



February 21, 2020

To British Columbia's Healthcare Unions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

My very best,

A handwritten signature in black ink, appearing to read "Bonnie Henry". The signature is fluid and cursive, with the first name "Bonnie" written in a larger, more prominent script than the last name "Henry".

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Settings

This document provides details about Aerosol Generating Medical Procedures (AGMPs) specifically with regard to patients under investigation (PUI) for 2019 Novel Coronavirus (2019-nCoV). The Public Health Agency of Canada has recommended that, in addition to routine precautions, healthcare workers (HCWs) follow droplet and contact precautions when caring for patients meeting clinical and exposure criteria for 2019-nCoV, unless performing an AGMP.

Patients with signs, symptoms and exposure criteria consistent with 2019-nCoV should be cared for under droplet and contact precautions, unless an AGMP is required.

AGMPs that generate small droplet nuclei in high concentration present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route (e.g., coronavirus, influenza). When performing AGMPs for a PUI including for the purpose of specimen collection, it is recommended to observe the following:

- Place patient in an AIIR (airborne infection isolation room) if possible, or in a single room that minimizes exposure to healthcare workers and other patients;
- Limit the number of HCWs to only those required for the procedure;
- Ensure HCWs performing or assisting with AGMP wear appropriate personal protective equipment (PPE): gown, gloves, a fit tested N95 respirator and eye protection (i.e. face shield);
- Observe appropriate hand hygiene, donning and doffing procedures.

AGMPs Requiring Respiratory Protection for 2019-nCoV Patients Under Investigation

Autopsies involving respiratory tissues
CPR with Bag valve mask ventilation
Bronchoscopy and bronchoalveolar lavage
Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
Intubation and extubation procedures
Nasopharyngeal aspirates, washes, and scoping*
Nebulized therapy
Open airway suctioning
Sputum Induction

* Nasopharyngeal (NP) and throat swabs can be performed using contact and droplet precautions with procedural mask and eye protection, and do not require the use of an N95 respirator. See [here](#) for more details.

IMPORTANT: this list is not exhaustive and includes common types of AGMPs. For scenarios not described, please contact your local Infection Prevention and Control team and/or the Medical Health Officer.

References:

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
https://www.picnet.ca/wp-content/uploads/Respiratory-Infection-Outbreak-Guidelines-for-Healthcare-Facilities_November-2018.pdf

N95 Supply Management: Weekly Status Report

Thursday, February 20, 2020

Overview

With the increase in 2019 Novel Coronavirus activity across the world, there has been an increased global demand for N95 respirator masks. Within BC, we have seen a significant increase in orders placed and we are taking proactive measures to ensure we maintain our stock and prevent any supply disruptions that could impact our departments. This is being done while ensuring any staff member who requires an N95 respirator mask has one readily available.

Inventory Levels

The inventory levels below are calculated based on the most recent 7 day run rate which is significantly higher than the historical usage. This is reflected in the lower Days on Hand (DOH) levels. The process controls put in place are working and it looks like order volume has stabilized, though at a high usage rate than historical.

