

From: [Cameron, Tara D IGRS:EX](#)
To: [Maranda, Pierrette IGRS:EX](#); [Periwal, Sukumar IGRS:EX](#); [Smith, Grant H IGRS:EX](#); [Plecas, Bobbi IGRS:EX](#)
Subject: AB NR: Protecting safety at Cargill
Date: April 30, 2020 4:52:48 PM

Feed: Alberta.ca Newsroom

Posted on: April 30, 2020 4:20 PM

Author: newsroom@gov.ab.ca (Alberta Newsroom)

Subject: Protecting safety at Cargill

The Alberta government and Alberta Health Services (AHS) have provided the guidance to support Cargill to take aggressive measures to protect the health and safety of workers at the Cargill Canada beef-processing plant and keep Canada's food supply chain strong.

Public health officials, Occupational Health and Safety (OHS), the Canadian Food Inspection Agency (CFIA) and others have all worked to ensure safety precautions were implemented at the facility, identify and support those with COVID-19 and help limit the spread to other workers.

There have been 908 COVID-19 cases in workers at the plant, including 631 who have recovered.

Alberta Health Services

AHS first provided guidance to meat-processing facilities in March. As soon as the specific outbreak was identified, AHS took action to ensure outbreak control measures were implemented, support workers and limit the spread of COVID-19.

A dedicated AHS task force is working around the clock to respond to the outbreak. This task force has worked to identify cases, support workers and the community, and has provided specific information on measures such as disinfection and staff protocols required to ensure safety.

To support and enhance safety precautions put in place by the company, AHS Environmental Public Health inspectors and Calgary zone medical officers of health have been at the Cargill site regularly since April 8 to ensure additional infection prevention and control measures are in place, and no deficiencies have been identified. These measures include:

- Staff having their temperature checked before entering the facility.
- Face masks and other personal protective equipment being provided to employees and worn at all times.

- Ensuring enhanced cleaning and sanitizing practices are being followed.
- Following new rules for staggered breaks and shift flexibility to ensure physical distancing.
- Prohibiting visitors at the facility.
- Increasing distance between employees and putting screening in place between individual employee stations.
- AHS officials will be on site next week to ensure that all infection prevention control measures are being followed, and provide additional assistance if needed.

AHS will also continue working with local community organizations, Primary Care Networks and the local municipalities to help support those already impacted by the outbreak. This includes:

- Testing and providing medical supports for anyone in need.
- Educating on how to use PPE.
- Education and support for how to safely self-isolate.
- Information on supports available.

To limit the spread, the Government of Alberta and AHS have secured isolation accommodation for the placement of confirmed cases of COVID-19 for Cargill workers and close contacts for the purpose of self-isolation.

Translation services are also being utilized to help explain requirements concerning self-isolation and COVID-19 testing, and to communicate the availability of other supports that may be necessary to prevent the spread of the virus.

Alberta Agriculture and Forestry and the Canadian Food Inspection Agency (CFIA)

COVID-19 is not a food-borne illness. That said, to support the continuous operation of Alberta's food supply chain, Agriculture and Forestry has partnered with the CFIA to increase food inspector capacity. Provincial meat inspectors are being trained for deployment to high-priority federally licensed plants in Alberta, if needed, to maintain inspection capacity

Agriculture and Forestry has also established an intergovernmental business resumption protocol for provincially and federally licensed food processing facilities in Alberta. This protocol was the first of its kind in the country. It formalized the cooperative approach used among the various organizations to minimize disruptions in the food supply and ensure operations can safely resume as quickly as possible when there is a closure.

Occupational Health and Safety

In addition to AHS, OHS officials have visited the Cargill Ltd. beef-processing plant in High River on a number of occasions to monitor compliance with requirements to keep workers safe.

On April 15, an OHS official conducted a live, fully interactive virtual inspection of Cargill, with the inspector directing movement as required to observe employees at their daily duties. Workers, including a union representative, were included in the inspection process to ensure a fair and balanced assessment of the health and safety conditions. Virtual inspections are not specific or unique to the Cargill facility. On-site inspections were also conducted on April 27 and 29.

Officials will be on site when the plant resumes partial operations on May 4.

OHS is now conducting an investigation at the Cargill meat processing plant. This investigation will look at the circumstances surrounding potential exposure of workers at Cargill related to COVID-19. This will also include an investigation of any potential non-compliance that may have affected the health and safety of workers at the facility.

Additional supports

- COVID-19 guidance documents have been made available:
 - COVID-19 Workplace Guidance for Business Owners
 - COVID-19 Public Health Recommendations for Food Establishments
- Telephone town halls for employees and community leaders have been held with Agriculture and Forestry Minister Devin Dreeshen, Labour and Immigration Minister Jason Copping, and Dr.

Deena Hinshaw, Alberta's chief medical officer of health.

- Telephone town halls for employees have been held with Alberta Health Services to provide additional information, answer questions and address concerns.

Quick facts

- Cargill is one of almost 200 licensed meat slaughter facilities in Alberta.
- Only Cargill and JBS foods are experiencing major outbreaks.

Related information

- [COVID-19 information for Albertans](#)
- [COVID-19 Workplace Guidance for Business Owners](#)
- [COVID-19 Public Health Recommendations for Food Establishments](#)
- [CFIA expectations for the prevention of and response to suspect and confirmed cases of COVID-19 by Meat Slaughter and Processing Establishments](#)

Media inquiries

- [Steve Buick](#)
[780-288-1735](#)
Press Secretary, Health
- [Justin Laurence](#)
[780-691-7317](#)
Press Secretary, Acting, Agriculture and Forestry
- [Adrienne South](#)
[780-293-4684](#)
Press Secretary, Labour and Immigration

[View article...](#)

BC Program Note

| | |
|--------------------|---|
| <i>Agenda Item</i> | FPT Health Ministers' Teleconference: May 1, 2020 Situational Update on Novel Coronavirus (COVID-19) |
|--------------------|---|

- As of April 30, 2020 (11:00AM PST), there have been 2,112 confirmed cases of COVID-19, including 25 new cases and two new deaths in the last 24 hours in British Columbia (B.C.). The number of new cases include:
 - 4 new cases in Vancouver Coastal Health;
 - 20 new cases in Fraser Health;
 - 1 new case in Interior Health;
 - 0 new cases in Island Health; and
 - 0 new cases in Northern Health.
- 82 individuals are hospitalized (-7 in last 24 hours), 30 are in critical and intensive care (-5 in last 24 hours), and 1,322 have recovered (17 new).
- The BCCDC reports that increases in reported cases from early April may be associated with increased lab testing (since April 21) and recent new outbreaks.
- There are currently 29 active outbreaks: 24 in care facilities and five in other settings. No new outbreaks have been reported in the last 24 hours.
- In the last two weeks, B.C. reported outbreaks linked to four poultry plants, eight long-term care homes, three acute care facilities, the Mission correctional facility and the Alberta Kearsy Lake project.
 - This is up from two poultry plants, four long-term care homes, and two acute care units reported on the last FPT call on April 27.
- There have been 44 total outbreaks reported since January 1, 2020.
 - 37 reported in care facilities (LTC, assisted living, independent living, acute). Of these, 13 are no longer active.
 - 7 reported in other settings (2 correctional facilities, 1 shared living, 1 work camp, 4 workplace). Of these, one is no longer active.
- On April 25, the first death in a B.C. First Nations community, Alert Bay, was reported.
- B.C.'s provincial state of emergency, first declared on March 18, is extended until May 12.

Key Personal Protective Equipment (PPE) and other Equipment Supply Issues for B.C.

- B.C.'s PPE conservation and supply strategy includes:
 - The implementation of the Emergency Prioritization in a Pandemic Personal Protective Equipment Allocation Framework on March 25.
 - Extending PPE use in the health system and exploring alternative PPE options.
 - The ongoing procurement and replenishment of PPE until B.C. has a sustainable supply for the COVID-19 pandemic.
- Since launching on April 1, the COVID-19 Supply Hub has received 5,548 offers of PPE (number current as of April 24th). The supply hub is assessing the offers and testing equipment to ensure they meet medical grade safety specifications.

BC Program Note

- B.C. is working with the Government of Canada (GoC) to secure international supply and with Canadian private industries, including B.C. companies, to re-direct production to PPE manufacturing.

Health System Preparedness

- Critical care capacity has been sufficient to care for both COVID-19 and non-COVID patients to date. As of April 30, there are 4,106 vacant beds available across the health system, including 390 adult critical care beds.
- Three new urgent and primary care centres have opened in permanent locations at Vernon, Abbotsford and Castlegar. A fourth UPCC in Victoria's James Bay neighbourhood had a soft opening on April 28.
- As of April 30, 74 physicians and 488 nurses have re-registered following the B.C. government call out for emergency registration of non-practicing health-care professionals.
- The Ministry is developing and finalizing a ventilator allocation framework.
- On April 20, B.C. announced a rural, remote and Indigenous community framework to provide more in-community support and testing, faster access to primary and urgent care etc.

Testing

- On April 21, B.C. testing criteria further expanded to include all individuals with new symptoms compatible with COVID-19, however mild. This allows health officials to quickly identify and isolate new cases. People with no symptoms (including health care workers, contacts of a confirmed case or returning travellers) do not need a test.
- As of April 30th, 86,030 tests have been completed in B.C. (2,605 in last 24 hours).
- B.C. has an online self-assessment tool and app (<https://bc.thrive.health/>) to help residents determine if they need further assessment or testing. As of April 30th, the service had 193,899 users (3,880 new in last 24 hours).

Recent workplace and corrections related outbreaks and incidents

- Summary of cases:
 - Since April 27, two positive cases were confirmed at two more poultry plants, one case each for Sofina Foods Inc. in Port Coquitlam and Fraser Valley Specialty Poultry in Chilliwack;
 - 50 (32 new) employees are confirmed COVID-19 positive at Superior Poultry in Coquitlam;
 - 42 (7 new) employees are confirmed positive at United Poultry in Vancouver;
 - 120 (14 new) inmates and 12 staff are confirmed positive at the Mission Institution federal correctional centre; and
 - 11 confirmed positive cases are connected to the Kearn Lake project in Alberta.
- Poultry plants outbreak:
 - As of April 29, Fraser Health is investigating the new cases at Sofina Foods Inc. and Fraser Valley Specialty Poultry and has ordered all staff at the poultry plants tested for COVID-

BC Program Note

19. Neither plant has been ordered closed as a single case is not considered an outbreak in a workplace setting.
- On April 22, the Medical Health Officers for Vancouver Coastal Health (VCH) closed operations of the United Poultry plant.
 - On April 24, the Medical Health Officer for Fraser Health (FHA) closed operations of the Superior Poultry after declaring an outbreak linked to a larger outbreak at a sister plant, United Poultry.
 - Mission Institution
 - On April 25, the Correctional Service of Canada announced several precautionary measures taken at Mission Institution to prevent further spread of COVID-19.
 - Outbreak linked to Alberta Kearl Lake project
 - On April 21, the B.C. provincial health officer (PHO) ordered workers that have returned to B.C. from the Kearl Lake project since March 15 to self-isolate for 14 days.
 - A new outbreak in a long-term care facility (LTC) is associated with the Kearl Lake project.

B.C.'s Prevention and Containment Measures

- On April 25, B.C. enacted an order under the *Emergency Program Act* to move people living in encampments into safe, temporary accommodations. More than 1,000 people in Victoria and Vancouver will be relocated and provided with wrap-around supports in the overlapping COVID-19 and overdose crises.
- Other provincial containment measures implemented include:
 - Partnering with local governments, non-profits, and the hotel industry to provide spaces for vulnerable individuals and health care workers to self-isolate.
 - Using extraordinary powers under a state of provincial emergency for a provincially coordinated response. This coordination relates to goods and services distribution; secondary resale of PPE, medical and essential supplies; municipal bylaw officers' enforcement of PHO's orders; minimum transportation services; and access to critical services for vulnerable people.
- Since the declaration of the Public Health Emergency, Long Term Care (LTC) facilities have implemented updated prevention and containment measures. Further updated LTC guidance is currently being finalized. In addition, B.C. has provided \$10M to enhance infection prevention and control and improve quality and safety in long-term care and assisted living homes.
- PHO orders issued include:
 - Industrial Camp Order to require infection and prevention control plans, a plan coordinator and employee screening for all work camps.
 - Long Term Care Facility Staff Movement Limitation Order which restricts employees to work at a single facility in LTC and other facilities.
 - Travellers and Employers Order to require 14-day self-isolation for returning international travellers and Temporary Foreign Workers.
 - Mass Gatherings Order to discourage gatherings of any size and disallowing gatherings larger than 50 people.

BC Program Note

- Other Orders that direct the closing or suspending non-essential services and businesses in which physical distancing poses challenges, including suspending in-class instruction.
- Verbal order directing businesses providing essential goods, services and transportation to maintain physical distancing of two meters for staff and customers.

Border measures

- April 14: GoC updated mandatory requirements for travelers entering Canada. As of April 15:
 - Travelers are expected to make plans for isolation or quarantine in advance of arrival and will be required to confirm they have access to basic necessities.
 - Travelers without an appropriate place to isolate or quarantine will be required to go to a place designated by the Chief Public Health Officer, even if they are asymptomatic.
- April 10: All international travelers (including U.S.) coming to B.C. are legally required to provide a self-isolation plan before or upon arrival to B.C.
 - Travelers without safe self-isolation plans may be sent to an accommodation provided by government to complete their 14-day self-isolation.
- April 5: Commercial marine vessels with capacity of more than 12 passengers are prohibited from engaging in non-essential activities.
- March 28: Transport Canada requires all air and intercity rail operators to perform passenger health screening prior to boarding.
- March 25: Federal Minister of Health announced an Emergency Order under the *Quarantine Act* requiring 14 days mandatory self-isolation for persons entering Canada.
- March 20: The Governor General issued an Order in Council (*Minimizing the Risk of Exposure to COVID-19 in Canada*) prohibiting non-Canadian citizens and residents from entering Canada from the U.S., with exceptions for essential travel and the movement of some workers and students.
- March 18: International flights are being directed to four Canadian Airports, including YVR. Those who exhibit symptoms of COVID-19, regardless of their citizenship, are not permitted to board international flights to Canada. Those who are not citizens or permanent residents of Canada are prohibited from entering Canada, with exceptions for aircrews, diplomats, and immediate family members of Canadian citizens.

Select Highlights from Other Jurisdictions

United States:

- 1,005,147 confirmed cases and 57,505 deaths in 55 jurisdictions (as of April 29).
 - Washington State reports 13,842 confirmed cases and 786 deaths (as of April 29.)

Canada:

- Ontario (as of April 30):
 - 16,187 confirmed cases and 1,082 deaths.
 - 999 in hospital, including 233 in intensive care and 181 on ventilators.
- Quebec (as of April 30):
 - 27,538 confirmed cases; 1,684 hospitalizations; 1,859 deaths.
 - April 29: 400 military personnel arrive to help staff 13 of Quebec's LTC facilities.
- Alberta (as of April 29):

BC Program Note

- 5,165 confirmed cases; 87 deaths.
- 209 people hospitalized *over the course of* the pandemic, including 49 in ICU.
- April 28: Released new modelling indicating that AB has reduced its expected peak, and that the health care system continues to “be able to cope with” COVID-19.
- April 29: The COVID-19 outbreak at the Cargill meat-packing facility near High River now linked with over 1,200 COVID-19 cases, including 821 workers. CBC reports that the plant intends to partially re-open on May 4th.
 - Other significant outbreaks include JBS beef processing plant (276 cases as of April 29) and Kearl Lake Oilsands project (83 cases).
- Government of Canada:
 - April 28: The GoC released new modelling showing the curve is flattening in many parts of the country. The model predicts between 53,196 and 66,835 cases by May 5th. Modelling indicates that Quebec, Ontario and Alberta are driving current epidemic growth.
- April 28: First Ministers issued a joint statement on a shared public health approach to restarting the economy. “Re-Opening” Plans and Frameworks:
 - The COVID-19 FPT Special Advisory Committee (SAC) has finalized a national framework to support transition to the “new normal” as COVID-related restrictions are eased or lifted; this document was endorsed by FPT Health DMs on April 29th and is expected to be published on Friday, May 1. The SAC is also currently finalizing a set of indicators to monitor going forward.

Approved by: Peter Pokorny, Associate Deputy Minister on May 1st, 2020

From: [van Marum, Karen IGRS:EX](#)
To: [Smith, Grant H IGRS:EX](#); [Sigurdson, Judi IGRS:EX](#)
Subject: FYI only - FW: Public service announcement: COVID-19 alert for workers from the Kearl oil sands project and their families
Date: May 4, 2020 12:28:00 PM

FYI (see below) – just reiterates order from late April – that workers must self-isolate upon return to BC from AB oil sand project

From: Watson, Andy PSSG:EX <Andy.Watson@gov.bc.ca>
Sent: May 4, 2020 12:24 PM
To: Maley, Madeline L EMBC:EX <Madeline.Maley@gov.bc.ca>; Robb, Peter L. EMPR:EX <Peter.Robb@gov.bc.ca>; Anthony, Jennifer EMPR:EX <Jennifer.Anthony@gov.bc.ca>; Lewis, Cameron F EMBC:EX <Cameron.Lewis@gov.bc.ca>
Cc: Robb, Katie TRAN:EX <Katie.Robb@gov.bc.ca>; Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>; Turner, Jordan GCPE:EX <Jordan.Turner@gov.bc.ca>; McRae, Meghan GCPE:EX <Meghan.McRae@gov.bc.ca>; Karn, David GCPE:EX <David.Karn@gov.bc.ca>; Wright, Brendan GCPE:EX <Brendan.Wright@gov.bc.ca>; EMBC PECC Liaison 1 EMBC:EX <pecc.lia1@gov.bc.ca>; EMBC PECC Public Information 1 EMBC:EX <pecc.pio1@gov.bc.ca>; EMBC PECC Public Information 2 EMBC:EX <pecc.pio2@gov.bc.ca>; van Marum, Karen IGRS:EX <Karen.vanMarum@gov.bc.ca>
Subject: FW: Public service announcement: COVID-19 alert for workers from the Kearl oil sands project and their families

FYI on this release from PHSA – self-isolation plan required for those returning home from Kearl Lake. Given some recent discussions in various meetings, flagging for your directly.

From: Campbell, Jane [PHSA] <jane.campbell@phsa.ca>
Sent: Monday, May 4, 2020 10:23 AM
Subject: Public service announcement: COVID-19 alert for workers from the Kearl oil sands project and their families

PUBLIC SERVICE ANNOUNCEMENT

For immediate release
May 4 2020

Provincial Health Services Authority
BC Centre for Disease Control
Ministry of Health

COVID-19 alert for workers from the Kearl oil sands project and their families

Workers returning to British Columbia from the Kearl Lake site in Alberta are required to self-isolate for 14 days because they may have been exposed to COVID-19 and could spread it in their families or their communities. This is an order declared by B.C.'s Provincial Health Officer as of [April 20, 2020](#).

Workers and their families should monitor for symptoms of COVID-19 and if any symptoms develop, however mild, [self-isolate](#) and contact their healthcare provider or 8-1-1 to get tested. Symptoms include fever, chills, cough, shortness of breath, sore throat or painful swallowing, runny or stuffy nose, loss of sense of smell, headaches, muscle aches, fatigue and loss of appetite.

The entire Kearl Lake oil sands project is being treated as an outbreak site by B.C. Anyone who has been on site since March 24 may have been exposed to COVID-19. Workers may be travelling back and forth to the site for essential work and are required to self-isolate for 14 days every time they return to B.C. Instructions on self-isolation after an exposure are available on the [self-isolation page of the BCCDC website](#).

Kearl Lake employers may have provided different advice to employees, however, B.C. workers must follow the B.C. order to self-isolate for 14 days.

For many workers, returning home means returning to their families. Workers who have very mild symptoms may not realize they are ill and could transmit to their families. It is crucial that workers, their families and their close contacts monitor for symptoms and get tested if they develop symptoms. To find a centre where you can be assessed for testing, visit the [testing page on the BCCDC website](#).

To date, there have been 15 laboratory-confirmed cases in B.C. among workers from the Kearl site. There is one further presumed case among a person who was at Kearl Lake and reported symptoms but was not tested. An additional eight laboratory-confirmed cases and two presumed cases have been reported among British Columbians who did not travel to Kearl Lake but had contact with a worker. Cases were reported in three regional health authorities: Interior Health, Northern Health and Vancouver Island Health.

This effort to keep people who are ill or who may become ill apart from others is an important measure to prevent the spread of COVID-19 and protect our communities.

*The **BC Centre for Disease Control**, a part of the Provincial Health Services Authority, provides public health leadership through surveillance, detection, treatment, prevention and consultation services. The Centre provides diagnostic and treatment services for people with diseases of public health importance, and analytical and policy support to all levels of government and health authorities. The BCCDC also provides health promotion and prevention services to reduce the burden of chronic disease, preventable injury and environmental health risks. For more, visit www.bccdc.ca or follow us on Twitter [@CDCofBC](https://twitter.com/CDCofBC).*

The Provincial Health Services Authority plans, manages and evaluates selected specialty health care services across BC, working with the five regional health authorities, First Nations Health Authority and the Ministry of Health to deliver province-wide solutions that improve the health of British Columbians. For more information, visit www.phsa.ca or follow us [@PHSAofBC](https://twitter.com/PHSAofBC).

-30-

Media Contact: PHSA media line:
778.867.7472

-----Original Message-----

From: s.22

Sent: April 23, 2020 2:08 PM

To: OfficeofthePremier, Office PREM:EX

Cc: gord.johns@parl.gc.ca; Minister, AGRI AGRI:EX

Subject: Cargill and Food Security

I am requesting that Class D & E slaughter licenses are issued immediately for s.22
Regional District!

The National Farmers Union has said that the two sites of outbreak in Alberta represent 85% of Canada's beef supply.

I think this demonstrates why relying on just a few centralized processors leaves Canada's food security in an unsustainable position. We need on farm slaughter provisions to help secure food security and the survival of small and mid size farms.

I raise s.22 on Vancouver Island and booking abbatoirs is done as soon as you have s.22
Failure to do this means you will be scrambling to find anyone at all come slaughter time as we have a shortage of abbatoirs here on the Island. Plecas Meats in Nanaimo just closed due to retirement which will just amplify the situation.

Cargill is the largest privately owned company in the world. 95% of Canada's beef processing happens at one of three industrial slaughterhouses. Two of them are owned by Cargill.

The decline of small and mid sized farms In BC is directly rated to the lack of processing facilities and high costs associated with getting your animals to slaughter.

The s.22 Regional District and the s.22 Farmers Institute, on behalf of the many farmers in the district, has written repeatedly to your offices asking for class D and E slaughter licenses and gotten nothing meaningful in return! We have already determined that our population can not support a class A facility.

Who does your government support, is it the huge conglomerate Cargill or Canadian Farmers and Consumers?

If Covid 19 has taught us anything, it's that you cannot have food security AND put all your eggs in 3 baskets!

I look forward to your replies..

s.22

Sent from my iPhone

From: s.22

Sent: April 28, 2020 8:18 PM

To: bcassign@ctv.ca; mclaughlinonyourside@ctv.ca; Clovechok.MLA, Doug LASS:EX
<Doug.Clovechok.MLA@leg.bc.ca>; OfficeofthePremier, Office PREM:EX
<Premier@gov.bc.ca>; Wilkinson.MLA, Andrew LASS:EX
<Andrew.Wilkinson.MLA@leg.bc.ca>; Minister, HLTH HLTH:EX
<HLTH.Minister@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Subject: Why is the Kearl Lake Project being singled out?

To Mr. Ross McLaughlin, CTV
To Min A. Dix
To Dr. B. Henry
To Premier John Horgan NDP
To Mr. A. Wilkinson LIB
To Mr. D. Clovechok LIB

I sincerely and with heartfelt gratitude appreciate everything our leaders and collectively us citizens are doing to protect others and stop our slow the spread of Covid19. BUT...I would like to know why the Kearl Lake Project is being publically singled out by the BC Centre for Disease Control, Minister Dix and Dr. Bonnie Henry.

s.22 do any of these people understand the impact their self isolation rules are having on families of Kearl employees? Why are long term care workers and meat processing plants not also being singled out? Is this an underhanded jab at the oil industry? Do they want to make this a political issue?

The company s.22 is making every effort to comply with the 14 day isolation rules imposed by some provinces to permit the safe and continued employment of their workers, rather than adding thousands of workers to the list of unemployed workers or companies taking wage subsidies.

s.22

There is no end in sight on when these restrictions will be lifted. What they are asking families of Kearl Lake employees to do is unconstitutional, unhealthy and just plain wrong. How on earth do parents explain these long absences or why daddy or mommy can't give their children a hug for possibly months?

You are not asking for 14 days of social distancing. You are asking for months of solitary confinement just for having a job and not quitting to take a hand out. We didn't sign up for the armed forces, s.22

We never signed Codes or contracts like higher up health care providers. We are just normal people who couldn't find suitable employment locally so have already made the sacrifice to take work away from home.

This is the website in which Kearl is unfairly singled out, in addition to press releases and other media content.

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>

I just want to know WHY are you singling out one company?

s.22

From: s.22

Sent: April 20, 2020 10:17 AM

To: Eby.MLA, David LASS:EX <David.Eby.MLA@leg.bc.ca>; OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>

Cc: s.22

Subject: FW: COVID Outbreak in Tar Sands -- BC, Sask. Workers

Dear Mr Horgan and Mr Eby,

This was completely predictable and avoidable (not to mention dangerous, unnecessary and extremely sad).

I am asking you to revisit BC's commitment to continued construction work at the site C dam and on the Coastal Gaslink pipeline being rammed illegally through unceded Indigenous territories.

Please call for shut downs on both projects.

s.22

Vancouver, Canada

<https://www.theglobeandmail.com/canada/article-bc-and-saskatchewan-issue-covid-19-warnings-following-cases-at/>

B.C. and Saskatchewan issue COVID-19 warnings following outbreak at Alberta oil sands site

FORT MCMURRAY, ALBERTA

THE CANADIAN PRESS

PUBLISHED APRIL 18, 2020UPDATED 21 HOURS AGO

23 COMMENTS

SHARE

00:00
Voice
1x



[Open this photo in gallery](#)

Copyright

This report by The Canadian Press was first published April 18, 2020.

From: s.22

Sent: April 28, 2020 10:25 AM

To: OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>; health.minister@gov.ab.ca

Subject: Cargill Workers in High River

Good afternoon,

Here's the problem with what happened in Cargill and why there has been a backlash from Albertans.

It's not racism, it's simply a matter of the Alberta Government looking the other way and others being offended by the lack of consistency in applying the rules.

The workers, no matter where they hail from, were in violation of the emergency orders that were put into place.

They were car pooling and multiple families were living together under one roof.

Now that the information has come to light, why are they exempt from the fines and penalties put into place?

s.22

Calgary, AB

From: s.22

Sent: April 20, 2020 10:33 AM

To: OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>

Subject: NOW quarantine work camps

Dear Mr. Horgan, Premier of BC:

Now is the time for **mandatory quarantine** of workers in the work camps, to **stop the travel of workers from the work camps** back into their communities and to shut the work camps.

We know there is Covid-19 in these camps. SEE the CBC news article <https://www.cbc.ca/news/canada/edmonton/b-c-saskatchewan-covid-19-warnings-kearl-oilsands-fort-mcmurray-1.5538099>

The weak BC Health statement “advising” people to self-isolate after they travel, by plane, home to their family and community, is not good enough!

Why are the rest of us in BC losing our contact with families, losing our jobs and our businesses? We know that the work camp conditions don’t allow for safe work spaces, and the living quarters aren’t suitable for physical distancing.

Dr. Henry’s calm and be kind statements are not good enough as these workers are spreading the coronavirus and getting Covid-19.

For several weeks now the daily health briefing has had questions about work camps. Now we know that these are definitely a threat and strong measures are necessary.

How are the rest of us in BC going to keep doing the sacrifice of physical distancing, keep away from school and work and parks, while you allow these people in the work camps to keep spreading Covid-19?

Sincerely,

s.22

Whistler BC s.22

From: Horgan.MLA, John <John.Horgan.MLA@leg.bc.ca>
Sent: April 20, 2020 4:24 PM
To: OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>
Subject: FW: stop Covid-19 from work camps to home communities

From: s.22
Sent: Monday, April 20, 2020 11:48 AM
To: Horgan.MLA, John <John.Horgan.MLA@leg.bc.ca>
Subject: stop Covid-19 from work camps to home communities

Dear Mr. Horgan, MLA, Premier of BC

I want you to know how important it is to stop the use of work camps when Covid-19 outbreaks are happening.

Although I don't live in your riding, I am writing to you directly as an MLA because as an MLA you should care about the every day actions of the people across BC.

Now is the time for **mandatory quarantine** of workers in the work camps, to **stop the travel of workers from the work camps** back into their communities and to shut the work camps.

While the people of BC are losing our contact with families, our jobs and our businesses we now know there is Covid-19 in these camps. SEE the CBC news article <https://www.cbc.ca/news/canada/edmonton/b-c-saskatchewan-covid-19-warnings-kearl-oilsands-fort-mcmurray-1.5538099>

The weak BC Health statement “advising” people to self-isolate after they travel, by plane, home to their family and community, is not good enough!

We know that the work camp conditions don't allow for safe work spaces, and the living quarters aren't suitable for physical distancing.

Dr. Henry's calm and be kind statements are not good enough as these workers are spreading the coronavirus and getting Covid-19.

For several weeks now the daily health briefing has had questions about work camps. Now we know that these are definitely a threat and strong measures are necessary.

How are the rest of us in BC going to keep doing the sacrifice of physical distancing, keep away from school and work and parks, while you allow these people in the work camps to keep spreading Covid-19?

Sincerely,

s.22

Whistler BC s.22

-----Original Message-----

From: Horgan.MLA, John <John.Horgan.MLA@leg.bc.ca>
Sent: May 6, 2020 4:22 PM
To: OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>
Subject: FW: Town Hall Meeting
Importance: High

-----Original Message-----

From: s.22
Sent: Tuesday, May 5, 2020 7:50 PM
To: Horgan.MLA, John <John.Horgan.MLA@leg.bc.ca>
Cc: vpalmer@postmedia.com
Subject: Fwd: Town Hall Meeting
Importance: High

Mr. Horgan, I sent the email below to The Office of Adrian Dix. I have had no response. So I listen to Dr. Bonnie Henry every day she is on Global news. And she has told us not to be making any plans for the future. Stay home, be safe and we will get through this together. That being said, Are you as our Premier and Mr. Dix actually listening to her. Ms. Henry is very clear.

So my question to you is, "Will you have the British Columbia's RCMP staff put road blocks at every Alberta/BC border to stop the thousands of Albertans who will come to BC this May long weekend. They will be coming as early as Thursday May 14. 2020.

It is simple, we are doing our part and we expect you as the Premier and Mr Dix to do your part. KEEP BRITISH COLUMBIAN'S SAFE.

