

North American COVID-19 Policy Response Monitor: British Columbia

September 10, 2020

What is the North American COVID-19 Policy Response Monitor?

The North American COVID-19 policy monitor has been designed to collect and organize up-to-date information on how jurisdictions are responding to the crisis. It summarizes the responses of health systems as well as wider public health initiatives. The North American policy monitor is an offshoot of the international COVID-19 Health System Response Monitor (HSRM), a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies. Canadian content to the HSRM is contributed by the North American Observatory on Health Systems and Policies (NAO).

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List of Acronyms and Abbreviations

| | |
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| BC | British Columbia |
| BCCDC | British Columbia Centre for Disease Control |
| CCRR | Child Care Resource Referral |
| CLBC | Community Living British Columbia |
| ESS | Emergency Support Services |
| FNHA | First Nations Health Authority |
| ICU | Intensive care unit |
| ICBC | Insurance Corporation of British Columbia |
| LTC | Long-term care |
| MSP | Medical Services Plan |
| NML | National Microbiology Laboratory |
| PHAC | Public Health Agency of Canada |
| PPE | Personal protective equipment |
| PUI | Person under investigation |
| RSV | Respiratory Syncytial Virus |
| RHA | Regional Health Authority |
| SBBC | Small Business BC |
| SPARC BC | Social Planning and Research Council of BC |
| SRO | Single room occupancy |
| TEF | Temporary Emergency Funding |

1. Preventing transmission

This section includes information on key public health measures that aim to prevent the further spread of the disease. It details how jurisdictions are advising the general public and people who (might) have the disease to prevent further spread, as well as measures in place to test and identify cases, trace contacts, and monitor the scale of the outbreak.

1.1 Health communication

The first official communication about COVID-19 was on January 21, 2020, when the Minister of Health, Adrian Dix, and the British Columbia (BC) Provincial Health Officer, Dr. Bonnie Henry, issued a joint statement (Ministry of Health, 2020a). They stated the “risk to British Columbians is considered low,” that healthcare workers should take a travel history for anyone reporting respiratory symptoms, and for anyone who may have been exposed to the virus or is experiencing symptoms of COVID-19 to contact their healthcare provider, local public health unit, or the provincial health phone line 811 (Ministry of Health, 2020a).

On January 28, in response to BC’s first confirmed case of COVID-19, the provincial government advised that “it is not necessary for the general public to take special precautions beyond the usual measures recommended to prevent other common respiratory viruses during the winter period,” which includes regular hand washing, sneezing into your elbow, and avoiding contact with sick people (Ministry of Health, 2020b).

COVID-19 Daily Situation reports from the BC Centre for Disease Control (BCCDC) summarize data compiled from each regional health authority (RHA) (BCCDC, 2020u). These reports have been released daily since March 23. They include daily epidemic curves, likely source of acquisition/exposure, and characteristics of COVID-19 cases (e.g., age, sex, and RHA of residence) and outbreaks (e.g., specific types of healthcare facilities), as well as information regarding the number of COVID-19 associated hospitalizations, intensive care admissions and deaths, summarized by age and RHA (BCCDC, 2020u). In addition, the Provincial Health Officer and Minister of Health have held televised briefings and provided social media clips on the COVID-19 crisis almost daily since March 13 (Baldrey, 2020).

On March 24, the BC government released a self-assessment tool, including a phone-based app, that provides the latest updates, resources, and alerts on COVID-19 (Ministry of Health, 2020i). Several other resources are available in the province, including COVID-19 information pages on the BCCDC, the Government of British Columbia, and the HealthLink BC websites (a provincial government telehealth service), among others.

On March 27, BC released its critical care and acute care hospitalization modelling data and considerations (British Columbia, 2020m); updated projections were later released on April 17 and May 4 (British Columbia, 2020ab). Overall, BC’s epidemic curve has been much lower than original projections: the number of new COVID-19 cases has plateaued and, in most RHAs, have substantially declined (BCCDC, 2020z).

On April 29, a new non-medical phone line available in 110 languages (1-888-COVID-19) was created by the provincial government to connect British Columbians with information about COVID-19 (BCCDC, 2020c). This service provides non-clinical information on the virus, such the latest public health

recommendations, information on closures, and availability of additional resources such as financial supports (Ministry of Emergency Preparedness, 2020).

On May 6, the Premier John Horgan announced BC's four Phased Restart Plan, indicating the province was currently in Phase 1; Phase 2 would begin in mid-May, and the target dates for Phase 3 would be between June and September, and Phase 4 will only be reached if COVID-19 threat significantly declined (British Columbia, 2020ar). See [Section 5.2](#) for details about this reopening plan.

On May 12, the BCCDC released the province-wide survey *Your Story, Our Future*, which sought to understand how COVID-19 was impacting individuals in BC. The survey was available online and over the phone (1-833-707-1900) and assistance was available in over 150 languages ([BCCDC, 2020e](#); [Ministry of Health, 2020x](#)).

On June 23, the provincial government shared its modeling and projection of COVID-19 cases for the province, indicating that the current public health practices and gradual transition into Phase 2 had been effective in preventing further spread. The MOH continued to promote social distancing and other practices to ensure that cases remained low until a vaccine or effective treatment option is established. Furthermore, British Columbians were reminded of the importance of keeping small social circles, maintaining physical distancing, and the use of a non-medical facemask when unable to stay physically apart (British Columbia, 2020bz)

On July 16, the province released the results of its initial serology testing. The study indicated the province has some of the lowest rates in North America, but there was not enough immunity to prevent a second wave. Details can be found [here](#) (British Columbia, 2020ce; Skowronski et al., 2020).

Masks have become mandatory in some locations. This includes for students and staff from kindergarten to grade 12, post-secondary institutions, public transport, health and long-term care centres, and certain retail stores (CBC News, 2020c).

1.2 Physical distancing

Physical distancing was first recommended to British Columbians in a joint statement by Minister Dix and Dr. Henry on March 7, 2020. The public was advised to forego the usual greetings, and replace physical gatherings with virtual gatherings; they also recommended residents reconsider any cruise ship travel, given the high risk for transmission in these contexts (Ministry of Health, 2020g). These recommendations were expanded on March 16, when the government declared a public health emergency under the *Public Health Act*; specifically, gatherings greater than 50 persons were banned; many businesses were ordered to close and, for essential businesses that remained, physical distancing of 1-2 meters was required for workers and customers. With the exception of essential workers, residents were asked to stay home except for essential activities, such as shopping for groceries; and physical distancing of at least 2 meters was required for all residents (Ministry of Health, 2020k).

Schools, childcare facilities, and youth camps

Schools were closed on March 17, 2020 until further notice (Hunter, 2020b). Prior to that, the earliest publicly released communication to schools occurred on March 3 when the BC government advised schools to support cleaning and hand hygiene protocols, educate students on respiratory etiquette, and

establish mechanisms to support students who may be away for extended periods (British Columbia, 2020c). On March 6, students or staff returning from Iran or Hubei Province China were advised to consider staying home for 14 days and self-monitor for COVID-19 symptoms (Provincial Health Officer, 2020a). Likewise, it was advised that students and staff who have been in close contact with someone diagnosed with COVID-19 to stay home for 14 days and self-monitor. Following the school closures announced on March 17, online learning was launched for K-12, alongside a new website [Keep Learning](#) on March 30 (Ministry of Health, 2020n). On March 31, the government announced that essential workers who are parents may be offered licensed childcare spaces (Ministry of Health, 2020o).

On May 15, the government announced parents will have the option to opt-in their children for part-time in-class instruction. From June 1, children in kindergarten to grade 5 have alternate days of in-person instruction and while students in grades 6 to 12 have one day of in-person instruction (British Columbia, 2020bb).

On May 31, the government announced a restriction in place for overnight camps as they prepared for the upcoming summer (British Columbia, 2020bm). On June 1, schools reopened to part-time in-class instruction (British Columbia, 2020bo). Safety protocols included confirmation that children do not have COVID-19 symptoms, helping children practice hand hygiene, physical distancing and regular cleaning of high-touch areas (British Columbia, 2020ci).

On June 16, it was announced the temporary emergency funding program (TEF) which started on April 1 will be extended until August 31, to ensure that childcare centres are able to run with limited enrollment. Childcare centres that were already open were to receive seven-times their monthly funding and closed centres two-times their monthly funding to assist with re-opening. This program, unique to BC, helped around 4,500 childcare centres and prioritizes accessibility to frontline workers (British Columbia, 2020bv).

On August 26, the Ministry of Education provided an update about the back to school process and instructed school districts to reconfigure their public health guidelines to meet their specific needs, but masks and face coverings would be required for staff and students (British Columbia, 2020cx). School resumed in September via a five-step framework (British Columbia, 2020ck).

Post-secondary institutions were instructed to remain open and make the 2020/2021 academic year accessible to students by offering variety of options to attend classes and graduate on time, while adhering to guidelines in place due to the pandemic (British Columbia, 2020dc).

On September 5, the Ministry of Education provided an update about the back-to-school process. The province made a one-time investment of \$45.6 million CAD¹ for COVID-19-related funding for schools. In addition, 1.5 million reusable facemasks were ordered to ensure all staff and students had two masks each. The funds were also used to hire more custodial staff and enhance cleaning protocols. The federal government invested \$242.4 million to assist the province with hiring more teachers, support schools with online and in-person learning costs (i.e., software, textbooks) and enhance health and safety in schools (i.e., improving ventilation, installing plexiglass barriers) (Ministry of Education, 2020d).

¹ All amounts in Canadian Dollars (CAD).

The school year started on September 10, with students returning to school where COVID-19 protocols were in place (British Columbia, 2020db).

Public and private gatherings

The first recommendation regarding limits on the size of gatherings was made on March 3, 2020 when the BC government advised event organizers to ask all participants to stay away if sick, returning from affected areas, or at high-risk of severe illness from COVID-19 (e.g., if they had been diagnosed with underlying health conditions that may be impacted by respiratory illness) (British Columbia, 2020c). On March 12, gatherings larger than 250 people were directed to be cancelled, including indoor and outdoor events, conferences, meetings, and religious gatherings (Ministry of Health, 2020i). Subsequently, on March 14, several parks and recreational areas were ordered to close and, on March 16, all public gatherings of more than 50 people were prohibited, which had the effect of closing public spaces, including community centres, public swimming pools, and public libraries across the province (Ministry of Health, 2020l). On March 27, Minister Dix and Dr. Henry “strongly” discouraged “any in-person gathering of any size” and encouraged the use of online options to stay socially connected (Ministry of Health, 2020m).

On May 19, the government announced the commencement of Phase 2 in their Restart Plan with physical distancing remaining a key pillar in reducing the spread of the virus (British Columbia, 2020ci). This included the restriction of no more than 50 people in a large gathering. On May 22, an amendment was made to also include no more than 50 vehicles for outdoor drive-in events, and restrict refreshment sales. Furthermore, people were told to stay in their cars and only leave if they needed to use a washroom with running water, and to practice good hand hygiene (British Columbia, 2020bg).

On June 1, transit systems were fully operational with physical distancing practices in place (British Columbia, 2020bp).

On July 24, the province announced a new guideline would be available in the near future to establish rules on who can stay and rent short-term accommodations and boat rentals (British Columbia, 2020ch).

On July 27, British Columbians were asked to take advantage of the outdoors and limit indoor gatherings. For those staying in a rental accommodation, no more than 5 visitors would be allowed to visit and contact information of everyone must be taken down (British Columbia, 2020cj).

On July 31, ahead of the long weekend in BC the government released a “good times guide” for the public (British Columbia, 2020b, 2020cn). On August 21, the Minister of Public Safety and Solicitor General announced new enforcement measures focused on those locations and activities connected to high-risk transmission (British Columbia, 2020cw).