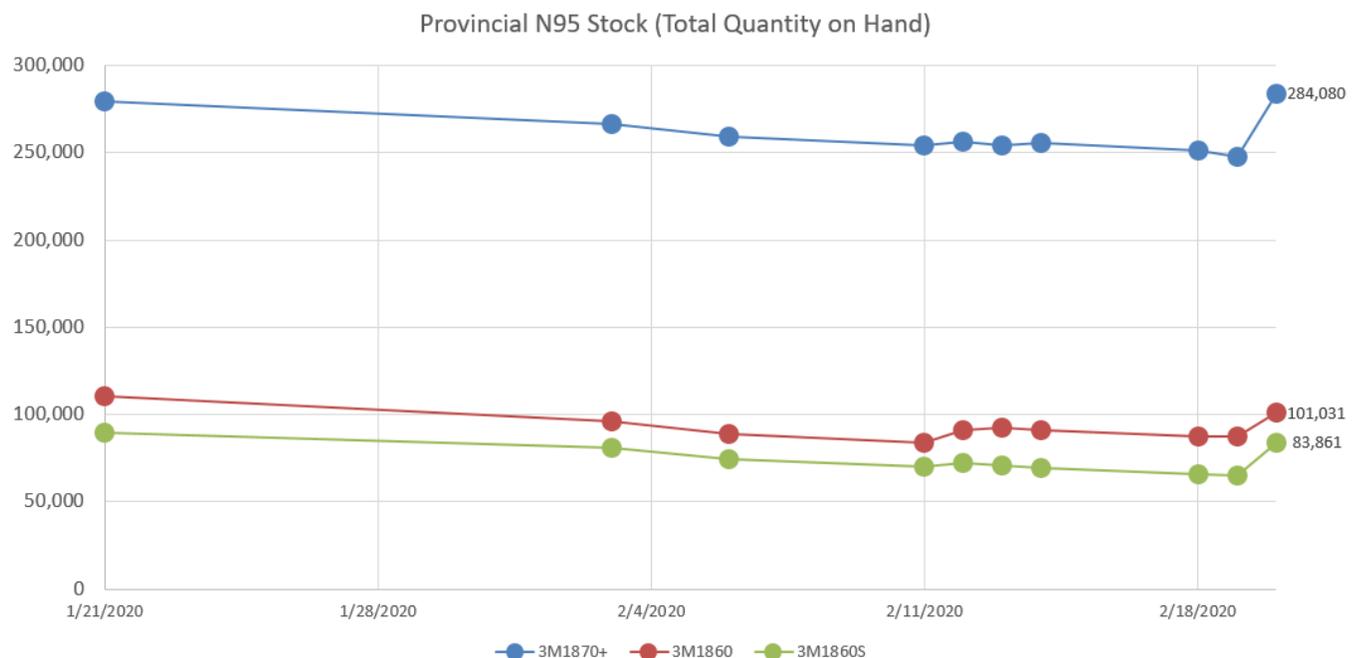
Days on Hand

N95 Model	LFC	VIHA	NHA	IHA
1870+	222	351	81	32
1860	97	72	36	84
1860S	70	64	8	45

The inventory levels include regular working inventory and Pandemic stock where it exists. Additionally we are tracking levels on procedural masks, face shields and gowns and other items. We are working with Cardinal and other partners on supply on hand sanitizer that is currently on low supply.

Our vendor partners are filling our orders based on historical demand and usage and have placed these products on allocation to ensure that supply goes to where it is needed based on a fair allocation. Inventory on N95 is healthier right now except for the N95 1869S in NHA and we will move stock as needed. A large order for all three codes is coming in later today and will further increase our days on hand.

