivery of vaccine was received on **December 14, 2020**. Four trays with 975 doses per tray were delivered to two locations in the lower mainland and are stored in ultra-low temperature freezers. All 3,900 doses are being administered as the first dose in a two-dose series to people who work in long-term care and assisted living facilities in the lower mainland beginning at 1pm on **December 15, 2020**. Pfizer has restricted secondary transport of their vaccine for the month of December while the province familiarizes itself with the safe storage and administration of this novel, ultra-low temperature vaccine. Pfizer are expected to provide updated information on vaccine stability that may allow for transport of thawed vaccine; this would allow for vaccine use in non-mobile populations including residents of long-term care who require immunization services in their

residential setting. Further allocations for the Moderna vaccine, once approved, are forthcoming in a future SBAR.

The following proposed sequencing and recommended timing will be dependent on the ability for the province to receive a sufficient supply of doses. The sequencing and timing will be continued to be monitored with recommendations coming forth if the situation changes significantly.

Priority populations for this initial rollout include:

- Residents and staff of long-term care facilities;
- Residents and staff of assisted living residences;
- Essential visitors to residents of long-term care facilities and assisted living residences;
- Home care recipients and staff who provide care to these individuals; and
- Health care providers most essential to providing front line care to patients with COVID-19 and in managing the COVID-19 response, including:
 - Those working on-site at outbreak response teams in senior's residences;
 - Those working in emergency rooms, intensive care units and medical wards;
 - Those working at COVID-19 testing sites; and
 - Those working in COVID-19 immunization clinics.

In **January 2021**, vaccine will begin to be distributed to additional sites throughout the province in all health authorities. Nine sites will receive vaccine, with some to run clinics directly from those locations, while others will arrange for distribution to secondary sites. Regional health authority planning for this phase of the vaccine rollout is rapidly underway.

In **February and March 2021**, vaccine will continue to be offered to the priority groups listed in the initial rollout, and will be expanded to include:

- Indigenous people (First Nations, Metis, Inuit, and other Indigenous people) on and off reserve;
- Other people aged 80 years and older;
- Residents / clients and workers in select congregate settings with demonstrated higher morbidity or where infection prevention measures not readily applied, such as:
 - People experiencing homelessness;
 - Shelters;
 - Correctional facilities;
 - Group homes;
 - Mental health residential care; and
 - Migrant farm workers.
- Additional health care workers¹, including:
 - Paramedics and other medical first responders, including fire fighters who respond to overdose calls;
 - Staff of acute care hospitals with priority given to those who may be exposed to aerosol generating medical procedures;
 - Community primary care providers, some specialists who see patients in person, and office staff in these settings;
 - Public and private laboratory staff;
 - Midwives;

¹ Health care workers are defined as including hospital employees, other staff who work or study in hospitals (e.g., students in health care disciplines, contract workers, volunteers) and other health care personnel (e.g., those working in clinical laboratories, nursing homes, home care agencies and community settings). Among workers in a healthcare setting, those whose work puts them at increased risk due to direct contact with patients (e.g., physical contact with patients, sustained time in patients' room), particularly those who are in direct contact with COVID-19 patients, should be prioritized during the initial vaccine availability. This can be expanded to other health care workers based on subsequent vaccine supply availability.

- Pharmacists and pharmacy staff;
- Public health staff who work in front line care settings;
- Community radiology / imaging staff;
- Those who work with vulnerable populations; and
- Those who work in patient care settings.
- Residents of remote / isolated communities.

Sequencing decisions at the regional level may be adjusted to account for:

- Recognized risk in specific settings and populations;
- Geographic transmission patterns and incidence of COVID-19;
- Mitigating impacts of outbreaks;
- Potential impact of outbreaks in rural and remote communities due to their geographical distance from care;
- The size of the priority population(s) within the community, along with minimum doses allocated for use; and
- Consideration of vaccine tolerability (i.e., the degree to which adverse events can be tolerated) the and potential impact on staffing.

In April 2021, logistics are dependent on the vaccine that is delivered to BC. However, the second priority group will begin to receive immunizations during this quarter, including:

- Older people under age 80 in descending five-year-age groups, with a focus on the oldest people first;
- Key frontline workers including:
 - Health care workers;
 - Police;
 - Fire and first responders;
 - Teachers;
 - People working in transportation; and
 - People working in manufacturing and production facilities.

In July 2021, it is expected that the remainder of the general population that is eligible for vaccination will be offered it. It is anticipated that all people in BC who are eligible to receive the COVID-19 vaccine will be offered it by the fall of 2021.

Recommendation

Endorse the priority populations recommended by NACI and adapted by public health leadership using an ethical COVID-19 vaccine allocation framework for the sequencing of COVID-19 vaccine in BC. Support the ability for health regions to make operational decisions to opportunistically deliver vaccine doses within the priority population categories to reduce vaccine wastage, expected to be a very small amount.

Completed by HEMBC		
Outcome	<input type="checkbox"/> Approved	<input type="checkbox"/> On hold
	<input type="checkbox"/> Not approved	<input type="checkbox"/> Revision required
	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Endorsed
	<input type="checkbox"/> Pending	

Approving body	<input type="checkbox"/> IBCOC <input type="checkbox"/> PHSA <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other:			Authorized by	Head of approving body
SBAR #	XXX	Version	-XX	Date	Click here to enter a date.

Administrative Information				
EOC Lead/Sponsor	Noorjean Hassam, Logistics Chief	Date	12/17/2020	
SBAR developed by	Noorjean Hassam	Key stream	<input type="checkbox"/> Operations <input type="checkbox"/> Planning <input checked="" type="checkbox"/> Logistics	<input type="checkbox"/> Information <input type="checkbox"/> Finance <input type="checkbox"/> Other
Please list anyone consulted in the development this SBAR	Shannon McDonald, CMHO FNHA Becky Palmer, CNO FNHA Chuck Wilpink, FNHA FNHA Vaccine Planning Team Lauren Mathany, Provincial Operations Logistics co-Chair	Item is for	<input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Decision	
Please list any SBARs related to this decision				
Cost associated (*see Step 2 in SBAR process)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	To be discussed at	<input checked="" type="checkbox"/> IBCOC <input type="checkbox"/> Public Health Leadership <input type="checkbox"/> Public Health Executive <input type="checkbox"/> Other (specify) BCIC	
FTE/staffing impact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; Human Resource/Workforce Planning representative has been consulted: Name of representative consulted.	Priority	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	

Title: Allocation of Moderna vaccine delivery sites to FNHA remote nursing stations

Situation

The [BC COVID-19 Ethical Decision-Making Framework](#) (EDMF) for vaccine allocation supports the just allocation of vaccines to remote sites, and particularly remote sites with a higher risk populations. Moderna is more suitable to deliver to remote sites than the Pfizer vaccine, as Moderna vaccine can be stored at -20C long term or at 2-8C for 30 days. The first shipment of Moderna vaccine to BC is anticipated to arrive December 28-31, 2020. Moderna is therefore being considered for delivery to the 10 remote nursing stations in BC that each have a percentage of people who are over 65.

Background

The [BC COVID-19 Ethical Decision-Making Framework](#) (EDMF) for vaccine allocation supports the just allocation of vaccines to remote sites, and particularly remote sites with higher risk populations. The Moderna vaccine is more suitable for use in remote regions since it does not require a -80 freezer for transportation and storage, has a longer fridge life, and does not need to be diluted for administration. Moderna vaccine can be stored at -20C long term or at 2-8C for 30 days, and the 2 dose schedule includes a second dose after 21-35 days. The first shipment of Moderna vaccine to BC will arrive December 28-31, 2020. Only Moderna and Pfizer vaccine will arrive in BC in Q1 of 2020. The delivery of this vaccine is through a contract with FedEx, to anywhere in the province with no limit on the number of delivery sites. Given the first shipment of Moderna is to arrive around December 28, the only eligible remote FNHA sites are the 10 nursing stations, mostly in northern BC. The rest of the health

COVID-19: Immunize BC Operations Centre

centres in FN communities are closed during this time period and have no staffing available. Moderna is therefore being considered for delivery to the 10 remote nursing stations in BC, each serving a town with a small percentage of people who are over 65.

These 10 communities have little access to health care services locally, and are considered living in a “high risk environment”. Given that there are elders over 65 in each of these communities, they fall under the highest prioritization group for the allocation of vaccines, as described in the British Columbia COVID-19 Vaccine Implementation: An Ethical Decision Making Framework. *Getting vaccines to these elders is a priority.* Alongside this, there are practical and ethical considerations that suggest it is better to send vaccines to the *entire* adult population, rather than only the elders. These considerations include:

- Elders in the community tend to live in multi-generational homes; immunizing all people in the home increases the protection for the elders
- The population of elders in these communities is very low, and sending the minimum dose would result in needing to vaccinate others in the community to avoid waste. This could result in inequitable immunization in the community, and the need for a second or third delivery.
- The weather impacts the ability of these communities to get deliveries. The weather is more favorable now, than it will be at the end of January and February when the next Moderna deliveries are anticipated
- The population of the communities is low, and has a relatively small impact on overall distribution of vaccines across BC
- Health Canada is sending all Territories the full allocation of Moderna vaccine to immunize the adult population, rather than providing vaccine in multiple shipments and sequencing the population
- Providing vaccines in a timely way to remote FN communities is an important act of reconciliation and equity

Assessment

Given the multiple factors that make Moderna the vaccine of choice for remote communities, and the timing of Moderna deliveries in Q1, and the ethical considerations for ensuring that these communities receive vaccines early in the sequencing we assess that sending the full two dose adult allocation of Moderna to these 10 nursing stations via the Dec 28 delivery is the favored option.

Recommendation:

Approve the allocation of 8800 doses of Moderna vaccine across the 10 FNHA remote nursing stations from the December 28, 2020 delivery.

Completed by HEMBC					
Outcome	<input type="checkbox"/> Approved <input type="checkbox"/> On hold <input type="checkbox"/> Not approved <input type="checkbox"/> Revision required <input type="checkbox"/> Withdrawn <input type="checkbox"/> Endorsed <input type="checkbox"/> Pending				
Approving body	<input type="checkbox"/> IBCOC <input type="checkbox"/> PHSA <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other:		Authorized by	Head of approving body	
SBAR #	XXX	Version	-XX	Date	Click here to enter a date.