Long-term care facilities

Recommendations for long-term care (LTC) and residential facilities began on March 11, 2020; specifically Minister Dix and Dr. Henry advised additional care be taken to ensure the protection of seniors and people with compromised immune systems, including recommending that residents do not to visit these populations if sick, offering support through delivery of food and other necessities, and, if visiting a LTC home or other health-care facility, only one person should visit at a time (Ministry of Health, 2020h). On March 13, the BC Ministry of Health published interim guidance for LTC and assisted living facilities, which

advised increased communication on infection prevention, additional cleaning and disinfecting procedures, and early assessment and isolation of anyone experiencing symptoms (BCCDC, 2020l). On March 17, visitors to LTC facilities were restricted to “essential visits” only, such as visits for end-of-life care and families who routinely visit to provide assistance with feeding or mobility. In the event of an outbreak in the facility, additional restrictions may be put in place at the direction of the local medical health officer (Henry, 2020). On March 27, an additional temporary order was issued to restrict movement of staff between LTC facilities (Health Sciences Association, 2020).

In April, using orders under the *Public Health Act* and *Emergency Program Act* the province created a process for support workers to serve in a single LTC home or facility to reduce the spread of the virus. Furthermore, there are steps being taken to develop a new labour agreement and provide equitable wages to support workers (Ministry of Health, 2020ab).

As of June 30, people living in LTC homes and seniors’ assisted living residences were allowed to receive a visitor in designated areas. A written safety plan, designated meeting area, and facemasks worn at all times are required (Ministry of Health, 2020ab).

Non-healthcare business closures

The declaration of a public health emergency on March 17, 2020 granted the provincial government increased powers, including the ability to enforce orders limiting gatherings and close of non-essential businesses and businesses that could not maintain physical distancing (Ministry of Health, 2020k). Subsequent changes were made on March 20 to prohibit all dine-in food services (Ministry of Health, 2020l) and, on March 21, to close all personal service establishments (Ministry of Environment and Climate Change Strategy, 2020; Ministry of Health, 2020m). On March 26, a list of essential services was released; any business not on this list or, if on the list, unable to meet public health distancing orders were ordered to close (British Columbia, 2020k). This state of emergency declaration is further outlined in [Section 6.1](#).

On April 25, the provincial government published new guidance for the retail food and grocery sector, addressing matters regarding physical distancing, good hygiene and store capacity management in order to continue providing safe access to essential food and services. Some of the guidelines included placing signs near entrances to inform visitors of safe distancing methods, managing queue lines using cones and ropes, methods for avoiding congestion in aisles, increasing cleaning frequency, and limiting the handling of credit cards (Ministry of Health, 2020s).

On May 6, the provincial government unveiled their four-phase Restart Plan (British Columbia, 2020aq). During the first phase, only a list of essential businesses were permitted to operate and physical distancing measures remained unchanged. During this time, the government and WorkSafeBC, were establishing policies and guidelines to ensure safe distancing in the newly re-opening businesses. WorkSafeBC will also conduct workplace inspections to ensure the safety of workers and the public. Some of the new measures addressed reducing the density of people, increasing physical barriers, and increasing ventilation in workplaces (British Columbia, 2020aq). More information about the Restart Plan is presented in [Section 5.2](#). On May 19, businesses were allowed to re-open, with a COVID-19 safety plan. Businesses were advised to follow guidelines and be slow and cautious with re-opening (British Columbia, 2020be).

On June 11, to allow for the inclusion of patios for establishments serving food and liquor, the existing guidelines were amended. The province reminded service owners to ensure physical distancing and other guidelines were in place to ensure the safety of employees and patrons (British Columbia, 2020bs, 2020bt).

On June 16, the province announced that additional businesses (i.e., spas and resorts) could gradually restart their operations under COVID-19 guidelines (British Columbia, 2020bu).

On June 22, the government announced changes for Phase 3, amending guidelines for restaurants and pubs to require mandatory collection of names and phone numbers or emails of patrons at the premises in case there is a need for public health officials to conduct contact tracing (British Columbia, 2020bx).

On September 8, the government announced liquor sales in all bars, restaurants, and pubs should end at 10:00 p.m. All pubs, bars, and restaurants are not permitted to stay open past 11:00 p.m., except when providing full meal service. Music and other background noise volumes (i.e., television) in such establishments should not be louder than normal conversation volume (British Columbia, 2020cy).

Outdoor facilities

On May 14, 2020, BC's provincial parks were open for day use (British Columbia, 2020ba). Throughout the summer, British Columbians were reminded to practice social distancing and to shorten their stays to reduce transmission of the virus.

On June 24, British Columbians were reminded to practice physical distancing and have other guidelines in place during their summer vacations to reduce the spread of the virus (British Columbia, 2020cb). This included maintaining 2-metre distance between other visitors in parks (i.e., parking, picnic tables), availability of hand hygiene products and regular cleaning of high-traffic areas (i.e., washrooms) (British Columbia, 2020dd).

Healthcare facilities

As of April 1, 2020, pay parking for patients, staff, and visitors at RHA-owned and operated sites were suspended in order for individuals to avoid touching screens and buttons at kiosks (Minister of Health, 2020).

Essential visitors are allowed to enter hospitals to assist patients such as people living with disabilities (CBC News, 2020b).

On May 25, scheduled surgeries and other health services such as dentistry, in-person counselling, physiotherapy, and chiropractors resumed with COVID-19 protocols (British Columbia, 2020bi). Some changes to pre-COVID-19 standards were plexiglass barriers, staggered appointments, and requesting that clients come no more than five minutes before their appointment (British Columbia, 2020ci). More details can be found on this [website](#).

Facemasks have become mandatory in some places around BC. This includes students and staff from kindergarten to grade 12, post-secondary institutions, public transport, healthcare and LTC centres, and certain retail stores (CBC News, 2020c).

Special populations

On April 24, 2020, an order by the Minister of Public Safety and Solicitor General, under the *Emergency Program Act*, was declared to address the conditions of certain encampments of persons experiencing homelessness in the cities of Vancouver and Victoria, which were said to “pose a risk to the health, safety and welfare of the persons in the encampments.” The encampments were ordered to be evacuated as soon as possible and re-entry was prohibited throughout the duration of the province’s state of emergency (BC, 2020a).

On June 26, the First Nations Health Authority reported 87 cases of COVID-19 in First Nations people in BC. The government noted ongoing efforts of government and community leaders to reduce the spread of the virus has resulted in relatively few First Nations people testing positive (British Columbia, 2020cd).

1.3 Isolation and quarantine

Initial isolation and quarantine recommendations from the BC government relied on asking residents to consider whether they could “stay home” after returning from travel. For example, on February 4, 2020, Minister Dix and Dr. Henry advised that anyone in BC who had recently travelled to Hubei province, China should consider staying home and self-monitor for symptoms for 14 days (Ministry of Health, 2020c). On February 6, this recommendation was extended to include both individuals who have visited or who have been in close contact with someone who has recently visited the Hubei province (Ministry of Health, 2020d). On February 24, any world travellers who returned to BC were asked to monitor themselves for symptoms and contact their primary healthcare provider or local public health office if symptoms of COVID-19 developed (Ministry of Health, 2020e).

On March 2, the BC government explicitly asked all travellers returning from Iran and China to self-isolate for 14 days upon their arrival in Canada (Ministry of Health, 2020f). As of March 12, anyone recently returning from travel was asked to stay away from work or school for 14 days (British Columbia, 2020e), a guideline which became mandatory for all Canadians on March 25 under the federal *Quarantine Act* (PHAC, 2020). Self-isolation is also required for close contacts of a confirmed case (BCCDC, 2020i, p.), and individuals who develop COVID-19 symptoms are required by provincial orders to self-isolate for at least 10 days from the start of symptoms (BCCDC, 2020i).

As of April 8, the BC government legally required all travellers entering the province to submit a 14-day self-isolation plan (British Columbia, 2020d). The plan could be submitted online or completed in person on arrival and show that returning travellers have the ability to safely self-isolate for 14 days (e.g., plans to order groceries online instead of visiting grocery stores, etc.) (British Columbia, 2020d). If an individual has an inadequate plan, the person may be taken to a quarantine location until adequate details for their self-isolation plan are provided.

Since the first case of COVID-19 in British Columbia, people experiencing symptoms related to COVID-19 have been advised to stay home and contact 811 regarding tips and guidance on next steps (i.e., testing) (British Columbia, 2020dd).

1.4 Monitoring and surveillance

Screening and surveillance

British Columbians are asked to use the [BC COVID-19 Self-Assessment Tool](#) to self screen for symptoms which may be related to COVID-19. This tool is available online, which can be accessed on computers and mobile devices (Thrive Health et al., 2020).

BC uses the national case definition for COVID-19 (BCCDC, 2020i). Healthcare providers must notify local public health RHAs of any confirmed and probable cases of COVID-19 (BCCDC, 2020t); specifically, all confirmed and probable cases must be reported to the BCCDC via Panorama, the province's public health surveillance system, or by using the COVID-19 case report form within 24 hours of identification (BCCDC, 2020t). BCCDC is responsible for reporting all confirmed and probable cases of COVID-19 in BC to the Public Health Agency of Canada (PHAC) (BCCDC, 2020t). An active monitor of cases can be found [here](#) (BCCDC, 2020a).

Contact tracing

Local public health teams actively investigate contact histories of confirmed cases to identify individuals at risk of exposure, whom are further contacted for additional follow-up and guidance (BCCDC, 2020t). Case management is done through active daily monitoring of the case's health status for the duration of their illness (BCCDC, 2020t). An active daily monitoring form has been developed for local public health officials to document cases in their community and their contacts (BCCDC, 2020t). Persons under investigation (PUIs) may be followed by passive or active surveillance as determined by the medical health officer (BCCDC, 2020t).

On June 22, the government announced Phase 3 changes, which included amendments to the guidelines for restaurants and pubs. Mandatory name and contact information collection of patrons entering such premises was put in place to conduct contract tracing ([British Columbia, 2020by](#)).

At a July 17 press conference, the government asked British Columbians attending events or get togethers to provide their contact information to the host and personally know everyone who is attending and be able to reach them afterwards, if necessary ([British Columbia, 2020cf](#)).

On August 12, the government hired 500 additional health professionals to increase the contact tracing efforts in place. Some positions are to educate and immunize communities against other illnesses such as influenza. Other positions involve tracking down cases and people who have been exposed to someone who tested positive (Ministry of Health, 2020af).

Data collection

Contact management consists of categorizing contacts as high, medium, or low/no risk (BCCDC, 2020t). Public health teams are to actively monitor high-risk individuals on a daily basis; otherwise, they advise contacts on maintaining isolation and daily self-monitoring, depending on their risk level and symptoms (BCCDC, 2020t). The mechanisms used to inform patients of when they can safely discontinue self-isolation are determined locally, through direct communication of negative laboratory test results, final assessment at the end of the isolation period, or otherwise, as feasible (BCCDC, 2020t).

The province conducted a survey called *Your Story, Our Future* to gather information about how the pandemic and province's public health response was affecting British Columbians (BCCDC, 2020aa). This survey was available online and over the phone. Demographic data collected included education, income, and ethnicity, to examine the influence of these determinants on the population's well-being. A complete report of the data from this survey was scheduled to be released in summer of 2020 but has yet to emerge (BCCDC, 2020e). Furthermore, survey participants were asked about their interest in participating in a serology survey and the planning digital tools to study the prevention and transmission of COVID-19 in communities (BCCDC, 2020aa). As of May 22, 275,000 British Columbians had responded to the survey (Ministry of Health, 2020z).