If Albertans flood our province on the May long weekend you can pretty well throw in the towel, as we here in the East Kootenays will go fishing, hunting, camping, hiking etc. You name it, we will do it. It is simple, we are tax payers of BC and if you think we are going to stay home while thousands of Albertans invade our province for recreational purposes while we stay home you are delusional,

This is not your job, but your responsibility to protect us from Covid 19 at all costs.

I hope you do the right things as our lives, including my s.22 fathers life is in your hands,

s.22

s.22 resident of British Columbia
Cranbrook, BC

----- Forwarded Message -----

From: "adrian dix MLA" <Adrian.Dix.MLA@leg.bc.ca>

To: s.22

Sent: Tuesday, April 21, 2020 10:11:03 AM

Subject: RE: Town Hall Meeting

Dear s.22 ,

Thank you for contacting Adrian Dix's Constituency Office. You have reached us at the community office which supports Adrian's work as the MLA in Vancouver-Kingsway. We are receiving a higher-than-normal volume of emails, so we appreciate your patience.

Since your concern is related to Adrian's work as the Minister of Health, I have forwarded your email to the Minister's office.

More information including official statements on B.C.'s COVID-19 response, provincial support services including virtual mental health resources and translated content can be found here: www.gov.bc.ca/covid19. For non-medical inquiries, please call 1-888 COVID19 (1-888-268-4319). Information is available in more than 110 languages, 7:30am – 8:00pm Pacific Standard Time. You can also text a new help line for assistance at 604-630-0300.

For latest updates on COVID-19, follow the BC Centre for Disease Control on Twitter @CDCofBC or visit their website: <http://www.bccdc.ca/>.

For information from the City of Vancouver regarding closure of facilities and emergency orders, please visit: <https://vancouver.ca/home-property-development/covid-19-coronavirus-within-vancouver.aspx>.

Anyone concerned that they may have been exposed to, or are experiencing symptoms of the novel coronavirus, should complete the online self-assessment tool to determine if you need further assessment or testing before calling 8-1-1 for medical-related questions: <https://covid19.thrive.health/>.

The Public Health Agency of Canada has also set up a COVID-19 telephone information line at 1-833-784-4397 in multiple languages or visit: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>.

Thank you kindly for your patience, understanding, and cooperation. We hope you and yours are keeping safe and well.

Best regards,

Adrian Dix MLA Vancouver-Kingsway Constituency Office
P: 604-660-0314 | F: 604-660-1131 | 5022 Joyce St., Vancouver BC V5R 4G6
adrian.dix.mla@leg.bc.ca | www.adrian.dix.mla.bcndpcaucus.ca

We would like to acknowledge that the land on which we gather to live and work is the unceded, ancestral, and traditional homelands of the Coast Salish Peoples, including the territories of the Musqueam, Squamish, and Tsleil-Waututh Nations.

Hello,

Mr. Dix,

you and Dr. Henry have forced the closure of thousands of private businesses such as restaurants, bars and hair salons, fitness centers and so on in British Columbia. You have also closed Provincial Parks, all crown land campsites and back country areas in British Columbia.

Now, High River Alberta, has had an "enormous" spike in Covid 19 cases as well as new cases in Kearl Lake. The East Kootenays is a vacation hot spot for families from Calgary and southern Alberta for the May long weekend.

We in the Kootenays want Albertans to stay home, especially on this May Long weekend.

As we have previously heard from other municipalities in British Columbia, some people, "ARE NOT GETTING THE MESSAGE TO STAY HOME".

Question 1 Mr. Dix, Are you and Dr. Henry going to force private campsites to be closed to all persons, weather from BC or Alberta for the May Long weekend in British Columbia?? If not is this not discrimination as well as putting local families at risk????

Question 2 Are you going to place RCMP at the Alberta BC Border on both Highway #3, as well as the Trans Canada to stop all Albertans from entering British Columbia, so they are unable to go to private campgrounds or secondary vacation homes??

s.22

CRanbrook

From: s.22

Sent: April 19, 2020 2:56 PM

To: OfficeofthePremier, Office PREM:EX <Premier@gov.bc.ca>

Subject:

Good afternoon,

I have heard of a situation where a person who works at Kearl Lake in Alberta where there has been an outbreak of covid-19. He is planning to come back to BC to see his children. I do not think people should be going back and forth between AB and BC.

On another note, I have seen how difficult it has been for parents to home school their children and if they are still working even more so. I am wondering about having from now until the end of May be part of summer holidays for all teachers and children. That would give 6 more weeks of social distancing with a look at school going back in at the beginning of June and going until the end of July. Everyone would then have August off. As people cannot travel anywhere anyway even in the summer, it would relieve pressure from everyone.

s.22

From: [eric](#)
To: [Kennedy, Christine PREM:EX](#)
Cc: [Kristianson, Eric PREM:EX](#)
Subject: Cargill
Date: May 4, 2020 6:08:43 AM
Attachments: [image001.png](#)

 Globe and Mail, Page A01, 04-May-2020

Copyright

Page 002 of 103 to/à Page 003 of 103

Withheld pursuant to/removed as

Copyright

Russell, Shannon PREM:EX

From: Russell, Shannon PREM:EX
Sent: April 21, 2020 5:45 PM
To: Frederiksen, Hans LASS:EX; Kitzul, Sheldon LASS:EX; Herzog, Lawrence LASS:EX; Osborn, Lynn LASS:EX; Mitchell-Starkey, Maureen LASS:EX
Subject: Fwd: Communications Situation Report - Tuesday, April 21, 2020

From: "Turner, Jordan GCPE:EX" <Jordan.Turner@gov.bc.ca>

Date: April 21, 2020 at 5:26:55 PM PDT

To: GCPE Comm Directors <PABDirectors@Victoria1.gov.bc.ca>, "GCPE Executive (HQ)" <PABExec@Victoria1.gov.bc.ca>, GCPE Comm Managers <GCPECM@Victoria1.gov.bc.ca>
Cc: EMBC Executive <EMBCEXEC@Victoria1.gov.bc.ca>, "Bates, Stan EMBC:EX" <Stan.Bates@gov.bc.ca>, "Ralfs, Brendan R EMBC:EX" <Brendan.Ralfs@gov.bc.ca>, "EMBC PECC Public Information 1 EMBC:EX" <pecc.pio1@gov.bc.ca>, "Williams, Susan GCPE:EX" <Susan.Williams@gov.bc.ca>, "Robb, Katie TRAN:EX" <Katie.Robb@gov.bc.ca>, "Watson, Andy PSSG:EX" <Andy.Watson@gov.bc.ca>, "Aaron, Sage PREM:EX" <Sage.Aaron@gov.bc.ca>, "Howlett, Tim GCPE:EX" <Tim.Howlett@gov.bc.ca>, "Maartman, William PSSG:EX" <William.Maartman@gov.bc.ca>, "Sanderson, Melanie PSSG:EX" <Melanie.Sanderson@gov.bc.ca>, "Douglas, Andrew PSSG:EX" <Andrew.Douglas@gov.bc.ca>, "Grieve, Chandler GCPE:EX" <Chandler.Grieve@gov.bc.ca>, "Marriott, Sarah GCPE:EX" <Sarah.Marriott@gov.bc.ca>, "van Baarsen, Amanda HLTH:EX" <Amanda.vanBaarsen@gov.bc.ca>, "Yeung, Lucinda HLTH:EX" <Lucinda.Yeung@gov.bc.ca>, "Lawrie, Hannah GCPE:EX" <Hannah.Lawrie@gov.bc.ca>, "EMBC PECC Liaison 1 EMBC:EX" <pecc.lia1@gov.bc.ca>, "EMBC PDM EMBC:EX" <EMBCPDM@gov.bc.ca>, "Samadi, Talieh PREM:EX" <Talieh.Samadi@gov.bc.ca>, LP PREM Directors <PREMDIR@Victoria1.gov.bc.ca>, "Godlonton, Brian EMBC:EX" <Brian.Godlonton@gov.bc.ca>, "Barrett, Lisa EMBC:EX" <Lisa.Barrett@gov.bc.ca>, "Copeland, Kimberly GCPE:EX" <Kimberly.Copeland@gov.bc.ca>, "Allen, Jackie PREM:EX" <Jackie.Allen@gov.bc.ca>, "Kingsford, Douglas HLTH:EX" <Douglas.Kingsford@gov.bc.ca>, "Devine, Heather PSA:EX" <Heather.Devine@gov.bc.ca>, "Smith, George PREM:EX" <George.Smith@gov.bc.ca>, "Holmwood, Jen PREM:EX" <Jen.Holmwood@gov.bc.ca>, "McKinnon, Michael PREM:EX" <Michael.McKinnon@gov.bc.ca>

Subject: Communications Situation Report - Tuesday, April 21, 2020

Hi all,

Please find below the Communications Situation Report for Tuesday, April 21. Updates are in **RED**.

Thanks,

Jordan Turner

Joint Information Centre | COVID-19

Phone: (250) 952-5062 Cell: (250) 896-1928

Emergency Management BC Communications Sit Report Daily Summary

Date: April 21, 2020

***Please note, given the dynamic nature of a pandemic, the following information is subject to change after this report is distributed.**

Current B.C. Statistics

- Number of confirmed cases in BC: 1724 (25 new cases)
- Deaths: 87 (1 new)
- 109 are in hospital (51 in ICU/CCU)
- Recovered: 1041

Updates today:

- Provincial releases:
 - SDPR COVID-19 funding distributed through Community Living BC
<https://news.gov.bc.ca/releases/2020SDPR0013-000730>
 - Minister Dix and Dr. Henry Update (3:00 pm)
<https://news.gov.bc.ca/releases/2020HLTH0020-000735>
 - BC COVID-19 response update
<https://news.gov.bc.ca/22061>
- Federal releases
 - \$350 million for charities and non-profit organizations:
<https://pm.gc.ca/en/news/news-releases/2020/04/21/prime-minister-announces-further-support-help-canadians-need>
 - Canada Emergency Wage Subsidy Calculator for Employers:
<https://www.canada.ca/en/revenue-agency/news/2020/04/government-of-canada-launches-canada-emergency-wage-subsidy-calculator-for-employers.html>

News conferences:

Prime Minister Update (8:15 am)

Prime Minister:

- Pays tribute to Holocaust Remembrance Day
- Extends condolences to family and friends of victims of Nova Scotia
- Offered sympathy to RCMP – injured and family of deceased
- RCMP is tightly knit – and shows how close we are as a country
- Nova Scotia is a special place where people stick together and look out for each other
- This week we're all Nova Scotian and can count on the support of every Canadian
- Now been a number of weeks we've asked people to follow health experts' advice
- For some, the consequences of the pandemic are more profound
- It has worsening the inequalities that already exist in our society
- And at the same time, the total number of people who need help went up
- Charities have long been there for our communities during hard times
- Community organizations are an essential resource of the most vulnerable – they need more support to help a large number and expanding number of people
- **Announcement: Emergency Community Support Fund**
 - \$350 million to support Community and Non-Profit Organizations

- Part of the money will go directly to small organizations and the rest will go through large national organizations like the United Way, Community Foundations Canada, and the Red Cross
- Our government has introduced a 3-point plan
- And today I have more news on the Emergency Wage Subsidy
- Gives qualifying employers up to \$847 per employee per week to keep people on the payroll
- **Announcement: Wage Subsidy Calculator**
 - We are launching a calculator on the CRA website that will allow businesses to determine exactly what the wage subsidy will cover and how much they can expect to claim
 - Companies can start applying next Monday
- Supercluster Initiative
 - Our supercluster initiative to generate bold ideas and innovate
 - Digital Technology cluster worked on solutions on how to get Canadians to get through this pandemic
 - Developing a new cloud-based network to help researchers share findings on COVID-19
 - E-grocery management system to ensure health care workers, seniors and others have access to fresh food during this crisis
- This shows what we can achieve if we work together as Team Canada
- Your efforts during this time is showing results – lets continue to follow the experts' advice
- And together we'll get there.

Dr. Henry and Minister Dix Update (3pm)

Dr. Henry

- 25 cases – 1724 new cases
 - 707 Vancouver Coastal
 - 715 Fraser
 - 109 Island Health
 - 153 Interior
 - 40 Northern
- no new facility – 20 long-term care and 1 acute care – with 319 cases associated
- 76 cases in Mission correctional centre
- Kearl Lake
 - Concerns about workers who have returned from Kearl Lake – no new cases
 - But anyone who has worked in Kearl Lake since the end of March you have to self isolate for 15 days
 - Some may have already been back – if you have symptoms or your close contacts do, connect with 811
- 109 in hospital (51 ICU)
- 1 new death – long term care facility
- 1041 recovered
- United Poultry
 - Additional outbreak identified in Vancouver Coastal in United Poultry company
 - Up to 28 employees tested positive – not all are included in today's numbers
 - Plant has been closed and close contacts have been notified – Vancouver Coastal is working with Canadian Food Inspection Agency
 - Teams are doing contact tracing and investigation
 - I know there will be concerns about the products – no evidence that COVID-19 can be spread from meat or those products or packaging
 - However, raw poultry can have other bacteria so people should maintain the proper handling and cooking of poultry
- Goal in public health in moving forward to manage COVID-19 – goal is to do all we can to limit transmission and limit impact of measures
- Every decision we take is considered in great detail
- We've stepped up in BC despite the hardships of some of these measures
- We know it's been hard on all of us, mentally, emotionally, financially and even physically
- It's not easy but we can look to the future knowing it's not forever
- We're at a crossroads and every day and every action counts
- We need to find and contain these outbreaks, so they don't spread widely

- Virus continues to circulate around the province and sometimes it's unknown
- Important for all of us to recognize that if you're sick, stay home
- That's the most important thing we need to do
- Also need to maintain hygiene practices
- We're all at risk if we start transmitting this in our community
- Focus needs to ensure that the storm has lessened and passed before we ease up on restrictions
- We will find our new normal in the coming weeks but it's not time to lessen yet

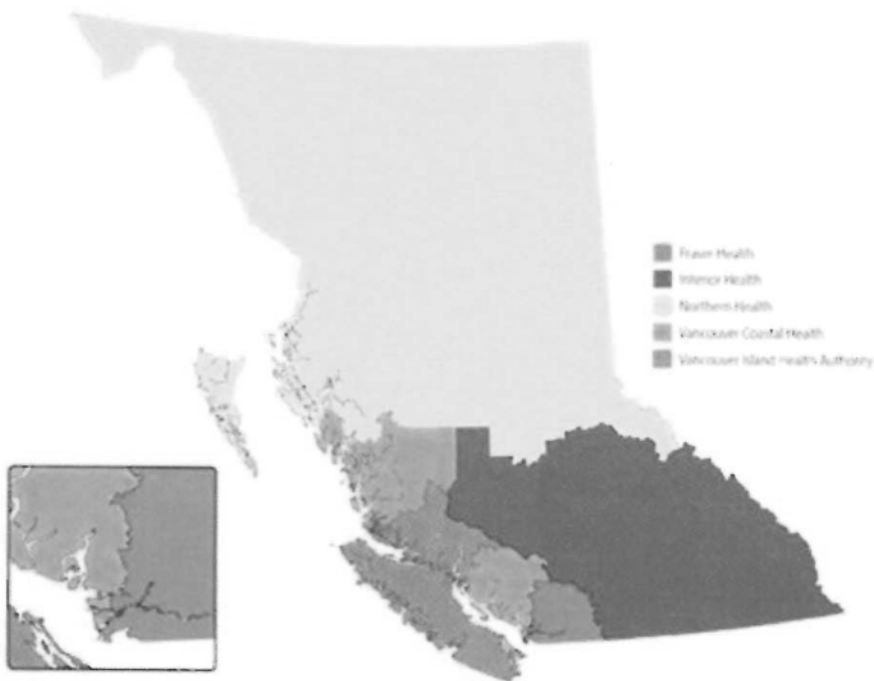
Minister Dix:

- Condolences for those who passed
- 4268 empty beds – 61.7% capacity in acute care – 45.8% in critical care
- 6559 emergency room visits in March – 2,995 on April 6 – yesterday it was at 4,015 people.
- PPE
 - Respirators – importance of the testing that we're doing on all PPEs before it's used by health care workers
 - N95 means the respirator filters out at least 95% of particulate
 - 3M is traditional supplier, other manufacturers produce N95s like KM95 the standard in other countries.
 - To expand the availability of N95 respirators, equivalents have been approved for use. All are being tested before being put into service.
 - Province has received 1 million sets of gloves and 3.7 million masks.
- Improvements to primary care
 - 3 new urgent primary care centres have opened in Vernon, Abbotsford, Castlegar
- Town halls in all the health authorities – thank you to all MLAs involved, CEOs, etc *provides details of town halls*
- Premier has said that this is an all BC Government approach to move forward
- Need to be directed by the science
- Will continue to update regularly
- I'm focused on restoring essential surgeries
- It's still dependent on all of us being all in.
- All this depends on continuing to do what we need to do to flatten the curve
- So that we can return to a new normal

Cases by Regional Health Authority:

| Health Authority | Confirmed Cases | Recovered Total |
|--------------------------|-----------------|-----------------|
| Vancouver Coastal Health | 707 | |
| Island Health | 109 | |
| Fraser Health | 715 | |
| Interior Health | 153 | |
| Northern Health | 40 | |
| Other | | |
| RECOVERED | | 1041 |

Health Authority Map:



Joint Information Centre (JIC) Coordination Call Occurred at 11 a.m. today. The following updates were provided:

Potential Issues, Concerns

SDPR

- s.13

Retail Council

- s.13

Communications Partners Details

JIC Update – Jordan Turner

- Social Development has a release on CLBC plan
- Dr. Henry Update at 3pm
- Virtual town hall – island health – tonight
- River forecast centre – flood warning for Cariboo, Chilcotin
- Cache Creek flooding – 11 residences and a motel evacuated
- Media issues
 - s.13
 -
 -
 -

GCPE Health

- 23 new cases – 1699 total
- 1039 recovered – 62%
- 2 more deaths
- 3pm update today and all this week

- Friday – no press conference – statement only this Friday
- Tomorrow – another virtual town hall with CTV
- Health authority town halls
- More proactive media – including some hospital tours

BCCDC

- Launched a new online tool with GeoBC to be able to find the nearest centre to be assessed for testing
- Part of the strategy to make testing more widely available to everyone with symptoms

Education

- Release – school meal programs delivered to vulnerable families at home

SDPR

- 11:30 news release
- s.13

MCFD

- Flagging – IB moving for Thursday re: childcare matching program and other initiatives launched during COVID

MIRR

- s.13

Agriculture

- s.13

Attorney General

- BCLC has advanced buy – up to 8 at a time

RCMP

- s.16

PSC

- s.13; s.16

CRA

- s.16

ISED

- s.16
-
-
-

Port of Vancouver

- s.16

Consumer Protection BC

- Fielding calls on price gouging still but dropping

UBCM

- Media call on local government finances

Retail Council

- media calls on
 - beef/meat prices and availability
 - Calls on enforcement
 - Calls on reopening plans in the future
- s.13

GCPE HQ

- Heard about tour behind the scenes tour of hospital – s.13
- s.13

Media Summary

INTERNATIONAL

CP News: 3M files lawsuit in Canada against firm accused of price gouging on N95 masks

CP News

James McCarten

21-Apr-2020 12:15

Copyright

NATIONAL

CP News: COVID Indigenous

CP News

21-Apr-2020 14:37

CP News: The latest numbers on COVID 19 in Canada

CP News

21-Apr-2020 15:03

Copyright

Broken supply links at home and abroad bedevil easing of COVID 19 restrictions

CP News

Mike Blanchfield

21-Apr-2020 14:37

Copyright

BRITISH COLUMBIA

CBYG: Dix - COVID-19 & remote communities

CBYG (CBC Prince George)

CBC Daybreak North

21-Apr-2020 07:39

Copyright

Castanet: Sun Peaks Resort hopes to open in July

Castanet

21-Apr-2020 12:07

Copyright

CHNL: Dix - COVID-19 containment efforts

CHNL (Kamloops)

21-Apr-2020 12:02

Copyright

CHNL: Stone - COVID-19 BC rental supplement

CHNL (Kamloops)

21-Apr-2020 14:04

Copyright

Page 015 of 103 to/à Page 016 of 103

Withheld pursuant to/removed as

Copyright

Russell, Shannon PREM:EX

From: Russell, Shannon PREM:EX
Sent: April 30, 2020 12:38 PM
To: s.22
Cc: 'Dan Quigley'
Subject: RE: interprovincial quarantine protocol

Hi Karl,

Currently there are no general protocols for self-isolation for people travelling to BC from other provinces, unless of they are arriving here after travelling back to Canada and have not yet self isolated for 14 days or they have symptoms of being ill. As well, people who have been contacted by their regional health authority's public health team because they are **contacts of a confirmed case**, meaning they have been or could have been exposed to the virus but do not have symptoms, are required to self-isolate. British Columbians returning from the Kearl Lake project, near Fort McMurray, Alberta, from March 24 onward, are also ordered to self-isolate for 14 days. More information on this can be found at: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>

As an employer, the public health officer has directed that you take all necessary precautions to minimize the risks of COVID-19 transmission and illness in yourself and your employees. Guidelines to provide clarity can be found at: <https://news.gov.bc.ca/releases/2020EMBC0002-000542>

Hope this information is helpful.

Thanks,
Shannon

Shannon Russell
Executive Advisor
Project and Strategic Liaison
Office of the Premier
Shannon.Russell@gov.bc.ca / 250-896-6063

From: s.22
Sent: April 30, 2020 9:52 AM
To: Russell, Shannon PREM:EX <Shannon.Russell@gov.bc.ca>
Cc: 'Dan Quigley' s.22
Subject: interprovincial quarantine protocol

Good Morning Shannon,

I hope you are well and I sure you continuing to be extremely busy during these challenging times. I am checking in to see if there are any protocols in place for interprovincial travel. We were in the midst of building a new water reservoir in Port Renfrew and the crew home on March 19th due to the covid 19 situation. Some of there crew is from out of province. We would like to move this construction forward for completion as soon as possible. My question is, are isolation protocols in place for people travelling from other provinces if that travel is taking place by vehicle? Please advise me at your earliest convenience. Thank you.

Best Regards,
Karl

Karl Ablack
Vice President
Port Renfrew Chamber of Commerce
*P.O. Box #39 Port Renfrew,
British Columbia V0S 1K0*
renfrewchamber@gmail.com
www.renfrewchamber.com
Mobile: 250-744-9799



**Port
Renfrew**
Chamber of Commerce



www.salmonforever.ca

Hawkins, Brittany PREM:EX

From: Watson, Andy PSSG:EX
Sent: April 20, 2020 6:40 PM
To: GCPE Comm Directors; GCPE Executive (HQ); GCPE Comm Managers
Cc: EMBC Executive; Bates, Stan EMBC:EX; Ralfs, Brendan R EMBC:EX; EMBC PECC Public Information 1 EMBC:EX; Williams, Susan GCPE:EX; Robb, Katie TRAN:EX; Aaron, Sage PREM:EX; Howlett, Tim GCPE:EX; Maartman, William PSSG:EX; Sanderson, Melanie PSSG:EX; Douglas, Andrew PSSG:EX; Grieve, Chandler GCPE:EX; Marriott, Sarah GCPE:EX; van Baarsen, Amanda HLTH:EX; Yeung, Lucinda HLTH:EX; Lawrie, Hannah GCPE:EX; EMBC PECC Liaison 1 EMBC:EX; EMBC PDM EMBC:EX; Samadi, Talieh PREM:EX; LP PREM Directors; Godlonton, Brian EMBC:EX; Barrett, Lisa EMBC:EX; Copeland, Kimberly GCPE:EX; Allen, Jackie PREM:EX; Kingsford, Douglas HLTH:EX; Devine, Heather PSA:EX; Smith, George PREM:EX; Holmwood, Jen PREM:EX; McKinnon, Michael PREM:EX; Turner, Jordan GCPE:EX
Subject: Communications Situation Report - Monday, April 20, 2020

Hi all,

Please find below the Communications Situation Report for Monday, April 20. Updates are in RED.

Thanks,

Andy Watson

Joint Information Centre | COVID-19
778-679-5667

Emergency Management BC Communications Sit Report Daily Summary

Date: April 20, 2020

***Please note, given the dynamic nature of a pandemic, the following information is subject to change after this report is distributed.**

Current B.C. Statistics

Includes two days worth of data

- Number of confirmed cases in BC: 1699 (52 new cases)
 - April 18-19: 29 cases
 - April 19-20: 23 cases
- Deaths: 86 (5 new)
- 104 are in hospital (49 in ICU/CCU)
- Recovered: 1,039

Updates today:

- Provincial releases:

- Premier: Helping rural, remote and Indigenous communities respond to COVID-19
<https://news.gov.bc.ca/releases/2020PREM0020-000725>
- Education: Education assistants find new ways to help students
<https://news.gov.bc.ca/releases/2020EDUC0031-000723>
- MAH: New homes on the way for Squamish's vulnerable residents
<https://news.gov.bc.ca/releases/2020MAH0052-000714>
- Minister Dix and Dr. Henry Update (3:00 pm)
<https://news.gov.bc.ca/releases/2020HLTH0020-000728>
- BC COVID-19 Response Update for April 20, 2020
<https://news.gov.bc.ca/22053>
- Federal releases
 - CCOHS: Website enables sharing of pandemic resources and good practices
<https://www.canada.ca/en/centre-occupational-health-safety/news/2020/04/website-enables-sharing-of-pandemic-resources-and-good-practices.html>
- Releases from other stakeholders:
 - TransLink: Translink implements cost-saving measures
<https://www.translink.ca/About-Us/Media/2020/April/TransLink-implements-cost-saving-measures.aspx>
 - City of Victoria: City creating physical distancing on local streets
https://www.victoria.ca/assets/City~Hall/Media~Releases/2020/2020.04.20_MR_%20City%20Creating%20Physical%20Distancing%20on%20Local%20Streets.pdf
- Other updates:
- Health Canada website updates:
 - Updated table entries to [exposure location lists](#)
 - Posted new automated version of the [epi summary](#) page
 - Updated the [Exposure on flights, cruise ships and at mass gatherings](#)
 - Published [Non-medical masks or face coverings while travelling](#) section on the Travel restrictions and exemptions page
 - Added multilingual PDFs on [Wash your hands](#)
 - Denesuline, Plains Cree, Michif, Inuinnaqtun, Mikmaq, Innu-Aimun, Eastern Ojibwe
 - Added multilingual PDFs on [People who are at high risk for severe illness from COVID-19](#)
 - Added multilingual PDFs on [For travellers without symptoms returning to Canada](#)
 - Added multilingual PDFs on [Be prepared \(COVID-19\)](#)

News conferences:

Prime Minister Update (8:15 am)

Prime Minister:

- We are a country that stands united to defeat a pandemic
- But yesterday were jolted from that common cause by Nova Scotia tragedy
- Gunman claimed lives of at least 18 people
- Also RCMP constable – she died protecting others, answering the call of duty
- This happened in small towns – places where people have deep roots
- Now these communities are in mourning and Canada is mourning with you
- So sorry for your loss. Should never have occurred
- Violence has no place in Canada
- You can count on our government's full support during this time

- Wish a full and speedy recovery to all those injured
- Canada is a vast and sweeping country with long stretches of lonely road
- With unwavering compassion, RCMP keep them safe
- RCMP are grieving deeply the loss of one of their own and one of our best
- Want to take a moment to thank them all for their professionalism and courage
- To first responders – Many are already working overtime due to pandemic, and I know that weighs on you.
- and our communities need you more than ever
- These are exceptional circumstances but you did what you always do – you ran toward danger and put your life on the line
- This day is made all the more difficult due to the loss of these lives and this senseless act
- But one mans action can't build a wall between us and a better day
- Canadians are kind and generous and we look after each other
- All Canadians are standing with those mourning. Pandemic means we can't grieve in person but we can grieve together virtually
- Vigil will be held on Friday at 7pm virtually on Facebook group Colchester Supporting Our Community
- Want to ask media to avoid showing the picture and name of the man behind these acts. Don't give him the gift of infamy
- To all the kids across Nova Scotia and the country
- I know the world can seem mean but it's good too.
- It can be a scary time but we're here for you and we'll get through this together. I promise

Premier Horgan, Minister Fraser, FNHA and PHSA Presser (12:45 pm)

Premier

- Mourn the tragic deaths in Nova Scotia
- Flying the Nova Scotia flag at BC legislature and Cdn flag half mast
- COVID-19 continues to be the largest challenge of our times – continue to adapt day by day
- Looking at how we can improve services and the delivery of them
- People living in rural, remote and Indigenous communities have unique challenges
- Many who are sick need to travel hours for health care
- COVID-19 increases these pressures
- Many Indigenous can't access culturally safe and appropriate care when they leave their communities
- Have been working on this since July 2017
- goal is to make all British Columbians equal in accessing health care
- New collaborative framework for health care in rural, remote and Indigenous communities
- Framework includes:
 - improved medical transportation options. People won't have to worry how to get there anymore, which will lift the burden emotionally and financially
 - self-isolation accommodation near health centres –
 - Faster and culturally safe access to testing
 - Virtual health-care
- By continuing to work together we'll get through this time
- we'll be stronger because of the efforts we're taking and this is one of those steps

Minister Fraser

- Framework is important for all communities in rural and remote settings
- Indigenous communities, especially in isolate areas, have unique needs
- Indigenous people have been hit much harder by pandemics than anyone else.
- Indigenous people will be hit harder because of elders, those with compromised immune systems & remoteness of communities
- Concerns about protecting elders, knowledge keepers and others

- Face concerns due to access of services, etc.
- Help must be responsive to unique needs
- We're flattening the curve but must be ready and that's what this framework is about. Helps us do these things.