From: van Gelderen, Courtney [PHSA] on behalf of IBCOC
To: Brown, Stephen R HLTH:EX; Henry, Bonnie HLTH:EX; Miller, Haley HLTH:EX; Brown, Ross Dr [VCH]; XT:Naus, Monika HLTH:IN; Reedijk, Jill [BCCDC]; Lavoie, Martin HLTH:EX; Lawrie, Hannah GCPE:EX; XT:McDonald, Shannon HLTH:IN; XT:Dawkins, Laurie GCPE:IN; Delorme, Gerry (PHSA) [VIHA]; Prevost, Jean-Marc GCPE:EX; VPOEOC [PHSA]; Halicki, Ashley HLTH:EX; Galt, Jamie HLTH:EX; Pokorny, Peter HLTH:EX; Hassam, Noorjean [BCCDC]; "tim.byres@forces.gc.ca"; XT:HLTH Brown, Libby; Gustafson, Reka [BCCDC]; XT:Patrick, David HLTH:IN; "SHEA.BRAMLEY@forces.gc.ca"; "Patricia.Laing@forces.gc.ca"; Hinde, Grace [PHSA]; Smith, Paula GCPE:EX; XT:Pope, Darcia HLTH:IN; Bru, Carolyn GCPE:EX; "Deborah.Lester@redcross.ca"; "Robert.Macquarrie2@ecf.forces.gc.ca"; Quirk, Ron EHS:IN; Twyford, Philip HLTH:EX; Barclay, Corrie A HLTH:EX; Brach, Pader W EMBC:EX; XT:Palmer, Becky HLTH:IN; Virani, Alice [PHSA]; Thistle-Walker, Carlene HLTH:EX; IBCOC; Carroll, Jonathan C HLTH:EX; Greer, Shannon GCPE:EX; Achampong, Bernard HLTH:EX; Massey, Keren L HLTH:EX; Grieve, Chandler GCPE:EX; Youngs, Kirsten R GCPE:EX; Thompson, Laurel HLTH:EX; Forge, Kathryn EMBC:EX; XT:Lavery, John HLTH:IN; CoastalSMD; IBCOC
Subject: IBCOC Internal SitRep 2020-12-18
Date: December 18, 2020 4:33:35 PM
Attachments: IBCOC Internal SitRep 2020-12-18.docx

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

Good afternoon,

Please find **IBCO Internal SitRep 2020-12-18** attached.

Many thanks,
Courtney

Courtney van Gelderen

Executive Assistant to John Lavery, Executive Director HEMBC
Provincial Health Services Authority

Office: #200 - 1333 W Broadway, Vancouver, BC V6H 1G9
Phone: 604-829-2537 | Mobile: 5.15 | courtney.vangeldereren@phsa.ca | www.phsa.ca

Internal Situation Report # 002

Region: British Columbia – Provincial

Overview: The Immunize BC Operations Centre (IBCOC) is activated to coordinate management of the COVID-19 vaccination rollout. This report provides a strategic overview on the status of deliveries, inventory, planned and actual administration, and logistics status (i.e. shipment status/location and status of Health Authorities receiving initial batches). This report represents a “snapshot in time” and the information within is subject to change.

Situation Reports will be released daily based on information from the previous day.
New information will be posted in red.

Date issued: 2020-12-18

Prepared by: HEMBC IBCOC Support

Next report: 2020-19-19

Contact: Jonathan.Carroll@gov.bc.ca

<u>Report Sections:</u>	1. Strategic Priorities	6. NOC Updates
	2. Situation overview	7. SBARs
	3. Upcoming Events	8. Organizational Chart
	4. Key Updates by Section	9. Detailed Site Information
	5. Health Authority Updates	10. Appendixes

1. Strategic Priorities

1. Ensure safe and efficient implementation of the Provincial COVID-19 Vaccination Plan
2. Ensure that deliveries of the Pfizer Vaccine are received and administered to members of the public in a safe, fair, and scientifically-base way, in accordance with the Provincial COVID-19 Vaccination Plan
3. Ensure that the health system is prepared for the arrival and implementation of the Moderna vaccine.

2. Situation Overview (as of 2020-12-17)

Last 24 hours			
Health Authority	Population Vaccinated (at least one dose)	Vaccine Doses Received	
		Pfizer	Moderna
FHA	360	-	-
VCHA	1,016	-	-
VIHA	-	-	-
IHA	-	-	-
NHA	-	-	-
TOTAL	1,376	-	-

*Data not available for this report

Total To-Date					
Health Authority	Population Vaccinated (at least one dose)	Vaccine Doses Received		Vaccine Reveal Sites	Vaccine Clinics sites active to date
		Pfizer	Moderna		
FHA	633	1,950	-	1	1
VCHA	1,959	1,950	-	1	1
VIHA	-	-	-	-	-
IHA	-	-	-	-	-
NHA	-	-	-	-	-
TOTAL	2,592	3,900	-	-	-

*Data not available for this report

Significant Updates:

- Vancouver Coastal Health is reported to have used all of their stock of Vaccine. This means that they are finished vaccination for the time being.
- Pfizer has confirmed that doses arriving in January will be less than previously anticipated.
- Some vials of Pfizer vaccine have been found to contain 6 doses after reconstitution, instead of the expected 5. Pfizer has confirmed that this is normal, and that additional dose may be used.
- Vaccination Clinic continues operation in Fraser Health.
- The first Shipment of Moderna Vaccine could be expected to arrive as early as December 21, with shipment likely to arrive closer to the end of December.

3. Upcoming Events

- December 18: Health authority readiness exercise for vaccination clinics
- December 21: Shipment of Pfizer Vaccine, 20,475 doses
- December 23: After Action Review for Dec. 21 shipment arrivals
- December 28: Shipment of Pfizer Vaccine, 8,775 doses
- December 28 – January 1: Possible range for arrival of Moderna Vaccine

4. Key Updates by Section

Command	<ul style="list-style-type: none"> • Primary focus of activities is around preparing for Dec. 21 deliveries, and the consequent vaccinations.
Logistics	<ul style="list-style-type: none"> • January allocations of Pfizer vaccine are confirmed to be lower than previously anticipated, but will arrive weekly. • Planning underway to delivery Moderna vaccine to 10 specific remote First Nations communities, when first shipment arrives.
Public Health Operations	<ul style="list-style-type: none"> • Work ongoing to collect data on vaccination coverage/progress at long-term-care facilities. • Planning underway for scaling-up of vaccination efforts, and expansion of vaccination from just public health staff, to other doctors, nurses, and pharmacists.
Health System Operations	<ul style="list-style-type: none"> • Regional Health Authorities plans for clinics and vaccine roll-out have been submitted. • Messaging being developed for Physicians and other providers to inform them that their assistance will be required for vaccinations, but not until larger mass-immunization efforts are underway. • Work to refine workflow associated with the new e-form is underway. • Daily reporting on inventory for sites administering vaccines is in development. • Efforts underway to register individuals receiving vaccines for the Health Gateway system, so that they can access digital records of their vaccination.
Planning	<ul style="list-style-type: none"> • Clarification regarding roles and responsibilities around adverse event reporting is underway. • Federal government announced its new Vaccine Injury Compensation Scheme. • Rapid assessment of research needs is now complete, funding talks to commence on Monday Dec. 21.

	<ul style="list-style-type: none"> • Work ongoing with the BC Immunization Committee, FNHA, and others to determine which communities and which populations will be prioritized for vaccination. • Advanced Planning around the rollout of large-scale immunization clinics is underway.
Finance and Procurement	<ul style="list-style-type: none"> • No updates at this time.
Communications	<ul style="list-style-type: none"> • A new director of COVID Communications has been added to the IBCOC structure, Kirsten Youngs • Government Vaccine Marketing/Comms plan will launch in Jan. • Work is ongoing to develop a template for regional health authorities, to assist in communicating about their vaccine clinics.
Liaison Updates	<ul style="list-style-type: none"> • No new updates.

5. Health Authority Updates

FH	<ul style="list-style-type: none"> Vaccinations continue at clinic site, planning underway for receiving additional vaccine on Dec 21. Planning underway for receiving and administering Moderna Vaccine, once it is approved.
VCH	<ul style="list-style-type: none"> Vaccinations continue at clinic site, planning underway for receiving additional vaccine on Dec 21. Planning underway for receiving and administering Moderna Vaccine, once it is approved.
VIHA	<ul style="list-style-type: none"> Preparations underway to prepare for Dec. 21 vaccine delivery, and subsequent immunization. Planning underway for receiving and administering Moderna Vaccine, once it is approved.
IH	<ul style="list-style-type: none"> Preparations underway to prepare for Dec. 21 vaccine delivery, and subsequent immunization. Planning underway for receiving and administering Moderna Vaccine, once it is approved.
NH	<ul style="list-style-type: none"> Preparations underway to prepare for Dec. 21 vaccine delivery, and subsequent immunization. Planning underway for receiving and administering Moderna Vaccine, once it is approved.
FNHA	<ul style="list-style-type: none"> Preparations underway to prepare for Dec. 21 vaccine delivery, and subsequent immunization. Planning underway for receiving and administering Moderna Vaccine, once it is approved.