Projections and modelling

On June 23, 2020, the government announced that its modeling of COVID-19 cases indicated that the current practices and measures in place and the gradual transition into Phase 2 were working. Furthermore, the modelling indicated the need for a continued practice of social distancing and other practices to ensure a rapid resurgence does not occur (British Columbia, 2020ca).

On August 13, COVID-19 modeling indicated that BC residents aged 20 to 29 were experiencing the highest incidence in cases compared to other age groups (British Columbia, 2020cr).

[Monthly maps](#) of COVID-19 cases according to Health Service Delivery areas (HDSA) are updated on the BCCDC website (BCCDC, 2020f).

1.5 Testing

Assessment centres

On February 14, 2020, a COVID-19 testing centre was launched, with a capacity of 368 tests per day, at St. Paul's Hospital in Vancouver (BCCDC, 2020s). On April 1, the BC Wildfire Service enabled an expansion of provincial testing efforts by providing emergency flights from the remote communities of Bella Bella, Bella Coola, and Powell River, thereby addressing a number of transportation gaps in the processing of local COVID-19 tests (BCCDC, 2020s). During a daily brief in August, government officials announced two new assessment centres in the Vancouver Coastal Health and Fraser Health regions to accommodate a recent increase in case numbers (British Columbia, 2020cu).

Testing criteria

The BCCDC tests all samples taken for influenza-like illness for COVID-19, influenza A and B, and respiratory syncytial virus (RSV) using multiple assays (BCCDC, 2020g). Specimens are collected via nasopharyngeal or throat swabs (BCCDC, 2020g). Patients testing positive for COVID-19 are contacted within 24 hours of receipt of the sample at a BCCDC Public Health Laboratory. Tested individuals are asked to wait 72 hours before calling public health officials to confirm their negative test results, if they had not already heard from officials (BCCDC, 2020g; Young, 2020). Testing criteria in BC have changed over time. As of April 5, testing was restricted to those with respiratory symptoms who are hospitalized, or likely to be hospitalized, healthcare workers, residents of LTC facilities, and individuals who are part of an investigation of a cluster or outbreak of COVID-19 (BCCDC, 2020g). Individuals are not recommended for COVID-19 testing if they have no symptoms, mild symptoms, or are returning from travel and isolating at home (BCCDC, 2020g). The BCCDC recommends anyone who believes they may have COVID-19 to call

their family doctor's office or 811 to speak with a nurse (BCCDC, 2020g). If a COVID-19 test is advised, it can be performed at family doctor's offices, walk-in clinics, urgent care centres, screening and assessment clinics, hospitals, and emergency departments (HealthLink BC, 2020a).

As of April 27, 2020, BC's Interior Health Authority expanded the criteria for COVID-19 testing to include individuals with "cold, influenza or COVID-19-like symptoms, however mild" (Interior Health, 2020).

On April 28, CBC News reported that the BCCDC is currently looking at 17 "very promising" serology tests; these tests would be able to determine whether individuals have antibodies for the virus, suggesting a history of past infection (CBC News, 2020a).

On May 9, the Provincial Health Officer Dr. Bonnie Henry reported that the serology tests would be in use in the near future, once it has been validated for accuracy. Furthermore, the test results would provide more details of the virus and how to reduce its transmission (Ministry of Health, 2020y).

On July 16, the results of initial serology testing in BC indicated that although the province had some of the lowest rates in North America, it did not have enough immunity to prevent a second wave (British Columbia, 2020ce; Skowronski et al., 2020).

During an August 19 debrief to the public, government officials reiterated that COVID-19 tests were recommended for people who had symptoms (British Columbia, 2020cu).

Laboratory and testing capacity

The first COVID-19 case was confirmed by the BCCDC Public Health Laboratory on January 27, 2020, and later confirmed by the NML in Winnipeg on January 28 (BCCDC, 2020s).

On February 14, a COVID-19 testing centre was launched, with a capacity of 368 tests per day, at St. Paul's Hospital in Vancouver (BCCDC, 2020s). On February 24, the BCCDC was officially authorized by the NML for COVID-19 testing, meaning samples were no longer required to be sent to the NML for confirmation.

On April 20, the lab network's testing capacity exceeded 6,200 tests per day (BCCDC, 2020s). On August 19, the provincial government announced that it had a capacity of 8,000 tests per day (British Columbia, 2020cu).

Test results and reporting

On March 19, the system interface between Fraser Health and BCCDC to share test results was complete, improving the turnaround time for getting results to patients (BCCDC, 2020s).

As of April 2, most COVID-19 test results are available to patients via "my ehealth," an online platform for patients to access lab test results. Furthermore, eHealth registered patients call receive test results via email. Patients not registered on my ehealth, are able to access their results through calling 1-888-522-7758 to obtain their Lab Visit Number (LVN) and get access to their COVID-19 test results. Moreover, British Columbians with BC Personal Health Number (PHN) can opt to receive their negative test results via text (BCCDC, 2020j).

2. Ensuring sufficient physical infrastructure and workforce capacity

Infrastructure and workforce capacity are crucial for dealing with the COVID-19 outbreak, as there may be both a surge in demand and a decreased availability of health workers. This section considers the physical infrastructure available in the jurisdiction and where there are shortages, it describes any measures being implemented or planned to address them. It also considers the health workforce, including what jurisdictions are doing to maintain or enhance capacity, the responsibilities and skill-mix of the workforce, and any initiatives to train, protect or otherwise support health workers.

2.1 Physical infrastructure

Hospitals in BC are often over capacity, with 1-in-7 hospital beds being filled by alternate-level care patients waiting to be transferred to a different healthcare setting, often a LTC home (Olsen, 2017). A news article published in May 2017 indicated that the entire BC hospital system has been operating over capacity since 2012 (Olsen, 2017). According to the provincial modelling report published on March 27, 2020, the province had 457 ventilators for adult critical care patients as of March 5 (British Columbia, 2020m).

According to media sources, supplies needed for the COVID-19 outbreak were running critically low (Brend, 2020). A news article published on March 17 suggested that the supply of nasopharyngeal swabs used to test for COVID-19 was “critically limited” (Brend, 2020). Another media article, published March 30, interviewed a Kelowna family physician who stated that there was already a critical shortage of personal protective equipment (PPE) for frontline workers (Thom, 2020).

In an effort to free up resources, such as hospital beds, and prepare for an anticipated surge in COVID-19 cases, the province cancelled all non-essential surgeries effective March 16 (Zussman, 2020a). With this announcement, Health Minister Dix explained that hospitals will only undertake urgent and emergency procedures until further notice (British Columbia, 2020f). As a result, the province announced that 2,398 acute beds were made available, if needed to care for COVID-19 patients (Zeidler, 2020)

In an effort to mitigate shortages in supplies needed for the pandemic, the BC government, under the *Emergency Program Act*, took various measures including establishing a new Provincial Supply Chain Coordination Unit to coordinate goods and services distribution (British Columbia, 2020k). On March 25, the provincial government provided a resource allocation framework for PPE. In addition, they also released a decision-making framework to inform the allocation of scarce resources, such as ventilators (BCCDC, 2020n).

On March 26, the provincial government further announced that they were using their authority to take over supply chains for delivering essential goods and services throughout the province. This meant that the government could demand that retailers and suppliers report inventory of critical supplies, including PPE. With this announcement, the province also banned secondary resale of medical supplies, PPE, and other essential supplies (British Columbia, 2020k).

In the provincial modelling projections released on April 17, it was reported the critical care capacity had been sufficient thus far (British Columbia, 2020ab). According to the report, BC’s observed case counts and intensive care unit (ICU) admission rate was far below initial projections, compared to data from other

jurisdictions' experiences. The next set of modelling projections, reported May 4, confirmed that the province had to date sufficient critical care capacity to respond to COVID-19; however, additional adult ventilators were expected in the weeks and months to come to further prepare for future pandemic surges (BCCDC, 2020z).

In a press conference on May 5, Health Minister Dix announced that the province had received new shipments of PPE to secure stock for frontline workers (Ministry of Health, 2020v). Specifically, over 3.7 million N95 respirators, 3 million surgical masks, 6 million gloves, 1 million eye protection units, and 500,000 gowns were obtained for use by front-line healthcare workers. These supplies underwent protocol testing to ensure that they met Canadian quality standards prior to use. Another announcement during this press conference pertained to the operating capacities of hospitals and critical care units; the former was operating at 64.4% and the latter at 46.6% capacity, with critical care spaces not increasing since the last update on April 28. However, officials noted that while they are operating under capacity, hospitals continue to be fully staffed and ready to provide care (Ministry of Health, 2020v).

2.2 Workforce

In an effort to maintain the availability of healthcare workers, the provincial government has been providing childcare for all essential service workers since March 23, 2020 (Ministry of Children and Family, 2020). As part of the provincial COVID-19 Action Plan announced on March 23, the government provided enhanced funding to licensed childcare providers eligible to remain open; exact funding amounts vary but could be up to seven times the average monthly operating funding from government (British Columbia, 2020i).

On April 2, the BC government announced it would be taking further steps to support essential service providers during the pandemic by ensuring that they cannot be held liable for damages caused by exposure to COVID-19 (Attorney General, 2020). This order is in response to insurance challenges that many essential service business owners faced when they were deemed an essential service (Attorney General, 2020). Childcare providers, for example, will not be liable for a child in their care or a family member being exposed to COVID-19, as long as they are following established protocols on how to prevent the virus's spread (Attorney General, 2020).

Further, since May 19, health and social service workers delivering in-person care received a temporary COVID-19 pandemic pay (British Columbia, 2020bf). The program provided more than 250,000 eligible frontline workers with a temporary lump-sum payment of about \$4 per hour for a 16-week period, starting on March 15 (British Columbia, 2020bf). More details regarding this pandemic pay are found in [Section 4.1](#).

On August 12, the province announced that it would hire 500 additional professionals to increase contact tracing in the province (British Columbia, 2020cq). These positions were intended to increase the local pool of healthcare professionals in the RHAs, as well as boost the number of people who can be deployed in areas of need as necessary (British Columbia, 2020cq).

3. Providing health services effectively

This section describes approaches for service delivery planning and patient pathways for suspected COVID-19 cases. It also considers efforts by jurisdictions to maintain other essential services during periods of excessive demand for health services.

3.1 Planning services

In response to the pandemic, to date, the BC government has created space for the influx of COVID-19 cases through the allocation of resources to hospitals, LTC homes and other health care facilities, and through decanting patients; i.e., movement between units and cancelling elective procedures and surgeries (British Columbia, 2020ab). The province has also invested in new technologies that would allow healthcare professionals to provide services via video and teleconference. The focus remains on minimizing disruption of health services across the province so that each individual can receive proper care and attention. The following section details some of BC's key planning initiatives to date.

Infection control

On March 7, 2020 BC announced a Pandemic Provincial Coordination Plan outlining how the province will prepare to respond to the outbreak, which led to several changes to hospital capacity (Ministry of Health, 2020g).

On March 16, BC RHAs were directed to immediately move all hospitals in the province to Outbreak Response Phase 2, as outlined in the coordination plan (Ministry of Health, 2020j). During Outbreak Response Phase 2, hospitals should only perform urgent and emergency procedures and postpone all non-urgent scheduled surgeries (Ministry of Health, 2020j). Also, the plan included measures to assist hospitals to redeploy and train essential service healthcare providers on critical care related to COVID-19, ensure sufficient medical supplies for patients and staff who need them most, and increase capacity to respond to the potential for a surge of COVID-19 patients requiring acute care (Ministry of Health, 2020j). Some hospitals were directed to move to Outbreak Response Phase 3, meaning hospitals would accept only emergency patients. These changes are estimated to have freed up about one-third of beds (Ministry of Health, 2020j). The province also dedicated a 320-unit facility to which Alternate Level of Care (ALC) patients are being transferred (Olsen, 2020). As of April 13, BC had 951 total critical care beds available for surge capacity, with 516 vacant for the province (British Columbia, 2020ab).