Dr. Danielle Behn Smith -- FNHA

- Our people have been healthy, balanced and well for thousands of years
- Since contact, have shown our strength time and again against attacks against culture, etc
- And have faced ongoing discrimination
- Colonial policies mean we come into this pandemic on unequal footing
- COVID-19 has the potential to be 'culturally devastating,'
- Earlier detection of cases, and informed choices about access to care will help
- Elders are the heartbeat of our community – need them to ensure cultural continuity
- 3 other considerations needed:
 - Must use distinctions based approaches that honour indigenous experiences, recognizing that FN, Metis and other indigenous communities are different
 - Must hear and respond to voices of Indigenous women and girls who face increased violence
 - Need to use robust tracking using western and indigenous data to illuminate whether COVID-19 responses are meeting indigenous needs
- Not just about the services we deliver, but how we deliver them
- cultural identity must be protected.
- The work described here today is an excellent step
- Informed choices about access to higher level of care will help decrease the impact of COVID-19

Susan Wannamaker -- PHSA

- when it comes to access to care, minutes count
- Managing in a new reality with COVID-19 – sparked movement on much-needed transportation resources
- Will help patients both short and long term
- BC Emergency Health Services – significant additional resources for our fleet
- 5 of the 55 new ground ambulances will be put into Northern Health Authority.
- There will also be 5 new air ambulances (both fixed-wing and rotary craft).
- Expanded network was originally activated during COVID-19, but thanks to thoughtful planning with partners across BC, these resources will remain in place long term
- Excited to be working as part of this partnership
- As we shift from surge service delivery to implementation of long-term, working on next steps
- “If you want to go fast, go alone. If you want to go far, go together”
- Partnership means changes will be impactful and lasting

Dr. Henry and Minister Dix Update (3pm)

Dr. Henry

- 2 days worth of data
- 1699 cases – 52 new cases
 - 700 Vancouver Coastal
 - 705 Fraser
 - 102 Island Health
 - 153 Interior
 - 39 Northern
- 1 new facility – Chartwell Willow LTC is now dealing with an outbreak. long term care facility – 20 long-term care and 1 acute care – with 307 cases associated
- 75 cases in Mission corectional centre
- Case from people who have come back from Alberta Kearl Lake project – 7 cases
- **New Order:**

- Anyone who has been back from Kearsy Lake since March 15 – must self isolate for 14 days after their return
- If you have family members who may have been infected, call 811
- Expect there will be more people – people coming back and forth from Alberta for essential work
- Have guidance for industrial camps and continuing to ensure that guidance makes camps as safe as possible
- 104 in hospital (49 ICU)
- 5 new deaths – 86 deaths
- 1039 recovered
- Rural, remote and indigenous support strategy – announced today
 - Welcomed as a way to proactively support communities with less access to the kind of health care in urban centres
 - Informs the important work we're doing together on reconciliation
 - An important step to make sure we put in the extra supports they need and protection of FN elders due to the vital role they play
- **Testing strategy**
 - Evolve the strategy based on changing situation – early on we had a broad testing strategy
 - When we got more community spread we transitioned to test outbreaks and other critical areas
 - Now using testing again to identify any new community cases and outbreaks – eg people who returned from Alberta
 - We want to avoid another spike in community cases – that's why we're opening it up and making sure we find cases
 - Now anyone with symptoms can be tested – you can call 811 to find info on there
 - Though everyone can get tested, not everyone needs to get tested. It's for anyone who has symptoms – cough, fever, shortness of breath
 - Or if you've had contact with someone you know has had COVID-19
- There have been many questions about how things will change and when – we're not through the storm yet
- We can only make changes when we have a sustained downward trend in new cases
- Not expecting any changes in April, and we're looking at mid May if things continue to go the way they have been going
- Will be done in a measured way
- New normal in coming months will still have restrictions – eg. Group gathering and travel
- Our new normal is going to be a modification of what we've had in place for the past few months
- And it will be a trial and error
- We will be speaking more about this in the coming weeks
- For now, must continue to hold our line
- Can't let up too soon and waste the important work we've done

Minister Dix

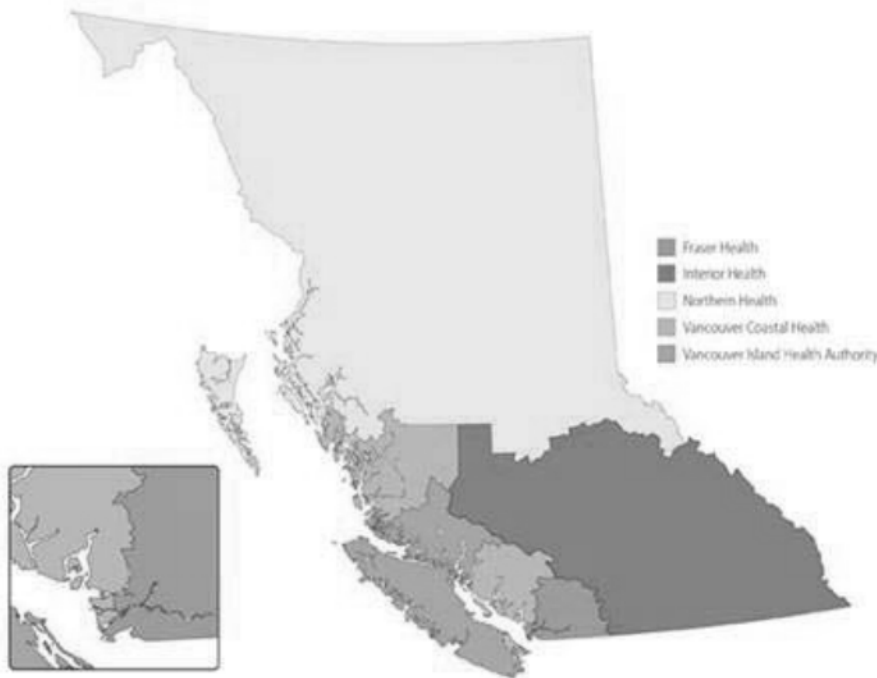
- Condolences for those who passed
- 1699 positive since January
- Work being done by public servants in supporting self-isolation for those returning from travel
- 137 people are currently housed in provincially supported quarantine after not having isolation plans returning to YVR.
- 4309 empty beds – 61.3% capacity in acute care – 45.3% in critical care
- 3548 911 calls yesterday – down from about 6500 last year. But it's also up from last week
- Important for people to recognize that if they need to call 911 they can
- 71 doctors 1245 in nursing have re-registered
- PPE
 - Continuing concern and interest in PPE – continue to receive PPE from international sources
 - But it's a challenge to source PPE – Check all PPE products for safety

- We are approaching that point where we may need to introduce alternative PPE
- Like other jurisdictions, we're struggling to replace products
- But safe and effective alternatives exist
- Rural, remote and indigenous support strategy
 - Pleased about today's announcement
 - Recognizes the concerns in indigenous communities, rural and remote communities
 - Ensures people get access when they need them
- Friday we presented modelling and we want all to know what we know
- So we can all work together going forward
- Over the next couple of weeks we're going to continue to do the work and follow the science
- More guidelines, proposals and protocols at the beginning of May
- Have to stay 100% all in
- All this depends on continuing to do what we need to do to flatten the curve
- Need to be vigilant and committed

Cases by Regional Health Authority:

| Health Authority | Confirmed Cases | Recovered Total |
|--------------------------|-----------------|-----------------|
| Vancouver Coastal Health | 700 | |
| Island Health | 102 | |
| Fraser Health | 705 | |
| Interior Health | 153 | |
| Northern Health | 39 | |
| Other | | |
| RECOVERED | | 1039 |

Health Authority Map:



Joint Information Centre (JIC) Coordination Call Occurred at 11 a.m. today. The following updates were provided:

Potential Issues, Concerns

TransLink

- s.13; s.16
-
-
-
-

BC Transit

- s.13

Tourism

- s.13

Coroners

- s.13

Attorney General

- s.13

Vancouver Convention Centre

- s.13

Retail Council of Canada

- s.13

Vancouver Airport

- s.13

Communications Partners Details

JIC Update – Andy Watson

- Extending thoughts to those in Nova Scotia and condolences to RCMP
- Premier and Minister Fraser 12:45 announcement – related to Indg. Rural and remote
- PHO update at 3pm
- Education IB
- Monitor flooding in Cariboo and NEA
- Wildfire – evac order rescinded in Squamish

GCPE Health

- 29 new cases – 1676 total
- 1001 recovered
- 3 more deaths – 84
- 3pm update today and all this week
- Friday – no press conference – statement only this Friday
- tonight doing live town hall with Global TV at 6:30pm
- Island Health town hall tomorrow night

Health Canada

- s.13; s.16
-
- s.16

- s.16
- s.13; s.16
-

TransLink

- s.13; s.16
-
-
-
-

BC Transit

- s.13

- Doing some proactive media on it

Education

- Media availability tomorrow at 12:30 – Minister in his office
- NR on school meal programs continuing

MCFD

- Stakeholder communication calls with children and youth with special needs

MIRR

- Working on cormorant island stuff
- Prepping on announcement on supports for rural and indigenous communities

Labour

- Monitoring the TransLink situation
- Looped in with MAH

MAH

- Media requests on TransLink announcement
- NR government partnering in Squamish to provide temporary housing to vulnerable people in the community

Tourism

- s.13

Coroners

- s.13

Attorney General

- Release form BCLC on someone winning \$1 million
- s.13
- Media requests from B. Mackin around salaries on Crown Agencies. Don Z – to FIN

ENV

- s.13

FLNRO

- Press conference on wildfires and floods – draft rollout – re: May 1 – part of normal press conference – will be reaching out to Jordan

FN Public Service Secretariat

- Ongoing need for clarification for supports on reserve and off reserve
- Putting out some one-pagers to clarify
- s.13

RCMP

- s.13; s.16

Consumer Protection BC

- Minister Farnworth's announcement on price gouging – went well and did about 7 media interviews. Positive coverage
- Media inquiries around cancelling continuing service contracts – interview on cancellation rights, etc.

CRA

- s.16

ISED

- s.16
-

Elections BC

- Received a media inquiry from CTV asking about minority provincial government and what preps if there's a snap election during a pandemic.
- KMs – Planning for how an election would happen and comply with PHO, etc. eg physical distancing at voting places, PPEs for election workers, expanded options such as mail in voting, etc

US Consulate Vancouver

- s.16

Vancouver Convention Centre

- s.13

IGRS

- Half mast until Friday
- Tracking PPE arrival from China

Retail Council of Canada

- s.13

-

Vancouver Airport

- s.13

City of Vancouver

- s.16

- s.16

-

City of Victoria

- s.16

Don Z

- Any CDs...media requests on Crown or Agency – forward those requests to Finance

Media Summary

NATIONAL

CP News: The latest numbers on COVID 19 in Canada

CP News

20-Apr-2020 12:22

Copyright

Canadians can't relax yet despite progress in curbing COVID 19, officials say

CP News

Michelle McQuigge

20-Apr-2020 12:05

Copyright

BRITISH COLUMBIA

COVID-19 hotel seizure

CFAX (Victoria)

CFAX Adam Stirling

20-Apr-2020 11:06

West - COVID-19 municipalities

CKNW (Vancouver)

CKNW Mike Smyth

20-Apr-2020 09:35

Copyright

Page 031 of 103

Withheld pursuant to/removed as

Copyright

Copyright

Phillip - COVID-19 homeless
CBU (CBC Vancouver)
20-Apr-2020 12:03

Copyright

Kurl - COVID-19 lifting restrictions
CKNW (Vancouver)
CKNW Jill Bennett
20-Apr-2020 13:37

Copyright

BiV: BC great outdoors closed until June
BiV
Nelson Bennett
20-Apr-2020 08:14

Copyright

Page 033 of 103

Withheld pursuant to/removed as

Copyright

probably means a lot of people don't have access to their own yard.

DailyHive: Interior BC residents warned after coronavirus outbreak at Alberta oilsands site

DailyHive

20-Apr-2020 10:31

CKNW: Henry - Kearl Lake self-isolation order

CKNW (Vancouver)

20-Apr-2020 16:00

CKNW: Terry Schintz: BC is changing its testing strategy.

CKNW (Vancouver)

20-Apr-2020 16:01

Buchanan - Alert Bay COVID-19 SoE

CKNW (Vancouver)

20-Apr-2020 16:02

Copyright

General Key Messages:

We will only be posting updated messaging that is produced each day. Please reach out directly if you need something specific that is not listed here.

I've submitted a request through the provincial Supply Hub. When can I expect to receive this equipment?

- The province asks for everyone's patience during this very challenging time to obtain personal protection equipment and cleaning supplies.
- The Provincial Supply Chain Coordination Unit is doing everything possible to bolster B.C.'s supply of these critical items to ensure those fighting the front lines of the COVID-19 pandemic have the supplies they need.
- Due to the extremely high demand for these items, both globally and here in B.C., there is no guarantee when, or in what quantity, critical supplies will be available.
- The Province will continue to provide updates as more information becomes available. Until then we appreciate your patience.

What is the province doing to help rural, remote and Indigenous communities access critical health care?

- On April 20, the province announced a new collaborative framework that will help people living in rural, remote and Indigenous communities have access to critical health care that meets their unique needs during the COVID-19 pandemic.
- The framework includes:
 - improved medical transportation options to larger centres, including flight and ambulance;
 - housing options for people looking to self-isolate near their families while remaining in their home communities;
 - new and faster COVID-19 testing technology;

- The province is working with its partners to make sure people can access the health care they need, no matter where they live in the province. More information is available here:
<https://news.gov.bc.ca/releases/2020PREM0020-000725>

What measures are in place to screen British Columbian's returning home?

- The Public Health Agency is screening everyone for COVID-19 symptoms as they arrive in Canada.
 - The Province introduced new measures on April 8 that will supplement this work and make sure British Columbians returning home from international destinations have the support they need to self-isolate and keep their communities safe from COVID-19.
 - The measures, which include a new legal requirement to provide a self-isolation plan, support the provincial health officer's travel orders and reinforce the federal emergency order under the Quarantine Act requiring people entering Canada to self-isolate for 14 days.
 - As of April 10, Provincial officials are on hand to make sure self-isolation plans are complete at the Vancouver International Airport and four major land border crossings - Douglas (Peace Arch), Pacific, Osoyoos and Boundary Bay.
 - For now the province is focusing on the highest-risk points of entry with the largest volume of incoming travellers. These measures will be expanded to other crossings in the coming weeks.
 - These measures are being taken in full cooperation and collaboration with the federal government.
 - On April 17, the federal government announced new measure requiring ALL air passengers to have a non-medical mask or face covering to cover their mouth and nose during travel.
 - The new measures mean that passengers travelling by air both internationally and within Canada, will be required to cover the mouth and nose at airport screening checkpoints, when they cannot physical distance from others, or as directed by an airline employee or by a public health official.
 - More information about non-medical masks or face coverings is available here:
<https://www.canada.ca/en/transport-canada/news/2020/04/use-of-non-medical-masks-or-face-coverings-in-the-canadian-transportation-system.html>
-

From: Ryckman, Scott GCPE:EX
Sent: May 4, 2020 3:39 PM
To: Smith, George PREM:EX
Subject: Henry/Dix - COVID-19 update - transcript

Media Availability, 04-May-2020

Henry/Dix - COVID-19 update

By Legislature Press Theatre

Adrian Dix: Good afternoon.

My name is Adrian Dix. I'm BC's Minister of Health. To my right is Dr Bonnie Henry, BC's Provincial Health Officer. This is our briefing and session on modelling and going forward today.

Just to give you a sense of what the week will be like, tomorrow, Dr Henry and I will be giving a briefing here at three o'clock, just the regular daily briefing.

On Wednesday at the same time Dr Henry and I will be joining the Premier to give a briefing on the going-forward strategy. That is your sense of what happens in the next few days.

We're honoured to be here, the Dr Henry and I, here on the territories Lekwungen speaking people of the Songhees and the Esquimalt First Nations. We want to thank, as they're here with us every day, our ASL interpreters, Nigel Howard, the co-interpreter Sara McFayden; others involved -- Scott Jeffrey, Jennifer Ferris and Nicole Pedneault, Tyler Churchman, Jessica Siegers, Susie Piper (sp) and Christy (sp), who are the managers that book them.

Nigel and I have a common history. His dad was my soccer coach for ten years and his brother, Mark, was a friend of mine. I think that we went about 35 years not meeting each other and he is either here or here, I'm not sure where he is.

But we are really appreciative of their extraordinary work. I think all of us, speaking for myself, have learn add lot from Nigel and his team over the last few months and we're so appreciative for all that they do.

Today we'll be giving a normal daily briefing. Dr Henry will be doing that first, and then taking you through a session on modelling and telling you a little bit about where we've been and perhaps where we're going.

With that I'm honoured to introduce Doctor Bonnie Henry.

Bonnie Henry: Thank you very much, and good afternoon.

To start with, we'll update you on the number of new cases that we've had in BC since our last report on Saturday. So that is for two periods, between May 2nd and May 3rd, and the May 3rd to today.

Our first period, from Saturday to Sunday, we had 34 new cases diagnosed here in British Columbia, bringing the total that day to 2,205.

And then over the last 24 hours we've had an additional 19 people test positive for COVID-19 here in BC.

That's 53 new cases since Saturday, bringing our total to 2,224.

Of those, 845 people are in Vancouver Coastal Health, 1,027 are in Fraser Health region and 124 people were in Vancouver Island Health, 177 in Interior Health, and 51 people in the Northern Health region.

We currently have 23 active outbreaks in long-term care assisted living and a couple of acute care units. There are no new outbreaks in those areas. Actually, there are no new outbreaks to report today.

We have had additional cases, 13 cases in long-term care assisted living or the acute facilities that have been affected, bringing our total in those areas to 266 residents and 168 staff.

In our community outbreaks, I will update you on where we are with those.

As you are aware, we have three outbreaks that have been declared in poultry processing. We now have seven positive cases in the Fraser Valley Specialty Poultry, 54 people who have tested positive from Superior Poultry, and 35 from United Poultry.

And I apologize. I had the numbers incorrect on Saturday.

In addition, we're up to 134 people associated with the Mission federal correctional facility, including 121 inmates and 13 staff who have been affected.

We also, as I mentioned on Saturday, have continued to have people associated with the Kearl Lake plant in Alberta. We have 15 people directly from that plant who have tested positive in BC, and we also have additional family members.

This is one of the reasons we have been so concerned and we have asked anybody who is returning from working at the Kearl Lake plant while the outbreak continues there, and we do know that it is continued and if they have no more indications it will be near the end of May, that the outbreak will be declared over. And I know that they have been in a great deal of the important outbreak response measures in the facility there in Kearl Lake. And that is really important to help to protect everybody who is on-site there.

But, when people are coming back from an outbreak we do, here in BC, require people to self-isolate whilst they are here. That is because we know that people who have been in an outbreak situation are at higher risk of developing this illness during the incubation period. Until the outbreak is over in Kearl Lake, we do have that requirement for people who have returned here, and we also ask their family members to be careful and monitor themselves for symptoms. We have had occasion where a family member of somebody who has worked in Kearl Lake has come back and not recognized that they have had a mild illness, have passed it on to a close contact and that close contact was a health care worker.

So we need to be very vigilant right now, that we're monitoring ourselves and being very careful where we know that there is risk of transmission of this illness.

Currently, we have 77 people here in BC who are in hospital, and of those 20 are currently in critical care.

Unfortunately, we've had another three deaths related to COVID-19, all of them in long-term care here in the province, bringing the total number of people who have died to 117. And, as always, we are thinking, every day, of the families and the care providers, and the communities of these people.

We now have 1,417 people who have fully recovered.

What I am going to do now is to walk us through some of the information that we've had on who has been affected by COVID-19 here in BC. Some of it is questions that have come in through the last little while and what we call the epidemiology, the who, what and where so you will have a better understanding of how this has affected us in our communities here in British Columbia.

What we've entitled this is Epidemiology -- How the virus has affected people in BC.

And there are several different aspects of this that I will run through with you this.

This is something that you've have seen before. This is what we call our epidemic curve. This is the number of new cases per day. How this is plotted is by the date of onset of their illness, so this is after the public health investigation where we talk to people about when and where they might have been exposed and when their the symptoms start.

As you can see, since we put our control measures in -- that's those dotted lines -- in March, we have had a dramatic and sustained decrease in numbers of new cases.

We have had, of course, some of the clusters that you're familiar with, with the outbreaks that we have seen. This also gives us a sense of where people have acquired their illnesses. The yellow bars are the ones where we are still doing the investigation. But you can see, most of them is known from links to local acquisitions. So that is our community spread and what we're watching very carefully in the coming weeks and months.

As we have said, as well, every area of BC has been affected and every community has been affected, whether they've had lab confirmed cases or whether we've had people who've returned from travel, who have been involved or connected to outbreaks and clusters in other countries, on cruise ships, or around the world or here in BC, every community in our province has had some brush with COVID-19.

This is a group of figures that paint the picture of who is being most affected by COVID-19 in our province. What it shows is men and women in the different age groups and in the one slide -- let me see now if I have a pointer here.

At the top right, I guess -- the one that says case counts percent, what you can see is that most of the people have been affected -- so that's people who have tested positive for COVID-19 -- most of them have been between the ages of 30 and 60. And there have been more women than men affected. The lighter pink bars are women and the darker pink bars are male. What we can see that is that most of the people who have been sick with the illness are people between the ages of 30 and 60.

If we go over to the one that directly below the one that says case counts, to the percentage of hospitalizations, what we see is a shift to the older age groups. Those people who have severe enough illness to need to be in hospital tend to be older, mostly people in their 70s, 80s, and 90s.

If we look at the difference in the pink bars, as we get older we see the men more than women have more severe illness that require them to be hospitalized.

If we go to the top left here on the screen, these are the numbers of people and the percentage of males and females who are admitted to ICU. Those are people who need more advanced care. Many of them requiring ventilatory care. And again, what we can see is there is a shift to the older age group again.

This is just breaking down some of the information that we presented two weeks ago, that shows that most of the people in ICU are in their 60s and 70s. And, again, more men than women required that critical care.

I will also point out though that younger people are not immune. We are seeing people as young as 20s and 30s who require hospitalization and also who have been in the intensive care unit.

Finally, on the bottom slide here, we have the same information by the number of people who have died. And again, we can see that there is very much a shift to the older age group. The majority of people who have died have been people in their 70s, 80s and over 90. We also have seen that it is much more that half of the men over age 90 have died, whereas it is less than 20% of women.

This is a phenomenon that we're seeing around the world that men are more likely to have more severe illness to require hospitalization and to die from COVID-19. And we really don't understand why. There is a lot of work going into trying to understand that phenomenon.

Next. This is some information about health care workers. We've been asked that question: how many health care workers have been affected? This is all health care workers as of April 28th. What we're talking about is anybody who's in one of the regulated health professions including dentists, dental assistants as well as nurses, physicians, physiotherapists and other care workers in our health care system.

Many of these people were affected at work, either from a colleague or acquiring this from caring for patients with COVID-19, but it also includes people whose exposures may have been through travel, through attendance at the dental conference, or from exposure to family members who may be positive for COVID-19.

What we can see is 21% of our total cases as of April 28th, or 428 people, were health care workers across the province. But thankfully, a very small proportion of them, only 8%, were hospitalized. Three-percent required intensive care, and we unfortunately had one person who died.

This tells us that most of our health care workers were in the younger age group and were mostly female and had milder illness.

One of the other things we've been looking at very carefully, is what are the risk factors people have that make it more likely that they will end up with more severe illness? This information that I've provided here, and we have two slides that show it, is the information that we have complete records for. It's not the entire group of 2,000 people who have tested positive yet because it takes some time before we know that people end up in hospital, or their outcomes.

This is the complete data as of April 30th, and of the people that are presented here, 1,373 reported one or more of these additional risk factors that make it more likely that they'll have more severe disease. What we can see is that 56% of all cases were over the age of 50 -- this goes back to what I was saying that it's mostly a younger age group. Of those admitted to hospital or intensive care, 80% of those people were over age 50 and a very high proportion -- 97% of people who died -- were over age 50, and we know that the majority of them were in their 70s or 80s.

The second line talks about male versus female. This is similar to the information I just presented where about 44% of all our cases are male, but two-thirds of our cases who end up in hospital or intensive care were male. Almost three-quarters of our deaths were in men.

Finally we look at chronic conditions, which means things like diabetes, underlying heart disease, or lung disease that make you more likely to have severe illness. We can see that a little over one-third, almost 37%, of all cases -- everybody who was diagnosed -- had at least one chronic condition, but you were much more likely to end up in hospital, about two-thirds of people who ended up in hospital had had least one chronic condition, and three-quarters of people who required ICU care and 83% of people who died had underlying illness as well as a risk factor.

Again, this is the same information, just presented so that you can see the progression of these risk factors and the impact on the severity of illness.

One of the other outcomes we are looking at is how well people do once they have been in critical care. Over all, as of the time we put these numbers together to April 29th, we had 199 individuals who required critical care. And of those,

28 people died; which is 14%. Which is, of course, a very high number, and we can see from what we just presented that these are mainly men over the age of 50 who have had underlying conditions.

On a positive note, 110 of the 199 people have been released from hospital and have recovered. The numbers in between are still in recovery.

The next slide presents a graphic of the number of people in ICU per day per health authority so you can get an understanding of how it's affected the different geographical areas. As we can see, most of the people requiring critical care have been in Fraser Health and Vancouver Coastal. And as we know, in our pandemic that's where the majority of people who have been affected have been.

Last week we talked a little bit about looking at excess deaths. There was a modelling study done in Ontario that considered the impact of the pandemic on the population. I reported that this is a measure we look at here in BC on an ongoing basis and we have, on average, all-cause mortality as a very stable measure in our communities. On most days of the year, about 115 people die in BC from a whole variety of causes, whether it's old age, motor vehicle crashes, overdoses, or the other impacts that we have in our communities and we have been following the impact of COVID-19 on that measure over time.

This is something that we have been doing for a number of years through the BC CDC. For example, when we had the forest fires of 2017 and the summer of 2018, we had very poor air quality for a number of weeks and we saw the all-cause mortality in excess of normal for several weeks afterwards.

This graph gives you some indication of what we've seen in the last few months with the impact of COVID-19. We have had about 1710 excess deaths since March and the vast majority of them, at least 111 that we know of so far, have been attributed to COVID-19. That does give us a measure that this outbreak has had a population effect. What we don't know is what else is causing these excess deaths during that period of time and what we get is more detailed information from the vital statistics, from the death certificates over time.

We will be able to look back -- we get the ones for March at the end of this month -- and find out what were the other contributing factors to the excess deaths that we've been seeing here. We think it's very likely some of them will be indirectly related to COVID-19 but there may also be other causes. For example, we know that people were not going to the ER because of concerns about COVID-19 and it may be that there were excess deaths recorded from that. Once we have that information, we will be able to provide to you as well.

The case rates -- these are slides that are just an update of ones that you've seen before. This shows our rates per million population in BC compared to the rest of Canada and a number of other countries. As you can see, this is the work that we have all been doing over the past few weeks in what we've called bending the curve and are now flattening it.

In addition, this is an update of the death rates by country. Here in BC, the rest of Canada and a number of other countries showing again that we have levelled off and it reflects the numbers of deaths that we've unfortunately had in our elderly in long-term care homes.

Adrian Dix: Thank you very much, Dr Henry.

What we're going to look at here is our provincial bed capacity in critical care. You see it up here now. We have reduced some of our surge capacity since the last time we updated you, from 951 to 704 critical care beds. Nonetheless, we currently have a critical care bed occupancy rate of about 44%, so 390 total vacant critical care beds. You see in the two categories there that we have 30 people, as of this graph's information, which was May 1; 30 people in critical care for COVID-19.

Dr Henry's just updated that to 20 as of today, May 4. So that's what's in critical care. And then there are 284 people who are in critical care for non-COVID-19 cases.

We'll move on to ventilator capacity. Again, as you can tell from when where we started in March, we've significantly increased our ventilator capacity. And you see that in addition to that we have portable ventilators and an intention to increase the ventilator capacity in the province in the coming months to deal with the potential for future surges.

It should also be pointed out that the Premier, a couple of weeks ago, announced our plan to add ambulance and transportation capacity to bring people especially from rural and remote areas closer to critical care.

And just if you were to go on from there, that this is the use of mechanical ventilators in critical care as of now and can you see that in the top row as of April the 30 there were 112 people on mechanical ventilation at that time. Seventeen of them at that time -- so it's a subset of those in critical care -- were on mechanical ventilators on April 30. That total, as of today, the updated total is nine for COVID-19. So you see that we are well within our capacity for mechanical ventilators.

Just to be very brief about this, this is an updating of what we presented to you two weeks ago -- that we've remained ready, obviously, for critical care patients, including those with COVID-19, that the number of patients with COVID-19 has slowly decreased over time, as we've seen, reflecting also the reduction in hospitalization. We regularly report on the number of vacant beds overall in the health care system, which today will be 4,075.

What that has permitted us to do is to prepare and be prepared for COVID-19 surges in the health care system, and also, most importantly, to protect and support health care workers, be they doctors, nurses, health care workers or health sciences professionals. And also, we have additional adult capable critical care ventilators that have come into the inventory, as have additional adult portable ventilators, which can easily be moved between sites or with patients. Additional adult ventilators are expected to arrive in the weeks and months to follow, and we will keep you updated on those numbers.

I'm going to return it back to Dr Henry.

Henry: And so for the next part, what we wanted to do was to give you an update of where we were, who has been affected. And, as you can see, it has had quite a dramatic impact on our entire population, differentially affecting those who are older but also very much affecting younger people, and particularly younger people who have underlying illnesses.

And we also have a significant proportion of our cases who are health care workers. And this is what we we've accomplished here in BC, has been being able to protect everybody and ensure ensured that they have the best chance of getting the care that they needed.

So where we need to move from here. Here is where we are at the point where we have deflected our curve. We are coming down nicely. We have the measures in place that we know are working. How can we use modelling and the work that we've been doing over the past months to understand where we need to go in the coming weeks?

This is an update of the slide we presented a little over two weeks ago that gives you a sense of some of the modelling that we're using to inform our decisions. What this shows is the ventilator capacity, the critical care patient census, so the number of people in critical care up until the end of April. That's the yellow bars. And then these lines give us a sense of what would happen should we let up the restrictions that we've put in place to soon, too quickly or too much. That is the work that we are now looking at to guide our way forward.

This is what we call the compartmental modelling that we've been doing, the dynamic modelling. It looks kind of weird, I guess, in 2d. What it does is it takes into account what exactly has happened in our community.

It looks at the types and numbers of interactions that we have in our community. It looks at how that has affected our pandemic and we've been tracking our cases both in the community as well as those in hospital and those in ICU.

This helps us understand where we fit. There were a number of different models that we were looking at. This is the one with the best fit to what has happened to us. It allows us to say okay, these are the things that changed over time, and here's where we are now. What could we see happening, if we change some of the parameters going forward.

Just to explain this a little bit more, the dark pink line in the middle is the smoothing, or the average, of what's happened in our pandemic over the past two months, and those lines with the dots are the actual case counts per day. As you can see, we've had a dramatic increase in March of when we started to put in our measures. We were still seeing cases go up, and that's because we know the incubation period is two weeks. So when we first started to do our physical distancing and our staying at home and our closing up of a number of areas where we gathered and people working from home. all of those measures meant that we started to see a decrease in new cases after two weeks.

We had a bit of a blip, as we know, a couple of weeks ago, that was related to both opening up our testing, so that we were testing more people again, but also the outbreaks that we've had in our community that we've recognized. It really is a cautious tale. When we looked at the poultry industry, the poultry manufacturing did recognize that there was transmission going there that was unrecognized, and that we needed to be sure to be able to safely open other places and to continue to provide those essential services, that we had the right things in place.

This is where we are now, with the distancing that we've done, and I showed you before that we have our physical distancing and the staying and working at home and schooling from home. it has brought us to about 30% of our usual contacts in the community.

The next series of slides gives us some sense of what might happen once we start to loosen those restrictions. Whether we have more contacts, and what types of contacts they are. There's two ways we can look at this. One is what can happen if we have more unprotected contacts with more people, and the second is how can we manage that by having increased numbers of contacts, but in a safe way.