6. NOC updates

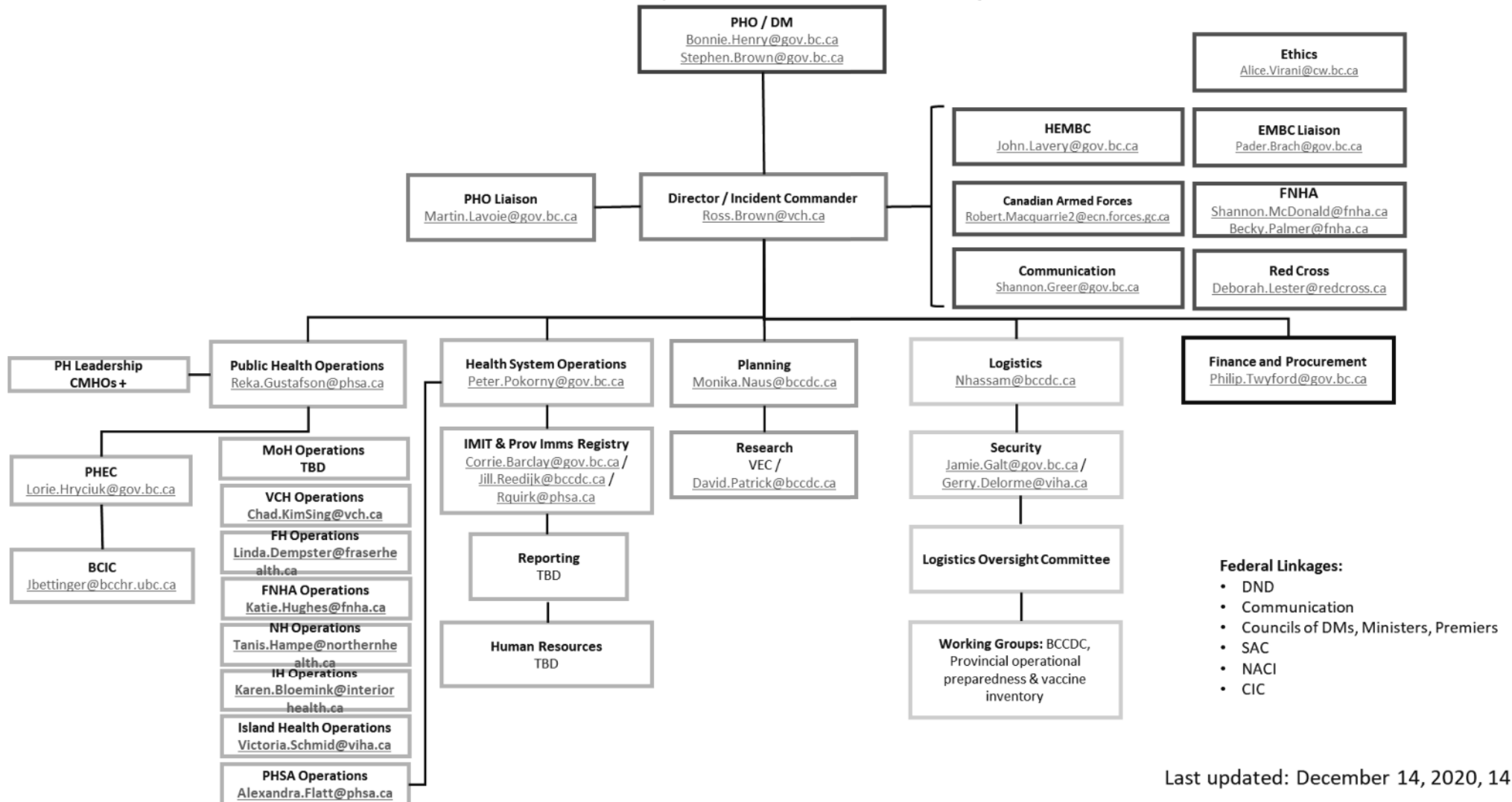
- Efforts are underway to streamline communications between NOC and health system response by utilizing IBCOC communications processes.

7. SBARS

Number	Title	Contact	Outcome(s)
SBAR – 001	Freezer Procurement for COVID-19 Vaccine	Noorjean Hassam	Approved
SBAR – 002	Ultralow temperature thermal shippers and data loggers for Pfizer vaccine	Noorjean Hassam	Approved
SBAR – 003	Dry Ice PPE Kits final	Noorjean Hassam	Approved
SBAR – 004	BC COVID-19 Vaccine Second Dose Deferral Strategy	Reka Gustafson	
SBAR – 005	Dry Ice Contract	Noorjean Hassam	Approved
SBAR – 006	Allocation of initial COVID-19 vaccine doses in December 2020 and early January 2021	Ross Brown	Approved
SBAR – 007	Immunization Record Card for COVID Vaccine recipients	Noorjean Hassam	Approved, for uncoated option.
SBAR - 008	Ethical Decision-Making Framework	Alice Virani	Approved
SBAR – 009	Allocation of Moderna vaccine delivery sites to FNHA remote nursing stations	Noorjean Hassam	Pending

8. Organizational Chart

Immunize BC Operations Centre Org Chart



Last updated: December 14, 2020, 14:20

9. Detailed Site Information

Pfizer Sites

Health Authority	Community	Site	Storage Type	Shipment Receiving Site	Clinic Site	Vaccine Received To date	Vaccine Administered to date	Vaccine on-hand (doses)	Doses Unusable	Ancillary Supplies (Days on hand)	Next Shipment
FHA	s.15; s.19		UTL	Yes	Yes	1950	633	*	0	-	Dec 21 * doses
FHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
FHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
VCHA			UTL	Yes	Yes	1950	1,959	*	0	-	Dec 21 * doses
VCHA			Thermal Shipper	Yes	Yes	-	-	-	-	-	Dec 21 * doses
VCHA			Thermal Shipper	Yes	Yes	-	-	-	-	-	Dec 21 * doses
VIHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
VIHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
VIHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
VIHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
IHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
IHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses
NHA			UTL	Yes	Yes	-	-	-	-	-	Dec 21 * doses

* Information not available for this report

Moderna Sites (TBD)

Health Authority	Community	Site	-20 Freezer on site?	Shipment Receiving Site	Clinic Site	Vaccine Received To date	Vaccine Administered to date	Vaccine on-hand	Doses Unusable	Ancillary Supplies (Days on hand)	Next Shipment
FHA											
FHA											
FHA											
VCHA											
VCHA											
VCHA											
VIHA											
VIHA											
VIHA											
VIHA											
IHA											
IHA											
NHA											

10. Appendixes

None at this time.

RE: COVID Immunization and DM Discussion

From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
To: Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>
Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: November 3, 2020 8:50:27 AM PST
Received: November 3, 2020 8:50:27 AM PST

Hi Brian,
I added a few items, highlighted in yellow.
Cheers,
Martin

From: Sagar, Brian HLTH:EX
Sent: November 2, 2020 6:41 PM
To: Lavoie, Martin HLTH:EX
Subject: RE: COVID Immunization and DM Discussion

Hi Martin,
Here is DRAFT new wording for IGR to shape the DM's discussion of COVID imms planning, per our phone conversation.
Interested in your thoughts.
Reminder of the 9am deadline.
Brian

CURRENT STATUS

FPT Deputies have had a number of discussions on the federal government's proposed Common Statement of Principles on COVID Immunization. The National Advisory Committee on Immunization (NACI) is expected to launch its interim guidance on key populations for COVID Immunization on November 3rd.

POTENTIAL DISCUSSION POINTS

- PT's share views on and define COVID immunization planning items where collaboration, alignment, and uniformity are paramount (e.g., national allocation criteria, public messaging/communication/education, reporting of vaccine metrics, reporting of adverse events), as well as define items where regional flexibility and adaptation are acceptable.
- PT's discuss and define roles and responsibilities for leading all key items* required for COVID immunization planning and implementation, including the federal role and PT roles.
 - * Key items include: vaccine authorization (notice of compliance by Health Canada, national contracts and procurement, allocation, distribution, recommendations on use and prioritization (i.e. NACI), administration of doses (i.e. vaccination), inventory tracking, reporting of doses administered, identification and reporting of Adverse Events Following Immunization (AEFI's), common content for public and professional information and education (including websites, media, FAQ's, KM's)
- Consider the role of a **no-fault vaccine injury compensation program** (ideally national) as discussed and recommended in the National Immunization Strategy refresh reports.
- PT's discuss a schedule of future meetings to ensure regular, ongoing collaboration and information sharing to guide, inform and troubleshoot COVID immunization planning, implementation, follow-up, and evaluation. Of particular importance is defining ahead of time the decision-making processes to be used if/when challenges occur, in the context of the currently complex and multi-level set-up that includes various levels of government, FPT committees, and national bodies, to name a few.

EXPECTED OUTCOME

- PTs have an opportunity to discuss and collaborate on current planning for and implementation of COVID immunization, to highlight any concerns and opportunities for collaboration, and to ensure alignment and coordination where required.

From: Sagar, Brian HLTH:EX

Sent: November 2, 2020 4:00 PM

To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

Subject: COVID Immunization and DM Discussion

Hi Martin,

See the email below from IGR. BC DM asked to lead a 5 to 10 minute P/T discussion about COVID imms planning on Nov 13.

I think additional P/T discussion of planning and coordination is a good use of the DMs' time.

Are there any other big picture, hot topics that you'd like put forward for consideration? Or any specific items that need to be NAMED for the discussion about planning and coordination (distribution, public engagement and data/reporting are top of my list)?

Brian

Subject: COVID Immunization and DM Discussion

Hi Brian,

ON has approached BC to lead a discussion amongst PT DM's on the topic of COVID immunization on Nov. 13. At the present time only 5 minutes is allotted to this item, however we will discuss further with ON to extend this time to perhaps 10 minutes. The following draft frames the discussion: personally, I think it would be interesting to focus on where federal jurisdiction on vaccines ends and where provincial jurisdiction begins. Also, it would be interesting to outline all the fpt players. Please let me know your initial thoughts on possible areas to focus on, and if you think BC is in a position to provide some leadership on this topic. Your initial thoughts would be welcome by tomorrow at 9:00 am.

Richard

CURRENT STATUS

FPT Deputies have had a number of discussions on the federal government's proposed Common Statement of Principles on COVID Immunization. The National Advisory Committee on Immunization (NACI) is expected to launch its interim guidance on key populations for COVID Immunization on November 3rd.

POTENTIAL DISCUSSION POINTS

■ s.13

- PTs' provide updates on their planning for the implementation of COVID immunization, including considerations and concerns.
- PTs share views on the status of FPT discussions on immunization and potential path forward and opportunities for collaboration.

EXPECTED OUTCOME

- PTs have an opportunity to discuss current planning for COVID immunization, to highlight any concerns and opportunities for collaboration.

feds will likely be seeking some type of 'agreement' with the PTs related to COVID vaccine pgm

From: Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>
To: Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>, Hassam, Noorjean [BCCDC] <Nhassam@bccdc.ca>, Hrycuik, Lorie [EXT] <Lorie.Hrycuik@gov.bc.ca>, Lavoie, Martin <Martin.Lavoie@gov.bc.ca>, Hrycuik, Lorie HLTH:EX, Lavoie, Martin HLTH:EX
Cc: Achampong, Bernard <Bernard.Achampong@gov.bc.ca>, Brian.Sagar [EXT] <Brian.Sagar@gov.bc.ca>, donna.jepsen@gov.bc.ca [EXT] <donna.jepsen@gov.bc.ca>, Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Achampong, Bernard HLTH:EX, Sagar, Brian HLTH:EX, Jepsen, Donna HLTH:EX, Henry, Bonnie HLTH:EX
Sent: December 4, 2020 6:04:46 PM PST
Received: December 4, 2020 6:05:13 PM PST

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Fyi, I responded to Erin Henry at PHAC on the enclosed draft below. I think that it was just a trial balloon out to me as CIC cochair, and they are not quite ready to proceed with it at this point in time, but it's likely to come back either to us or the Ministry or PHO.

Thank you,
Monika

.....