On March 26, the Public Safety Minister announced a call for possible venues for potential expansion of critical medical and logistical infrastructure (Daflos, 2020). These included community centres, gymnasiums, industrial buildings, and hotels as part of an inventory of spaces. In addition, as of March 30, BC designated 19 major hospitals across the province as primary COVID-19 facilities (Minister of Health, 2020). Each primary COVID-19 facility has specifically planned their space, workforce, and supplies to address a surge in COVID-19 cases, in response to model projections (British Columbia, 2020ab). There are also off-site treatment centres being established, such as at the Vancouver Convention Centre (approximately 270 beds) and a new tower at the Royal Columbian Hospital (approximately 80 beds), which was intended to be used as a mental health facility but was converted for use for COVID-19 during the pandemic (Minister of Health, 2020).

Significant efforts have been taken to increase supply of essential goods and services. As above in [Section 2.1](#), the BC Provincial Supply Chain Coordination Unit coordinates the distribution of goods and services (British Columbia, 2020k). On April 1, the Supply Hub was launched to fast-track sourcing and delivery of supplies to front-line workers, and accept offers from providers for priority medical supplies submissions for other products that can help during the pandemic (Ministry of Health, 2020p). As of April 9, ventilator availability also increased due to the following measures: repurposing paediatric ventilators to become “adult capable,” refurbishing ventilators, acquiring new ventilators, and receiving additional ventilators from the federal stockpile (British Columbia, 2020ab).

The role of primary care is to identify patients, follow contact/droplet precautions (if cared for in person), assess clinical signs and symptoms, and determine whether patients require hospital care (BCCDC, 2020h). Primary and community care is also necessary to support and monitor COVID-19 patients in self-isolation and maintain the health needs of non-COVID-19 patients (British Columbia, 2020a).

On September 9, the province announced \$374 million would be invested into public health campaigns about the flu shot. Forty-five thousand Fluzone-High Dose immunizations, which are higher dose vaccinations, were to be administered to all LTC and assisted-living residents in the upcoming months (British Columbia, 2020cz).

Also on September 9, the government announced \$42.3 million to reduce the pressure off BC hospitals and reduce the chance of in-hospital COVID-19 transmission (British Columbia, 2020cz).

Prioritized reduction of services

Additional changes to ensure essential health services remained accessible during the pandemic included ramping up virtual care and allowing pharmacists to renew prescriptions (as of March 16, 2020) to provide physicians more time for patients with other acute needs (Ministry of Health, 2020j). On March 16, the province announced physician compensation for virtual care services and the Office of Virtual Health and Provincial Health Services Authority created a Virtual Health Toolkit, providing recommendations related to virtual care (Provincial Health Services Authority, 2020). The BC government also removed the existing limit on the number of daily patient-visits that fee-for-service physicians could bill for; the previous limit of 50 patients per day was set in the 1990s (Hunter, 2020a).

On May 7, the provincial government announced a “renewal plan for surgeries.” The rescheduling of approximately 30,000 postponed elective surgeries, in combination with another estimated 24,000 new elective surgeries, pose a significant challenge to BC’s health system (British Columbia, 2020aq). Under this plan, the province will begin “calling patients, adding new capacity, and hiring and training staff” in order to re-open elective surgeries (British Columbia, 2020aq). The actions taken by this initiative seek to ensure that the health system can make room for new surgeries while simultaneously dealing with the existing backlog of cancelled and postponed procedures and surgeries over the next 17 to 24 months (British Columbia, 2020aq).

On May 18, the government announced its commitment to resume elective and non-elective surgeries that were postponed at the start of the pandemic with the introduction of BC’s Restart Plan (British Columbia, 2020aq). Included in this plan is the restoration of health services such as dentistry, physiotherapy, registered massage therapy, chiropractors, physical therapy, speech therapy, and similar services (British Columbia, 2020aq). Further, on May 27, the government announced that a second urgent

and primary care centre will be opening in Surrey (British Columbia, 2020bj). The aim of this new centre will be to connect people with no family doctor to services they need and provide long-term primary care services and urgent primary care services to residents (British Columbia, 2020bj).

Beginning in July, services were to be updated to provide day-to-day care (British Columbia, 2020bj). On May 28, the government announced its timeline for the resumption of surgeries in BC. They proposed that by May 31, all contracted private surgical facilities operate at maximum capacity and, by June 15, all operating rooms will function at full capacity (British Columbia, 2020bl). From June 15 to October 15, the daily hours of operation will be extended to include Saturdays and Sundays and resources will be allocated towards opening new operating rooms (British Columbia, 2020bl).

Additionally, on May 7, it was announced that the Canadian Armed Forces located in the province will be providing logistical support throughout the COVID-19 pandemic, including assisting with wellness checks, gathering data and statistics on current COVID-19 efforts, and assisting local communities with delivery of groceries and prescription medications (Canada, 2020).

On June 1, the government announced that its healthcare system was operating at 70% capacity, 50% of which involved patients in critical care. This number is expected to rise as more procedures and services are introduced. Approximately 5,000 people utilized emergency services over the last weekend of May (British Columbia, 2020bn, p. 1).

3.2 Managing cases

Patient pathway and treatment protocols

In BC, the regular pathway for a suspected case of COVID-19 is as follows: (1) if you may have been exposed to the virus or are experiencing symptoms, use the province's online Interactive Self-Assessment Tool for guidance; (2) for further assessment, contact HealthLink BC at 811; (3) upon recommendation, visit a designated assessment centre for a COVID-19 test; (4) depending on the severity of symptoms, guidance will be made to either self-isolate at home or enter a healthcare facility for treatment. Isolation and monitoring guidelines are detailed in [Sections 1.3](#) and [1.4](#), and the province's testing criteria, testing capacity, and updates are described in [Section 1.5](#). The following section further describes the province's measures for managing cases of COVID-19.

To guide clinical decision making and ensure quality-of-care for COVID-19 cases, the BC COVID-19 Therapeutics Committee established a series of guidance, recommendations, and resources on the use of therapies for managing the virus (BCCDC, 2020r). The committee stressed that there are no proven therapies for the prevention or treatment of COVID-19, all who contract it have the possibility of associated harm and that treatment is aimed at symptomatic relief (BCCDC, 2020r).

BC's Ministry of Health also provided infection control guidelines on the management of adults requiring critical care in hospital ICUs (BCCDC, 2020o). On March 27, clinical guidance for pediatric COVID-19 cases was released (BCCDC, 2020p). This was followed on April 15, by guidelines for COVID-19 management in pediatrics units, as well as management of healthy newborns born to individuals who are confirmed or suspect cases (BCCDC, 2020y, 2020x).

The BC Ministry of Health also released primary care guidance on COVID-19 assessment, which recommended healthcare providers identify, isolate, assess and refer patients presenting with COVID-19 symptoms (BCCDC, 2020d).

On April 14, the Ministry of Health provided guidelines on outpatient management of suspected and confirmed COVID-19 patients (BCCDC, 2020w). To support ongoing access to routine care, on April 9, the Ministry of Health provided guidance on the continuity, prioritization, and safe delivery of immunization services during COVID-19 (BCCDC, 2020v).

On May 4, BC Health Officer Dr. Bonnie Henry, announced that the level of social interactions throughout the province is estimated to be at 30% (Justin McElroy, 2020). In terms of managing the number of new COVID-19 cases throughout the province's Restart Plan, officials believe that outbreaks can be contained as long as levels of social interaction remain below 60% (Justin McElroy, 2020). However, the public is reminded that, throughout the following weeks, as the province moves to Phase 2 of the Restart Plan, residents will still be required to practice frequent handwashing, physical distancing, and other public health measures to reduce viral transmission (Justin McElroy, 2020).

On May 5, Health Minister Dix announced that the ministry was evaluating the utility of currently available contact tracing apps in an effort to determine whether they meet the needs of the province (Ministry of Health, 2020v). The ministry aimed to identify a contact tracing service that reduces technical burdens on their information technology staff while also being compatible with the existing surveillance and reporting systems the province has in place (Ministry of Health, 2020v).

On August 12, 500 additional health professionals were hired to increase the contact tracing efforts, including positions to educate and immunize communities. Other positions involve tracking down cases and people who have been exposed to someone who tested positive (Ministry of Health, 2020af).

Homecare and long-term care facilities

On March 13, 2020, interim guidance was provided for LTC and assisted-living facilities, including infection control practices, recommendations for passive and active screening of residents, precautions, testing, transfers, and cleaning practices (BCCDC, 2020l). On March 19, BC Emergency Health Services published its Interim Guidance, which focused on infection prevention and control in non-hospital community settings, such as LTC and assisted-living facilities (BCCDC, 2020h). It also specified a decision pathway for COVID-19 in these facilities, providing direction on who should be notified or consulted and guidance for the use of onsite supportive measures such as fluids, respiratory support, and symptom relief (BCCDC, 2020b).

On May 19, the government announced policy changes to help healthcare workers determine essential visits (British Columbia, 2020bd). Healthcare workers must consider whether a visitor is essential based on the assistance they provide to persons with disabilities or special needs such as: feeding, mobility, communication, or assistance in decision making. This change enabled members of the community to confidently visit their family members or other residents, which helps ease the burden of frontline workers and staff in providing services and care (British Columbia, 2020bd).

On September 9, the government announced they would hire around 7,000 healthcare workers for LTC homes and assisted-living facilities to help reduce the spread of the virus, through reduction of healthcare workers working at several sites (British Columbia, 2020cz).

Ethical considerations

On March 20, 2020, the BC First Nations Health Authority (FNHA) released guidance for community health nurses working in First Nations communities (First Nations Health Authority, 2020a). On April 16, it released a guide outlining PPE conservation measures (First Nations Health Authority, 2020d). The FNHA also provided specific guidance for persons living with diabetes (First Nations Health Authority, 2020b); and for persons receiving directly observed treatment for tuberculosis (First Nations Health Authority, 2020c).

On March 28, an ethical decision-making framework, process, and checklist were released by the Ministry of Health in order to ensure ethically defensible decision-making when addressing the COVID-19 pandemic (BCCDC, 2020q). Key ethical concerns discussed in the report are the extent to which intervening in an individual's privacy and liberty is justified for the greater good, and deciding an adequate amount of resource use for individual care while also considering the needs of the greater population (BCCDC, 2020q).

Other provincial institutions have, similarly, released complementary guidelines for specific populations, including:

- BC Renal: guidelines for hemodialysis outpatients (BC Renal, 2020).
- BC Cancer: guidelines for clinical management of cancer (BC Cancer, 2020b), and an adapted serious-illness conversation tool to discuss potential outcomes of possible COVID-19 infection (BC Cancer, 2020a).
- Perinatal Services BC: guidance which recommended a reduction in antenatal visits during the pandemic (Perinatal Services BC, 2020).
- The British Columbia Centre on Substance Use (BCCSU): interim guidelines on COVID-19 and substance-use risk mitigation (BCCSU, 2020).

3.3 Maintaining essential services

To ensure the continuation of essential health services during the pandemic, key initiatives across the province include the creation of new care units, reinforcing LTC homes with additional staff and resources, and supporting social services for all populations, including for frontline workers and vulnerable populations. The following section provides further detail on the province's initiatives to date for maintaining essential services.

Health services and virtual care

The Provincial Pandemic Coordination Plan describes the roles and responsibilities of provincial agencies during its pandemic response but does not specify the services to be maintained during the COVID-19 outbreak (British Columbia, 2020d). As noted in [Section 3.1](#), non-urgent elective surgeries and procedures were postponed, and medical staff were reassigned from non-urgent to urgent care.