So the first graph tells us if we increase our contacts from where we are now to about 40%, we would expect that our new cases will continue to be relatively low over the coming weeks and months. And our hospitalizations would similarly stay relatively low, because we know only a portion of people who get sick with this virus need to be hospital.

The second set of graphs in the middle tell us what could happen if we increase our number of contacts from basically double what we are now. From 30% to about 60%. That shows us that we might have increased numbers of cases, and some hospitalizations over time in the coming weeks. But they would be manageable. We would be able to continue to have the surge in our community to be able to manage that. There are things that we can do that make these types of contacts, the increased numbers of contacts, safer for people as well.

Finally, on the 80%, that means if we go back to December, where we were having lots of gatherings, where people met and where this virus has the opportunity to take off quite rapidly, we could expect to see just that. The more potential for transmission between people means that the virus will be able to increase exponentially and we might be in a situation that we've seen in other places around the world where we have a rapidly increasing outbreak, rapidly increased number of people who need hospitalization.

Our challenge and our work together is to find that sweet spot, somewhere around increasing our contacts by about half, or twice as many as we have now, but without allowing those opportunities for rapidly exponential growth of the virus in our community.

That is what we're basing our goals on going forward. We must find that right balance to protect lives by suppressing transmission to the lowest rate possible, particularly to try and protect those who are more likely to have severe illness, to end up in hospital, or to die from this disease. We need to ensure that our health system continues to have the

capacity to offer the care that we need, both for COVID-19 but also for all of those other health issues that we have in BC. We need to meet, of course, the physical and mental health challenges that come with the social restrictions that we've had in the last few months. That is important as well. We know that our mental health, our economic health affects our overall health and our population as well.

We need to rebuild our resilient economy and provide supports for people so they can safely return to work. We need to strengthen our social fabric. It is important for us to have connections, both with our households and our families and our more extended families. But we need to do that now in a controlled way, in a managed way, and in a safe way.

One of the models that we're using, or frameworks that we're using, to help underpin our way forward is what we call a hierarchy of control. This comes from the infection prevention and control world in health care and other worlds and realms as well. What this is, it looks at what are the most effective ways of preventing transmission of this virus.

There are things that we know work, and work well. Physical distancing. It has made a difference. It has allowed us to put the breaks on COVID-19, but we haven't stopped the car, and it's very unlikely that we're going to be able to, at least in the coming months. There's so much that we actually don't yet know about this virus, and this is not just here in BC or in Canada. It's around the world. We're looking at this in great detail. We're watching what's happening in other countries. But until we have a vaccine, we know it's going to be here in some way, and our job, our role, our goal in the next months is to make sure we learn how to live with this virus in a safe way that protects people.

This year, with so much known, is going to be unusual. We don't know yet whether we're going to have a resurgence of respiratory illness when influenza and respiratory virus season starts again in the fall. That is something we need to plan for, we need to prepare for and we need to monitor for, starting now.

The other things that we need to think about is engineering control. Those are things like the physical barriers that we see. The plexiglass that's put up . . . when you can't keep distance, making sure you have that contact with somebody in a safe way.

Then we talk about things like administrative control. That would be reducing the number of people that are in a building, putting those markers on the floor so you follow one-way traffic instead of going back and forth and crossing over. And incredibly important things, like making sure we have policies that mean people who have illness do not go to work, and are not penalized for that and do not go to school.

Finally, the least effective measures that we have that we do need to use in some situations, are things like personal protective equipment. Those are the things that we need to think about in our communities in the coming months. What is the role for things like wearing non-medical masks in certain situations?

This is it, our key principles going forward.

Staying informed, and we are committed to providing you with the best information that we can. Following the advice that we have.

Practicing good hygiene. The hand hygiene, avoiding touching your face, coughing into our sleeves, covering our cough, disinfecting frequently-touched surfaces. Those are all things that are needed and need to stay the same.

Staying at home and away from others if you're feeling ill. That has to be our new normal forever. But really important in the coming days and months is how we make sure that this can happen in all of our lives, and in all of our businesses, in all of our recreation and schooling. In every setting that we have.

We recognize that this social interaction and connecting with close family and friends is important for all of us. It's critical for all of us. But to safely increase our interactions, there are a few important things we need to remember.

First, the more people we interact with, the higher the likelihood that we'll be exposed to somebody who might be carrying COVID-19. Second, we need to think about who in our household may be at higher risk and need more protection. That could be somebody who has underlying illness, somebody who's elder, somebody who's going through cancer treatments. And if we have a family member who's at high risk of severe illness, we need to consider the less interaction we have with others outside of our family.

And reconnecting with even one additional person outside of our family, or beyond our household or our pandemic bubble, is a bigger connection than we may realize. One additional ring can make for a much bigger tree, if we think about rings in a tree. When you invite one person outside of your immediate household bubble into your home, you're also inviting all of the people in their bubble, the people that they've had contact with, and that includes people from their work, from their home and others that they've had close contact with.

These are these physical distancing and how we manage those in the coming months is going to be really important. We're going to be working on increasing our environmental cleaning, considering, as I mentioned, the use of non-medical masks, and, of course, we need to consider as well our non-essential travel and how we're going to manage that through the summer months.

This is, I believe, the end of our beginning of this pandemic. We do not yet know what's going to happen, but we know that we have some room to increase our social connections, to increase our work, to increase our school and day care and child care. But as we start this new phase, we need to keep those principles in mind. They are the playbook for all of us to follow. And the Premier, as minister mentioned, will be speaking this week to how government will be moving forward using these principles and a plan.

What you can be doing now is use these principles we've shared today and think about how they affect you in your personal go-forward plan. Until we have all of the pieces in place though, it's very important that we continue to do what we do right now because we know it's working and it's saving lives in our families and our communities.

We need to continue to be measured and thoughtful on the circumstances based on what we are seeing with our pandemic here in BC. We all want to keep our province safe and to create the opportunities to connect more and to get our businesses going. We also know that nobody wants to return to having a rising curve of new cases or tragic deaths.

It is our curve, and we can continue to push it down and keep it there. It is in our hands, as long as we don't forget to wash them. So let's keep this going, and let's keep with what we have been doing so far, which is being kind to each other, being calm and staying safe.

Dix: Thank you very much Dr Henry. Before I make a few concluding remarks, I wanted to start by extending my condolences and all of our condolences to the families of the three people who've passed away from COVID-19 in the last 48 hours. We grieve for the family that's lost a loved one. We grieve for the caregivers that took care of them. We grieve for the family, the friends of that person who have lost them. And we grieve because the virus separates in this time from the families and friends. Sometimes we need to grieve us and to console us. We acknowledge every life that COVID-19 takes from us because when we do, we affirm the value of that individual and the value of all individuals. And we put that at the top of our interest every day when we deal with COVID-19.

As you can see, and as we all know and as we all experience, COVID-19 has forced us to make some very difficult decisions to restrict many areas of our society in our economy. Steps we've never had to take in our lifetime. We've never had to take actions to restrict our interactions so much. We've never closed off from each other to this degree. It has been an unprecedented time.

I believe, as a province, all of us were thoughtful and careful in taking the actions we've taken, basing our decisions on science when we began to put guidelines and measures in place. And we must be thoughtful and careful, still basing our decisions on science, when we start reopening our society and our economy. We must continue to stop the spread

while balancing a new normal. Our next steps must be the right ones for BC. And you've seen from Dr Henry what many of them are, the guidance that is going to guide us in taking those actions.

Today's modelling shows us what has happened when we all join the fight and join together across BC. We made a difference. We made a very big difference. A difference that's kept most of us healthy, that's kept our health care system sound. A difference that's saved lives of our neighbours and our friends. By standing apart and working together, we changed our future for ourselves, for the ones we love, for the ones we don't know.

When we presented modelling two weeks ago on April 17th, I said it gave us hope, and indeed it did. I think today's modelling does more than that. It demonstrates that each day, every day, being 100% committed to working together to fight COVID-19 matters. It matters to the youngest and healthiest of us, as we've seen, and to the oldest and most vulnerable of us. Today's modelling underlines how and why we're all in this together.

Getting to this point has required sacrifice from all of us. The costs have been significant, and no more so than in homes of the ones who have passed away. But also, of course, for children who've not been able to go to school, for people who've worked a lifetime to build businesses and seeing them profoundly affected. The costs have been high, and higher for some.

The modelling tells us that making social and economic sacrifice has kept us safe and can keep us safe. But we know that social and economic sacrifice come with consequences. Today's data also make clear that we can't throw up in our doors and undo all the work we've done to stop the spread, and to keep our health care system and our society strong.

But our efforts have created windows of opportunities to strike the right balance to renew ourselves, our connections with one another and our economy. We need to hold the right balance of suppressing COVID-19 transmission and offering quality care to COVID-19 and non-COVID-19 patient alike, and do all the other goals that we have for one another.

This will be a different summer than any of us has ever known, but it can be a summer of renewal if we hold fast to the rules and guidelines Dr Henry sets for us to reduce transmission, whether talking about industry sectors or our own behaviour. That means, of course, not going to work sick. That means, of course, washing our hands as much as we ever have done in our lives, and then washing them again. But it also means -- and we've seen this in our own activities, myself, this weekend, when we're out grocery shopping, doing essential errands -- we've experienced effective measures to stop the spread and keep us safe.

Engineering solutions, such as the plexiglass barriers, we see a checkout. On our way into the grocery store, we experience administrative solutions. We wait until staff tell us to enter because they're making sure there are not too many of us inside. And, in some sectors, personal protective equipment, PPE, is part of that too, particularly where social distance can't be maintained. And by now we know near the top of any list of controls, that physical distancing is critical for all of us.

Overtime, right now, physical distance saves lives. For now, physical distance is our closest friend, whether we run a business, we're employees, children, whoever we are. Physical distance is a key part of our social and economic renewal. It's tempting to view these solutions as an impediment to that renewal, an impediment to economic activity, as a hindrance to us. But in fact, of course, they enable us to continue on, and to get involved, and to be more involved with one another. Physical distancing and all the other measures we talked about is our friend in renewing BC.

So yes, we have to continue to stay 100% committed, even if some of the advice will change and adjust. We have to continue to stay 100% all in. It allows us to market this summer our BC summer of renewal.

Reporter: Good afternoon, Dr Henry.

You say we could go from 30% to 60% and call that manageable. I'm just wondering how we can visualize that in terms of what we could do, the 60% that we're not doing now when it comes to social distancing and other than that hierarchical code that was outlined in the presentation.

Henry: That's sort of our wriggle room, if you will, from where we are now.

So the things that we're thinking about, it means that we can have increased connections with people or we can have safer connections with people. So when we're talking about retailers, for example, we have good examples of how that works in our grocery stores. We need to think about those types of models in other retail settings. So it's still having the mixture of online and in-store experience, if you will. Reducing the number of people that can be in a store at a period of time. Making sure that we have hand hygiene available for people. So those are the types of things we need to think about. How can we lift the restrictions on restaurants and pubs within that framework of understanding how we can have increased but safer interactions over time.

Some of the things that will not be changing in the near future are the orders, for example, on numbers of people who can congregate together. Right now that's at 50 because we think that we are able to maintain effective physical distancing. So all those other parameters have to be in there, too. So, if you're somebody who's planning a wedding or an event this summer, for example, these are the things that we'll have to think about. Smaller is better. Outside is safer than inside. Have ways where you can have people who are more vulnerable to severe illness participate but not have the physical connections. No buffets, for example, because we know that those are opportunities for sharing a virus.

So these are all the building blocks or principles that we'll be putting into place. And as I've mentioned over the last few weeks, what are thoughts are how do we apply those in the different settings that we're going to be faced with in the coming summer so we can do little league baseball, for example, but it will look different this summer.

I think one of the other things that I think is important to recognize is I don't believe that we will be doing this type of restrictions forever. We still do not know a lot about this virus. In particular, we don't know how long immunity lasts. We don't know how to measure it very well. As we know, there's been challenges with the serologic tests for immunity. So those are all those things that we will know more about once we get through this summer. We'll also know more in the fall about whether we're going to see a natural upsurge in infections because of the respiratory season.

So we really are in uncharted territory right now and that's why it is so important for us to maintain these principles through this summer. This is going to be a unique summer for all of us and we're going to have to work very hard in my world -- in public health -- to make sure that we continue to detect every single case in our community and are able to manage it, to find the contacts to make sure that we're not allowing transmission and outbreaks and growth.

So it's going to be a challenge for all of us, but I think we can do it. We've shown in BC that we know how to manage this outbreak, that we can take the measures we need. Now is our time to start thinking about how we're going to have this unique summer together.

Reporter: Looking at the numbers we're seeing, Dr Henry and Minister Dix, it looks like we're near zero by Canada Day. Is this something people can look forward to? Like by Canada Day is when we're going to see that we can be at this 60% -- this new normal -- or are we going to be seeing that before then or are we going to be seeing a big difference at all by the time we hit Canada Day?

Henry: Good question. I wish I knew. I have to say my birthday is close to Canada Day, so I would love to see that.

The thing that models tell us are what the possibility of things that can happen. It's not a prediction and we've seen . . . You know, you see the one bump there a couple of weeks ago when we had a couple of outbreaks in the poultry plant in Mission. So it all depends and that's why we have to be thoughtful and careful about how we do this, and we also need to make sure we have the testing and the contact tracing and everything that we do in public health to try and keep it down at that level. But yes, I am hopeful we will get to zero and I would love to see it as soon as we can.

We know now that there are very few cases that are arising in our communities that can't be linked to a known case or a known outbreak. That's really good news for me. We also know, however, that this virus can be smouldering around undetected for some time because young people, in particular, can have very mild illness and it can be transmitted to others even with mild illness.

So it's hard to say, but it would be really nice to be able to go into the summer confident that the measures that we're taking are continuing to work and that we can enjoy the summer together.

Reporter: Hi Dr Henry.

Following up on the first two questions. Everyone wants to know about this 60% kind of sweet spot with normal interaction. You did mention in your first answer about building blocks of various activities, but how does that apply to what you said about expanding our personal or social circles? And secondly, you said just now that you'd like to see this as soon as we can, but can you clarify to people whether that means they can start doing so right now?

Henry: An answer to the last question: no, we're not there yet, but we're still hovering. We still have outbreaks. We still have people who are out there who are incubating this disease. We are still having casing in our community. So we're not at that point yet, but we're at the point where we need to start thinking about how we're going to manage this and we'll talk some more about details and timing on Wednesday.

The challenge that we're going to have around social interactions is, you know, we all want to go hug our friends and make sure that we can see our grandparents and our grandkids, and these are the things that we're going to have to be cautious about. I've talked about this a little bit. You know, the more people we interact with, the higher the likelihood that somebody may have this illness in our community and may unintentionally spread it to us.

So we still have to be very wary of those opportunities where this can happen to a lot of people at once. And we have good examples of that, unfortunately, from Canada and other parts around the world. Newfoundland and Labrador, for example, where the vast majority of their cases were linked to somebody who was not that ill who attended a funeral. We've had incidents where a variety of people were infected -- a large number of people are affected at a birthday party.

So we have to be very careful through this summer because we now we can't get rid of this virus entirely. They think they have in New Zealand, but we are not an island like New Zealand. We have essential travel that comes back and forth into British Columbia and out of British Columbia. So we aren't able to maintain all of our borders in the same way and it's very unlikely that we're going to be able to get down to zero everywhere in our province or everywhere across the country in the coming weeks.

So we need to be cautious about that. We need to think, as well, if we're going back to our office environment, if our kids are going back to school, how do we make sure that they then don't have as much contact with people who might be in our family unit who might be more vulnerable to more severe illness. We also have to be really, really careful about having . . . I won't say like zero threshold for staying home if we're not feeling well. And we need to enable schools and businesses so that it's the expectation that we all have of each other and that we're not penalized for doing that.

So that's kind of a roundabout way, but more details will come in the next few days.

Reporter: Hi Dr Henry. With regard to the excess deaths, you said that COVID could be indirectly related and then talked about people perhaps not going to ER. Are there other issues that may have affected that number as well?

Henry: Absolutely. There are a number of things that we don't know yet and we look at this over time and have for a number of years. There are weather events that have effects. We know there was flooding. We know that there were

motor vehicle crashes. It will depend. Yes, we have heard reports that people have let chronic illnesses get to the point where they need hospital care.

We, of course, are worried about people not having access to surgeries, some of the scheduled surgeries. For the most part though, we are confident that any urgent or emergent surgeries were being carried out over this period of time. I must say, it is because we have protected our health care system that we've enabled that. What we do is we get the information from vital statistics on the causes of death and it has the underlying cause, et cetera.

We'll be analyzing that in the coming weeks, as we do. We've just had the data for January and February, so the critical March period we'll be getting that in the next coming weeks. We'll be able to assess that more carefully.

Reporter: Thanks. Doctor, slide three, the epidemic curve, by way of bar graphs, shows the local acquisition. I guess that's community transmission. The shade of purple-- you have a number of cases that were known to be linked to COVID cases. And then the paler is community transmission of an unknown source. That's, I don't know, 40%, 50% of it, by the look of it. Is that what you would expect in a situation like this? And are you comfortable with the number of cases where they couldn't identify the exact transmission route?

Henry: That's a really important thing that we are watching. You will notice that the majority of those community transmissions of unknown source happened during the peak of the outbreak period. Some of those are people that we are still being investigated. There's a trace back that we can do.

But as you notice, near the end of April, those go down quite a bit and that's what we are focusing on. Going forward, that is what we need to If you notice at the beginning, there were very few of those and then as we are coming near to the end of the first wave of this pandemic here in BC, they are going down again.

So that is our work in building up the public health capacity to be able to rapidly detect and assess anybody who is COVID positive and link them, and do that contact tracing. That is what we will be focusing on and that's the one measure that I will be watching very, very carefully in the coming weeks.

Reporter: Good afternoon, Dr Henry. Thank you for this.

I'm curious about how you are thinking of your reopening -- not reopening, but relaxing and changing-of-measures strategy. When we think about crisis or pandemic fatigue and when they talk about going up to 60% of normal contacts, are you worried that you'll give an inch and the public will take a mile?

Henry: You know what? I think we have seen that people are very concerned about this. We have seen what has happened around the world and people know what we need to do. It's hard and it has been hard on us all, collectively, to be where we have.

We all, collectively, have a vested interest in doing the right thing. I've said it many times. I really honestly believe that if we give people the information about what you can do and this is why we are presenting this to you; you understand the impact, we know what we need to do, we know where the limits are and we know that most people will do the right thing. I'm convinced that that is the case here in BC.

Reporter: Hello, Dr Henry. I am hoping that you can update us a little bit about some of the situation that has been going on in North Vancouver, where the outbreak started. I'm hoping that you can shed more light on the outbreak at Lions Gate Hospital, which I understand is still ongoing, and also perhaps on the Lynn Valley Care Centre, which I understand is coming to the end of its outbreak, perhaps.

Henry: My understanding from Lynn Valley is absolutely that and we have not had new cases there for some time.

As I mentioned before, we wait two incubation periods before we declare an outbreak over in that situation. We are still holding our breath on Lynn Valley, but it looks like things are going well.

The other part that I mentioned was that the residents in Lynn Valley, 32 of them who have recovered fully from COVID-19, are taking part in part of the validation of some of our serological tests with the Vancouver Coastal and BC CDC, so I'm very grateful to them for that, for us learning from their experience.

I don't have a whole lot of details on the unit at Lions Gate. I know that there was unrecognized transmission in one of the units there and that there have continued to be a number of cases that have been identified over the last few days. But again, they have put in outbreak response measures and an outbreak response team to try and control it. Lions Gate has been in an outbreak setting, so they have had less people coming in through the hospital than other facilities in BC.

Reporter: Hi Dr Henry. Slide six, I think it is, or slide seven, you talk about the additional risk factors. I know you touched on this before about what are the key chronic conditions that may have an effect? And I know you've talked about why it's more likely that males are harmed more by this. I don't know if you can elaborate any further or if you have any new ideas on why men are more subject to getting very ill.

Henry: It's interesting. We don't actually know a whole lot. In terms of the chronic conditions that are included in that, diabetes, heart disease, underlying lung disease, cancer, particularly people who are immunosuppressed. Those are the main ones that we have been looking at.

As to why men are more likely to have more severe illness or to need ICU care, that's something that people are asking around the world. There is some theory that it might have to do with the differences in our immune system between women and men, in particular that women, their immune system is less likely to have that overwhelming response called -- I'm sorry, I'm having a mental block here -- cytokine storm -- that can happen sometimes with a viral infection like COVID-19. None of these are proven yet. We do know that one of the receptors that the virus binds to is called the angiotensin-converting enzyme 2, or ACE 2, receptor; and that we do have a lot of those on our heart muscle and in our blood vessels and also in our lungs. It could be that males who have more of a propensity for heart disease might be more affected because they have more binding sites for the virus. But again, that is theoretical as well.

There's a lot of really interesting physiological things that we don't yet know. We know, for example, that this virus tends to cause blood clotting, so strokes, pulmonary embolisms or blockages of the blood vessels, in young people, even. And we've seen that in a number of cases both here in Canada, but particularly in the US and in other parts around the world.

These are things that we are watching. I know that our critical care docs have been exchanging information about this and are working with others around the world to try to understand it better.

Reporter: Thanks for taking my question. Dr Henry, one of the things being looked at by the National Hockey League is this idea of hub cities.

Do you see it as possible that Metro Vancouver could be a hub city where NHL personnel and players come to play in the city? Is it something you would ever approve? Or, what possible issues do you have with that idea about Metro Vancouver playing home this year to complete the NHL season?

Henry: One of the groups that I've been part of for quite a long time is a WHO group that looks at mass gatherings. We have been looking at how you can have this type of sporting event safely around the world. Obviously in Europe, one of their big issues is around the football season, the soccer season, finishing. There are ways that we can do it safely.

I think it's an interesting idea and I think there are ways that we can look having games being played, perhaps in BC. Hockey would be one that we could certainly look at that. There would be parameters that we have talked about. I would not see there being an on-ice audience, for example, but we could broadcast the games and there are ways

that players can take precautions to ensure that there is physical distancing. When we think of hockey, which I love, people are wearing face masks; so there are ways that players are protected when they are on the ice, so I absolutely think that these are the types of things that we need to think about. How we can do them safely during this summer.

[sss, adv, agg, mjag, mcf, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran, dbc]

Hawkins, Brittany PREM:EX

From: Prevost, Jean-Marc GCPE:EX
Sent: May 2, 2020 1:15 PM
To: Smith, George PREM:EX
Subject: two incubation periods pass before easing up on orders

Reporter: You said that you wanted to see two incubation periods pass before easing up on orders. How much of the recent community outbreaks, namely at the poultry plant, set you back or have set back any hope that you have of lifting some of these restrictions as early as mid-May?

Henry: I still think we're looking at mid to end May. I still want to see things going down, but these outbreaks are known outbreaks. Some of the other things that we are watching very carefully and that we're measuring around the province is those cases that we're seeing. As you know, we've expanded our testing again, as we've moved into this phase, to make sure that we're picking up anybody in the community who has respiratory symptoms that might have COVID-19.

Picking up unlinked cases, or non-epi-linked cases is what we call them. People who are sick without a known source that we can trace to very easily. Those are some of the things that we're watching very carefully. We still have a few of those, but most, as we're moving into this phase, most people are linked.

We're seeing people who are linked. They may be a household contact of somebody who worked in the poultry plant, for example. We know we've had household contacts of people who've come back from Kearsy Lake, who, retrospectively we say that's where they got it from. We can link people and trace people. That's the really important part, is being able to do that contact tracing very effectively and efficiently. And that's the work of public health.

It doesn't set us back, necessarily, but it is important for us, as one of the indicators that we are watching very carefully, that we're ready to get to that place where we can start lifting restrictions and having more contact within, of course, the core fundamentals of the distancing, the hand hygiene and the absolute staying away and staying home when you're sick.

Reporter: Just some more information about this death in the Interior Health region, do we know the age of the person? And was this person in hospital when they passed or were they recovering at home? And is there any indication of where this person contracted the virus from? Is it related to the outbreaks that were here in the IH region?

J M P

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

From: tno@gov.bc.ca
Sent: April 28, 2020 6:33 PM
Subject: Media Availability: Henry/Dix - COVID-19 update

Quoted: Reporter, Adrian Dix, Bonnie Henry

Adrian Dix: We're honoured to be here on the territory of the Lekwungen speaking people of the Esquimalt and Songhees First Nations. With that, I'm honoured to introduce Doctor Bonnie Henry.

Bonnie Henry: Thank you, and good afternoon.

For today's update, we have 55 new cases to report today, of test positive here in British Columbia, bringing our total to 2,053. That includes 803 people in Vancouver Coastal Health region, 918 now in the Fraser Health region, 119 on Vancouver Island Health region, 168 people in Interior Health region and 45 people in Northern Health. There are no new long-term care facility outbreaks today and 12 now have been declared over. We have 391 cases that are associated with long-term care facility outbreaks. That includes 20 long-term care facility or assisted-living facilities that are active currently, and three acute care units.

Right now, we have, as people are aware, a number of community outbreaks as well. The majority of our cases today come from the ongoing investigations in two poultry producing plants, including 46 cases now associated with Superior Poultry, and that's the largest increase related to that today, and 34 cases related to United Poultry. We have an additional two people who have been identified, inmates at the Mission Federal Correctional facility in the Fraser Health region, bringing the total there to 120 inmates and 12 staff.

In terms of our cases, we have 94 people who are in hospital right now in British Columbia. And of those, 37 are in critical care or ICU. And 1,190 people have fully recovered from COVID-19. Today we unfortunately have another two people who have died from COVID-19, bringing the total to 105 here in British Columbia. And today is the national day of mourning. As you may know, this is a time to honour those who were killed, injured, or made ill, as a result of workplace injuries. We remember friends and loved ones, and we include a number of people who are in our COVID-19 as well. We are reminded that everybody, and how important it is to have good health, and good health and safety conditions in our workplaces, and that everyone deserves a safe workplace, as well as a safe home and a safe community. And the work that we are doing over these last few months reminds us of that.

With this pandemic, COVID-19, our number one focus has been on protecting the health of everybody here in British Columbia.

Every decision, every order that we have done, every restriction is based on that risk assessment that we have been doing, and focused on breaking those chains of transmission of COVID-19 in our families and communities.

We use science and we have talked about that quite a lot, as much as there is science. And we use our experience and the need that we have, the modelling that we have been doing, and the evidence that is accumulating from around the world on what is the best way to control this virus in our communities.

That is an ever evolving and changing thing. And you will know that our recommendations and the things that we have implemented across BC, and of course across Canada and the world have changed, as we've learned more about the virus.

Currently, whether it is in the provincial ministries, returning travellers, or businesses, we absolutely recognize that the actions we have taken have significant social, financial, emotional and health impacts on all of us. We have been trying

to use the data and the science that we have to find that delicate balance of making sure we have just enough restriction that we can control this virus, but enough that we can continue to function as a community.

And we have seen that delicate balance and now we're at the point where we need to find how do we translate that into our BC plan for our new normal in the coming weeks and months.

It continues to be a whole-of-government approach here in British Columbia. And we are providing, I provide with my team, the public health advice and the health advice. But since, I believe it was on March 9th, when we announced that we were implementing the government pandemic plan, all of government has been involved.

The Premier will be speaking more about this and more about our plans in the days and weeks to come.

We must all remember the importance of the work we are doing and the actions we are taking together, and particularly the importance of these actions to protect our elders and seniors, as well as those with underlying health conditions that are at the highest risk of getting severely ill with COVID-19 and being in hospital. We must continue to protect them and to protect our families and communities as we are going through this transition period in the coming weeks and months. We need to ensure the capacity and tools that we have developed in our health care system, in our public health system, are ready to rapidly respond to any increases that we are seeing, and that the outbreak can be maintained over the next few months.

More importantly, we can't lose sight of the role that each of us plays. The decisions that we each make, every day, makes a difference to all of us in the coming weeks and months. The personal efforts and public health measures are directly related to bending that curve. And we've seen that. And we've seen the actions that everybody is taking, and how important they are.

And these actions will form the foundation of the work that we are doing going forward; so things like washing our hands regularly, making sure we are not touching our face and eyes, environmental cleaning, making sure we are cleaning places, especially high-touch surfaces; our safe physical distancing that we have all been doing, and most importantly, of course, staying home and staying away from others if you get sick.

These are the core tenets that will keep us in good stead, that will keep us safe moving forward, even as we increase our social connections and we increase economic connections and we move forward in this pandemic together. What you do does -- and will continue to -- make a difference in the days and weeks ahead.

We look forward to sharing more details around some of the modelling that we are using and the details about our plans for going forward in the coming days. For now, we need to continue to hold this line, and to continue to be kind to each other, to be calm, and to stay safe.

Adrian Dix: Thank you very much, Dr Henry.

I wanted to join Dr Henry, first of all, in reaching out and sending our condolences to the family's of the two people who passed away. One in Interior Health, one in Vancouver Coastal Health, in the last 24 hours. They, and other families in similar circumstances, have lost a great deal. It is a very difficult time to lose a loved one. It's a time when we're not able to come together as much as we normally would be able to come together and support one another.

We want to reach out and say that every person is important. That has been at the heart of our response, of Dr Henry's response, of everyone in the health care system's response, everybody is important, and it's one that we continue to try and reach for in these difficult times. We want to pass on, again, our condolences to those families.

As Dr Henry has said, we're now at 2,053 cases. Fifty-five more today. Again, it underlines the serious nature of particular outbreaks, particularly the outbreaks in the poultry industry in BC that have affected us in the last week. Of the 55 cases reported on by Dr Henry, 39 of them are in the Fraser Health Authority, reflecting the situation that's going

on at Superior Poultry, and that tells us why we have to continue to be vigilant, especially in work places, to ensure that people are kept safe.

As you know, there are 94 people now hospitalized with COVID-19 in BC. That's 50 in Fraser Health, five in Interior Health, six in Island Health, three in Northern Health, and 30 in Vancouver Coastal Health for a total of 94, which is slightly down from yesterday. Thirty-seven in critical care. That's slightly up from yesterday. There's 4,115 beds available in BC that are currently vacant, as a result of the changes we've made.

I wanted to note that yesterday there were 4,488 ER visits in BC. That continues to be, of course, considerably down from the pre-COVID-19 period. There were about 6,550 on March 9th, but considerable up from our low, which was just under 3,000 three weeks ago, showing that people who need health care can go to emergency rooms and get care and that they're responding to our appeals to do so.

I just wanted to provide a brief update today personal protective equipment, on PPE. We're still keeping pace with demand for PPE in our health system. We've managed to maintain some supply from our traditional vendors, and our hard work to seek out new and credible suppliers has yielded some good results.

I provided a brief update last Tuesday. You'll recall, part of that update was three million N-95 masks, respirators, that had come to BC at that time. another three-quarters of a million KN-95 masks, and other supplies. Today I can tell you that since that time, since I reported last Tuesday, April 21st, we've received the following from vendors and donors: over 170,000 N-95 respirators, over 350,000 pieces of eye protection, that's face shields and goggles, over 100,000 surgical masks, over 185,000 gowns, and almost five million pairs of gloves.