Monika Naus MD FRCPC
Medical Director, Communicable Diseases & Immunization Service
Medical Head, Immunization Programs & Vaccine Preventable Diseases
BC Centre for Disease Control
monika.naus@bccdc.ca
Tel 604.707.2540
Cell s.15

Assistant: Jessica Taylor (Monday - Wednesday) and Esther Cummings (Thursday/Friday) mnds.assist@bccdc.ca Tel 604 707 2519

I gratefully acknowledge that I live on the territory of the Coast Salish Peoples.

From: Naus, Monika [BCCDC]
Sent: Tuesday, December 01, 2020 7:00 PM
To: 'Henry, Erin (PHAC/ASPC)'
Cc: Deehan, Heather (PHAC/ASPC) ; Pennock, Jennifer (PHAC/ASPC) ; Apse, Krista (PHAC/ASPC) ; Charos, Gina (PHAC/ASPC) ; Gravelle, Natalie (PHAC/ASPC) ; House, Althea (PHAC/ASPC) ; Naus, Monika [BCCDC]
Subject: RE: Draft Confirmation Form, COVID vaccine safety
Hi Erin
I'm not sure it would require 'ministerial' sign off, but likely 'ministry'.
Thank you,
Monika

.....

Monika Naus MD FRCPC
Medical Director, Communicable Diseases & Immunization Service
Medical Head, Immunization Programs & Vaccine Preventable Diseases
BC Centre for Disease Control
monika.naus@bccdc.ca
Tel 604.707.2540
Cell s.15

Assistant: Jessica Taylor (Monday - Wednesday) and Esther Cummings (Thursday/Friday) mnds.assist@bccdc.ca Tel 604 707 2519

I gratefully acknowledge that I live on the territory of the Coast Salish Peoples.

From: Henry, Erin (PHAC/ASPC) [<mailto:erine.henry@canada.ca>]
Sent: Tuesday, December 01, 2020 3:30 PM
To: Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>
Cc: Deehan, Heather (PHAC/ASPC) <heather.deehan@canada.ca>; Pennock, Jennifer (PHAC/ASPC) <jennifer.pennock@canada.ca>; Apse, Krista (PHAC/ASPC) <krista.apse@canada.ca>; Charos, Gina (PHAC/ASPC) <gina.charos@canada.ca>; Gravelle, Natalie (PHAC/ASPC) <natalie.gravelle@canada.ca>; House, Althea (PHAC/ASPC) <althea.house@canada.ca>
Subject: RE: Draft Confirmation Form
EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and **do not** open attachments or click on links.

Thanks Monika for the feedback and perspectives. There will actually be a presentation next week by our policy group on Vaccine Injury Compensation. Good to know that the agreement would be signed at the Ministerial Level in BC and I agree, each PT would likely like to tailor it to their specifications.
I can't speak to payment of vaccine as I'm sure that is a very senior level discussions. For the supplies that was kept at an ADM level.
Erin

Erin E Henry

Director | Directrice

Immunization Programs and Pandemic Preparedness Division | Division des programmes d'immunisation et de la préparation aux pandémies
Centre for Immunization and Respiratory Infectious Diseases (CIRID) | Centre de l'immunisation et des maladies respiratoires infectieuses (CIMRI)
Public Health Agency of Canada | Agence de la santé publique du Canada
130 Colonnade Road, Room 158A, AL 6501A
Tel: 613-960-4562, Cell: s.17

From: Naus, Monika [BCCDC] [<mailto:Monika.Naus@bccdc.ca>]
Sent: 2020-12-01 5:24 PM
To: Henry, Erin (PHAC/ASPC)
Cc: Deehan, Heather (PHAC/ASPC); Pennock, Jennifer (PHAC/ASPC); Apse, Krista (PHAC/ASPC); Charos, Gina (PHAC/ASPC); Gravelle, Natalie (PHAC/ASPC); House, Althea (PHAC/ASPC); Naus, Monika [BCCDC]
Subject: Re: Draft Confirmation Form
Hello Erin

This may vary by P/T but in BC I think it would likely be signed off by the Ministry and I'm guessing there
s.13

At what level are things like payment for vaccine and equipment being raised?
And what about the vaccine injury compensation scheme or similar that I've seen a line about but no further details have been discussed.

s.13

Thank you,

Monika

.....

Monika Naus MD FRCPC
Medical Director, Communicable Diseases & Immunization Service
Medical Head, Immunization Programs & Vaccine Preventable Diseases
BC Centre for Disease Control
monika.naus@bccdc.ca
Tel [604.707.2540](tel:604.707.2540)
Cell ^{s.15}

From: erine.henry@canada.ca
Sent: November 28, 2020 9:26 AM
To: Monika.Naus@bccdc.ca
Cc: heather.deehan@canada.ca; jennifer.pennock@canada.ca; krista.apse@canada.ca; gina.charos@canada.ca; natalie.gravelle@canada.ca; althea.house@canada.ca
Subject: Draft Confirmation Form
EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and **do not** open attachments or click on links.

Hi Monika,
Our policy team has drafted a confirmation form outlining what Feds are responsible for and what PTs are responsible for. It would be signed by the PT representative along with myself as Federal Co-chair of CIC. I would love your feedback on the content and whether you think this should be signed at our level or higher at the SAC level.
Let me know your thoughts and happy to discuss.
Erin

Request for EOC via my gov.bc.ca account

From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
To: Brown, Ross Dr [VCH] <Ross.Brown@vch.ca>, XT:Lavery, John HLTH:IN <john.lavery@phsa.ca>
Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: December 8, 2020 4:08:35 PM PST
Received: December 8, 2020 4:08:36 PM PST

Ross, John,

I just received this request from Ian Rongve's team to prepare an information BN on two aspects – vaccine planning and rollout, and vaccine injury compensation program.

Instructions are pasted below, and it came with three attached documents. PPH Division is not the planning lead, so are not directly included in this request.

Once complete, I will send it back via our electronic approval system that I have access to.

We can chat about this later.

Martin

1. CHREM to collaborate with PPH, PHO, and Dr. Ross Brown as required. Bullets Template is attached.
2. Regarding Vaccine Planning and Roll-out, BC Program Bullets should outline key perspectives on readiness, progress, key developments and upcoming milestones, as well as any key issues/risks/challenges;
3. regarding (potential) Vaccine Injury Compensation (Program), Bullets should outline highlights of BC MOH perspective and any recent or planned discussions on the topic, including any indication of scope, funding model, or other key aspects.
4. Recently prepared BC Program Bullets for Dec. 3 FPT Health Ministers' call and Dec. 10 First Ministers' Meeting, are included for context.
5. Contact Chad Vandermolen, Sylvia Blake, or Richard Almond if any questions
6. PPH indicates they do not have the required information. Please collaborate with Dr. Ross Brown on Bullets content. Please approve and forward draft to CHREM docs once completed, for Ian's review and approval. CHREM to return to IGR following Ian's review and approval.

Dr. Martin Lavoie | Deputy Provincial Health Officer (Acting)

Office of the Provincial Health Officer, Ministry of Health

PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P4

Cell: s.17 E: Martin.Lavoie@gov.bc.ca

Assistant: Ashley Halicki

T: (778) 974-3935 E: Ashley.Halicki@gov.bc.ca

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RE: ALERT - eApprovals Item ID: 25550 - Item Forwarded - - Due 12/10/2020

From: Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Cc: Samra, Kevin HLTH:EX <Kevin.Samra@gov.bc.ca>
Sent: December 8, 2020 4:20:31 PM PST
Received: December 8, 2020 4:20:31 PM PST

There's been no discussion on any of the FPT DM or Minister calls. From the notes I've seen from the Premiers'/PM table, FMM, I haven't seen any discussion there either. Also, there wasn't any discussion at the PT Immunization Forum table on Monday; in fact, I flagged the issue, hoping to generate some intel, but the Ontario Chair just indicated it would be brought forward as a topic on a future Agenda. Unless Brian Sagar or someone else has more specific intel, I think just the general background and a recommended position will meet our needs for this initial discussion. Perhaps Ian Rongve may have some thoughts too, when he reviews the draft.

--Chad

From: Lavoie, Martin HLTH:EX
Sent: December 8, 2020 4:11 PM
To: Vandermolén, Chad HLTH:EX
Subject: FW: ALERT - eApprovals Item ID: 25550 - Item Forwarded - - Due 12/10/2020

Chad, are you aware of any discussions at FPT tables about vaccine injury compensation program? I have good general background on what this is, and it was mentioned in a number of documents we reviewed recently (I think I added that element the first time around), but I have not heard anything related to this since then. I would highly recommend a national program over a provincial one.

M

From: HLTH eApprovals <donotreply@sp.gov.bc.ca>
Sent: December 8, 2020 12:56 PM
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Subject: ALERT - eApprovals Item ID: 25550 - Item Forwarded - - Due 12/10/2020

Vandermolén, Chad HLTH:EX [Assignee] forwarded an eApprovals item to Lavoie, Martin Deputy PHO for action

Comment: PPH indicates they do not have the required information. Please collaborate with Dr. Ross Brown on Bullets content. Please approve and forward draft to CHREM docs once completed, for Ian's review and approval. CHREM to return to IGR following Ian's review and approval.

#:

Title: BC Program Bullets re Covid-19 Immunization Planning and Roll-out & Vaccine Injury Compensation

Full Name:

Due Date: 12/10/2020

Category: Meetings - BC Program Note (IGR)

[Go to item...](#)

Vaccine Items on Fri., Dec. 11 FPT DMs of Health Agenda

From: Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Cc: Samra, Kevin HLTH:EX <Kevin.Samra@gov.bc.ca>, Blake, Sylvia HLTH:EX <Sylvia.Blake@gov.bc.ca>, Almond, Richard HLTH:EX <Richard.Almond@gov.bc.ca>

Sent: December 9, 2020 10:57:21 AM PST

Received: December 9, 2020 10:57:21 AM PST

Hi Martin,

Further to our call of a short while ago, the vaccine items on the draft Agenda are set out below. Glad that the Vaccine Injury Support Program appears to be evolving as we had hoped. Hope this additional info/context assists you in completion of eApp [25550 - BC Program Bullets re Covid-19 Immunization Planning and Roll-out & Vaccine Injury Compensation](#).

3. Update on Logistics and Distribution Operations—<i>for information</i> <ul style="list-style-type: none">DMs will be joined by Major General Dany Fortin to receive an update on vaccine readiness preparations underway through the NOC, including the status of coordination with PT distribution centres.	<i>20 min.</i>
4. Vaccine Injury Support (VISP) Program – <i>for information/discussion</i> <ul style="list-style-type: none">DMs will receive an update on the federal government's intent to establish a federally-funded, pan-Canadian, Vaccine Injury Support Program (VISP).	<i>20 min.</i>

IGR will advise if we learn any further relevant developments.