On March 13, 2020, in an effort to assist frontline workers during the pandemic, the government has initiated a process that matches frontline workers with childcare facilities in their communities (British Columbia, 2020n). Parents can identify their need for urgent child care by calling 1-888 338-6622 or completing the [online](#) referral form. Child Care Resource Referral (CCRR) centres would operate in 38 communities and give priority to parents who are frontline workers in public health and health services, social services, law enforcement, first responders and emergency response sectors (British Columbia, 2020n).

On March 16, the Ministry of Health announced it would provide additional resources to support the psychosocial well-being of healthcare workers (BCCDC, 2020m). The same day, in an effort to increase the number of available healthcare providers in the province, the government “requested that all health regulators begin emergency registration of non-practising or retired health-care professionals, including professionals from other jurisdictions and the armed forces” (British Columbia, 2020g).

Also on March 16, the healthcare technology company Maple announced that it would offer its platform to provide online medical visits via instant message, video, and phone to BC residents (Maple, 2020). There is a screening tool imbedded in the program that allows patients to diagnose symptoms and provides them with next steps regarding their future care. This service is provided free of charge (Maple, 2020).

On April 15, the Vancouver Health Authority launched a new intensive home-monitoring program to better support people during the COVID-19 pandemic (Vancouver Island Health, 2020). Remote patient monitoring technology will be used to provide support to people suffering with mild-to-moderate COVID-19 symptoms, which will help identify those most at risk of deteriorating health. Monitoring is conducted by community health nurses who communicate findings to primary care providers who then give further care as required (Vancouver Island Health, 2020). Patients can monitor their own care using their smartphone, tablet, or computer; any resident without such a device, will be provided with a 3G-enabled device (Vancouver Island Health, 2020).

On May 7, the impact of COVID-19 on surgeries in BC was discussed. A projection of 30,000 non-urgent surgeries would be postponed or left on the waitlist due to the pandemic beginning May 18, a move which indicated the unprecedented challenge the pandemic was posing to the province’s healthcare system ([Ministry of Health, 2020w](#)).

On May 25, scheduled surgeries and other health services such dentistry, in-person counselling, physiotherapy and chiropractors resumed with COVID-19 protocols in place (British Columbia, 2020bi). Some changes to pre-COVID-19 operations were plexiglass barriers, staggered appointments, and asking clients to come no more five minutes before their appointment (British Columbia, 2020ci). More details can be found on this [website](#).

On July 21, updates regarding surgical renewal commitment were provided. Some highlights included: From May 7 to July 12, 62,744 patients were contacted to arrange their surgeries, and 33,723 surgeries were completed between May 18 and June 25, which was 91% compared to the same time the previous year (Ministry of Health, 2020ad).

On September 1, more updates regarding the status of surgeries in the province were provided, covering the period from June 26 to July 23. Highlights included: COVID-19 precautions were causing surgeries to take only 2% longer than before, 66% (11,249) of surgeries were delivered for those who had been forced to postpone, and a total of 25,500 scheduled and unscheduled surgeries were completed in this period (British Columbia, 2020da).

First responders

On March 26, 2020, a list of essential services was presented by the government, which includes: health and health services, law enforcement, public safety, first responders, emergency response personnel, vulnerable population service providers, critical infrastructure service providers, food and agriculture service providers, transportation, infrastructure and manufacturing, sanitation, communications, information sharing, information technology, and non-health essential service providers (British Columbia, 2020ai).

Wildfires during the summer, specifically the month of August, exacerbated the difficulties faced by first responders. Hence, public health teams worked closely with first responders to help guide them during evacuations and support people at greater risk of being affected by the virus ([British Columbia, 2020cv](#)).

Pharmaceutical services and supply

On March 27, 2020, the government announced new clinical guidelines related to prescriptions to combat the spread of COVID-19 and respond to the province's ongoing overdose emergency (British Columbia, 2020j). Specifically, the province referred to tackling a dual public health emergency: vulnerable or at-risk populations who are dealing with an increasingly toxic drug supply and who experience withdrawal during quarantine or self-isolation (British Columbia, 2020j). The guidelines outline the safe prescription of medications, safe prescription of alternatives to the illegal drug supply, direct delivery to patients, and even virtual or telemedicine for assessments and appointments (British Columbia, 2020j).

On April 2, the BC government announced it would be taking further steps to support essential service providers during the COVID-19 pandemic by ensuring that they cannot be held liable for damages caused by exposure to COVID-19 (Attorney General, 2020). The order is in response to insurance challenges that many essential service business owners were faced with when they were deemed an essential service. Childcare providers, for example, will not be liable for a child in their care or a family member being exposed to COVID-19 as long as they are following established protocols on how to prevent the spread of the virus (Attorney General, 2020).

Mental health and addiction services

Mental health resources are provided through telehealth services, online support, and online or app-based self-management tools for youth, adults, seniors, and healthcare workers across the province (HealthLink BC, 2020b). HealthLink BC is the provincial health phone line that provides resources for people seeking assistance with mental health and COVID-19 (HealthLink BC, 2020b).

The province announced \$5 million in funding to expand existing mental health services and launch new services, with a particular focus on services for frontline healthcare workers, seniors, youth, and residents of remote, rural, and First Nations communities (British Columbia, 2020x). Some of the new and expanded mental health resources intended to provide relief throughout the COVID-19 pandemic include:

- *Here2Talk*, a mental-health counselling and referral service for post-secondary students available 24/7 (launched April 16) (British Columbia, 2020z).
- *Care for Caregivers*, an online education resource, to support the mental health of frontline health workers battling COVID-19 (launched April 22) (CMHA British Columbia, 2020b).
- A self-assessment tool to help individuals assess and manage their mental health amid the COVID-19 pandemic (launched April 24) (CMHA British Columbia, 2020a).
- *BounceBack*, an online coaching program; *Everyday Anxiety Strategies for Educators (EASE)*, a home-based program adapted online and free to everyone as of May 7 (British Columbia, 2020as).

The Gender and Sexuality Alliance also began to host their meet-ups online, allowing members of the community to virtually access community supports and provide confidential outlets during the pandemic (Ministry of Education, 2020a). A list of additional virtual mental health supports is available on the BC government's Mental Health [webpage](#). Further, temporary billing codes have been provided within psychiatry, to include codes for virtual care, including consultations, individual and family treatment, clinical interview of family members/acquaintances (Doctors of BC, 2020).

During a press conference on May 18, the government promoted services such as VictimLinkBC for people experiencing domestic violence and the Kids Help Phone for youth experiencing distress ([British Columbia, 2020bc](#)).

On June 11, the BC Coroner's report was released detailing illicit drug toxicity deaths and fentanyl-detected drug deaths to the end of May. One hundred and seventy deaths were suspected to be linked to illicit drug toxicity, which was a 93% increase compared to May 2019 and a 44% increase from April 2020 (BC Coroners Service, 2020; BC Coroners service, 2020).

On July 20, initial findings from the *Your Story, Our Future* survey indicated that people aged 18 to 29 had experienced the most economic and mental health impact due to the pandemic compared to the general population. Around 47% percent of British Columbians reported worsening mental health due to the pandemic (British Columbia, 2020cg).

Services for subpopulations and Indigenous communities

On March 23, 2020, BC announced a \$1.7 billion investment in social services and additional supports for housing and shelter programs, funding for the FNHA, and support for non-profits and licensed childcare providers (Ministry of Finance, 2020a). On April 4, a new COVID-19 Strategic Research Advisory Committee was formed to focus on BC-specific public health countermeasures to address some of the challenges in vulnerable populations such as those in LTC homes, inner city populations, rural communities, Indigenous people, and healthcare workers (Ministry of Health, 2020r). The provincial government has also announced further housing supports for vulnerable populations through the provision of more than 1,000 hotel rooms beginning April 25 (Ministry of Health, 2020t), and an additional 300 housing spaces as of April 29 (Ministry of Finance, 2020d).

On May 5, the government opened a 45-bed emergency response centre to help house people living in encampments (British Columbia, 2020an). The aim is to provide shelter and access to services for people during the COVID-19 pandemic. Individuals or groups that wish to remain together will have access to meals, washrooms, health-care services, addiction treatment and harm reduction services, self-storage

spaces, and other support provided by staff and facility (British Columbia, 2020an). Shane Simpson, the Minister of Social Development and Poverty Reduction, reports that as of May 7 over 320 people had moved into safe, temporary accommodations in both Vancouver and Victoria (British Columbia, 2020at).

On May 12, the government announced that the Social Planning and Research Council of BC (SPARC BC) was able to collect 3,500 smartphones to be distributed to vulnerable people through the initiative of a Homelessness Community Action Grant and assistance from the retailer 7-Eleven (British Columbia, 2020ax). These phones come preloaded with a \$10 data card for instant internet access and offers access to vital resources and services, such as arranging medication pickup and drop off, safe delivery of supplies, and even virtual doctor appointments. Over 1,000 smartphones have been distributed to date. For example, the Downtown Eastside SRO Collaborative distributed over 500 of the collected smartphones to low-income residents living in single room occupancy (SRO) hotel units (British Columbia, 2020ax).

On June 8, the province launched the BC Farmers' Market Nutrition Coupon Program to provide coupons for lower-income households to purchase healthy and fresh produce from farmers' markets across the province. The province indicated that this initiative was essential in providing assistance to vulnerable populations while also supporting farmers impacted by the pandemic ([British Columbia, 2020br](#)).

Services for seniors and long-term care services

On March 26, 2020, an announcement was made by the province to fund *BC211*, a province-wide information and referral service, used to match volunteers to seniors who require support as a result of the COVID-19 outbreak (British Columbia, 2020l). This service has since expanded to seniors living in BC's interior and northern regions and assists with tasks such as grocery shopping, pharmacy drop-offs, and check-ins (British Columbia, 2020l).

In April, to reduce the spread of the virus orders under the *Public Health Act* and *Emergency Program Act* created a process enabling support workers to serve in a single LTC home or facility. Furthermore, there are steps being taken to develop a new labour agreement and to provide equitable wages to the support workers ([Ministry of Health, 2020ab](#)).

On World Elder Abuse Awareness Day (June 15), the government provided \$1.89 million to help raise awareness of senior abuse. They highlighted how COVID-19 has caused many seniors to be isolated and the funding went towards raising awareness and educating seniors and families about elder abuse. Over 80 community response networks are serving 232 communities across the province to help seniors and their families. Furthermore, this funding was also marked to educate and protect seniors from COVID-19 related frauds and scams targeting the older population ([Ministry of Health, 2020aa](#)).

On July 13, the province and Interior Health Authority added 495 LTC beds to increase accessibility to seniors and to provide job opportunities (Ministry of Health, 2020ac).

On August 18, the state of emergency was extended, including an extension of the temporary COVID-19 Crisis Supplement to support low-income seniors already receiving the BC Senior's Supplement (Preparedness, 2020). Please refer to [Section 6.1](#) for more details.

Outreach and volunteer services

In order to support essential service workers, the province launched a childcare matching service on April 16, 2020, offering assistance to up to 58,650 licensed childcare spaces across the province; the service prioritizes children of essential services workers under five years of age (Ministry of Children and Family Development, 2020).

On May 5, the province launched a digital registration system for Emergency Support Services (ESS) (British Columbia, 2020ap). This digitized service provides evacuee self-registration, referrals, and basic reporting throughout floods, wildfires, and other disasters, while also allowing evacuees and volunteers to abide by physical distancing restrictions (British Columbia, 2020ap).