As another key indicator of the success since the start of COVID-19 in BC, we have not yet had to move to any alternative N-95 respirators into use in our health system. This has given us the opportunity to secure a contingency of alternate sources from a reliable and credible vendors. And, importantly, to take the time to test these products for their filtration, fluid resistance, fit, and overall effectiveness.

If the day comes, and we expect it to, when we introduce those products, we'll know they're safe and effective and will have had the time to make sure health care workers have the knowledge that they're protected and safe.

I wanted to express my appreciation to everybody in health care, but in particular health care workers all across BC, from emergency departments to long-term care to ICU, to assisted living settings, for doing your part to conserve and use PPE in an appropriate way.

As always, you're keeping yourselves, your colleagues, and your patients safe.

As you know, it was three months ago when we established a provincial coordinating committee chaired by Dr Henry and Stephen Brown, the Deputy Minister of Health, focused on protecting our most vulnerable. Preparing our health care system to be ready for a surge, and providing the guidance its citizens, institutions, and employers can use to be safe.

Our approach for flattening the curve has been to turn down the volume of our in-person interactions. In some cases, others in other jurisdictions have tried to press mute. This is important that our orders to completely close businesses have been very limited in BC. Other jurisdictions are making announcements this week to reopen businesses that were never closed in BC because of our nuanced response.

This response allowed businesses to work with us to adapt and to innovate while protecting their customers and employees. Moving to a new normal will also be a partnership, with guidance from the provincial health officer and her colleagues, all of the medical health officers and the health authorities and all the people in the health system, of course, of how we can increase economic activity in a safe way. This is the way that BC has acted in the beginning,

founded in science, and it will still require a 100% commitment from British Columbians. We must balance the needs, of course, of our social and economic activity with our absolute need to ensure and to fight transmission of COVID-19.

As the Premier has said, he'll be talking to British Columbians in the days and weeks ahead on how, and when, we can renew BC, reopen some activity in BC that hasn't been happening. That's welcome news for all of us.

But I want to say today, again, thank you to each and every one of you for being 100% committed to our BC fight, for staying 100% all-in. Everybody who's watching today, and everyone around you, has helped save lives and keep people well in our province. We are appreciative of your strength, of your courage, of your generosity, of your empathy. These efforts keep us all going.

Renewing BC without rebooting the virus means our next steps must be the right ones for BC. And, right now, here's something to consider, that protecting employees -- your employees on the business side -- protects your business and protects all British Columbians. It's a partnership all of us can support, and that we must support. Having committed to what Dr Henry has asked us to do, and with anticipation about the new BC future we'll continue to build for ourselves, one thing holds true. We have to stay all-in. We have to stay all-in now for the ones that we love, we have to stay all-in now for the ones that we don't know, and hope to know. Physical distancing, over time, saves lives. And staying 100% committed to this gives us the best chance for all of us to have a better future.

Thank you, and we'll be happy to take your questions.

Q&A

Reporter: I was just wondering if you could speak a little bit to the policies around admissions into long-term care. Is it known, at this point, whether any of the outbreaks that we've seen in BC can be linked or attributed to transfers or new admissions into long-term care?

Henry: We do have a policy of people, and you will recall that we decanted, as they call it, a number of people from alternate levels of care into, in some cases, long-term care. As well transfers from the community into long-term care. There is a policy that requires them to be on their own, to be isolated from others for 14 days, after going into long-term care to be sure that if somebody is incubating the virus that it's detected before they have contact with others in the care home. That has been the policy for some time.

I'm not aware that any of our outbreaks are as a result from transfers either from the community or from acute care into long-term care.

Reporter: I was wondering if you could tell me, of the people who have recovered, 1,190, how many of them recovered after staying in the ICU? And is BC seeing the complications that are being reported in other countries with post-ICU patients who are having problems with their lungs, their heart, brain, muscular systems, and even their liver and kidneys? Is that something we're seeing in our recovery cases here, or is anything different about the cases you've seen in BC?

Henry: That's a really good question. I don't have the exact numbers, but I can tell you that our ICU case fatality rate -- the people who have been ICU and been on ventilators in particular -- is much lower than that's been reported in other places around the world.

I actually had a meeting with some of our critical care leaders earlier this morning, and we were talking about some of these issues. So, yes, we have seen a number of the complications that are being seen in other places, including somebody who, unfortunately, died of a pulmonary embolism, so clotting of the blood we've seen. We've seen strokes in some people. We've seen the cytokine storm that has been noted in some people.

I can get the numbers on the survival rate, people who have been ICU. There's absolutely been many people, including - we talked about this very early on -- a woman in her 80s, who was on a ventilator for a number of days, but then was released from hospital and home and is recovering. We have, thankfully, not as many people in ICU as other places. We may not be seeing all of the same complications that have been seen in other places, but I can get more details around that for you.

I will say that we have not seen some of the complications that had been reported, mostly recently from the UK, in children, here in BC yet. We have very small numbers, and this bares out around the world. We have five cases in children who are less than ten years of age, including an infant, and 14 cases in young people between the ages of 10 and 19. So, we've had only one hospitalization and no ICU admissions in our children, but we're obviously watching that very carefully, and particularly some of the issues we're seeing arise in the UK.

Reporter: I'm wondering Ontario has put out some modelling done by an organization that looked at data to estimate how many people may have been impacted by rescheduling or cancelling and delaying surgeries. They came up with 35 as the number. I'm wondering if BC is doing any of that type of work to look into those numbers to see what the impacts would be. I think they came up with a number of 35 deaths. I'm just hoping you can comment on that.

Henry: One thing that we are looking at, and have been monitoring for some time, is excess deaths in the community that are related to both COVID and other issues in the community. It's one way of doing surveillance to see if we're missing things in our communities. That is something that we've been using in our day-to-day monitoring.

The other thing that we are doing, and I don't have the data from that yet, is looking at the unintended consequences of the impact of all of the measures that we've put in place, whether it's on mental health, whether it's on violence in the home, whether it's on other exacerbations of chronic diseases. That would fit into that as well as the impact on people having delayed surgeries.

We are doing quite a lot of work on that and looking at it by a variety of different measures, but I do not yet have the data to talk to that. I know in the plan for reopening of scheduled surgeries, that is something that's being take into account. How long can you delay this surgery without probability of having adverse effects. We can look at that in more detail, for sure.

Reporter: Can you, Dr Henry, address concerns being raised about people going overboard in interpreting physical distancing guidelines? Do you think that some of the guidelines have been taken too literally and may have cost lives in the downtown east side, for example, due to people using drugs alone, for example?

Henry: Those are some really complicated things. Particularly in some of those situations, I know early on there was a lot of how do we manage this in the best way that protects people who are more vulnerable, but as well as staff who are working at places like shelters, like the food banks. I know there was some movement to close and consolidate food banks, for example, and move them in different areas.

Public health has been working with a number of agencies at the front lines to try and address some of those issues. We have had occasional spikes in people overdosing, for example. You're right, we were and are continuing to be concerned about people using alone. The other thing that has risen, of course, and it's hard to tease these apart sometimes, is the toxicity of the street drug supply has increased dramatically, as importing of the drugs has been a challenge given international borders and all of the transportation routes being slowed down or stopped.

There's been a complex mixture there. That is one of the reasons why we have developed, and it was announced on the weekend, the very ongoing plan to house people safely. The tent cities that had risen, a number of them, particularly in Vancouver and here in Victoria, had become very dangerous places for people for a variety of reasons. This is the initiative to ensure that people who are in those under housed or homeless situations are put in places where they can be safe and where they can have access to one meals, but also overdose prevention services in a safe way.

There's been a lot of modifications as well of overdose prevention sites and our supervised consumption sites and at shelters to try and ensure physical distancing, increased hand hygiene availability. I will say things like our overdose prevention sites and our supervised consumption sites are very clean anyway, and they're quite amenable to putting in things like barriers and distancing. There's been a lot of work done on that.

I think early on there was a lot of confusion about how do we do this in a way that protects everybody, but I know that a lot of work has gone into that, particularly in our communities in the downtown east side and here in Victoria, and across the province.

Reporter: I know the hospitals are almost half empty right now, but for some reason a number of nurse have contacted us saying they feel pressured to work when they don't think they should be working. They're not feeling 100%. They haven't tested positive necessarily, and a number of them are very anxious about returning to work. Are there hard and fast rules or protocols in place in health authorities to determine what happens in situations like that?

Henry: There's not hard and fast rules, but there are protocols. Absolutely, we look at a variety of different things. There's some skills sets that are in short supply. It may be that people are asked to come in if they were potentially part of an outbreak, but we can't provide safe care without that skill set or that person or that number of people there to support people.

I know in some outbreak situations, for example, people who are asymptomatic are asked to come in. We are all wearing appropriate personal protective equipment to make sure that there's no risk or that minimize, as much as possible, any risk, both to health care workers to each other as well as to patients or residents.

It is a challenging thing and it is on a case-by-case basis with your supervisor, manager, and it depends on the situation in the unit that people are working on, whether they are needed on any particular day.

Reporter: You said that you wanted to see two incubation periods pass before easing up on orders. How much of the recent community outbreaks, namely at the poultry plant, set you back or have set back any hope that you have of lifting some of these restrictions as early as mid-May?

Henry: I still think we're looking at mid to end May. I still want to see things going down, but these outbreaks are known outbreaks. Some of the other things that we are watching very carefully and that we're measuring around the province is those cases that we're seeing. As you know, we've expanded our testing again, as we've moved into this phase, to make sure that we're picking up anybody in the community who has respiratory symptoms that might have COVID-19.

Picking up unlinked cases, or non-epi-linked cases is what we call them. People who are sick without a known source that we can trace to very easily. Those are some of the things that we're watching very carefully. We still have a few of those, but most, as we're moving into this phase, most people are linked.

We're seeing people who are linked. They may be a household contact of somebody who worked in the poultry plant, for example. We know we've had household contacts of people who've come back from Kearsley Lake, who, retrospectively we say that's where they got it from. We can link people and trace people. That's the really important part, is being able to do that contact tracing very effectively and efficiently. And that's the work of public health.

It doesn't set us back, necessarily, but it is important for us, as one of the indicators that we are watching very carefully, that we're ready to get to that place where we can start lifting restrictions and having more contact within, of course, the core fundamentals of the distancing, the hand hygiene and the absolute staying away and staying home when you're sick.

Reporter: Just some more information about this death in the Interior Health region, do we know the age of the person? And was this person in hospital when they passed or were they recovering at home? And is there any indication of where this person contracted the virus from? Is it related to the outbreaks that were here in the IH region?

Henry: I'm sorry, I do not have the information today but we will get that to you.

Reporter: I was wondering, are there any updates on when a serology test could be available in Canada and BC? And also, you touched upon this before, but can you tell us the framework for who is in line for having a serology test administered and if there are guidelines in place to roll that out?

Henry: The BC CDC -- this is one of those things where there are hundreds, and you have read about them around the world and people are using them and doing different studies and the challenge has been, and we talked about that earlier last week I think, where some of the tests, for example in Santa Clara and California, the parameters of the test or not that great. So there is both both the false-positive false-negatives.

The BC CDC lab has been doing testing on 17 different types of serology tests here in BC. There are a couple that are very promising. We had some discussions about them as late as last night.

One of the key things that we need to do is to be able to have people that we know have the disease and test them and see if their antibodies show up.

Some of the people who have recovered from COVID-19 are in line to help us validate, as we call it, the test. That is happening even this week. We have the protocols for doing that and that is very exciting for us because that helps us understand where to best use these.

The other things we have in place are a research protocol and we already got blood samples from people of different ages and the community that have been stored, waiting for a test to be developed. That will give us a measure of how many people before this outbreak started, whether anybody had antibodies. Then we are doing another cross section of the population early in May, because that gives some time for antibodies to be developed for those who have it.

We will do it again in six months.

That gives us an idea of how many people -- a random sample across the province -- might have been infected. That tells us the numbers of cases we missed.

The other place that we have a protocol that we are developing is about, as we go forward and we identify cases or clusters in the community, how can we use serology to see who might have had it and been missed in the past so that we can use it to link people?

We are still working on that protocol.

I expect that we will be able to use the test for some of these, at least within the next week or so.

Reporter: Vancouver Coastal put out a statement today that they are going to start to implement the inner city COVID-19 response strategy and base it on prevention, testing, and tracing people. How do you feel that is going to work in the downtown east side?

Henry: I think it is a great initiative, it's something that they have been working on. We have been doing enhanced testing and surveillance and monitoring of people in that community, recognizing that many people have a number of underlying health issues that would make them more at risk of having severe illness and that if they are living in some of the communal settings we've talked about, like the SRO hotels or shelters, that it can pass quite easily between people. Both to staff who are working in those areas but also between people living in the community.

I think this is a really important initiative to continue that and move it in the next stage, particularly aligned with the announcements around housing and ensuring that we have supported housing that has both food and social supports and medical supports for people in the coming months and long-term.

So, it is part of a strategy that has been worked on for quite some time.

Reporter: Dr Henry, on the outbreak at the Mission Institution, and just generally around inmates, why was the policy not to test inmates prior to their release and when did testing of inmates start?

And for Minister Dix, on the vaccine side of things, do you expect that it will be rolled into the policies that exist now with schools to ensure that schools know when parents have vaccinated their kids for COVID-19 and is there any sense of making it mandatory for schools to have that vaccine? Henry: In terms of immunization, we have no mandatory immunization in the province and I do not expect we will have mandatory COVID-19 immunization.

We know that young people are less affected by COVID-19 but, once a vaccine is available we will have a strategy to roll it out across the whole province, and it will be voluntary for those who want it and need it.

Obviously, we will be looking at people who it will protect the most and at health care workers, as giving health care workers protection to be able to support people who have the disease.

At Mission, again, the outbreak was recognized somewhat late and it took some time to recognize people had this and that COVID was being transmitted. Everyone at the mission facility has been tested now and that is our protocol that we've been using in long term care homes for example and actually at the poultry outbreaks as well.

People are tested but we need to remember that a negative test is not necessarily helpful. So someone who was exposed to somebody with COVID-19, if they are still within the incubation period, they could test negative today but they could develop symptoms 24-48 hours in the next day or two.

It does not mean we can stop monitoring and making sure we do health assessments on a regular basis. Or stop isolating somebody who has been a close contact of someone else.

Dix: On immunization, it was this time last year that we were dealing with, you will recall, a measles outbreak and a real effort was made by public health, the extraordinary people who are doing so much of the work now on COVID-19, to increase the especially the immunization of children and youth from measles and other immunizations.

One of our concerns in this period is that all of those people are working on COVID-19 right now and we want to ensure that people are immunized. As to the problem of a vaccine for COVID19, I think it is fair to say that we will be delighted to have that problem. People around the world are working on that, and I think the implementation of a vaccine regime will be very important at that time.

As Dr Henry said, there is not mandatory immunization whether it will be in public schools and all schools in BC, mandatory registration to ensure that everybody knows, especially public health knows, who is immunized and who isn't. We will continue the extraordinary day-to-day work of public health in ensuring people are protected.

That will be the case if and hopefully when a vaccine is available for COVID-19 but I think all of us feel that we will be able to work hard on that problem and resolve issues around that problem.

The key with all of this is to not focus on a very small group of people who don't want to be immunized, but to focus on the largest group who will want to be immunized.

I think everyone in every part of the world wants to see a vaccine for COVID-19.

Reporter: Just a question on clarifying the number of recoveries. He said 1,190 which was the same number as yesterday, is that to say there were no recoveries in the past 24 hours? And also, is at one of the numbers you are looking at in terms of going towards reopening the province?

Henry: I'm sorry, I transposed the wrong number onto my piece of paper, but it's 1,231, rather than 1,190.

Apologies for that.

It is an important piece but as you can tell, it is not a huge number and we have been, because of the work everyone has done here in BC, we have not had dramatic increases in large numbers of people infected. What that tells us is we don't have enough people who are immune in our population to have that community immunity that we needed to prevent transmission.

It is a factor, it is a factor that speaks to how prepared we were in the work that we all did to prevent transmission and that people were able to recover from this virus.

So it is not a factor necessarily that will help us know when we are ready to re-open connections where there is a possibility that transmission may increase again.

Reporter: Hi Dr Henry.

This plays into the mental and emotional health issues related to and [inaudible] with the orders and decisions around COVID-19. One of the animal rescue groups has approached us asking if the homeless people who are being moved from the streets into hotels and motel rooms with supports will be allowed to take along their pets to their new location.

Henry: I know that is something that's a very important consideration for all of us. When we're in a time of crises, ensuring that our family and our pets are part of that, very much. So, there are provisions for pets and it varies depending on the place and where they are, but it's also a consideration for where people might be placed, depending on their needs. One of those needs that is considered is whether they have a companion pet.

[sss, adv, agg, mjag, mcf, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran, dbc]

TNO...

This e-mail is a service provided by Government Communications and Public Engagement and is only intended for the original addressee.

From: Ryckman, Scott GCPE:EX
Sent: April 27, 2020 4:45 PM
To: Smith, George PREM:EX
Subject: Henry/Dix - COVID-19 update - transcript

Media Availability, 27-Apr-2020

Henry/Dix - COVID-19 update

By Legislature Press Theatre

Adrian Dix: There will be a briefing tomorrow at three o'clock, on Wednesday at three o'clock and on Thursday at three o'clock this week.

That is our scheduled briefings to date.

With that, and I'm happy to introduce Doctor Bonnie Henry.

Bonnie Henry: Good afternoon.

For our update today, we'll be talking about the two time periods since our last press briefing on Saturday.

For the first period, from Saturday to yesterday, we had 39 new cases who tested positive in BC, bringing our total to 1,987. And then in the second period, from yesterday to this morning, we had an additional 11 new cases, bringing our total to just under 2,000 -- 1,998. So the total since Saturday, our last report was 50 new cases here in British Columbia.

That includes over the weekend, two additional long-term care facility outbreaks in the Fraser Health region at Valhagen Home and MSA Manor. In both of these cases, a single person was identified with COVID-19, and the outbreak response teams from Fraser Health have been involved in both facilities to assess and manage the outbreaks in those cases.

One additional outbreak is also been declared over from a long-term care home. That is Central City lodge. We know have 12 long-term care facility outbreaks that are over.

We currently have 21 long-term care or assisted living facility outbreaks and three outbreaks in acute care units, for a total of 389 people in those facilities who have tested positive.

As you are aware, we have a number of community outbreaks as well. We've had some increases with testing over the weekend at the Superior Poultry worksite, where we now have 25 people who have tested positive. And there is an ongoing investigation and testing of contacts and family contacts of the people from that facility.

Additionally, we are up to 34 people from United Poultry who have tested positive.

I've reported on Saturday that we had done a lot of testing at the Mission Federal Correctional Institution and we remain in 118 cases identified at the institution, including 106 inmates in 12 correctional staff.

In addition, we've had 11 now in the province associated with the outbreak at the industrial complex at Kearl Lake in Alberta. And I want to talk about that some more.

I had identified that this was an issue because we have close ties between BC and Alberta around the movement of people for this essential work. Many BC residents continue to travel back and forth for the work that they have in both places, but in Alberta as well.

To date, while we have 11 positive cases, we know that there are several hundred people who are associated with that workplace in Kearl Lake and we know that they've got various degrees of information from their employer about the outbreak.

I mentioned this last week -- or I made you aware last week -- that anyone who has been in the Kearl Lake project since March 24th or is in close contact with a worker who is ill and who has concerns needs to immediately self isolate, and if you are ill, to contact public health.

We have been given a list of names and we are going through across the province to try and contact individuals who were associated with that.

It is been a challenging process, as we don't all have contact information for everyone. So I want to make it very clear that we continue to have cases reported in BC and in other provinces in Canada and Alberta that have been associated with the facility in Kearl Lake and we need people to be aware of that and if you do have any symptoms at all, to stay away from others and to contact us, either by calling 8-1-1, or calling your health care provider, or local public health.

In terms of our case status, we now have 97 people who are in hospital in BC. And of those, 36 are in critical care or ICU.

Over the last two days we've had three more people who have died from COVID-19 here in British Columbia, bringing the total number of people who have died to 103.

And as always, we send our condolences and thoughts to the families and to the caregivers of these people.

We now have 1,190 people who have fully recovered from COVID-19.

I think you can see from these numbers, despite the community outbreaks that we're seeing, it is clear evidence that our sustained efforts to follow public health measures are working here in BC; that safe physical distancing and self-isolation requirements have slowed the rate of transmission and we are now seeing a decrease in numbers.

In addition, our increased surveillance testing has led us to find people in our community who are positive for COVID-19. The vast majority of them are linked known outbreaks now, which is an important thing for us to understand, so that we know where transmission is happening in our community.

We are getting close to that time were we can start to open up.

We need, however, to ensure that we have the public health teams that are able to quickly undertake that contact tracing, that connection and connecting people who are positive and others who been exposed, so that we can isolate and work with them to ensure they are able to remain in isolation and not pass this on to the next generation, to break those chains of transmission.

This is the work that we will need to do, the surveillance, the contact tracing, the testing, for the weeks and months to come and it's why we need your help to continue.

We cannot allow hotspots to flare up and to affect our communities.

We have had a made-in-BC approach to our pandemic, and our experience of the pandemic has been different, as we have seen across the country and around the world.

Our recent challenges here in BC, around some of the other things that are unique, sometimes, or that we share with our neighbours, is the challenge of things like spring flooding and the upcoming forest fire season.

We are very aware of how we need to manage our response to this pandemic and ensure that we are able to meet the needs that we have in the province to respond to these natural disasters as well.

It is not an easy undertaking. For example, we know that people who are working on the floods, the people who been evacuated in this past week because of flooding, have had challenges in maintaining their ability to stay apart from others. And we know that firefighters will need to work close together for the upcoming forest fire season, if need be.

Other parts of Canada, through this commitment that we have made and the hard work of everybody here in BC, we are now making plans to ease restrictions, with the understanding of what we might face in the coming months.

Other parts of Canada and neighbours the US are doing the same.

Plans are being developed here in British Columbia and have been for the past weeks, but we are taking the time to do them right and to meet the conditions that we have and we are experiencing here in BC.

Nobody wants to see a resurgence, so we are watching carefully. Our focus is to provide a consistent framework so that different sectors know where they need to operate within. We've done that already for many of the essential businesses that have continued to operate during the past months.

An example, just recently, is the guidance for essential retail, food, and grocery stores than ensures things like physical distancing and proper hygiene in those settings.

We've also had our example that we put out last week around the industrial camp order and the mandatory infection control plans that we have in these areas.

To ease restrictions, we need to know that businesses are looking after your teams as well. And this comes to light again when we look at the outbreaks that we've had in the poultry producing industry.

Simply put, protecting your employees protects your business and protects all of us. How you do that is to ensure employees can safely do their jobs while at work. And we have given guidance of how to do that. And equally important is to ensure that people are not penalized by staying home when they are ill.

That is going to be so critical for all of us in the coming months.

I know that many people are eager to get their businesses going, and I've heard for many of you and many different sectors and individual businesses, wondering about approval of their plans.

The mechanism for doing that in a coordinated provincial fashion is being formulated, so please wait a few more days and we will be sharing all the detailed information in the coming days, including where and who you should speak to you about your plans.

But we want to ensure that our efforts are maximized across the province. We will have a made-in-BC provincewide plan and it is built on the groundwork that we have done together and the commitment that all of us had made in all of our collective ongoing efforts.

We need to continue to work together and to take care of each another and to remain, as we have been, kind and calm and safe.

Thank you.

Adrian Dix: Thank you very much, Dr Henry.

I'd like to join Dr Henry, and I know on behalf of everyone in government and on behalf of the Premier, to acknowledge and recognize that we lost three people to COVID-19 this weekend.

Two from Saturday to Sunday, one in the past 24 hours. Two in Vancouver Coastal Health and one in Fraser Health.

We know how their families and communities are mourning their loss. We mourn their loss as well. We wanted to pass on our condolences to the families involved, the communities involved, the caregivers involved, on what is a significant loss.

We believe that everyone matters, when we're dealing with COVID-19. Every single case matters, every single person matters. That continues to be the case.

We know this has been an enormous struggle for many people in our province. One hundred and three people have passed away from COVID-19, and that's 103 families, 103 communities of people and we are thinking of you and with you as you deal with your loss.

As Dr Henry said, 1,998 cases of people testing positive for COVID-19 in BC. Currently 97 are in hospital, 36 in critical care. That's 51 hospital in Fraser Health, seven in Interior Health, six on Vancouver Island, three in Northern Health and 30 in Vancouver Coastal Health.

We have 4,159 vacant hospital beds. We've created the space to address potential surges with COVID-19, as all of you know. That's 62.7% rate of occupancy and less than 50%, 46.4% in critical care.

People are using the health care system more than they did a couple of weeks ago. Yesterday we had 4,059 emergency room visits in BC. That's, of course, down from normal levels, but significantly up from where it was three weeks ago. We want to, again, ensure that people are seeking medical care when they need it in BC.

I want to acknowledge an extraordinary group of people who have been involved in health care and correctional services in BC, in our provincial system, both from the provincial health services authority, which has responsibility, and of course the Ministry of the Solicitor General. In BC, I think, in 2017, collectively we did something extraordinary. The solicitor general and people involved in corrections, working with people involved in health care to improve the level of care for prisoners in BC. the initiative was launched when Terry Lake was Minister of Health. It was implemented when I was Minister of Health, and Minister Farnworth was solicitor general.

I think it is one of the reasons why we've done, I think, an excellent job under very challenging circumstances in a place like the Okanagan Correctional Centre in addressing the challenges in our system.

That doesn't mean that nothing will happen in the future. This isn't any kind of magic answer, but it's an important answer that we have reenforced health care in our prison system and correctional system, and we hope that that model can be shared everywhere.

Yesterday, as you will know, Isobel Mackenzie, the seniors advocate, gave a report here on the work that's gone on in partnership of the government with MLAs from all parties, with the United Way and with community organizations around BC and of course volunteers around 2-1-1 and around supporting seniors living in community. Yesterday Isobel Mackenzie delivered a message to family caregivers who are supporting our elders through this time that you're not alone. Call 2-1-1 to be connected with a family caregiver helpline.

We provided additional funding, \$500,000, to the Family Caregivers of BC, to expand their helpline hours and other supports for family caregivers at this time.

You can also call 2-1-1, or visit the website [BC211.ca](https://bc211.ca) to sign up as a volunteer to help a senior in your community, whether it's to be of assistance with grocery shopping, or providing a friendly virtual visit. Every effort matters, and our shared commitment to each other matters.

I'm very grateful to Isobel Mackenzie and the COVID-19 Seniors Working Group for bringing this plan forward. They are MLAs Ronna-Rae Leonard, Shirley Bond, Janet Routledge, Sonia Furstenau, and John Yap. We are very appreciative of that combined effort that is making a difference in communities across BC.

As Dr Henry has said, what we're seeking in BC, as we have since January when our emergency team came together, our emergency response team shared by Dr Henry and Deputy Minister Stephen Brown, we have developed a made-in-BC response, consistently through these past few months. It's made a real difference. Dr Henry talked today about the unique BC approach to dealing with people returning to BC internationally. Our efforts to ensure that people do self-isolate for 14 days as they're required to do, and the supports that we are giving to people across the province. It's just one of many examples of that approach.

We are going to continue with that approach in the coming days and weeks.

As you will know, other jurisdictions are coming forward with ideas and frameworks and plans as to how to deal with this next period, how to deal with this challenge that we've never faced before of coming out of a period where we have constrained human activity in our society in order to protect one another, how to do that in the safest possible way.

As you know, and as Dr Henry and I have said before, we have, on the health care side of things, really five main plans.

First to limit, as much as possible, transmission of COVID-19, now and into the future. We know the challenge of that. Not just now, but months from now.

Secondly, to ensure that our health care system is not overrun. You've seen the actions we are taking, and have taken, to make sure that happens.

Thirdly, and this has to be a priority. We've seen this with the cancellation of surgeries, but also other procedures, such as screening procedures, which we've done significantly less of in recent months. We have to do the kind of effort, and put the kind of effort in addressing people who are struggling with non-COVID-19 problems in their health in BC. We have to see that that happens.

Fourthly, we have to ensure that the economy works better for people. We know the impact of economic hardship on people's lives and their health.

Fifthly, we have to make sure that, as social beings, we're able to interact with each other and continuing in a safe way but a way that allows us to continue to function together as communities.

We're going to continue to pursue a made-in-BC approach while working with our national partners, and I think that's a very important thing to continue to do. Something that Dr Henry does, and I do, and the Premier does consistently in working with national partners and other jurisdictions who are our partners together in this. We have our own pandemic in BC, and we've got to continue to do what we're doing, which is to be 100% all-in, to follow the provincial health officer Dr Henry's advice in our daily lives. What we are doing is succeeding in flattening the curve. It makes possible what we may be able to do in the coming weeks and months, in terms of opening things back up. But it requires a continuing commitment. I know it requires patience and determination and dedication. I have been so inspired by what BCers have done and I'm simply asking that we continue to do that, we continue on this path together as we deal with COVID-19 in BC.

Thank you.

We're happy to take your questions.

Reporter: I'm wondering if there's a reviewed timeline on when schools may return, and whether people will be required to wear PPE in the school? And were you surprised that Quebec announced a return to school for early May?

Henry: Quebec has their own pandemic that they're dealing with, and they have their own approach to it. It doesn't surprise me. I was warned by my colleagues in Quebec that they were going to be coming out with some of their plans this week.

Having said that, we have been working with the Ministry of Education to come out with our rational plan for what we're planning on doing in the coming days and weeks. I've said this before, we don't have a date. Let me say that. But we need to make sure that we are able to provide the educational services that are needed, particularly for those younger children who can't stay home by themselves if their parents are going off to work. That's the focus of the next little while. How do we do that safely and making sure we have physical distancing.

The idea around wearing masks is not something we do a lot in our culture. It is something we can consider in certain circumstances, and we've talked about that a little bit. Particularly where you cannot maintain the physical distancing. But we know things like hand hygiene, like making sure anyone who has any symptoms or is feeling unwell does not come around others, stays home from school.

We also know that cleaning in the environment is also incredibly environment. There's ways that you can do that, both physical distancing and time distancing for classes. I know there are a lot of discussions about how this could happen for small groups over the coming months, and we'll have a plan for that coming soon. No specific date.

Reporter: Ontario has talked a little bit about what reopening the economy could look like, given a bit of guidance to businesses around the phased approach that they're going to be using. I'm wondering why BC hasn't been able to provide even that type of rough framework yet to businesses. As you know, many of them are struggling. They've got rent coming up. They're trying to make those decisions around what they do for the next couple of months. I'm wondering if there's going to be a phased approach or if you could at least let businesses know what the broad plan is.

Henry: We'll certainly have more details about that, but I think you have to recognize that if you look at, for example, the first phase that Ontario has put out, we have not closed businesses in the same ways that they have there. We already have people going outside. We already have essential businesses that are working -- our construction businesses -- and we have put in place, and I've said this many times, the guidance that people need to safely manage those businesses.