Sincerely,

Chad

RE: URGENT - Request for EOC via my gov.bc.ca account

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, XT:Naus, Monika HLTH:IN <monika.naus@bccdc.ca>, Hassam, Noorjean [BCCDC] <Nhassam@bccdc.ca>
Cc: Lavoie, Martin <martin@martinlavoie.ca>
Sent: December 9, 2020 11:08:29 AM PST
Received: December 9, 2020 11:08:29 AM PST

Hi there – I will happily draft the BN on the planning and rollout.
Haley

From: Lavoie, Martin HLTH:EX
Sent: December 9, 2020 11:06 AM
To: XT:Naus, Monika HLTH:IN ; Hassam, Noorjean [BCCDC] ; Miller, Haley HLTH:EX
Cc: Lavoie, Martin
Subject: URGENT - Request for EOC via my gov.bc.ca account
Importance: High
Noorjean, Monika,

(Haley, please see Q for you below – this is urgent and your help would be really appreciated if you can)
To prepare for an FPT DM meeting on Friday, we need to prepare a BN that will give our DM the needed background on two aspects. The first one is about vaccine planning and rollout. I can take care of the second one (vaccine injury compensation program).
Monika, I just heard that the feds just shared their intent to set up a vaccine injury compensation program nationally and they will discuss this at the FPT DM meeting on Friday.
We need this by afternoon Thursday (tomorrow) and we may be ok later on Thursday if needed...
I wonder if HEMBC colleagues or Haley could help us with that. I copied Haley already.
Details I just got from intergovernmental relations:

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DMs will receive an update on the federal government's intent to establish a federally-funded, pan-Canadian, Vaccine Injury Support Program (VISP).

Dr. Martin Lavoie

Deputy Provincial Health Officer (Acting)
Office of the Provincial Health Officer, Ministry of Health

From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: December 8, 2020 4:09 PM
To: Brown, Ross Dr [VCH] <Ross.Brown@vch.ca>; XT:Lavery, John HLTH:IN <john.lavery@phsa.ca>
Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Subject: Request for EOC via my gov.bc.ca account
Importance: High

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Instructions are pasted below, and it came with three attached documents. PPH Division is not the planning lead, so are not directly included in this request.
Once complete, I will send it back via our electronic approval system that I have access to.
We can chat about this later.
Martin

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Dr. Martin Lavoie | Deputy Provincial Health Officer (Acting)

Office of the Provincial Health Officer, Ministry of Health

PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P4

Cell: s.17

E: Martin.Lavoie@gov.bc.ca

Assistant: Ashley Halicki

T: (778) 974-3935 E: Ashley.Halicki@gov.bc.ca

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RE: URGENT - Request for EOC via my gov.bc.ca account

From: Hassam, Noorjean [BCCDC] <Nhassam@bccdc.ca>
To: Lavoie, Martin <Martin.Lavoie@gov.bc.ca>, Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>, Miller, Haley [EX] <haley.miller@gov.bc.ca>, Lavoie, Martin HLTH:EX, XT:Naus, Monika HLTH:IN, Miller, Haley HLTH:EX
Cc: Lavoie, Martin <martin@martinlavoie.ca>
Sent: December 9, 2020 1:21:23 PM PST
Received: December 9, 2020 1:21:28 PM PST

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

Thank you Haley, my cell is ^{s.15} call or text.
Noorjean

From: Lavoie, Martin HLTH:EX [mailto:Martin.Lavoie@gov.bc.ca]
Sent: Wednesday, December 09, 2020 12:01 PM
To: Hassam, Noorjean [BCCDC] ; Naus, Monika [BCCDC] ; Miller, Haley [EX]
Cc: Lavoie, Martin
Subject: RE: URGENT - Request for EOC via my gov.bc.ca account
EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and **do not** open attachments or click on links.

Just confirming that Haley offered to take the lead and she may reach out to you for some details.
M

From: Hassam, Noorjean [BCCDC] <Nhassam@bccdc.ca>
Sent: December 9, 2020 11:58 AM
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; XT:Naus, Monika HLTH:IN <monika.naus@bccdc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Cc: Lavoie, Martin <martin@martinlavoie.ca>
Subject: RE: URGENT - Request for EOC via my gov.bc.ca account

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

We can do this for sure, Martin, I want to make sure of the level of information. Who will know this and can I talk to them for a couple of minutes?

From: Lavoie, Martin HLTH:EX [mailto:Martin.Lavoie@gov.bc.ca]
Sent: Wednesday, December 09, 2020 11:06 AM
To: Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>; Hassam, Noorjean [BCCDC] <Nhassam@bccdc.ca>; Miller, Haley [EX] <haley.miller@gov.bc.ca>
Cc: Lavoie, Martin <martin@martinlavoie.ca>
Subject: URGENT - Request for EOC via my gov.bc.ca account
Importance: High
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Dr. Martin Lavoie

Deputy Provincial Health Officer (Acting)

Office of the Provincial Health Officer, Ministry of Health

From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

Sent: December 8, 2020 4:09 PM

To: Brown, Ross Dr [VCH] <Ross.Brown@vch.ca>; XT:Lavery, John HLTH:IN <john.lavery@phsa.ca>

Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

Subject: Request for EOC via my gov.bc.ca account

Importance: High

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Dr. Martin Lavoie | Deputy Provincial Health Officer (Acting)

Office of the Provincial Health Officer, Ministry of Health

PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P4

Cell: s.17

E: Martin.Lavoie@gov.bc.ca

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RE: Dec. 3 The Hills Times Article re National Vaccine Injury Compensation Program.

From: Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: December 9, 2020 2:55:35 PM PST
Received: December 9, 2020 2:55:36 PM PST

Ah, thank you so much. I figured an accessible copy would be findable somewhere. My thanks to your assistant. I'm glad we have benefit of your knowledge and expertise in this area. Hopefully, the time is ripe!

From: Lavoie, Martin HLTH:EX
Sent: December 9, 2020 2:31 PM
To: Vandermolén, Chad HLTH:EX
Cc: Lavoie, Martin HLTH:EX
Subject: FW: Dec. 3 The Hills Times Article re National Vaccine Injury Compensation Program.
There you go. It was accessible via another paper and my assistant found it. See weblink below.
And interestingly Kumanan Wilson was part of the national task group that I was co-chairing and our report included a section on vaccine injury compensation program. I am glad to see that he is still talking about it.
Martin
<https://www.thestar.com/opinion/contributors/2020/11/25/its-time-canada-had-a-national-vaccine-injury-compensation-program.html>

From: Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>
Sent: December 9, 2020 2:04 PM
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Subject: Dec. 3 The Hills Times Article re National Vaccine Injury Compensation Program.
FYI. This article would probably be of quite a bit of interest, but unfortunately appears to be behind a subscription firewall:
<https://www.hilltimes.com/2020/12/03/its-time-canada-had-a-national-vaccine-injury-compensation-program/274541>

Re: Draft IBN - COVID-19 Vaccine Planning - Dec 9 2020

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: December 9, 2020 9:22:15 PM PST
Received: December 9, 2020 9:22:16 PM PST

Thank you Martin! High praise. Told you I like BNs.... :)
I agree about the length. I could make it into 2 pages easily and append the rest.
I'll await your thoughts!
Haley

Sent from my iPhone

On Dec 9, 2020, at 9:20 PM, Lavoie, Martin HLTH:EX wrote:

Bonsoir Haley,
I will finish reviewing it tomorrow morning – I am close to being done. I also added a section on a no-fault vaccine injury compensation program.
Your BN is excellent, and I don't have any significant edits. I will ask Chad how long this BN should be, unless you know already, as it might be a bit long.
Cheers,
Martin

From: Miller, Haley HLTH:EX
Sent: December 9, 2020 5:33 PM
To: Lavoie, Martin HLTH:EX
Subject: Draft IBN - COVID-19 Vaccine Planning - Dec 9 2020

Hi Martin!

So nice to connect today. Attached is my first draft BN for the DM. I could use your thoughts on what to say in the reporting section, and what advice to provide (I'm thinking that we'll commit to brief up senior leadership on a daily basis and ad hoc as required?).

Thanks so much,
Haley

Conversation with Chad Vandermolen

From: Lavoie, Martin HLTH:EX <martin.lavoie@gov.bc.ca>
To: Vandermolen, Chad HLTH:EX, Lavoie, Martin HLTH:EX
Sent: December 10, 2020 10:50:17 AM PST
Received: December 10, 2020 10:50:17 AM PST

Lavoie, Martin HLTH:EX 10:28 AM:

Hi Chad. I was wondering how long the IBN in eApp can be. There is a lot of content to cover, and knowing what the limit is would help.

Chad Vandermolen 10:28 AM:

No upper limit

Chad Vandermolen 10:29 AM:

As long as all is relevant and as concise as possible

Lavoie, Martin HLTH:EX 10:30 AM:

super. Haley and I have a solid draft already. It covers both the implementation and logistics in BC, and background info on no-fault national vaccine injury compensation program.

Chad Vandermolen 10:30 AM:

Fantastic, many thanks for the update

Chad Vandermolen 10:31 AM:

I'm sure it will be great

Chad Vandermolen 10:36 AM:

Martin, I reached out to Health Canada today to confirm the 24/7 Canada Vaccine Operations Centre contact info. I'm assuming you, Dr. Henry and Dr. Ross Brown already have this info. Is that correct?

Chad Vandermolen 10:36 AM:

If not I can forward along

Chad Vandermolen 10:37 AM:

The feds noted on the Joint DM call yesterday morning that PTs could reach out 24/7 with any urgent vaccine-related questions, so I wanted to ensure we had the info handy

Chad Vandermolen 10:37 AM:

I couldn't find it on the Gov't of Canada website this morning, so I obtained it from my Health Canada contacts

Lavoie, Martin HLTH:EX 10:38 AM:

It may be in an email somewhere, but I don't know. Please send it along and I will make sure the EOC has it on speed dial.

Chad Vandermolen 10:38 AM:

Will send along shortly. Thanks

RE: Dec. 3 The Hills Times Article re National Vaccine Injury Compensation Program.