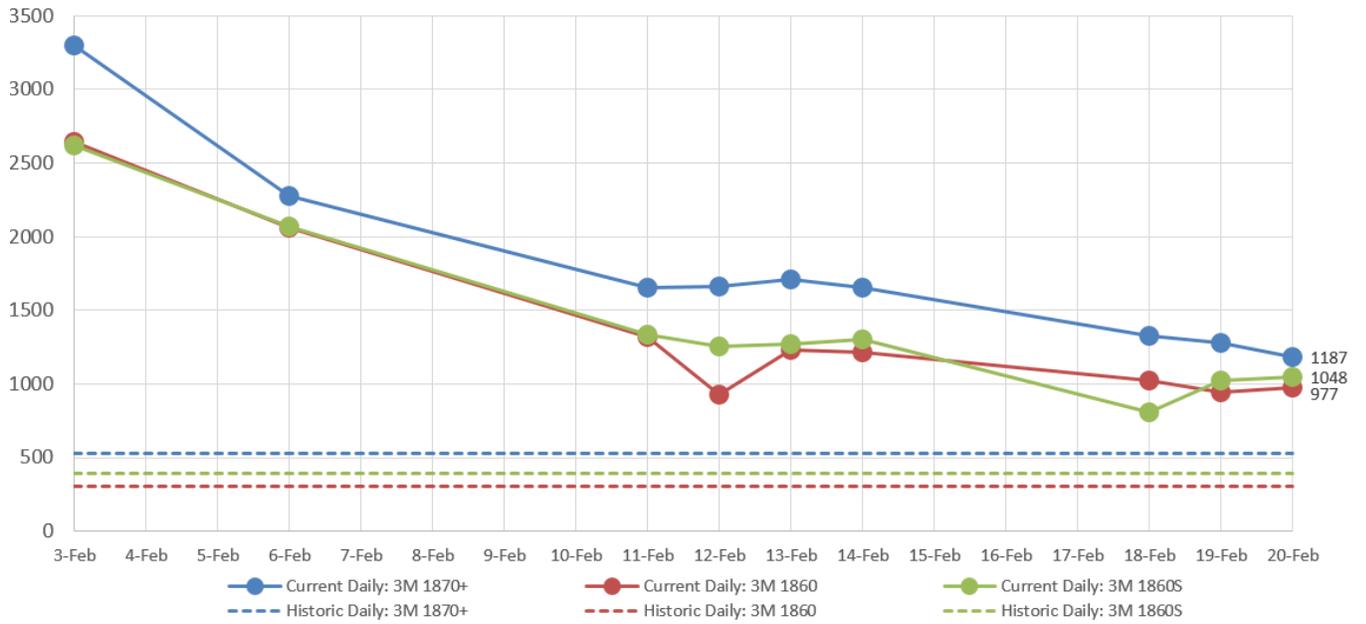
Trending Metrics



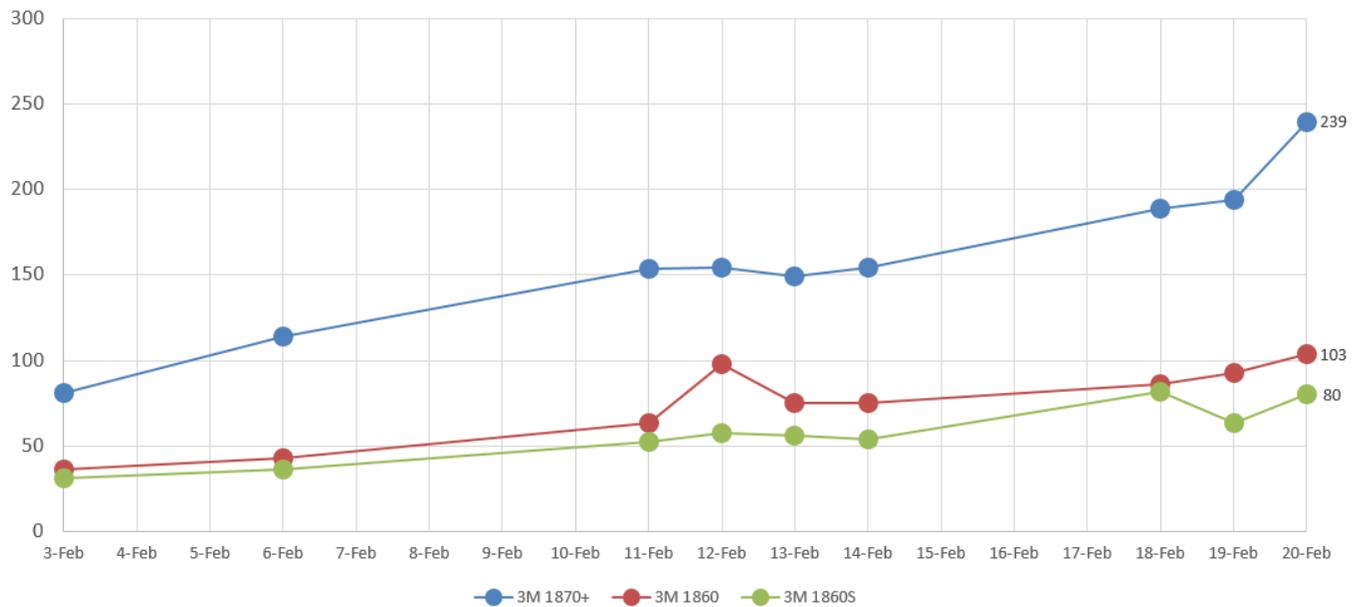
N95 Supply Management: Weekly Status Report

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Provincial Daily Usage by N95 Type (Based on 7 Day Usage)



Provincial N95 Stock - Days on Hand (Based on 7 Day Usage)





2019 Novel Coronavirus (COVID-19)



AND



Do you have a **FEVER**,
or **NEW COUGH** or
DIFFICULTY BREATHING?

Have you or someone
you know, travelled to
China in the last 2 weeks?



Clean your hands



Put on a mask



**Report to
reception or a
health care provider**