Yes, we will be looking at the ones that we did shut down and coming out with more details around how they can give us their ideas. I don't know all the ins and outs of every different business, but what I'm providing is what we need to do to be able to open up safely. We know that works in the retail sector and the grocery sector that we've seen. There are, already in place, guidance for people. We need to continue that to the areas that we did shut things down here in BC over the coming weeks. And we'll have more details on that.

Reporter: I would like to follow up more on what Isobel Mackenzie said yesterday because it sounds like several care homes are shutting families out, even if there is now COVID-19 outbreak at those homes. How concerned are you that there may be other reasons why families are being kept from seeing their loved ones. Perhaps they don't want them seeing the conditions inside any of these facilities where people may be understaffed or anything like that.

Henry: That's not our understanding. We've talked about this many times. We've put in measures across all long-term care facilities in the province. To reduce the numbers of people coming into the facility is a way of preventing introduction of the virus into those facilities, where we know people are very vulnerable and where these outbreaks can take off very quickly.

It is across the province, care homes are not allowing visitors, any visitors, unless exceptional circumstances where people are near the end of their life, for example. That is a standard that we're seeing across the province that we have put in place as a way to protect all of our care homes and the seniors and elders that we hold dear in all of these homes. It's not trying to hide anything or cover anything up. It's part of our pandemic response to try and ensure that we don't have the conditions that allow introduction of the virus into care homes in the province.

Dix: Just to add to that, we'll be providing an update on the single site progress that we've made. A detailed update later in the week. And just to say all of us know this -- I know this personally -- how hard it is when people we know and love in our community or in our families, we can't visit them in care homes. It is a significant and challenging problem. It's one, obviously, we're looking at. But it's one that is applied across care homes. I know the province, as Dr Henry has said. But it's we are conscious, I think, of the consequences of it for people are real consequences for people and for people for residents of care homes and for families to not be able to visit.

Sometimes special consideration has been given in the case of people who are about to or close to passing away. But in general, these are very difficult rules apply. They show the challenge in what people are facing in the care sector. Families being present in care homes means a lot to people. It means a lot to staff and is generally something that we have encouraged over time, of course. It makes it very difficult now.

But we'll be providing more information and detail on single site later this week. We appreciate, I think, very much -- I know I do, I know everybody involved, and I know Dr Henry, I know everybody involved does -- the consequence of this not just in care homes, but in acute care hospitals where there is significant limitations on visitors, which are required to keep everybody safe.

Reporter: With regards to the outbreaks at the poultry processing plants, both in Vancouver and Coquitlam, assuming workers at that facility, at last some of them likely took public transit to get there. Should we be worried about wider community transmission from public transit, for example, from those outbreaks?

Henry: Probably not. We never say never, but we took measures within the transit system as well to reduce the chances of people having contact. People have to be ill and spread it to others. Things like hygiene, things like maintaining the distance on public transit.

When we've looked at this -- and these are some of the things that we've looked at around the world in trying to formulate how do we safely go back to our new normal -- some of the things that we've looked at are where transmissions happen. They're very rare instances in public transit. Mostly in China, before there was crackdown and spacing put in.

This speaks again to the importance of the physical distancing, the hand hygiene, the not touching your face, and in settings where you may have short-term contact within the two metres. Wearing of a face covering can help as well. It's not a high-risk environment, and there's no evidence that we've seen that there is spread through transit in BC.

Reporter: You've mentioned a number of times about the importance of contact tracing. I'm wondering if you can say do we know how many contact tracers we have in the province now and how much that is up from normal and do we have enough?

Henry: Good question. I actually don't have the numbers. I can tell you that this is part of the bread-and-butter work of public health. We've been pulling in all parts of our public health workforce and supplementing it with others. People that normally do this work are the public health nurses, are medical health officers and, really importantly, our environmental health officers as well, who are around the province.

We've been pulling them in from other work that they were doing to make sure that they're involved in this. They're also supervising others that we've brought in, including medical students, residents who are doctors who are in their

speciality training, nurses, nursing students and others to help support and supplement the contact tracing around the province.

I don't have an exact number, but I know we've ramped that up considerably. I am confident, and I hear from my chief medical officer colleagues -- we talk everyday about how we're doing around this. We're confident we have the workforce we need at the moment and we have the capacity to surge up if we need to as well.

But that is a really critical piece going forward. Being able to detect people through our testing, to find them quickly, to be able to do that initial case management, we call it, and understanding of where the contacts may have occurred, and then finding those people. That's all of the things that we've been working very hard on and increasing our capacity to do. We'll be monitoring that very carefully over the coming weeks.

Reporter: I was wondering, Dr Tam last week talked about Canada tripling testing as a goal to 60,000 a day from about 20,000, which is now up to about 24,000. What is the plan in BC to increase testing?

Henry: So we have increased our capacity quite a bit. We were at about 7,000 a day but I think that the capacity and where to test and who we test are different things.

We don't want to -- right now there is no value that we are aware of, anywhere, for just randomly testing asymptomatic people in the community.

With the diagnostic tests, we do, and we do want to do some systematic testing in our community, of a random sample of people with a serology test will tell us whether there is antibodies at some point and we have a strategy for doing that.

Currently, the testing we are doing to diagnose this illness, we are testing very aggressively in places where we have outbreaks like our correctional facilities, long-term care homes, the poultry outbreaks that we have had, and anyone in those environments. Also anyone who is a close contact. A family contact is someone who is ill.

We've been testing them regardless of whether they have symptoms.

But in our community, what we want to do is be able to detect anyone with symptoms. So that is why we have opened it up, anybody with a respiratory symptom across the province is now able to be tested and we have the capacity to support that across the province as well.

I don't have any specific number we need to do just for the sake of meeting a number. What we want to do is make sure we have the capacity to test everyone who needs it, and currently we do even though we've opened up the capacity -- we've increase the number of tests, we are still 3,000 a day -- but, it reflects a number of things. It reflects the fact that we don't have as much respiratory illness in our community anymore because influenza has faded away for the most part.

So, yes, we now have a much higher pretest probability that if someone is sick with respiratory illness, they might have COVID-19. So that is where we are focusing our testing, so we don't, in my mind, need to have a specific number per day.

What we need to be assured of, and what I need to be assured of, is that we are testing everyone who has respiratory symptoms and that they can access the test and that we can follow up with them quickly.

That is where we are focusing on, here.

Reporter: I have a question about the urgent and non-urgent opening up of the healthcare system.

I've been hearing from some people who say that they are waiting for things like a diagnostic for cancer, surgeries, I'm assuming some kind of biopsies, and they have not been able to access those. And they are questioning how long they are going to have to wait, considering that there is relatively few people in hospital with COVID-19 at this point. Wondering when there can be more opening up of the health care system, especially in hospitals and also wondering if there is a difference in terms of how different hospital sites are treating those urgent versus non-urgent procedures at this point?

Henry: So there is a provincial strategy for that currently, and will continue. There should not be differences by hospital.

Having said that, it depends somewhat on the capacity in the specific hospitals and I know that for one, cancer surgeries have been prioritized and continue to happen. Maybe Minister Dix can answer that further.

Dix: I think you make a good point there, there is specific circumstances in the area you report on at Lions Gate Hospital and there has been for some time because of outbreak protocols there.

So those would be in effect where that is appropriate.

But, absolutely, the point you make is an important point and is part of our consideration as we develop the next plan -- the surgical and diagnostic plan -- coming out of these weeks and talk about resuming elective surgeries.

It is important that we also consider urgent surgeries that are the result of various screening programs, testing programs of various kinds. So you're quite quite right, this is a consideration and an essential part of the consideration of the team led by our whole health system under the direction of the public health office, the deputy minister and others is to ensure that we address those questions as well.

Because I think what is clear is urgent surgeries -- of which we have done in the neighbourhood of 12,000, urgent elective surgeries and emergency surgeries -- those surgeries, I think, are relatively up-to-date in those categories.

But, if we were doing last testing and less screening, there may be an unknown number of people who will require exactly that sort of priority surgery in the coming weeks.

These are considerations and that group of people you refer to is very much in our thinking.

Reporter: Of the 103 deaths from COVID-19 so far in the province, how many have occurred in long-term care homes and assisted living facilities?

Henry: I don't know if I had that right in front of me but the majority of them have -- I think it is up to 68? I can get you the exact number but certainly the majority have -- this is where I have to put my glasses on.

Sorry. Sixty-four of the 103 deaths have been residents in long-term care or assisted-living.

Reporter: My question is for Minister Dix.

Apparently, the community of Haida Gwaii has told everyone coming over by ferry to get back on the ferry and leave. This is for people that do not live there. Can they do that? Can communities like Skidegate and other communities on Haida Gwaii tell people they cannot come?

Henry: This is part, of course, of our relationship with First Nations communities and their self governments and self-determination. They do have the ability and authority to make those decisions for their communities.

Dix: That is exactly right. And obviously, Minister Farnworth who was in charge of the emergency side of our COVID-19 response in the state of emergency is working with all communities, First Nations and others, but I think what Dr Henry has said is the case.

But we will be continuing to work with all communities.

You saw this last Monday, when we put forward our plan to provide services to both indigenous and non-indigenous communities across rural and remote communities in terms of getting access to milk, medical care. This is ongoing work we are doing together and I will certainly look to Minister Farnworth to give you more detail in response.

Reporter: Thank you for this, to both of you. Question arising out of Minister Dix's comment at the beginning about how it's going to be to come out of this because we never been in this before. So there is no real rule book.

Given your point, Dr Henry, that you've actually closed very few businesses, much less than elsewhere in the country. Are you concerned that we might not actually be able to get out of this because we don't have a lot of levers to pull here to get businesses to reopen?

Henry: Not at all. I think we all need to be -- people are paying attention and we need to be at that point where our numbers are coming down. And today with 11 new positives, with the amount of testing we are doing, that is really positive sign. So we are getting to that place.

I think when people in BC are waiting to make sure that we are not going too fast and we are not going to undo all of the important work and sacrifice that we've done in the past few months.

We are putting together, as we have talked about over the last week, the parameters for which we think it is -- that we need to have in place to make sure that we can open up safely. I know many of the retail shops that have closed, many of the facilities to have closed, that have not been ordered to close are doing so because they want to best protect their employees and their customers.

So now we need to start thinking about, okay, what is it going to look like within the parameters of being able to continue social distancing? Having small numbers of people, maintaining the appropriate hand hygiene and cleaning that we need in an environment, not having those meetings, having some hybrids of working at home and working in maybe smaller teams that are in the office or in the facility at different times.

And really key, I talked about that today, is the importance that it is for employers to make it okay for you to stay home if you are not feeling well right now.

How important it is to protect your employees because that in turn protects your business. It also protects their families and our communities because when people are working sick and they are together and they spread it to each other, they take it home to their families and their families may work in long-term care or in health care.

We have seen this happen in the past few weeks.

Those are the mindsets of enabling our employees, the people who work in our sector, to stay away, if they are ill, to work from home if they are not feeling well, so that we are maintaining that bubble that we have here in BC and not allowing the virus to spread.

Those are the important considerations and I think people will be ready when we get there. And we are going to be moving along slowly and thoughtfully and safely in the coming weeks.

Rob Buffam: I'm just following up in relations to schools. I was wonder if you can tell us specifically whether it would be this week that we'd be hearing about dates for that. I also wanted to confirm if I understood correctly that primary

students would be the most likely to return first. And I guess finally on that front, I'm just wondering what your thoughts are on the likelihood that students will be back in the classroom, for the most part, this school year.

Henry: So no, we do not have a date yet and we're not going to announce a date until we're ready and we have the plans in place. I've said that the focus will be particularly on the children of essential workers and those who need to go to work as we start to increase the businesses and workplaces that are open. So the focus would be on . . . And, of course, it's interdependent on with be able to ramp up our health care system again. So, that will be the focus for the coming weeks and months. The decision has not yet been made about how much and what will happen in the near term. I think it's safe to say we're not thinking about school over the summer, but we want to make sure that we have plans that address all of our issues for the fall.

I expect there will be some children coming back to school before the end of this session, but what that looks like is still being worked out and there's some really great innovative ideas that I know some schools are doing already and other schools are looking at. There's been a huge push on some of the distance learning that is working really, really well in some areas for some students. So it's going to be a [inaudible] in the mixture and I think we have an opportunity, particularly to support those children of our essential workers and those who really need the support in the coming months and to do it in a small scale and help us understand how it could work until we have a larger scale coming in the fall.

So not more specific than that, but there's a lot of thinking going on into it, which I think is really great, and lots of great ideas from the different school boards and school districts around the province.

Liza Yuzda: I don't know if this is for the minister or Dr Henry. With this talk about people going back to work and saying that it's vitally important that people stay home if sick, is there going to be any order or could there be any labour law change that enforces paid sick leave -- that people will feel like they're not losing out financially if they stay home?

Henry: That's a good question. I cannot answer that.

Dix: Again, we're not announcing these issues today, as I said. And although obviously all of them are being worked on, I think it's fair to say that of all the things, if there's a hierarchy of measures that are important, not working sick is at the highest level of importance. I think we can all agree with that and we've seen [inaudible] evidence of that in the last seven days -- the importance of employers not insisting that people work sick or that workers are not working sick. That is going to be a fundamental change that's really going to be a key part of any strategy that we could possibly think of with respect to dealing with COVID-19 until there's some form of community immunity.

I might add that working sick is not a good idea under any circumstances.

So, you can imagine that that will be a significant part of our thinking -- how to address that question. We're not letting out our plan today, but I can tell you what you've identified -- not working sick -- is a critical part of anything that Dr Henry or government or anyone else is thinking about because it's one of the most important things that we have to ensure people don't do during a COVID-19 period when there isn't a vaccine.

Marc-Antoine Belanger: Can you provide me [inaudible] details or Canada's [inaudible] of the gradual steps of reopening. You mentioned a made in BC plan. If you can, provide these in a little bit more detail and offer an answer in French as well, please.

Henry: I'll start in English and say the details will be coming. We've been foreshadowing a lot of the important things, including the structure that we will have in place and the fact that all businesses with . . . You know, some things will not change. We're not going to go back to having lots of people together enclosed spaces and having meetings and having those opportunities where people can attend mix and mingle and transmit this virus amongst each other and bring it home to their families and their communities.

So within those parameters there's a lot that we can do and there's a lot that's happening already, and it can be use as a good example for people to think of when we're looking at opening up more businesses in the coming weeks.

Dlx: Thank you very much. [sss, adv, agg, mjag, mcf, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran, dbc]

From: Ryckman, Scott GCPE:EX
Sent: April 25, 2020 2:48 PM
To: Smith, George PREM:EX
Subject: Henry - COVID-19 update - transcript

Media Availability, 25-Apr-2020

Henry - COVID-19 update

By Legislature Press Theatre

Bonnie Henry: For our update today, we actually have 95 new cases of COVID-19 in the province today, bringing our total up to 1,948.

I'll address, a little bit in a minute, where those numbers are coming from. That includes 778 in Vancouver Coastal Health region, 853 people in the Fraser Health region, 115 in the Vancouver Island Health area, 160 in the Interior Health region, and 42 in the Northern Health region.

We have no new long-term care facility outbreaks today, and one additional outbreak has been declared over. So we now have 11 long-term care facility outbreaks that are over.

Part of the reason that we've had such a dramatic jump in cases today is related to the community outbreaks that we've been investigating. As you are aware, we've had an ongoing outbreak at the Mission federal correctional facility, and we've done extensive testing within that facility in the last few days. So 40 of the additional cases are related to people who were detected at the Mission correctional facility, bringing up the number of inmates who have tested positive at Mission to 106, and 12 staff members who are positive from the Mission Institute.

In addition, you're aware that we've had two ongoing outbreaks in workplaces, including Superior Poultry and 16 of the new cases today are related to the ongoing investigation at that facility.

The United Poultry facility, which was closed down a few days ago, remains at 35 cases positive there.

We are now up to 11 positive cases that are associated with the Kearl Lake industrial plant in Alberta.

In terms of our cases, we have 96 people who are in hospital at this point, and 41 of those people are in critical care or ICU. We've had 1,137 who are now considered fully recovered.

Tragically, we continue to have deaths related to COVID-19, and we've had two additional deaths in the last death, bringing our total people who have died from COVID-19 to 100 in BC.

Including in the deaths, though, in the last 24 hours, is our first death in one of BC's First Nations communities. Along with the many lives we've lost to COVID-19, this is a tragedy that's beyond just us. It's a tragedy for all of us.

Our elders, particularly in our First Nations communities, are culture and history keepers. When they become ill and when they die, we all lose. I want you to know we feel that collective loss today. My thoughts are with her family and her entire community, as I recognize the tragic impact this has on all of them. It's particularly a challenging time to not

be able to come together physically in the normal way that we would to respect the customs that we have in communities at this time. My condolences and my heart goes out to this community and to the family.

As we continue to move forward in our COVID-19 response, it's important that we don't leave anyone behind, particularly people who I know are dealing with many different crises, including people who use drugs, people who are under-housed and homeless. Everyone in BC deserves to feel safe, protected and supported through these crises.

Safe physical distancing and self-isolation, if you're ill, can be really difficult when your housing is precarious. This is further compounded for people who may be living with mental health and substance use or addiction issues. We have not forgotten that we have two public health crises, two public health emergencies that we're dealing in this province. The first of those has been going on for some time, and that's our overdose crisis. Now, compounding that is the COVID-19 outbreak.

For people who are dealing with both of these challenges, daily life can be very much a struggle. Today, the province announced over 1,000 hotel rooms to provide safe housing for people living in encampments in Victoria and Vancouver, and a plan. Importantly, a plan to support people in housing, but also to ensure that they have the mental health, the physical health, and the social supports that they need, and we need, so we can support people who are living with mental health and substance use issues, with addictions, and with homelessness. We cannot address COVID-19 in isolation, and we need to make sure that we're supporting those people who are the most vulnerable in our communities. This action is welcome news. It reduces the immediate health and safety risks that we know were a challenge for people living in these encampments, and it's important for in the health sector to be sure that we can support all of the needs of people as they're transitioned into more stable and important housing over the coming days, weeks, but also the months and years to come.

This is not a short-term plan. We in the health sector will be providing supports to our people and our communities going forward.

I also, from the outset, have spoken about the importance of keeping safe, physical distance from others, and staying home when ill. These are the best and the most important things we can do to bend the COVID-19 curve.

But in many cases, this has led to increased family stresses and decreased community connections. Unfortunately, for some, being at home being means not being safe. We know domestic violence, intimate partner violence, and inter-family violence can sometimes increase during crises like this one. If you are experiencing violence, it's not okay. We want you to know you are not alone. There are resources that are out here that we have that are available for you.

If you are in immediate danger, call 9-1-1 and get the help you need. You can also call Victim Link BC. It's a toll-free confidential and multi-lingual telephone service that's available across BC 24/7. Trained support teams can give you the information and refer you to services that you may need. Your immediate safety is more important than physical distancing or self-isolation. That's important for people to recognize. There is help out there for you, and we can connect you to the supports that you need. There's more information about this on the BC CDC website.

People can also, as I said, connect with Victim Link BC. You can call 1-800-563-0808 or email victimlinkbc@BC211.ca.

There's also more information on the BC CDC website about how you can text or send notes if you're not in a safe position to call.

Please know that these supports are out there for you. We will get through this. This is a challenging time and it's becoming complicated for all of us. I know people are tired, and sometimes this can lead to stresses that we may not know how to deal with. We will get through this and we'll be stronger by taking care of our loved ones and taking care of each other. We need to continue to be kind to each other, to be calm through this crisis, and to stay safe.

I'm happy to take questions.

Reporter: Can you comment on how things got so out of hand at the Mission Institution? This has been on the province's radar for a number of days.

Also, just given the amount of outbreaks we're seeing, the outbreak at Mission Institution, poultry plants, what will it take for us to manage these new and emerging outbreaks? Get ahold on these types of things?

Henry: With the first one, from the very beginning we knew it was going to be a challenge with the federal correctional facility. It's a very difficult environment to effectively isolate people who are ill from others. We know that that's been part of the issue.

One of the reasons we're seeing the increased numbers today, however, is over the last few days we've been systematically testing all of the inmates and any of the staff who have symptoms at all. We've been looking at if we can find people with minimal or asymptomatic, or minimal symptoms, for the most part. That's why we're seeing that big jump today. I think we are making headway in dealing with this issue. There are currently only two inmates who are in hospital at this time. But it is a very challenging virus, and it reflects how difficult it is to effectively isolate people who are sick within that type of an environment.

We're hopeful with these new measures, with the new infection prevention and control measures that have been put in place in this facility that we're able to support everybody who's in the facility, and make sure that ongoing transmission has stopped. But we know with the incubation period being up to two weeks. It's going to take some time before we see whether that has been effective or not.

With regards to the poultry outbreaks, I think it also reflects the fact that we have a more sensitive testing in our community. So the fact that we picked these up and we were able to detect these outbreaks was a good thing, in a sense. If they had continued to grumble along without us noticing, we would have had more broader transmission in the community. So that's where it's really important now for anybody who has symptoms that might be related to COVID-19 to connect with 8-1-1, to call your health care provider, to call public health, to isolate yourself and go for an assessment and a test if it's needed.

Reporter: My question is about PPE. There's a new survey and it's found that people working in long-term care homes still feel they don't have enough PPE, that the supply would only last about three days. What's your response to that?

Henry: It is a very challenging thing. As we've talked about, it's a worldwide global phenomenon to try to get the appropriate protective equipment in. And yes, for most of our long-term care homes, and many of the acute care wards, depending on what's being used. We are only able to provide a three-to-five day supply. As we get more PPE in, and as we test it to ensure that it meets the standards that we need, we hope to be able to increase that. But we are confident that, as a province, we have enough to last us for the foreseeable future. But we need to be very careful in how we measure it out to the different sectors.

That can be, I know, quite distressing for people, thinking it might not be replenished in two or three days. But I believe we have a good system now for ensuring that that happens. I can reassure people that we continue to get PPE in, and that we will continue to distribute it as much as we can over the next few weeks or months. As things stabilize, we'll be able to provide longer-term supplies for long-term care and other settings.

Reporter: You touched on this a little bit. With tent communities about to be cleared out, can you talk about some of the challenges that you see happening. I know it's volunteer until mid-May. Can you talk about the challenges?

Henry: Sure. This is something we've been dealing with, in some cases, many years, since the overdose crisis really started. It's been something my office has been working with, and our health authority partners have been working with, with many different parts of ministries to try and address these issues.

Right now, it's the public safety concerns in the encampments that we're seeing. But it's a broader initiative, from our perspective, to support people who are under-housed or homeless, who are dealing with many other challenging issues. From a health authority perspective, on the ground, these are people we know, that we've been working with for quite a long time. Many of them are in our community, they have very individual needs. There are indigenous people who are a part of this, there are women who have specific needs, there are families who are together.

That is the focus we have in the health sector to try and support people to get into a safer space for themselves, where they're able to better care for themselves. But it has to be done in a way that allows those health and social supports to be there for people as well so that this transition is thoughtful and gradual and does the best that we can to support people.

I realize it's going to be challenging, and we're going to have to monitor things carefully.

I've been talking with many of my colleagues. We've been planning for this. It's an important step forward, and importantly it's not just putting people in a place for the next couple of weeks. It's about a long-term strategy that we can support people to get into supportive housing to get the supports they need long-term. It's focusing, right now, of course, on the acute issues that are public safety issues in Vancouver and here in Victoria.

But these will be initiatives to address the issues that we've been working on for a long time in other communities around the province as well. For that, I think it's a really important step forward for us. In public health, but also across government to support people who are homeless or under-house who have mental health and substance-use issues, and I think it's an important initiative that's going to lead to long-term sustained support in this area. I'm very grateful for that.

Reporter: Back to Mission. I would note that when there was an outbreak at a provincial correctional facility, the province appears, to me, to have acted very quickly. Capped it off. I'm just wondering, is this situation at Mission partly a failure on the part of the federal agency? Either they didn't know what they were dealing with early enough, or they didn't take enough steps quickly enough, or they didn't call on the province for help?

It looks to me like there's a very different narrative between the two facilities.

Henry: It's very challenging. There's different circumstances in the facilities as well. There's a medium-security facility. the types of accommodations and living in it are different. People are there for a longer period of time. There's a lot of turnover in our provincial correctional facilities. It is always challenging. By the time the outbreak was recognized in Mission, we were already behind and playing catchup around it.

As we know, people can transmit when they have very mild symptoms and it may not have been recognized early enough. We've had some challenges, as we've talked about, in some of our coordination and communication between Fraser Health and the province and Correctional Services Canada. I know everybody is meaning to do their best on this, but being able to put in place all of the infection prevention and control measures. and my kudos really go to Fraser Health who have been actively in the facility, supporting the teaching and the importance of infection control. Everything from wearing masks to enhanced cleaning and how that can be done in an effective way.

These are all things that we needed to find the resources and the protocols to develop. I have been in contact with my counterparts from Correctional Services Canada, from the medical side, from very early on. It is sometimes a challenge when you have different ways of doing things, and finding those seamless connections for things like people who have been discharged, or are being released from the facility to make sure that we're notified in BC so that we can support people who were close contacts to make sure that they're isolated and they have what they need to take care of themselves through the incubation period. It has been a challenging process. I'm not going to sugarcoat it. And it's a very challenging thing, to be able to support people who are in that type of a communal setting and try to prevent transmission of infection.

Reporter: You mentioned the spike in cases at correctional institutions. We now know a fugitive who had been in a federal prison in California, where we know prisoners were released early because of COVID-19, had been extradited to Canada. Can you just walk us through this process, if you can?

We know he was escorted back to Canada by RCMP members, we believe through YVR. Will this individual be isolated for two weeks? If so, where? What's the protocol here when it comes to bringing home a prisoner who has to be isolated? I'm assuming you don't want to put him in with the general population at this point, coming back from California?

Henry: I don't have any knowledge of this specific case that you're talking about. But I can tell you, in general, anybody who's coming into the province right now has to have an approved self-isolation plan. We have facilities that we can do that effectively. We have people who are being isolated in hotels that are run by us in the province. There's also federal isolation and quarantine facilities. Presumably this would fall under the federal jurisdiction, and they would be, again, they would have to come back to BC. have an appropriate isolation plan, and would be quarantined and supported to be quarantined in one of our facilities.

This is something that we put in place for a couple of weeks now, since the 10th of April, and it's been very effective at ensuring that everybody who has come back to BC, and sick people like our temporary foreign workers. and we've had about 1,000 temporary foreign workers from Mexico, who have come to BC to work, and they are being quarantined in facilities here in BC. I can say that we've had at least three people who have ended up being positive with COVID-19 in our quarantine facilities. They're being cared for, and that's exactly what this was designed to do. We do have processes in place, and my expectation is that anybody coming into the province will fit into those processes.

Reporter: There's been some speculation that some US military personnel have not been self-isolating upon entering BC before actually travelling the province to get to their postings in Alaska, or back to the continental US for their next postings. Of course on their journey through BC they use hotels and services just like anybody would else would have to. And small remote communities like Nelson, which happens to be on the Alaska Highway, are not not equipped to handle an outbreak.

Can you please clarify the requirements that are specific to US military entering BC, and how this is overseen?

Henry: I can't. I don't know what the requirements are, specifically, for US military. I can get back to you on that one.

I will tell you that any non-essential travel has been turned back at the border. There are many ways that people get to Alaska, not just driving through BC, though that may be one way.

I don't have knowledge about US military specifically. We do have processes in place for any of the essential workers who are coming back and forth across the border, which include self-monitoring, having isolation when you're at home so you're not out and about in the community, as we know. And that we have provisions to support people in doing that.

Reporter: Can you tell me how many or if there's any role being played in the spike that we're seeing in numbers to travel that may have occurred over the Easter weekend?

Henry: Very difficult, but not that we can tell. Most of the people that are in the cases, particularly the ones we've talked about today, are related to ongoing community outbreaks that we know about, including the number of outbreaks both related to the poultry plant and the correctional facilities. So I'm not aware of any increase, particularly in small communities, for example, the Gulf Islands or other places, related to the Easter weekend travel.

Reporter: Can you talk about how exactly will the numbers and new outbreaks affect easing restrictions? Is there a cut-off point or a number of new cases or outbreaks at which you'll consider delaying lifting some of the restrictions that were originally planned?

Henry: So there's no exact number. It's understanding what's happening in our community, across the province, understanding the outbreaks that we know about and how they're evolving, making sure that we have the surveillance in place to recognize things early, both individual cases, but also anybody who is part of a cluster of a case. Those are the things that we've been talking about around our enhanced testing protocol now, or a change in our testing protocol, so that anybody with symptoms gets tested, that we have, still, surveillance any respiratory illness that automatically gets tested for COVID-19 as well, and we've expanded our ability to have testing in some of the more remote areas of the province.

So it is very much dependent on us decreasing the numbers of new cases and new outbreaks and we do consider, for example, the 40 cases related to Mission don't change my assessment or our assessment of where we are in terms of the pandemic trajectory in BC. So we do take those things into account. We still want to see a decrease in cases. We've been sort of grumbling along at a certain level for the last few weeks, which is not surprising given the way that we didn't have explosive growth at the beginning. So we've flattened it enough that we would expect it to continue a little bit longer than some of the places where you might have a dramatic peak.

Having said that, we do want to see the numbers come down. The fact that we are picking up these outbreaks is important because that tells us that our surveillance is working and that's something that's also important. So there is no date I can give yet.

Reporter: I was wondering if you could talk a little bit about the WHO report today which says people who have recovered don't have immunity. So what does this mean for herd immunity, for social distancing, and reopening the economy?

Henry: It's interesting. I think that was taken a little bit out of context, Dr [inaudible] remarks. What they were talking about was how we don't yet know whether people have immunity or how long that immunity would last, and that is true, and we've said that many times. We do, however, have other respiratory viruses like SARS, like other coronaviruses that circulate, at that give us some idea that people probably do have immunity if we have antibodies and that's where that testing, the antibody testing is so important, that we have immunity for a period of time.

What that period of time is, we don't yet know and that's where the challenge is. This is such a new virus we don't know if it's going to behave exactly like other coronaviruses. We've seen some differences in the behaviour in terms of it can be transmitted quite early on in illness where other -- SARS, for example, from 2003, we didn't see that until later on. So there's things that we don't yet know and part of the challenge is the antibody tests that we have -- there are many of them out there that people are working on -- but they have not yet been validated. So we're not sure yet about the false positives or the false negatives and what that means.

It is very challenging when we have something new like this to say anything for certain. I think, given what I've read and all of the science and the papers that we've all been scouring over the last few weeks, that it's very likely we'll have some immunity. We don't see this virus changing as quickly as things like influenza, for example. So I would expect that if people have antibodies they would be protected for a period of time, but what that period of time is I don't yet know and I don't think anybody does. And that is my understanding of what was being reflected by the WHO comments.

Reporter: I'm hearing (audio dropout) private, non-profit facilities who say they haven't heard anything from employers or government or their unions about how the new staffing orders you announced about a month ago are impacting their work and their pay. I'm wondering if you have an update on the status of the staffing change and what information you could give these workers who are saying that they're still in the dark.