From: Henry, Bonnie HLTH:EX <s.15

To: Lavoie, Martin HLTH:EX, Brown, Ross Dr [VCH], Achampong, Bernard HLTH:EX, Sagar, Brian HLTH:EX, XT:Lavery, John HLTH:IN, XT:Naus, Monika HLTH:IN, Reka Gustafson, Hrycuik, Lorie HLTH:EX

Sent: December 10, 2020 11:23:29 AM PST

Received: December 10, 2020 11:23:29 AM PST

We have discussed this at SAC and it is in the works.

b

*Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health*
s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca*

Phone: s.17; s.19

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

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From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

Sent: December 9, 2020 3:30 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Brown, Ross Dr [VCH] <Ross.Brown@vch.ca>; Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>; Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; XT:Lavery, John HLTH:IN <john.lavery@phsa.ca>; XT:Naus, Monika HLTH:IN <monika.naus@bccdc.ca>; Reka Gustafson <Reka.Gustafson@phsa.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>

Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

Subject: FW: Dec. 3 The Hills Times Article re National Vaccine Injury Compensation Program.

Importance: High

This article came out recently and IGR sent me a copy earlier today.

I have been adding this important topic to various FPT meeting backgrounders to ensure it was raised at national tables. It appears the feds have heard us and are moving forward with this (or so it sounds).

The establishment of this program has been recommended for years, and Canada has been the only one (with Russia) without a national no-fault program – as a member of the G8. Québec was the only province in Canada with such a program.

About 10 years ago, the total estimate to run such a program was around \$5 million. Going through the legal system based on tort litigation, each case could cost \$1M+.

Cheers,

Martin

From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: December 9, 2020 2:31 PM
To: Vandermolen, Chad HLTH:EX <Chad.Vandermolen@gov.bc.ca>
Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Subject: FW: Dec. 3 The Hills Times Article re National Vaccine Injury Compensation Program.

There you go. It was accessible via another paper and my assistant found it. See weblink below.

And interestingly Kumanan Wilson was part of the national task group that I was co-chairing and our report included a section on vaccine injury compensation program. I am glad to see that he is still talking about it.

Martin

<https://www.thestar.com/opinion/contributors/2020/11/25/its-time-canada-had-a-national-vaccine-injury-compensation-program.html>

Updated: IBN - COVID-19 Vaccine Planning - Dec 10 2020

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>
Sent: December 10, 2020 12:07:42 PM PST
Received: December 10, 2020 12:07:43 PM PST
Attachments: Toronto Star article on Vaccine injury compensation program.docx, IBN - COVID-19 Vaccine Planning - Dec 10 2020.docx

Hi Martin,

Just so you have a clean copy. I have sent the sequencing question to Monika but I am not confident I'll hear back in time for our deadline today. Re: nine sites in January – we have a deadline of midnight tonight to identify additional sites so the number will likely be increased, but we won't have that for the deadline either.

I expect the DM is aware of the dynamic nature of this work so a snapshot in time I think is sufficient. 😊

Haley

MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff #

PREPARED FOR: Steve Brown, Deputy Minister - **FOR INFORMATION**

TITLE: COVID-19 Vaccine Planning and Rollout

PURPOSE: To provide the Deputy Minister with information on BC's plan to implement the province's COVID-19 vaccine program

BACKGROUND:

The COVID-19 vaccine program is anticipated to be the most complex immunization program delivered in BC to date. Leveraging on established immunization practices and strategies, and supported by pandemic planning, BC's immunization strategy will ensure a coordinated, well-organized, and effective roll-out of COVID-19 vaccination in the province. The governance structure in place is a nimble, adaptable structure that allows for flexibility in the event of uncertainty and changing circumstances, such as changes related to product availability, managing multiple different products, storage requirements, and potentially different indications for use.

The immunization strategy is broken into four quarters with quarter one beginning on January 1, 2021. A preliminary phase is underway during the month of December 2020, with the first doses of vaccine to be received and administered the week of December 14, 2020, with additional shipments set to arrive the weeks of December 21 and 28, 2020. All health authorities are ready to receive and administer vaccine. Everyone in BC eligible to receive a COVID-19 vaccine will be offered it at no cost by the end of 2021.

Details for each key areas of our plan are provided in the following sections.

Governance

BC activated the Immunize BC Operations Centre on December 2, 2020, led by Dr. Ross Brown from Vancouver Coastal Health, and with membership from the Office of the Provincial Health Officer, the Ministry of Health, regional health authorities including the First Nations Health Authority, BC Centre for Disease Control (BCCDC), Health Emergency Management BC, Emergency Management BC, Canadian Armed Forces, and Canadian Red Cross. The Immunize BC Operations Centre is responsible for planning, organizing, coordinating, and supporting the operationalization of the rollout of COVID-19 vaccine in BC in collaboration with the Public Health Agency of Canada.

Vaccine Products

Depending on which vaccines receive approval from Health Canada, up to seven vaccine products will be used in BC, with mRNA vaccines from Pfizer (approved by Health Canada on December 9, 2020) and Moderna (approval is pending) arriving first. Both mRNA vaccines require sub-zero temperature environments (-80C and -20C respectively); the VPO-EOC is procuring freezers and specialized shipping containers to support storage and transport capacity in the province. The remaining vaccines that are

Page 1 of 6

not yet approved are fridge-stable, and BC has sufficient fridge capacity in its public health units, pharmacies, and physician offices, and existing means to transport/ship them appropriately.

Priority Populations

The National Advisory Committee on Immunization makes recommendations for the use of vaccines in Canada and identifies groups at risk for vaccine-preventable diseases for whom vaccination should be targeted. BC Public Health leadership, in collaboration with the Provincial Health Officer, the First Nations Health Authority, and Indigenous leaders have adapted and refined these recommendations for COVID-19 vaccination to identify priority populations for early vaccination in BC. These populations have been identified in consideration of multiple and novel vaccine products, the complexity of cold-chain management, minimizing vaccine wastage, vaccine safety, areas with a high concentration of COVID-19 cases, and equitable geographical distribution.

First priority groups

- Long-term care and assisted living residents and staff, staff and patients at chronic care hospitals and home care staff and clients
- Health-care facility staff for COVID-19 patients in settings like Intensive Care Units, COVID-19 wards and emergency departments, testing sites and immunization clinics
- Essential visitors to long-term care and assisted living facilities
- Indigenous people living in rural and remote locations
- High risk people living in group settings like shelters
- People over 80 years old

Second priority groups

In spring 2021 as more vaccine becomes available, a second phase of vaccination will begin for:

- Older people under age 80 in descending five-year-age groups, with a focus on the oldest people first
- Indigenous people living on or off reserve
- Key frontline workers including:
 - Healthcare workers
 - Police
 - Fire and first responders
 - People working in grocery stores
 - Teachers
 - People working in transportation
 - People working in manufacturing and production facilities

Once the priority groups have been offered vaccine, immunization will be broadened to the rest of the eligible population. As of December 10, 2020, people who are pregnant, people who have a contraindication to the vaccine, people under the age of 16, people who have a severe acute fever or symptoms of COVID-19, and people who have a compromised immune system are not eligible to receive the vaccine.

Logistics

Security

Efforts internationally, nationally, provincially, and at the local level are being undertaken to ensure the safe arrival, distribution, and administration of COVID-19 vaccines. Active monitoring for threats against the vaccine supply, cold-chain processes, storage, and clinics is underway. Health authority oversight in each stage of the transportation process will occur alongside security personnel.

Access to Vaccination

For the month of December 2020, Pfizer has restricted the movement of vaccine off site once delivered in BC. This means people who work in long-term care and assisted living facilities will have to access the vaccine in one of the two sites in Vancouver Coastal and Fraser Health.

In January 2021, Pfizer will begin distributing to additional sites throughout the province (in all health authorities), and the doses will be permitted to be further distributed to secondary sites. Planning is underway to develop a queue system for priority populations to make appointments to be vaccinated in public health units, pharmacies, physician offices, and other facilities that are identified.

December 8 – December 28, 2020

An exercise to test capacity for the safe reception of vaccine in BC occurred successfully on **December 8, 2020**, using the shippers, boxes, dry ice, and monitoring devices that will be used in vaccine transport.

The first delivery of vaccine is planned for the week of **December 14, 2020**, when 3,900 doses of vaccine will be shipped directly from Pfizer to two sites in the lower mainland to be stored in ultralow temperature freezers. All 3,900 doses (2 trays per site, with 975 doses per tray) will be administered as the first dose in a two-dose series (21 to 28 days apart) to people who work in long-term care and assisted living facilities in the lower mainland.

In the weeks of **December 21 and December 28, 2020**, Pfizer will deliver up to 29,250 doses (30 trays) each week to the same two sites in the lower mainland. Pfizer requires that half of these doses are set aside to complete the two-dose series with this shipment. These doses will also be administered to people who work in long-term care and assisted living facilities in the lower mainland.

January 1, 2021 onwards

Nine sites across the province have been identified as reception sites and will be prepared to receive vaccine by the end of January 2021. Some immunization clinics will be run through these sites, while others will be arranged via secondary distribution to other sites.

Areas in the province that are rural or remote, including some First Nations communities, will receive vaccine using the existing logistics capacities that move health supplies, human resources, and essential supplies every day. Residents of long-term care and assisted living facilities will be immunized in-house using immunization practices that are followed for the seasonal influenza vaccination program.

Communications

The province is assembling a comprehensive communications plan to:

- increase trust and uptake of COVID-19 vaccinations among all eligible groups;
- explain who is eligible for the vaccination and how, when and where they can get it;
- provide media with accurate and timely information throughout the immunization strategy;
- ensure active, timely, accessible, and effective public health and safety messaging along with outreach to key provincial and community partners and the public about COVID-19 vaccines; and
- provide guidance to local health authorities, clinicians, and other hosts of COVID-19 vaccination provider locations.

Monitoring

To ensure patient safety, BC will ensure each dose administered is captured in the Provincial Immunization Registry so that providers know who got which vaccine, and when. This is important for clinic operations (e.g. timing of second dose), after-market monitoring of vaccine safety and post-immunization care. Maintaining real-time situational awareness is essential to address emerging evidence related to vaccine effectiveness in specific populations, tracking unusual adverse events following immunization, and duration of protection. The registry also provides a picture of vaccine coverage in the province.

As immunization rolls-out throughout the province, epidemiologists will be able to determine the impacts it is having on BC's COVID-19 pandemic. This critical work will help to inform if and when public health measures, such as physical distancing and mask-wearing can be scaled back.

Reporting

A reporting plan is being developed and will include a suite of indicators to monitor areas such as vaccine inventory, vaccine distribution, vaccine administration, immunization coverage rates of specific groups, and adverse events following immunization. Each indicator will be broken down in different ways (e.g. vaccine administration by provider type and by geographical area, coverage rate for residents of LTC facilities). The plan will also include the various types of reporting that will be required (i.e. audiences), and their frequency.