4. Paying for services

Adequate funding for healthcare provision is important to manage the excess demands on the health system. This section considers how BC's sub-jurisdictions are paying for COVID-19 services. The subsection on health financing describes how funding is spent on health services, where that money comes from, and the distribution of health spending across different service areas. The section also describes who is covered for COVID-19 testing and treatment, whether there are any notable gaps (in population coverage and service coverage), and how much people pay (if at all) for those services out-of-pocket.

4.1 Health financing

On March 23, 2020, the province released their COVID-19 Action Plan, the first big funding injection into the province to provide support to individuals, businesses, and sectors in need throughout the pandemic (British Columbia, 2020i). The plan outlined a \$5 billion investment earmarked by the BC government for its COVID-19-related relief efforts (British Columbia, 2020i). Of this funding, \$1.7 billion was dedicated to funding critical services for British Columbians, including for “the BC Centre for Disease Control hotline, quarantine costs, laboratory tests and work underway at the FNHA and the United Way’s Better at Home program for seniors” (British Columbia, 2020i).

On March 16, the government announced compensation to physicians for providing virtual-care services (British Columbia, 2020g). As such, the province introduced several billing code changes specific to COVID-19. These changes allow for services to be billed using a telehealth fee when rendered over the phone (whereas prior to COVID-19 this was only permissible for video services) for both COVID-19 and non-COVID-19 patients (Doctors of BC, 2020b). It also allows for telehealth fees to be billed for “consultations, office visits, and non-procedural interventions where there is currently no telehealth fee” and for physicians to charge a separate billing code for COVID-19 assessments (an office visit for COVID-19 with a test is C50, and an office visit for COVID-19 without a test is \$40) (Doctors of BC, 2020b).

On March 30, WorkSafeBC and the Insurance Corporation of British Columbia (ICBC) permitted telehealth services to include both video and telephone communications for any and all services that do not require a physical exam/assessment (Doctors of BC, 2020b). As such, the province also rolled out new, temporary billing codes for family physicians to further expand accessibility and increase capacity for virtual care. Of these codes, three new fees to note are: (1) the delegated patient telehealth management fee of \$20, intended to enable better communication between providers throughout the pandemic; (2) a repeat

prescription fee of \$7, allowing physicians to renew necessary prescriptions virtually; and (3) a new COVID-19 communication with a specialist and/or allied care provider fee of \$40 (Doctors of BC, 2020b). A full breakdown of the new, temporary billing codes is available [here](#) (Doctors of BC, 2020b).

On April 3, the government announced a new program, EquipcareBC, that would provide \$10 million for supporting seniors in LTC and assisted-living homes amid the pandemic (British Columbia, 2020q). Specifically, this funding has been dedicated to enhancing infection prevention and control, and improving quality and safety in these facilities across the province, specifically: “Funds may be used to buy items, including outbreak carts and mobile hand-hygiene sinks, touchless towel and soap dispensers, and safe handling equipment for waste and laundry” (British Columbia, 2020q). Over 240 LTC homes and 200 assisted-living homes will be eligible for the funding, for which applications were accepted starting April 4 (British Columbia, 2020q).

On April 9, the province announced a \$5 million investment towards increasing access to “vital mental health supports during the COVID-19 pandemic” and to introduce new, and expand existing, mental health services (British Columbia, 2020u). This funding will focus on adults, youth, and frontline healthcare workers, and will increase access for Indigenous, rural, and remote communities in BC (British Columbia, 2020u). Key allocations of this funding include expanding the BounceBack program, expanding access to no- and low-cost communities, expanding online peer support, increasing available resources for self-management of mental health, and increased support for frontline healthcare workers through an online hub, a virtual peer support program, and other online psychological services (British Columbia, 2020u).

These efforts are being carried out in collaboration with Foundry Youth Centres, the BC Division of the Canadian Mental Health Association, the BC Psychological Association, and other community partners (British Columbia, 2020u). On April 16, the province announced a further \$5 million in funding to further expand existing mental health services, including \$1.5 million per year for a free mental health counselling service for post-secondary students affected by COVID-19, as mentioned in Section 3.3 (British Columbia, 2020x) (British Columbia, 2020z).

On April 21, an additional \$35.6 million was earmarked by Community Living BC (CLBC) to support service workers who work in residential homes, group homes, and supported independent-living facilities that house adults with developmental disabilities. This would be made available over three months, for which applications became available beginning on April 27, with payments made retroactively to April 1 (British Columbia, 2020ag).

On April 26, the provincial government announced that it will be doubling the funding for Family Caregivers of British Columbia to \$1 million (British Columbia, 2020aj). The funds will be used to help caregivers provide support for seniors living at home. This will include the expansion of services such as: expanded toll-free support line hours, emotional supports and healthcare navigation. Increased access to tools and supports help caregivers and seniors navigate the healthcare system more effectively (British Columbia, 2020aj).

On May 11, the province announced an investment of \$75 million into the province’s northern communities (British Columbia, 2020av). Of this investment, \$25 million is available through the BC Northern Healthy Community Fund to support local governments, First Nations groups, and non-profit

groups serving these regions with local delivery of health and mental health services, housing, and childcare (British Columbia, 2020av).

On May 14, the provincial government announced that it had been working with legal services, health authorities, and industry partners to develop a provincial template for funding mechanisms in support of single-site healthcare workers (British Columbia, 2020ay). Once all the data has been gathered and analyzed, the province stated that an effective system would be developed to expedite funding to various health authorities; health authorities will then provide the funding to service providers who will ensure that all the funding is received by frontline staff (British Columbia, 2020ay). Due to the complex nature of this framework and the timeline for collecting data, funding was released mid-June and was paid retroactively to applicants to the program (British Columbia, 2020ay).

As previously mentioned in [Section 2.2](#), on May 19, the province announced the provision of pandemic pay to health and social service workers delivering in-person, frontline care (British Columbia, 2020bf). This program is assisted by the federal government and seeks to provide financial assistance to healthcare workers and those working as domestic violence workers, in the corrections sector, and in addictions and mental health support fields. It was estimated that over 250,000 frontline workers would receive pandemic pay of \$4 per hour over a 16-week period, retroactive to March 15 (British Columbia, 2020bf).

On July 2, it was announced that a new emergency department and intensive care unit would be added to Richmond Hospital, doubling its 108-bed capacity (Office of the Premier, 2020b). On August 6, a new urgent and primary care center was announced for two suburban Vancouver communities, Maple Ridge and Pitt Meadows, which are predicted to serve 25,000 patients each year in the region (Office of the Premier, 2020d). Similarly, on August 8, a new nurse practitioner primary care clinic was announced in Surrey, predicted to open on September 8 and providing 6,800 individuals with a primary care provider. These are not direct responses to COVID-19 nor do they come from COVID-19 specific funding (Ministry of Health, 2020ae).

4.2 Entitlement and coverage

Coverage for provincial health care

BC's provincial health system requires residents to enrol in the Medical Services Plan (MSP), the province's universal health insurance plan, to which they are eligible once they have resided in the province for three months. The MSP provides BC residents with free access to essential laboratory testing, primary and acute care, pharmaceuticals provided in-hospital, and other medical select services (British Columbia, n.d.).

Coverage for COVID-19 testing

With the COVID-19 pandemic, some changes to provincial healthcare eligibility were made:

Testing will be provided free of charge for all who need it, whether they are or are not BC residents. However, treatment will only be covered by MSP for individuals with a BC MSP card (British Columbia, 2020t).

The usual MSP coverage wait period of three months has been waived for those returning from a COVID-19 endemic area and who intend to stay in BC (British Columbia, 2020t).

Temporary coverage for those with expired temporary work or study permits is available if individuals are currently living in BC; individuals are asked to contact Health Insurance BC to request temporary coverage as a BC resident using the following [link](#) and coverage will be determined on a case-by-case basis (British Columbia, 2020t).

Temporary workers in BC with a permit of less than six months, who would not otherwise qualify for coverage under MSP, would be provided with temporary MSP coverage until July 31, or the end of their permit, whichever was sooner (British Columbia, 2020t). They were also asked to contact Health Insurance BC to request temporary coverage (British Columbia, 2020t).

British Columbians with a BC MSP card who are currently out of province can have out-of-province services provided by a physician billed to MSP, up to a maximum of \$75/day (British Columbia, 2020t). Temporary coverage will be provided for BC residents who cannot return home due to COVID-19 and will exceed maximum allowance absence from BC whether for vacation, work, or full-time studies (British Columbia, 2020t). This temporary coverage was extended until July 31 (British Columbia, 2020t).

Those with expired MSP cards must contact Health Insurance BC to obtain a letter stating they are still covered, and those who have started the process of applying for coverage but who have not completed the process are issued a letter of temporary coverage (Ministry of Health, 2020q). A Confirmation of Temporary Coverage letter is considered evidence of temporary MSP enrolment, provides active coverage, and involves a unique Personal Health Number, to be replaced by an MSP number once the application for coverage is approved (British Columbia, 2020t). As above, the coverage was made available until July 31 (British Columbia, 2020t).

The provincial government is working closely with the ICBC to develop and implement phone-based alternatives for people whose coverage requires extensions. For example, there is currently a measure to cover combination, stand-alone and non-photo BC Service Cards that will soon expire to allow continued and uninterrupted access to online services (British Columbia, 2020t). This means individuals would not be required to visit driver licensing offices in person to renew their cards. There are alternative options for those unwilling or unable to visit ICBC driving licensing offices (British Columbia, 2020t).

While many mental health services are not universally covered by the provincial health plan, the Here2Talk program provides mental health counseling and referral services for post-secondary students, as described in [Section 3.3](#) (British Columbia, 2020z). On April 17, another announcement outlined additional online support options for students including new, free virtual educational programs for students, parents, and educators to support social and emotional well-being during the COVID-19 pandemic (British Columbia, 2020ac).

5. Governance

The governance of the health system with regard to COVID-19 relates to pandemic response plans and the steering of the health system to ensure its continued functioning. It includes emergency response mechanisms, as well as how information is being communicated, and the regulation of health service provision to patients affected by the virus.

5.1 BC's pandemic response plan

The province's overarching pandemic governance plan is the BC Pandemic Provincial Coordination Plan, last updated March 5, 2020 (British Columbia, 2020d). It is designed to complement the Federal/Provincial/Territorial Public Health Response Plan for Biological Events (British Columbia, 2020d), a protocol managed by the Canadian federal government. The plan includes details regarding the various actions that the BC government can take as part of their response to pandemics, which can be enacted through two acts. The *Emergency Response Act* outlines the roles and regulations of each of BC's ministries during a pandemic, as well as their responsibilities; e.g., to outline a business continuity plan to ensure the functioning of each ministry is not interrupted by a pandemic (British Columbia, 1994). The *Public Health Act* addresses pandemic planning, monitoring, and response (British Columbia, 2008). This act outlines communication activities between levels of government within BC and, nationally, with the PHAC (British Columbia, 2008).

The *Public Health Act* also allows the Provincial Health Officer to serve notice of a public health emergency and, in doing so, enacts specific responsibilities and powers to various branches of the provincial government (British Columbia, 2008). Under the *Public Health Act*, the Ministry of Health and the Provincial Health Officer are mandated to lead the provincial response to COVID-19 (British Columbia, 2008).

The Provincial Health Officer served notice under the *Public Health Act* to begin exercising emergency powers with a Declaration of State of Emergency on March 18, 2020 (British Columbia, 2020h). This allowed the province, through the Minister responsible for the *Public Health Act*, to "implement any provincial emergency measures required with access to land and human resource assets that may be necessary to prevent, respond to or alleviate the effects of an emergency" (British Columbia, 2020h).

The BCCDC acts as a repository of public health information and COVID-19 medical information. It also operates the BCCDC Public Health Laboratory, which reports positive tests to PHAC, as is federally mandated (BCCDC, 2020k). The BCCDC also provides epidemiological and modelling information on its website and is, therefore, a vital part of pandemic communication along with the Ministry of Health and Provincial Health Officer (BCCDC, 2020k).