Henry: Well, I can only say that there is ongoing work being done on that and certainly in some areas it's already been settled. It may be that people are not -- they may have missed some communication from their unions. There's also a good proportion of people that aren't affected by it, in that they've only worked at one facility. So the focus really is on people who have been working at more than one facility for the time and it may be that the job that they're doing is not

one of the ones where there has needed to be a change in the pay scale, for example. So it's hard to tell what the issues are with individuals, but I will say it definitely is progressing.

It's been further ahead in Vancouver Coastal, as we've said before, Fraser Health, very complicated in the Lower Mainland because people work across both health authorities. So those people who were working in more than one facility are the ones that are going to see the changes and be affected by this most and earliest, but I do fully expect everybody will have a better understanding as the weeks go by.

Reporter: You've repeatedly advised BCers while socially distancing to take care of mental health by getting out into the outdoors for exercise, but provincial parks across the province have been closed and even places like Pacific Rim National Park with miles and miles of open beaches, seemingly ideal for physical distancing, are closed, too. This potentially funnels higher concentrations of people into narrow, linear trails in city and regional parks that do remain open. Is there a plan for conversation and better coordination between parks and public health to allow for safety for safe outdoor exercise?

Henry: Absolutely. I think there's a number of reasons, as I've mentioned before, why provincial parks were closed. Part of it has to do with social distancing and concerns about use of facilities at parks. But, really, a lot of it has to do with our forest fire risk and the flooding risk that we're seeing now, which has started in this season, and being able to balance the need to respond to those many different concerns around parks. As you say, it's not done on a park-by-park basis. Having said that, yes, we are looking at how we can open up the parks in a safe way as we start to transition to our new normal.

We're also talking with the federal government around federal parks, and how they can be managed in a safe way for the future as well.

Reporter: Can you talk a little bit more about any COVID-19 wards and hospitals that are looking at transitioning, at this time, so that elective surgeries can restart?

Henry: We're looking at it in a whole system way. There are still, particularly the intensive care units, in a number of hospitals, have numbers of cases in them. But we're looking at transitions because when you start elective surgeries you have to use the post-anesthetic recovery rooms and the operating rooms, which were all part of our strategy for surge capacity, should we need it in intensive care. So, how to ramp those up in a way that is thoughtful, and systematic, is the work that others are doing, including Michael Marchbank, as you've heard about.

So yes, those are the strategies we're looking at. How do we have separate spaces for COVID-19, both critical care spaces and regular hospital beds and wards and be able to essentially have those cohorted so that everything else in the hospital can go on as well.

We're also talking about the strategies about reducing the numbers of hospitals that take COVID patients as the numbers decrease, so you can ramp up more fully in other facilities. Recognizing, of course, that we are not yet out of the woods entirely and we can still see explosive outbreaks that are happening in our community. We've been relatively lucky in that we've caught some of these early, but we can't let our guard go yet. We see in Alberta, we've seen in Ontario, as well, that these can become very large, very quickly.

We need to hold the line right now, but those are all the planning that is going into our reopening, particularly health care services, really important and diagnostic services that have been put on hold and we'll be spending more time, talking about that next week. [sss, adv, agg, mjag, mcfd, ctz, edu, embc, empr, env, fin, forr, hlth, tnf, jtst, lbrr, mhaa, maz, pjhh, pssg, msd, tacz, tran, dbc]

From: Ryckman, Scott GCPE:EX
Sent: April 21, 2020 4:37 PM
To: Smith, George PREM:EX
Subject: Henry/Dix - COVID-19 update - transcript

Media Availability, 21-Apr-2020

Henry/Dix - COVID-19 update

By Legislature Press Theatre

Adrian Dix: This is our COVID-19 briefing for Tuesday, April 21st. I want to acknowledge that we're on the territories of the Lekwungen-speaking people, the Songhees and Esquimalt First Nations. And with that, I want to introduce Dr Bonnie Henry.

Bonnie Henry: Thank you and good afternoon.

For today's update, we have 25 new cases who have tested positive in our numbers today here in BC, bringing our total of test positive cases to 1,724. That includes 707 people in the Vancouver Coastal Health region, 715 in the Fraser Health region, 109 people now on Vancouver Island Health, 153 in Interior Health region, and 40 people in the Northern Health region.

We have no new long-term care facility outbreaks today. We are now up to 319 cases in long-term care or assisted living, with 20 outbreaks ongoing, still, in our long-term care and assisted living facilities, and one associated with a unit in an acute care facility. We are up to 76 people who are associated with the Mission federal correctional facility, including 65 inmates and 11 staff.

In addition, I have talked about our concerns about workers who have returned from working in the Kearl Lake project in northern Alberta. We have no new people to identify, but I just want to reiterate the importance of anyone who has worked at Kearl Lake since the end of March, that we are asking you -- requiring you -- to self isolate for 14 days after your return, and recognizing that some people may have already been back for more than 14 days. If you do have symptoms, or some of your close contacts have symptoms that might be associated with COVID-19, to connect with 8-1-1, or to call your local public health or your primary care provider so we can have you assessed and tested if needed.

In addition, we have now 109 people who are hospitalized with COVID-19 here in BC, including 51 people in critical care and ICU. We have one additional death to report since our last reporting period; another one of our elders who has passed away from a long-term care facility outbreak in Vancouver Coastal Health. Our thoughts go out to the family, and to the care givers of this person. There are 1,041 people who are considered fully recovered from COVID-19 in BC.

In addition, today I want to let people know about an additional outbreak that has been identified in the Vancouver Coastal Health region at the United Poultry Company in Vancouver. A number of employees have tested positive. This came to light over the weekend when Vancouver Coastal Health was investigating one of the community cases that had been identified. And it became apparent there were a number of other people in the workplace who were positive. And we now have up to 28 employees who have tested positive for this virus.

Not all of those people are included in today's numbers, as some of the testing was done yesterday, and will be reported over the coming days. However, we did get an updated outbreak report from Vancouver Coastal, so I'm giving you the numbers of people that we know about right now.

The plant has been closed, and the close contacts have been notified, of the people we know. And the investigation with Vancouver Coastal Health leading, and working with the Canadian Food Inspection Agency, as this is a federally-inspected plant. So the health teams are doing the contact tracing and investigation of this outbreak even as we speak.

I do want to say that I know there will be concerns about the products that have come out of this. So this is a chicken processing plant. We don't have any evidence that COVID-19 can be spread from meat and from consuming of products like that, or from packaging on meat, or chicken, in this case.

On the other hand, we do know that raw poultry can have other bacteria on it, particularly salmonella and campylobacter. And it's very important that people maintain the important hygiene practices around handling of raw chicken, including cleaning your hands, being mindful of cross contamination, making sure that poultry is cooked appropriately, and making sure that you clean surfaces after handling of raw poultry.

I want to talk a little bit about our goal in public health, in how we're moving forward in managing the pandemic here in BC over the coming weeks and months. Our goal, of course, is to do all we can to limit the potential for transmission, and also, to minimize the impact of these necessary public health measures on our communities and our families across the province. So every decision that we take about what to do, about how to lessen some of the restrictions, what restrictions we put in, how to manage them, and how to allow people to continue with their lives, while maintaining some of the important restrictions, are things that we have considered in great detail.

We have stepped up in BC, despite the hardships that many of these public health measures have entailed. And you have recognized the importance of maintaining things like our safe physical distance, being mindful of those around us, keeping our communities strong, and showing that compassion and care that we can get through this together.

We know that this has been hard on all of you -- on all of us -- mentally, emotionally, financially, and in some cases, physically as well. I understand that this is not easy. But we can look to the future, knowing that we're getting through this together, that it is not forever. But we must continue to act today. We are at that important crossroads in these few weeks right now. And I know you have heard this before, but every day counts. And every action counts.

And we look at what has happened with the most recent outbreak. We need to find the cases in our community; we need to contain these outbreaks so that they don't spread. And when we are maintaining our distances, these unrecognized transmissions don't spread widely. We don't get those explosive outbreaks that we have seen in some other communities.

But this remains incredibly important right now. This virus continues to circulate in our communities around the province. And sometimes it's unknown. It's unknown because we may not recognize that we're sick, or we may have that feeling that we need to go into work, that we need to be present to take care of the essential business that we're doing, and overcome those symptoms that we have.

Right now it is so important for all of us to recognize, in ourselves, and in those we are working with -- if you have a respiratory illness stay home. If you have a cough, if you have the sniffles, if you're feeling unwell -- stay home. That is the most important thing that we need to continue to do within our communities, our families, and our businesses right now. The other important things, of course, are maintaining that safe distance, cleaning our hands regularly, maintaining cleanliness in our environment, particularly those high-touch areas.

Getting back to work is something that we are all looking forward to. We are looking ahead and thinking about getting back to school, getting back to seeing our family and our friends again. But now is the time to start thinking about how do we do this safely with our precautions in place, and making sure we have those in place to protect those who are

most likely to have severe illness from this disease, particularly our elders and our seniors, and younger populations who have underlying health conditions, like diabetes or immune suppression, who are going through cancer treatments, people with heart disease.

We are all at risk if we start transmitting this virus in our community. And we know that if we become sick, and we pass it on, the people that we are closest to are the ones that are more likely to be affected.

So our focus needs to ensure that the storm has lessened and passed before we let up on our restrictions. But to our workers, our entrepreneurs, our business owners -- they can join the essential workers who have done so much these past weeks to keep our economy going, to keep our essential services, the things we need, in place, as this wave has passed.

Every time people step into a classroom, onto a construction site, or into a hospital -- and do it safely right now -- know that we appreciate all that you are doing. We need to stay vigilant. We need to stay connected, and we need to stay committed to this.

We will find our new normal in the coming weeks. But it is not yet the time to lessen our guard. We need to continue to get through this together by remaining kind to each other, remaining calm and staying safe.

Dix: Thank you very much, Dr Henry.

And I know, of everyone who is working on COVID-19 throughout the hospital system, I wanted to join Dr Henry in passing on our condolences to the family of the person who died in the last 24 hours, as a result of COVID-19. It is a very difficult thing in these times. And they, and the other 86 families of people who have passed away, are in our thoughts, and in our hearts, every day. Every person is important. Every case is important. And that's the way that we're trying to address this issue together in BC.

I wanted to note, we have, as Dr Henry said, 109 people in acute care hospitals. That's 55 in Fraser Health, and 35 in Vancouver Coastal Health, 11 in Interior Health, five on the Island, three in Northern Health, for a total of 109.

Just to put it in context, we have 4,268 available beds. Our occupancy rate is about 61.7%, which is slightly higher than it was a week or so ago. The occupancy rate in critical care is 45.8%. Importantly, I wanted to talk briefly about emergency room visits. There were, on March 9th, 6,559 emergency room visits in BC in that day, which was a typical day in that period. That number dropped to April 6th, when the number was under 3,000 -- 2,995.

Yesterday, the number of emergency room visits was backup to 4,015. It's one of the reasons why Dr Henry and I have been saying to people that the health care system is there for you. There are many, many people struggling with non-COVID-19-related conditions right now. And that system is there for you. I think people are listening. I see the return towards more normal levels -- still well below what it was before, but more normal levels -- as a good sign in the sense that people are seeking out care when they need it. And I want to encourage people to always, always, always do that.

I want to bring further updates on issues around personal protective equipment, and in particular, with respect to respirators. There are always questions about these issues, and there is some discussion, and there has been some discussion in other provinces. This is why yesterday I talked about the importance of the testing that we're doing of all new PPE in BC before it's put into service, before it's used by health care workers in BC.

And just to say that we have -- because there is a lot of talk of different equipment -- that N95 respirators are a particular disposable particulate mask that is worn on the face, and covers the nose and mouth. It's used to reduce the wearer's risk of inhaling hazardous airborne particles, including biological agents, such as bacteria and viruses.

The 95 in N95 means the respirator filters out at least 95% of airborne particles. A respirator will only work if used correctly. Thus, the key elements for respiratory protection are fit testing and training of each worker in the use,

maintenance, and care of the respirator. Occupational health and safety teams undertake fit testing and education with health care workers prior to them donning respirators to ensure their safety.

N95 is the certified standard code used in the US and Canada under the National Institute of Occupational Safety and Health, or NIOSH. And while 3M is our traditional supplier, other manufacturers can and do produce N95 respirators. It's about the standard, not the brand.

There is something called a KN95 respirator, which you will have heard about. It has equally effective properties as the N95 respirator. The difference in name is reflective of the different certification systems used in China. But the KN95 is standard code for other countries, such as Australia, New Zealand, Korea or Japan.

To expand the availability of N95 respirators during the pandemic, equivalent alternate standards have been deemed acceptable by Health Canada. This includes respirators that are approved or certified and are standards used in other countries that are similar to NIOSH-approved N95 respirators. For example, this includes KN95 respirators.

I wanted to say in that context, give a summary of the PPE we've received through our own efforts as well as from the federal government. With respect to N95 or KN95 respirators -- and all of these require testing and are being tested before being put into service -- we received 3.7m N95s and KN95s. Approximately three million of those are N95s. This is principally from China. Surgical masks, one million. Face shields, 300,000. Gloves, one million sets. From the federal government -- and these are tested and in the system -- N95s, 98,700. Surgical masks, 918,000. Gloves, 224,400. As you'll know, Alberta is sending us 250,000 N95s, which is a 3M product and therefore will not require testing.

As well, we're receiving many donations, and we're very appreciative of that. I wanted to bring people up to date as to where we are on the extraordinary efforts being led by both the health authorities and the Ministry of Health to ensure that people have adequate protection in our health care system.

I also wanted to do a brief update on some of the improvements to primary care that have taken place in the province in the last month while we've obviously been focused on other things. Three new urgent and primary care centres have opened in permanent locations. In Vernon, the UPCC is now operational. It's permanent location. It opened last December at a temporary location at 3306A 32nd Avenue in Vernon. In Abbotsford, as of April 17th, a new UPCC has now opened at 100-6292 Clearbrook Road. It's currently functioning as a COVID-19 assessment site and will transition to a UPCC at an appropriate time. And in Castlegar, as was announced last month, a new UPCC opened April 6th at the Castlegar and District Community Health Centre. It's just to say that we're continuing to work and work hard to ensure that primary care in particular, in a time when primary care and UPCCs have, I think, shown their worth is continuing to develop and expand even within the challenges of COVID-19.

Finally, I want to just highlight the town halls that are taking place in all of the health authorities. I want to thank all of the MLAs involved, all of the CEOs and medical health officers involved. Last Friday, Bowinn Ma and John Yap hosted a town hall with Vancouver Coastal Health. That had more than 17,000 tuned in. Yesterday, Rachna Singh and John Martin, two of my colleagues in the Legislature, along with CEO Victoria Lee and medical officer of health Dr Martin Lavoie, hosted about 8,000 at a town hall.

Tonight on Vancouver Island, Mitzi Dean, Sonia Furstenau, with CEO Kathy MacNeil and medical officer of health Dr Richard Stanwick will be hosting at 7:15 a virtual town hall.

On the 22nd, tomorrow, Northern Health, will be hosted by MLAs Mike Bernier and Doug Donaldson with CEO Cathy Ulrich and Raina Fumerton, who's the medical health officer there.

On Thursday, April 23rd in Interior Health, colleagues Norm Letnick, Katrina Conroy and Dr Sue Pollock and Susan Brown, the CEO of Interior Health, will be hosting a town hall.

I, again want to express my appreciation to all of those involved and the thousands of British Columbians who are asking questions.

Finally, I wanted to say that the Premier has said that he's leading an all BC government approach on how to best move BC forward. This involves all ministries and all agencies. And as he said, we need to be, in every case, directed by the science. He'll of course be saying more in the coming weeks about BC's ways forward, updating everyone regularly, as he's doing and will do tomorrow.

For my part, I'm focused, obviously, on the health care system and restoring scheduled surgeries. That's a huge effort that involves Deputy Minister Steven Brown, Michael Marchbank, who has been appointed to lead this task, and many more. We're looking at all of these questions, understanding the impact that the cancellation of surgeries has had on people and the need for people of those surgeries.

Everybody involved, from Dr Henry, to Steven Brown, to Mr Marchbank, to all of the people involved, are all in in that work and preparing that work. I guess I want to say this, though. It's still dependent on all of us being all in on flattening. All of us driving the number of new transmissions of COVID-19 down. All of us doing what we can do from washing our hands to staying home when we're sick to make sure that we can do everything we can to flatten the curve so we can return not to the old normal, but to a new normal that allows us to function more and more openly as a society, as a group in BC. I want to thank everybody for all they're doing and say a few words in french, and then we'll be happy to take your questions.

Q & A

Reporter: Doctor Henry, you've been asked by a number of industries. We wanted to ask you a question about the film and TV production sector. The Premier has spoken of this as an important sector for BC What are your thoughts about how film and TV production could resume in BC? This work is done on sets where it's a lot of close quarters work. People share eating buffet meals and work in the same settings. Is there any thoughts on how this industry could start again?

Henry: I think it's the same question for all industries that we're thinking about. There's more or less risk to different types of industry. What I'm saying is that there needs to be guidance that we're putting out that talks about how do we best protect the safety of those who are working there, people who are involved in it, and, importantly as well, our families and our communities here in BC.

There will be restrictions around numbers of people that can be in an area at one time, around the physical distancing, around the hand hygiene, around being absolutely certain that people are not coming into the environment if they have any illness. There's also times when we can't physically stay apart from each other, so is there ways that we can try and make that less risky? And things like wearing non-medical masks for certain situations may be helpful.

Within those parameters of how we make sure that we're not setting up a situation where we're going to have lots of contact between people that will then allow for spread in our community. Those are the things that are most important. I talked about this yesterday with the restaurant industry. I'm looking to industry to say how can we do that within those parameters for the coming months, recognizing that this is not forever. This until we reach a point where we can get back to a much more normal. That has to do with the amount of immunity in our population and the behaviour of the virus over time.

We've said it before. A lot of it depends on having a vaccine, and that's what's going to protect us the most. But between now and then, there's ways that we can open up our communities, open up our businesses and still maintain that important safety factor that protects us all.

Reporter: Just following up on another question. There are some businesses where I imagine you can't get rid of the close contact if you're thinking about massage therapists, physiotherapists, dentists, getting your eyes checked. I know

there are a number of people who are looking forward to getting back to being able to access some of those health services.

I'm wondering how does that look in the new normal? Businesses, I guess, would have to be able to deal with a level of risk in case any one of their employees came down with it, and what that would mean in the community.

But also a lot of these appointments are scheduled back-to-back. I'm wondering what you envision that new normal in the next year and a half might look like?

Henry: Exactly. You've touched on some of those important points.

Yes, I do think it's important for us to get back to physiotherapy. We know it's really important for people who are recovering from those surgeries that are going to start again, for example. We know there's dental procedures that need to happen. But we need to do it in the context that recognizes that we are at risk as a community, and we are at risk individually in our practice.

Yes, we need to look at not having everybody sitting in the waiting room at the same time. It may mean that we have people coming in at set appointments. We may not be able to see as many people in a day. But we have to do it in a way that we have the appropriate protections in place. We have hand hygiene available. We have separation for the reception staff, for example. For people sitting in a waiting area, making sure that we can minimize the number of people. It's going to take differences in our flow-through in how we do that. It's going to take us to be very vigilant about our staff and about us, if we're feeling unwell at all, to stay home.

Also we need to understand the impacts in the community if we start to allow other things to happen as well.

If I'm working in a higher-risk environment, like in a dental office, or physiotherapist's, then I need to still be vigilant at home. That I'm not having lots of other connections, because I'm more likely to get sick, I'm more likely to bring it into my practice, or bring it back into my family life. Those are all the things that we need to start thinking about, where we can find that balance where we increase what we're doing, but it's not going to be right away back to what it was before, when we had lots of people sitting together for periods of time, then we have close contact with them.

I think those are some really good things to think about. How do I make sure that we don't have all the workers coming in sick and not recognizing it? A couple of outbreaks that we've had recently have expanded because people have not paid attention to even having mild illness, and that presenteeism that we have. I know it's very strong in health care. We feel like we need to be there, because people are depending on us. We need to be really careful about that for the next year. That cannot change. We need to be able to stay away from others if we're sick. Be able to clean our hands regularly. Be able to maintain safe distances. Putting in barriers that protect us from spreading our droplets to others. That may be a mask, that may be physical barriers like plexiglass.

Reporter: We seem to be looking to the future more and more these days. When we talk about a vaccine being developed, the timeline is often a year. But once it's proven to be effective, to whatever degree that might be, it's then going to have to be deployed.

I saw some polling today that suggested about 73% of Canadians polled right now say they would be willing to get vaccinated, were one developed.

I'm wondering your thoughts on that issue. Do we know what kind of compliance to a vaccine program is going to be necessary in order to provide adequate herd immunity once we get to the point where we have a vaccine? Do we have any idea how long it might take to deploy a vaccine once one is developed?

Henry: Good questions. We have a little bit of an idea, and part of it comes from the planning, and we go back to our pandemic influenza plans, where vaccine is very much a part of that planning process.

We do have plans across the province and in Canada for mass vaccination clinics, and for also how do we determine the sequencing of immunization? It doesn't mean that everybody has to have this. Certainly we don't have any mandatory immunizations in this country, and I would not see us as having mandatory immunization for this, either. But it is incredibly important that we do what we can to protect those who are most vulnerable to disease.

I would see people like health care workers being first in line for the vaccine, as well as our seniors and elders, as well as people who have immune compromise or underlying conditions that make them more at-risk. We've been thinking about that quite a bit. We do have a framework for how we roll that out, and it can happen quite quickly. We have seen that in 2009, with the pandemic influenza vaccine when it was available.

It was done, more or less, well in different places. I think we have learned quite a lot from that. It could be in a matter of months that we would have it available and rolled out to people across the province. We would be looking at targeting people most at risk to start with.

Reporter: Just regarding that outbreak at the chicken processing plant. We've got, of course, that massive outbreak at the meat-packing plant in south Alberta and now this one.

I just received an email from someone, anonymously, who says his wife works in a chicken processing plant in the Tri-Cities, and at least one employee there has tested positive.

Are you considering having more inspections at these places where people work in close quarters, and perhaps social distancing is not being observed at the work site?

Henry: Absolutely. In Vancouver Coastal there are several plants that are owned, as I understand at least one other, that's owned by the same company. It will be inspected. I'm not aware of any others having any confirmed cases at this point. But yes, we are very concerned, and of course we are watching what was happening at High River.

One of the differences, of course, is we don't have the same communal living concept here with these plants as the one in High River, but we need to make sure that things are being done appropriately.

This is a federally-run plant, so the Canadian Food Inspection Agency is responsible for ensuring under the Safe Food for Canadians Act, and part of the requirements are that they do have a plan for managing in the conditions of COVID-19. Yes, I know Vancouver Coastal, and we've been talking around the province not only for federally-inspected plants, but the provincially-inspected plants to make sure that people are following the guidance.

Again, I've talked already about the importance of recognizing if you're not feeling well. If there is illness in the environment, that people need to be staying home, and we need to hear about it. Testing is available for anybody with symptoms of COVID-19, and we will follow up and do the investigation. That's how this was uncovered. It also speaks to recognizing that even essential workplaces have to have precautions in place, and have to have awareness and monitor staff for illness and ensure they are taking the appropriate steps to protect people who are working in those environments.

We will be stepping up for sure.

Reporter: You had alluded to the resumption of non-urgent surgeries. Can you expand on that a little bit, with a timeline, if possible?

Adrian Dix: The timeline is that we started working on this before the decision was taken to cancel what are defined as non-urgent elective surgeries but were truly scheduled surgeries. They're all important and they're all significant. People require them in the health care system. That work has been continuing since that point. It will require a very significant effort that will involve everyone involved in medicine, hospital, acute care across the province.

Obviously, we have to be prepared and make all the considerations to ensure that it's safe at this time, which means adequate PPE. That's why I was emphasizing that question earlier. It requires an assessment now of waitlists now that we've cancelled a very significant number of surgeries. That work is happening now. It requires a few things to happen. It requires us in these weeks to continue flattening the curve. That's important. It requires enormous and significant planning to start again, and to decide what priorities are and what surgeries can be done most safely at this time.

It requires us being certain that our acute care facilities are able to deal with this and individual cases, and across the system properly. Look, this is important and we're all into it. I think once we get going, we have to, in the safest possible way, give the same kind of effort we've made in the last weeks and months since January in addressing COVID-19 in BC. We have now a significant challenge and people, all of them, need that surgery. We have a lot of work to be done. We're starting that work now.

We're starting the planning now. It involves a lot of health care professionals. It also involves patience and talking to those patients about their circumstances. That will be a requirement in advance of beginning as well. What we talked about earlier, what Dr Henry has talked about for the last week or so, is ensuring that people are confident in returning to health care settings. We're seeing that happen in the emergency room over the last week and, really, since April 6th. That's a good thing, in a general sense. We have to talk to patients, those waiting to have their surgeries, about their level of preparation as well. A lot of work will go into it.

It is all dependent on us continuing to be 100% all-in in flattening this curve, doing all the things we need to do. The most important of those things is that if we're stick, stay home. We need to continue to do that and all of the other things that Dr Henry advises and, of course, our part of Dr Henry's provincial health orders.

Reporter: I'm looking at this new normal and I'm wondering what advice you have for team sports organizations like hockey and soccer, in terms of both whether they have a season starting or whether they're planning their registrations and schedules for the fall.

Henry: Yeah, really good question as well. I don't have the perfect answer for that yet. I do think -- and it's one of the things we're looking at. I think it's really important. We know that it's less risky outside than inside. We know how important it is to have physical exercise, particularly for young people, over the summer months and into the fall.

I think there are ways it can be done. We need to look at how do we do it safely so that we're not sharing water bottles, sharing food. We're not coming together in ways where respecting those distances, those safe distances, but still being able to carry on. We are also thinking about the numbers of people that are involved and we may have to limit that for a period of this summer, for the coming year, so that we don't have large crowds watching games, for example.

I think all of those things are things that I can give some parameters around. I need the people who are involved in setting up those types of team sports to think about how we can do it in this new normal for now, recognizing that it's not going to be forever but it is going to be for this next season. We need to find ways to do it that allows especially young people to get out there and to be physically active and be together.

Reporter: Yesterday, you spoke about opening up the COVID-19 testing to anyone with symptoms and then using contact tracing to go back. It's sort of like what we did at the beginning of the outbreak. This time, we're going back and contact tracing 48 hours before a person was symptomatic. It seems like that's going to be an enormous undertaking in terms of labour and people, tracking down all these cases, isolating them, figuring out what buses they were on, what stores they went into, who they came into contact with.

I was wondering if you could just kind of describe the sheer logistics of what this entails, compared to anything we've done before in the province. Do we need more staff to do this? What happens if we get to the point where we discover people might not have any symptoms at all and still be spreading that? How do we contact trace that? Just finally, can you update us on whether we're thinking of using mobile phone contact tracing apps in the weeks ahead as we deal with this?

Reporter: I'll start by saying this is what we do, this is what we have been doing from the very beginning. That's the work of public health. We do this for all of our reportable communicable diseases and, from the very beginning, we have been taking histories from cases for that 48 hours or longer before their symptoms started. It's to find out where they've been, what they've been doing, but also people that may have been in close contact. It speaks to the asymptomatic spread as well.

What we do know is that most of this is spread between people who spend time together. So, indoors, having a meal with somebody, being in a meeting room with people for longer periods of time when we have even mild symptoms, sometimes. The jury's out about how much asymptomatic spread there is. We do know that when you have those close contacts, when somebody is talking, when you're in a close environment together within a metre, those are the situations that we know this is transmitted. We know it's transmitted mostly to the people that we are closest with, and that we bring it home to our families -- particularly, our elders and others in our families.

We bring it into our workplace. We sit and have lunch with people. That's where we spread it to each other, or we're in the break room together. Those are the types of settings where mostly it is spread. Those are the things that we try and find in public health. That's the work that we do and have been doing. Yes, we've ramped up the people who are able to do that, and also who support us in monitoring cases, people who are infected, who are being isolated at home, as well as the close contacts. We want them to stay away from others. If we know you've been in contact with somebody who's a case, we want you to stay away from others for the period of the incubation period so that if you get sick, you're not passing it on to anybody else.

Yes, that is the work that we've been doing. Yes, we've been ramping it up. We expect to do it more, coming into this new phase where we are much more focusing on everybody in the community now and detecting those people.

In terms of an app, we have been using some apps voluntarily in some parts of the province already to help facilitate that ongoing connection with people after they've been identified. There is an initiative nationally to look at an app that people would voluntarily put on their phone. Of course, we're very sensitive to the privacy issues around that. I'm not entirely sure yet whether we're going to be part of that here in BC. There's lots of different apps around the world. There's the one from Singapore as well -- it's called TraceTogether -- that I know Alberta is looking at in some detail. We are also in BC. One of the things that I found is that there's a whole lot of people that have apps that we need to sort through. The federal government, the Public Health Agency of Canada, has done quite a bit of that work. We are looking at what could be helpful for us, mindful of the privacy aspects that we're all concerned about.

Reporter: Sorry to sound a bit like a broken record. With the weather getting better and physical distancing still a major issue in the Metro Vancouver area, Dr Henry, how close are you to expanding public safety orders so that they include high-traffic parks and beaches?

Henry: I'm not sure entirely what you mean. Do you mean forbidding people from going there? If that's what you're --

Reporter: Restricting access, if you could. Because it seems like people aren't listening. And we're seeing lots of crowds in high-traffic areas.

Henry: I'm not. I do believe, and I have said this repeatedly, how important it is for us to have access to outdoor areas, particularly in urban areas where people being cooped up inside can lead to a lot of other anxieties and challenges and problems, including mental health problems. What we need to do, is if we're having challenges in certain parks and certain areas, we need to look at -- with our municipal planners, with the bylaw officers -- look at how we make it so it is easier to maintain those physical distances.

And there are some things that we know are really helpful, like having one-way routes around parks and beaches and other places. Also, closing roads, so that we have more space for people, less for when we don't need cars. And that is certainly something that is happening in Vancouver and some of the other municipalities. Those are the things that I

think are more important. It is also, we need to look at how do we increase our ability to be outside in a safe way over the coming months.

Reporter: Can you confirm when the first case was confirmed at United Poultry? Did the outbreak protocol start immediately at the plant? Or were all the cases detected at the same time?

Henry: Vancouver Coastal was notified on Sunday of a positive case. And as part of the case investigation, we always ask where somebody works. And it became apparent that the person who was identified felt there were others at the workplace who were ill as well.