Establishment of a national no-fault vaccine injury compensation program

Immunization is a very effective tool to reduce the spread of infectious diseases. Being immunized is a direct benefit to the person receiving the vaccine, but it also contributes to achieving community immunity (or herd immunity) – a level at which transmission of the virus is greatly reduced or stopped. To get the COVID-19 pandemic under control, it is estimated that we will require high immunization rates in the range of 60-70% to stop transmission of this virus. To get to that level, we not only need to immunize those at highest risk of severe disease, complications and death, but also immunize much broader

segments of the population. Not everyone can or will get immunized, but anyone who does contributes to get the pandemic under control. We, as a society, need their contribution to achieve our goal.

The challenge is that even with our current high standards for establishing vaccine safety, we may miss risks due to vaccines that fall below the detection level of vaccine clinical trials – even when tens of thousands of participants are enrolled in each of these trials (as it is the case with COVID-19 vaccine trials), they only represent a fraction of the population that our immunization program will cover. When we implement a program on a much larger scale, rare and severe reactions can become apparent. This means that there is always the rare possibility of serious harm resulting from adverse immunization events. And it is important to note that most of these are not due to negligence on the part of the immunization program.

It is then very important that individuals who suffer from significant harm as they contribute to achieving herd immunity and getting the pandemic under control be able to receive appropriate and fair compensation. This compensation, when indicated, should be part of a process that is accessible and easy to navigate, and that does not “re-victimize” the injured and put up delays, barriers and disincentives that would discourage victims from even reporting their injury and applying for fair compensation in the first place.

Canada is the only country in the G7 (or the only other country with Russia in the G8) that does not have a national no-fault vaccine injury compensation program. Québec has had such a program in place for many years, and recommendations to establish one nationally have been made many times over the years.

The current system is based on tort litigation (i.e. suing for damages), and this is inadequate on many levels in terms of meeting our goals of appropriate, predictable and fair compensation to the injured. Instead, it seeks punishment for harm done to others, and uses a costly, complex, and prolonged process without any assurance of a fair outcome for the injured. A no-fault program for victims of adverse events following immunization can provide more expeditious, efficient, consistent, predictable and fair compensation for unavoidable and unintended vaccine injuries. Having such a program in place is also reducing the risk of opposition to large-scale immunization programs, fueled by fear of injuries and harm that would be borne by individuals alone.

The cost and administrative burden of establishing a centralized program (i.e. national as opposed to PT-specific) is greatly reduced, and the cost of individual lawsuits can easily be \$1M or more, often without getting the desired outcome. Practical experience in Québec, the U.S., the U.K., New Zealand and other jurisdictions has shown that the rate of claims is modest and the magnitude of compensation relatively low. The risks to governments, individuals, vaccine manufacturers and public perception of vaccines (i.e. increasing negative perception of vaccines’ benefits and safety) can be greatly reduced with such a national program in place.

Also, the Government of Canada should be highly interested and engaged because it regulates vaccines, recommends them for P/T programs, actively promotes their importance and benefit, and administers them to federal populations.

In short, establishing a national no-fault vaccine injury compensation program is needed and justified, brings significant benefits while reducing various risks, and is therefore highly recommended.

A recent article in the Toronto Star is provided for information as a timely reminder that this is important.

Program ADM/Division: Bonnie Henry / Office of the Provincial Health Officer

Telephone: s.17; s.19

Program Contact (for content): Martin Lavoie

Drafter: Haley Miller

Date: December 10, 2020

It's time Canada had a national vaccine injury compensation program

By Kumanan Wilson

Contributors: Jennifer Keelan

Wed., Nov. 25, 2020

Source: Toronto Star

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Vaccine injury compensation

From: Henry, Bonnie HLTH:EX <s.15
s.15>
To: Wanamaker, Lori PREM:EX, Brown, Stephen R HLTH:EX
Sent: December 11, 2020 6:53:58 AM PST
Received: December 11, 2020 6:53:58 AM PST
Attachments: 4. VIC SAC Deck_Dec 3 2020_EN.pptx

As discussed yesterday, this is the information we received on vaccine injury compensation from our Dec 3 SAC meeting. PHAC has subsequently confirmed that the compensation would start Dec 8, 2020 to cover anyone immunized with Health Canada approved covid vaccines.

My best,

Bonnie

*Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Davies, Stephanie (PHAC/ASPC) <stephanie.davies@canada.ca> **On Behalf Of** CCMOH SECRETARIAT / CMHC (PHAC/ASPC)

Sent: December 3, 2020 7:52 AM

To: CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Gaynor.Watson-Creed@novascotia.ca; Greg Haley <GREG.Haley@forces.gc.ca>; Jasmine Pawa <jpawa@gov.nu.ca>; Nadine Sicard <nadine.sicard@msss.gouv.qc.ca>; Sylvie Poirier <Sylvie.Poirier@msss.gouv.qc.ca>; Colleen Dudar <Colleen.Dudar@gov.mb.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Sabapathy, David (Ext.) <dsabapathy@gov.pe.ca>; Romano, Anna (PHAC/ASPC) <anna.romano@canada.ca>; Avis Gray <avis.gray@gov.mb.ca>; Brent Roussin <brent.roussin@gov.mb.ca>; Catherine Elliott <catherine.elliott@gov.yk.ca>; Simms, Colleen (Ext.) <colleensimms@gov.nl.ca>; Dr. Barb Yaffe <barbara.yaffe@ontario.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Muecke, Cristin (Ext.) <dr.cristin.muecke@gnb.ca>; Dr. David Williams <dr.david.williams@ontario.ca>; Dr. Deena Hinshaw <deena.hinshaw@gov.ab.ca>; Dr. Denise Werker <denise.werker1@health.gov.sk.ca>; Dr. George Giovino <george.giovinazzo@cic.gc.ca>; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Dr. James Worthington <dr.james.worthington@csc-scc.gc.ca>; Dr. Janice Fitzgerald <janice.fitzgerald@gov.nl.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Dr. Michael Patterson <mpatterson@gov.nu.ca>; Strang, Robert (Ext.) <robert.strang@gov.ns.ca>; Shahab, Saqib (Ext.) <saqib.shahab@health.gov.sk.ca>; Sharma, Supriya (HC/SC) <supriya.sharma@canada.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; Wong, Tom (SAC/ISC)

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Subject: SAC Dec 3 - Meeting Materials

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

Dear CMOH and deputies,

Please find attached the following documents to support today's SAC discussion.

- SAC Agenda
- Agenda Item #2 Deck: Sequencing Discussion Continued: Focus on Indigenous Populations and Health Care Workers (**to follow and will be shared with core SAC members only**)
- Agenda Item #3 and 3a: Planning Guidance for COVID-10 Immunization Program, and Planning Guidance for Immunization Clinics for COVID-19.
- Agenda Items #4 and 4a Deck: No-fault Vaccine Injury Compensation in Canada (EN/FR) (**shared with core SAC members only**)

All documents have been added to the Public Health Network Council portal on CNPHI. <https://www.cnphi-rcrsp.ca>

Please do not hesitate to reach out should you have any questions.

Thank you,
SAC Secretariat



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

NO-FAULT VACCINE INJURY COMPENSATION IN CANADA

Special Advisory Committee – December 3, 2020

PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



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s.14

For Information--Summary of Vaccine-Related Discussion From Thurs., Dec. 17 FPT Health Ministers' Teleconference

From: Vandermolten, Chad HLTH:EX <Chad.Vandermolten@gov.bc.ca>
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, ross.brown@vch.ca, 'ross.brown@vch.ca'
Cc: Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>, Samra, Kevin HLTH:EX <Kevin.Samra@gov.bc.ca>, Almond, Richard HLTH:EX <Richard.Almond@gov.bc.ca>, Blake, Sylvia HLTH:EX <Sylvia.Blake@gov.bc.ca>, BC IGR HLTH:EX <BCIGR@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Ruffell, Renata HLTH:EX <Renata.Ruffell@gov.bc.ca>
Sent: December 18, 2020 11:59:06 AM PST
Received: December 18, 2020 11:59:07 AM PST

Good morning,

Please find below PT lead Ontario's summary for of the vaccine-related discussion on yesterday's FPT Health Ministers' call, which BC IGR has reviewed and modestly edited.

Thanks,

Chad

Key Points

- **Preparations are underway to receive early shipments of the Moderna vaccine by end of month contingent on Health Canada regulatory approval.**
 - Early shipments will provide an opportunity to have dry-runs and mitigate issues before scaling up.
- **Using learnings from Quebec, a pan-Canadian, federally funded Vaccine Injury Support program will be implemented by June 2021. [Note: eligibility retroactive to Dec. 8, 2020]**
 - Canada will work with PTs on their decision to opt-in or opt-out with federal funding.

1. Update on COVID-19 Vaccine Rollout

- Public Health Agency of Canada (PHAC) provided updates on the rollout of initial doses of vaccines.
 - Early doses of Moderna could come before the end of the month contingent on Health Canada regulatory approval.
 - Canada is pulling forward on Q1 contracted amount by receiving early shipments; dry runs with the Moderna vaccine will take place, which is significant because the soft launch helped with mitigating issues on a small scale and preparing to increase to large scale dissemination for the Pfizer vaccine.
 - The National Advisory Council on Immunization (NACI) released its guidelines on the use of the Pfizer vaccine and will develop guidelines for all authorized COVID-19 vaccinations.
 - On Indigenous engagement: Indigenous Services Canada (ISC) and public health agencies are working with national Indigenous organizations on vaccine rollout.
 - To respond to Ontario's comment on availability of Pfizer doses: PHAC is working with the companies in real-time as they build out their supply chains for these novel vaccines. The Pfizer schedule was received this morning, 200,000 per week in December, and 125,000 per week in January.
- An update was provided by the National Operations Centre:
 - The first shipments of the Pfizer vaccine were delivered to all 14 points of use according to plan, with no incidents, by mid-day Tuesday, December 15.

- The bulk of the remaining Pfizer vaccines are expected next week, with residual doses expected the week of December 28.
- Additional (Pfizer, Moderna) delivery sites are being created as cold chain storage expands. This will also support scale-up in Q2 and Q3.
- NOC is waiting to hear from Pfizer on transportation of thawed doses.
- Delivery sites for the initial 168,000 doses of the Moderna vaccine have been confirmed with the PTs.
- Second doses of both vaccines should continue to be closely managed by PTs.