Provincial measures

On March 20, 2020, restrictions were added under the *Public Health Act* restricting restaurants to takeout and delivery services while maintaining a distance of two meters between customers and staff (Provincial Health Officer, 2020d). On March 26, the Provincial Health Officer mandated that identifying information, such as name, date of birth, and social insurance number, be provided to the province by all LTC staff (Provincial Health Officer, 2020b), and on June 5 this order was further extended to December 31 (Citizens' Services, 2020); the following day, an order was announced that restricted the movement of LTC

staff to only a single facility at a time to minimize the transmission of COVID-19 between LTC facilities (Provincial Health Officer, 2020c).

On April 15, the State of Emergency in BC was extended to April 28 (British Columbia, 2020x) and was later further extended to May 12 (Ministry of Emergency Preparedness, 2020), June 23 (British Columbia, 2020x), July 21 (British Columbia, 2020x), August 4 (Public Safety and Solicitor General, 2020), August 18, (Emergency Preparedness, 2020), and September 1 (British Columbia, 2020ct). On May 1, the provincial government amended the *Emergency Program Act* to allow local governments to hold public hearings electronically (Ministry of Municipal Affairs, 2020). Further, on May 4, the province made changes to the *Employment Standards Act* to extend the allowed temporary layoff period from 13 to 16 weeks during the COVID-19 crisis (Ministry of Labour, 2020).

On April 2, the Office of the Premier announced that they had formed a new Economic Recovery Task force to ensure that steps were being taken to plan the province’s long-term economic recovery after the pandemic (Office of the Premier, 2020e). The task force will ensure the benefits of provincial programs are reaching their targets and complement federal programs (Office of the Premier, 2020e). As well, the task force discussed the designation of essential and critical services, childcare, and other supports for essential workers, and safe workplace operations for businesses currently operating and those that will restart after the COVID-19 crisis (Office of the Premier, 2020e).

5.2 BC's Framework for Reopening

BC released its pandemic exit strategy, called BC’s Restart Plan, on May 6, 2020 (British Columbia, 2020aq). This multi-phase plan is heavily informed by the province’s modelling projections and aims to bring BC to a “new normal” (British Columbia, 2020aq). The plan first notes that the province avoided instituting a full lockdown and many non-essential services have stayed open throughout the pandemic, as long as they complied with WorkSafe BC, the *Workers Compensation Act* provisions for a safe work environment, and other health and safety guidelines implemented by the province (British Columbia, 2020aq). The plan emphasizes that these workplace measures will continue to be required through all phases, where appropriate.



Phase 1: Mid-March 2020

At the time of its release, the province was in Phase 1, with essential services operating during the crisis and gatherings of up to 50 people being permitted. However, many services closed due to reduced demand or to help flatten the curve (British Columbia, 2020aq).

Phase 2: May 19, 2020

Phase 2, which started May 19, allowed other sectors to begin re-opening with safe operation plans and compliance with public health orders (British Columbia, 2020aq). As mentioned in [Section 3.1](#), elective surgeries were allowed to be rescheduled and the province took action to address the elective surgery backlog by adding new capacity and hiring and training new staff (Ministry of Health, 2020w). Allied services like dentistry, physiotherapy, massage therapy, and other similar healthcare services were also allowed to provide services again (British Columbia, 2020aq). The retail sector, beauty sector, in-person counselling, restaurants and cafes, museums and art galleries, office-based worksites, outdoor spaces, and childcare were also allowed to reopen under enhanced public health protocols (British Columbia, 2020aq). Parks with hiking trails, washrooms, and garbage disposal sites that can accommodate physical distancing were scheduled to open May 14, but playgrounds remained closed; campgrounds in provincial parks were set to open on June 1 (British Columbia, 2020aq).

On May 15, *WorkSafeBC* released its 6-step guidelines for the safe reopening of BC businesses during Phases 2 and 3. They also specified that employers are required to develop COVID-19 safety plans for the reopening of their business and post them at the worksite. The guidelines may be found [here](#) (WorkSafeBC, 2020).

On June 1, the province re-opened in-class instruction for all students, although it was expected that only 30% of enrolled students would choose to attend. In early June, all children had the opportunity to return to school for the remainder of the school year. Students who did not return to class were still supported with online classes (Ministry of Education, 2020b, p. 60). Operational guidelines for the use of masks and sanitary practices for children returning to school were released on August 17 (Ministry of Education, 2020c), and the 2020-2021 academic school year began as planned on September 10. All students returned to school in person, supported by increased health and safety measures and the implementation of learning groups consisting of pre-determined cohorts of students who complete academic activities together, separate from other students (British Columbia, 2020a). In elementary and middle school, learning groups are comprised of up to 60 students, and in high school, up to 120 (British Columbia, 2020a). To support these new measures, the provincial government invested \$45.6 million to help implement these measures (for cleaning supplies, hand sanitizers, and technology loans for remote learning), and the federal government provided an additional \$242 million in one-time funding for the academic year (British Columbia, 2020a).

On June 10, a new ministerial order was enacted to protect amateur sports organizations from damages resulting directly or indirectly from COVID-19, provided that provincial guidelines were being adhered to. This permits sports organizations to resume activities even if they have experienced challenges with obtaining COVID-19 specific liability insurance (Tourism Arts and Culture, 2020a).

Phase 3: June 24, 2020

The province officially transitioned to Phase 3 on June 24, 2020 (Office of the Premier, 2020a), allowing for the reopening of hotels and resorts, parks and overnight camping, the film industry and film production. Movie theaters and symphonies (but not large concerts) were expected to reopen in July (British Columbia, 2020aq). Post-secondary education would be permitted to resume with a mix of in-person and online classes in September, and a partial return to K-12 education also beginning in

September (British Columbia, 2020aq). On May 25, the provincial government announced the opening of online reservations for overnight campgrounds, which were officially set to reopen on June 1; reservations can only be made by BC residents (British Columbia, 2020bh).

On July 22, the provincial government earmarked \$1 billion for helping to safely restart local governments and province-wide public transit services, to be matched by the federal government. This was intended to help cover the loss of income faced by public transit services during the pandemic, and allow this service to continue to operate safely (Office of the Premier, 2020c). Organized, professional sports officially moved to Phase 3 on August 24 (Tourism Arts and Culture, 2020b).

Phase 4: TBD

Finally, Phase 4 is conditional on a vaccination, community immunity, or the development of a broad, successful treatment for COVID-19 (British Columbia, 2020aq). This phase will allow for large concerts, conventions, and live professional sports, as well as a reopening of international tourism. Opening nightclubs, bars, and casinos is still being planned as these are more complex venues, but they are anticipated to open in Phase 4 as well (British Columbia, 2020aq).

The province also described a phased-in return to school when they originally released this plan on May 6, which has since been implemented as described in Phases 2 and 3. Further directives on increasing safety in public transportation include more frequent sanitizing, plexiglass barriers for drivers, and mandatory masks for riders and staff, at minimum (British Columbia, 2020aq). Throughout all phases, individuals are expected to maintain physical distancing measures, stay home if sick, limit physical contacts, and continue with hand hygiene and cough etiquette measures (British Columbia, 2020aq).

Table 1. Overview of key re-openings

| Category | Dates and Relevant Notes |
|---|---|
| Schools, childcare facilities and youth camps | K-12: Partial return as of June 1 (Ministry of Education, 2020b); Complete return to school September 10 (British Columbia, 2020a). The University of British Columbia, Simon Fraser University and University of Victoria announced classes will be delivered virtually in the fall 2020 term (Zussman, 2020b). |
| Non-essential businesses and services | Select workers may return to work in Phase 2, provided their employers put in place a workplace safe operating plan and adhere to public health orders (British Columbia, 2020aq). Select businesses may reopen in Phase 2, provided employers put in place a workplace safe operating plan and adhere to public health orders (British Columbia, 2020aq). Hotels and resorts are permitted to reopen in Phase 3. |
| Public and private gatherings | Indoor and outdoor gatherings: recommended to plan gatherings up to a limit of 50 people (BCCDC, 2020ab). |
| Outdoor facilities | Open with gatherings limit of 50 individuals (BCCDC, 2020ab). |
| Healthcare service facilities | Mandatory Mask Policy in effect (CBC News, 2020c). Healthcare professionals (i.e., dentists, physiotherapists) allowed to reopen practice by adhering to guidelines in place (British Columbia, 2020ci). |

| | |
|---|--|
| | Essential visitors allowed to assist patients (CBC News, 2020b). |
| Long-term care facilities | Mandatory Mask Policy in effect (CBC News, 2020c). One designated visitor is allowed to visit each resident in a designated area (Ministry of Health, 2020ab). BC government attempting to have support workers serve only at a single facility, with equitable wages to reduce transmission (Ministry of Health, 2020ab). |
| Subpopulations and Indigenous communities | No information is presently available. |
| Mobility and travel | Phase 2: Any travel including local is not recommended unless for essential purposes (British Columbia, 2020aq). Phase 3: Local and provincial travel is permitted. Interprovincial and international travel are to be determined in Phase 4 (British Columbia, 2020aq). |

6. Measures in other sectors

Many measures beyond the immediate scope of the health system are being taken to prevent further spread of the virus. This section contains information on many of these areas, including border and travel restrictions, and economic and fiscal measures, among others.

6.1 State of Emergency

The declaration of a public health emergency on March 17, 2020 granted the provincial government increased powers. Since then, the public health state of emergency has been extended every two weeks with the latest extension announced on September 1 (BC, 2020b).

6.2 Border control, mobility, and travel restrictions

Internal travel

In terms of mobility within the province, on April 2, 2020 the provincial government announced the province-wide suspension of bus fares for BC Transit, the public transportation authority, and TransLink, the public transit authority for metro Vancouver. With this announcement, the province stated it would also be providing all BC Bus Pass Program users, i.e., residents who qualify for income assistance or disability assistance, with a \$52 Transportation Supplement for the duration of the fare suspension (British Columbia, 2020o). To reduce the spread of COVID-19, BC Transit announced they would be taking additional measures, including enhanced cleaning on buses and in transit facilities, communication to staff and employees about physical distancing, pausing fare collection, and limiting passenger capacity to support physical distancing (BC Transit, 2020).

On April 7, new guidelines to reduce the risks of COVID-19 were implemented for the province's inland ferry system: all inland ferry passengers travelling by vehicle must remain in their vehicles for the duration of the trip; all passenger amenities aboard the ferry were closed; walk-on passengers, cyclists, and motorcyclists must remain inside designated zones while in the terminal and while aboard the ferry; and

walk-on passengers, cyclists and motorcyclists with symptoms of COVID-19 are not permitted on inland ferries (British Columbia, 2020r).

On April 8, the province further announced that they are working with TransLink to address the financial impacts of COVID-19 and ensure that transit service will be available when the province re-opens. TransLink is also currently reviewing all services to ensure they are maintaining enhanced safety measures (Ministry of Transportation and Infrastructure, 2020). On July 30, the provincial government announced new provisions under the *Emergency Program Act* to ensure that people travelling by ferry for medical treatment are given priority loading (British Columbia, 2020cl). As well, vehicles carrying essential goods and supplies are also given priority loading for ferry services (British Columbia, 2020cl).

External travel

In an effort to reduce the spread of COVID-19, the province enforced travel restrictions across various provincial borders to allow only essential travellers to cross (Ministry of Transportation and Infrastructure, 2020). The BC-Alberta, BC-Northwest Territories, and BC-Yukon border were closed to non-essential travel (Ministry of Transportation and Infrastructure, 2020).