So on Monday, Vancouver Coastal went into the plant to do an inspection. And, of the people who were at the plant on that day, anybody with symptoms was tested. So those results have come in in the last 24 hours. They are working with CFIA. The plant was closed down. And an outbreak investigation is ongoing. [sss, adv, agg, mjag, mcfd, ctz, edu, embc, empr, env, fin, forr, hlth, tnf, jtst, lbrr, mhaa, maz, pjjh, pssg, msd, tacz, tran, dbc]

From: Ryckman, Scott GCPE:EX
Sent: April 20, 2020 4:28 PM
To: Smith, George PREM:EX
Subject: Henry/Dix - COVID-19 update - transcript

Media Availability, 20-Apr-2020

Henry/Dix - COVID-19 update

By Legislature Press Theatre

Adrian Dix: Before we begin, I just want to express our deep sense of condolence and grief to the people of Nova Scotia and to all the families involved in the terrible murders that occurred there. It's anyone who has had anything like that close to their family knows what it means to people, the grief people are feeling today and will feel for a long time. We just wanted to express our solidarity with them.

In terms of briefings this week, there'll be briefings Monday, Tuesday, Wednesday and Thursday, all at three o'clock with Dr Henry and me. On Friday there will be a written statement at three o'clock with information about progress on issues on that day. And then on Saturday at noon Dr Henry will be briefing.

With that, I'd like to introduce Dr Bonnie Henry.

Bonnie Henry: We are updating on two reporting periods today -- April 18th to 19th, and 19th to midday today.

For our first period from Saturday to Sunday, we had 29 new cases test positive here in BC. In the past 24 hours, we've had an additional 23 people. That brings our total up to 1,699 people who've tested positive to COVID-19 here in BC. Our total new cases since our last report on Saturday is 52. That includes 700 people in Vancouver Coastal Health region, 705 in the Fraser Health region, 102 in the Vancouver Island Health region, 153 now in the Interior Health region, and 39 people in Northern Health.

In terms of outbreaks, we have one new facility outbreak. A long-term care facility, Chartwell Willow long-term care. That brings us up to 20 long-term care or assisted living facility outbreaks, and one in an acute care centre, with 307 cases associated with those outbreaks. We have a number of resolved outbreaks, including one at the Delta View long-term care home in Fraser Health, and the outbreak we had at the Okanagan Correction Centre -- the provincial correction centre in the Interior, where we had just a single case identified. We've gone through the incubation period with no further cases being identified there.

The other outbreaks that we've been following, there's no change to the agricultural centre outbreak in the Interior. We are now up to 75 people with COVID-19 associated with the Mission federal institution, including 64 inmates. In addition, we've now come to understand that there has been transmission to people who have come back to BC associated with the Kearl Lake project in Alberta. That's north of Fort McMurray. We have seven people that we've identified directly related to that, and additional people are ongoing and being tested.

We know from our colleagues in Alberta that an ongoing investigation is happening in that community, and there's concerns about people who may have travelled to other provinces as well as here to BC. Right now I am ordering anybody who has been in the Kearl Lake project since March 15 and has returned to BC, that they must self isolate for 14 days after their return. For many people, this will mean their return was over 14 days. If they had symptoms during

that period of time or they continue to have symptoms, we want you to connect with 8-1-1 and tell us about that. As well, anybody who has returned in the past two weeks must continue to self isolate until the incubation has passed. If you do develop any symptoms, then again to call 8-1-1, to call your health care provider or your local public health office so that we could have you assessed and tested if need be.

We recognize as well that some people who were in Alberta and have returned and had some illness may have family members who are now suffering from some illness related to COVID-19. If that is the case, then we again would like you to call 8-1-1 so that we can assist you in being assessed and understanding if this indeed is COVID-19.

Both Interior Health and Northern Health have had individuals who've come back and tested positive from the outbreak in Kearl Lake. They are doing contact tracing and have identified all of the close contacts of those individuals that we know about at this point. We expect that there will be more people. We know that there is people coming back and forth between places in Alberta and here on a regular basis as part of the essential work that they do.

We also want to remind people that we have fairly extensive guidance in place for these types of camps and industrial settings here in BC. We are continuing to ensure that the guidance that we have provided to make these camps as safe as possible and to identify anybody who might have illness as early as possible, that these guidelines are being followed closely.

In terms of the cases we have in BC, we have 104 people who now in hospital. Of those, 49 remain in critical care or ICU. On a sadder note, we've had five additional deaths in the past two days -- three on Saturday and two yesterday -- bringing our total to 86 people who have died from COVID-19 here in BC. Our hearts go out to their families. We have, as well, 1,039 people who have now fully recovered from COVID-19.

There is a number of things that have been in the works over the last few weeks, and I want to talk about a few of them right now. One, the announcement earlier today of our rural, remote and indigenous support strategy, that the framework that has been underway for some weeks. But the Premier announced this framework today. It is welcomed by us as a way to recognize and proactively support our communities that may have had limited access to the level of health care that we find in the larger urban areas. It enables us to provide more on-site testing and faster access, both to testing and to primary and urgent care and other supports, and to coordinate that effort and response across the province.

Very particularly, it is one of the things that we are doing. It forwards the important work that we are doing together on reconciliation, recognizing that our First Nations and indigenous peoples in BC come from a place where they have not had as much of the supports that we've had in other parts of our society here, and they have been severely affected in past pandemics in BC, in Canada and around the world. This is an important step to making sure that we put in the appropriate extra supports they need, and particularly to focus on protection of our elders in our First Nations communities, recognizing the vital role that they play in maintaining culture and language in many communities around the province.

Additionally, I wanted to talk again about our testing strategy. As you know, and as I've mentioned a couple of times in the last few days, we evolve our testing strategy based on our changing situation here in BC. Early on, we had a very broad testing strategy, testing particularly returning travellers and making sure we were very sensitive about finding anybody who might have the disease here in BC. Plus, we had a community testing strategy based on our influenza surveillance network.

When we started to get more community spread, we transitioned our testing strategy to focus on the highest risk and most vulnerable areas. Particularly outbreaks, those who were critically ill or needed hospitalization, health care workers and people in long-term care.

We're now using testing again, and as of about 10 days ago, to help us quickly identify and address any new community cases and outbreaks. For example, picking up the cases of people who had returned from places like Alberta. We want

to avoid another spike in community cases. That's why we are changing the strategy again, to open it up and ensure that we continue to find everybody who needs to be isolated and where we need to be contact tracing in the province.

Right now, anyone with symptoms of COVID-19 can now be assessed and tested, either through your family physician. If you have your nurse practitioner or a local community collection centre, you can call 8-1-1 to find out where those are.

While everyone can get tested, not everyone needs to get tested. That's very important. If you do not have symptoms, this test has very limited benefit and is not necessarily valid. It is for anybody who has symptoms now of COVID-19. Cough, fever, shortness of breath -- those are the things that we're concerned about -- or if you've had contact with somebody who you know has COVID-19 or has been associated with one of the outbreaks that we know. Now is the time where we've broadened again our testing so we have a better idea of anyone in our community who may have COVID-19 going forward.

And this, of course, is part of our strategy for where we are going to go, as we continue to bend and flatten and stop the transmission in our community. There's been many questions about how things are going to change, and when.

We are not yet through the storm. We must remain vigilant, and our testing strategy is part of that. We can only make those changes that we want and need to do when we have a sustained downward trend in people who are getting sick with COVID-19 in our province.

As we've said, we are not expecting any changes in April, and if we look at the trajectory and the modelling that we've presented, we're looking at the middle of May, if things continue to go the way that they have been going.

We've been learning from other jurisdictions and we've been doing a lot of thinking about what this will look like, and how we can do it in a measured way that gives us that bit of space between opening things up and finding a new normal to get us through the next few months, versus opening things too fast and having people come together and getting exponential spread of this virus in the province.

Our new normal for the next coming months will still have restrictions. Restrictions on numbers of people who go to weddings, to funerals, regular religious observances and gatherings. Restrictions on things like concerts and festivals and parades. And on travel, both within BC and beyond.

We will continue to require everyone to follow orders, including, as we've talked about, having gatherings as small as possible. The order says no more than 50, but that's only if you can maintain those physical distances between people, and you have the other appropriate things in place to prevent opportunities for transmission.

Keeping our distance from our elders and seniors and those who are more vulnerable to severe illness from COVID-19 will continue to be essential.

Avoiding non-essential travel, though we want to make sure we have opportunities to connect with our families, our friends, our support networks in a way that we're not doing right now when we're still in the middle of the storm.

Absolutely being incredibly sensitive to staying home and staying away from others if we have any sort of illness at all. And self-isolation as we need.

We need to think about how we can manage our businesses, how we can manage opening things up within those parameters, and how the essential businesses are operating today is a model that we can think about going forward.

Different business sectors need to start thinking about that now. How can you continue your business in a modified way? It may be hybrids through the coming time. Particularly making sure that anybody who is ill is not coming into your business, including your employees.

Physical distancing, maintaining our safe distance from each other. Limiting workers and customers and the numbers of people on site.

Using technology to work in the ways that we've learned in the last few months. And ensuring you have enhanced hand hygiene and enhanced cleaning abilities.

Our new normal is going to be a modification of the things that we have had in place for the last few months.

We also need to recognize that it's going to be trial and error, and a challenge for us to find that important sweet spot where we can maintain some connections without putting ourselves and our community and our health system at risk.

We will be talking more about this in the coming weeks, and coming up with plans together to get us through this next phase of our pandemic.

We now, though, must continue to hold our line. I understand the hardships and sacrifices that we have all made in the past six weeks. We have to ensure that we don't let up too soon and waste all of that important work that we have done together.

I want to thank everybody for what you have been doing, and what we will continue to do together, and to remind you to be kind, and, when doing this, to be calm and to be safe.

Dix: Thank you very much, Dr Henry.

First of all, I want to join Dr Henry in expressing our condolences to all of the families, the care givers, the friends of the three people who passed away from Saturday to Sunday, and the two people who passed away from Sunday to Monday from COVID-19 in BC.

This is such a difficult time for everybody, but it is an even more difficult time for that group of people. We are thinking of you and understanding your grief, I think. We wanted to express our condolences and our thoughts because while there is always, in these presentations, some news that is positive and other news that is not, no presentation can be seen as positive when it involves people who lose their lives.

We are with you, we are thinking about you today.

Dr Henry's talked about the 1,699 people who have tested positive since January for COVID-19 in BC. In hospital, that's 104 people. Fifty-two in Fraser Health, 11 in Interior Health, six on Vancouver Island, three in the Northern Health Authority, and 32 in Vancouver Coastal Health.

I wanted to acknowledge all of the work that has been done by public servants, especially in BC, in supporting self-isolation for people returning to BC from international travel, or coming to BC from international travel. That's 137 people who are currently housed in provincial-supported quarantine in BC. In that group of people, and thousands more who are being supported in their own self-isolation, we want to recognize their work.

If you think of the 104 people currently in hospital in BC, there are also 4,309 empty beds in BC that are available at the moment. That's 61.3% capacity that's filled right now. That gives you a sense that it's slightly more than last week, of people who are in hospital. But in critical care units, that's 45.3%. We continue to have the ability to serve people.

I wanted to note that we had 3,548 9-1-1 calls yesterday. That's down from the March 9th period, when it was about 6,500. But it's also up from a week or so ago.

While people having to call 9-1-1 is never good news, it's important for everybody to recognize that the health system remains available to you. If you need to call 9-1-1 for whatever reason, you can. If you need to visit an emergency room,

you can in BC. There are outstanding health professionals there who will assist you. It's important, we recognize in this time, that people are struggling with other things than COVID-19.

I wanted to acknowledge all of the health professionals who have reregistered. That's 71 physicians, 1,245 people in nursing, from registered nurses to nurse practitioners to LPNs to registered psychiatric nurses to care aides who have reregistered in this time.

We so appreciate and recognize the service.

There has been, and is, continuing concern and interest in personal protective equipment, such as masks. We continue to receive a significant amount of PPE from international sources. But as you're seeing from the international media and from the national media in Canada, and from other jurisdictions, it's a real challenge to source PPE.

We're receiving PPE from vendors and manufacturers that we haven't had a previous relationship with in the past. It's an absolute necessity that we make sure that the PPE we source is safe and effective before it makes its way into our health care system.

Any alternative product or donated product that we receive goes through a process led by experts to ensure it's safe. We check to ensure the product has appropriate certification and documentation. We check the equivalency of the product against the National Institute of Occupational Safety and Standards that we use in Canada.

We manually inspect the product for tears and irregularities. For N-95 respirators, we test the seal and fit of the mask. If we're unsure of any of these steps I just mentioned, we send the mask for laboratory testing to confirm the filtration and fluid resistance are suitable for use.

In addition to that due diligence, we are committed to engaging with unions and stakeholders and health care workers before any alternative product is introduced into the system. We want to be absolutely certain that PPE is safe and effective, and, importantly, that health care workers are educated and feel safe in the product before we ask them to use it.

I need to be clear that we're approaching that point where we'll need to introduce alternative PPE. Our health care workers have done a great job extending use and conserving the products that we typically use in our health system, but it is running low.

Like other jurisdictions, we're struggling to replace our traditional products in the context of all of this global demand. But safe and effective alternatives exist. Use of alternative and equivalent PPE are on the horizon, likely within the next week, and that's why I wanted to be clear about the standards that are being employed in BC before such products are used anywhere in the health care system.

I want to say finally, just how pleased I was and that we are about what was announced by the Premier today. It recognizes the demands and concerns in indigenous communities. It recognizes the demands and concerns of rural and remote communities, ensures that people get access to care and can get access to the acute care services they need when they need them, even if that means temporarily relocating near an acute care hospital, near hospitals that have the appropriate ventilators and the appropriate level of care. And I think that what has been announced today is a reflection of our ongoing commitment to ensuring that people everywhere in BC get access to the care that they need.

And finally, just to reiterate what Dr Henry has said, on Friday we presented modelling. On March 27th, we presented modelling. That is because we want all of you to know what we know. What our considerations are. So that we all can work together for the best possible result for people in BC. There is going to be a change in the types of questions we receive. There is already in the messages I get on e-mail in the context of people with needs changed from discussing the pandemic and cases and circumstances, to how can we open up-type questions, or what about this game or this industry or whatever.

And what is going to happen over the next couple of weeks is that we're going to continue to do the work and follow the science led by Dr Henry, led by deputy minister Stephen Brown on the health side, and led by an effort across all of government from the Premier to all deputy ministers to all levels of government, to follow the science. To make the best possible results, and to establish, I think, into the future, because it is going to be a significant length of time before we provide a vaccine. Rules and directions and guidelines that will help people operate. It will be, in many cases, the responsibility of people follow those. The responsibility of government, sometimes, to enforce, but the responsibility of people to follow those, and to ensure what they are doing is safe. That it does not lead to new spikes and new transmissions. That is vitally important. That is the work we're doing now, and we will be back to you with more modelling and more guidelines and proposals and protocols at the beginning of May.

I know people are anxious to ask those kinds of specific questions, but the answer you are going to get is very similar to what Dr Henry just said with respect to this, and I think that this is the work that has to be done. We have to follow the signs. And secondly, we have to stay 100% all in, because all of this depends -- all of it -- on us continuing to flatten the curve. Continuing to reduce the number of cases. Continuing to do what we need to do to ensure those we love don't get sick.

There's a case, as you know, in Alberta, of one plant which has 358 cases of COVID-19. In the community of High River, Alberta, which has approximately 13,000 people, about the size of Dawson Creek. This can come, and we need to be careful, all the time, careful and vigilant and committed to one another. Committed the ones we love, committed to the ones we don't know, continue for the people that we are yet to know, and hope to know in our lives. We have to stay committed to one another and stay 100% all in, in ensuring that we flatten the curve, ensure that we, together, fight this fight against COVID-19 and ensure that people in BC have the best possible result.

Q&A

Reporter: Talking about opening up in this new normal and hybrid models and technology, there are supermarkets starting to introduce temperature screening outside. Can I get your thoughts, your concerns, your advice on this? Should we be seeing more of it?

Henry: I don't actually feel that temperature screening is particularly helpful. We know that with this virus, people can have very mild symptoms. About two thirds of people, two or three quarters, have a fever at some point, but not having a fever does not necessarily mean you are safe. You can have other symptoms that might be indicative of being sick. The most important thing is for people to recognize and stay away if they are not feeling at all unwell, that is a sensitivity that we are going to have to have until we have that point where this virus is no longer able to infect lots of people in our community, and that's either for people getting sick over time, or a vaccine.

So we are talking about the next year. We're not talking about necessarily forever, although these are some of the good practices that I hope come out of this for a long time. We need to have a very, very low threshold for being able to stay away from others, not going out if we are feeling unwell, even if we think it is just allergies right now. That is when you need to stay home and let it settle down.

Reporter: I just want to ask, I'm still getting requests from people or comments from people that they don't believe the everything being done right now is necessary. They want to return to their lives and they feel their rights are being infringed upon. How can we stress the importance of this any more than you already have when it comes to the importance of trying to explain to people they need to follow these rules as long this any more cases are being recorded?

Henry: It is important. We've been appealing to the better angels of our nature for the last several months, and I know it is hard for people. It is a challenge when we may not know somebody who has had this. We may not actually have somebody who is in a long-term care home. It does not necessarily touch us personally. But we have to trust and look at our communities, think about our families, think about the seniors and elders in our life, in particular. And we need to look around at what is happening around the world, because we have averted a major crisis in our province, and it is

because people have done what we have asked them to do. And what I'm asking you to do is to continue doing that for the next few weeks. And then we will be able to change, and we will be able to do it in a way that is thoughtful and a way that allows us to all continue to be safe. That is what we need to do as a community to get through this together.

And a part of it is, and I look at what's happening in some places in the US, and it is that anxiety and that fear. And it manifests in different ways for people. We need to continue to come together. We need to support each other to get through this part, even as it has become more and more challenging in these weeks. The numbers are going down, but we are not immune. We are still having outbreaks in our communities across the province. We are having imported cases, we are having people who are passing it on to their family and friends.

What is different right now, is a few months ago, even a few weeks ago, when people were coming back from a cruise ship, for example, where they might have been exposed, they were going out and doing things and exposing 70, 80, 100 people, and that meant public health had to find all those people, and that is where we got transmission in our community. And it's not that people did this intentionally. It's because this virus is insidious. It can spread to others when you are not even realizing that you were sick yourself.

So we cannot let our guard down yet. There will be a time where we can do this, but right now it's very important for us to stay the course. And when we are only having small numbers of contacts, it means we can control it, and it's not going to get the exponential growth that we have seen devastate communities in Italy, in parts of the Us, in New York City, in China. So this is our time to be patient and to continue together.

Reporter: I'm wondering if you can talk about, looking ahead, are summer camps and or day cares expected to be open this summer, and in what format? And if not, how would parents be expected to work outside the home if businesses do start to reopen and people are being brought back onto worksites, or example?

Henry: I can't tell you exactly what it's going to look like. But I will tell you, those are the things that we're asking, and we're talking to people about. I expect it will be some sort of hybrid. There may be some older children, for example, may not go back to school. They might continue virtual classrooms.

But we do need, for younger children, some way for them to be safe during the day so that parents can go back to work. But it may be some hybrid, as well, where some children are in classes certain days, and others are in other days, so that we're able to maintain some physical distancing and safe ways of doing this.

These are all things that we're looking at right now; looking at what are the best models for child care to support our early childhood educators, as well we parents and children. And it may be that parents may go back to work on a reduced schedule or a changed schedule that supports their ability to look after their kids on a modified schedule.

These are all things that we're learning as we go. We're looking at what people are doing in other countries, particularly around child care and schooling, and what we're thinking of, particularly in the coming months before summer, is are there ways that we can trial certain different methods of doing this, and see which ones work for the educators, for our teachers, early childhood educators, the educational assistants, as well as for families and for children?

So expect to see, in the coming months, some time in May, different ways of doing these. And we're having those conversations with the school districts, with the child care programs, and public health, and the superintendents, the ministries, about trying to find these innovative ways that we can safely care for children, safely get people going again in our communities, and learn from it as we go.

Reporter: The city of Victoria passed a motion last week asking the province to use its emergency powers to requisition hotel and motel rooms for people without homes, currently living in tent cities. I'm wondering what you think of that strategy and whether you'll adopt it?

Henry: And I have had some correspondence with the city of Victoria, myself, and have been working very closely with the chief medical health officer for Island Health around some of these strategies. What I will tell you is that all of government has been looking at how do we address these issues across the province in a systematic, planned, coordinated way?

And that is what I have been pushing. As I have said many times, we have two emergencies that we are dealing with. And the one -- our overdose crisis -- has been compounded in many ways, particularly for people who are homeless and under housed, people who have substance use disorders. It has been compounded by the restrictions that we have put in place to deal with the pandemic.

So what we are working on, and what you will hear more about in the coming days, is a coordinated plan that provides the housing that is needed for those who need it, and provides some strategy to support people who are dealing with and suffering under both of these crises that we're dealing with now.

Reporter: Hi Dr Henry. I realize you're still working on guidelines and protocols on businesses. But the third-largest private sector employer in BC is the restaurant and hospitality sector. And I think they're wondering is there any scenario where you would consider it safe for them to reopen or begin reopening dining room service next month? If you pushed the tables apart? You put an emphasis on more outdoor seating, and patios, and that type of thing? Or does that kind of trouble you -- the idea of those contacts and people being together in that way?

Henry: Part of it is my own personal desire to go back to my favourite restaurants. I think there are ways. And what I'm putting out there is we need to be able to maintain those decreased connections. So not getting together in large groups where we know it can be a risk, both spreading it to each other, and risk to staff in a restaurant, for example.

But there are lots of innovative ways that people can get around that. And we have seen some of that with the takeout services. So yes, I do think there are options. It's not going to be back to what we were before, unfortunately, for a time. This is not forever. This is for the foreseeable months; certainly this summer. And then we will have to think again about things into the fall, as the influenza and respiratory virus season starts, and we may need to rethink some things.

But I think there are lots of innovative ways that we can have in-restaurant dining that protects both the staff, as well as people who are coming in. And I am looking to industry to come up with those ideas of how this could work. It's going to be a challenge, I understand, for many -- particularly small -- restaurants in the coming months.

Reporter: It's really good news to hear that you're opening up the testing to anyone who now wants to get tested. But I'm wondering if you have a particular message to grocery and pharmacy retail workers, who are particularly stressed right now? I can already recount several situations where personnel at check outs are not just stressed, but they're scared, and they're openly saying so.

Some are saying the plastic shields are not enough protection, and that they feel shortchanged by their employers who aren't giving them enough direction.

Henry: I'm sorry to hear that, because actually the types of things that are really good protection are having a piece of plastic -- the plexiglass barrier between me and you -- is the way that we stop droplets from going between us. So it is actually a very effective method. And it's one of the -- we talk about the hierarchy of infection prevention and control measures -- and that is an engineering control. It's one of those things that is built in there that protects you.

So I would reassure people that that is one of the simplest and most effective things we can do to prevent transmission. So that is reassuring. I will also say that testing has always been available for workers who are sick. So it is about people having symptoms. It doesn't help to test people who are perfectly well.

So we need to make sure the things that we know make a difference, that do protect us from transmission of this virus, are maintaining that safe distance, having barriers, cleaning our hands regularly, not touching our face, and staying

away from others when we're sick. Those things work. And we have shown that they work. What you can see in the data, with decreasing numbers of cases, what we see in even situations like our long-term care homes, when we put barriers between people and it doesn't transmit the virus.

So that's things like wearing masks in the health care setting. That protects others from my droplets. So I would reassure people who are working in retail that the things you have in place are the things that are going to protect you from this.

Reporter: A week ago, you mentioned a rapid test similar to the Spartan Test that would be going out to remote communities, maybe within the next week or so. I'm wondering if you have an update on that?

Henry: This is a GeneXpert. It's a machine that can be used in the -- it doesn't have to be at the major laboratories. So it can be used in more remote communities. And we do have a number of those that have been pre-deployed to some of our smaller communities to make turnaround time more rapid.

It's the same swab that we use -- an NP, we call it -- a nasopharyngeal swab, or a throat swab. But it doesn't have to travel as far, because right now, they have to send them either back down to the Lower Mainland or to Kelowna for testing. So those have been deployed into the North, and we are ramping up the number of tests that can be done. Part of the transportation strategy that was announced today was to be able to decrease the turnaround time by making sure that those samples can get to that laboratory much quicker.

Reporter: My question is about long-term care facilities, especially some of the long-term care facilities that were at the start of the outbreaks here in BC, starting in March. I'm hearing anecdotal reports that the situation in some of these care home facilities, like the Lynn Valley one, is actually beginning to stabilize at this point, and that the people who were sick, the ones who survived, they have recovered. I'm wondering what you can tell us about the situation in the long-term care homes?

Henry: There have been a couple of them that have actually been taken off the list, because there have been no new cases for two incubation periods. The Lynn Valley care home, being the first one, has still had a trickle of cases. But, as you say, most people have recovered now. We tragically, of course, had 20 deaths in that facility.

But most people have recovered, including some really great stories of people who have recovered. There has continued to be one or two cases. So it's not yet at the point where it's over. But I agree with you, it has certainly stabilized. And the same with Haro Park, which is the other really large one.

Many of our outbreaks were caught early enough that they have a very small number of cases. But there are still some where there is active monitoring, because we wait a two whole incubation period before we say it's over. But I think all of the effort that has gone on in those homes has certainly stabilized the situation. And people are getting the care that they need.

Reporter: I was actually just wondering what kind of advice you might give to people who are looking to plan some leisure activities for the summer? Say I'm trying to plan a trip to Whistler in July. Should I go about booking that trip? What kind of restrictions might be there?

If there is a concert at the end of August, should I buy that ticket? Or maybe even students right now looking to go to university and play basketball for the school. Is that something that could be a possibility? What sorts of advice are you giving to people who are trying to make plans for the future when the future is just so unknown right now?

Henry: That's just it. What I'm saying is there are going to be a lot of things that we don't know yet. And this is a really challenging year for everybody, for all of us. And I can't foresee everything. I can say that it's unlikely we're going to have concerts, or major big events.

I do not see lifting the order on mass gatherings for under 50 people in the near future. Those types of events, we know, are risky. We know that we have lots of cases associated with -- if we look around the world -- with large events like concerts, like sporting events, like conferences. So those types of things are not going to happen this summer.

We have to be aware of that. If we're planning weddings, we can still have these events, but we have to think about doing them in a different way right now. Graduation from high school -- it's not going to be a big party where everybody gets together because that's too risky. It means that you might spread this. And if you have all of those contacts, they're going to bring it home to their families and their loved ones.

So we need to look at how we do it in a much smaller scale, with those who are close to us, and bring people in remotely to celebrate with us. I have full confidence that universities will be open next year, but it may be more of the virtual model that we saw at the end of this year. So I think we need to think about that for the next year, things will be different.

Things will be different if we get really lucky, and we have a good effective vaccine that comes before the fall. I just don't think that's going to happen. We are in for all of us, around the world. And we're seeing this not just here. We're looking at Europe, we're looking at all around the world.

We're going to be doing things differently for a year. It doesn't mean that we have to give up everything and that we're going to be in the same place that we are right now. I absolutely think we have some space. We have some space to be able to open things up, to connect with people, but not on those large-scale events. And then, once we get to that point, in a year, or 18 months, or whenever, I'm really looking forward to a really big party. And we have to remember that we will have that time again.

Reporter: My question is, we spoke earlier today to the mayor of Alert Bay who said there's an outbreak on Cormorant Island and in their community. He said people there were still partying, so they're anticipating bringing in a bylaw with a curfew, as well as enacting a local state of emergency -- non-essential travel. I guess my question is can you tell us how many people there have contracted COVID-19, and I suppose even more so, how concerned are you about hearing about this?

Henry: This is something that we've known about for some time since the cases were identified. The First Nations Health Authority and Vancouver Island Health Authority have been working very closely with the community to identify people who may be at risk, who've been exposed, and people who have tested positive. I know that the testing is ongoing.

My understanding is there's somewhere around six or eight people who have tested positive so far in the community. This is actions that the community is taking to try and prevent transmission within that very close community up there. We're working to support them in doing that and making sure that people have what they need to self isolate, that they're able to get the food, the medications they need, and are able to effectively separate in the community. [sss, adv, agg, mjag, mcf, ctz, edu, embc, empr, env, fin, forr, hlth, tn, jtst, lbrr, mhaa, maz, pj, pssg, msd, tacz, tran, dbc]

OOP FOI PREM:EX

From: Lawrie, Hannah GCPE:EX
Sent: April 17, 2020 1:50 PM
To: Grieve, Chandler GCPE:EX; GCPE COVID Communications
Cc: Prevost, Jean-Marc GCPE:EX; Shewchuk, Chris GCPE:EX
Subject: RE: IB_COVID19_Kearl Lake (002)

Sounds like it may go tomorrow – I'll keep you posted.
Thanks,

Hannah
Office 250 952-2475

From: Grieve, Chandler GCPE:EX
Sent: April 17, 2020 1:37 PM
To: Lawrie, Hannah GCPE:EX ; GCPE JIC COVID-19
Cc: Prevost, Jean-Marc GCPE:EX ; Shewchuk, Chris GCPE:EX
Subject: RE: IB_COVID19_Kearl Lake (002)

On it

From: Lawrie, Hannah GCPE:EX <Hannah.Lawrie@gov.bc.ca>
Sent: April 17, 2020 1:36 PM
To: GCPE JIC COVID-19 <JICCOVID@Victoria1.gov.bc.ca>
Cc: Prevost, Jean-Marc GCPE:EX <Jean-Marc.Prevost@gov.bc.ca>; Shewchuk, Chris GCPE:EX <Chris.Shewchuk@gov.bc.ca>
Subject: IB_COVID19_Kearl Lake (002)

Hi team,
Interior Health will be releasing the attached in about 30 min. Are you please able to share with the affected ministries?
Thanks all,

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

OOP FOI PREM:EX

From: Lawrie, Hannah GCPE:EX
Sent: April 17, 2020 1:36 PM
To: GCPE COVID Communications
Cc: Prevost, Jean-Marc GCPE:EX; Shewchuk, Chris GCPE:EX
Subject: IB_COVID19_Kearl Lake (002)
Attachments: IB_COVID19_Kearl Lake (002).docx

Hi team,

Interior Health will be releasing the attached in about 30 min. Are you please able to share with the affected ministries?

Thanks all,

Hannah Lawrie | Communications Manager

Government Communications & Public Engagement

Ministry of Health

Office 250 952-2475

Cell 250 507-1340

COVID-19

INFORMATION UPDATE



For Immediate Release | April 17, 2020

Alberta outbreak may affect workers in Interior Health region

On April 15, Dr. Deena Hinshaw, Alberta's Chief Medical Officer of Health, reported an outbreak of COVID-19 at the Kearl Lake oil sands project, north of Fort McMurray.

To date, 12 people connected with this work camp have tested positive for COVID-19.

Many residents in the Interior Health region travel to work camps in Alberta for employment and that there is potential for transmission between communities and between our provinces.

IH medical health officers recommend that people who are contacts or potential contacts from this site self-isolate for 14 days from their last exposure to the site or to their flights home.

As well, anyone in the community who experiences signs of illness, such as a fever or dry cough, immediately self-isolate for 14 days.

In all communities across IH, we need to assume the COVID-19 virus is present and stay home as much as possible, practise physical distancing, and wash our hands frequently with soap and water to prevent the spread of the illness.

-30-