2. Vaccine Injury Support Program (VISP)

- Canada will establish a pan-Canadian, no-fault VISP to address a long-standing gap in the immunization program. Currently, Quebec is the only jurisdiction with such a program.
- PHAC provided an overview of the rationale for the program:
 - Canada is the only G7 country without a national, no-fault VISP.
 - It is important to note that serious vaccine-related injuries are very rare.
 - From a public health perspective, immunization is promoted as an effective way to prevent the spread of infectious diseases. If an individual is injured in the process of protecting themselves and their community, it is fair for the government to provide a mechanism to seek damages.
 - There is widespread support from the public health community, including Canada's Chief Medical Officers of Health.
 - Although evidence is limited, initial results show that the impact of VISP on COVID-19 vaccine confidence has no or a positive effect on the intention of Canadians to get vaccinated.
- PHAC provided an overview of the program's features:
 - It will be federally funded and administered by an arms-length third-party who will be responsible for all aspects, from receiving claims to awarding compensation.
 - PHAC will take this role on if a third-party cannot be identified.
 - Jurisdictions can opt-out and receive federal funding for administering their own program provided it meets certain federal objectives.
 - Coverage extends to all HC-authorized vaccines in Canada from December 8, 2020. Implementation will begin in June 2021.
 - PHAC will work with PTs to ensure common messaging about the VISP. Feds will reach out to PT officials to confirm participation or opt-out with compensation.

3. Discussion on the Current COVID-19 Situation, including Public Health Measures and Communications

- Dr. Tam noted the growth in cases among all ages, the complexity of the 2021 outlook, and the strains seen across the country on health systems and health human resources. There is a need to focus on scaling up testing, screening, contact tracing and isolation, and working with Canadians to ensure that a majority of the population is vaccinated.
- PHAC provided an update on the current situation:
 - There are 6,500 cases per day now, exceeding Wave 1. The key concern is the increase in hospitalization and ICU rates.

- The most troubling indicator is the impact on long-term care and seniors' congregate living settings, as epidemic rates are now highest in older age groups.
- Some Indigenous communities required support from the military.
- Forecasting models still show Canada is on a rapid growth trajectory, with a potential for 12,000 cases a day by early January. This is lower than previous forecasts, but much more work is required to flatten the curve.
- Vaccination levels required for herd immunity are not known, but it is prudent to assume 70% may be required.

Questions/Comments

- Quebec would like Pfizer to authorize PTs to separate the two doses as soon as possible so all received doses can be used immediately. As well, Quebec asks that federal VISIP funding be passed on to the province as soon as possible (to compensate QC for its existing program); the province is open to sharing all information on Quebec's current program.
 - PHAC (Iain Stewart): There is still uncertainty with shipment scheduling. PTs should continue to hold the second dose until regularity and predictability with shipments is well-established.
- Quebec: When will this occur?
 - PHAC (Iain Stewart): It is expected in the first half of January; discussions with Pfizer are ongoing.
- Canada: Some federal rapid/surge support is available for PTs and can be discussed bilaterally. It should be noted that federal resources were originally intended for outbreak suppression, and so there is limited capacity to assist with broader systemic issues.

No Fault Vaccine Injury Compensation Program Background - For EOC members only

From: IBCOC <IBCO@phsa.ca>
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Sender: van Gelderen, Courtney [PHSA] <Courtney.vanGelderen@phsa.ca>
Sent: December 24, 2020 10:01:48 AM PST
Received: December 24, 2020 10:02:10 AM PST
Attachments: No Fault Vaccine Injury Compensation Background.pdf

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Sent on behalf of Martin Lavoie

Dear IBCOC colleagues,

As promised a little while ago, here is some background info on No Fault Vaccine Injury Compensation that was developed a number of years ago.

Please do not circulate further, as this was part of a 2013 report that was never published after submission to PHAC.

Cheers,

Martin

Dr. Martin Lavoie | Deputy Provincial Health Officer (Acting)

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FW: For Action--Confirmation of PT Forum Representatives for BC;

From: Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>

Sent: December 7, 2020 5:20 PM

To: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; Hryciuk, Lorie HLTH:EX <Lorie.Hryciuk@gov.bc.ca>; 'ross.brown@vch.ca' <ross.brown@vch.ca>

Cc: Samra, Kevin HLTH:EX <Kevin.Samra@gov.bc.ca>

Subject: RE: For Action--Confirmation of PT Forum Representatives for BC; FYI, some highlights from today's call; RE: Provincial-Territorial ADM Forum on COVID Immunization

Thanks Martin, it is reassuring to hear we are comparatively well informed and have good lines of communication with our federal counterparts. Thanks also for the education on monographs; that is good context to have.

From: Lavoie, Martin HLTH:EX

Sent: December 7, 2020 3:13 PM

To: Vandermolén, Chad HLTH:EX ; Hryciuk, Lorie HLTH:EX ; 'ross.brown@vch.ca'

Cc: Samra, Kevin HLTH:EX

Subject: RE: For Action--Confirmation of PT Forum Representatives for BC; FYI, some highlights from today's call; RE: Provincial-Territorial ADM Forum on COVID Immunization

Thanks, Chad. It is interesting (or sad) to see that a few jurisdictions don't seem to have all the information that they need – we seem to have better connections with the Feds on a number of these points.

And it is standard practice that the product monograph will not be available until the product is approved for use in Canada. They need to use the information they know about the vaccine (transport, thawing, dilution, IM injection, etc.) to get ready for this. We probably have all the key elements, and we are getting more details and clarifications from our bilateral meetings, emails and other contacts with the feds.

M

From: Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>

Sent: December 7, 2020 2:47 PM

To: Hryciuk, Lorie HLTH:EX <Lorie.Hryciuk@gov.bc.ca>; Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; 'ross.brown@vch.ca' <ross.brown@vch.ca>

Cc: Samra, Kevin HLTH:EX <Kevin.Samra@gov.bc.ca>

Subject: For Action--Confirmation of PT Forum Representatives for BC; FYI, some highlights from today's call; RE: Provincial-Territorial ADM Forum on COVID Immunization

Good afternoon,

Two things:

1. I look forward to confirmation of BC's leads on this PT Forum, that is, confirmation that Dr. Brown is replacing Lorie as co-lead alongside Dr. Lavoie.
2. ON will be circulating a more fulsome Record of Decision in the future, but I'm including some select call highlights, FYI, below:
 - All jurisdictions supported Forum chair ON continuing to produce Records of Decision (RoD) in relation to Forum meetings and also to continue produce the jurisdictional scan (all PTs are invited to contribute to the scan at any time). Given sensitivity and fluidity, RoDs will be drafted at a high-level.
 - Discussion focused on PM's announcement of Dec. distribution of first tranche of Pfizer vaccine and a jurisdictional roundtable
 - Numerous jurisdictions indicated surprise some vaccines would begin to be delivered in December (e.g., AB, MB).

- NL remarked they had heard the Moderna vaccine may begin arriving earlier than previously anticipated.
- Numerous jurisdictions (e.g. MB) noted they are awaiting more detailed information and a green light regarding the ability for 'onward distribution' of Pfizer, i.e. from the initial drop-site, as this has significant implications for planning and logistics for this early roll-out phase.
- MB: noted they are still having to plan for multiple scenarios due to lack of specifics re vaccine #'s and precise timing of delivery, etc.
- QC: noted some on-going challenges confirming precise #'s and dates for vaccine delivery, which complicates planning and implementation logistics. Also noted they are keen for more details re Moderna as that vaccine will likely be key to protecting remote communities.
- ON: noted that it had issued a press release today about prioritization:
<https://news.ontario.ca/en/release/59508/ontario-identifies-key-groups-for-distribution-of-initial-covid-19-vaccines>
- AB: one challenge noted is that they have not yet received the product monogram for Pfizer yet; training for staff who will be administering vaccines cannot be completed until the monograph has been received.
- Potential future Agenda topics for this Forum include:
 - Vaccine injury compensation program;
 - Indigenous engagement;
 - 'Vaccine hesitancy' and how to address it;
 - An HHR discussion—specifically, who will be administering vaccine;
 - Whether jurisdictions intent to request the assistance of the Canadian Armed Forces.

Many thanks,

Chad Vandermolten, LLB

Director, Intergovernmental Relations

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From: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>

Sent: December 7, 2020 9:23 AM

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Cc: Vandermolten, Chad HLTH:EX <Chad.Vandermolten@gov.bc.ca>

Subject: RE: Provincial-Territorial ADM Forum on COVID Immunization

Thanks Martin, PHEC and the FPT ADM overlap by 30 minutes every Monday.

Lorie

Lorie Hrycuik

Executive Lead, Population & Public Health Division

Ministry of Health

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From: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

Sent: December 7, 2020 9:22 AM

To: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>; 'ross.brown@vch.ca' <ross.brown@vch.ca>

Cc: Vandermolten, Chad HLTH:EX <Chad.Vandermolten@gov.bc.ca>

Subject: RE: Provincial-Territorial ADM Forum on COVID Immunization

Hi Lorie,

I mentioned this PT ADM working group to Ross last week, and we will chat some more about it.

For today, I had three meetings overlapping during this time slot: NACI, PHEC, and PT ADM meeting. I will be attending NACI from 10 to 12H15 today. We are finalizing the discussion on the first COVID-19 vaccine statement (the first vaccine statement with Pfizer as first vaccine to be included) after reviewing the draft this weekend and circulating feedback to committee members.

Cheers,

Martin

From: Hryciuk, Lorie HLTH:EX <Lorie.Hryciuk@gov.bc.ca>
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Cc: Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; Vandermolén, Chad HLTH:EX <Chad.Vandermolén@gov.bc.ca>
Subject: FW: Provincial-Territorial ADM Forum on COVID Immunization

Ross, in anticipation of the FPT meeting today.

Lorie

Lorie Hryciuk
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Sent: December 7, 2020 8:44 AM
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Subject: RE: Provincial-Territorial ADM Forum on COVID Immunization

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Good morning,

We would like to share a few notes, below, before today's PT ADM Forum on COVID-19 immunization teleconference .

There will not be a formal agenda, instead today's call will focus on a debrief from this morning's Joint Health and IGA Deputies Ad-Hoc teleconference, followed by a roundtable discussion.

Please find attached the minutes from last Monday's meeting of the PT ADM Forum on COVID-19 Immunization. We have also attached a draft jurisdictional scan template on PT work on COVID immunization for your consideration and input.

Thank you and please feel free to connect with me if you have any questions.

Evan

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

From: Fraser, Travis (MOH) **On Behalf Of** Sotiropoulos, Evan (MOH)

Sent: November-30-20 4:34 PM

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Subject: Provincial-Territorial ADM Forum on COVID Immunization

When: December-07-20 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: s.17