The government also adjusted service levels across multiple ferry routes to ensure there was still sufficient capacity to allow the flow of essential goods, services, supplies, and workers, while also enforcing passenger limits to ensure physical distancing was maintained. Passengers were also reminded that the province advises residents to avoid non-essential travel during the provincial state of emergency (British Columbia Ferry Services Inc., 2020).

On April 10, 2020, the Provincial Health Officer ordered travellers arriving at Vancouver International Airport or at a Canada-United States land border crossing to present themselves to a Provincial Information and Support Officer and submit a self-isolation plan (British Columbia, 2020v).

On June 19, the provincial government announced that starting the next day the province will no longer conduct border checkpoints, while the federal screening measures will continue (British Columbia, 2020bw). The checkpoints processed more than 72,400 passengers arriving at the Vancouver Airport and at 17 land border crossings from April 10 to June 15.

On July 30, the province responded to an outbreak in the Haida Nation by restricting non-resident travel. The decision was made in collaboration between the Council of the Haida Nation, Skidegate Band Council, Old Massett Village Council, and local government, in consultation with the Provincial Health Officer (British Columbia, 2020cm).

6.3 Economic measures and financial support

Public financial support

On March 23, 2020, the BC government announced its COVID-19 Action Plan: BC's first steps to support people and businesses, including a \$5 billion investment in income-supports, tax relief, and direct funding for people, businesses, and services. The investment includes \$2.8 billion dedicated to help people and fund the services they need during the COVID-19 crisis. In an effort to provide income support for people affected by COVID-19, the government is investing \$1.1 billion of these funds towards the new Emergency

Benefit for Workers. The program provides a tax-free one-time \$1,000 payment to people whose ability to work has been affected by the pandemic (i.e., residents who received either federal employment insurance benefits or the federal Emergency Response Benefit). The rest of the investment is being directed toward housing and shelter supports, income and disability assistance programs, and crucial health services, such as funding for the BCCDC hotline, quarantine costs, and laboratory testing (British Columbia, 2020i).

To support people who are struggling to pay their bills, the province is encouraging people to apply for payment deferral programs at ICBC and BC Hydro (British Columbia, 2020i). Specifically, the BC Hydro Customer Crisis Fund offers a grant payment to residential customers experiencing a temporary financial crisis (BC Hydro, 2020b) and the COVID-19 Relief Fund Offers three months of bill credits to residential customers who have stopped working due to COVID-19 (BC Hydro, 2020a). As well, to support businesses, the COVID-19 Relief Fund waives electricity charges for eligible small businesses who have closed due to the pandemic. The Action Plan also provides tax supports for individuals, including expanding the BC Climate Action Tax Credit to help offset the impact of the carbon taxes paid by individuals or families. Eligible families of four will receive up to \$564 and eligible individuals up to \$218 in an enhanced payment. Through the Action Plan, the province also announced that they will freeze student loan payments for six months, starting March 30 (British Columbia, 2020i). To provide additional support for renters and landlords, the *Residential Tenancy Act* has been amended while the state of emergency is in effect. Specifically, changes to the legislation include suspending a landlord's ability to end tenancy if a tenant does not pay the rent and freezing annual rent increases (British Columbia, 2020ak). As well, the province is providing a temporary rent supplement for individuals who cannot pay their rent due to COVID-19 circumstances. Through the supplement, eligible households with dependants can also receive up to \$500 per month, while eligible households without dependants can receive up to \$300 per month; the supplement is paid directly to landlords (British Columbia, 2020ak).

On April 2, the province announced that it would be implementing additional supports for its most vulnerable residents, including people on income or disability assistance and low-income seniors (British Columbia, 2020o). The supports include a monthly supplement of \$300 for people who are not eligible for the emergency federal support programs, for low-income seniors who receive BC Seniors Supplement, and recipients of provincial income assistance or disability assistance who reside in special care facilities. On April 3, additional supports were announced for Indigenous post-secondary students experiencing financial pressures, which included an additional \$1.5 million to supplement an Indigenous Emergency Assistance Fund to help Indigenous students who are experiencing an unexpected financial emergency that may affect their ability to finish their studies (British Columbia, 2020p). On April 8, the Minister of Children and Family Development announced further financial support for parents of children with special needs through the province's Emergency Relief Support Fund, which provides \$225 per month to eligible families (British Columbia, 2020s). On April 20, a partnership with the District of Squamish and Squamish Helping Hands Society was announced to provide 29 temporary homes for people experiencing or at risk of homelessness in the community (British Columbia, 2020af). Also on April 20, the provincial government announced a partnership with the FNHA to build a collaborative framework to help ensure people living in rural, remote, and Indigenous communities have access to critical healthcare to meet their needs during the COVID-19 pandemic (British Columbia, 2020ae).

On April 26, the government announced support for family caregivers during the COVID-19 pandemic through the province's emergency response plan. The Family Caregivers of British Columbia, a non-for-profit organization that supports people who are caring for elderly loved ones, family or friends, would receive \$1 million in funding this year, doubling from the funding of previous years (Ministry of Health, 2020u). Further, on April 29, the provincial government announced they secured nearly 300 additional living spaces in communities for people living in violence (Ministry of Finance, 2020d). On May 5, the provincial government announced they would also be opening a 45-bed emergency response centre with supports and services at Save-on-Foods Memorial Centre. The space will provide temporary pop-up accommodations pods, which will provide increased privacy (British Columbia, 2020ao).

On August 17, the provincial government extended the temporary crisis supplement for people on income or disability assistance and low-income seniors (British Columbia, 2020cs). The supplement (\$300) is automatically applied to cheques distributed to people receiving BC Senior's Supplement and income assistance and disability recipients residing in special care facilities.

On September 9, the province announced a \$1.6 billion investment in a fall and winter preparedness plan to support seniors in LTC homes and assisted-living facilities (BC, 2020c). A portion (\$44.1 million) of this investment will go towards the Health Career Access Program, as mentioned in [Section 2.2](#) (British Columbia, 2020c).

Sectoral and business financial support

The BC government has taken steps to financially support businesses during the COVID-19 pandemic. As part of the \$5 billion investment through the province's COVID-19 Action Plan, the government is investing \$2.2 billion to provide relief to businesses and help them recover from the crisis. Through this investment, businesses with a payroll over \$500,000 could defer their employer health tax payments until September 30 (British Columbia, 2020i). As well, business tax filing and payment, including provincial sales tax, municipal and regional district tax on short-term accommodation, tobacco tax, motor fuel tax, and carbon tax deadlines were extended until that time (Ministry of Finance, 2020b). In line with this extension, the BC logging tax return filing deadline was extended until June 1 (British Columbia, 2020au). Stumpage fees for logging companies have also been deferred for three months (British Columbia, 2020al). Business and light and major industry property classes will also have their school taxes cut in half, providing \$500 million in immediate relief for businesses that own their property and allow commercial landlords to pass savings on to their tenants in triple-net leases (British Columbia, 2020al).

On April 16, the province launched the new BC Business COVID-19 Support Service operated by Small Business BC (SBBC) (British Columbia, 2020y). The SBBC serves as a single point of contact for businesses throughout the province looking for information on resources available during the COVID-19 pandemic. Advisors are available to help businesses connect quickly with programs and services, and the SBBC's website provides announcements from industry and community partners and resources, webinars, and other practical tools (British Columbia, 2020y). Another announcement on April 16 outlined additional relief for businesses by reducing most commercial property tax bills by an average of 25%, providing up to \$700 million in relief and postponing the date that late payment penalties apply for certain commercial properties (classes 4, 5, 6, 7, and 8) to October 1 (British Columbia, 2020aa). As well, through a partnership with the federal government, small businesses are eligible for rent reduction through the Canada Emergency Commercial Rent Assistance Program (Ministry of Finance, 2020c).

Additional supports for businesses were announced in early May and again in June. These investments are outlined below:

- May 1: temporary deferral of renewal fees for businesses that hold a liquor license and are experiencing financial hardship due to the pandemic (British Columbia, 2020am).
- May 4: extending the temporary layoff period to 16 weeks for COVID-19-related reasons (Ministry of Labour, 2020). This allows employees to keep their jobs, even if not working, for a 16-week temporary layoff period.
- May 11: additional investments in BC's north to support community growth (British Columbia, 2020de). This investment is outlined in [Section 4.1](#).
- June 5: temporary relief to hospitality licensees who suspended their operations due to the COVID-19 pandemic. Licensees are allowed to sell their existing liquor stock to other licensees who are still operating or to private liquor stores (British Columbia, 2020bq).
- July 31: extending the Canada Emergency Commercial Rent Assistance Program to the end of August (British Columbia, 2020co).
- August 6: the Community and Employer Partnership was announced, through a \$402,105 investment enabling the Surrey Board of Trade to develop a back-to-work strategies playbook for other BC communities and tailored to specific industries (British Columbia, 2020cp).

Maintaining the supply of food and essential goods

In an effort to protect customers and maintain supply of goods, the provincial government banned the secondary resale of food, medical supplies, PPE, cleaning, and other essential supplies. As well, there are restrictions on the quantities of items that can be purchased at point-of-sale. On April 15, 2020, the government announced steps to maintain the supply chain by supporting commercial truck drivers (British Columbia, 2020w). For example, the province committed to providing funding for the installation of portable toilets at several commercial vehicle pull-outs, inspection stations, and chain-up locations throughout the province (British Columbia, 2020w).

On May 12, the BC announced new funding of \$300,000 through their "Buy BC e-commerce" platform to help farmers and food and beverage processors overcome some of the financial impacts caused by lost sales during the COVID-19 pandemic. (British Columbia, 2020aw). The e-commerce platform allows farmers, ranchers, and food and beverage processors to market their products as locally grown, raised, harvested, or produced (British Columbia, 2020aw).

On May 15, the province began another intake of applications to its Agri-Business Planning Program to support agriculture businesses. Agriculture, as well as seafood and other food processing owners, could apply for the funding if their revenues have decreased by at least 30% as a result of COVID-19. The funding package includes up to \$5,000 for individuals and \$20,000 for groups for business planning services and coaching (British Columbia, 2020az). Further, on May 28, the BC announced a new online resource for people to learn about jobs and careers in agriculture. The site allows businesses in the agricultural industry to post jobs, as well as sector-specific information and guidance to support businesses as they adapt their recruitment and human resource management in response to COVID-19 (British Columbia, 2020bk). Following this, on June 25, the province announced funding for Okanagan communities to help with the arrival of seasonal fruit pickers (British Columbia, 2020cc). The funding was intended to help set up designated campsite accommodations and ensure they meet health and safety requirements.

6.4 Maintaining services for schools and businesses

Internet service and connectivity support

On April 18, the province announced it would be loaning out more than 23,000 computers and digital devices to students so they can access the internet and continue their education while in-class learning is suspended (British Columbia, 2020ad). As well, in an effort to support people working from home and students learning remotely, targeted funding aims to give people in BC's rural, remote, and Indigenous communities access to faster internet services (British Columbia, 2020ah). Through the "Connecting British Columbia" program, a \$50 million investment by the province, internet service providers can provide immediate network equipment upgrades to rapidly improve capacity in underserved communities (British Columbia, 2020ah).

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Appendix A: Key Resources

| | |
|---------------------------------|---|
| BC Active Case Monitor | https://experience.arcgis.com/experience/a6f23959a8b14bfa989e3cda29297ded |
| BC Self-Assessment Tool | https://www.thrive.health/bc-self-assessment-tool |
| BCCDC COVID-19 Information Page | http://www.bccdc.ca/health-info/diseases-conditions/covid-19 |
| BCCDC Monthly Maps of COVID-19 | http://www.bccdc.ca/health-info/diseases-conditions/covid-19/modelling-projections |
| HealthLinks BC | |
| Open School BC | https://www.openschool.bc.ca/keeplearning/ |

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